Michele R. Davidson, PhD, CNM, PMHNP, CFN, SANE, FNE, RN
Professor of Nursing
Sentara College of Health Sciences
Chesapeake, Virginia
Leta Psychiatry
Virginia Beach, Virginia

Marcia L. London, RN, MSN, APRN, CNS, NNP-BC-E
Senior Clinical Instructor and Director of Neonatal Nurse Practitioner Program (Ret.)
Beth-El College of Nursing and Health Sciences
University of Colorado
Colorado Springs, Colorado

Patricia A. Wieland Ladewig, PhD, RN
Provost Emerita
Regis University
Denver, Colorado
Sally B. Olds was the quintessential nurse and teacher—
She saw possibilities where others saw problems, abilities
where others saw limitations.
She cared passionately about childbearing families and had a clear
vision of what excellent nursing means.

She stressed the importance of clinical skill and acumen but never
lost sight of the human side of caregiving.

She was committed to students, to helping them to learn and grow,
to develop their own sense of the difference a nurse can make.

She was the best of the best of nursing.

And so, with the deepest affection and respect we dedicate this
book to Sally, who was our dear friend and colleague,
who left this world too soon.

We thank her for the inspiration she provided, the warmth she
brought, and the expertise she shared.

And, as always, to our beloved families
To Nathan Davidson, Hayden, Chloe, Caroline, and Grant
To David London, Craig, Jennifer, Hannah, and Matthew
To Tim Ladewig, Ryan, Amanda, Reed, and Addison; Erik, Kedri,
Emma, and Camden
About the Authors

**Michele R. Davidson**
Michele R. Davidson completed her ADN degree from Marymount University and worked in multiple women’s health specialty areas including postpartum, newborn nursery, high-risk nursery, labor and delivery, reproductive endocrinology, gynecology medical-surgical, and oncology units as a registered nurse while obtaining a BSN from George Mason University. She earned her MSN and a nurse-midwifery certificate at Case Western Reserve University and continued to work as a full-scope nurse-midwife for 16 years. Dr. Davidson has delivered over 1,000 babies during her career as a nurse-midwife. She completed her PhD in nursing administration and healthcare policy at George Mason University (GMU) and began teaching at GMU in 1999 while continuing in her role as a nurse-midwife. In 2018, Dr. Davidson earned an additional degree as a psychiatric mental health nurse practitioner (PMHNP). She has an ongoing interest in women’s mental health and focuses her research on perinatal and postpartum mood and anxiety disorders. Dr. Davidson also has an interest in the care of individuals with disabilities; she has served as a member of the Loudoun County Disability Advisory Committee and is a disability advocate in her community. She was a member of the American College of Nurse-Midwives Certification Council, the body that writes the national certification examination for certified nurse-midwives. Dr. Davidson was recently appointed to the Virginia State Maternal Mortality Review Board and has served on several federal task forces for the prevention of maternal mortality. She is a member of numerous editorial and advisory boards and has a passion for writing. In 2003, Dr. Davidson founded the Smith Island Foundation, a nonprofit organization in which she served as executive director for 8 years and later held an appointment as the vice-president of Smith Island United, a community advocacy group. Dr. Davidson has also completed certifications in lactation consulting, forensic nursing, and as a surgical first assistant. In 2012, her book, *A Nurse’s Guide to Women’s Mental Health*, won an American Journal of Nursing Book Award. In her free time, she enjoys spending time with her mother, writing, gardening, internet surfing, and spending time on Smith Island with her nurse-practitioner husband, Nathan, and their four children, Hayden, Chloe, Caroline, and Grant. Dr. Davidson and her family love the Eastern Shore of Maryland and Virginia and continue to be part-time residents of Smith Island.

**Marcia L. London**
Marcia L. London received her BSN and School Nurse Certificate from Plattsburgh State University in Plattsburgh, New York, and her MSN in pediatrics as a clinical nurse specialist from the University of Pittsburgh in Pennsylvania. She worked as a pediatric nurse and began her teaching career at the Pittsburgh Children’s Hospital Affiliate Program. Mrs. London began teaching at Beth-El School of Nursing and Health Science in 1974 (now part of the University of Colorado, Colorado Springs) after opening the first intensive care nursery at Memorial Hospital of Colorado Springs. She has served in many faculty positions at Beth-El, including assistant director of the School of Nursing. Mrs. London obtained her postmaster’s Neonatal Nurse Practitioner certificate in 1983 and subsequently developed the Neonatal Nurse Practitioner (NNP) certificate and the master’s NNP program at Beth-El. She is active nationally in neonatal nursing and was involved in the development of National Neonatal Nurse Practitioner educational program guidelines. Mrs. London pursued her interest in college student learning by taking doctoral classes in higher education administration and adult learning at the University of Denver in Colorado. She feels fortunate to be involved in the education of her future colleagues and teaches undergraduate education. Mrs. London and her husband, David, enjoy reading, travel, and hockey games. They have two sons. Craig, who lives in Florida with his wife Jennifer and daughter Hannah, works with Internet companies. Matthew works in computer teleresearch. Both are more than willing to give Mom helpful hints about computers.

**Patricia A. Wieland Ladewig**
Patricia A. Wieland Ladewig received her BS from the College of Saint Teresa in Winona, Minnesota; her MSN from Catholic University of America in Washington, DC; and her PhD in higher education administration from the University of Denver in Colorado. She served as an Air Force nurse and discovered her passion for teaching as a faculty member at Florida State University. Over the years, she has taught at several schools of nursing. In addition, she became a women’s health nurse practitioner and maintained a part-time clinical practice for many years. In 1988, Dr. Ladewig became the first director of the nursing program at Regis College in Denver. In 1991, when the college became Regis University, she became academic dean of the Rueckert-Hartman College for Health Professions. Under her guidance, the School of Nursing added a graduate program. In addition, the college added a School of Physical Therapy and a School of Pharmacy. In 2009 Dr. Ladewig became Vice President for Academic Affairs, and in 2012 she became Provost at Regis University. She retired in 2016. She remains active professionally, serving on the Community Health Values Committee of Centura Health. She and her husband, Tim, enjoy traveling, skiing, and baseball games. However, their greatest pleasure comes from their family: son Ryan, his wife Amanda, and grandchildren Reed and Addison Grace; and son Erik, his wife Kidri, and grandchildren Emma and Camden.
Thank You

Contributors
We are grateful to the contributors to the 11th edition of Olds’ Maternal-Newborn Nursing & Women’s Health Across the Lifespan.

Jessica Anderson, DNP, CNM, WHNP-BC, FACNM
University of Colorado
Denver, Colorado
Chapter 12: Antepartum Nursing Assessment

Wendelyn M. Barrett, MSN, NNP, APRN
Children’s Hospital Colorado
Aurora, Colorado
Chapter 31: The Newborn at Risk: Birth-Related Stressors

Nancy Benner RNC, BSN
St. George, Utah
Chapter 28: The Normal Newborn: Needs and Care

Jenny Clapp RN-OB, MSN
University of North Carolina Greensboro, North Carolina
Chapter 32: Postpartum Adaptation and Nursing Assessment

Robin Webb Corbett, PhD, FNP-C, RNC
East Carolina University
Greenville, North Carolina
Chapter 5: Commonly Occurring Infections
Chapter 6: Women’s Health Problems

Nathan S. Davidson, II, CFNP, MSN, RN
George Mason University
Fairfax, Virginia
Concept Map features

Katherine Heatherington Endres, RNC
Inova Alexandria Hospital
Alexandria, Virginia
Chapter 22: Pharmacologic Pain Management

Cori Feist, MS, CGC
Oregon Health & Science University
Portland, Oregon
Chapter 10: Reproductive Genetics

Victoria A. Flanagan RN, MS
Geisel School of Medicine at Dartmouth
Dartmouth University
Lebanon, New Hampshire
Chapter 17: Pregnancy at Risk: Pregestational Problems

Jennifer G. Hensley, EdD, CNM, WHNP, RN, LCCE
The University of Texas at Austin
Austin, Texas
Chapter 4: Family Planning
Chapter 18: Pregnancy at Risk: Gestational Onset

Sharon Holley, DNP, CNM, FACNM
Baystate Medical Center
Springfield, Massachusetts
Chapter 20: Intrapartum Nursing Assessment

Janet L. Houser, PhD, RN
Regis University
Denver, Colorado
Evidence-Based Practice features

Jessica Howard, CNM, MSN, MSW
University of Colorado
Denver, Colorado
Chapter 8: Violence Against Women

Vanessa Howell RN, MSN
Beth-El College of Nursing and Health Sciences
Colorado Springs, Colorado
Chapter 27: Nursing Assessment of the Newborn

Laura R. Muñoz, PhD, RNC, NNP
University of the Incarnate Word
San Antonio, Texas
Chapter 25: Birth-Related Procedures

Julie W. Nadeau, EdD, MSN, RN, CNE
University of the Incarnate Word
San Antonio, Texas
Chapter 33: The Postpartum Family: Needs and Care
Chapter 34: Home Care of the Postpartum Family

Deborah Pollard, PhD, RNC-OB, C-EFM, CNE, IBCLC, RLC
Beth-El College of Nursing and Health Sciences
Colorado Springs, Colorado
Chapter 29: Newborn Nutrition

Mary Claire Wahl, MSN, CNM, RN
Beth-El College of Nursing and Health Sciences
Colorado Springs, Colorado
Chapter 35: The Postpartum Family at Risk
Thank You

Reviewers
We are grateful to all the nurses, both clinicians and educators, who reviewed the manuscript of this textbook. Their insights, suggestions, and eye for detail helped us prepare a more relevant and useful textbook, one that will prepare caring and competent nurses in the field of maternal-newborn and women’s health nursing.

Rachel Choudhury, PHD(C), MSN, MS, RN, CNE
Brandman University
Irvine, California

Marcia Clevesy, MSN, APRN
University of Nevada
Las Vegas, Nevada

Holly Diesel, PHD, RN
Barnes Jewish College
St. Louis, Missouri

Susan Dougherty, RNC, WHNP, DNP
Augusta University
Augusta, Georgia

Barbara Gross, MSN, RN
University of Central Florida
Orlando, Florida

Susan Groth, PhD, WHNP-BC, FAANP
University of Rochester
Rochester, New York

Dr. Carole McKenzie, CNM, RN
Texas A&M University
Commerce, Texas

Diane E. Mosqueda, DNP, RN, FNP-c, CNE
University of Texas
Galveston, Texas

Patricia Novak, MSN
Gateway Community College
New Haven, Connecticut

Erin F. Sullivan, MSN, RN, CCRN
Texas Woman’s University
Dallas, Texas

Patricia D. Suplee PhD, RNC-OB
Rutgers University
Camden, New Jersey

Jennifer Swendsen, MSN
University of Texas of the Permian Basin
Odessa, Texas

Jennifer L. Talleff, MSN, RN, FNP-BC
Texas Woman’s University
Dallas, Texas

Amber Welborn, RN, MSN
University of North Carolina
Greensboro, North Carolina
Our goal with every revision is to incorporate the latest research and information from the literature of nursing and related fields to make our text as relevant and useful as possible. This would not be possible without the support and encouragement of our colleagues in nursing. The comments and suggestions we have received from nurse educators and practitioners around the country have helped us keep this text accurate and up to date. Whenever a nurse takes the time to write or to speak to one of us at a professional gathering, we recognize again the intense commitment of nurses to excellence in practice. And so we thank our colleagues.

We are grateful, too, to our students—past, present, and future. They stimulate us with their interest; they reinvigorate us with their enthusiasm; they challenge us with their questions to make each edition of this text clear and understandable. We learn so much from them.

In publishing, as in healthcare, quality assurance is an essential part of the process. That is the dimension our reviewers have added. Some reviewers assist us by validating the accuracy of the content, some by their attention to detail, and some by challenging us to examine our ways of thinking and to develop a new awareness about a given topic. Thus, we extend our sincere thanks to all those who reviewed the manuscript for this book. Their names and affiliations are listed on the preceding pages.

We are also grateful to the contributors to the 11th edition of *Olds’ Maternal-Newborn Nursing & Women’s Health Across the Lifespan*. Their knowledge of clinical practice and current literature in their areas of expertise helps make the chapters relevant and accurate. They, too, are listed on the preceding pages.

We cannot say enough good things about our development editor, Lynda Hatch. She is a godsend. Her wonderful eye for detail, her truly supportive approach, and her calmness under pressure help us stay focused and on track (mostly!). Thank you, Lynda! We would be lost without you! Without your support in these crucial areas, our work would not be as visually appealing and accurate as it is.

During these times of change in the healthcare environment, we are sustained by our passion for nursing and our vision of what childbirth means. Time and again, we have seen the difference a skilled nurse can make in the lives of people in need. We, like you, are committed to helping all nurses recognize and take pride in that fact. Thank you for your letters, your comments, and your suggestions. We are renewed by your support.

*Michele R. Davidson
Marcia L. London
Patricia W. Ladewig*
Preface

Nurses play a central role in all aspects of the childbearing experience, from the earliest days of pregnancy, through the moments of birth, and during the early days of parenthood. Most often, pregnancy and childbirth are times of great joy, a celebration of life, and a promise of the future. But they may also be times of deepest sorrow as families deal with illness, complications, and loss. Often the quality of the nursing care that a family receives profoundly influences their perceptions of the entire experience—for better or for worse. However, the changes occurring in the healthcare delivery system are altering the way we practice nursing and have staggering implications for nurses everywhere.

Now, more than ever, nurses must be flexible, creative, and open to change. They must be able to think critically and problem-solve effectively. They must be able to meet the teaching needs of their patients so that their patients can, in turn, better meet their own healthcare needs. They must be open to an increasingly multicultural population. They must understand and use the healthcare technology available in their chosen area of practice. Most crucially, they must never lose sight of the importance of excellent nursing care to promote patient safety and in improving the quality of people’s lives.

Important Themes in This Edition

The underlying philosophy of *Olds’ Maternal-Newborn Nursing & Women’s Health Across the Lifespan* remains unchanged. We believe that pregnancy and birth are normal life processes and that family members are partners in care. We believe that women’s healthcare is an important aspect of nursing. We remain committed to providing a text that is accurate and readable—a text that helps students develop the skills and abilities they need now and in the future in an ever-changing healthcare environment.

Partnering with Families Through Health Promotion Education

Developing a partnership with women and their families is a pivotal aspect of maternal-newborn nursing, and one key element of that partnership is patient and family health promotion teaching. It is a crucial responsibility of the maternal-newborn nurse to find opportunities to educate patients and their families, and we continue to emphasize and highlight this in the 11th edition. Again, the focus is on the teaching that nurses do at all stages of pregnancy and the childbearing process, including the important postpartum teaching that is done before and immediately after families are discharged.

In this textbook, we also subscribe to the paradigm that women and childbearing families need health promotion and health maintenance interventions, no matter where they seek healthcare or what health conditions they may be experiencing. Nurses integrate health promotion and health maintenance into the care for women and childbearing families in a variety of birthing and community settings where they go to obtain health supervision care. This textbook integrates health promotion and health maintenance content throughout, most visibly in Part II, *Women’s Health Across the Lifespan*, and Chapter 34, *Home Care of the Postpartum Family*.

Because we believe that nursing excellence must include partnering with women and their families for all outcomes, we have included Chapter 36, *Grief and Loss in the Childbearing Family*. It is designed to assist nurses to support families as they deal with the painful losses—maternal, fetal, and neonatal—that sometimes turn expected moments of great joy into times of deep sorrow. We know that it often takes time for nurses to find authentic ways to support grieving families. Our aim in having this chapter is to help you understand the dynamics of loss and to offer concrete guidance about effective nursing approaches.

Women’s Healthcare

This edition continues to provide expanded coverage of women’s healthcare with updated information on contraception, commonly occurring infections, health maintenance recommendations, menopause, and a variety of gynecologic conditions such as polycystic ovarian syndrome and pelvic relaxation. Special attention is given to violence against women, which is the focus of a separate chapter. Other pressing societal issues are also covered in a separate chapter, as well as throughout the women’s health unit. Moreover, because of the text’s focus on community-based care, gynecologic cancers are covered briefly.

Nursing Excellence in Maternal-Newborn and Women’s Health

Truly effective nurses have both a solid understanding of underlying nursing theory and excellent clinical skills. Perhaps equally important, they have a deep appreciation of the essential need to partner with childbearing women and their families to ensure optimum outcomes for all. But how do we help students develop this level of expertise? We believe that nursing excellence as it relates to women’s health and to childbearing families starts here, in the
Evidence-Based Practice

Nursing professionals are increasingly aware of the importance of using evidence-based approaches as the foundation for planning and providing effective care and to foster patient safety and quality improvement. The approach of evidence-based practice draws on information from a variety of sources, including nursing research. To help nurses become more comfortable integrating new knowledge into their nursing practice, a brief discussion of evidence-based practice is included in Chapter 1, Contemporary Maternal-Newborn Nursing.

A feature titled Evidence-Based Practice further enhances the approach of using research to determine nursing actions. It describes a particular problem or clinical question and investigates the research evidence from a variety of sources—including systematic reviews of research literature, recent research findings, and national organization policy—that have direct application to nursing practice. The feature asks the student to use clinical reasoning and clinical judgment to determine what additional information is needed and what the evidence shows to be best practice at this time and invites the student to apply critical thinking skills to further identify nursing approaches to meet women’s health and maternal-newborn nursing care issues.

Healthy People 2020

At the national level, the government has developed a set of ambitious, measurable goals designed to improve the health of Americans by 2020. Many of these goals, which are arranged by categories, have direct relevance to maternal, newborn, and women’s healthcare nurses. To help you become aware of these goals, we have incorporated them at the beginning of each chapter. We hope you will take time to visit the Healthy People 2020 website and become more knowledgeable about the effort.

Commitment to Diversity

As nurses and as educators, we recognize the importance of honoring diversity and of providing culturally competent care. Thus, we continually strives to make our text ever more inclusive. Chapter 1, Contemporary Maternal-Newborn Nursing, briefly introduces cultural issues relevant to maternity and newborn nursing care. Chapter 2, Families, Cultures, and Complementary Therapies, provides the theoretical basis for the consideration of cultural factors that influence a family’s expectations of their healthcare providers and their experience with the healthcare system. We elaborate upon this information throughout the text in a boxed feature titled Developing Cultural Competence. In addition, we have worked hard to ensure that our photos, illustrations, charts, and case scenarios are inclusive in their appearance and in the information they provide. As our society becomes more global in nature, nurses need to cultivate their awareness of these issues because they ultimately do affect how we deliver healthcare in this country.

Women with Special Needs

Women who seek healthcare represent a range of ages, backgrounds, and requirements for effective care. In many cases, women have individualized needs that nurses may not encounter routinely. We are especially proud of a feature titled Women with Special Needs, which is designed to help you consider ways in which care must be modified to address the needs of all women regardless of their circumstances.

Case Study

As educators we recognize how crucial it is to help students apply the theory they learn to specific patients—patients with unique needs and concerns. To accomplish this goal, we have developed a new clinical feature for this edition called Case Study. In this feature we follow four women through their pregnancies, birth experiences, and postpartum issues. Each Case Study is designed to enable students to consider specific issues that might have implications for patient care. The women are:

- Melissa Bond-James, a 40-year-old Caucasian American who has experienced preterm labor during her pregnancy. She is a lesbian, whose wife, Nancy James, is supportive and extremely excited about the pregnancy.
- Benita Cartier is a 26-year-old, married, African American woman who is being treated for chronic hypertension. Her husband is an airline pilot and they have a toddler daughter.
- Azia Askari is a 32-year-old married woman who immigrated to the United States from Iran in 2014. She has two children and is experiencing an uneventful pregnancy. She is dealing with some cultural issues related to her life in the United States.
- Angelina Newman is a 16-year-old, single Caucasian American young woman who is a sophomore in high school. She has a sexually transmitted infection and possible labor/birth complication.

Nursing Professionalism

Professionalism requires that the astute professional nurse demonstrate professional standards of moral, ethical, and legal conduct and model the values of the nursing profession as he or she cares for women and childbearing families. This requires a commitment to quality improvement in all areas of care. With these expectations, the feature called Professionalism in Practice focuses on topics such as legal considerations, contemporary nursing practice issues, professional accountability, patient advocacy, and home and community care considerations.
Two features strengthen this emphasis on professionalism:

- **Ethics in Action!** challenges you with thought-provoking questions about many of the ethical dilemmas nurses may face in providing care.
- **Safety Alert!** calls your attention to issues that represent a situation that requires careful attention to avoid putting a patient at risk. Not surprisingly, many of these alerts—but not all—relate to the administration of medications.

**Patient Teaching**

Patient teaching remains a critical element of effective patient-centered care, one that we emphasize in this text. Nurses teach their patients during the care of women, through all stages of pregnancy, during the childbearing process, and while providing care for specific conditions. Throughout the book, we include **Teaching Highlights** features that present a special healthcare issue or problem and the related key teaching points for care by the patient and family.

Pearson Nursing’s MAP App includes a section on Patient/Family Teaching, which supplies useful information and strategies for educating parents and families in a variety of situations and settings.

**Complementary Health Approaches**

Nurses and other healthcare professionals recognize that today, more than ever, complementary health approaches have become a credible component of holistic care. To help nurses become more familiar with these therapies, Chapter 2, Families, Cultures, and Complementary Therapies, provides basic information on some of the more commonly used therapies. Then throughout the text, we expand on the topic by providing a special boxed feature, **Complementary Health Approaches**, which discusses therapies your patients might be using or therapies you might suggest, keeping patient safety upmost in our thoughts. In all cases, research is cited for safe practice of these therapies.

**Community-Based Nursing Care**

By its very nature, maternal-newborn nursing is community-based nursing. Only a brief portion of the entire pregnancy and birth is spent in a birthing center or hospital. Moreover, because of changes in practice, even women with high-risk pregnancies are receiving more care in their homes and in the community and spending less time in hospital settings. Similarly, most aspects of women’s healthcare are addressed in ambulatory settings.

The provision of nursing care in community-based settings is a driving force in healthcare today and, consequently, is a dominant theme throughout this edition. Four chapters provide a theoretical perspective and important tools in caring for childbearing families in the community setting: Chapter 12, Antepartum Nursing Assessment; Chapter 13, The Expectant Family: Needs and Care; Chapter 33, The Postpartum Family: Needs and Care; and Chapter 34, Home Care of the Postpartum Family. We have addressed this topic in a variety of ways. Community-Based Nursing Care is a heading used throughout the Nursing Management sections to assist you in identifying specific aspects of this content. Because we consider Home Care to be one form of community-based care, it is often a separate heading under Community-Based Nursing Care.

**Other New or Expanded Concepts in This Edition**

Nursing is a dynamic profession that requires specific information that reflects current practice. As such, we have expanded or added several important areas of content in the 11th edition.

- **NEW! Reproductive Genetics** This chapter was added to the 11th edition to reflect an emerging understanding of genome science, its impact on health and illness in childbearing families, and the expanding role that nurses play in applying genetics in clinical practice.
- **NEW! Genetic Facts** This feature provides information on the genetic implications of topics being addressed in the chapter.
- **NEW! Case Study** This feature shows students how to apply theory to clinical practice as they follow the experiences of four pregnant women with various issues and concerns.
- **NEW! A two-page, 16-photograph Birth Sequence in Chapter 19 provides a moment-by-moment visual presentation of the birth of a baby.**
- **Concept maps** provide an algorithm or flow chart to assist nurses in planning and providing care. The map provides a visual description of data to be analyzed in making decisions about care.
- **Key Facts to Remember** is a feature that summarizes major elements related to a specific topic. We believe you will find this feature to be especially helpful.
- **Nutrition** during pregnancy and infancy is important to promote growth, development, and health. A growing national focus on healthy nutrition patterns underscores the importance of this information. Chapter 14, Maternal Nutrition, and Chapter 29, Newborn Nutrition, address ensuring appropriate nutrition for pregnant women and newborns.
- **Pain management** is a priority in healthcare settings. All of the chapters in Part V, Labor and Birth, address pain assessment and management, and it is the primary focus in Chapter 22, Pharmacologic Pain Management. We discuss applicable pain assessment and management when appropriate in other chapters in Part VI, The Newborn, and Part VII, Postpartum.
- **Women with intellectual disabilities** information and specific care has been added to Chapter 7, Social Issues. Such women are more commonly choosing to
live independently and even become mothers. Therefore, we have also added coverage addressing the care of mothers with intellectual disabilities in Chapter 33, *The Postpartum Family: Needs and Care*.

**Organization: A Nursing Management Framework**

Nurses today must be able to think critically and to solve problems effectively. For these reasons, we begin with an introductory unit to set the stage by providing information about maternal-newborn nursing and important related concepts. Subsequent units progress in a way that closely reflects the steps of the nursing process. We clearly delineate the nurse’s role within this framework. Thus, the units related to pregnancy, labor and birth, the newborn period, and postpartum care begin with a discussion of basic theory followed by chapters on nursing assessment and nursing care for essentially healthy women or infants. Within the nursing care chapters and content areas, we use the heading *Nursing Management* and the subheadings *Nursing Assessment and Diagnosis*, *Planning and Implementation*, and *Evaluation*.

Complications of a specific period appear in the last chapter or chapters of each unit. The chapters also use the nursing process as an organizational framework. We believe that students can more clearly grasp the complicated content of the high-risk conditions once they have a good understanding of the normal processes of pregnancy, birth, and postpartum and newborn care. However, to avoid overemphasizing the prevalence of complications in such a wonderfully normal process as pregnancy and birth, we avoid including an entire unit that focuses only on complications.

●◯● **NURSING MANAGEMENT**

The *Nursing Management* sections delineate the important care management role of the nurse within the organizing framework of the nursing process to help you understand what nursing actions are needed. Numerous special features reinforce the nursing management role.

**Nursing Care Plan**

*Nursing Care Plans* address nursing care for patients who have complications, such as a woman with preeclampsia. We designed this feature to help you approach care from the nursing process perspective. These care plans use a nursing diagnosis approach in planning and providing care when pregnancy-related and newborn complications arise.

**Assessment Guide**

*Assessment Guides* help you organize your questions and steps during a physical assessment and provide normal findings, alterations, and possible causes, as well as guidelines for nursing interventions.

**Resources for Student Success**

- **Online Resources** are available for download at [www.pearsonhighered.com/nursingresources](http://www.pearsonhighered.com/nursingresources), including:
  - NCLEX-RN®-Style Review Questions
  - Case Studies
  - Care Plans
  - Thinking Critically exercises, and more!

- **NEW! Pearson Nursing’s MAP App** provides a collection of handy tools and additional content for students to use while studying maternity or pediatrics or for quick reference in the clinical setting. The maternity content includes a section on *Patient/Family Teaching*, which supplies useful information, tips, and strategies for educating parents and families in a variety of situations and settings. The colorful *Maternal-Fetal Growth and Development Timeline* depicts maternal/fetal development month by month and provides specific teaching guidelines for each stage of pregnancy. We are excited to offer students the opportunity to have all of this valuable information in one convenient place for on-the-go reference.

**Resources for Faculty Success**

Pearson is pleased to offer a complete suite of resources to support teaching and learning, including:

- **TestGen Test Bank**
- **Lecture Note PowerPoints**
- **Classroom Response System PowerPoints**
Features That Help You Use This Text Successfully

Instructors and students alike value the in-text learning aids that we include in our textbooks. The following guide will help you use the features and resources from *Olds’ Maternal-Newborn Nursing & Women’s Health Across the Lifespan*, 11th edition, to be successful in the classroom, in the clinical setting, on the NCLEX-RN® examination, and in nursing practice.

Each chapter begins with a personal vignette and photo that sets the tone for the chapter. **Learning Outcomes** introduce you to the topics covered in each chapter. **Healthy People 2020** features at the beginning of each chapter assist you in becoming aware of the Healthy People 2020 goals that have direct relevance to maternal, newborn, and women’s healthcare nurses.

The following features are found throughout the text:

**Assessment Guides** assist you with diagnoses by incorporating physical assessment and normal findings, alterations and possible causes, and guidelines for nursing interventions.
Case Study

Azia presents to the local hospital with reports of beginning contractions yesterday after walking with her daughters outdoors to a nearby playground. Her sister-in-law has brought her to the hospital and is translating for the nurse. The hospital has an interpreter who speaks Farsi who is en route to the hospital to translate. Her sister-in-law reports that the contractions have increased in frequency, duration, and strength and they are now occurring every 3 to 5 minutes, lasting 45 to 60 seconds and they are getting stronger. She stresses that the family has a firm preference for female-only care providers based on their cultural beliefs and Muslim religion.

Question to Ponder

What steps would you take to support Azia’s cultural beliefs in this situation?

Clinical Tip

Screening for aneuploidy should be presented as an informed choice. The decision to proceed with screening is a personal choice and stems from one’s values, beliefs, and interests. The nurse should be knowledgeable about the options available for screening and next steps if an abnormal result occurs.

Clinical Skill 21-1

Performing Nasal Pharyngeal Suctioning

Nursing Action

Preparation

• Section required is always available in the staffing area.
• Is clean equipment from the manufacturer or equipment is sterile.
• Nurse is dressed appropriately.
• Bovie is sterile.
• Open the suction tubing and allow the air to pass through the tubing.
• Gently place the catheter into the newborn’s mouth.

Equipment and Supplies

• Sterile suction catheter

Procedure: Clear Airways

1. Place the suction catheter on the newborn’s face and gently grasp the tube with the index finger and thumb.
2. Open the side port of the suction tubing and insert one end of the tubing into the newborn’s mouth. Ensure the tube is 3 to 5 inches into the tube.
3. Place your thumb over the suction control and begin to suction. Continue to suction as you slowly remove the tube, holding it upright.
4. Apply suction by applying a vacuum to the suction control. Place the tube in the child’s mouth and apply suction. Continue to suction as you slowly remove the tube, holding it upright.
5. If it is necessary to pass the tube into the newborn’s mouth to remove mucus secretions, the tube must reach the posterior pharynx. Insert the tube through the posterior pharynx and withdraw the tube and suction as noted.

Rationale: Because the newborn’s nose and oral cavity are not developed, suctioning may be necessary to clear the airway.

Notes: Do not remove long tubing used to remove mucus from the newborn’s mouth to prevent aspiration. One end of the suction tubing is connected to the suction unit, and the other end of the tubing is inserted 3 to 5 inches into the newborn’s mouth or nasopharynx. Suction is applied as the tubing is pulled out. The process is repeated as long as mucus is expelled.

SOURCE: Miller-Combs, 2018
Concept Maps provide a visual description of data to be analyzed as nurses plan and provide care.

Developing Cultural Competence Home Births in Amish Communities
Approximately 40 to 80% of Amish women give birth at home or in an Amish-run birthing center. The factors for these choices are often driven by costs (the Amish have no commercial health insurance), geographic distance, and preference to be cared for in the home setting. Amish women in the United States, many of whom have eight or more children, are cared for by CNMs, lay midwives, and, in rare cases, physicians who attend home births. Because the Amish do not utilize electricity, caregivers must bring specialized equipment for the birth. At most Amish births, the husband is the only family member in attendance. Many Amish families decline medical interventions, such as vitamin K injections, eye ointment, hepatitis B vaccines, or circumcision. Once an Amish woman gives birth, a young single Amish girl is typically employed as a maid in the home for 4 to 6 weeks to perform household chores for the family (Wento, 2015).

Developing Cultural Competence boxes foster your awareness of cultural factors that influence a family’s expectations of and responses to their healthcare provider and their experiences with the healthcare system.

Drug Guide boxes for selected medications commonly used in maternal-newborn nursing guide you in correctly administering the medications and evaluating your actions.

Ethics In Action! features challenge you with thought-provoking questions that reflect myriad ethical dilemmas that nurses providing care may face.

A patient in your practice has finally disclosed to you after repeated IPV screenings that her husband is physically abusive to her. You practice in a state where you are covered by the IPV mandatory reporting law, but your patient has asked you not to report as she is scared for her life. How do you respond to this situation?
inflammation. At present there are no therapies that slow the
tory, obesity, diabetes, elevated cholesterol, hypertension, and
role. These risk factors include specific genotypes, family his-

SOURCE:

Figure

Memory and cognitive function change with advancing age. It has
is also influenced by lifestyle, genetics, and socioeconomic status.
jections indicate that by the year 2025, 7.1 million Americans over

•   Eat a healthy diet. Research indicates that the Mediterranean
diet and the DASH (Dietary Approaches to Stop Hyperten-

The cause of Alzheimer disease is unknown, although it is
cause long-term childhood developmental delays and infertility
bearing years has implications for pregnancy and lactation and can

Environmental factors can impact future generations when
women are exposed to toxins. Epigenetic changes in gene
expression can occur when a woman is exposed to various
environmental toxins. Depending on the agent and exposure,
the cell nucleus can be altered at the molecular level and can
impact if a gene is expressed or silenced (Stahl, 2017).

Menopausal hormone therapy (MHT)

for pregnancy, regardless of whether she believes she is
pregnant. Rupture of an ectopic pregnancy can occur very
early in a pregnancy, even before the woman suspects she is
pregnant. If a woman is pregnant and presents with an acute
abdomen, including severe pain of unknown origin, the mini-
mum diagnostic evaluation is a transvaginal ultrasound evalu-
ation and confirmation of pregnancy through serum hCG-level
measurement. However, serum hCG alone cannot be used to
diagnose an ectopic pregnancy. The absence of a possible
gestational sac on ultrasound examination in the presence of
a positive hCG measurement strongly suggests a nonviable
pregnancy. In 50 to 70% of these cases, these findings are
consistent with ectopic pregnancy (ACOG, 2018c).

Treatment of a confirmed ectopic pregnancy that has not
ruptured may be via laparoscopic surgery or intramuscular
administration of methotrexate. Both treatments are safe and
effective. The decision for surgical or medical management
is guided by clinician assessment as well as patient-informed
choice. Surgical management is required if the patient is
experiencing hemodynamic instability, symptoms of a nup-
tured ectopic mass, or signs of intraabdominal bleeding
(ACOG, 2018c).

Best Practice

Women who present with acute abdominal pain and bleeding
should be screened for pregnancy. If hCG levels are elevated,
then a transvaginal ultrasound is indicated to determine if an
ectopic pregnancy exists. An ectopic pregnancy constitutes a
medical emergency, as rupture of the fallopian tubes is asso-
ciated with significant morbidity and mortality. Best practice
in treatment of ectopic pregnancy includes laparoscopic sur-
ery or administration of methotrexate. Women suffering from
ectopic pregnancy can be counseled that both treatments are
safe and effective (ACOG, 2018c).

Clinical Reasoning

What elements of a nursing history could raise suspicion
about the potential for an ectopic pregnancy? What questions
should be asked of every woman who presents with acute
abdominal pain?

Women

Several medical conditions may account for signs or symp-
toms of abdominal pain in general. These conditions may
include uterine fibroids, endometriosis, appendicitis, ovarian
masses, and diverticulitis. However, pain of unknown origin
may be a sign of ectopic pregnancy. The presence of a posi-
tive hCG measurement strongly suggests a nonviable
pregnancy. In 50 to 70% of these cases, these findings are
consistent with ectopic pregnancy (ACOG, 2018c).
EXPECTED OUTCOME: Patient will remain free of opportunistic infection as evidenced by CD4+ T lymphocyte count within normal limits, no complaints of illness, fever, or chills; normal weight gain throughout pregnancy.

INTERVENTION RATIONALE

1. Obtain a complete health history and physical examination during first prenatal visit.

• A complete health history will help determine risk factors for the development of opportunistic infections, and a physical examination will assist in identifying any underlying problems or infections that may compromise the pregnancy or complicate the treatment of HIV.

2. Educate the woman as to the signs and symptoms of infection.

• The infected woman needs to maintain optimal nutritional intake. A compromised nutritional status may affect maternal and fetal well-being. Deterioration of protein and fat may decrease the patient's ability to fight infection, thereby making her more susceptible to opportunistic infections.

3. Collaborate: Monitor the absolute CD4+ T lymphocyte count, white blood cell count, viral load, and CD4+ T lymphocyte count with the patient's primary care provider.

• Laboratory results provide information about the woman's immune system and the potential for disease progression. Opportunistic infections are more likely to occur when the CD4+ T lymphocyte count drops below a level of 200 cells/mm³. ART can reduce above 20 cells/mm³ with amnion and early and chronic inflammation. ART can also reduce incidence of primary and secondary syphilis, toxoplasmosis, and tuberculosis. HIV can also identify severe lesions, fatigue, weight loss, cough, skin rashes, and behavior changes.

EXPECTED OUTCOME: Patient will remain free of opportunistic infection as evidenced by CD4+ T lymphocyte count within normal limits, no complaints of illness, fever, or chills; normal weight gain throughout pregnancy.

NURSING CARE PLAN: The Woman with HIV Infection

1. Nursing Diagnoses: Risk; related to inadequate defenses (leukopenia, suppressed inflammatory response), secondary to HIV-positive status (NANDA-I 2017)

Goal: Patient will remain free of opportunistic infection during the course of pregnancy.

INTERVENTION:

• Assess the patient's risk factors for the development of opportunistic infections, and a physical examination will assist in identifying any underlying problems or infections that may compromise the pregnancy or complicate the treatment of HIV.

• The infected patient needs to maintain optimal nutritional intake. A compromised nutritional status may affect maternal and fetal well-being. Deterioration of protein and fat may decrease the patient's ability to fight infection, thereby making her more susceptible to opportunistic infections.

• Laboratory results provide information about the woman's immune system and the potential for disease progression. Opportunistic infections are more likely to occur when the CD4+ T lymphocyte count drops below a level of 200 cells/mm³. ART can reduce above 20 cells/mm³ with amnion and early and chronic inflammation. ART can also reduce incidence of primary and secondary syphilis, toxoplasmosis, and tuberculosis. HIV can also identify severe lesions, fatigue, weight loss, cough, skin rashes, and behavior changes.

EXPECTED OUTCOME: Patient will remain free of opportunistic infection during the course of pregnancy.

2. Nursing Diagnoses: Health Maintenance, ineffective, related to a lack of information about HIV/AIDS and its long-term implications for the woman, her unborn child, and her family (NANDA-I 2017)

Goal: The patient and her family will verbalize the importance of following her medication regimen and of regular prenatal care.

INTERVENTION:

• Assess the patient’s risk factors.”

RATIONAL:

• Knowledge of the woman’s and her partner’s level of understanding about her HIV infection forms a starting point for further health teaching.

• In uninfected women the risk of transmission is 20%. That risk can be reduced to 1% or less if the use of antiretroviral therapy throughout pregnancy, labor, and delivery of the use of artifical birth when indicated, and formula feeding rather than breastfeeding.

• ART approaches vary based on the health status of the individual woman and whether she is currently on ART. Currently, it involves ART during labor and delivery, postpartum ART, and ART during breastfeeding.

• These symptoms may indicate that the woman is developing symptomatic AIDS-related complications, diabetes mellitus, and HIV infection.

EXPECTED OUTCOME: Patient will actively seek information about her condition, her treatment regimen, and her pregnancy and will cooperate with her caregivers.

4. Nursing Diagnoses: Health Maintenance, ineffective, related to a lack of information about HIV/AIDS and its long-term implications for the woman, her unborn child, and her family (NANDA-I 2017)

Goal: The patient and her family will verbalize the importance of following her medication regimen and of regular prenatal care.

INTERVENTION:

• Assess the patient’s risk factors for the development of opportunistic infections, and a physical examination will assist in identifying any underlying problems or infections that may compromise the pregnancy or complicate the treatment of HIV.

• The infected patient needs to maintain optimal nutritional intake. A compromised nutritional status may affect maternal and fetal well-being. Deterioration of protein and fat may decrease the patient’s ability to fight infection, thereby making her more susceptible to opportunistic infections.

• Laboratory results provide information about the woman’s immune system and the potential for disease progression. Opportunistic infections are more likely to occur when the CD4+ T lymphocyte count drops below a level of 200 cells/mm³. ART can reduce above 20 cells/mm³ with amnion and early and chronic inflammation. ART can also reduce incidence of primary and secondary syphilis, toxoplasmosis, and tuberculosis. HIV can also identify severe lesions, fatigue, weight loss, cough, skin rashes, and behavior changes.

EXPECTED OUTCOME: Patient will remain free of opportunistic infection during the course of pregnancy.

Nursing Care Plans address nursing care for women who have complications such as preecclampsia or diabetes mellitus, as well as for high-risk newborns. We designed this information to enhance your preparation for the clinical setting.

Key Facts To Remember

Recomendations for Parents to Help Their Teens Avoid Pregnancy

• Parents should be clear about their own sexual attitudes and values in order to communicate clearly with children.

• Parents need to talk with their children about sex early and often and be specific in the discussions.

• Parents should supervise and monitor their children and teens with well-established rules, expectations, curfews, and standards of behavior.

• Parents should know their children’s friends and their families.

• Parents need to clearly discourage early dating as well as frequent and steady dating.

• Parents should take a strong stand against allowing a daughter to date a much older boy; similarly, they should not allow a son to develop an intense relationship with a much younger girl.

• Parents need to help children set goals for their future and have options that are more attractive than early pregnancy and childbirthing.

• Parents should show their children that they value education and take school performance seriously.

• Parents need to monitor what their children are reading, listening to, and watching.

• It is especially important for parents to build a strong, loving relationship with their children from an early age by showing affection clearly and regularly, spending time with them doing age-appropriate activities, building children’s self-esteem, and having meals together as a family often.

Professionalism in Practice helps you to identify how to remain professional in nursing practice and focus on topics such as legal and ethical considerations, contemporary nursing practice issues, professional accountability, patient advocacy, and home and community care considerations.

Professionalism in Practice Using Contraception Resources During Patient Teaching

In your role as teacher, it is important to have resources on hand for women seeking a method of contraception. Having IUC models or a female condom plus informational handouts for the various methods of contraception is invaluable. Describing correct use of the method along with important tips, its side effects, and the warning signs for serious adverse reactions is essential. Women can refer to the informational sheets at home. Be sure to include the office or clinic phone number, and always remember to mention emergency contraception (EC).
Women with Special Needs: Women with Paralysis

Teaching Highlights help you to plan and organize your patient teaching. The teaching that nurses do at all stages of pregnancy and childbearing and throughout the life of a woman is one of the most important aspects of their work.

SAFETY ALERT!
Lack of fetal movement can be an indication of chronic placental insufficiency or even fetal death; thus, the woman should be advised how to handle non reassuring findings. The woman should call her healthcare provider, and if advised she should come in for testing. The need to retain a sense of calm is imperative for the mother who is transporting herself to the medical setting for these tests.

Safety Alert! features bring forward critical information for safe and effective nursing practice.

Focus Your Study ends each chapter with an outline of the main points of the chapter so that you can review chapter content in an easy, quick-view format.

Focus Your Study

• Names often play a key role not only in teaching families about various testing procedures, but also in providing clarity and structural support to the woman and her family undergoing antenatal testing.
• Ultrasound offers a valuable means of assessing intrauterine fetal growth, because the growth can be followed over a period of time. It has become so popular, despite the promise of using the fetal head to determine gestational age, it is now used to measure fetal skull circumference in the first trimester.
• Given the importance of detecting placental insufficiency, nurses need to assess the woman’s perception of fetal movement and use the data to plan further care. Women with special needs or women who are primiparous. Muscle tone is limited before 28 weeks’ gestation, and the uterus is more compliant. Advanced maternal age and parity, smoking, hypertension, and diabetes may contribute to placental insufficiency.

Women with Special Needs

Women with paralysis often warrant intermittent fetal surveillance since they are unable to feel fetal movement or premature contractions. These women are at risk for unintended birth since they cannot perceive their contractions. Their partner or care provider should be trained to palpate contractions and observe for fetal movement on a regular basis.

Women with Special Needs

features serve as alerts that women with individualized needs may require modified plans of care.

TEACHING HIGHLIGHTS

What to Tell the Pregnant Woman About Assessing Fetal Activity

• Explain that fetal movements are first felt around 18 weeks of gestation, but some women may not feel fetal movement until 25 weeks. This is called quickening. From that time, the fetal movements get stronger and easier to detect. A slowing or stopping of fetal movement may be an indication that the fetus needs some attention and evaluation. The mother’s perception of decreased fetal movement is sufficient in most cases. Formal tracking of fetal movement does not lead to improved outcomes in low-risk pregnancies but may have value in high-risk situations.
• Describe the procedures and demonstrate how to assess fetal movement. Sit beside the woman and show her how to place her hand on the fundus to feel fetal movement. Ask the woman to keep a daily record of fetal movements beginning at about 28 weeks of gestation.
• Explain the procedure for the Cardif Count-to-Ten method:
  1. Beginning at the same time each day, have the woman place an X on the Cardif card (Figure 15–17) for each fetal movement she perceives during normal everyday activity until she has recorded 10 of them.
  2. Movement varies considerably, but the woman should feel fetal movement at least 10 times in 12 hours, and many women will feel 10 fetal movements in much less time, possibly 2 hours or less.
• Explain the procedure for the DFMR method:
  1. The woman should begin counting at about the same time each day, after taking food.
  2. She should be quiet in a side-lying position.
  3. The woman should feel at least three fetal movements within 1 hour.
• Instruct the woman to contact her care provider in the following situations:
  1. Using the Cardif method: If there are fewer than 10 movements in 12 hours.
  2. Using the DFMR method: If there are fewer than three movements in 1 hour.
  3. Both methods: If overall the fetus’s movements are slowing, and it takes much longer each day to make the minimum number of movements in the specified time period, and if there are no movements in the morning.
• Whichever method she is using, encourage the woman to complete her fetal movement record daily and to bring it with her during each prenatal visit. Ask her if she has questions and address them at that time if desired.
• Provide the woman with a phone number in case she has further questions.

Women with Special Needs

Women with paraplegia or quadriplegia are at risk for intrauterine compromise. The woman should feel at least three fetal movements in 1 hour. Both methods: If overall the fetus’s movements are normal.

A systematic review and meta-analysis of randomized controlled trials (RCTs) comparing intermittent auscultation with routine biophysical profile testing for prevention of preterm birth in singleton pregnancies found that intermittent auscultation was associated with a lower risk of preterm birth and lower perinatal morbidity. It is cost-effective and easy to perform and does not require analgesia. It is noninvasive and painless, allows the practitioner to follow fetal growth because the growth can be followed over a period of time. It is noninvasive and painless, allows the practitioner to follow fetal growth because the growth can be followed over a period of time. It is noninvasive and painless, allows the practitioner to follow fetal growth because the growth can be followed over a period of time. It is noninvasive and painless, allows the practitioner to follow fetal growth because the growth can be followed over a period of time. It is noninvasive and painless, allows the practitioner to follow fetal growth because the growth can be followed over a period of time. It is noninvasive and painless, allows the practitioner to follow fetal growth because the growth can be followed over a period of time.
Contents

About the Authors iv
Thank You v
Acknowledgments vii
Preface viii
Features That Help You Use This Text Successfully xii

Part I Introduction to Maternal-Newborn Nursing 1

1 Contemporary Maternal-Newborn Nursing 1

Contemporary Childbirth 2
The Self-Care Movement 3
The Healthcare Environment 3
Culturally Competent Care 4
Professional Options in Maternal-Newborn Nursing Practice 5
Interprofessional Cooperation and Collaborative Practice 5, Community-Based Nursing Care 6, Healthy People 2020 Goals 6
Legal and Ethical Considerations 7
Scope of Practice 7, Standards of Nursing Care 7, Patients' Rights 7
Special Ethical Situations in Maternity Care 9
Maternal-Fetal Conflict 9, Abortion 9, Fetal Research 9, Reproductive Assistance 9, Embryonic Stem Cell Research 10, Implications for Nursing Practice 11
Evidence-Based Practice in Maternal-Child Nursing 11
Nursing Research 11, Nursing Care Plans and Concept Maps 11, Statistical Data and Maternal-Newborn Care 11

2 Families, Cultures, and Complementary Therapies 16

The Family 17
Types of Families 17, Family Development Frameworks 19, Family Assessment 19
Cultural Influences Affecting the Family 19
Family Roles and Structure 20, Health Beliefs, Approaches, and Practices 21, Healthcare Practitioners 21, Impact of Religion and Spirituality 22, Childbearing Practices 23
Culture and Nursing Care 23
Culturally Influenced Responses 24, Nursing Management 26

Complementary Health Approaches and the Family 27
Benefits and Risks 28, Types of Complementary Health Approaches 28, Nursing Care of the Family Using Complementary Therapies 31

Part II Women's Health Across the Lifespan 34

3 Health Promotion 34

Community-Based Nursing Care 34
The Nurse's Role in Addressing Issues of Women's Wellness and Sexuality 35
Taking a Sexual History 35
Menstruation 36
Counseling the Premenstrual Girl About Menarche 36, Educational Topics 37, Associated Menstrual Conditions 38, Nursing Management 40
Health Promotion Education 41
Body Piercing and Tattoos 42
Menopause 43
Perimenopause 44, Psychologic Aspects of Menopause 44, Physical Aspects of Menopause 44, Premature Menopause 46, Medical Therapy 46, Nursing Management 49

4 Family Planning 51

Overview of Family Planning 52
Demographics 52, Contraception 53, Choosing a Method of Contraception 53
Fertility Awareness–Based Methods 53
Standard Days Method 54, Calendar Rhythm Method 54, Billings Ovulation Method 54, Two-Day Method 55, Symptothermal Method 55, Basal Body Temperature Method 55, Other Options 55
Spermicide 56
Barrier Methods of Contraception 56
Male Condom 57, Female Condom 57, Diaphragm 58, The Cervical Cap 60, Contraceptive Sponge 60
Long-Acting Reversible Contraception 60
Intrauterine Contraception 60, Nexplanon 62
Hormonal Contraception 62
Combination Estrogen–Progestin Approaches 62, Progestin Contraceptives 65
Postcoital Emergency Contraception 65
Operative Sterilization 66
Vasectomy 66, Tubal Ligation 66
5 Commonly Occurring Infections 73

Care of the Woman with a Lower Genital Tract Infection (Vaginitis) 73

Bacterial Vaginosis 74, Vulvovaginal Candidiasis 74, Nursing Management 76

Care of the Woman with a Sexually Transmitted Infection 77

Prevention of Sexually Transmitted Infections 77, Trichomoniasis 78, Chlamydial Infection 78,
Gonorrhea 79, Herpes Genitalis 80, Syphilis 80, Human Papilloma Virus/Condylomata Acuminata 80,
Pediculosis Pubis (Pubic or Crab Lice) 81, Scabies 82, Viral Hepatitis 82,
AIDS 82, Nursing Management 82

Care of the Woman with an Upper Genital Tract Infection (Pelvic Inflammatory Disease) 84

Nursing Management 84

Care of the Woman with a Urinary Tract Infection 84

Asymptomatic Bacteriuria 85, Lower Urinary Tract Infection (Cystitis and Urethritis) 85,
Upper Urinary Tract Infection (Pyelonephritis) 85, Nursing Management 86

6 Women’s Health Problems 88

Care of the Woman with a Disorder of the Breast 89

Screening Techniques for the Breasts 89, Benign Breast Conditions 91, Malignant Breast Disease 92,
Diagnosis 93, Clinical Therapy 93, Psychologic Adjustment 94, Nursing Management 94

Care of the Woman During a Pelvic Examination 95

Vulvar Self-Examination 95

Care of the Woman with Vulvitis 95

Nursing Management 97

Care of the Woman with an Abnormal Finding During Pelvic Examination 97

Vulvar Lesion 97, Cervicitis 97, Abnormal Pap Smear Results 98, Cervical Abnormalities 98,
Evaluation of Abnormal Cytology 100, Surgical Treatment for Abnormal Cytology 100, Abnormal Uterine Bleeding 101,
Ovarian (Adnexal) Masses 101, Uterine Masses 102, Nursing Management 103

Care of the Woman with Endometriosis 103

Nursing Management 104

Care of the Woman with Polycystic Ovarian Syndrome 104

Diagnosis of PCOS 104, Clinical Therapy 105, Long-Term Implications 105, Nursing Management 105

Care of the Woman with Pelvic Relaxation 105

Cystocele 105, Rectocele 105, Uterine Prolapse 106

Care of the Woman Requiring Gynecologic Surgery 106

Hysterectomy 106, Dilation and Curettage 107, Uterine Ablation 107, Salpingectomy 107,
Oophorectomy 107, Vulvectomy 107, Nursing Management 107

Infertility 108

Essential Components of Fertility 108, Initial Investigation:
Physical and Psychosocial Issues 109, Assessment of the Woman’s Fertility 109,
Assessment of the Man’s Fertility 112, Methods of Infertility Management 112, Nursing Management 117

7 Social Issues 120

Social Issues Affecting Women Living in Poverty 121

The Feminization of Poverty 121, Economic Effects of Divorce 122, Factors Contributing to Poverty in Working Women 122,
Public Assistance 123, Homelessness 123, Effects of Poverty on Women’s Healthcare 124

Social Issues Affecting Women in the Workplace 124

Wage Discrepancy 124, Maternal and Paternal Leave Issues 125,
Discrimination Against Pregnant Women 125, Child Care 125, Advocacy for Working Women 127,
Environmental Hazards in the Workplace and at Home 127

Social Issues Affecting Older Women 129

Economic Vulnerability of Older Women 129, Elder Abuse 130, Implications of Aging for Women’s Health and Healthcare 130

Social Issues Affecting Women with Disabilities 131

Definitions of Disability 131, Types of Disabilities 131, Economic Vulnerability of Women with Disabilities 132,
Violence Against People with Disabilities 133, Effects of Disability on Women’s Healthcare 133

Social Issues Affecting Lesbian, Bisexual, and Transgender Women 133


Female Genital Mutilation 135

8 Violence Against Women 139

Historic Factors Contributing to Violence Against Women 140

Domestic Violence 140

Contributing Factors 142, Common Myths about Battering and Women with Abusive Partners 142, Cycle of Violence 143, Characteristics of Batters 143, Nursing Management 144

Sexual Assault 149

Common Myths about Rape 149, Characteristics of Perpetrators 150, Types of Rape 150, Role of Substances in Sexual Assault 150, Date Rape and Violence on College
Nutritional Care of the Pregnant Adolescent 299
Specific Nutrient Concerns 300, Dietary Patterns 300, Counseling Issues 300
Postpartum Nutrition 301
Postpartum Nutritional Status 301, Nutritional Care of Formula-Feeding Mothers 301, Nutritional Care of Breastfeeding Mothers 301, Counseling Issues 302, Nursing Management 302

15 Pregnancy in Selected Populations 305
Adolescent Pregnancy 305
Overview of the Adolescent Period 306, Factors Contributing to Adolescent Pregnancy 307, Risks to the Adolescent Mother 308, Risks for the Child 309, Partners of Adolescent Mothers 309, Reactions of Family and Social Network to Adolescent Pregnancy 311, Nursing Management 311
Prevention of Adolescent Pregnancy 316
Care of Expectant Parents Over Age 35 316
Medical Risks 317, Special Concerns of Expectant Parents Over Age 35 318, Nursing Management 318
Care of the Pregnant Woman with Special Needs 319
Nursing Management 319

16 Assessment of Fetal Well-Being 323
Psychologic Reactions to Antenatal Testing 324
Nursing Management 324
Ultrasound 325
Extent of Ultrasound Exams 326, Methods of Ultrasound Scanning 326, Indications for Ultrasound 326
Assessment of Fetal Well-Being in the First Trimester 327
Viability 327, Genetic Screening Options 330
Assessment of Fetal Well-Being in the Second Trimester 330
Ultrasoundographic Screening 330
Assessment of Fetal Well-Being in the Third Trimester 333
Other Diagnostic Tests 344
Maternal Serum Alpha-Fetoprotein 344, Amniocentesis 345, Nursing Management 348, Chorionic Villus Sampling 348, Nursing Management 348, Fetal Fibronectin 349, Evaluation of Fetal Lung Maturity 349, Nursing Management 350

17 Pregnancy at Risk: Pregestational Problems 353
Care of the Woman with Diabetes Mellitus 353
Care of the Woman with Anemia 363
Iron Deficiency Anemia 363, Nursing Management 363, Folic Acid Deficiency Anemia 364, Nursing Management 364, Sickle Cell Disease 364, Nursing Management 365, Thalassemia 366
Care of the Pregnant Woman with a Substance Use Disorder 366
Alcohol 367, Cocaine/Crack 368, Marijuana 368, MDMA (Ecstasy) 368, Prescription Opioids and Heroin 369, Clinical Therapy 369, Nursing Management 370
Care of the Woman with a Psychologic Disorder 370
Maternal Implications 370, Clinical Therapy 371, Nursing Management 371
Care of the Woman with HIV 372
Pathophysiology of HIV/AIDS 373, Maternal Risks 373, Fetal-Neonatal Risks 373, Clinical Therapy 373, Nursing Management 374
Care of the Woman with Heart Disease 378
Congenital Heart Defects 378, Rheumatic Heart Disease 378, Mitral Valve Prolapse 378, Marfan Syndrome 378, Peripartum Cardiomyopathy 379, Clinical Therapy 379, Nursing Management 380
Other Medical Conditions and Pregnancy 381

18 Pregnancy at Risk: Gestational Onset 386
Care of the Woman at Risk Because of Bleeding During Pregnancy 387
General Principles of Nursing Intervention 387, Spontaneous Abortion (Miscarriage) 387, Nursing Management 389, Pregnancy of Unknown Location 390, Ectopic Pregnancy 390, Nursing Management 392, Gestational Trophoblastic Disease 393, Nursing Management 394
Care of the Woman with Hyperemesis Gravidarum 395
Clinical Therapy 395, Nursing Management 396
Care of the Woman with a Hypertensive Disorder 396
Preeclampsia and Eclampsia Syndrome 396, Nursing Management 404, Chronic Hypertension 408, Chronic Hypertension with Superimposed Preeclampsia 409, Gestational Hypertension 409
Care of the Woman with a Perinatal Infection Affecting the Fetus 410
Toxoplasmosis 410, Nursing Management 410, Rubella 410
Nursing Care Management 411
Cytomegalovirus 411, Herpes Simplex Virus 412, Nursing Management 412, Group B Streptococcus Infection 413, Human B19 Parvovirus 413, Zika Virus 413, Other Infections in Pregnancy 415
Care of the Woman Requiring Surgery During Pregnancy 417
Nursing Management 417

Care of the Woman Suffering Major Trauma 417
Clinical Therapy 418, Nursing Management 418

Care of the Pregnant Woman Experiencing Intimate Partner Violence 419

Care of the Woman at Risk for Rh Alloimmunization 420
Pathophysiology of RhD Alloimmunization 420, Fetal-Neonatal Risks 420, Clinical Therapy 421, Nursing Management 423

Care of the Woman at Risk Due to ABO Incompatibility 425

Part V Labor and Birth 427

Processes and Stages of Labor and Birth 427

Methods of Childbirth Preparation 427
Programs for Preparation 428, Body-Conditioning Exercises 428, Relaxation Exercises 429, Breathing Techniques 429

Preparation for Childbirth That Supports Individuality 429

Critical Factors in Labor 430
Birth Passageway 431, Birth Passenger (Fetus) 432, Fetal Attitude 433, Relationship of Maternal Pelvis and Presenting Part 435, Physiologic Forces of Labor 437

Psychosocial Considerations 437

Physiology of Labor 439
Possible Causes of Labor Onset 439, Myometrial Activity 440, Musculature Changes in the Pelvic Floor 440, Premonitory Signs of Labor 440, Differences Between True Labor and False Labor 442

Stages of Labor and Birth 443
First Stage 443, Second Stage 444, Third Stage 445, Fourth Stage 448

Maternal Systemic Response to Labor 449
Cardiovascular System 449, Blood Pressure 449, Fluid and Electrolyte Balance 449, Respiratory System 449, Renal System 450, Gastrointestinal System 450, Immune System and Other Blood Values 450, Pain 450

Fetal Response to Labor 453
Heart Rate Changes 453, Acid–Base Status in Labor 453, Hemodynamic Changes 453, Behavioral States 453, Fetal Sensation 453

Intrapartum Nursing Assessment 455

Maternal Assessment 456
Prenatal Record 457, Historical Data 457, Intrapartum High-Risk Screening 457, Intrapartum Physical and Psychosociocultural Assessment 460, Evaluating Labor Progress 468

Fetal Assessment 473
Determination of Fetal Position and Presentation 473, Auscultation of Fetal Heart Rate 476, Electronic Fetal Monitoring 478

Fetal Heart Rate Patterns 481
Baseline Fetal Heart Rate 482, Baseline Variability 484, Fetal Heart Rate Changes 484, Interpretation of Fetal Heart Rate Patterns 492

Indirect Methods of Fetal Assessment 493
Cord Blood Analysis at Birth 493

21 The Family in Childbirth: Needs and Care 497

Nursing Diagnoses During Labor and Birth 498

Nursing Care During Admission 498
Establishing a Positive Relationship 498, Labor Assessment 500, Collecting Laboratory Data 500, Social Assessment 501, Documentation of Admission 501

Nursing Care During the First Stage of Labor 501
Integration of Family Expectations 501, Integration of Cultural Beliefs 502, Provision of Care in the First Stage 503, Promotion of Comfort in the First Stage 505

Nursing Care During the Second Stage of Labor 509
Provision of Care in the Second Stage 510, Promotion of Comfort in the Second Stage 511, Assisting the Woman and Physician/CNM During Birth 511

Nursing Care During the Third Stage of Labor 516
Provision of Initial Newborn Care 516, Delivery of the Placenta 519, Use of Oxytocics 520

Nursing Care During the Fourth Stage of Labor 521
Provision of Care in the Fourth Stage 521, Promotion of Comfort in the Fourth Stage 523

Nursing Care of the Adolescent 523
Age-Related Responses to Labor and Birth 524, The Adolescent Father 524, Other Members of the Support Team 524, Teaching the Adolescent Mother 524

Nursing Care During Precipitous Labor and Birth 525
Birth of the Baby 525, Record Keeping 526, Postbirth Interventions 526, Evaluation 526

22 Pharmacologic Pain Management 529

Medicated Birth 530
Systemic Analgesia 530
Administration of Analgesic Agents 531, Sedatives 532, Narcotic Analgesics 533

Regional Anesthesia and Analgesia 536
Action and Absorption of Anesthetic Agents 537, Types of Local Anesthetic Agents 537, Adverse Maternal Reactions to
Anesthetic Agents 538, Lumbar Epidural Block 538, Spinal Block 546, Combined Spinal–Epidural Block 548, Pudendal Block 540, Local Infiltration-Epidural Block 548, Transversus Abdominis Plane Block 540

General Anesthesia 550

Analgesic and Anesthetic Considerations for the High-Risk Mother and Fetus 551
Preterm Labor 551, Preeclampsia 551, Diabetes Mellitus 552, Cardiac Disease 552, Bleeding Complications 552

23 Childbirth at Risk: Prelabor Onset Complications 554

Care of the Woman at Risk Due to Preterm Labor 555
Maternal Risks 555, Fetal-Neonatal Risks 555, Nursing Management 560

Care of the Woman with Premature Rupture of Membranes 561
Maternal Risks 563, Fetal-Neonatal Risks 563, Nursing Management 564

Care of the Woman and Fetus at Risk Because of Placental Problems 565
Abruptio Placentae 565, Nursing Management 568, Placenta Previa 568, Nursing Management 570

Care of the Woman with Cervical Insufficiency 573
Cerclage Procedures 573

Care of the Woman with a Multiple Gestation 574
Pregnancy Loss in Multiple Gestation 575, Nursing Management 577

Care of the Woman and Fetus at Risk Because of Amniotic Fluid-Related Complications 578
Hydramnios 578, Nursing Management 579, Oligohydramnios 579, Nursing Management 580

24 Childbirth at Risk: Labor-Related Complications 583

Care of the Woman Experiencing Dystocia Related to Dysfunctional Uterine Contractions 584
Tachysystole Labor Patterns 584, Nursing Management 585, Hypotonic Labor Patterns 585, Nursing Management 586

Care of the Woman with Postterm Pregnancy 587
Maternal Risks 587, Fetal-Neonatal Risks 587, Nursing Management 588

Care of the Woman and Fetus at Risk Because of Fetal Malposition 589
Maternal-Fetal-Neonatal Risks 589, Nursing Management 590

Care of the Woman and Fetus at Risk Because of Fetal Malpresentation 591
Brow Presentation 591, Nursing Management 592, Face Presentation 592, Nursing Management 593, Breech Presentation 594, Nursing Management 595, Transverse Lie (Shoulder Presentation) of a Single Fetus 596, Nursing Management 597, Compound Presentation 597

Care of the Woman and Fetus at Risk Because of Macrosomia 597
Nursing Management 598

Care of the Woman and Fetus in the Presence of Nonreassuring Fetal Status 599
Nursing Management 600

Care of the Woman Experiencing Placental and Umbilical Cord Problems 600
Placental Problems 600, Umbilical Cord Abnormalities 600, Nursing Management 602

Care of the Woman and Fetus with a Prolapsed Umbilical Cord 602
Maternal-Fetal-Neonatal Risks 602, Nursing Management 603

Care of the Woman and Fetus at Risk Because of Anaphylactoid Syndrome of Pregnancy 604
Nursing Management 604

Care of the Woman with a Uterine Rupture 604
Nursing Management 604

Care of the Woman with Cephalopelvic Disproportion 605
Types of Contractions 605, Implications of Pelvic Contractures 605, Nursing Management 606

Care of the Woman at Risk Because of Complications of Third and Fourth Stages of Labor 606
Retained Placenta 606, Lacerations 606, Placenta Accreta 606

25 Birth-Related Procedures 608

Care of the Woman During Version 609
External Cephalic Version 609, Nursing Management 612

Care of the Woman During Cervical Ripening 612
Use of Misoprostol (Cytotec) 612, Use of Prostaglandin Agents (Cervidil, Prepidil) 612, Mechanical Methods of Cervical Ripening and Labor Induction 614, Use of Nitric Oxide Donor Agents 614, Nursing Management 614

Care of the Woman During Induction or Augmentation of Labor 615
Contraindications to Labor Induction or Augmentation 615, Methods of Inducing or Augmenting Labor 616, Nursing Management 619
Contents

Part VI The Newborn 638

26 Physiologic Responses of the Newborn to Birth 638

Fetal Respiratory System 639
Fetal Lung Development 639, Fetal Circulation 639

Cardiopulmonary Adaptation 639
Maintaining Respiratory Function 641, Characteristics of Newborn Respiration 642, Characteristics of Cardiac Function 643

Hematopoietic Adaptations 644
Oxygen Transport 644, Delayed Cord Clamping 644, Coagulation 645

Thermoregulation 645
Heat Loss 646, Heat Production (Thermogenesis) 647

Hepatic Adaptations 647
Iron Storage 647, Glucose Homeostasis 647, Conjugation of Bilirubin 648, Physiologic Jaundice 648, Breastfeeding Jaundice 650, Breast Milk Jaundice 650

Gastrointestinal Adaptations 651
Digestion and Absorption 651, Elimination 651

Urinary Adaptations 651
Kidney Development and Function 651, Characteristics of Newborn Urinary Function 652

Immunologic Adaptations 652
Humoral Immunity 652, Cellular Immunity 653

Neurologic Adaptation 653
Intrauterine Environmental Influence on Newborn Behavior 653, Characteristics of Newborn Neurologic Function 653, Periods of Reactivity 653, Behavioral States of the Newborn 654, Sensory/Perceptual Capacities of the Newborn 655

27 Nursing Assessment of the Newborn 658

Timing of Newborn Assessments 658
Estimation of Gestational Age 659
Assessment of Physical Maturity Characteristics 661, Assessment of Neuromuscular Maturity Characteristics 664

Physical Assessment 668

28 The Normal Newborn: Needs and Care 698

Admission and the First 4 Hours of Life 699
Nursing Management 699
The Newborn Following Transition 705
Nursing Management 705, Preparation for Discharge 711, Nursing Management 711

29 Newborn Nutrition 719

Nutritional Needs and Breast Milk/Formula Composition 720

Breastfeeding 725
Breast Milk Production 725, Physiologic and Endocrine Control of Lactogenesis 725, Stages of Human Milk 726, Advantages of Human Milk 727, Potential Challenges to Breastfeeding 727, Potential Contraindications to Breastfeeding 731, Cultural Considerations in Newborn/Infant Feeding 732, Breastfeeding Technique 733, Bottle-Feeding Expressed Breast Milk 738

Timing of Newborn Feedings 741
Initial Feeding 741, Establishing a Feeding Pattern 743

Formula Feeding 745
Formula-Feeding Guidelines and Technique 745, Involving Fathers and Partners 747

Community-Based Nursing Care 748
Promotion of Successful Newborn/Infant Feeding 748, Nutritional Assessment 749, Nursing Management 749
### 30 The Newborn at Risk: Conditions Present at Birth  754

<table>
<thead>
<tr>
<th>Conditions Present at Birth</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of At-Risk Newborns</td>
<td>755</td>
</tr>
<tr>
<td>Care of the Small-for-Gestational-Age/Intrauterine Growth Restriction Newborn</td>
<td>756</td>
</tr>
<tr>
<td>Factors Contributing to IUGR</td>
<td>756, Patterns of IUGR</td>
</tr>
<tr>
<td>Care of the Large-for-Gestational-Age Newborn</td>
<td>761</td>
</tr>
<tr>
<td>Common Complications of the LGA Newborn</td>
<td>761, Nursing Management</td>
</tr>
<tr>
<td>Care of the Newborn of a Mother with Diabetes</td>
<td>762</td>
</tr>
<tr>
<td>Common Complications of the Infant of a Diabetic Mother</td>
<td>763, Nursing Management</td>
</tr>
<tr>
<td>Care of the Postterm Newborn</td>
<td>764</td>
</tr>
<tr>
<td>Common Complications of the Newborn with Postmaturity Syndrome</td>
<td>764, Nursing Management</td>
</tr>
<tr>
<td>Care of the Preterm (Premature) Newborn</td>
<td>765</td>
</tr>
<tr>
<td>Alteration in Respiratory and Cardiac Physiology</td>
<td>766, Alteration in Thermoregulation</td>
</tr>
<tr>
<td>Care of the Newborn with Congenital Anomalies</td>
<td>782</td>
</tr>
<tr>
<td>Care of the Newborn with Congenital Heart Defect</td>
<td>782</td>
</tr>
<tr>
<td>Overview of Congenital Heart Defects</td>
<td>788, Nursing Management</td>
</tr>
<tr>
<td>Care of the Newborn of a Substance-Abusing Mother</td>
<td>791</td>
</tr>
<tr>
<td>The Newborn with Fetal Alcohol Spectrum Disorders</td>
<td>791, Nursing Management</td>
</tr>
<tr>
<td>Care of the Newborn Exposed to HIV/AIDS</td>
<td>799</td>
</tr>
<tr>
<td>Nursing Management</td>
<td>799</td>
</tr>
<tr>
<td>Care of the Newborn with an Inborn Error of Metabolism</td>
<td>801</td>
</tr>
<tr>
<td>Selected Inborn Errors of Metabolism</td>
<td>801, Nursing Management</td>
</tr>
</tbody>
</table>

### Part VII Postpartum  856

#### 32 Postpartum Adaptation and Nursing Assessment  856

<table>
<thead>
<tr>
<th>Postpartum Adaptation and Nursing Assessment</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum Physical Adaptations</td>
<td>856</td>
</tr>
<tr>
<td>Postpartum Psychologic Adaptations</td>
<td>862</td>
</tr>
<tr>
<td>Taking-In and Taking-Hold Periods</td>
<td>862, Postpartum Blues</td>
</tr>
<tr>
<td>Development of Family Attachment</td>
<td>863</td>
</tr>
<tr>
<td>Maternal–Newborn Attachment Behavior</td>
<td>864, Initial Attachment Behavior</td>
</tr>
<tr>
<td>Postpartum Nursing Assessment</td>
<td>866</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>866, Physical Assessment</td>
</tr>
<tr>
<td>Discharge Assessment and Follow-Up</td>
<td>879</td>
</tr>
</tbody>
</table>
33 The Postpartum Family: Needs and Care  881

Nursing Care During the Early Postpartum Period 882
Nursing Diagnoses 882, Nursing Plan and Implementation 882
Community-Based Nursing Care  883
Health Promotion Education  884
Timing and Methods of Teaching 884, Content of Teaching 884, Evaluating Learning 888
Promotion of Maternal Comfort and Well-Being  888
Monitoring Uterine Status 888, Relief of Perineal Discomfort 889, Relief of Hemorrhoidal Discomfort 893, Relief of Anepals 894, Relief of Discomfort from Immobility and Muscle Strain 894, Postpartum Diaphoresis 894, Suppression of Lactation in the Nonbreastfeeding Mother 894, Pharmacologic Interventions 895, Support of Maternal Psychosocial Well-Being 897
Promotion of Maternal Nutrition, Rest, and Activity 898
Promotion of Nutrition 898, Relief of Fatigue 898, Resumption of Activity 899, Postpartum Exercise 899
Promotion of Family Wellness and Shared Parenting  900
Reactions of Siblings 900, Resumption of Sexual Activity 901, Contraception 902, Parent–Newborn Attachment 902
Nursing Care Following Cesarean Birth  903
Promotion of Maternal Physical Well-Being After Cesarean Birth 903, Promotion of Parent–Newborn Interaction After Cesarean Birth 906
Nursing Care of the Obese Postpartum Mother 906
Nursing Care of the Adolescent Postpartum Mother 907
Nursing Care of LGBTQ Postpartum Mothers 908
Nursing Care of the Postpartum Mother with Special Needs 908
Nursing Care of the Postpartum Mother with a History of Sexual Abuse 908
Nursing Care of the Woman Who Relinquishes her Newborn 908
Discharge Information 909
Evaluation of the Postpartum Family 911

34 Home Care of the Postpartum Family 915
Role of Length of Stay and Professional Guidelines for Discharge 915
Considerations for the Home Visit 916
Purpose and Timing of the Home Visit 917, Fostering a Caring Relationship with the Family 917, Planning the Home Visit 917, Maintaining Safety 917, Carrying Out the Home Visit 918

35 The Postpartum Family at Risk 945
Care of the Woman with Postpartum Hemorrhage 946
Early (Primary) Postpartum Hemorrhage 946, Late Postpartum Hemorrhage 950, Nursing Management 950
Care of the Woman with a Reproductive Tract Infection or Wound Infection 954
Postpartum Endometritis 954, Postpartum Wound Infections 955, Nursing Management 955
Care of the Woman with a Urinary Tract Infection 958
Overdistention of the Bladder 958, Nursing Management 958, Cystitis (Lower Urinary Tract Infection) 959, Nursing Management 959
Care of the Woman with Postpartum Mastitis 960
Nursing Management 961
Care of the Woman with Postpartum Thromboembolic Disease 963
Superficial Vein Disease 964, Deep Vein Thrombosis 964, Pulmonary Embolism 964, Nursing Management 965
Care of the Woman with a Postpartum Psychiatric Disorder 970
Types of Postpartum Psychiatric Disorders 970, Nursing Management 973

36 Grief and Loss in the Childbearing Family 976
Common Causes of Perinatal Loss 977
Maternal Physiologic Implications 978
Clinical Therapy 978
Postbirth Evaluation 978
The Experience of Loss 979
Frameworks for Understanding Perinatal Loss 979