



Introduction to Maternal

and

Neonatal Nursing

By/ Dr. Nuha Adel Ibrahim

Maternal and Neonatal Nursing

2020-2021



Introduction to maternal and neonatal nursing

The objectives of the lecture - In the end of the lecture the students able to Understanding:

1. Introduction to maternal and neonatal nursing
2. Philosophy of Maternal and Neonatal Health Nursing
3. Goals of Maternal and Neonatal Health Nursing
4. Definition of Maternal and Neonatal Nursing
5. Family Concepts and Types of Family
6. Family-centered Care
7. Family Centered Maternity Care
8. Care of family as part of community
9. Ethics and Standards of Practice Issues
10. Evidence-based Nursing Practice
11. Major Health Issues for

1. Introduction to maternal and neonatal nursing

Maternal and child health nursing focuses on providing evidence-based, case managed care to the client within the context of the family. This care involves the implementation of an interdisciplinary plan in a collaborative manner to ensure continuity of care that is cost-effective, quality-oriented, and outcome focused. In planning for discharge and providing care in the community, maternal and neonate nurses also collaborate with other sectors such as education, social work, and justice.

2. Philosophy of Maternal and Neonatal Health Nursing

The care of childbearing and childrearing families is a major focus of nursing practice, because to have healthy adults must have healthy children. To have healthy children, it is important to promote the health of the childbearing woman and her family from the time before children are born until they reach adulthood. That makes both preconception and prenatal care essential contributions to the health of a woman and fetus and to a family's emotional preparation for childbearing and childrearing. As children grow, families need continued health supervision and support. As children reach maturity and plan for their own families, a new cycle begins and new support becomes necessary. The nurse's role in all these phases focuses on promoting healthy growth and development of the child and family in both health and illness. 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.

Maternal and child health nursing is family centered; assessment must include both family and individual assessment data.

- Maternal and child health nursing is community centered; the health of families depends on and influences the health of communities.
- Maternal and child health nursing is evidence based, because this is the means whereby critical knowledge increases.
- A maternal and child health nurse serves as an advocate to protect the rights of all family members, including the fetus.
- Maternal and child health nursing includes a high degree of independent nursing functions, because teaching and counseling are major interventions.
- Promoting health and disease prevention are important nursing roles because these protect the health of the next generation.
- Maternal and child health nurses serve as important resources for families during childbearing and childrearing as these can be extremely stressful times in a life cycle.
- Personal, cultural, and religious attitudes and beliefs influence the meaning and impact of childbearing and childrearing on families.
- Circumstances such as illness or pregnancy are meaningful only in the context of a total life.
- Maternal and child health nursing is a challenging role for nurses and a major factor in keeping families well and optimally functioning.

3. Goals of Maternal and Neonatal Health Nursing

- The primary goal of maternal and child health nursing care can be stated simply as the promotion and maintenance of optimal family health to ensure cycles of optimal childbearing and childrearing.
- The goals of maternal and child health nursing care are necessarily broad because the scope of practice is so broad.

The range of services and care provided by a nurse based on state requirements it includes:

1. Preconception health care
2. Care of women during three trimesters of pregnancy and the puerperium
Care of infants during the perinatal period (6 weeks before conception to 6 weeks after birth)
3. Care of children from birth through adolescence
4. Care in settings as varied as the birthing room.

4. Definition of Maternal and Neonatal Nursing

Is a program that prepares registered nurses to provide prenatal care to pregnant women and to mothers and their newborn infants. Includes instruction in perinatal and newborn health assessment, stabilization, and care; pathophysiology of pregnancy, fetuses, and the newborn; clinical management of high-risk pregnancies and newborns; perinatal and neonatal technology and clinical procedures; and patient education.

5. Family Concepts and Types of Family

Recognizing different family structures can help to focus on family-centered care or provide a family-friendly environment for health care.

A family is defined as “a group of people related by blood, marriage, or adoption living together.” some families are made up of unrelated couples, and at certain points in life not all family members may live together.

another defines **the family** in a much broader context as “two or more people who live in the same household share a common emotional bond, and perform certain interrelated social tasks.”

Family Types

Many types or structures of families exist, and family structures change over time as they are affected by birth, work, death, divorce, and the growth of family members. For the purposes of assessing families in maternal and child health nursing, two basic family types can be described:

- **Family of orientation** (the family one is born into; or oneself, mother, father, and siblings)
- **Family of procreation** (a family one establishes; or oneself, spouse or significant other, and children).

Specific descriptions of family types vary greatly depending on family roles, generational issues, means of family support, and sociocultural influences.

The Dyad Family

A dyad family consists of two people living together, usually a woman and a man, without children. Newly married couples, as an example, are dyad families. Dyad families are generally viewed as temporary arrangements, but if the couple chooses childfree living, this can also be a lifetime arrangement.

The Cohabitation Family

Cohabitation families are composed of heterosexual couples, and perhaps children, who live together but remain unmarried. Many couples choose cohabitation as a way of getting to know a potential life partner better before marriage as it seems as if this might make their eventual marriage stronger. An effective cohabitation arrangement offers psychological comfort and financial security similar to marriage. Long-term cohabitation unions of this type are growing in number. The increasing numbers to adhere to a monogamous relationship through cohabitation could help contribute to decreasing sexually transmitted infections and decrease the financial burdens on the cohabiters.

The Nuclear Family

Nuclear family structure is composed of a husband, wife, and children. However, the number of nuclear families has declined to about 49% of families. This is because of the increase in divorce, acceptance of single parenthood, and the greater acceptance of alternative lifestyles.

An advantage of a nuclear family is its ability to provide support to family members, because, with its small size, people know each other well and can feel genuine affection for each other. Helping nuclear families locate and reach out to support people during a crisis can be an important nursing responsibility.

The Polygamous Family

Polygamy (a marriage with one man multiple wives) such marriages are not that unusual an arrangement worldwide. Polygyny is occurring where women have low social status or are not valued for their individual talents. It can be attractive for men as it allows for sexual variety. It can serve as the mark of a wealthy man as wives cost money. With more than one wife having children, it also increases the chance that the marriage will produce a male heir. Advantages to women are that women in polygyny marriages are able to have fewer children than if they were a lone wife so it lowers their chance of dying

in childbirth. If differences in wealth are great, women may prefer polygyny to being the wife of a poor man. Problems that can arise are jealousy and rivalry between wives because of perceived favoritism.

The Extended (Multigenerational) Family

An extended family includes not only the nuclear family but also other family members such as grandmothers, grandfathers, aunts, uncles, cousins, and grandchildren. An advantage of such a family is that it contains more people to serve as resources during crises and provides more role models for behavior or values. A possible disadvantage of an extended family is that family resources, both financial and psychological, must be stretched to accommodate all members. The grandmother or an aunt or another sibling, for example, may provide the largest amount of support or child care.

The Single-Parent Family

A health problem in a single-parent family is almost always compounded. If the parent is ill, there is no back-up person for child care. If a child is ill, there is no close support person to give reassurance or a second opinion on whether the child's health is worsening or improving. Low income is often an additional problem encountered by single-parent families, because the parent is most often a woman. Single parent fathers may have difficulty with home management or child care if they had little experience with these roles before the separation.

The Blended Family (remarriage or reconstituted family)

is a divorced or widowed person with children marries someone who also has children. Advantages of blended families include increased security and resources for the new family. Another benefit is that the children of blended families are exposed to different customs or culture and may become more adaptable to new situations. Childrearing problems may arise in this type of family from rivalry among the children for the attention of a parent. Children may not welcome a stepparent because they have not yet resolved their feelings about the separation of their biologic parents (through either divorce or death); the stepparent may differ from the biologic parent, particularly in terms of discipline and caregiving; or they may believe that the stepparent threatens their relationship with their biologic parent. They also may have heard so many stories about evil stepparents that they come to the new family prejudiced against their new parent. They may become extremely distressed at seeing their other biologic parent move into another home and become a stepparent to other children. Although blended families usually lessen

financial difficulties, finances can be severely limited, especially if one or both parents are obligated to pay child support for children from a previous marriage while supporting the children of the current marriage.

The Communal Family

Communes are formed by groups of people who choose to live together as an extended family. Their relationship to each other is motivated by social or religious values rather than kinship. The values of commune members may be more oriented toward freedom and free choice than those of a traditional family. People living in a commune may have difficulty following traditional health care regimens, preferring instead to use complementary or alternative therapies.

The Gay or Lesbian Family

In homosexual unions, individuals of the same sex live together as partners for companionship, financial security, and sexual fulfillment. Such a relationship offers support in times of crisis comparable to that offered by a nuclear or cohabitation family. Some lesbian and gay families include children from previous heterosexual marriages or through the use of artificial insemination, adoption, or surrogate motherhood.

The Foster Family

Children whose parents can no longer care for them may be placed in a foster or substitute home by a child protection agency. Foster parents may or may not have children of their own. They receive remuneration for their care of the foster child. Foster home placement is theoretically temporary until children can be returned to their own parents. If return is impossible or is not imminent, children, unfortunately, may be raised to adulthood in foster care. Such children can experience almost constant insecurity, concerned that soon they will have to move again.

The Adoptive Family

Many types of families (nuclear, extended, cohabitation, single-parent, gay and lesbian) adopt children today. No matter what the family structure, adopting brings several challenges to the adopting parents and the child, as well as to any other children in the family.

6. Family-centered Care

Family-centered care refers to the collaborative partnership among the individual, family, and caregivers that exists to determine goals, share information, offer support, and formulate plans for health care. It is generally

understood to be an approach in which clients and their families are considered integral components of the health care decision-making and delivery processes. Nursing support of the family are informational support is designed to provide supportive communication by making available understandable information to the family about their member's condition, treatment, development, and care; about their behavioral and emotional responses and needs; and about what to expect regarding their condition. ***Emotional support*** includes listening, exhibiting caring behaviors, and being concerned in ways that help the family cope with their member's illness and the other aspects of their lives that are impacted by the illness. Appraisal support, also called esteem support, is conceptualized as enhancing, reinforcing, and supporting the family role.

The philosophy of family-centered care recognizes the family as the constant: the health of all the family members and their functional abilities influence the health of the client and other members of the family. The core concepts of family-centered care include providing dignity and respect for the client and family choices; sharing health care information that is meaningful and accurate; encouraging clients and their families to participate in decisions about their care; and collaborating with clients, families, and other health care providers in the delivery of care.

Family-centered care works well in all arenas of health care, from preventive care to long-term care. Family-centered care enhances the confidence of all those involved about their skills and helps to prepare individuals for assuming responsibility for their own health care needs. It is vital for the nurse to assess how much knowledge the family already has about the client's health or illness.

Using a family-centered approach is associated with positive outcomes such as decreased anxiety, improved pain management, shorter recovery times, and enhanced confidence and problem-solving skills. Communication between the health care team and the family is also improved, leading to greater satisfaction for both health care providers and health care consumers (families). It is important for nurses to remain neutral to all they hear and see in order to enhance trust and maintain open communication lines with all family members. Nurses need to remember that the client is an expert about his or her own health; thus, nurses should work within the client's framework when planning health promotion interventions.

Community-Based Nursing Interventions

- **Health screening**—detecting unrecognized or preclinical illness among individuals so they can be referred for definitive diagnosis and treatment (e.g., mammogram or Pap smear, vision and hearing checks)
- **Health education programs**—assisting clients in making health-related decisions about self-care, use of health resources, and social health issues such as smoking bans and motorcycle helmet laws (e.g., childbirth education or breast self-examination, drug awareness programs)
- **Medication administration**—preparing, giving, and evaluating the effectiveness of prescription and over-the-counter drugs (e.g., hormone therapy in menopausal women)
- **Telephone consultation**—identifying the problem to be addressed; listening and providing support, information, or instruction; documenting advice/ instructions given to concerns raised by caller (e.g., consultation for a mother with a newborn with colic, interaction with a parent whose child has a fever or is vomiting)
- **Health system referral**—passing along information about the location, services offered, and ways to contact agencies (e.g., referring a woman for a breast prosthesis after a mastectomy)
- **Instructional**—teaching an individual or a group about a medication, disease process, lifestyle changes, community resources, or research findings concerning their environment (e.g., childbirth education class, basic life support classes for parents)
- **Nutritional counseling**—demonstrating the direct relationship between nutrition and illness while focusing on the need for diet modification to promote wellness (e.g., Women, Infants, and Children program; counselor interviewing a pregnant woman who has anemia)
- **Risk identification**—recognizing personal or group characteristics that predispose people to develop a specific health problem, and modifying or eliminating them (e.g., genetic counseling of an older pregnant woman at risk for a Down syndrome infant; genetic screening of family members for cystic fibrosis or Huntington’s disease)

7. Family Centered Maternity Care (FCMC)

family centered care is an attitude, not simply a list of protocols. In an atmosphere of FCMC, a woman will:

1. Choose the caregiver and place of birth that is most beneficial.
2. Work in collaboration with healthcare providers and other advisers.

3. Have the support people she desires present whenever she wishes.
4. Move around and use whatever position she feels is beneficial during labor.
5. Refuse routine procedures that are not evidence based.
6. Practice uninterrupted skin-to-skin contact and breastfeeding immediately after birth.
7. Have access to a variety of support groups including those for breastfeeding, postpartum emotional health, and parenting.

Facilities that promote FCMC will provide education for their staff that includes:

1. information and training in communication skills
2. labor support
- 3 non-pharmacologic forms of pain relief
3. breastfeeding support
4. perinatal mood disorders.

8. Care of family as part of community

A community can be defined refer to a limited geographic area in which the residents relate to and interact among. When asked what community they are from, people may mention an entire city, a school district, a geographic district. Community assessment can reveal if there are aspects about a community that contributed to an illness and determine whether the person will be able to return to the community without extra help and counseling after recovering from an illness. Knowing the individual aspects of families or a community can help to understand why some people reach the illness level they do before they come for health care (e.g., a woman has no transportation available to her until her husband comes home from work so this prevents her from coming for daytime prenatal care; a 5-year-old child develops measles because there are no free immunization services in the community).

Community assessment consists of examining the various systems that are present in almost all communities to see whether they are functioning adequately as well as features that are unique to a client's community. It is easier for nurse to prepare a woman or child for return to a community after childbirth or a hospital stay if, for example, nurse know the specific features of their community. Different communities may or may not have resources for families with special needs such as home physical therapists or occupational therapists to assist children whose growth or development is delayed.

9. Ethics and Standards of Practice Issues

Some of the most difficult ethical quandaries in health care today are those that involve children and their families. Are:

- **Conception issues**, especially those related to in vitro fertilization, embryo transfer, ownership of frozen oocytes or sperm, cloning, stem cell research.
- **Abortion**, particularly partial-birth abortions
- **Fetal rights** versus rights of the mother
- **Use of fetal tissue** for research
- **Resuscitation** (for how long should it be continued?)
- **Number of procedures** or degree of pain that a child should be asked to endure to achieve a degree of better health
- **Balance between modern technology and quality of life** Legal and ethical aspects of issues are often intertwined, which makes the decision-making process complex.

It is not unusual for the values of a client not to match those of a health care provider. For example, if a pregnancy causes a woman to develop a serious illness, the family must make a decision either to terminate the pregnancy and lose the child or to keep the pregnancy and work to support the mother through the crisis.

If the fetus is also at risk from the illness, the decision may be easier to make; however, the circumstances usually are not clear cut, and the decisions that need to be made are difficult. These and other issues are bound to emerge during the course of practice.

Nurses can help clients who are facing such difficult decisions by providing factual information and supportive listening and helping the family clarify their values.

the legal implication pertinent to maternal and child health are:

- a. Informed consent is rarely needed as children are unable to understand this.
- b. All adolescents over age 14 are able to sign consent for their own health care.
- c. Children who feel they have been wronged can sue years into the future.
- d. Pregnant women are not legally mandated to protect the health of their fetus.

10. Evidence-based Nursing Practice

Focus on Evidence- Based Practice What environmental factors would best encourage urban teenagers to increase their level of physical exercise. More

children are obese than ever before. An important component to reducing this obesity epidemic is encouraging adolescents to participate more in physical exercise.

the encouraged physical activity, both boys and girls rated highest the following items:

1. places for activities,
2. friends with whom can be physically active,
3. physical activity or sports programs outside of school,
4. open fields or free space in the neighborhood,
5. siblings encouraging you to be active.
6. violence, sexual offenders, drugs and drug dealers, gangs, and dark outside when get home from school.

11. Major Health Issues for Women

Women's Health Issues (WHI) it is dedicated to improving the health and health care of all women throughout the lifespan and in diverse communities.

Here are ten of the main issues regarding women's health that keep me awake at night:

Cancer: the most common cancers affecting women are breast and cervical cancers. Detecting both these cancers early is key to keeping women alive and healthy. a million women die from cervical cancer and half a million from breast cancer each year. The vast majority of these deaths occur in low and middle income countries where screening, prevention and treatment are almost non-existent, and where vaccination against human papilloma virus needs to take hold.

Reproductive health: Sexual and reproductive health problems are responsible for one third of health issues for women between the ages of 15 and 44 years.

Maternal health: Many women are now benefitting from massive improvements in care during pregnancy and childbirth introduced in the last century. the women died from complications in pregnancy and childbirth. Most of these deaths could have been prevented, had access to family planning and to some quite basic services been in place.

HIV: Three decades into the AIDS epidemic, it is young women who bear the brunt of new HIV infections. Too many young women still struggle to protect themselves against sexual transmission of HIV and to get the treatment they require.

Sexually transmitted infections: I've already mentioned the importance of protecting against HIV and human papillomavirus (HPV) infection (the world's most common STI). But it is also vital to do a better job of preventing and treating diseases like gonorrhea, chlamydia and syphilis.

Violence against women: Women can be subject to a range of different forms of violence, but physical and sexual violence – either by a partner or someone else – is particularly invidious. violence which affects their physical and mental health in the short and long-term.

Mental health: Evidence suggests that women are more prone than men to experience anxiety, depression, and somatic complaints – physical symptoms that cannot be explained medically. Depression is the most common mental health problem for women and suicide a leading cause of death for women under 60.

Noncommunicable diseases: some women died from Noncommunicable diseases before they reached the age of 70 —most of them in low- and middle-income countries. They died as a result of road traffic accidents, harmful use of tobacco, abuse of alcohol, drugs and substances, and obesity.

Being young: Adolescent girls face a number of sexual and reproductive health challenges: STIs, HIV, and pregnancy. adolescent girls (under 20) give birth every year. Complications from those pregnancies and childbirth are a leading cause of death for those young mothers. Many suffer the consequences of unsafe abortion.

Getting older: Having often worked in the home, older women may have fewer pensions and benefits, less access to health care and social services than their male counterparts. Combine the greater risk of poverty with other conditions of old age, like dementia, and older women also have a higher risk of abuse and generally, poor health.

