Maternal & Neonatal Nursing


Family-Centered and Community-Based Maternal and Pediatric Nursing

Outlines

- Family Concepts
- Family Centered maternity Care
- Care of family as part of community.
- Preconception Family Concepts
- Family Centered maternity Care
- Care of family as part of community.
- Preconception

Learning Objectives

At the end of this chapter, the student should be able to:

1. Identify the primary purpose of the family in society.
2. Discuss the functions of the family.
3. Discuss the types of family structure.
4. List five factors that have contributed to the growing number of single-parent families.
5. Describe how family size and sibling order affect children.
6. Explain the trend for families to spend less time together.
7. Identify the focus of community-based health care.
8. Describe advantages of community-based health care for the pregnant woman, child, and family.
9. Differentiate between primary, secondary, and tertiary prevention and give one example of each.
10. Discuss community care settings for the maternity and pediatric client.
11. List the skills needed by a community health nurse.
12. Explain the information a nurse needs to successfully teach a group of individuals.

The Family as a Social Unit
• **Primary social unit.**
  – Forever changed by birth of first child.
  – Evolved over time in response to:
    • Economic changes.
    • Social changes.
     – Women working outside the home.
• **Family functions**
  – Oldest and most basic unit.
  – Primary purpose.
  – Structure varies from culture to culture.
  – Functions remain similar.
• **Functions.**
  – Physical sustenance.
  – Emotional support.
  – Intellectual stimulation.
  – Socialization.
  – Spirituality.
• **Structure.**
  – **Nuclear family**
• Traditional.

  – **Extended family**

  • Needs of individual subordinate to needs of group.

  – **Single-parent family**

  • 50% of children will be part of one at some time.

  – **Communal family**

  • Members share responsibility for homemaking and child rearing.

• **Factors that influence childbearing and child rearing**

  – Family size.

  – Sibling order and gender.

  – Parental behavior.

  – Divorce.

  – Culture.

• **Family-centered care**

  – Became norm.

  – Husbands encouraged at birth.

  – Birthing rooms and LDR rooms.

  – Mother and newborn together.

• **Community care setting for the maternity client**
– Prenatal and postpartum home health care.

– Birth settings.
  • Home.
  • Birthing centers.
  • Hospitals.

• **Community care settings for the child**
  – Outpatient settings.
  – Home health care.
  – Schools and camps.
  – Community centers, parishes, and intervention programs.
  – Residential programs.

• **Skills of the community-based nurse**
  – **Nursing process**
    • Focus is on the patient within the context of the family.
    • Identify nursing diagnoses based on the family’s strengths, weaknesses, and needs.
  – **Communication**
    • Positive, effective communication is fundamental
• **Challenge of community-based nursing:**
  – Unique aspects.

• Autonomous.

• More holistic.

• Focus on wellness.

  – **Issues facing children, families, and pregnant women:**

• Poverty.

• Lack of resources.

• Lack of information.

• Questionable decisions about priorities.

• Ineffective coping skills.

• **Rewards of community-based nursing:**

  – Rewards come slowly and in different ways.

  – Rewards vary in different settings.

  **Characteristics of Healthy Family:**

1. A facilitative process of interaction exists among family members.

2. Individual member development is enhanced.

3. Role relationships are structured effectively.

4. Active attempts are made to cope with problems.
5. There is a healthy home environment and lifestyle.
6. Regular links with the broader community are established.

1. **Healthy interactions among members:**
   a. Healthy families communicate.
   b. Interactions are frequent and assume many forms.
   c. Healthy family use frequent verbal communication.
   d. Effective communication is necessary for a family to carry out basic function.

2. **Enhancement of individual development :**
   a. Healthy families are responsive to the needs of individual members and provide the freedom and support necessary to promote each member’s growth.
   b. Pattern for promoting individual member vary from one family to another.

3. **Effective Structuring of relationship:**
   a. Healthy family structure role relationships to meet changing family needs over time.

4. **Active coping effort:**
a. Healthy family actively attempt to overcome life’s problems and issues.

b. Coping skills are needed to deal with emotional tragedies.

c. Healthy families cope with less dramatic, day-to-day changes.

5. **Healthy environment and lifestyle**:
   a. Healthy family creates safe and hygienic living conditions for their members.

   b. A healthy family lifestyle encourages appropriate balance in the lives of its members.

   c. The emotional climate of a healthy family is positive and supportive of growth.

6. **Regular links with the broader community**:

   a. Healthy families maintain dynamic ties with the community.

   b. An unhealthy family has not recognize the values of establishing links because of:

   1. Knowledge Deficit.

   2. Previous negative experience.

   3. A lack of connection because of family expectation or cultural practice.

   **Family Health Practice guidelines**

   **Family Nursing**: is a kind of nursing practice in which the family is the unit of services.

   a. Not merely family oriented.
b. Holistic approach.

**Five principle guide and enhance family nursing practice:**

1. **Work with the family collectively**
   a. Set aside usual focus on individual

   b. View the family as one unit

   c. Community health nurses want to involve all of the family during nurse-client interaction.

   d. Encourage everyone’s participation.

2. **Start where the family is:**

   a. Begin at the present level of functioning.

   b. Conduct a family assessment to ascertain the members' needs and level of health.

   c. Determine collective interests, concerns and proprieties.

3. **Adapt nursing intervention to the family’s stage of development:**

   Awareness of family’s developmental stage enables the nurse to assess the appropriateness of the family’s level of functioning and to tailor intervention accordingly.

4. **Recognize the validity of family structural variations:**
Two important principles to remember:

a. What is normal for one family is not necessarily normal for another.

b. Families are constantly changing.

5. Emphasize family strengths

a. Too often, nurse focus on family weaknesses (Negative emphasis) this is not truly therapeutic.

b. Families need their strength reinforced.

c. Emphasizing a family strength makes people feel better about them.

The nurse lists positive points about an otherwise negative situation.