

s e c o n d e d i t i o n

Maternal-Infant Nursing Care

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Maternal-Infant Nursing Care

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SECOND EDITION

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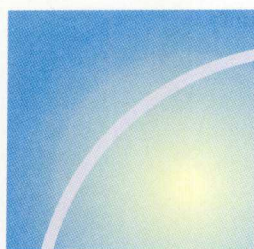
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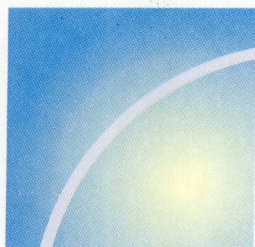
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*To students of maternity and infant nursing
because you are the ones who will aspire to the goals in this text
and change maternal and infant health care*



Preface

Approach

Nursing care in the 1990s must be focused because of short hospital stays for maternity clients. The nurse must thoroughly understand the normal progression of pregnancy and childbirth to identify, plan, and intervene for the health care requirements of today's clients. To promote this understanding and to emphasize that childbearing is a normal and natural process, we first present the complete cycle of pregnancy, labor, and birth as it proceeds in most women. The student who thoroughly comprehends the normal processes and patterns is best prepared to learn to identify the complications that may occur and thus implement the appropriate nursing interventions.

Many of today's maternity clients are knowledgeable about their own health and desire to participate actively in their care. Others, unfortunately, come to the pregnancy poorly informed or misinformed. For these women, preventive health care is the key to achieving the lowest possible rates of maternal and infant morbidity and mortality. Therefore we stress the importance of promoting self-care activities and educating clients about factors that contribute to the achievement of a healthy pregnancy.

Of particular importance in maternity nursing are the impact of the client's cultural background and the involvement of the family. The nurse must be aware of cultural influences and family dynamics to identify specific needs and to develop an individualized plan of care. Cultural considerations and family interaction are examined in Chapter 2 and integrated throughout this text.

Structure and Organization

In spite of the universality of the childbearing experience and the health needs of families in our society, maternal and infant nursing often has been taught in very brief courses. The sequence of this text is structured so that it may be used in a short course. The text proceeds from women's health care through the normal, usual experiences of pregnancy, birth, and recovery. Once this foundation has been established, the student may quickly grasp the physiologic basis of complications. Thus, in an integrated curriculum, this structure facilitates the use of pregnancy complications in discussion of body system alterations within medical-surgical courses.

Traditionally, maternity texts have been locked into the time sequence of trimesters, a division derived from an outdated way of viewing care. The sequence based on body system adaptation to pregnancy or complications has more educational validity because most problems in pregnancy antedate or begin early in pregnancy. For each of the complications of pregnancy, the physiology of the body system is reviewed and rationales for alterations are explained.

The text is clinically oriented. Case studies and reality-based nursing planning and intervention engage the student in interaction with "the way things are." Frank discussion of socioeconomic risk factors of STDs, substance abuse, poverty, and powerlessness will find echoes in real life situations. The student is challenged to become involved in seeking changes in routine health care, which often misses the real needs of the high-risk client. Legal aspects are covered in specific detail, espe-

cially for accountability in documentation. The high rate of legal suits in perinatal care requires that even students understand their responsibilities for ensuring both maternal and fetal health. There are no easy answers for some ethical issues. The student is asked to consider and react to a number of troubling societal problems.

Because solutions must be sought, we have included no specific answers to issues raised within clinical decisions and self-discovery situations. Inductive learning is the basis of our philosophy of education. Thinking through facts and applying principles will result in a solution based on problem-solving skills, producing a generation of creative, problem-solving nurses.

Unifying Principles

Several main threads are woven through the text. Physical assessment is stressed consistently as the basis of data collection before planning. For instance, the many methods of assessment of fetal health, especially by means of fetal monitoring, lead into physical assessment of the neonate. Nursing process is a structural framework.

The collaborative role of nursing is recognized, and delineation of nursing and medical functions is noted, with emphasis on the nurse's role in preventive health care teaching. With short hospital stays, home care has assumed new importance. Of special note are the models in Chapter 26 of home care for the high-risk client.

Pharmacologic factors, which change during pregnancy and lactation, are discussed in detail in Chapter 16. They also are noted throughout the text and are emphasized in **Drug Profiles** that contain the most current information on medications commonly used in pregnancy and childbirth. In view of the current HIV epidemic, precautions for mother, baby, and the health care team are thoroughly detailed. Infection is recognized in Chapter 25 as a major health problem. Coverage of genetic defects and teratogenic problems in the infant is extensive.

The thread of cultural diversity is woven through the text, beginning with Chapter 2, in which three ethnic groups are discussed in detail. The client must be considered as the *person-in-environment* before any planning takes place. Unless students can learn to listen attentively—separating their own needs and biases from those of the client—their planning will be superficial. Legal aspects are described in Chapter 30, an especially comprehensive chapter, and in Chapter 13, which emphasizes accountability in monitoring labor progress.

Special Features

Our goal has been to make this book easy to teach from and, more important, easy to learn from. The text is

interactive. **Test Yourself** feedback questions often follow a discussion. If the student cannot answer the questions, he or she should reread the prior section. Answers to these questions are in the Student Learning Guide.

Clinical Decisions are scattered throughout the text to help the student think through novel situations. These can be used in class or conference as open-ended discussion topics, for example, "What would you do if . . . ?" To stimulate thinking about the topic the text provides no answers to these or to the **Test Yourself** questions. The **Study Questions** at the ends of chapters, however, contain answers as a final check on learning.

Our goal is a user-friendly learning guide for students. The reader-friendly features start with easy readability. **Learning Objectives** are clearly listed at the beginning of each chapter to provide the reader with a basic guideline for the major points to be presented and learned from the chapter. **Key Terms** are defined on first use and highlighted to reinforce student learning. The **Student Resource Shelf** guides students to additional reading for in-depth mastery. Students can test their knowledge of the **Key Points** at the end of the chapter. These help the reader summarize major points, make connections, and synthesize information.

More than 600 full-color illustrations enhance understanding of anatomy and physiology, assessment, nursing skills and procedures, and birth sequences.

Teaching-Learning Package

An extensive number of ancillary products for instructors and students to use in class and clinical settings is offered.

INSTRUCTOR'S RESOURCE MANUAL

The Instructor's Resource Manual to accompany *Maternal-Infant Nursing Care* is designed to help faculty develop lectures, reinforce teaching through classroom and clinical activities, and evaluate student comprehension. This valuable resource manual follows the textbook chapter by chapter and includes lecture outlines, chapter overviews, learning activities, and enrichment activities. Each chapter includes a short-answer review quiz. A **Test Bank** containing more than 500 test items also has been provided. An answer key with correlating page numbers is included at the end of the manual.

STUDENT LEARNING GUIDE

This useful book contains suggestions for journal entries, learning activities, case studies, and quizzes to reinforce student learning. The material in this book

also is included in the Instructor's Resource Manual and may be copied and distributed to students.

OVERHEAD TRANSPARENCIES

One hundred full-color transparency acetates focus on key material in the text, helping instructors to increase student understanding.

QUICK REFERENCE FOR MATERNAL-INFANT ASSESSMENT

This is a handy, pocket-sized resource that accompanies every copy of the text. The guide focuses on maternal, fetal, and newborn assessment.

MICROTEST III

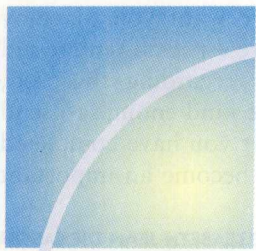
Available in IBM, Computest is the computerized version of the **Test Bank** from the **Instructor's Resource**

Manual. Complete with a user's guide, Computest allows instructors to edit, add, delete, or select questions on the computer.


• • •


Pregnancy and birth affect all members of the family. Nursing care is most effective when it is given with the belief that the family is the unit of care. We hope that we have helped build a foundation on which nurses can achieve comprehensive and individualized nursing care.


ELIZABETH JEAN DICKASON
BONNIE LANG SILVERMAN
MARTHA OLSEN SCHULT





To the Student


We think you will enjoy reading this text. Your maternity nursing course will be short and filled with new experiences. This is a good time to start a personal journal because these experiences will affect your own feelings about life and death and parenting. To help you get started, reflection questions called **Self-Discovery** are marked by the symbol . Record your ideas, experiences, and feelings. Some students keep the last pages of their lecture notebook for their personal record; others keep a diary.

Because we want you to develop skill in making **Clinical Decisions**, a second type of question, marked with the symbol , asks for your judgment concerning a short client care situation. No answers are given, but you can discuss the situation with your classmates.

A third method is use of **Test Yourself** feedback questions, which provide no answers because the answer is in the preceding material. This format will focus your attention on what it is you have just read. At each chapter's end **Study Questions** include terminology definitions and multiple choice, true-false, or matching questions and answers. Brief descriptions of drugs, with specific applications to maternity care, are found in **Drug Profiles**, which are marked by the symbol .

At the end of each chapter you may check your understanding by reviewing the **Key Points** noted by the symbol . References of special interest for students are annotated and indicated by the

symbol .

Major themes are interwoven through the text. First, we live in a multicultural society and must learn how pregnancy and parenting are viewed by each cultural group with whom we will work. Look for the **Cultural Aspects of Care** marked by the symbol .

Second, assessment always precedes planning. Physical assessment of the woman, fetus, and newborn infant is emphasized. Only after learning normal parameters can you learn to detect when things go wrong. For this reason, too, the text begins with normal pregnancy and birth and then discusses how complications occur and are treated. Third, nursing process guides care planning and evaluation. Suggested diagnoses and outcomes are given for major care needs. You may use these, but the wording should be individualized for each client. For example, a care plan is specific to one case. Evaluation is achieved by means of answers to general questions.

Nursing accountability is emphasized because childbirth places two clients at risk. Legal issues and documentation of nursing activity are major aspects of the material you will be learning. For instance, fetal monitoring and assessment are involved in two thirds of the lawsuits in obstetrics; failure to monitor correctly or to document or report changes often is the basis of a legal charge against a nurse. For this reason, even while a student, you must learn the patterns that signal fetal distress. Finally, ethical issues and care of socially high-risk women will involve you in debate about "what is right" in maternity care. Our care depends on our recognition of discrimination in quality of care for

the affluent and those in poverty. Nurses are learning to be advocates for their clients and to produce models of care for high-risk women that define creative solutions to chronic problems in our society.

Sometimes you may feel overwhelmed by the mass of material a textbook must include. Concentrate on learning the basic anatomy and physiology of pregnancy and newborn changes and subsequent complications. In this way you may understand clinical management and be able to plan nursing interventions. Our goal is to assist you in building the basis for competence, which is your goal. Only when you feel compe-

tent in providing care can you use creative problem-solving interventions.

This is an interactive text. We want you to enjoy learning maternity nursing. We are especially interested in receiving feedback from you regarding this text, *Maternal-Infant Nursing Care*. Be kind enough to send in the attached questionnaire after you have completed the course. By doing so you will become an important part of the revision process.

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Feedback to the Authors:

In which course and semester did you use this text? _____

How many weeks was the course? _____

How did you respond to the use of interactive questions within the chapter? _____

What did you like best about the text? _____

What could we improve for the next time? _____

Send responses to:

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Their names are included in the Contributors to the First Edition.

The creation of a text of this complexity would not be possible without the full support of the editorial staff at Mosby. The decision to produce a full-color text created a special opportunity to search for superior illustrations, a task ably executed by Teri Merchant, Senior Developmental Editor. She walked alongside us at every step of development, and much of the credit for organization and illustrations is hers. Linda Duncan, Executive Editor, ran interference and sparked creativity in the approach to the full-color format. These editors are invaluable. Linda Caldwell, Associate Developmental Editor, gracefully accomplished the tasks of tracking down illustrations and permissions and communicating with reviewers.

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