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Strategies to Reduce Maternal Mortality During the First Year After Birth

Robyn D'Oria, John Myers, and M. Cynthia Logsdon Q12

ABSTRACT

The rate of maternal mortality is rising in the United States, and patient education is key to help women recognize signs and symptoms of complications of pregnancy. Health care providers should always ask a woman of childbearing age if she has experienced a recent pregnancy or birth, and women should remind health care providers at every encounter of a pregnancy or birth during the past year. It may make the difference between life and death.

JOGNN, ■, ■–■; 2016. http://dx.doi.org/10.1016/j.jogn.2016.04.013

Accepted April 2016

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Keywords
audit tool
maternal mortality
patient education

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The authors and planners for this activity report no conflict of interest or relevant financial relationships. No commercial support was received for this educational activity.

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Pregnancy and childbirth are times in a woman's life that are usually associated with happiness and joy, but unfortunately this is not always the case. In some instances, childbearing can end in tragedy, as suggested in the following two case studies.

A woman is admitted at 38 weeks gestation to the labor and delivery unit with a diagnosis of mild preeclampsia; she subsequently has a vaginal birth. Four days later the mother and newborn are discharged, and she believes that the preeclampsia resolved at birth. During the next week she starts to have headaches and swelling of her legs, face, and hands. She shares this information with her husband and family; however, they tell her it is probably from lack of sleep and that she hasn't fully recovered from her recent birth. She tries to rest between feedings and takes ibuprofen for the headache. Her headache gets worse, and when she tells her family members, they suggest she lie down and take a nap. A few hours later her husband goes to rouse her and finds the woman unresponsive in their bedroom. He calls 911. She is taken to the emergency department and is declared dead 2 hours after hospital admission.

In the second case, a woman is seen in the emergency department with shortness of breath, fatigue, and a cough. She tells the treating physician that she has asthma and used her inhaler at home but feels as if she is getting worse. She does not tell the provider that she gave birth 16 weeks ago or that during the third trimester of her recent pregnancy, she was diagnosed with an enlarged heart. During her physical examination the physician does not ask about pregnancy during the past year, diagnoses her with asthma, and discharges her with a new inhaler and oral steroids. She is found deceased by her family 24 hours later. Her autopsy report indicates that cardiomyopathy was the cause of death.

Pregnancy is a natural physiologic event despite significant physical and mental changes. Although pregnant women should not be treated as if they have illnesses, health care providers and even women themselves should recognize the effects that pregnancy has on the body for the duration of the pregnancy and up to 1 year after birth. These two cases illustrate opportunities to save women's lives by providing patient and family education about the signs and symptoms of potential complications of pregnancy that may be experienced during pregnancy or after birth. Unfortunately, pregnant women do not receive enough actionable information about the complications and warning signs related to pregnancy or the postpartum period that could better equip them to seek needed treatment in a timely fashion and prevent morbidity or mortality (Amnesty International, 2011). Recommendations from a variety of statewide mortality review committees support the need for education of families (California Maternal Quality Care Collaborative, 2011; Georgia Department of Public Health, Q2

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Nurses can help prevent maternal mortality by educating women and their families before, during, and after pregnancy.

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2015; New York Academy of Medicine, 2011). Similarly, clinicians have an opportunity to decrease maternal mortality in a variety of ways that include the provision of education to patients and families (Chescheir, 2015).

Maternal Mortality in the United States

The rate of maternal mortality in the United States is on the rise. From 2006 through 2010, the maternal mortality rate was 16.0 deaths per 100,000 live births, which represents an increase from the 1998 through 2005 rate of 14.5 deaths per 100,000 live births (Berg, Atrash, Koonin, & Tucker, 1996; Berg, Callaghan, Syverson, & Henderson, 2010). Experts are not certain what has caused the increase in maternal mortality in the United States, but possible reasons include changes in coding related to cause of death, a new version of the standard birth certificate that includes a pregnancy check box, and the fact that women delay childbearing until later in age, when chronic disease is more prevalent and risk for complications in pregnancy increases (Creanga et al., 2015).

Maternal mortality surveillance is used to help identify the conditions most commonly associated with maternal deaths that include socioeconomic characteristics and race, ethnicity, and nativity. Mortality surveillance has been performed by the Centers for Disease Control and Prevention (CDC) since 1986 to better understand the causes of maternal death (CDC, 2014). For example, non-Hispanic Black women are more than 3 times more likely to experience pregnancy-related mortality than non-Hispanic White women (Creanga et al., 2015). Women older than 35 years with pregnancy complications are at increased risk, and non-Hispanic Black women older than 40 years have the greatest risk (Creanga et al., 2015) for pregnancy-related mortality. Risk factors for maternal mortality also include cesarean birth and the presence of preexisting chronic medical conditions before pregnancy (e.g., diabetes, hypertension, obesity, and lack of access to health care; Creanga et al., 2015).

Not all maternal mortality occurs during the immediate postpartum period (within 42 days after birth). The CDC defines *pregnancy-related death* as the "death of a woman while pregnant or within 1 year of pregnancy termination—regardless of the duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes" (CDC, 2014, para. 2). Many deaths occur after the immediate postpartum period (within 42 days of birth): 7.1% due to thrombotic pulmonary embolisms, 9.8% due to cerebrovascular accidents, 10.9% due to infection, 13.0% due to cardiovascular conditions, 16.8% due to noncardiovascular medical conditions, and 42.1% due to cardiomyopathy (Creanga et al., 2015). Pregnancy and birth can frequently exacerbate serious medical conditions, and all health care providers need to ask about a recent pregnancy or birth of a child when they care for a woman of childbearing age, regardless of the reason for the visit (Conry, 2013). Similarly, new mothers must know how important it is to provide this clinical information to enable their providers to more accurately diagnose and treat them to prevent subsequent morbidity or mortality.

Traditional Education for Pregnant Women and New Mothers

More than 98% of all births in the United States occur in hospitals (MacDorman, Mathews, & Declercq, 2014); therefore, it can be assumed that most postpartum education provided to women and families occurs at or before hospital discharge. Many professional organizations have provided guidelines for health care professionals to help them educate women and their families during pregnancy and the postpartum period (American Academy of Pediatrics & American College of Obstetricians and Gynecologists [ACOG], 2012; ACOG, 2014; Association of Women's Health, Obstetric and Neonatal Nurses, 2006, 2012; Blenning & Paladine, 2005; Bowman, 2005; Zolotor & Carlough, 2014). However, standardized content and competencies specific to education on care for the mother–newborn dyad after birth are not available. The American Academy of Pediatrics and ACOG (2012) described the need for providers to identify support systems and discuss interventions for complications with women in the event of emergencies, and the American Academy of Family Physicians (Zolotor & Carlough, 2014) indicated that "warning signs should be discussed" (p. 202). Although important studies have been conducted on postpartum education (Bowman, 2005; Ruchala, 2000; Weiss, Fawcett, & Aber, 2009; Weiss &

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