All aspects of safe, effective, holistic care for birthing mothers, newborns, and their families are included in this guide for new antepartum and postpartum nurses and their preceptors during the orientation period. In easy-access Fast Facts format, the book provides current information regarding care for both low- and high-risk antepartum and postpartum patients. It encompasses evidence-based practice guidelines and clinical recommendations for routine antepartum and postpartum assessment and care, care of women with preexisting conditions or complications of pregnancy, postpartum complications, and care of special populations. Each chapter features an "orientation guide" to acquaint the new orientee with essential information on procedures and policies, equipment, medications, and protocols.

Chapters are organized systematically to include assessment and management guidelines, health promotion and teaching recommendations, psychosocial implications of complications, routine laboratory and ultrasound tests, and holistic evidence-based nursing care practices. A separate section outlines care specific to special populations, including culturally diverse families, women on each end of the age spectrum, women with at-risk fetuses or newborns, women with a history of victimization, and women with deployed partners. While targeted to hospital-based nurses and new nurses in orientation, it is also a helpful resource for those who practice in related settings and nurse midwifery students. Appendices include a skills checklist, a list of commonly used medications, abbreviations, and lab values.

Key Features:
- Covers all aspects of safe, evidence-based, holistic care for birthing mothers, newborns, and families
- Written for nurses in orientation and their preceptors as well as nurses working with mothers and newborns in any setting
- Provides key information demonstrating the impact of newborn status on assessing, planning, and implementing care
- Includes an "orientation guide" to acquaint new orientees with essential information
- Addresses specific care components needed for special populations
Other FAST FACTS Books

Fast Facts for the NEW NURSE PRACTITIONER: What You Really Need to Know in a Nutshell, Aktan
Fast Facts for the ER NURSE: Emergency Room Orientation in a Nutshell, 2e, Buettner
Fast Facts for the ANTEPARTUM AND POSTPARTUM NURSE: A Nursing Orientation and Care Guide in a Nutshell, Davidson
Fast Facts About PRESSURE ULCER CARE FOR NURSES: How to Prevent, Detect, and Resolve Them in a Nutshell, Dziedzic
Fast Facts for the GERONTOLOGY NURSE: A Nursing Care Guide in a Nutshell, Eliopoulos
Fast Facts for the CLINICAL NURSE MANAGER: Managing a Changing Workplace in a Nutshell, Fry
Fast Facts for EVIDENCE-BASED PRACTICE: Implementing EBP in a Nutshell, Godshall
Fast Facts About NURSING AND THE LAW: Law for Nurses in a Nutshell, Grant, Ballard
Fast Facts for the L&D NURSE: Labor & Delivery Orientation in a Nutshell, Groll
Fast Facts for the FAITH COMMUNITY NURSE: Implementing FCN/Parish Nursing in a Nutshell, Hickman
Fast Facts for the CARDIAC SURGERY NURSE: Everything You Need to Know in a Nutshell, Hodge
Fast Facts for the CLINICAL NURSING INSTRUCTOR: Clinical Teaching in a Nutshell, 2e, Kan, Stabler-Haas
Fast Facts for the WOUND CARE NURSE: Practical Wound Management in a Nutshell, Kifer
Fast Facts About EKGs FOR NURSES: The Rules of Identifying EKGs in a Nutshell, Landrum
Fast Facts for the CRITICAL CARE NURSE: Critical Care Nursing in a Nutshell, Landrum
Fast Facts for the TRAVEL NURSE: Travel Nursing in a Nutshell, Landrum
Fast Facts for the SCHOOL NURSE: School Nursing in a Nutshell, Loschiavo
Fast Facts About CURRICULUM DEVELOPMENT IN NURSING: How to Develop & Evaluate Educational Programs in a Nutshell, McCoy, Anema
Fast Facts for DEMENTIA CARE: What Nurses Need to Know in a Nutshell, Miller
Fast Facts for HEALTH PROMOTION IN NURSING: Promoting Wellness in a Nutshell, Miller
Fast Facts for the MEDICAL OFFICE NURSE: What You Really Need to Know in a Nutshell, Richmeier
Fast Facts About the GYNECOLOGICAL EXAM FOR NURSE PRACTITIONERS: Conducting the GYN Exam in a Nutshell, Secor, Fantasia
Fast Facts for the STUDENT NURSE: Nursing Student Success in a Nutshell, Stabler-Haas
Fast Facts for CAREER SUCCESS IN NURSING: Making the Most of Mentoring in a Nutshell, Vance
Fast Facts for DEVELOPING A NURSING ACADEMIC PORTFOLIO: What You Really Need to Know in a Nutshell, Wittmann-Price
Fast Facts for the CLASSROOM NURSING INSTRUCTOR: Classroom Teaching in a Nutshell, Yoder-Wise, Kowalski
Forthcoming FAST FACTS Books

Fast Facts for the MEDICAL–SURGICAL NURSE: Clinical Orientation in a Nutshell, Ciocco
Fast Facts for the NEONATAL NURSE: A Nursing Orientation and Care Guide in a Nutshell, Davidson
Fast Facts for the LONG-TERM CARE NURSE: A Guide for Nurses in Nursing Homes and Assisted Living Settings, Eliopoulos
Fast Facts for the RADIOLOGY NURSE: An Orientation and Nursing Care Guide in a Nutshell, Grossman
Fast Facts for the ADOLESCENT HEALTH NURSE: Nursing Care in a Nutshell, Herrman
Fast Facts for the ONCOLOGY NURSE: Oncology Nursing Orientation in a Nutshell, Lucas
Fast Facts for STROKE CARE NURSING: An Expert Care Guide in a Nutshell, Morrison
Fast Facts for the PEDIATRIC NURSE: An Orientation Guide in a Nutshell, Rupert, Young

Visit www.springerpub.com to order.
FAST FACTS FOR THE ANTEPARTUM AND POSTPARTUM NURSE
Michele R. Davidson, PhD, CNM, CFN, RN, CPS, holds a doctorate in nursing administration and health care policy from George Mason University, where she is currently an associate professor of nursing and serves as the coordinator of the nursing PhD program. Dr. Davidson completed a Master’s of Science in Nursing from Case Western Reserve University, obtained her certification as a certified nurse midwife, and has a special interest in high-risk obstetrics and women’s mental health issues, including postpartum depression and psychosis.

Dr. Davidson has published over 50 papers, contributed more than 19 chapters to other authors’ textbooks, and published an additional 21 textbooks that she has co-written, including the international bestseller Old’s Maternal-Newborn Nursing and Women’s Health Care Across the Lifespan (9th edition), which is translated into nine languages and used throughout the world. Dr. Davidson recently published A Nurse’s Guide to Women’s Mental Health Care, which earned an American Journal of Nursing Book Award in 2012 in the category of psychiatric mental-health nursing.

In 2002, Dr. Davidson established the Smith Island Foundation to provide rural health care education and screening programs and children’s programming to a small island community in the Chesapeake Bay area. She subsequently developed an immersion clinical practicum for students to participate in rural community health on Smith Island. She is also the author of the children’s book Stowaways to Smith Island.
For my mother,
Geraldine Gross Lewis,
who is the most amazing friend, supporter, confidant, mentor, and guide, and who has been an incredible mother who unselfishly and wholeheartedly has given more than any daughter could expect, hope for, or dream of. Our journey in this life together has been filled with highs and lows, and joys and tears, and through it all, you have persisted with unconditional love, grace, kindness, and humility.
Contents

Preface xi
Acknowledgments xv

1. Introduction to Antepartum and Postpartum Nursing Practice 1
2. Routine Antepartum Assessment 13
3. Nursing Care of the Pregnant Woman 27
4. Antepartum Preexisting Hematological and Cardiac Conditions 47
5. Antepartum Preexisting Conditions: Infectious Diseases 59
6. Antepartum Preexisting Neurological and Mental Health Conditions 71
7. Antepartum Chronic Respiratory, Metabolic, Endocrine, and Orthopedic Conditions 81
8. First-Trimester Antepartum Complications 95
9. Second- and Third-Trimester Complications 115
10. Third-Trimester Complications 135
11. Routine Postpartum Assessment 149

© Springer Publishing Company, LLC.
12. Nursing Care of the Postpartum Woman 159
13. Postpartum Complications 171
14. Postpartum Complications With Psychosocial Implications 191

Appendices
A. Antepartum Skills 203
B. Postpartum Clinical Skills 223
C. Common Antepartum and Postpartum Nursing Abbreviations 235
D. Common Laboratory Findings in Pregnancy 239
E. Pharmacology in Antepartum and Postpartum Periods 243

References 259
Index 263
This book provides a basic reference for nurses caring for women and their families during the antepartum and postpartum periods. During pregnancy and in the initial first 6 weeks following birth, women undergo dramatic physiological and psychosocial changes. Families experience dramatic transformations as roles develop and change during these transition periods. Nurses specializing in the care of these families are in a unique position to provide holistic care to ensure optimal health for both the mother and her newborn. In-depth knowledge of the physiological changes that occur during pregnancy and in the postpartum period enables the nurse to detect possible complications that warrant additional assessment. Early identification of risk factors and complications can help prevent adverse maternal and fetal outcomes.

Nurses continue to function as valued members of a collaborative health care team. In this book, the term clinician is used because certified nurse midwives, obstetricians, and perinatologists all work together in the care of women during the antepartum and postpartum periods. Certified nurse midwives often care for low-risk women. In 2009, 8.1% of women in the United States were delivered by a certified nurse midwife or a certified midwife. As health care changes
continue to evolve, the number of births attended by nurse midwives will likely increase.

Societal trends have led a number of women to choose to delay having children well into the third or fourth decade of life, choosing to delay childbearing to first establish a career. Some of these women who were once unable to conceive are now aided by assistive technology, which leads to multiple births that are often considered high-risk pregnancies. Due to advanced maternal age, there are often preexisting medical conditions that make a greater number of women at risk for adverse obstetrical outcomes.

Advancements in obstetrical care practices have led to complex care decisions for families during the antepartum period. Nurses must possess excellent communication skills and knowledge of complex procedures and explanations in order to provide in-depth teaching to families. The antepartum and postpartum periods represent the most vulnerable periods of a woman’s life. For some women, certain choices made during the antepartum and postpartum periods represent life-and-death decisions. While most women experience uneventful healthy pregnancies, a few will experience profound losses and unexpected postpartum events that create sadness and despair. The nurse can provide tremendous support, encouragement, and understanding and may be the only person the woman can confide in during times of intense loss. The antepartum or postpartum nurse who can rejoice in the happiest birth is not the truest asset, but the nurse that can handhold through the deepest sorrow and the saddest tears is the antepartum or postpartum nurse who is most treasured.

The nurse’s role is crucial in caring for women with both low- and high-risk obstetrical care needs. While pregnancy and postpartum are typically times of great joy, for the family experiencing a high-risk pregnancy, anxiety and ambivalence are common. The nurse’s role in primary prevention, performing assessments for early detection, frequent screening, ongoing patient education, and individual and family support is crucial. For the woman who has experienced an adverse
labor event or postpartum complication, the nurse may be the only source of education and support.

There is no greater joy, responsibility, honor, or blessing than the opportunity to work with growing families during this amazing time in their developing and expanding lives. Each pregnancy, woman, and family is entirely unique, different, and, in some way, utterly amazing. There are those who will pass through a nurse’s life uneventfully and, although it is almost sad to say, will likely be, well . . . forgotten, blending in with the many memories that merge together in the days that will eventually create the weeks, months, and years that knit together a nursing career. It is my hope that you encounter many families who permanently imprint themselves on your heart and soul; that vivid images you randomly recall continue to instill in you a passion that inspires you to wake up each day, providing you with the reason to continue to care for families during this crucial time period in their lives!

Michele R. Davidson
During my years as a practicing certified nurse midwife, I was blessed to deliver over 1,000 babies and care for thousands more families. Throughout that time, I was acutely aware of the sacred gift I had been given and valued the many tremendous experiences as I awaited the arrival of many precious lives. While I rejoiced with many families during perhaps the happiest moment of their lives, I was also privileged to care for women with unexpected birth outcomes and fetal losses. It was many of those families who in their darkest hours shared the most intimate and raw feelings of human heartache that have shaped my philosophy of nursing, and of life, and ignited my desire to provide compassionate care to all families as they navigated both the joys and heartache that often come with pregnancy, birth, and the postpartum period. It is with immense thanks and gratitude that I would like to acknowledge all of those families for providing me with the opportunity to share their joys and tears.

Elizabeth Nieginski at Springer Publishing Company has been the utmost professional, supportive editor during the planning, writing, and editing of this book. Elizabeth’s kind, easygoing approach makes writing a blissful, easy task. She is encouraging and helpful and has been a true supporter of this book since I initially discussed it with her when she first arrived at Springer.
The creation of exceptionally compassionate mothers who instinctively know how to mother, care for, nurture, and support children throughout their life journey continues to fascinate me and has remained a mystery to me to this day. My own mother, Geraldine Gross Lewis, sadly grew up without parents or a mother figure or a family unit, yet has been an exceptional mother who has always instinctively known when to hold tight and when to let go; who loves and gives of herself unselfishly. She has been a role model, a mentor, a confidant, a friend, and a lifeline to me over the years. Soul mate of the heart, she is the one person I can completely depend on, talk to, and confide in, and she continues to inspire me. She is a rare person in that she continues to put her children and grandchildren above all else in her life. One of my greatest joys has come from seeing her love, care for, and support my four children and provide them with a sense of self-confidence, family, love, and never-wavering encouragement.

Special thanks to my husband, Nathan Davidson, who I often equate to being slightly better than winning the lottery! My father, Harry McPhee, and my “little” brother, Chet McPhee, remain avid supporters of all my work; their ongoing encouragement is frequent and always appreciated. Finally, I could not ask for better teachers and guides on my journey of motherhood than my own amazing children: Hayden, Chloe, Caroline, and Grant, who have taught me more in their short lives than any professional education or professor ever could. They have shown me resilience, compassion, and the meaning of true love. You continue to inspire me in so many ways and I remain forever thankful and grateful for the blessings you bring into my life!
Introduction to Antepartum and Postpartum Nursing Practice

The care of women and their families during the antepartum and postpartum periods occurs at a time of significant physiological and psychological changes for both. Various policies and procedures are in use to provide safe and competent care to the woman and her family during the childbearing period. Nurses need to utilize evidence-based practice guidelines to provide safe individualized care for these women. Culturally sensitive care is imperative; nurses should be sensitive to the different types of families and familiarize themselves with specific needs of varying families.

Today’s nurses are challenged more than ever to care for increasingly high-risk women during the childbearing period. Proper identification of risk factors can play a huge role in providing appropriate care, guiding patient teaching, and implementing interventions that can help reduce modifiable risk factors. These high-risk conditions can create complex ethical implications as nurses provide holistic care to mothers, families, fetuses, and newborns.
After reading this chapter, the nurse will be able to:

1. Identify the key components of policies and procedures that should be universally consistent in order to provide safe and competent care to the woman and her family
2. Discuss the importance of providing evidence-based care
3. Describe the importance of culturally appropriate care
4. Name the different types of families and specific needs that often impact various types of families
5. Identify components of a family assessment
6. Compare and contrast the criteria that identify a woman as low risk or high risk in the antepartum and postpartum periods
7. Differentiate the ethical implications of caring for new families including mothers, fetuses, and newborns

EQUIPMENT

The types of equipment for antepartum and postpartum care vary and will be identified within each chapter of the text.

NURSING CARE AS DIRECTED BY POLICIES AND PROCEDURES

In current nursing practice, antepartum and postpartum care practices are directed by various policies and procedures. Utilizing established policies and procedures ensures that there is a systematic approach to ongoing assessment, interventions, and documentation within the facility. Regardless of the setting, nurses should familiarize themselves with the agency policies and procedures, which should provide the following:

- A purpose for the procedure and identification of when the procedure is appropriate
- Equipment needed
- Clarification of specific responsibilities for each team member
- Specific step-by-step actions written in clear, concise terminology

© Springer Publishing Company, LLC.
• A rationale that is evidence-based for each step of the procedure
• References provided within the policy and procedure document
• Dating and identification of the individual who prepared the procedure
• Evidence of committee approval or peer review
• Review and updating of procedures at regular intervals

EVIDENCE-BASED PRACTICE CARE

The use of evidence-based practice care (EBPC) is now universally embraced in nursing and health care as a multidisciplinary approach to providing care based on research findings that support specific care measures. The research should meet a minimum set of standards and rigor so broad applicability can occur. When evaluating materials for the development of EBPC, nurses should utilize appropriate information sources including:

• Research findings that appear in peer-reviewed sources
• Research that has been evaluated and approved by an institutional review board to ensure protection of patient rights
• Studies that utilize appropriate research methods in their design and application
• Inclusion of web-based materials from reliable sources such as government-based resources or professional practice associations with credibility and reliability (e.g., Centers for Disease Control and Prevention, National Institutes of Health, American College of Nurse Midwives, Association of Women’s Health, Obstetric and Neonatal Nurses)

As nursing roles continue to evolve, the use of nurse specialists can be an invaluable resource for the ongoing development and evaluation of established policies and procedures. Nurses who specialize in the development of
policies and procedures and the incorporation of EBPC include:

- Doctorally prepared nurses (DNPs, PhDs)
- Advanced practice nurses (CNP, CNM, CRNA, CNS)
- Master's-prepared nurse educators
- Research nurses

**CULTURAL COMPETENCE AND SENSITIVITY**

Cultural competence refers to an understanding of the patient from a holistic perspective and provides care that incorporates the nurse's skills, knowledge, and attitudes in a framework to support the patient's individuality. As diversity increases, the need for cultural competence and culturally sensitive care is essential.

Culturally sensitive care occurs when a nurse has a basic understanding of and possesses a constructive attitude toward the health beliefs and traditions among diverse cultural groups. Cultural competence and culturally sensitive care help to establish trust, provide a platform to identify effective patient teaching strategies, and increase patient satisfaction and compliance. Generalized recommendations to ensure that care is culturally sensitive include:

- Providing services in the patient's native language
- Respecting gender issues such as modesty and whenever possible requests for a specific provider based on gender due to cultural or religious beliefs
- Awareness that specific faith and religious beliefs could impact care and compliance with treatment modalities
- Respect for dietary practices
- Understanding that certain mannerisms and interactions may vary from one culture to another
- Identification of certain family members as key decision makers
- Providing reassurance that individualized beliefs of health and wellness are recognized
Types of Families

In the 1950s, the typical American family was the nuclear family consisting of a father, mother, and their children. In modern society, the nuclear family is no longer the most common type of family unit. While traditional definitions have centered on the inclusion of parents and their children as the basic definition, others have focused solely on family members that are biologically related. The United States Census Bureau has expanded its definition to include two or more individuals living together that are related by birth, marriage, adoption, or who are residing together (United States Census Bureau, 2013). Table 1.1 lists types of historically traditional families, the members of those families, and special needs that various types of families may encounter.

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Members of Family</th>
<th>Special Needs of Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuclear Family</td>
<td>Mother, father, children</td>
<td>Mother may feel isolated due to lack of adult interaction while raising family; if previously employed, may miss previous work activities and peer interactions; and may feel pressure to be the “perfect mother.” One income may create economic strain, especially if mother was previously employed.</td>
</tr>
<tr>
<td>Dual-Career Family</td>
<td>Mother, father, children</td>
<td>Parents may feel stressors with balancing work and child care responsibilities. Family may feel that work takes precedence over family needs. Child-care issues can create anxiety and stress.</td>
</tr>
</tbody>
</table>
61. INTRODUCTION TO ANTEPARTUM AND POSTPARTUM NURSING PRACTICE

While some couples choose to have children, others either may be unable to have children or may wish to remain without children. Table 1.2 presents the types of families that do not include children.

Families that include members beyond the parents and their children are considered extended families. In recent times, extended families have been formed for multiple reasons, including economic reasons. Different types of extended families are included in Table 1.3.

**TABLE 1.2 Families Without Children**

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Members of Family</th>
<th>Special Needs of Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childless Family</td>
<td>Two partners who do not have children but typically have a desire to have children</td>
<td>Typically a family who has been unable to have children despite desiring children. May or may not have attempted to conceive through assistive technology. Some may have considered adoption. May feel a sense of loss, jealousy, sadness, or despair due to inability to have children.</td>
</tr>
<tr>
<td>Childfree Family</td>
<td>Two partners who choose not to have children and typically do not desire children</td>
<td>May feel social pressure because of societal expectations to have children. May encounter circumstances where others voice disagreement with choice not to have children.</td>
</tr>
</tbody>
</table>

While some couples choose to have children, others either may be unable to have children or may wish to remain without children. Table 1.2 presents the types of families that do not include children.

Families that include members beyond the parents and their children are considered extended families. In recent times, extended families have been formed for multiple reasons, including economic reasons. Different types of extended families are included in Table 1.3.

**TABLE 1.3 Types of Extended Families**

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Members of Family</th>
<th>Special Needs of Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Family</td>
<td>A couple who resides with other family members, which may include parents, siblings, or other family members</td>
<td>May have differences in decision making including division of household chores and economic responsibilities, and child-rearing authority. Common in immigrant families.</td>
</tr>
</tbody>
</table>

(continued)
Single-parent families make up a considerable number of families in the United States, with such families headed by women being much more common than single-parent father-headed families. The different types of single-parent families are included in Table 1.4.

### TABLE 1.3 Types of Extended Families (continued)

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Members of Family</th>
<th>Special Needs of Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Kin Network</td>
<td>Two related nuclear families of primary or unmarried kin that live in close proximity to each other</td>
<td>Often share a social support network, goods, and services, which can result in dependence on each other and less interaction with outsiders. May not use community resources due to the ability to rely on kin network.</td>
</tr>
</tbody>
</table>

### TABLE 1.4 Types of Single-Parent Families

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Members of Family</th>
<th>Special Needs of Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Single-Parent Family</td>
<td>Typically one parent and a child or children residing together that has resulted from divorce, separation, death of other parent, or abandonment</td>
<td>Most are female-headed families. Often faced with social isolation, lack of emotional support, economic strain, child-care issues, and lack of support or input from others for child-related decisions.</td>
</tr>
<tr>
<td>Planned Single-Parent Family</td>
<td>A single parent who desires and facilitates the birth or adoption of child outside of a cohabitating relationship with the intent to parent without a partner. The vast majority are women who achieve pregnancy via planned sexual intercourse with a known partner/donor or donor artificial insemination</td>
<td>Men desiring to become a planned single parent face additional obstacles since adoption or a surrogate pregnancy is needed. May face scrutiny from family members or peers on decision to become planned single parent. Emotional support issues, child care issues, and questions from children regarding absence of other parent may occur.</td>
</tr>
</tbody>
</table>
1. INTRODUCTION TO ANTEPARTUM AND POSTPARTUM NURSING PRACTICE

In the 21st century, approximately 46% of all marriages end in divorce. Couples with children who divorce represent different types of postdivorce families (Table 1.5).

Other types of family models are now increasingly more common in American culture. The families included in this group do not fall into the other categories (Table 1.6).

### Family Assessment

A family assessment can reveal significant information that can provide insight and help the nurse develop appropriate goals and individualized teaching to the mother and her family. Components of a family assessment should include:

---

**TABLE 1.5 Types of Postdivorce Families**

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Members of Family</th>
<th>Special Needs of Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stepparent Family</td>
<td>A biological parent and child or children and a new spouse who may or may not have children</td>
<td>Transitions with new parents can cause conflict between children and parents and spouses. Preexisting strained relationship from other biological parent commonly occurs. Financial conflicts on shared expenses between stepparent family and other parent also commonly occur. Visitation with other parent can also result in conflicts.</td>
</tr>
<tr>
<td>Binuclear Family</td>
<td>A postdivorced family in which the children are now part of two nuclear households in which they alternate between the two family units, typically in a joint custody arrangement</td>
<td>Legal aspects with shared custody can be complex. Strained relationships between former spouses, lack of effective communication, and inconsistency with expectations between households can create stress and conflicts.</td>
</tr>
</tbody>
</table>

---

© Springer Publishing Company, LLC.
1. INTRODUCTION TO ANTEPARTUM AND POSTPARTUM NURSING PRACTICE

- Names, ages, and sex of all family members within the woman’s household
- Type of family as stated by the woman, including roles, family structure, and family values
- Cultural identity as described by the woman that includes customs, traditions, and cultural norms that impact the childbearing period
- Spiritual and faith-based associations including specific religious beliefs, customs, and practices
- Support systems inside and outside of the family including friends, social groups, and community-based resources
- Communication style including identification of language spoken, communication barriers with either verbal or written forms of communication

### TABLE 1.6 Other Types of Families

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Members of Family</th>
<th>Special Needs of Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonmarital Heterosexual Cohabitating Family</td>
<td>An unmarried couple living together who may or may not have children</td>
<td>Lack of legal protections and rights that are afforded to married couples. Elderly couples may choose not to marry due to financial reasons. Couples who do eventually marry after cohabitating have higher divorce rates and report less satisfaction with marital relationship if they do marry (Pew Research Center, 2011).</td>
</tr>
</tbody>
</table>

Gay and Lesbian Families

| Gay and Lesbian Families | Either a same-sex couple living together, married, or united under a civil union who may or may not have children or a gay or lesbian single parent living with a child or children | Discrimination still prevalent in some areas, marriages and civil unions often not recognized in other states where legalization does not exist. Legal issues regarding having equal access to partner’s legal benefits (insurance coverage, family medical leave, etc.), custody issues, and advocacy in health care decision making for family members are common. |
• Perceptions of health within the family, family health status, presence of disabilities or special needs of family members residing in the household

IDENTIFICATION OF RISK STATUS

Pregnancy is a normal state of wellness and is not considered an illness or alteration in health. Most women remain healthy and active and have uncomplicated pregnancies; however, some women may enter pregnancy with risk factors or may develop high-risk conditions during the antepartum period. It is important to identify women at risk for adverse pregnancy outcomes so appropriate assessments, screenings, and ongoing care management can be utilized to reduce adverse maternal and fetal/newborn outcomes. Women without risk factors who progress and meet the normal developmental milestones of pregnancy are considered low risk.

Risk factors can put the mother and fetus/neonate at risk for adverse outcomes.

• Preexisting risk factors are conditions or factors that existed prior to the pregnancy that may put the mother or fetus/newborn or both at risk for adverse outcomes.
• Pregnancy-related risk factors occur during pregnancy with the onset taking place during the antepartum period that may put the mother, fetus/newborn, or both at risk for an adverse outcome.
• Labor-related risk factors are those that occur in the intrapartum period and create risks for labor and birth and may persist into the postpartum period.
• Postpartum risk factors are those that occur during the postpartum period and can result in adverse clinical outcomes.

ETHICAL ISSUES WHEN CARING FOR MOTHERS AND FETUSES/NEWBORNS

Ethical issues during the childbearing period can result in substantial distress and anxiety for both the family and the health care team. Examples include surrogacy, elective
abortion for unplanned pregnancy, multifetal pregnancy reduction, resuscitation of a fetus on the threshold of viability, or the elective termination of a fetus identified as having a genetic defect. Nurses need to understand the basic principles of ethics in order to remain professional, provide appropriate care to the family, and prevent their own values and beliefs from interfering with the care of the woman and her family experiencing a complex ethical issue during pregnancy or in the postpartum period. The following strategies can be used to guide nursing practice:

- Identify your own values and beliefs about the situation
- Support the family in a nonjudgmental manner even if their decision making is in conflict with your own beliefs
- Never attempt to persuade the family based on your own personal beliefs and values
- Provide factual objective information in an unemotional manner
- Provide support to the family utilizing therapeutic communication strategies
- If the family asks the nurse what he or she would do, refrain from offering personal advice
- Elicit support from peers to voice your own feelings and conflicts
- If appropriate, attempt to be reassigned to another patient if a substantial conflict exists between the clinical scenario and your own personal belief system
- Consultation for intervention by social work or psychological support provider may be beneficial
- When appropriate, an ethical consult can be obtained from an ethicist or the ethics committee within the clinical facility