PERINATAL NURSING

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Lippincott

Perinatal Nursing

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DEDICATIONS

To

the perinatal nurses at St. John's Mercy Medical Center in St. Louis, Missouri and
Palos Community Hospital in Palos Heights, Illinois

and

my parents William and Dorothy, my husband Dan, and my children
Daniel, Kate, Michael, John, and Elizabeth
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FOREWORD

The pace of changes in the delivery of healthcare is unprecedented. Not a day passes that one does not hear "managed care" and "healthcare reform" almost in the same breath. Nursing practice has to be responsive to the changes and meet the challenge to critically examine our traditional ways of meeting the needs of the childbearing woman. Nursing research has been an invaluable tool in assisting us to analyze current nursing practice and to validate more efficient and proficient ways of care giving.

The challenges will be ongoing as they have always been in performing assessments of both the mother and baby. Time with patients has been reduced significantly, and nurses have to be prepared to observe keenly the mother's emotional and physical health, implementing strategies to enable women to progress safely through pregnancy, labor, birth, and the postpartum period.

Much time and literature have been devoted to ensuring that perinatal nurses are prepared to meet the needs of the high-risk obstetrical patient. The body of knowledge combining technological advances with the art and science of nursing has facilitated nurses in establishing high standards of care when caring for mothers and infants at risk. With the changes taking place in the healthcare arena, there is a tremendous need for our specialty to move forward and be creative in developing new means of needs assessments, strategies to meet those needs within shortened time frames, and mechanisms to evaluate effectiveness and quality.

In Perinatal Nursing, editors Kathleen Simpson and Patricia Creehan have systematically presented a comprehensive resource for the perinatal nurse working in the low-risk setting. Recognizing there is much to be learned from nurses around the country, they have called upon experts from all areas of perinatal nursing to contribute knowledge and expertise.

This extensive, valuable source of information will greatly facilitate and enable nurses to glean ideas and information relevant to today's healthcare arena and to improve nursing practice in the perinatal setting.

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Much of the current literature related to perinatal nursing focuses on the childbearing woman at risk or at high risk for complications during pregnancy and birth. The body of high-risk and critical care knowledge in obstetrics is growing rapidly, as is the subspecialty in perinatal nursing. Less attention has been given to women who progress through the pregnancy, labor, birth, and postpartum period without complications, although these women comprise the majority of consumers of perinatal nursing care. Approximately 80-90% of childbearing women experience a low-risk pregnancy and birth. Many women in the United States and Canada give birth in the community hospital in an LDR/LDRP setting. One possible reason for the lack of attention in the literature to normal antepartum, intrapartum, postpartum, and newborn care is the assumption among caregivers that this area of nursing is devoted to routine practices. However, as length of stay (LOS) continues to decrease and cost-to-benefit analyses of practice are carefully scrutinized by multiple parties, challenges and opportunities exist for nurses caring for women and newborns experiencing childbirth without complications.

Over the last decade significant changes in the delivery of perinatal nursing care have occurred. Factors responsible for practice changes include fundamental restructuring of third-party reimbursement for perinatal services, a continued emphasis on cost reduction, rapidly decreasing length of hospitalization, consumer demands for less aseptic, more homelike childbirth setting, increased participation by women and their families in healthcare decision making, and increased use of technology. Expected skill levels for perinatal nurse providers of care during pregnancy and childbirth have also changed. Postpartum and newborn nurses no longer provide routine or custodial care. Critical assessment skills for identifying women and infants at risk are essential competencies for today's perinatal nurse. The ability to provide accurate, concise information on self-care, newborn care, and safety issues in a limited time period is a basic practice expectation. Current LOS includes precious few hours for supportive care and parent teaching. Nursing assessments, interventions, and evaluations provided over a 3- to 4-day period in the past must now be accomplished in several hours.

Efforts to improve quality of perinatal nursing care have resulted in an emphasis on the desires of childbearing women and families. Research suggests maternal satisfaction with childbirth and hospitalization is increased in the LDR/LDRP model. These positive responses to single-room care have resulted in the redesign of nursing care delivery models, in which nurses have expanded their skills to care for women and infants during all phases of the childbirth experience. Increased focus on the cost-to-benefit analysis of routine care has resulted in elimination of unnecessary procedures and long-term practices that are no longer useful. Clinical pathways have allowed perinatal nurses to streamline care and monitor outcomes systematically. Tracking clinical indicators and variances provide objective data for improving quality and for planning future care strategies.

In response to decreased LOS, perinatal nurses have expanded their practice to the home, where the majority of women who experience childbirth without complications are discharged 24 hours after birth. Changes in practice setting have been frustrating at times, as are all changes, but positive results have occurred. Benefits of perinatal homecare are a 1 to 2 hour period devoted to the women exclusively, in which questions can be answered, concerns addressed, and earlier teaching reinforced, in a convenient setting that may be more conducive to learning. Research on early discharge and perinatal homecare has shown that 24 hour LOSs are safe for appropriately screened women and infants. Maternal satisfaction and confidence in mothering abilities also appear to be positively influenced by shorter hospitalization.

The goal of this text is to provide readers with a comprehensive resource reflecting the current state of perinatal nursing practice. In the course of preparing the text, many regional differences were discovered, but practice similarities emerged. Efforts were made to reflect national practice as much as possible. Some areas of the country have been dealing with shortened LOS for many years, while others are just beginning to move in that direction. We can learn effective strategies to provide quality perinatal care from

colleagues who have been working with less than 24 hour LOS successfully. Examples of medical record forms, assessment tools, quality improvement surveys, and clinical pathways/caremaps are included in an attempt to make the text as practical as possible. These are provided as suggestions and blueprints for individual perinatal centers desiring to develop similar tools.

Perinatal nurses are meeting the challenges as changes in perinatal healthcare delivery continue to evolve. This is an exciting time. We must be proactive in our involvement and provide meaningful input into the future course of care for healthy childbearing women and infants. We hope this text provides valuable suggestions for moving forward toward that goal.

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