CARE OF MOTHER & CHILD, ADOLESCENT (WELL CLIENT)

LECTURE | MS. JOSHUA AUSTRIA

NUR 1208 | TERM 01

FRAMEWORK OF MATERNAL AND CHILD NURSING

- **OBSTETRICS** – Care of women during childbirth
  - Greek word: *obstare* – "to keep watch"
- **PEDIATRICS** – Greek word: *pais* – "child"
- Although the field of nursing typically divides its concerns for families during childbearing and childrearing into two separate entities, maternity care and child health care, the full scope of nursing practice in this area is not two separate entities but rather a **CONTINUUM: MATERNAL AND CHILD HEALTH NURSING**
  - **CHILDBEARING** – to have
  - **CHILDREARING** – to raise

Differences among a midwife, nurse , and obstetrician :

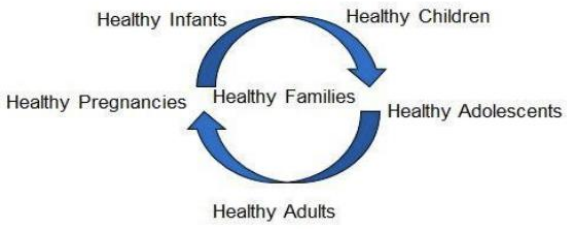
- **MIDWIFE** - all about women of childbearing age '
- **NURSE** - can administer medication with the doctor 's orders –
- **OBSTETRICIAN** - deals with abnormality and complications / performs operations & procedures

Both Nurses and Midwife:

- care for women during the whole pregnancy and childbirth
- can only perform vaginal delivery

THE PRIMARY GOAL OF MATERNAL AND CHILD HEALTH NURSING CARE

• The **PROMOTION AND MAINTENANCE OF OPTIMAL FAMILY HEALTH** to ensure cycles of optimal childbearing and childrearing.
• The health of each stage of the individual impacts the next stage and the health of the family to which the individual belongs.
Healthy pregnancy will lead to healthy newborn who will grow up to become healthy children who will comprise the healthy family.



How to achieve optimal family health among women who have complication during pregnancy?

Revert to normal state or prevent further complications

GOALS OF MATERNAL AND CHILD HEALTH NURSING CARE

The goals of maternal and child health nursing care are necessarily **BROAD** because the scope of practice (the range of services and care that may be provided by a nurse based on state requirements) is so broad.

MCN RANGE OF PRACTICE:

- **PRECONCEPTUAL** health care
  - **"prior to pregnancy"**
    - ✓ **Menstrual cycle**
    - ✓ **Genetic counseling**
    - ✓ **Treatment/Management of disease**
- Care of women **during three trimesters** of pregnancy and the **PUERPERIUM**: the **6 weeks after childbirth**, sometimes termed the fourth trimester of pregnancy.
- Care of infants during the **PERINATAL** period (**6 weeks before** conception to **6 weeks after** birth)
- Care of **children from birth through adolescence**
- Care in **settings as varied** as the birthing room, the pediatric intensive care unit, and the home

- In all settings and types of care, keeping **THE FAMILY AT THE CENTER OF CARE** or considering the family as the primary unit of care is an essential goal.
- The level of a **FAMILY'S FUNCTIONING AFFECTS THE HEALTH STATUS OF ITS MEMBERS**
  - Low level of Family functioning = adverse effect to the family
  - Healthy Family = environment conducive to growth and health -promoting behaviors that sustain family members during crises

PHILOSOPHY OF MATERNAL AND CHILD HEALTH NURSING

- **FAMILY CENTERED:** assessment must include **both family and individual assessment data**
- **COMMUNITY CENTERED**: the health of families **depends on and influences the health of communities.**
- **EVIDENCE BASED**: it is the **means whereby critical knowledge increases.**

Note: Choose answers that encompasses the philosophy of Maternal and Child Health Nursing

A MATERNAL AND CHILD HEALTH NURSE:

- Considers the **FAMILY AS A WHOLE** an as partner care when planning or implementing or evaluating the effectiveness of care.
- Serves as an **ADVOCATE** to protect the rights of all family members, including the fetus.
  - Give information, options, choices but the clients will decide
  - Preserving the sanctity and always positive
- Demonstrates a high degree of independent nursing functions because **TEACHING AND COUNSELING** are major interventions
- **PROMOTES HEALTH AND DISEASE PREVENTION** because these protect the health of the next generation.
- Serves as **AN IMPORTANT RESOURCE** for families during childbearing and childrearing as these can be extremely stressful times in a life cycle.
- **RESPECTS PERSONAL, CULTURAL AND SPIRITUAL ATTITUDES AND BELIEFS** as these so strongly influence the meaning and impact of childbearing and childrearing.

- Compromising with the client, provide information about the pros and cons, risk and advantages but do not enforce

- **ENCOURAGES DEVELOPMENTAL STIMULATION DURING BOTH HEALTH AND ILLNESS** so children can reach their ultimate capacity in adult life.
- **ASSESSES FAMILIES FOR STRENGTHS** as well as **SPECIFIC NEEDS OR CHALLENGES.**
- Encourages family bonding through **ROOMING-IN AND FAMILY VISITING** in maternal and child health care settings.
- **ENCOURAGES EARLY HOSPITAL DISCHARGE** options to reunite families as soon as possible in order to create a seamless, helpful transition process.
  - **NSD: 24 HRS**
  - **CS: 2-3 DAYS**
- **ENCOURAGES FAMILIES TO REACH OUT TO THEIR COMMUNITY** so the family can develop a wealth of support people they can call on in time of family crisis

STANDARDS OF MATERNAL AND CHILD HEALTH NURSING PRACTICE

- In maternal-child health, standards have been developed by the **DIVISION OF MATERNAL-CHILD HEALTH NURSING PRACTICE OF THE AMERICAN NURSES ASSOCIATION** in collaboration with the **SOCIETY OF PEDIATRIC NURSES**.
- The **ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC, AND NEONATAL NURSES (AWHONN)** has developed similar standards for the nursing care of women and newborns.

STANDARDS OF CARE

Optimum health potentials is **best achieved within the framework of family-centered care and the nursing process,** including primary, secondary, and tertiary care coordinated across health care and community settings.

STANDARD I: ASSESSMENT	✓ The nurse **collects patient health data**. ✓ OB-GYNE History, Physical, Abdominal, and Internal examination
STANDARD II: DIAGNOSIS	✓ The nurse analyzes the assessment data in **determining diagnoses**.
STANDARD III: OUTCOME IDENTIFICATION	✓ The nurse **identifies expected outcomes** individualized to the child and the family.
STANDARD IV: PLANNING	✓ The nurse **develops a plan of care** that prescribes interventions to obtain expected outcomes.
STANDARD V: IMPLEMENTATION	✓ The **nurse implements the interventions** identified in the plan of care. ✓
STANDARD VI: EVALUATION	✓ The nurse **evaluates the child's and family's progress** toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

STANDARD I: QUALITY OF CARE	✓ Nurse systematically **evaluates the quality and effectiveness of pediatric nursing practice**
STANDARD II: PERFORMANCE APPRAISAL	✓ Nurse **evaluates his or her own nursing practice** in relation to professional practice standards and relevant statutes and regulations.
STANDARD III: EDUCATION	✓ Nurse **acquires and maintains current knowledge and competency** in pediatric nursing practice
STANDARD IV: COLLEGIABILITY	✓ Nurse **interacts with and contributes to the professional development** of peers, colleagues, and other health care providers ✓ NGOs/GO
STANDARD V: ETHICS	✓ Nurse's assessment, actions, and recommendations on behalf of children and their families are **determined in an ethical manner**
STANDARD VI: COLLABORATION	✓ Nurse **collaborates with the child, family, and other health care providers in providing client care**
STANDARD VII: RESEARCH	✓ Nurse **contributes to nursing and pediatric health care through the use of research methods and findings**
STANDARD VIII: RESOURCE UTILIZATION	✓ Nurse **considers factors related to safety, effectiveness, and cost in planning and delivering patient care**

A FRAMEWORK FOR MATERNAL AND CHILD HEALTH NURSING CARE

Maternal and child health nursing **can be visualized within a framework in which nurses, using nursing process, nursing theory, and evidence-based practice**, care for families during childbearing and childrearing years.

- **HEALTH PROMOTION**
  - **Educating clients** to be aware of good health through teaching and role modelling
  - **Prior to illness/Primary prevention**
  - Ex. Family planning, teach the importance of safe sex practice, importance of immunizations
- **HEALTH MAINTENANCE**
  - Intervening to **maintain health** when risk of illness is present
  - **Risk factors are present/Secondary prevention/Lab & Diagnostic Tests**
  - Ex. Encourage prenatal care, importance of safeguarding homes by childproofing it against poisoning
- **HEALTH RESTORATION**

Diagnosing and treating **illness using interventions that will return client to wellness fast**

Ex. Care of child during illness, care of woman during pregnancy complications

- **HEALTH REHABILITATION**
  - **Preventing further complications** from an illness, bringing client back to an optimal state of wellness, helping client accept inevitable death
  - **Prevent further complications and death through continuous medication, physical and occupational therapies**
  - Ex. Encourage continuous therapies and medications

THE NURSING PROCESS

- **Organized series of steps** to ensure quality and consistency of care
- A **form of problem solving based on the scientific method**, serves as the **basis for assessing, making a nursing diagnosis, planning, organizing, and evaluating care**.
- **Applicable to all health care settings**, from the prenatal clinic to the pediatric intensive care unit, is proof that the method is **broad enough to serve as the basis for nursing care**.
- Assessment, Nursing Diagnosis, Planning, Organizing, Evaluating care. (The names can be changed but with the same organization of process)

EVIDENCE-BASED PRACTICE

- **Conscientious, explicit, and judicious use of current best evidence** in making decisions about the care of patients.
- Evidence can be a **combination of research, clinical expertise, and patient preferences** when all three combine in decision making

LEVEL I	✓ Evidence obtained from **at least one properly designed randomized controlled trial.**
LEVEL II	✓ Evidence obtained from **well-designed controlled trials without randomization, well-designed cohort or case-control analytic studies, or multiple time series with or without an intervention**. ✓ Evidence obtained from **dramatic results in uncontrolled trials** might also be regarded as this type of evidence
LEVEL III	✓ **Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees** ✓ helps to **move all health care actions to a more solid, and therefore safer, scientific base**. ✓ **Cochrane Database of Systematic Reviews**

NURSING RESEACRH

- The **controlled investigation of problems that have implications for nursing practice,** provides evidence for practice and justification for implementing activities for outcome achievement, ultimately resulting in improved and cost-effective patient care.
- **Evidence-based practice requires ongoing research to substantiate current actions** as well as to provide guidelines for future actions.

Some examples of current questions that warrant nursing investigation in the area of maternal and child health nursing include the following:

1. What is the most effective stimulus to encourage women to come for prenatal care or parents to bring children for health maintenance care?
2. How much self-care should young children be expected (or encouraged) to provide during an illness?
3. What is the effect of market-driven health care on the quality of maternal-child nursing care?
4. What active measures can nurses take to reduce the incidence of child or intimate partner abuse?
5. How can nurses best help families cope with the stress of long-term illness?
6. How can nurses help prevent violence such as homicide in communities and modify the effects of violence on families?
7. What do maternal-child health nurses need to know about alternative therapies such as herbal remedies to keep their practices current?

The **answers to these and other questions provided by research help to bolster a foundation for specific actions and activities that have the potential to improve maternal and child health care**

NURSING THEORY

- **One of the requirements of a profession** (together with other critical determinants, such as member-set standards, monitoring of practice quality, and participation in research) is that the **concentration of a discipline's knowledge flows from a base of established theory.**
- Nursing theorists **offer helpful ways to view clients** so that nursing activities can best meet client needs.
- Only with this broad theoretical focus can nurses **appreciate the significant effect on a family of a child's illness or of the introduction of a new member.**
- Another issue most nursing theorists address is **how nurses should be viewed or what the goals of nursing care should be**. Extensive changes in the scope of maternal and child health nursing have occurred as health promotion, or keeping parents and children well, has become a greater priority.
- With **HEALTH PROMOTION AS A MAJOR NURSING GOAL, TEACHING, COUNSELING, SUPPORTING, AND ADVOCACY ARE ALSO COMMON ROLES** (Vonderheid et al., 2007).
- Nurses care for clients who are more critically ill than ever before. Because care of women during pregnancy and of children during their developing years helps protect not only current health but also the health of the next generation, maternal-child health nurses fill these expanded roles to a unique and special degree

NATIONAL HEALTH GOALS

UNIVERSAL HEALTH CARE (UHC)

- Was launched **THROUGH ADMINISTRATIVE ORDER 2010-0036 (DOH, 2010).**
- Directed towards ensuring the achievement of the health system goals of **(1) better health outcomes, (2) sustained health financing, (3) a responsive health system** by ensuring that all Filipinos, especially the disadvantaged group, have equitable access to affordable health care.

Three strategic thrusts to attain UHC goal:

1. Financial risk protection through expansion in National Health Insurance Program (NHIP) enrollment and benefit delivery
2. Improved access to quality hospitals and health care facilities
3. Attainment of the health-related Millennium Development Goals (MDGs)

THE MILLENNIUM DEVELOPMENT GOALS 2015 VIA UN MILLENNIUM DECLARATIO INCLUDES:

1. Eradicate extreme **poverty and hunger**
2. Achieve universal primary **education**
3. Promote **gender equality and empower women**
4. **Reduced child mortality** (greatly improved)
    a. Through breastfeeding/newborn screening/ immunizations

5. **Improve maternal health** (not improved)
    a. High teenage pregnancy/prohibition of home delivery due to high maternal death
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop global partnership

17 SUSTAINABLE DEVELOPMENT GOALS 2015

1. No Poverty	10. Reduced Inequalities
2. Zero Hunger	11. Sustainable Cities and Communities
3. Good Health and Well-being	12. Responsible Consumption and Production
4. Quality Education	13. Climate Action
5. Gender Equality	14. Life below Water
6. Clean Water and Sanitation	15. Life on Land
7. Affordable and Clean Energy	16. Peace, Justice and Strong Institution
8. Descent work and Economic growth	17. Partnership for the Goals
9. Industry, Innovation and Infrastructure	

GLOBAL STRATEGY FOR WOMEN, CHILDREN, & ADOLESCENTS

- **SURVIVE** – End preventable deaths
- **THRIVE** – Ensure healthy & well-being
- **TRANSFORM** – Expanding enabling environments

TRENDS IN THE MATERNAL AND CHILD HEALTH NURSING POPULATION

- The maternal and child population is **constantly changing because of changes in social structure, variations in family lifestyle, and changing patterns of illness.**
- **CLIENT ADVOCACY, participating in cost-containment measures, focusing on health education, and creating new nursing roles** are ways in which nurses have adapted to these changes.
- **CLIENT ADVOCACY** is **safeguarding and advancing the interests of clients and their families.** The role includes knowing the health care services available in a community, establishing a relationship with families, and helping them make informed choices about what course of action or service would be best for them.

MEASURING MATERNAL AND CHILD HEALTH

KEY TERMS:

- **CRUDE BIRTH RATE** – How fast people are added to the population through births
- **GENERAL FERTILITY RATE** – "more specific rate than CBR" How many of them gave birth
- **MATERNAL MORTALITY RATE** – 'Dying pregnants"
- **INFANT MORTALITY** – "Dying under 1 year of age"
- **NEONATAL MORTALITY RATE** – "Dying under 28 days"
- **POST NATAL MORTALITY RATE** – "Dying after 28 days but less than 1 year of age"

CRUDE BIRTH RATE (CBR)

- Measures **how fast people are added to the population through births**
- Useful measure of population; **affected by the fertility, marriage pattern, and practices of the place, sex, and age composition of a population, and birth registration**
- **Greater or equal** to 45/1,000 live births implies **high fertility**
- **Less than or equal** to 20/1,000 live implies **low fertility**

$\leq \frac{20}{1000} = \downarrow Fertility$ $\geq \frac{45}{1000} = \uparrow Fertility$

$$\boldsymbol{CBR} = \frac{Number\ of\ registered\ life\ births\ in\ a\ year\ \times 1000}{Midyear\ population\ \ (all\ including\ male, female, children, \&\ elderly)}$$

GENERAL FERTILITY RATE

- **More specific rate than CBR** since births are related to the **segment of the population deemed to be capable of giving birth**, that is, the women in the reproductive age groups **(15-44 years)**
- High fertility rate is GFR of 200/1,000 women while 60/1,000 is low fertility rate

$\frac{60}{1000} = \downarrow Fertility$ $\frac{200}{1000} = \uparrow GFR$

$$\boldsymbol{GFR} = \frac{Number\ of\ registered\ life\ births\ in\ a\ year\ \times 1000}{Midyear\ population\ \ of\ women\ 15-44\ years\ of\ age}$$

MATERNAL MORTALITY RATE (MMR)

- Number of deaths of a female from **any cause related to or aggravated by pregnancy and childbirth or within 42 days of termination of pregnancy,** irrespective of the duration and the site of the pregnancy
- The denominator is the number of live births. It is a measure of obstetric risk and is affected by maternal health practices, diagnostic ascertainment, and completeness of registration of births
    - Direct or indirect cause
    - Accidental causes are excluded (not related to pregnancy)

$$\boldsymbol{GFR} = \frac{Number\ of\ deaths\ due\ to\ pregnancy, delivery, puerperium\ in\ a\ calendar\ year\ \times 100}{Number\ of\ life\ births\ in\ the\ same\ year}$$

INFANT MORTALITY RATE (IMR)

- Number of deaths of infants **under one year of age** in a calendar year per one thousand live births in the same period.
- Used as an approximation of the risk of dying within the first year of life.
- **Good index of the level of health in a community** because infants are very sensitive to adverse environmental conditions. Thus, a **high IMR means low levels of health standards** that may be secondary to poor maternal health and child health care.
- 60-150 / 1000 live births = common in poor populations
- $\geq \frac{200}{1000}$ livebirths = very severe environmental condition

$$\boldsymbol{GFR} = \frac{Deaths\ under\ 1\ year\ of\ age\ in\ a\ calendar\ year\ x\ 1000}{Number\ of\ life\ births\ in\ the\ same\ year}$$

NEONATAL MORTALITY RATE (NMR)

- Deaths of infants **less than 28 days** old are due mainly to prenatal or genetic factors.

$$\boldsymbol{GFR} = \frac{Deaths\ under\ 28\ days\ of\ age\ in\ a\ calendar\ year\ x\ 1000}{Number\ of\ life\ births\ in\ the\ same\ year}$$

POST NEONATAL MORTALITY RATE (PMR)

- Deaths among infants **28 days to less than 1 year of age in a calendar year**. This is influenced by environmental and nutritional factors as well as infection

$$GFR = \frac{Deaths\ 28\ days\ to\ less\ than\ 1\ year\ of\ age\ in\ a\ calendar\ year\ x\ 1000}{Number\ of\ life\ births\ in\ the\ same\ year}$$

ROLES AND RESPONSIBILITIES OF MATERNAL & CHILD NURSE

1. HEALTH CARE PROVIDER

- ✓ Nurse **provides continuous and comprehensive care** to the family, group of people and community and emphasizes more on promotive and preventive health care.
- ✓ **provides care during illness** for which usually the family members come forward to seek help

2. HEALTH EDUCATOR

- ✓ **Educates the client to develop their abilities and overcome barriers** so they can take care of their health and nursing needs, promote their health and prevent illness

3. COUNSELOR

- ✓ "Nurse Consultants"
- ✓ Focus on **ensuring delivery of quality patient care services** in maternal and child's health.
- ✓ Although some counselors are directly involved in patient care, others contribute to the professional training and development of other nurses.

4. RESEARCHER

- ✓ **Study various aspects of health, illness and health care**. By designing and implementing scientific studies, they **look for ways to improve health, health care services and health care outcomes** in maternal and child health nursing.
- ✓ Nurse identify research questions, design and conduct scientific studies, collect and analyze data and report their findings

5. MANAGER OF CARE

- ✓ Nurse **directly provides the care with the active participation of family**.

ADVANCED-PRACTICE ROLES FOR NURSES IN MATERNAL AND CHILD HEALTH

1. CLINICAL NURSE-SPECIALIST

- ✓ **CLINICAL NURSE SPECIALISTS**
  - ✓ Master's or doctorate degree level
  - ✓ **Capable of acting as consultants in their area of expertise,** as well as serving as role models, researchers, and teachers of quality nursing care.
- ✓ **CASE MANAGER**
  - ✓ A graduate-level nurse
  - ✓ **Supervises a group of patients from the time they enter a health care setting until they are discharged** from the setting or, in a seamless care system, into their homes as well, monitoring the effectiveness, cost, and satisfaction of their health care
  - ✓ **vastly satisfying** nursing role, because if the health care setting is "seamless," or one **that follows people both during an illness and on their return to the community**, it involves long-term contacts and lasting relationships and creates a high degree of satisfaction among clients (Hodnett, 2009).

2. NURSE PRACTITIONER

- ✓ **NURSE PRACTITIONER**
  - ✓ Master's or doctoral level.
  - ✓ Doctor of nursing practice programs are designed to prepare nurse practitioners with the highest level of practice expertise integrated with the ability to translate scientific knowledge into complex clinical interventions.

- ✓ WOMEN'S HEALTH NURSE PRACTITIONER
  - ✓ Advanced study in the **promotion of health and prevention of illness in women**
  - ✓ Plays a vital role in **educating women about their bodies and sharing with them methods to prevent illness**; in addition, they care for women with illnesses such as sexually transmitted infections, and offer information and counsel them about reproductive life planning.
  - ✓ Play a large role in **helping women remain well so that they can enter a pregnancy in good health and maintain their health throughout life**
- ✓ PEDIATRIC NURSE PRACTITIONER
  - ✓ **Nurse prepared with extensive skills in physical assessment, interviewing, and well-child counseling and care**.
  - ✓ Interviews parents as part of an extensive health history and performs a physical assessment of the child with the parents any childrearing concerns mentioned in the interview, administers any immunizations needed, offers necessary anticipatory guidance (based on the plan of care), and arranges a return appointment for the next well-child checkup
  - ✓ **Served as a primary health caregiver or as the sole health care person** the parents and child see at that visit

- **COMMON ILLNESS** (such as iron deficiency anemia), he or **she orders the necessary laboratory tests and prescribes appropriate drugs for therapy.**
- **MAJOR ILLNESS** (such as congenital subluxated hip, kidney disease, heart disease), **he or she consults with an associated pediatrician; together, they decide what further care is necessary.**

- ✓ NEONATAL NURSE PRACTITIONER
  - ✓ Advanced-practice role for nurses who are **skilled in the care of newborns, both well and ill**
  - ✓ **Managing and caring for newborns in intensive care units, conducting normal newborn assessments and physical examinations, and providing high-risk follow-up discharge planning** (Bowen, 2007).
  - ✓ They also are **responsible for transporting ill infants to these different care settings**
- ✓ FAMILY NURSE PRACTITIONER
  - ✓ Advanced-practice role that **provides health care not only to women and children but also to the family as a whole**
  - ✓ Can **provide prenatal care for a woman with an uncomplicated pregnancy**
  - ✓ Takes the health and pregnancy history, performs physical and obstetric examinations, orders appropriate diagnostic and laboratory tests, and plans continued care throughout the pregnancy and for the family afterward.

- ✓ **Monitor the family indefinitely** to promote health and optimal family functioning during health and illness

3. CERTIFIDE NURSE-MIDWIFE
   - ✓ Educated in the **two disciplines of nursing and midwifery and licensed** according to the requirements of the American College of Nurse-Midwives
   - ✓ Plays an **important role in assisting women with pregnancy and childbearing.**
   - ✓ **Independently or in association with a physician**, the nurse-midwife **assumes full responsibility for the care and management of women with uncomplicated pregnancies**
   - ✓ Play a large role in **making birth an unforgettable family event as well as helping to ensure a healthy outcome** for both mother and child (Declercq,2007)