Jamie Lee

NURS 315 Clinical Makeup Assignment

**IP Violence, Formula Feeding and Postpartum Depression**

1. In this scenario, what risk factors does Loretta have for intimate partner violence? What risk factors does she have for postpartum depression? Do any of them overlap?
   1. For intimate partner violence, her risk factors are: low self-esteem, low income, low academic achievement, young age, emotional dependence and insecurity, belief in strict gender roles, and unplanned pregnancy. For postpartum depression, Loretta has experienced stressful events in the past, is currently experiencing problems in her relationship with her significant other, has a weak support system, has financial problems and has an unwanted/unplanned pregnancy.
2. You are caring for a woman who is struggling with the cost of pregnancy and is worried about supporting her newborn. How do you discuss with her available supports in your community?
   1. I would discuss with her the many programs that are in place for low-income/financially difficult families as well as federal grants. I would approach her with understanding of her situation and not being pushy.
3. Imagine you have a patient who you suspect is being abused by her partner. How would you approach the topic?
   1. I would try to raise this topic regularly in order to let the patient know that it isn't a taboo topic. According to Taylor J et al (2013), some nurses assume that women are upset or insulted when asked about domestic violence. But there is evidence that they aren't offended (Bradbury-Jones C et al, 2014) and they expect to be asked about incidents and patterns of abuse. Trying to create an opportunity to discuss in private, without the partner, is imperative.

Bradbury-Jones C et al (2014) Domestic abuse awareness and recognition among primary healthcare professionals and abused women: a qualitative investigation. Journal of Clinical Nursing, 23: 21-22, 3057-3068.

Taylor J et al (2013) Health professionals’ beliefs about domestic abuse and the issue of disclosure: a critical incident technique study. Health & Social Care in the Community; 21: 5, 489-499.

1. Your patient asks you why someone would choose to breastfeed instead of bottle-feed. What are the top five reasons that you personally find compelling that you would share with the patient?
   1. My top five reasons are: improved immunity to disease for the infant, improved cognition for the infant, reduced rates of breast and ovarian cancers for the mother, improved involution of the uterus for the mother, and improved dentition for the infant.
2. You overhear a fellow nursing student saying that he doesn't understand why someone would stay in an abusive relationship. What would you say?
   1. I would say that sometimes people are afraid of the consequences if they decide to leave the relationship, and also sometimes people don't know what a healthy relationship looks like. This could be normal to them due to growing up in an environment where abuse is common. People may also think that it is their fault that they are being abused, which also ties into low self-esteem. They aren't staying in the relationship because they think it's best for them, but rather a combination of several things.
3. You are educating a patient about how to correctly bottle-feed a baby at home. What critical points would you emphasize?
   1. It is important to only give your baby breast milk or infant formula in a bottle. Also to not prop or leave the bottle in the baby's mouth. This can increase the baby's risk of choking, ear infections and tooth decay. Do not force your baby to finish the bottle because this may cause the baby to overeat.

**Later Postpartum Hemorrhage**

1. Write a brief script explaining to a patient in your care how she should correctly use COCs.
   1. It is best to take the first pill on the first day of your next period. If you start the pill on any other day, you need an additional contraceptive method for the first seven days. Your ovaries could produce an egg, and therefore you could become pregnant, if you miss pills.
2. You have a patient with brown eyes who is carrying a child fathered by a man with blue eyes. You know that brown eyes are a dominant trait, whereas blue eyes are a recessive trait. How would you describe the changes of their child having blue or brown eyes?
   1. The brown eye gene is dominant and overrides the blue eye gene, so the child have brown eyes. However, if the father carries a blue eye gene and a child inherits one from each parent, that child will have blue eyes.
3. How would you describe to a first-time mother the difference between true and false labor?
   1. False labor are contractions that are often irregular and do not get closer together. True labor on the other hand are contractions that come at regular intervals and get closer together as time goes.
4. Why do we treat GBS during labor? What important question should you ask a patient before administering the medication?
   1. Doctors test pregnant woman for GBS bacteria when they are 36 - 37 weeks pregnant. In women, GBS most often is found in the vagina and rectum. This means that GBS can pass from a pregnant woman to her fetus during labor. It is best to ask the mother if she is allergic to Penicillin. Penicillin is the antibiotic that is most often given to prevent early-onset disease in newborns. While treatment with antibiotics during labor can help prevent early-onset GBS disease in a baby, this treatment does not prevent late-onset disease.
5. Describe what behaviours would make you suspect a baby is hungry. How would you describe to a new mother what a good latch looks like?
   1. These are signs that indicate that the baby is hungry: Moving to mouth, head turning to look for the breast, sucking on hands, and opening and closing mouth. A good latch is when the chest and stomach of the baby rest against your body, so that baby's head is straight, not leaning towards side. The chin of the baby touches your breast. The baby's mouth opens wide around your breast, not just the nipple and the lips are out.
6. What is uterine atony? What are the priority action when you suspect it?
   1. Uterine atony is the failure of the uterus to contract following delivery. If you suspect Uterine Atony, assess uterine size and tone by placing a hand on the uterine fundus and massaging the uterus, which serves to express any clots that have accumulated in the uterus or vagina. If the uterus is found to be boggy and not well contracted, commence vigorous massage and therapeutic oxytocin.
7. You are caring for a patient postpartum who is reluctant to get up to empty her bladder, stating she doesn't feel like she has to. How would you convince her it's a good idea?
   1. I would explain to her all the advantages and possible complications of emptying the bladder after birth. If the bladder is not emptying properly then the urine that is left behind can build up over time. Postpartum voiding dysfunction can potentially cause permanent damage to the nerves and muscles of the bladder.

**Pain Management During Labour**

What is the function of Narcan?

Narcan is a drug that can reverse the effects of opioid overdoses.

1. What should you tell Luisa Silva when she questions you about her concerns about an unmedicated or medicated birth?
   1. Some people want a medicated birth because of fear or pain, which is valid. Some others want an unmedicated birth because they want to remember how it feels. It can be easy to think that a medicated birth isn't natural but the term 'natural birth' is misleading. Some pros of a medicated birth is, of course, pain relief, but some cons is that it can slow down labor, and the (very low) possibility of complications.
2. What maternal assessments are critical prior to administering systemic analgesics?
   1. Vital signs, contractions, knowledge of other meds being administered such as magnesium sulfate or tocolytics.
3. What assessments of the fetus are required prior to administering systemic analgesics to the mother?
   1. FHR between 110 and 160, reactive non-stress test, variability present, and no late/variable decelerations.
4. What assessment parameters must be present before administering systemic analgesics?
   1. Contraction patterns, cervical dilation, cervical effacement, fetal presentation
5. What should a nurse do if the couple insists on an unmedicated birth experience?
   1. Nurse should properly educate both the mother and partner on the unmedicated birth process, and that in an emergency medication can be administered.

**Labour Stage 1**

What should the nurse include in the assessment of a woman in the first stage of labour when she is admitted into the labour room?

Electronic fetal heart rate monitoring, assessment of maternal status, description of uterine activity, assessment of fetal status, description of vaginal exam (including cervical dilation and effacement, fetal station, change in status of membranes and progress since last exam), summary of maternal and fetal status as well as plans for clinical interventions and pain management.

1. What should the nurse need to assess when the labouring woman is in the latent phase of stage 1?
   1. Psychological readiness, measure the duration of latent phase, allow patient to be continuously active, conduct interviews, health teaching on breastfeeding, newborn care, and effective bearing down, relaxation techniques teaching.
2. What data would prompt the nurse to call the physician or nurse midwife (warning signs)?
   1. Increased back pain and cramps, relaxed joints, dilation of cervix, stronger contractions.
3. What nursing diagnoses or collaborative problems and interventions are appropriate for the first stage of labour?
   1. Deficient knowledge related to lack of exposure. Possible nursing interventions can be to provide and discuss options for care during labour process. Educating the client about breathing and relaxation techniques.
   2. Risk for fluid volume deficit related to decreased intake. Nursing interventions: monitor intake and output. Provide clear fluids and ice chips as permitted.
4. What nursing diagnoses and interventions are appropriate for the active phase of labour?
   1. Acute pain related to pressure on adjacent structures. Some nursing interventions can be to assess degree of discomfort through verbal and nonverbal cues; provide information about available analgesics, usual responses and duration of analgesic effect in light of current situation.
5. What collaborative problems are possible considering the data indicated during the active phase labour?
   1. Assessment of maternal and fetal status as well as communication.
6. During the vaginal assessment, Suzanne is only 9cm dilated, yet she continually wants to push. What should the nurse do and why? What if Suzanne were 10 cm? What if she were 10 cm and did not have the urge to have a bowel movement or push?
   1. Have her pant/blow during contractions, pushing may cause cervical trauma when the cervices is not completely dilated. It is too early to prepare her for the second stage of labor or to have her bare down with each contraction if the cervices is not fully dilated. At this time she is completely introverted and will be unreceptive to a review of pushing techniques.   
      If at 10 cm it would be safe to push.   
      If she did not have the urge to have a bowel movement or push, she can not hold in the baby.
7. According to practice standards, what documentation would be necessary for the nurse to include in the chart?
   1. Cervices dilation, FHR, mothers vitals, and pain assessment.