

YOUR GUIDE TO...

MATERNAL-CHILD NURSING CARE

with The Women's Health Companion

SECOND EDITION

LOOK FOR THESE ICONS.

They identify the themes you'll follow throughout your text.



HOLISTIC CARE



VALIDATING PRACTICE



TOOLS OF CARE



CRITICAL THINKING

PREVIEW WHAT YOU'LL LEARN

Learning Targets introduce you to the major concepts and important information in each chapter.

PICO(T) Questions (population • intervention or issue • comparison of interest • outcome • timeframe) emphasize the importance of evidence-based practice and how it relates to the content in the chapter.

chapter
20

Caring for the Developing Child

"It is when we include caring and love in our science, we discover our caring-healing professions and disciplines are much more than a detached scientific endeavor, but a life-giving and life-receiving endeavor for humanity."
—Watson, 2005 p. 3

LEARNING TARGETS At the completion of this chapter, the student will be able to:

- ◆ Describe the principles inherent in the developmental process.
- ◆ Identify and explain the theories of growth and development.
- ◆ Discuss the components for each developmental stage.
- ◆ Address anticipatory guidance for each developmental stage.
- ◆ Develop a developmental care plan for the child and family.

PICO(T) Questions

The intent of evidence-based practice (EBP) is to provide nursing care that integrates the best available evidence. An initial step in EBP is to write a PICO(T) question that effectively guides the research. A PICO(T) question is an acronym that stands for population (P), intervention or issue (I), comparison of interest (C), outcome (O), and timeframe (T). Depending on the question, all or some of the question components are used in the research process. Use these

PICO(T) questions to spark your thinking as you read the chapter.

1. Does (I) being raised in a single-parent household (O) impact behavioral development (P) in toddlers?
2. Do (P) preschool-age children without siblings who attend group day care (I) develop physical skills (O) at the same rate on average as (C) preschool children with siblings who do not attend group day care?

PREPARE FOR THE REAL WORLD OF NURSING PRACTICE.

“What to say” — When asked about sexual activity during pregnancy

Couples have many questions regarding sexual activity during pregnancy. These questions relate to the safety of sexual intercourse, potential complications, when to stop having intercourse, and sexual positions that facilitate comfort. It is important for the health-care provider to address sexual activity early in the pregnancy in an honest, open manner and to encourage the couple to communicate with each other. The nurse can address the couple's concerns with the following statements:

“What to Say” develops your communication skills through examples and helpful hints.

Optimizing Outcomes show you how to establish the course of action that achieves the best possible outcomes for your patient.

Optimizing Outcomes— Teaching patients to avoid bone meal supplements

Bone meal, sometimes used as a calcium source, should be avoided during pregnancy. This supplement is frequently contaminated with lead, a toxin that readily crosses the placenta and can result in high levels in the fetus.

Evidence-Based Practice

O'Connor, P. J., Poudevigne, M. S., Cress, M. E., Mott, R. W., & Clapp, J. F. (2011). Safety and efficacy of supervised strength training adopted in pregnancy. *Journal of Physical Activity and Health* 8, 309–320.

Previous studies have found that physical inactivity predisposes to reduced fitness and increased fetal and maternal risks during pregnancy. Maternal fitness and several aspects of fetal and maternal health have previously been found to improve through the use of low- to moderate-intensity exercise during pregnancy. The purpose of this study was to describe the progression of supervised, low- to moderate-intensity strength training program implemented among a sample of pregnant women. A further purpose was to explore the incidence of associated musculoskeletal injuries, lumbar endurance, blood pressure changes, and the occurrence of problematic symptoms, (e.g., swelling in hands or feet; headache or visual disturbance; chest, pelvic, or abdominal pain; irregular heartbeats or dizziness; and unexpected vaginal bleeding or leaking).

The sample was composed of 32 healthy pregnant women who were primarily recruited through midwives and obstetricians. The participants were between 21 and 25 weeks of gestation and their ages ranged from 18 to 38 years of age. They were at low risk for any pregnancy-related complications and free from back pain or a history of back pain. Women who reported use of regular strength training and those who reported uncontrolled psychiatric conditions and orthopedic or cardiovascular limitations were excluded.

Prior to initiating the exercise program, experienced trainers taught and supervised participants on the use of strength training and specific types of exercises. The participants were then expected to implement strength training twice a week for a 12-week period. Data recorded included blood pressure, extension endurance exercise test, and report of symptoms or musculoskeletal injuries. Participants were instructed to complete a warm-up that included 5 minutes of walking on a treadmill. Following the warm-up, participants performed six resistance exercises: dual leg extension, dual leg press, dual arm lat pull, dual leg curl, lumbar extensions, and a transverse abdominis muscle (abdominal) exercise. Using the Universal Gym and Cybex Eagle for the first five exercises, the number of sets and repetitions were constant throughout the

training at a low to moderate velocity with scheduled rest periods between exercises. Participants were instructed to rate exercise intensity using a rated perceived exertion (RPE) scale. A rating of 13 represented moderate intensity, 11 represented fairly light, and ratings of 10 or less represented low intensity. External load was progressively increased based on RPE responses to each exercise. Participants usually performed the abdominal exercise from a standing position and were asked to draw in their abdominal muscles as if trying to reach the spine. Repetitions were held at 8 throughout the training. Five minutes after completing the training, the blood pressures were measured, and participants were asked about potential problematic symptoms and back pain.

The researchers stated that no musculoskeletal injuries were reported for women at risk for low back pain. No chest palpitations or chest pains were reported. Symptoms were reported 13 times and included dizziness (8/13) and abdominal/pelvic pain (4/13). One person reported a headache. Most symptoms were reported within the first 3 weeks of the study. The percentage of increase in the external load across the 12 weeks was found to be statistically significant and reported as follows: leg presses (36%), leg curl (39%), lat pull down (39%), lumbar extension (41%), and leg extensions (56%). The researchers reported that exercises were performed at a low to moderate perceived intensity with a mean RPE of 10.5 to 12.9, which did not change significantly throughout the 12-week period. A 14% increase in lumbar endurance was reported. No significant changes in blood pressure were reported during and at the conclusion of the 12-week training. The researchers concluded that use of supervised, low- to moderate-intensity strength training during pregnancy is safe and efficacious.

1. “How is this information useful to clinical nursing practice?”
2. “Based on these findings, what are implications for further research?”

See Suggested Responses for Evidence-Based Practice on *DavisPlus*.

Evidence-Based Practice Boxes and Questions highlight current research and encourage you to think about how you can incorporate evidence-based findings into your practice.



focus on safety

Important respiratory signals

The nurse must recognize that normal breath sounds are equal bilaterally in intensity, rhythm, and pitch. The following respiratory signals may indicate that a respiratory condition causing distress is present in a child:

- Noisy breathing or snoring (air passing through a narrowed upper airway) may indicate nasal polyps, foreign body obstruction, choanal obstruction, hypertrophied adenoid tissue, or obesity.
- Grunting is caused by the glottis closing at the end of expiration and may suggest respiratory distress or pneumonia.
- Nasal flaring (intermittent outward movement of the nostrils) happens on inspiration and is a form of accessory muscle use found in a variety of conditions such as respiratory distress syndrome (Venes, 2013).
- Coughing (a forceful expiratory effort) is a normal process that clears the throat but can indicate an infection, asthma, lung disease, or sinusitis.
- **Stridor** (a high-pitched, harsh sound occurring during inspiration) results from air moving through a narrowed trachea and larynx and can indicate croup (Venes, 2013).
- Wheezing (a musical noise) results from air moving through mucus or fluids in a narrowed lower airway that is associated with asthma.
- Hoarseness is a rough quality in the child's voice and can mean that the airway is inflamed.
- Crackles is a fine, high-pitched sound heard on inspiration or expiration produced by air passing over retained airway secretions or the sudden opening of collapsed airways found in several respiratory conditions (Venes, 2013).
- Rhonchi are a low-pitched wheezing, snoring, or squeaking sound indicating a partial airway obstruction. Mucus or other secretions in the airway, bronchial hyperactivity, or tumors that occlude respiratory passages can cause airway obstruction (Venes, 2013).
- Color changes in the skin (e.g., pallor, mottling, and cyanosis) are significant respiratory signals and usually indicate cardiac involvement.
- Chest pain is caused by alteration in chest structures, nonpulmonary involvement, or a variety of respiratory conditions.
- **Clubbing** (excessive growth of the soft tissues at the ends of the fingers or toes) is usually associated with chronic hypoxia and pulmonary disease.

Focus on Safety highlights important protective measures to keep mothers and children out of harm's way.

Review Questions

Multiple Choice

1. The pediatric nurse assesses the toddler's fine motor skills by observing which task?
 - A. Buttoning a shirt
 - B. Writing with a pencil
 - C. Holding a spoon to eat
 - D. Using the pincer grasp
2. According to Piaget, an infant uses his or her senses to learn and explore the environment. Which action is the most appropriate for the nurse to implement to determine object permanence?
 - A. Playing the game of peek-a-boo
 - B. Encouraging the infant to shake a rattle
 - C. Pushing a button on an overhead mobile
 - D. Placing the child in a stroller and going for a walk

NCLEX-Style Review Questions at the end of each chapter help you identify your areas of strength/weakness and prepare you for course tests and national licensure examination.

Nursing Care Plans provide the in-depth information you need to plan and care for patients with commonly encountered normal and pathological conditions.

Nursing Diagnoses, based on the information you obtain during your nursing assessment, form the basis for your selection of the nursing interventions that will address the problem.



Nursing Care Plan Delayed Growth and Development

Nursing Diagnosis: Delayed growth and development, related to chronic illness

Measurable Short-term Outcome: Child will maintain current weight and participate in age-appropriate activities, as possible.

Measurable Long-term Outcome: Child will reach age-appropriate growth and developmental milestones.

NOC Outcomes:

- Growth (0110) Normal increase in bone size and body weight during growth years
- Child Development: Middle Childhood (0108) Milestones of physical, cognitive, and psychosocial progression from 6 through 11 years of age (specify other age groups as appropriate)
- Play Participation (0116) Use of activities by a child from 1 year through 11 years of age to promote enjoyment, entertainment, and development

NIC Interventions:

- Nutrition Management (1100)
- Developmental Enhancement: Child (8274)
- Normalization Promotion (7200)
- Activity Therapy (4310)

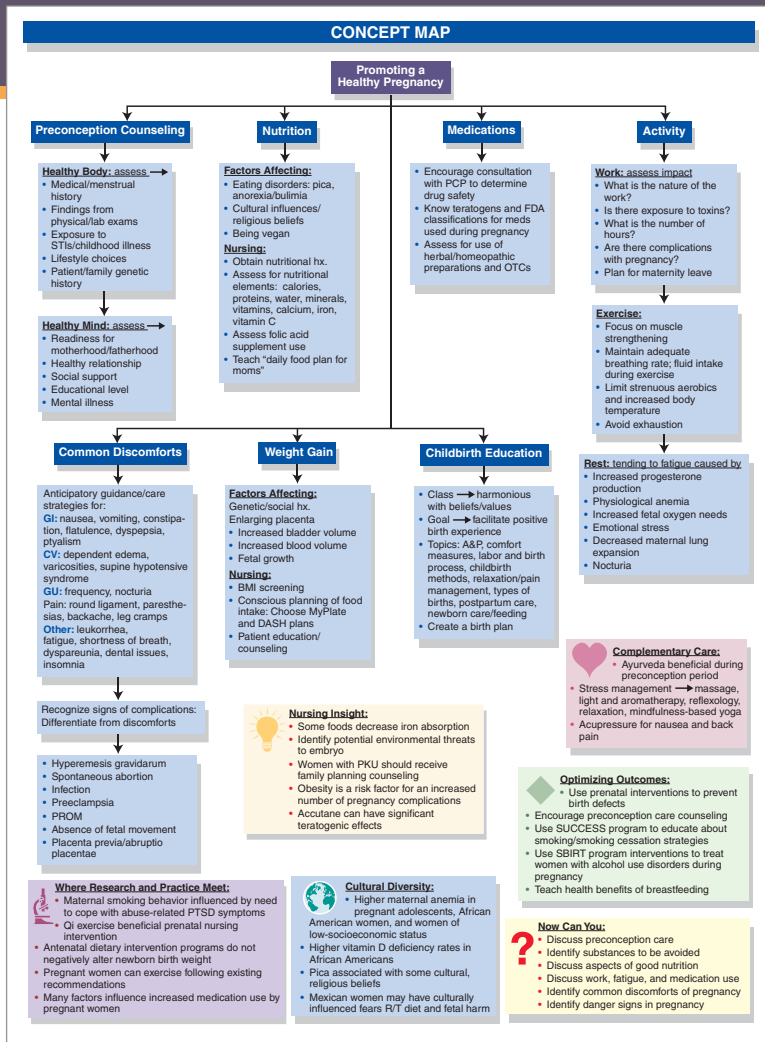
Nursing Interventions:

1. Build a trusting, supportive relationship with child and caregivers by taking time, actively listening to concerns, and offering information and encouragement.

RATIONALE: A trusting relationship facilitates implementation of developmental interventions.

2. Monitor child's height and weight (specify frequency) and record on a continuous flow sheet.

RATIONALE: A flow sheet provides a continuous record of the child's growth over time.



Procedure 21-1 Inserting an Oro- or Nasogast

Purpose

To maintain optimum nutrition using a feeding tube that is passed through the mouth or nares and into the stomach

Equipment

- Oro- or nasogastric tube
- Tap water or a water-soluble lubricant
- Syringe
- pH indicator paper

Steps

- Wash hands and don gloves.
- Determine tube length required by measuring from the nose to the earlobe and to the midway point between the end of the xiphoid process and the umbilicus (Fig. 21-19).

RATIONALE: Proper measurement determines the distance that the catheter is inserted.

- Note the measurement by finding the manufacturer's black mark on the proximal end of the tube near the nares.
- Lubricate the tube with tap water or a water-soluble lubricant. Follow manufacturer guidelines.

RATIONALE: Lubrication eases catheter insertion.

- Using the dominant hand, gently direct the tube toward the back of the throat or, if using the nose, toward the occiput.

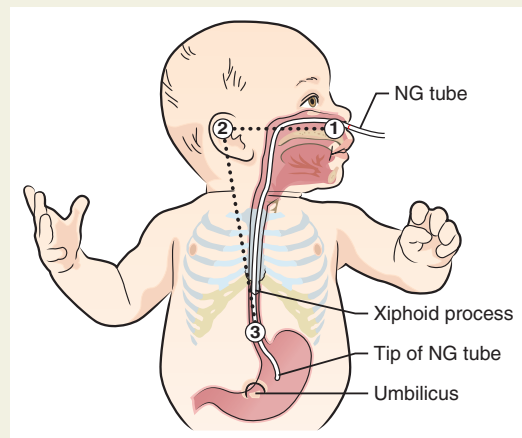


Figure 21-19 Nasogastric tube insertion measurement.

Concept Maps visually summarize the relationships among the most important concepts. Use them to review the chapter content and better understand how to apply it in practice.

Procedure Boxes provide step-by-step instructions (and rationales) for performing common procedures.

Nursing Insight— When teaching about iron supplements

Nurses can teach patients about substances known to decrease the absorption of iron. Women should be taught to avoid consuming bran, tea, coffee, milk, oxalates (found in Swiss chard and spinach), and egg yolk at the same time as they take the iron supplement. Also, iron is best absorbed when taken between meals with a beverage other than tea, coffee, or milk.

Nursing Insight boxes show you how experienced nurses use their five senses to gain a deeper understanding of the clinical situation or the patient's condition.

BUILD YOUR CONFIDENCE.

Don't miss all of the ways we help you learn.



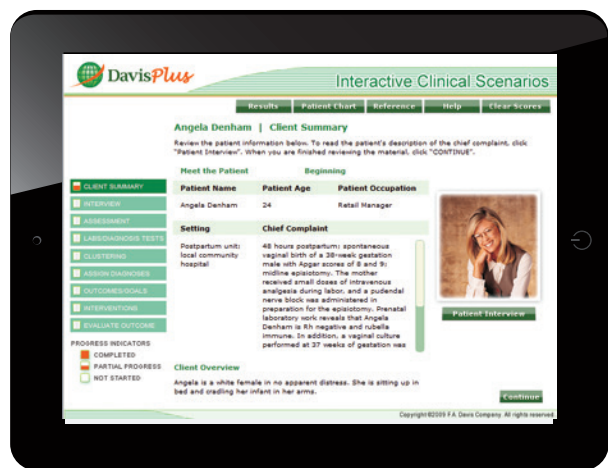
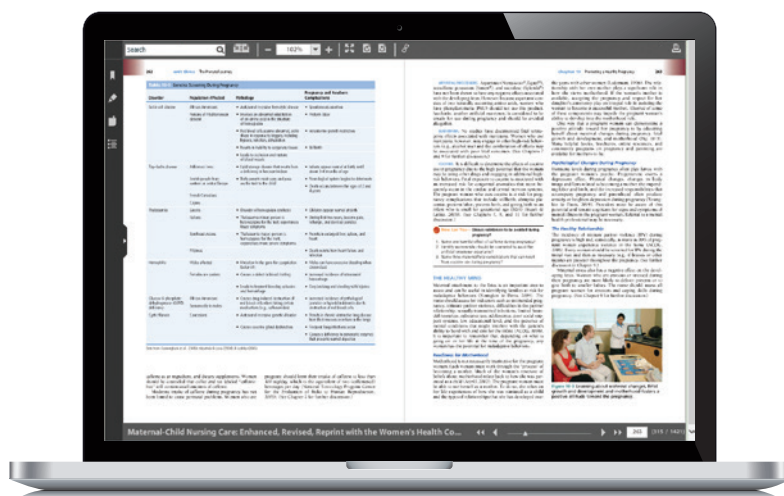
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- Test Bank
- Interactive Exercises
- Interactive Clinical Scenarios
- Animations
- Audio Library of Maternal and Pediatric Sounds
- Concept Maps and Concept Map Generator
- Family Teaching Guides
- Additional Family Teaching Guides
- Glossary (PDF)
- Audio Glossary
- Podcast Library
- Dosage Calculation Module

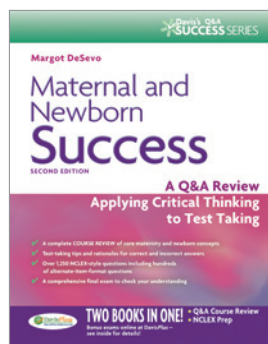
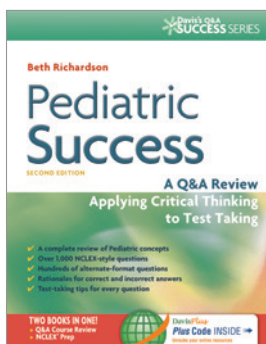
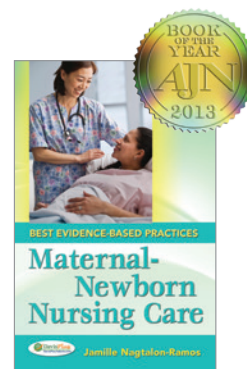
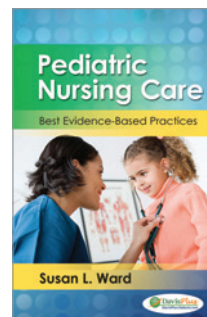
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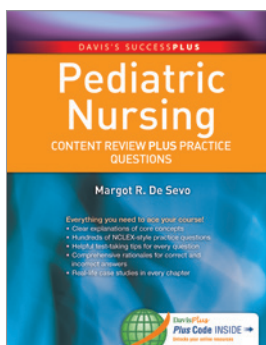
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