

ostomy care (as applicable). This disorder is one of the most common reasons for performing ostomies on newborns. Throughout the medical and surgical management of infants with NEC, the nurse should be continually alert to signs of complications, such as septicemia, DIC, hypoglycemia, and other metabolic derangements.

## High Risk Related to Maternal Conditions

The health of fetuses and newborns may be affected by a number of maternal conditions; essentially, any condition affecting the mother also has the potential for negatively affecting the health of the newborn. Pregnancy-induced hypertension or HELLP (hemolysis, elevated liver enzymes, low platelets) syndrome may cause preterm delivery, intrauterine growth restriction (IUGR), asphyxia, and death if it is not detected early and appropriate interventions implemented. It is not within the scope of this text to elaborate on the pathophysiology and treatment of these conditions; however, readers are referred to any one of the excellent maternity texts available for a detailed discussion of these conditions.

## Infants of Diabetic Mothers

Before insulin therapy, few women with diabetes were able to conceive; for those who did, the mortality rate for both the mother and the infant was high. The morbidity and mortality of infants of diabetic mothers (IDMs) have been significantly reduced as a result of effective control of maternal diabetes and an increased understanding of fetal disorders. Because infants born to women with gestational diabetes mellitus are at risk for the same complications as IDMs, the following discussion of IDMs includes infants born to women with gestational diabetes mellitus.

The severity of the maternal diabetes affects infant survival. The severity of maternal diabetes is determined by the duration of the disease before pregnancy; age of onset; extent of vascular complications; and abnormalities of the current pregnancy, such as pyelonephritis, diabetic ketoacidosis, pregnancy-induced