

Fundamentals of Maternal/Newborn Nursing Theory

Course Excerpt

Delivery Method and Credits

On-line Theory Course – 3 credits

Course Description

This course provides theoretical preparation in maternal/newborn care for nurses educated in countries outside of North America who are qualifying for registration and eligibility to write the Canadian Registered Nurse Exam.

Students will focus on competency-based theory and processes inherent in maternal/newborn nursing, to learn to assess and plan care for Canadian childbearing families during pregnancy, labour, delivery, and early parenthood. Students will apply principles of health promotion, prevention, holistic assessment, primary health care, and the social determinants of health in their course work. This 3 credit, module-based, on-line course is self-paced to a maximum of 15 weeks.

Learning Outcomes/Ends In View

In order to work as a Registered Nurse in British Columbia/Canada it is important to have basic knowledge and skills in maternal/newborn nursing. Upon successful completion of this course students will be able to:

1. Apply growth and development concepts and theory to the assessment and planning of care for Canadian childbearing families.
2. Outline holistic assessment of physical, emotional, spiritual, cognitive, developmental, environmental, social and information or learning needs of childbearing families.
3. Analyze forces and trends that impact on the health and well-being of Canadian childbearing families.
4. Apply principles of health promotion and prevention, and awareness of the social determinants of health to the planning and assessment of care for childbearing families.
5. Describe the roles of Canadian Registered Nurses who practice in the maternal/newborn care environment within hospitals and community settings.
6. Recognize the various roles and responsibilities of the interdisciplinary team in the care of the childbearing family.

7. Describe female reproductive system anatomy and physiology, including potential pathophysiology.
8. Describe the process and physiology of human conception and intrauterine development.
9. Articulate the stages of pregnancy, including common behaviours, physiology, and potential complications.
10. Apply principles of holistic assessment and care planning for the antenatal woman and her family.
11. Apply principles of holistic assessment and care planning for the intrapartum woman and her family during labour and delivery.
12. Describe the processes and stages of labour and delivery including pain management, assessment, and potential complications.
13. Apply principles of holistic assessment and care planning for the postpartum woman and her family.
14. Describe characteristics and behaviours of term, preterm, and post-term newborns.
15. Apply principles of healthy lactation and newborn response to plan care for the breastfeeding mother and newborn.
16. Identify potential complications of newborns during the postpartum period as well as strategies to utilize in providing nursing care.
17. Analyze the coordination of community support and care for the postpartum child-bearing family to promote healthy development and transition to parenthood.
18. Recognize the trend towards primary health care in Canada and how this applies to the nursing care of Canadian childbearing families.

Course Structure

This course is divided into 7 modules

1. Introduction to Canadian Registered Nursing care of childbearing families.
2. Female Reproduction and Conception
3. Antenatal Nursing Care of Childbearing families
4. Intrapartum Nursing Care and Pain Management of Childbearing Families

5. Postpartum Nursing Care of Childbearing Families and the Transition to Parenthood
6. Nursing Care of the Normal Newborn
7. Community Nursing Care of Childbearing Families

Textbook and Resources

Liefer, G. L. (2007). *Introduction to Maternity and Pediatric Nursing*; 7th edition. St. Louis: Elsevier.

RESOURCES

Canadian Institute of Child Health. Ottawa. <http://www.cich.ca/>

College of Registered Nurses of British Columbia. (2007). *Competencies Required of a New Graduate*. <http://www.crnbc.ca>

Georgetown University. *Maternal and Child Health Library*.
<http://www.mchlibrary.info/>

Government of Canada. (2007). *The Sensible Guide to a Healthy Pregnancy*. Ottawa: Author.
http://www.healthycanadians.gc.ca/hp-gs/guide_e.html

Pregnancy.org <http://www.pregnancy.org/>

Public Health Agency of Canada. *Maternal and Infant Health*. Health Canada: Ottawa.
<http://www.phac-aspc.gc.ca/rhs-ssg/index.html>

Public Health Agency of Canada. (2002). *The Family-Centred Maternity and Newborn Care: National Guidelines*, 4th edition. Ottawa.
http://www.phac-aspc.gc.ca/dca-dea/prenatal/fcmc1_e.html

World Health Organization. (2005). *Maternal Health*.
http://www.who.int/topics/maternal_health/en/index.html

Assignment 2a: Antenatal Nursing Care Plan for Placenta Previa

This assignment is due with Module Three

This assignment will give you an opportunity to apply the nursing process to a serious antenatal complication, placenta previa. You will need to read your textbook, view the CD videos, and research this complication in other textbooks and/or on the Internet. If you do the latter, remember to consult reputable web resources that are created by health professionals.

First read the Case Study called, Case Study – Part 1: Jonathan joins the Canuck Family (on page 17 of this syllabus) which is a continuation of the Canuck family story introduced in the Meta Course.

Use the form that is on the next page to type your care plan. You can also download the page as a stand-alone document from the web course area in the Module 3 content. If you need more than one page, just copy the table and paste to a second page within your document.

The rubric on the following page (after the care plan form) page illustrates how your tutor will mark your care plan. You must score at least 70% on this assignment to achieve Mastery. This assignment will be marked out of 16 which equates to 11 marks equalling 70%.

You will be marked on the following criteria:

Identification of Area of Focus (i.e. Pain Management, etc.) for both Mother and Fetus

Relevant Goals of Care

Suitable Interventions

Evaluation of Achievement of Goals

Antenatal Nursing Care Plan for Placenta Previa

Area of Focus	Goals	Interventions	Evaluation	

Rubric to assess

Antenatal Nursing Care Plan for Placenta Previa

CATEGORY	Exemplary - 4	Outstanding - 3	Proficient - 2	Developing -1	Score
Area of Focus	Minimum of 5 distinct focus areas that attend to the individual mother and fetus in the case study.	Minimum of 4 distinct focus areas that attend to the individual mother and fetus in the case study.	Minimum of 3 distinct focus areas that attend to the individual mother and fetus in the case study.	Less than 3 distinct focus areas that attend to the individual mother and fetus in the case study..	
Goals	All goals are clearly stated, measureable with specific time lines for both mother and fetus and reflects scientific evidence.	80% of goals are clearly stated, measureable with specific time lines for both mother and fetus and reflects scientific evidence.	60% of goals are clearly stated, measureable with specific time lines for both mother and fetus and reflects scientific evidence.	Less than 60% of goals are clearly stated, measureable with specific time lines for both mother and fetus and reflects scientific evidence.	
Interventions	All of the Interventions are clearly stated and focused toward resolution of urgent client priorities, and reflect actions to address all identified areas of focus.	Identifies major interventions to reach client goals. The list is detailed and complete, and the tasks are well defined.	89-80% of the stated interventions are accurate.	Fewer than 80% of the interventions are accurate.	
Evaluation	Reflects an evaluation of nursing actions specifically directed on the effectiveness of interventions. Includes measure of progress toward expected client outcomes. Includes need for ongoing assessments for unresolved	Reflects an evaluation of nursing actions consistent with client condition and supports expected client outcomes. Includes need for ongoing assessments for unresolved outcomes.	Reflects an evaluation of 80% of nursing actions consistent with client condition and supports expected client outcomes. Includes need for ongoing assessments for	Evaluation is not related to nursing interventions or identified areas of focus. Omits significant indicators of patient outcome.	

	outcomes. Evaluation clearly demonstrates application of critical thinking to all aspects of the nursing care plan.		unresolved outcomes.		
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Case Study – Part 1: Jonathan joins the Canuck Family

(A continuation of the Canuck Family Story)

Jenny has found this fourth pregnancy to be the hardest of all. She thought her third pregnancy with the twins was hard, but it was easy compared to this last one. At 41, she was finding it very difficult to enjoy the trimesters: she had many aches and pains, her bladder felt like it would never return to normal (she was constantly rushing to the bathroom to pass small amounts of urine), and she has gained 20 kilograms more weight than recommended. She once joked with her husband that she was the textbook classic case of the pregnant woman, since she has experienced every common symptom of pregnancy - including nausea, vaginal discharge, fatigue, backache, constipation, varicose veins, hemorrhoids, heartburn, nasal stuffiness, leg cramps, and edema in both of her legs. A routine ultrasound at six months gestation showed that her placenta was lying fairly low in her uterus, but no one seemed concerned, since Jenny had a history of this with her previous pregnancies which always resolved itself before birth.



On top of her physical complaints, finances have been a major concern. The mortgage on their new home takes up a large portion of Mike's salary. As well, the stress of dealing with Cindy's mental health issues, and the demands of three other growing children has been more than Jenny can bear. She always prided herself on her patience and philosophical attitude towards life. But this pregnancy has brought out a side of her that has made everyone in the household feel tense and uneasy. They never knew when she would lash out in anger at them or burst into tears.

Now, as she enters her 40th week of pregnancy, Jenny sets out to attend her weekly prenatal visit at Dr. Stark's office. Dr Stark is one of the best female general practitioners at Surrey Memorial Hospital, where Jenny works and plans to birth her fifth child. She had initially considered asking a midwife to deliver this child at home, but quickly changed her mind as her pregnancy progressed. She was very worried that something would go wrong during delivery, since nothing seemed to go right during her pregnancy. All through the last nine months, Dr. Stark has tried to ease Jenny's mind, by pointing out that this pregnancy was going well - her symptoms were not out of the ordinary, and the stress of being a mother of such a large family

was bound to make any one feel pressured. She encouraged Jenny to try to relax and take advantage of community support services that could help their large family.

Now, as Dr. Stark examines Jenny, she asks her if she has had any contractions. Jenny reports that she has been having Braxton Hicks pains at least three times a day for the past week. The doctor notices that the baby is lying in a transverse position but otherwise appears fine – the fetal heart beat is normal, and she feels movement from the baby's feet as she gently palpates Jenny's abdomen. She mentions the baby's position to Jenny, but reminds her that the baby would likely rotate to the head-down position before actual birth begins. She does caution her though, to call her immediately if labour begins, or she notices anything unusual. They both agree that the baby will likely be born within the week.

The next day Jenny notices that she is having many more Braxton Hicks contractions and that she feels heaviness in her lower abdomen. She decides the best thing to do is to rest, so once Mike gets home from work, and her mother, Joan has settled the twins, Jenny decides to retire to bed early. She awakens in the



middle of the night and is shocked to feel wet covers beneath her. She notices immediately that her pajamas and bed sheets are wet with bright red blood. She feels mild infrequent Braxton Hicks contractions. She jostles Mike awake and curtly directs him to call Dr. Stark. He also calls an ambulance, and they are both soon on their way to the hospital.

Dr. Stark is waiting for them when they arrive and quickly examines Jenny. She discovers that the baby is still in a transverse position and that Jenny has quite heavy vaginal bleeding but no evident contractions. The baby's heart rate is 120 beats per minute. Dr. Stark orders an emergency ultrasound scan and soon discovers that Jenny has marginal to possibly partial placenta previa. She decides to keep Jenny on the obstetrical ward overnight, and plans to perform a cesarean section the next morning if the bleeding continues. She still thinks there is a chance that the placenta might recede enough to allow vaginal birth.

Part 1: Nursing Care Plan Assignment

Jenny is admitted to your hospital ward and is assigned to a private room. You must plan her care for the night.

Complete a Nursing Care Plan that incorporates common nursing assessment and treatment for placenta previa by using the form at the end of this syllabus (you can also download a copy from the course area), complete, save, then upload your care plan into the course area when finished.

Case Study – Part 2: Post-Birth Adjustments

Jenny manages to sleep for a few hours, and awakens to hear that Dr. Stark will be examining her within the hour. By the time the doctor arrives, Mike has joined her as well. After the doctor examines Jenny, she sits down to talk to them about performing a cesarean section. She points out that the fetus is still lying in a transverse position, the bleeding is not stopping, and the potential for risk for both mother and infant are too high to take any chances. She states she would like to perform the cesarean immediately.

Jenny sighs and replies, "Fine with me! I just want this pregnancy to end!"

Part 2: Discharge Teaching Plan Assignment

Jenny has a routine cesarean section, and delivers Jonathan by 1430 hours. He weighs 3500 grams, measures 52 centimeters in length, with an Apgar of 9 after 5 minutes of birth. Jenny intends to breastfeed Jonathan but is complaining of strong pain in her abdominal surgical incision. She is also feeling very weak even though she received a unit of packed cells via IV after the delivery. Mike has been with Jenny since early morning but is feeling very happy – he is very proud to have a son, and is very relieved that both Jenny and Jonathan are safe and stable. Jenny becomes annoyed with his cheerful but continuous talking, and snaps at him to "Be Quiet!" When Jonathan awakens, Jenny tells Mike to go and get some formula from the nursing station and to feed him. Mike is surprised, since Jenny would not let the twins have formula, even in the hospital. He figures she must be really tired, so he complies and fetches some formula to feed his son. As the newborn falls asleep in his father's arms, Jenny lies back and sighs, "Ahhh, I could just lie here forever!"

Complete a customized Discharge Teaching Plan that incorporates common nursing assessment and treatment for Jenny, Mike and Jonathan, by using the provided form in the Assignment 2b guidelines (you can also download a copy from the course area). Complete, save, then upload your care plan into the course area when finished. Be sure to include care for post-cesarean care, breastfeeding support, and assessment of Jenny's mental and emotional state.

COURSE STRUCTURE

MODULE 1 – Introduction to Canadian Registered Nursing care of childbearing families

Overview

This module provides a general orientation to the Canadian health care system and societal trends related to maternal-newborn health and care of child-bearing families. The evolution of primary health care within the Canadian health care system is an important consideration when preparing for Canadian nursing practice.

Some basic beliefs provide the foundation for primary health care. Below, each belief is presented, followed by an example. Think of another example from your own experience or observation in relation to each of these core beliefs.

BELIEF 1: Individuals, groups and communities participate in health care.

Example: People can work together to protest and seek control of air pollution coming from a local factory.

BELIEF 2: Individuals and groups have the right to affordable and up to date health care services.

Example: Parents have the right to safe and standardized immunizations for their children, provided within their local community.

BELIEF 3: People have the right to accessible care within their community

Example: An interdisciplinary community health centre is available with extended hours and comprehensive services.

BELIEF 4: Federal/provincial governments work with communities and health care personnel to deliver community based health care services.

Example: Government funding and planning is directed towards new independent living units for seniors at the request of community spokespeople.

BELIEF 5: Health care professionals and the local community work together to provide health care services.

Example: Culturally sensitive prenatal classes are coordinated and scheduled at convenient times within an accessible, local community building.

All of these beliefs and the foundational premises of Primary Health Care (refer to related learning activity in the Meta Course) impact on the experience of pregnancy, childbirth, and the parenting of children in Canada. As you engage in the activities in this module, keep the principles of Primary Health Care in mind.

Learning Outcomes

This module will provide the learner with the opportunity to:

1. Analyze forces and trends that impact on the health and well-being of Canadian childbearing families.
2. Recognize the various roles and responsibilities of the interdisciplinary team in the care of the childbearing family.
3. Recognize the trend towards primary health care in Canada and how this applies to the nursing care of Canadian childbearing families.

Required Readings & Resources

- **READ:** Chapter 1: Past, Present and Future in Liefer G. L. (2007). *Introduction to Maternity and Pediatric Nursing*; 7th edition. St. Louis: Elsevier.
- **READ:** Canadian Institute for Health Information. (2004) *Giving Birth in Canada: Providers of Maternity and Infant Care*. Ottawa: CIHI. Pages 15 to 29.

Assignments

1. **FORUM:** Describe recent trends in maternal – newborn health care that were reflected in the readings in the Forum labeled **Module 1 Forum**.
2. **GLOSSARY:** From your readings, select a term relevant to Canadian Maternal Newborn Health and add it to the Main Glossary on the course site, in the appropriate category. Be sure to reference your source..
3. **REVIEW QUIZ:** 10 question multiple choice post - quiz (may be used as a Pre-Quiz to assess your understanding of the content).

Module Summary

This module provided an overview of maternal and newborn nursing care within Canada, within the context of Primary Health Care. Multidisciplinary roles in obstetrical care were introduced, with emphasis on the nursing role.

Notes for Tutor

- Ensure learners are feeling comfortable within the Moodle environment.

- Introduce yourself and remind the students to complete their Profile.
- Ensure students are comfortable with using the Forum, Journal and Glossary activities.
- Ensure students have completed the module that introduced Primary Health Care (located in the Meta Course).