

- The Childbearing Family with Special Needs
- Summer 08
- Learning Objectives
- Discuss the incidence of and identify the factors that contribute to teenage pregnancy
- Identify the effects of pregnancy on the adolescent mother, her infant and family
- Describe the role of the nurse in the prevention and management of teen pregnancy
- Describe the major implications of delayed childbearing to the maternal and fetal health
- Describe the effects of substance abuse on the mother and infant
- Identify nursing interventions to reduce or minimize the effects of substance abuse

- Concepts
- Safety
- Communication
- Health Maintenance/Promotion
- Psychosocial

- Introduction
- All families make major adjustment as they adapt to pregnancy
- For some families, these changes are particularly difficult

- Have special needs related to parents age, substance abuse

- Adolescent Pregnancy
- Incidence
 - Has declined since 1991, but more recent statistics showed a slight increase in 2006, the last year for which data is available
- Factors associated with teen pregnancy
 - High level of sexual activity
 - Lack of or inconsistent use of contraception
 - Feelings of invincibility
 - Gain independence
 - Obtain love
 - More likely to be low income, not believe that finishing education and getting good jobs are possible, therefore no reason to postpone pregnancy
 - Additional factors in Box 25-1 on page 594 in text
- Sex Education
 - Focus on understanding
 - How to set limits on sexual activity
 - Effective measures to prevent pregnancy and STIs
- Socioeconomic implications of teen pregnancy
 - Estimated cost between \$7-\$15 billion per year
 - Includes TANF, Medicaid, food stamps, direct payment to care providers, and administrative costs
 - Teen mothers more likely to be nonwhite, poor, less educated and unmarried, have larger families
 - Developmental tasks of adolescence interrupted
 - Become more dependent instead of less dependent

- Conversely, pregnancy can sometimes have stabilizing effect
- Children also affected, impaired intellectual functioning, poor school adjustment

- Implications of teen pregnancy on maternal health

- Increased risk for
 - PIH
 - Anemia
 - Issues with weight gain (too much, too little)
 - Depression
- Late prenatal care
- More likely to have STIs

- Implications of teen pregnancy on fetal-neonatal health

- More likely to smoke, increasing risk for LBW
- More likely to be preterm
- More likely to die within first year even if full term

- Teen fathers

- May become absent or rarely involved, less so as time passes
- Usually state not ready for fatherhood
- Teen fathers also higher risk for poverty, inadequate education and lack of job training

- Impact of teen pregnancy on parenting

- Teen mothers at risk for becoming non-nurturing
 - Are less sensitive to infant's cues
 - Tend to display less bonding behaviors

- Dismayed at how time consuming, difficult parenting is
- Have unrealistic expectations of infant
- Relationship with child's father may impact relationship with infant
- Ability to deal with stress less mature, may take it out on infant

- Nursing Care of the Pregnant Teen

- Assessment

- Physical and history at initial visit

- Knowledge of infant needs

- Cognitive development

- Family assessment

- Nursing Diagnosis and Planning

- Risk for Ineffective Health Maintenance r/t lack of knowledge of measures to promote health during pregnancy and increased family stress

- Outcome

- Expectant mother will keep scheduled appointments and follow health promotion instructions

- Family will verbalize emotions and concerns and maintain support of the teen

- Nursing Care of the Pregnant Teen

- Interventions

- Eliminate barriers to health care

- Counsel on

- Nutrition

- Self-care
- Stress reduction
- Infant care

— Promote family support

— Provide referrals

● Evaluation

— Does teen keep prenatal appointments?

— Can she explain basic needs and care of infant?

— Does she ask questions and follow plan of care?

— Is family supportive or referrals been made?

● Delayed Pregnancy

● Increasing number of women become pregnant late in reproductive life

● Maternal and fetal Implications of delayed pregnancy

— Fertility decreases especially after age 35

— Increased risk for complications r/t to pregnancy, pre-existing conditions, chromosomal abnormalities

— Chromosomal risk higher when father > 40 years of age

● Advantages

— Psychosocial maturity, self confidence, sense of control over her life

— Increased ability to solve problems and maintain personal relationships

— More financially secure

— Able to set priorities, make plans

- Able to manage stress, seek support and assistance when needed

- Disadvantages

- More time to recover from pregnancy, birth

- Less energy

- Less peer and family support

- Nursing considerations

- Reinforce and clarify info about diagnostic tests needed d/t advanced age

- Facilitate expression of emotions

- Provide anticipatory guidance

- Substance Abuse

- Use of substances increases risk for problems for mother and infant

- Maternal and Fetal effects of substance abuse

- See table 25-1 on page 602 of text

- Tobacco

- 20-30% pregnant women smoke

- Affects on perfusion/oxygenation

- Causes vasoconstriction, reduces placental blood circulation

- Also inactivates fetal and maternal hemoglobin

- Effect on nutrition

- Appetite suppressant

- Decreases absorption of some nutrients

- Fetal effects

- Prematurity, LBW
- Delayed neurologic and intellectual development of children
- Increases risk of SIDS

- Alcohol

- Is a teratogen, may result in FAS, leading cause of retardation and only one that is preventable

- Amount and timing of alcohol intake influences effects on fetus

- No safe level established, women advised to avoid alcohol during pregnancy

- Cocaine

- Is short acting powerful CNS stimulant

- Euphoria, reduced fatigue, sense of well being
- Anorexia, hyperglycemia, hyperthermia and tachypnea common side effects

- When wears off

- Irritability, fatigue, lethargy, depression, impatience occur
 - Results in desire for more cocaine to recapture good feelings

- Maternal and fetal effects

- Noncompliant with prenatal care, does not eat properly
- Increases risk for STIs
- Stimulates uterine contractions, increases risk of PTL
- Vasoconstriction of placental vessels leads to SAB, abruption of placenta, possible stillbirth

— Neonatal effects of cocaine

- LBW, tremors, tachycardia, irritability, muscular rigidity, hypertension, exaggerated startle reflex
- Infants difficult to console, responds poorly to environment, people
- Poor feeders, frequent diarrhea
- May be life long disabilities such as learning problems, slower intellectual development, delayed language and motor skills

● Marijuana

— Effects difficult to pinpoint since often paired with other drugs

- Appears to increase incidence of maternal anemia and poor weight gain
- Infant may exhibit LBW, hyperirritability, tremors, sensitivity to light

— Long term effects on child development unknown

● Heroin

— Derived from morphine, is CNS depressant

— Produces feelings of mental dullness, drowsiness

— Withdrawal symptoms present if don't use drug

— Heroin users often have poor general health, multiple medical problems

- Appetite suppressant and interferes with nutrient absorption, woman often starts pregnancy malnourished, anemic
- High incidence of STIs, hepatitis and HIV from sharing needles

— Fetal effects of heroin

- Fetus suffers episodes of overdose/withdrawal

— Episodes expose fetus to intermittent hypoxia, may result in prematurity, IUGR, stillbirth

- Indirect effects caused by maternal malnutrition, STIs

- Neonatal effects of heroin

- Experience withdrawal

- Symptoms include: tremors, jitteriness, restlessness, seizures, hypotonicity, irritability, poorly controlled sucking and swallowing reflexes, vomiting and diarrhea with resulting dehydration and failure to gain weight normally

- Long term developmental and learning problems common

- At significant risk for abuse, neglect

- Diagnosis & Management of Substance Abuse

- Random toxicology screens

- Assess throughout pregnancy for STIs, hepatitis

- Management depends on type of drug

- Aimed at establishing abstinence, preventing relapse

- Outpatient, residential treatment used to provide education, therapy and peer support groups

- Nursing Care in Maternal Substance Abuse

- Assessment in the Antepartal Period

- Screen all women @ 1st prenatal visit without regard to race, class or economic status

- Assess for behaviors associated with substance abuse

- Use non-judgmental and tolerant approach

- Assess medical/obstetric history

- Common among users: hepatitis, STIs, depression, cellulitis, HTN, SAB, premature deliveries, abruption, stillbirths

- Assess for history of substance abuse

- In all forms (cigarettes, OTC meds, Prescription meds, alcohol, etc.)
- And in all patterns (occasional recreational to weekly binges to daily dependence)

- Behaviors Associated with Substance Abuse

- Seeking prenatal care late in pregnancy
- Failure to keep prenatal appointments
- Inconsistent follow-through with recommended care
- Poor grooming, inadequate weight gain
- Needle punctures, thrombosed veins, cellulitis
- Defensive or hostile reactions
- Anger or apathy regarding pregnancy

- Nursing Care in Maternal Substance Abuse

- Nursing Diagnosis and Planning

- Ineffective Health Maintenance r/t lack of knowledge of the effects of substance abuse on self and fetus and inability to manage stress without the use of drugs
- Outcome- Woman will identify harmful effects of substances and will identify personal strengths and accept support of health care system to stop using drugs

- Interventions

- Communicate with client about issues that contribute to use
- Help woman identify strengths
- Provide ongoing care

- Evaluation
 - Can expectant mother identify effects of substance abuse on herself and her fetus?
 - Does she discuss her feelings about continued substance abuse?
 - Does she identify her own strengths and work with the health care team to stop using?

- Assessment in the Intrapartal Period
 - Assess for signs and symptoms of drug use

- Nursing Diagnosis and Planning
 - Risk for injury r/t physiologic and psychologic effects of recent drug use.
 - Outcome – Woman and fetus will remain free from injury during labor and birth

- Interventions
 - Preventing injury
 - Be clear in giving instructions, information
 - Set limits (staying in bed, where may ambulate)
 - Initiate seizure precautions
 - Establish therapeutic communication
 - Provide pain control
 - Prevent withdrawal, avoid use of Nubain, Stadol

- Evaluation
 - Are woman and fetus free of injury during labor and birth?

- Postpartum
 - Focus on bonding, infant care, continue efforts to stop taking substances or refrain from starting again