Maternal Newborn Nursing 1st edition Giles Solutions Manual

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INSTRUCTOR ANSWER GUIDE



Maternal-Newborn Nursing

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Chapter 1: Foundations in Maternal-Newborn and Women's Health Nursing

Review Questions

1. What is one purpose of the Healthy People 2030 objectives?
    a. Stop world hunger.
    b. Prevent conflict and war in other countries.
    c. Address issues in health care to solve cancer.
    d. Recommend changes to increase health promotion and disease prevention.

[Answer: D]

2. The nurse is caring for a pregnant person who is living in a poor area of town with a history of childhood abuse, opioid use disorder, and asthma. What can the nurse do to decrease the risk of maternal mortality?
    a. Connect the patient to a counselor.
    b. Educate the patient on the risk factors for maternal mortality.
    c. Give prn albuterol for asthma.
    d. Discuss how they need to move out of the poor area of town.

[Answer: B]

3. The nurse is doing a review of systems on a person in the clinic. The nurse asks if the patient has any problems with sexual dysfunction. Why is it important for the nurse to ask all people this question?
    a. Some people may not bring up the topic of sex due to taboos and stigma.
    b. All patients will eventually have sexual problems.
    c. Nurses should ask because other health-care providers are not trained to ask those questions.
    d. Sexual dysfunction is a taboo only for people AFAB.

[Answer: A]

4. The nurse is answering the phone in the OB-GYN clinic. The person asks, "I am a lesbian. Can an OB-GYN provider care for me?" What is the nurse's best response?
    a. "All LGBTQIA+ people are welcome and can be treated by an OB-GYN provider."
    b. "We can see you if you will be the person in the relationship that will get pregnant."
    c. "We suggest you see a provider that specializes in LGBTQIA people."
    d. "Our OB-GYN provider can give you gynecologic care but not pregnancy care."

[Answer: A]

5. The nurse is caring for a person AFAB who is 15 years old. Why would a gynecologic provider see a person at this age?
    a. The person's partner desires permanent sterilization.
    b. Their family told the person they had to get a Pap smear.
    c. The person was late starting care because the first visit should be before the age of 13.
    d. The person may want to discuss their menstrual cycle and hormonal changes.
    [Answer: D]

6. What is the best description of the history of gynecologic care in the United States over the past century?
    a. Reproductive health care has been under control of people AFAB since the 1900s.

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b. The health-care system has always been fair to people AFAB with regard to shared decision making.
c. Activist groups are fighting sexism in health care.
d. Researchers had to stop including people AFAB in pharmacologic research trials.

[Answer: C]

7. What occurred after childbirth migrated from the home to the hospital?
   a. Infection rates dropped in the hospital.
   b. Laboring people were given greater support in labor.
   c. The childbirth model became a medical model.
   d. Pain relief allowed laboring people to spend more time with their partners in labor.

[Answer: C]

8. A nurse is working in a Level 4 hospital. What type of patient would the nurse expect to see?
   a. a first-time pregnant person with good fetal movement
   b. a pregnant person who needs neurosurgery
   c. a postpartum person with asthma
   d. a pregnant person who plans to birth in a birth center

[Answer: B]

9. A community health nurse recognizes an increase in maternal mortality in the neighborhood. What could the community health nurse do?
   a. Conduct weekly prenatal appointments in their home.
   b. Draw blood on all pregnant people to look for anemia.
   c. Assess the health of a baby using an ultrasound.
   d. Develop an educational pamphlet discussing signs of preeclampsia.

[Answer: D]

10. The nurse is describing the difference between community-based nursing and community health nursing. What response best describes the difference?
    a. A community-based nurse would provide care in a mobile unit in the neighborhood.
    b. A community-based nurse only provides education.
    c. A community health nurse performs cardiac assessments.
    d. A community health nurse only provides hands-on care.

[Answer: A]

11. What is the purpose of the standards of care for nurses?
    a. to guide hospital administration to promote nurses
    b. to ensure nurses are assessing patients
    c. to protect the public's safety
    d. to protect the health-care providers

[Answer: C]

12. What statement best describes risk management?
    a. identifying risk factors by analyzing processes and procedures
    b. creating disciplinary actions for nursing errors
    c. identifying health-care providers who are derogatory to patients

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d. implementing programs to keep errors secret

[Answer: A]

13. The nurse makes an error of omission. What is an example of an error of omission?
    a. placing the fetal monitor incorrectly
    b. not recording input/output amounts
    c. not covering the computer screen when documenting
    d. removing an IV

[Answer: B]

14. The nurse is discussing legal issues surrounding OB nursing. What statement might that nurse make?
    a. "Legal issues are the concern of the OB."
    b. "I'm glad that people understand that all childbirth carries risk."
    c. "Medical malpractice insurance is cheap."
    d. "OB nurses are held to a standard of care and can be sued if proper care is not provided."

[Answer: D]

15. What is a good example of informed consent?
    a. The nurse hands the patient the stack of consents and asks them to sign them.
    b. The nurse tells the patient not to worry about reading the consents.
    c. The nurse alerts the OB that the patient has questions about the cesarean consent.
    d. The nurse explains that it is not their job to answer questions.

[Answer: C]

16. What statement by the nurse demonstrates an understanding of an ethical maternal-newborn dilemma?
    a. "Female genital mutilation/cutting is a violation of human rights in the United States, but I can understand it is part of their culture."
    b. "I can't understand why the patient got mad when I checked her cervix. I just forgot to ask first."
    c. "Surrogacy should not happen because the surrogate is just in it for the money."
    d. "Every country should have abortion rights."

[Answer: A]

17. What is an example of maternal-fetal conflict?
    a. The pregnant person agrees to treatment no matter what happens to them.
    b. The pregnant person has cancer but cannot start treatment until the fetus is delivered.
    c. The fetus is in distress, and the pregnant person agrees to a cesarean birth.
    d. The parents of a fetus agree to a labor induction.

[Answer: B]

Check Your Understanding Questions

1. How can nurses use the Healthy People 2030 objectives to advance the health of their patients?

[Answer: Answers may vary but should include that the nurse uses these objectives to help educate people regarding health promotion and disease prevention. Patient education based

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on these objectives can help prevent cervical cancer, heart disease, and adolescent pregnancies, and can elevate the health and wellness of people assigned female at birth.]

2. List four ways people AFAB can advocate for themselves for their cardiac health.

[Answer: Answers will vary but should include the following: Pay attention to what their body is telling them; make sure their health-care provider listens to them; ask questions about treatment; gather support from friends, families, and health groups.]

3. Name three core concepts of women's health nursing.

[Answer: Answers may vary but should include any three from this list.

- recognizing the diversity of women's health needs
- emphasizing empowerment through informed participation in one's health care
- acknowledging the importance of research in gender differences in disease and response to drugs
- recognizing the need for a multidisciplinary team approach
- striving for symmetry in provider-patient relationships
- providing access to information
- engaging in shared decision making
- striving for change]

4. Discuss the benefits of regionalization of prenatal care.

[Answer: Answers should include some of the following: decreased neonatal complications, increased survival, reduced maternal and neonatal morbidity and mortality]

5. Explain how surrogacy can be an ethical dilemma.

[Answer: Answers will vary but should include some of the following:
Surrogacy has some people questioning the ethics of "selling their reproductive abilities," while other people support this option. Some countries do not allow surrogacy, and in the United States, states are responsible for laws surrounding surrogacy. The price of surrogacy in the United States is approximately $100,000 and includes the health-care fees, legal fees, and sometimes travel fees. Most insurance companies do not cover these fees, bringing up the ethical issue of only people with a great deal of money being able to utilize surrogacy.]

6. List the three reasons the American Academy of Pediatrics (AAP) suggests that health-care providers should question a maternal decision.

[Answer: Answers should include:

1. The fetus is susceptible to irrevocable harm if treatment is not administered.
2. The treatment is indicated properly and is likely to work.
3. There is minimal risk to the pregnant person.]

Reflection Questions

1. Explain why addressing taboos in women's health is so crucial.

[Answer: Answers will vary but should include the following: People AFAB may be afraid and not seek help when necessary. In response to this problem, many organizations and groups are advocating for policy changes and improved public education. For example, the Kenyan Policy on Menstrual Hygiene Management attempts to debunk taboos and stigmas by providing

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education to all people to destigmatize menstruation. Sexual dysfunction is rarely discussed but impacts people' lives and relationships. Follow up to ensure the topic of sexual dysfunction is always discussed at a health-care visit and removing the burden of initiating this conversation from the patient are helpful. Teen Health Mississippi, an educational website for teens, addresses several taboos that surround birth control, including "If you get on birth control, it means you get around," and "A woman should not carry condoms because it's not ladylike." Nurses can help destigmatize these taboos and educate their patients on the normality of these conditions.]

2. Describe family-centered care.

[Answer: Answers will vary but could include the following information: Family-centered care is a set of principles that guide health-care delivery according to the strengths and needs of the person, family, and community, promoting involvement of family in informed decision making. This model views the birthing parent and infant as a couplet cared for as one unit. Family-centered care can be seen in multiple areas of maternal-child nursing. Neonatal intensive care units (NICUs) adopted family-centered care and found that by focusing on parent-NICU team communication and education, parents' stress, anxiety, and depressive symptoms decreased. Family-centered cesarean births were introduced to increase maternal satisfaction, breast-feeding initiation, and maternal physical well-being. Family-centered cesarean birth includes preparing the laboring person and partner prior to the cesarean if possible, encouraging the birthing person to bring music of their choice, making sure the support person is present, allowing the birthing person and support person to view the birth, laying the newborn skin-to-skin on the birthing person, and initiating breast-feeding if possible]

3. Discuss community perinatal-care locations, benefits, and providers.

[Answer: Answers will vary but should include the following: Birth centers and community hospitals offer basic care for people in rural and underserved communities and allow higher-acuity facilities to care for high-risk patients. Community perinatal care has been shown to reduce cost of maternity care and improve patient experiences, especially for people of color and those with low income. Providers can be nurse-midwives, family practice providers, obstetricians, and nurse practitioners. Research has shown that community-based care can reduce health inequities and improve maternal and neonatal clinical outcomes.]

What Should the Nurse Do?

The patient, Jocelyn, a 35-year-old woman assigned female at birth (AFAB), presents at a local community health clinic. Jocelyn comes seeking medical attention due to persistent abdominal pain and irregular menstrual cycles. She reports experiencing discomfort during menstruation, along with bloating and fatigue. Jocelyn has a medical history of polycystic ovary syndrome (PCOS) and is currently not taking any medications. Vital signs reveal a slightly elevated blood pressure of 130/85 mm Hg, a heart rate within normal limits at 78 bpm, and a body mass index (BMI) indicating overweight. As the nurse begins the assessment, Jocelyn expresses concerns about the impact of PCOS on her overall health.

1. How can the goals outlined in Healthy People 2030 contribute to addressing the health concerns that Jocelyn, as a person AFAB, is experiencing, such as abdominal pain, irregular menstrual cycles, and concerns related to PCOS?

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[Answer: The goals of Healthy People 2030, which encompass aspects like reproductive health and preventive care, can guide health-care providers in addressing Jocelyn's symptoms through evidence-based interventions and health promotion strategies.]

2. Considering Jocelyn's symptoms and medical history, how might health-care providers apply quality improvement initiatives to enhance the management of PCOS and address the potential morbidity associated with reproductive health issues?

[Answer: Quality improvement measures could involve implementing standardized protocols for managing PCOS symptoms, enhancing patient education on self-care, and establishing regular follow-ups to monitor and improve Jocelyn's reproductive health outcomes.]

3. How might the existence of taboos surrounding reproductive health, as discussed in the chapter, impact Jocelyn's willingness to seek medical attention for issues like irregular menstrual cycles and pelvic discomfort?

[Answer: Taboos related to reproductive health might contribute to delayed health-care–seeking behavior in people like Jocelyn, highlighting the importance of addressing and destigmatizing these topics in health-care settings.]

4. In what ways can Jocelyn, as a person AFAB with PCOS, engage in self-advocacy based on the recommendations mentioned in the chapter, and how can health-care professionals support her in this process?

[Answer: Jocelyn can advocate for herself by actively participating in her care, asking questions about treatment options, and seeking support from friends and family. Health-care professionals can facilitate this by encouraging open communication and providing information that empowers Jocelyn to make informed decisions.]

Saara, a 28-year-old woman, presents at the women's health clinic for her routine gynecologic check-up with chief complaints of irregular menstrual cycles and occasional pelvic pain. Disclosing a medical history of polycystic ovary syndrome (PCOS), a common endocrine disorder affecting reproductive-aged people, Saara's symptoms align with the characteristic hormonal imbalances and ovarian cysts associated with PCOS. The irregularities in her menstrual cycles, suggestive of anovulation, may contribute to her reported pelvic pain, potentially linked to ovarian cysts or menstrual cramps. The diagnosis of PCOS raises considerations for hormonal imbalances affecting her menstrual cycles and fertility, often associated with insulin resistance, obesity, and metabolic syndrome. Despite not currently taking prescribed medications, exploring the absence of pharmacologic management is essential in the context of her symptoms and overall health. Saara's vital signs, including a blood pressure of 120/70 mm Hg, a heart rate of 72 bpm, and a healthy BMI, provide baseline assessments of her cardiovascular health and overall well-being.

5. Considering Saara’s visit to the women's health clinic at the age of 28, how does her demographic fit into the range of people seeking gynecologic and obstetric care, and what age-related considerations might health-care providers need to address during her routine checkup?

[Answer: Saara, a 28-year-old woman seeking routine gynecologic care, falls within the age range recommended by organizations like the American College of Obstetricians and Gynecologists (ACOG). These visits are crucial for addressing normal hormonal changes,

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menstrual cycle issues, and, if applicable, discussions about family planning. The historical context highlights that women, regardless of age, seek gynecologic and obstetric care, emphasizing the diverse range of people who access these services.]

6. Considering Saara's routine gynecologic checkup, how does her access to reproductive health care today reflect the historical struggles outlined in the chapter, such as fights for reproductive rights and the evolution of standards? In what ways has the history of women's health movements influenced Saara's ability to seek routine care?

[Answer: Saara's ability to access routine gynecologic care reflects the positive impact of historical struggles for reproductive rights. Movements like The Women's Health Movement, advocating for improved health care for all women, contribute to the contemporary standard of care that Saara benefits from. The fight for inclusion in research and the legalization of abortion, discussed in the chapter, has influenced policies and practices, enabling women like Saara to have informed discussions about their reproductive health.]

7. In Saara's case, how do her experiences and expectations align with or differ from historical practices discussed in the chapter, such as the shift from home to hospital births and the influence of movements like The Women's Health Movement? Consider factors like medicalization, patient autonomy, and family-centered care in your response.

[Answer: Saara's experience contrasts with historical practices, especially the shift from home to hospital births. The historical transition aimed to reduce maternal mortality but sometimes led to increased medicalization. Saara's case emphasizes the contemporary challenge of balancing medical interventions with patient autonomy and family-centered care, showcasing the ongoing evolution of childbirth practices.]

Emily is 32 years old. She arrives at a local community health clinic for her prenatal care. Emily is a first-time mother, currently in her 22nd week of pregnancy. She expresses excitement and a bit of anxiety about the upcoming changes in her life. During the intake assessment, Emily shares additional details about her medical history, revealing that she was diagnosed with hypertension 3 years ago. She mentions that her blood pressure has been well controlled with the antihypertensive medication prescribed by her primary care physician. In exploring her medical history further, it is discovered that Emily has a family history of gestational diabetes, prompting additional monitoring and counseling on nutrition and blood sugar management during her pregnancy. As Emily discusses her current medical problems, she mentions experiencing occasional headaches, which she attributes to stress related to her job. The community health nurse takes note of this and explores potential stress management strategies to ensure the overall well-being of both Emily and her developing fetus. Emily reports having no significant complications or concerns related to her pregnancy, but she expresses curiosity about childbirth education classes and breast-feeding support available within the community.

8. Considering Emily's situation, how might regionalization of perinatal care benefit pregnant people with preexisting conditions, such as hypertension or a family history of gestational diabetes? How can regionalization contribute to better outcomes for high-risk pregnancies?

[Answer: Regionalization ensures that pregnant people with preexisting conditions receive care at facilities equipped to handle their specific needs. For example, Emily's hypertension and family history of gestational diabetes might necessitate specialized care. Regionalization allows for appropriate monitoring and interventions, ultimately improving outcomes for high-risk pregnancies.]

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9. In Emily's case, how does community-based care, such as education on nutrition and stress management, contribute to her overall well-being during pregnancy? How does community-based care align with the principles of personalized, low-risk perinatal care?

[Answer: Community-based care, as demonstrated with Emily, focuses on individualized support for low-risk pregnancies. Education on nutrition and stress management addresses Emily's specific needs, promoting a personalized approach to care. This aligns with the principles of community-based care, enhancing overall well-being during pregnancy.]

10. In Emily's scenario, how might community health nursing and community-based nursing collaborate to support her throughout her pregnancy? What distinct roles might community health nurses and community-based nurses play in addressing Emily's needs?

[Answer: Community health nursing can involve advocacy, education, and addressing social determinants of health, creating a supportive environment for Emily. Community-based nursing, on the other hand, delivers hands-on care, ensuring Emily receives the necessary interventions. Both nursing roles collaborate to provide comprehensive support, with community health nursing focusing on broader factors and community-based nursing offering direct care tailored to Emily's specific needs.]

Jessica is a 28-year-old eagerly anticipating the arrival of her first child. She is currently being admitted to the maternity ward of a local hospital. Jessica, at full term, is navigating a range of emotions, from excitement to nervousness, as the delivery approaches. Delving into Jessica's detailed medical history, it's noteworthy that she has experienced a generally uncomplicated pregnancy with routine prenatal care. However, it's essential to recognize that Jessica has a history of gestational diabetes, which required careful management throughout her pregnancy. During admission, Jessica's vital signs are meticulously assessed to ensure a comprehensive understanding of her health status. The recorded values indicate a blood pressure of 120/70 mm Hg, a heart rate of 80 bpm, and a temperature of 98.6°F. These vital signs serve as baseline data for the health-care team as they closely monitor Jessica's well-being throughout the labor process.

11. How do the American Nurses Association (ANA) Standards of Practice apply to Jessica's maternity care? Identify specific standards that are relevant to assessing, planning, implementing, and evaluating her care.

[Answer: The ANA Standards of Practice are applicable to Jessica's care by guiding nurses in providing safe and high-quality care. For instance, the standards related to assessment, diagnosis, planning, implementation, and evaluation ensure a comprehensive approach to Jessica's maternity care. The ethical standards, such as advocacy and respect, play a crucial role in supporting Jessica through her uncomplicated pregnancy with a history of gestational diabetes.]

12. Considering Jessica's history of gestational diabetes, how might risk management principles be applied to anticipate and address potential risks during her labor and delivery? How can the Quality and Safety Education for Nurses (QSEN) competencies contribute to enhancing the safety and quality of Jessica's care?

[Answer: Risk management involves identifying and addressing potential risks. For Jessica, risk management could involve careful monitoring of her blood glucose levels and proactive

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measures to prevent complications associated with gestational diabetes during labor. The QSEN competencies, particularly in patient-centered care, evidence-based practice, and safety, can guide nurses in delivering high-quality, safe care tailored to Jessica's specific needs.]

13. How do legal considerations come into play in Jessica's maternity care, especially with her history of gestational diabetes? What legal responsibilities do nurses have in addressing potential complications related to gestational diabetes during labor and delivery?

[Answer: Legal issues in Jessica's care may involve ensuring proper informed consent, adherence to state nurse practice acts, and compliance with standards of care. The nurse must be aware of the legal implications of managing gestational diabetes, including potential complications. Proper documentation, adherence to protocols, and communication with the health-care team are essential to address legal considerations in maternal-newborn nursing.]

14. Explore the ethical considerations surrounding Jessica's care, given her history of gestational diabetes. How can health-care providers balance maternal autonomy and fetal well-being in situations where there might be maternal-fetal conflict, such as in cases of gestational diabetes?

[Answer: Ethical considerations involve respecting Jessica's autonomy while ensuring the well-being of both her and the fetus. Maternal-fetal conflict, as seen with gestational diabetes, requires health-care providers to navigate complex decisions. Balancing the rights and interests of both the pregnant person and the fetus involves respecting autonomy, providing informed consent, and adhering to legal and ethical standards. The nurse's role is crucial in advocating for Jessica's rights while promoting the best interests of both mother and baby.]

Competency-Based Questions

1. Explain the goals of Healthy People 2030 related to improving the health of people assigned female at birth (AFAB). How can evidence-based care contribute to achieving these goals, and how do nurses apply these objectives in patient education?

[Answer: Healthy People 2030 aims to improve the health and wellness of people AFAB by addressing various conditions and behaviors. Nurses utilize evidence-based care to guide decisions and interventions, ensuring the safest and most effective care. For instance, educating people AFAB on preventive measures for cervical cancer, heart disease, and promoting overall well-being aligns with the goals of Healthy People 2030.]

2. Discuss the morbidity and mortality rates affecting people AFAB and children, citing specific examples. How can quality improvement initiatives contribute to addressing and improving the health status of these populations, and what role do nurses play in implementing such initiatives?

[Answer: People AFAB face unique health challenges, including maternal and fetal mortality. Quality improvement initiatives can target preventable causes of maternal mortality, such as addressing social determinants of health and promoting healthy behaviors. Nurses play a crucial role by recognizing risk factors, advocating for preventive measures, and contributing to the development of guidelines to mitigate maternal and fetal risks.]

3. Identify and discuss specific taboos related to women's health care, such as abortion, birth control, and menstrual problems. How can health-care providers, including nurses, contribute to destigmatizing these taboos and ensuring that people AFAB seek necessary help?

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[Answer: Taboos in women's health care include issues like abortion, birth control, and sexual dysfunction. Health-care providers, including nurses, can contribute to destigmatizing these topics by providing education, initiating discussions, and promoting open communication. By addressing taboos, health-care professionals create a supportive environment for people AFAB to seek help without fear or hesitation.]

4. Explain the concept of self-advocacy for people AFAB. Provide examples of how people can advocate for their preferences, needs, and values in health care. How can nurses support and encourage self-advocacy among their patients?

[Answer: Self-advocacy involves overcoming health-care challenges to ensure individual preferences, needs, and values are met. People AFAB can advocate for themselves by paying attention to their bodies, asking questions, seeking support, and actively participating in decision making. Nurses play a role in supporting self-advocacy by encouraging questions, discussing treatment plans, and fostering a collaborative approach to health-care decision making.]

5. Define the people seeking gynecologic and obstetric care. Discuss the diverse characteristics, including age, race, education level, and marital status, of people accessing such care. How do health-care organizations, such as the American College of Obstetricians and Gynecologists (ACOG), provide guidelines for the timing of gynecologic and obstetric care?

[Answer: People seeking gynecologic and obstetric care can be of any age, race, education level, or marital status. ACOG recommends that people AFAB who are between the ages of 13 and 15 see a gynecologic health-care provider discussions on hormonal changes and menstrual issues. Additionally, obstetric health care should be sought at or before the 12th week of pregnancy. The diversity of patients seeking care highlights the inclusive nature of women's health care.]

6. Provide a historical overview of gynecologic and obstetric care in the United States. Include key events and movements, such as Margaret Sanger's advocacy for reproductive rights and the Women's Health Movement. How has the evolution of women's reproductive rights influenced health-care practices and access?

[Answer: The history of women's reproductive rights in the United States dates back to the 1900s, marked by Margaret Sanger's fight for access to contraception. The Women's Health Movement in the 1960s and 1970s supported the Supreme Court decision of *Roe v. Wade*, legalizing abortion. Activists advocated for improved, non-sexist health care, and in 2006, the human papillomavirus (HPV) vaccination was produced as a result of inclusive research.]

7. Contrast the historical practices of childbirth, including home births and the Women's Health Movement's influence in the 1960s and 1970s, with contemporary childbirth in the United States. How has childbirth evolved from a focus on unmedicated labor to a more medicalized approach? What are the factors contributing to dissatisfaction with contemporary pregnancy care, and how are health-care providers addressing these concerns?

[Answer: In the 1700s, childbirth in Western women occurred at home, attended by lay female friends, relatives, and midwives. The transition to hospitals in the 1900s changed the focus to pain control and disease care. The Women's Health Movement influenced childbirth practices in the 1960s and 1970s, emphasizing less medical intervention. However, contemporary

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childbirth has become more medicalized, with increased interventions and dissatisfaction among pregnant people. Health-care providers are working to improve autonomy and individualized care for laboring people.]

8. Explain the concept of regionalization in perinatal care. What were the origins of regionalization in the United States, and how has it contributed to improved outcomes for neonates and pregnant people? Identify the levels of maternal care as outlined by ACOG and the significance of matching the patient's needs with the appropriate level of care.

[Answer: Regionalization in perinatal care originated in the 1970s after the March of Dimes published “Improving the Outcomes of Pregnancy.” This concept matches patient needs with the hospital capable of providing the appropriate level of care. ACOG's "Levels of Maternal Care Obstetric Care Consensus" categorizes hospitals into Level I to Level IV based on acuity. This system aims to decrease complications, increase survival, and reduce morbidity and mortality by ensuring that higher-risk people receive care in facilities equipped to handle their needs.]

9. Define community-based care in the context of perinatal services. How does community-based care differ from regionalized care, and what populations benefit from community-based care? Discuss specific care providers and settings involved in community-based perinatal care.

[Answer: Community-based care in perinatal services involves delivering care in the community, often through settings like birth centers, community hospitals, and mobile health clinics. Unlike regionalized care, which is tailored to high-risk pregnancies, community-based care focuses on low- to moderate-risk pregnancies. Care providers in community-based care include nurse-midwives, family practice providers, and nurse practitioners, and the care is provided in local settings accessible to the community, such as birth centers and community hospitals.]

10. Differentiate between community health nursing and community-based nursing. What are the primary responsibilities of community health nurses, and how do they contribute to promoting health in the community? Contrast this with the focus and activities of community-based nursing.

[Answer: Community health nursing involves providing education and health promotion directly to the public outside the hospital setting. Responsibilities include advocacy, referrals, health promotion, screenings, and family planning education. Community health nurses develop trusting relationships and address social determinants of health. On the other hand, community-based nursing is the delivery of care in the community, often through mobile health clinics. While community health is broad in focus, community-based nursing focuses on specific health issues and involves providing hands-on nursing care in the community. Both types of care aim to provide low-cost, local, and individualized care, but they differ in their approach and focus.]

11. Explain the significance of the American Nurses Association (ANA) Standards of Practice for nurses. Identify and discuss at least three specific standards from the ANA related to maternal-newborn nursing. How do these standards contribute to safe and high-quality care?

[Answer: The ANA Standards of Practice provide a framework for nurses to ensure safe and high-quality care. Three specific standards related to maternal-newborn nursing include: Advocacy (Standard 8), Ethics (Standard 7), and Quality of Practice (Standard 15).]

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12. Define risk management in health care, specifically in the context of perinatal care. Discuss how risk management programs identify and address potential risks for maternal-newborn patients. Explain how the Quality and Safety Education for Nurses (QSEN) project contributes to improving the quality of maternity care.

[Answer: Risk management in perinatal care involves identifying and addressing factors that could lead to unexpected outcomes or patient harm. Programs analyze processes, procedures, and potential risks, and work collaboratively with legal teams to address breaches in standards of care. The QSEN project focuses on six competencies (Patient-centered care, Teamwork and collaboration, Evidence-based practice, Quality improvement, Safety, Informatics) to shift nursing focus toward quality and safety. These competencies guide nurses in providing effective, safe, and quality maternity care.]

13. Discuss legal issues in maternal-newborn nursing. Provide examples of legal concerns, such as informed consent, obstetric malpractice, and implications of maternal-fetal conflict. Explain the role of nurses in adhering to state nurse practice acts and ensuring patient safety.

[Answer: Legal issues in maternal-newborn nursing encompass areas like informed consent, obstetric malpractice, and maternal-fetal conflict. Nurses must adhere to state nurse practice acts, interpret laws governing nursing practice, and follow standards of care. Legal concerns may arise from improper administration of medications, failure to assess and monitor, communication lapses, and failure to follow provider orders. Nurses play a crucial role in reporting unsafe working conditions and advocating for patient safety.]

14. Explore ethical issues in maternal-newborn nursing, covering topics such as surrogacy, female genital mutilation, autonomy, and abortion. Discuss the nurse's role in addressing these ethical dilemmas and maintaining patient-centered care.

[Answer: Ethical issues in maternal-newborn nursing include surrogacy, female genital mutilation, autonomy, and abortion. Nurses must provide support and education on sensitive topics, protect the autonomy of laboring people, and navigate situations of maternal-fetal conflict. The nurse's role is to support the patient without letting personal feelings influence the quality of care, especially in the controversial and polarizing issue of abortion.]

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