

## New Course Proposal Checklist

Submission Date: 10/29/2021  
 Department: Nursing  
 Course Title: NUR240 Obstetrical Nursing  
 Prepared by: Carol Velas  
 Department Chair: Carol Velas

X if standards are met	Required Information	Questions/Comments
X	<b>Cover page that includes the department's endorsement</b>	
X	<b>A brief rationale for proposing a new course</b>	
X	<b>Course description for the catalogue</b>	
X	<b>Prerequisites</b>	
X	<b>Course Credit Units</b>	
N/A	<b>Modified catalog requirements showing new course placement in each major track and minor (if appropriate)</b>	
X	<b>Syllabus that follows the <a href="#">guidelines for syllabus</a> preparation</b>	
X	<b>Course Learning Outcomes (CLOs) aligned with the departmental PLOs and listed in a syllabus</b>	
	<b>Frequency of offering: Check the appropriate box:</b>	
	- every semester	
	- once a year (F or S)	
	- once every other year	
	- Mayterm only	
X	- other (specify) <span style="margin-left: 100px;">FALL AND SPRING</span>	
	<b>Resources application: Check the appropriate box:</b>	
X	- staffing requirements (adjunct)	
X	- IT resources	
	- other resources such as equipment, space, lab resources	
NA	<b><i>Attached Letter /Email from Provost if resources are required</i></b>	
NA	<b><i>Library resources : Attached Letter/Email from the Library Director or Associate Library Director if resources are required</i></b>	
NUR240	<b>Requested Course number: Final determination by the Registrar upon consultation with the Department Chair</b>	

Carol A. Velas

10/29/2021

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 Department Chair (signature)

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 Date

# WESTMONT

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To: Academic Senate  
From: Department of Nursing-ABSN Program  
Subject: Proposal for new course  
Date: October 28, 2021

The Accelerated Bachelor of Science in Nursing program is a new program at Westmont College. This is a second bachelor degree program with an accelerated prelicensure nursing curriculum. The program is 4 semesters of 16 weeks each. Nursing courses include concurrent theory and clinical courses.

## **New course**

NUR240 Obstetrical Nursing is a 5-unit course with 3 units of theory and 2 unit of clinical (90hrs) placed in the second semester. This course builds upon prior knowledge of the nursing process, nurse practice act, and the theory of compassionate care.

We are proposing this course so students will have the knowledge and experience as they continue to refine the cognition for critical thinking and clinical judgement when caring for the mother/newborn in the postpartum setting, the laboring mother and family in the labor and delivery setting, the newborn in the nursery and neonatal intensive care unit, and the family as a whole undergoing structural changes within the immediate and extended family. Students will be exposed to natural deliveries as well as operative deliveries, immediate and long term newborn care, and complications of pregnancy and delivery. The clinical setting for this course will be at Santa Barbara Cottage Hospital in the Maternal Child unit.

The attached syllabus enumerates the Course Learning Outcomes including mapping to the Program Learning Outcomes. Assessment Technology Institute, our supplemental instruction is integrated throughout the curriculum with notations for your understanding.

The course will be offered two times per year in varying semesters as the two cohorts of nursing students enroll. Because this is a new course and a new program it will require new staff and IT resources.

This course is part of the required curriculum for the Bachelor of Science in Nursing Program. The sequence of this course in the curriculum is permanent in the second semester.

## **Westmont catalog course description**

Wholistic care of the patient and family through childbirth is the focus of NUR240 Obstetrics. The role of the registered nurse in the care of the patient during the prenatal, antepartum, intrapartum, and postpartum phase of childbirth will be explained and how the family support system is integrated into this care. The emphasis of this course will be on the healthy woman but will also include the pathologic processes that can occur during pregnancy and throughout the life of a women.



# NUR240 Obstetrical Nursing

2022

## NUR240 Obstetrical Nursing

**5 units (Theory=3units, Clinical=2units)**

**Pre-requisites:** Acceptance into ABSN program

**Placement in curriculum:** Prelicensure requirement

**Time:** TBD

**Room:** TBD

**Course Faculty:** TBD

**Faculty office:** TBD

**Faculty email:** TBD

**Faculty phone:** TBD

**Faculty office hours:** TBD

### I. Important Information

This is a course in a series of prelicensure nursing courses to prepare the nursing student for the safe, patient-centered and family-supported, compassionate care in a variety of healthcare settings. The best way to be prepared for your lecture and clinical experience is to maintain a healthy mental, physical, and spiritual life. Come to class after a good night's sleep, eat nutritious food, and stay current with reading assignments. For your clinical experience, come with excitement and understand you will continue to learn in the clinical setting and apply the concepts and skills you are learning in class. To help with your success in this course and program, it is not suggested you work more than 20 hours per week if you have to work.

### Westmont catalogue course description

Wholistic care of the patient and family through childbirth is the focus of NUR240 Obstetrics. The role of the registered nurse in the care of the patient during the prenatal, antepartum, intrapartum, and postpartum phase of childbirth will be explained and how the family support system is integrated into this care. The emphasis of this course will be on the healthy woman but will also include the pathologic processes that can occur during pregnancy and throughout the life of a women.

### Instructor's further description

Labor and Delivery nursing is one of the most exciting areas of healthcare as you witness the birth of a child. It can also be a high stress, high intensity unit as complications of labor and birth and postpartum can occur without much warning. Come to clinical understanding your day can change in a minute.

### ABSN Program Mission

Prepares faithful servant leaders to provide patient-centered and family supported safe, compassionate care for diverse populations and communities across the lifespan and in all health care settings.

### **AACN Baccalaureate Essentials (2018)**

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. A specialized/professional accrediting agency, CCNE strives to promote the quality and integrity of baccalaureate and graduate nursing programs. Following are the nine baccalaureate essentials used as the framework for the current curriculum. In 2021 the Essentials were revised and will be integrated into the curriculum over the next three years.

- I Liberal Education for Baccalaureate Generalist Nursing Practice
- II Basic Organizational and Systems Leadership for Quality Care and Patient Safety
- III Scholarship for Evidence-Based Practice
- IV Information Management and Application of Patient Care Technology
- V Healthcare Policy, Finance, and Regulatory Environments
- VI Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
- VII Clinical Prevention and Population Health
- VIII Professionalism and Professional Values
- IX Baccalaureate Generalist Nursing Practice

### **AACN Essentials (revised 2021)**

The Essentials: Core Competencies for Professional Nursing Education provides a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience. The *Essentials* introduce 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain. The competencies accompanying each domain are designed to be applicable across four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations.

### **Domains for Nursing**

Domains are broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing.

#### **The Ten Domains:**

- Domain 1-Knowledge for Nursing Practice
- Domain 2-Person-centered Care
- Domain 3-Population Health
- Domain 4-Scholarship for Nursing Practice
- Domain 5-Quality and Safety
- Domain 6-Interprofessional Partnerships
- Domain 7-Systems-based Practice
- Domain 8-Information and Healthcare Technology
- Domain 9-Professionalism

Domain 10-Personal, Professionals, Leadership Development  
(The Essentials: Core Competencies for Professional Nursing Education, 2021)

**Program Learning Outcomes (PLO)**

1. Exhibit Christian character and servant leadership while providing compassionate care for a diverse population in communities across state, national, and global settings.
2. Evidence-based best practices, critical thinking, and clinical reasoning, inform clinical judgement for the provision of patient-centered, safe, quality care.
3. Create patient education plans that are culturally specific to the patient and that incorporate the family support system.
4. Communicate effectively with the interprofessional team to ensure a wholistic approach to patient-centered care.
5. Continue inquisitive learning by using the Electronic Medical Record and Informatics to meet quality metrics in a variety of healthcare and geographic settings.
6. Advocate for healthcare policies for the underserved, vulnerable populations to ensure equity with access to care for prevention, remedial, supportive, and rehabilitative nursing care regionally, nationally, and globally.

**Course Learning Outcomes (CLO)**

1. Identify the role of the registered nurse in the evidence-based, compassionate care of women during the phases of pregnancy.
2. Discuss how genetic factors can change the normal development of the fetus and how to prepare the patient and family for these conditions including the safe, compassionate care of their newborn.
3. Compare and contrast pathological processes during pregnancy and the best practices for the interprofessional healthcare team.
4. Evaluate the postpartum progress of your patient to ensure uterine evolution, normal lochia changes, bonding of newborn with family, and pain control.
4. Construct a teaching plan for the care of mother and newborn in the immediate period after birth and through the first several months.
5. Explore biopsychosocial, cultural and religious needs and preferences of your patient integrating them into the compassionate care you provide.
6. Justify the need for community social programs for underserved families in the care of their children.
7. Evaluate quality metrics in the area of women's health and how informatics supports the quality of care provided.

**PLO and CLO Alignment Table**

Program Learning Outcomes	Course Learning Outcomes
1. Exhibit Christian character and servant leadership while providing compassionate care for a diverse population in communities across state, national, and global settings.	1. Identify the role of the registered nurse in the evidence-based, compassionate care of women during the phases of pregnancy.

2. Evidence-based best practices, critical thinking, and clinical reasoning, inform clinical judgement for the provision of patient-centered, safe, quality care.	2. Discuss how genetic factors can change the normal development of the fetus and how to prepare the patient and family for these conditions including the safe, compassionate care of their newborn. 3. Compare and contrast pathological processes during pregnancy and the best practices for the interprofessional healthcare team in the compassionate care of the patient in the hospital and at home. 5. Explore biopsychosocial, cultural and religious needs and preferences of your patient into the evidence-based, compassionate care you provide.
3. Create patient education plans that are culturally specific to the patient and that incorporate the family support system.	4. Construct a teaching plan for the care of mother and newborn in the immediate period after birth and through the first several months.
4. Communicate effectively with the interprofessional team to ensure a wholistic approach to patient-centered care.	3. Compare and contrast pathological processes during pregnancy and the best practices for the interprofessional healthcare team in the compassionate care of the patient in the hospital and at home.
5. Continue inquisitive learning by using the Electronic Medical Record and Informatics to meet quality metrics in a variety of healthcare and geographic settings.	7. Evaluate quality metrics in the area of women's health and how informatics supports the quality of care provided.
6. Advocate for healthcare policies for the underserved, vulnerable populations to ensure equity with access to care for prevention, remedial, supportive, and rehabilitative nursing care regionally, nationally, and globally.	6. Justify the need for community social programs for underserved families in the care of their children.

### Required Textbooks

Title	Author	Publisher	ISBN#
Maternity & Women's Health Care (12 <sup>th</sup> ed.)	Lowdermilk, Perry, Cashion, Alden, Olshansky	Elsevier	9-780323556293
<b>Nursing Diagnosis</b> textbook of your choice (can be a bundled application on smart phone)			



Nursing Drug textbook of your choice (can be a bundled application on smart phone)			
Publication Manual of the American Psychological Association (7 <sup>th</sup> ed.)	American Psychological Association	American Psychological Association	978-143383216

### Supplemental Resources

ATI Supreme Essentials provides the visual and auditory learners with skill vignettes, review modules, online tutorials, dosage calculation and safe medication practice, computer adaptive NextGen and current NCLEX test item types, civility tutorials, and ATI Pulse (analytics engine that predicts students probability of passing the NCLEX). ATI also provides a host of practice and proctored NCLEX style exams as well as a Predictor exam to prepare for the NCLEX. ATI tools will be fully integrated into each nursing course.

### Suggested Resources

1. Articles
2. Position Papers
3. Healthcare Policies
4. Westmont College Library and online databases (EBSCO, ProQuest, ERIC, CINALH)

### Assessment of CLOs (Assignments, quizzes, exams)

The assessments used in this course to measure your learning and meeting the content objectives and course learning outcomes will include class participation, quizzes, exams using NCLEX style questions, and a signature assessment (comprehensive assessment). **If student earns  $\leq 85\%$  on any course exam, student must build a 20-question quiz using ATI's Learning System quiz bank on missed content as remediation for course exam. This quiz will be due on next class day.**

Course Learning Outcomes	Instructional activity	Assessment
<ol style="list-style-type: none"> <li>1. Identify the role of the registered nurse in the evidence-based, compassionate care of women through their lifetime and during the phases of pregnancy.</li> <li>2. Discuss how genetic factors can change the normal development of the fetus and how to prepare the patient and family for these conditions and the safe, compassionate care of their newborn.</li> </ol>	Lecture, class discussion, shared experiences, and scaffolding case studies,	Quizzes, exams, and comprehensive final exam.

<p><b>3.</b> Compare and contrast pathological processes during pregnancy and the best practices for the interprofessional healthcare team in the compassionate care of the patient in the hospital and at home.</p> <p><b>5.</b> Explore biopsychosocial, cultural and religious needs and preferences of your patient into the compassionate care you provide.</p> <p><b>6.</b> Justify the need for community social programs for underserved families in the care of their children.</p>		
<p><b>4.</b> Construct a teaching plan for the care of mother and newborn in the immediate period after birth and through the first several months.</p> <p><b>7.</b> Evaluate quality metrics in the area of women’s health and how informatics supports the quality of care provided.</p>	<p>Lecture, class discussion, shared experiences, clinical practice</p>	<p>Teaching assignment, quizzes, exams and comprehensive final exam, and observation of patient care.</p>

Class participation = P/NC  
 Weekly quizzes 3 x 10pts each = 30pts  
 Exams 3 x 100pts each = 300pts Final exam is comprehensive  
 Postpartum Case study 1 x50pts = 50pts  
Teaching Plan 100pts = 100pts  
 Total = 480pts

**\*Student must have 75% in theory and “Pass” in clinical to progress**

**II. Course Policies**

**Grading**

Grade points per unit of credit are assigned on the following scale:

- A 4 grade points
- A- 3.7 grade points
- B+ 3.3 grade points

B 3.0 grade points  
 B- 2.7 grade points  
 C+ 2.3 grade points  
 C 2.0 grade points  
 C- 1.7 grade points  
 D+ 1.3 grade points  
 D 1.0 grade points  
 D- 0.7 grade points  
 P (At least D-) No grade points assigned. Not computed in the grade point average.  
 F 0 grade points  
 NC (F) No grade points assigned. Not computed in the grade point average. W No  
 grade points assigned. Not computed in grade point average.  
 WF No grade points assigned. Not computed in grade point average.  
 WP No grade points assigned. Not computed in grade point average.  
 WX No grade points assigned. Not computed in grade point average.

Westmont does not compute the units and grades students earned at other colleges in its grade average. (Exception: Courses and grades taken as part of a Westmont off-campus program are posted on the Westmont transcript and will be calculated in the Westmont GPA.)

Apart from the exceptions identified below, all courses at Westmont are graded using a letter scale (A, B, C, D, F).

Instructor Initiated Exceptions:

1. For pedagogical reasons, an instructor may elect to use P/NC grade reporting in any class not approved for GE credit. It is assumed that the same grade-reporting system will be applied to the entire class.
2. With the approval of the General Education Committee, P/NC grade reporting may be used in appropriate, GE-approved courses.
3. When P/NC grade reporting is used, the syllabus must reflect this fact. In addition, departments are encouraged to include a notice in the catalog that the course may use P/NC grading.

### **Office of Disability Services**

Students who have been diagnosed with a disability are strongly encouraged to contact the Office of Disability Services as early as possible to discuss appropriate accommodations for this course. Formal accommodations will only be granted for students whose disabilities have been verified by the Office of Disability Services. These accommodations may be necessary to ensure your equal access to this course.

Please contact Sheri Noble, Director of Disability Services. (310A Voskuyl Library, 565-6186, [snoble@westmont.edu](mailto:snoble@westmont.edu)) or visit the website for more information:

<http://www.westmont.edu/offices/disability>

### **Dress Code**

Comfortable, non-binding clothing

### **Academic Integrity**

When students join our college community, they are expected, as apprentice scholars, to search for truth with integrity and accuracy. This quest requires humility about our abilities, respect for the ideas of others, and originality in our thinking. Since Westmont is a Christian community, the integrity of our scholarship is rooted in the integrity of our faith. We seek to be followers of Christ in the classroom, in the library, and at the privacy of our computers. Violations of academic integrity are a serious breach of trust within the Westmont community because they violate the regard for truth essential to genuine learning and Christian consistency. Such deception also hurts those students who do their work with integrity. Violations of Academic Integrity may consist of cheating (the use of unauthorized sources of information on an examination or other assignment), falsification (misrepresentation of facts in any academic project or obligation) or plagiarism (the use of someone else's words or ideas without giving proper credit). Faculty and students should operate in an environment of mutual trust and respect. Faculty will expect students to act in ways consistent with academic integrity. However, for both scholarly and spiritual reasons, cheating, falsification, plagiarism and all other violations of academic integrity will not be tolerated in the Westmont community. Please familiarize yourself with [the entire Westmont College Academic Integrity Policy](#). This document defines different violations of academic integrity and their consequences. It also contains very helpful information on strategies to recognize violations of academic integrity before they occur. Dishonesty in the clinical setting, will not be tolerated and students will be removed followed by program suspension or termination.

### **Technology in the Classroom**

Laptops, tablets, and smart phones can be used in the classroom with the permission of the faculty. The use of smart phones in the clinical setting will depend on each clinical setting's rules. Smart phones in the clinical setting can be used for clinical related resources (drug book, Tabers, calculation, etc). Recording lectures is also at the discretion of the faculty and permission must be granted.

### **Emergencies**

In the event that an emergency occurs during instruction, it is important to be familiar with the practices in place for the classroom. Please review the document at <https://integready.app.box.com/AnticipatingInClass> and direct any questions or concerns to the Office of Institutional Resilience.

### **III. Weekly course schedule**

Textbook: Loudermilk, et al. (L)

**\*Subject to change at any time, you will be notified of any changes**

<b>Weeks</b>	<b>Content Objectives</b>	<b>Reading</b>	<b>Activities and assignments</b>	<b>Outcome Measurement</b>
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<p><b>1, 2, 3</b></p>	<p><b>-Orientation</b>  <b>-Women’s health</b>  <b>-Care of the Antepartum Patient</b></p> <ol style="list-style-type: none"> <li>1. Discuss women’s health through the lifespan.</li> <li>2. Identify the signs of violence against women.</li> <li>3. Assess the cultural and religious needs and preferences of women during pregnancy, childbirth and in the postpartum period.</li> <li>4. Differentiate between the genetic testing in early and late pregnancy.</li> <li>5. Discuss various forms of contraception.</li> <li>6. Differentiate between normal menstrual cycle and premenstrual dysphoric disorder (PMDD).</li> <li>7. Analyze first and second trimester abortion and their legal and ethical implications.</li> <li>8. Discuss the pharmacological management patients during the antepartum period including the nurse’s role in patient/parent education for drug action, side effects, contraindications, and adverse effects.</li> <li>9. Evaluate laboratory and diagnostic test for the patient in the antepartum period with complications of pregnancy.</li> </ol>	<p>L: Ch.1, 2, 3, 5, 6, 8</p> <p><b>ATI</b>  <b>Skills Modules:</b>  <b>Maternal Newborn</b></p> <p><b>Pharmacology Made Easy: The Reproductive and Genitourinary Systems</b></p> <p><b>ATI eBook</b>  <b>Maternal Newborn Nursing Unit 1— Chapters 1-10</b></p>	<p><b>Class discussion:</b>          Women’s health changes through the lifespan.</p> <p><b>Group discussion:</b>          Share experiences of PMS and/or PMDD among your group (self-experience or experience of others) and prepare to report out to the class.</p> <ol style="list-style-type: none"> <li>1. Is PMDD an undertreated condition?</li> <li>2. Discuss the “Dutch test”, use the internet for resources.</li> <li>3. How would you support someone with PMDD?</li> </ol> <p><b>Students complete Active Learning Templates for the Medications used in the antepartum period.</b></p>	<p>Last 10 minutes: “Muddy content”</p>
<p><b>4, 5</b></p>	<p><b>-Care of the Antepartum patient continued</b>  <b>-Pregnancy at risk</b></p> <ol style="list-style-type: none"> <li>1. Discuss common sexually transmitted diseases and the medical and nursing treatment for them.</li> <li>2. Compare and contrast the different kinds of infertility treatments.</li> <li>3. Identify the development, structure, and functions of the placenta and amniotic fluid.</li> <li>4. Discuss the significant changes in growth and</li> </ol>	<p>L: Ch.7, 9, 12, 13, 26, 27, 28, 29</p>	<p><b>Class discussion:</b> Why hasn’t society gotten a better handle on the incidence and prevalence of Chlamydia?</p> <p><b>Group Activity:</b>          Women’ Health Study, prepare to discuss in class.</p> <p><b>ATI</b></p>	<p><b>Quiz</b></p> <p>Last 10 minutes: “Muddy content”</p>

	<p>development of the embryo and fetus.</p> <p>5. Contrast the different types of multifetal pregnancies.</p> <p>6. Analyze the potential effects of teratogens during vulnerable periods of embryonic and fetal development.</p> <p>7. Describe the expected maternal anatomic and physiologic changes in pregnancy.</p> <p>8. Discuss the signs and symptoms a women may experience during the growth of the fetus.</p> <p>9. Categorize the signs and symptoms of pregnancy as presumptive, probable, or positive.</p> <p>10. Discuss the major complications of pregnancy and the role of the antepartum nurse during the management.</p> <p>11. Explore biophysical, sociodemographic, and environmental influences on high-risk pregnancy.</p> <p>12. Examine risk factors identified through history, physical examination, and diagnostic techniques.</p> <p>13. Differentiate among screening and diagnostic techniques, including when they are used in pregnancy and for what purposes.</p> <p>14. Monitor and trend Magnesium levels for patients receiving magnesium for complications of pregnancy.</p>		<p>Video Case Studies: Complications of Pregnancy</p> <p>Dosage Calculations and Safe Medication Administration Case Study: Preeclampsia</p>	
<p><b>6, 7</b></p>	<p><b>Care of the intrapartum patient</b></p> <p>1. Describe strategies for confirming pregnancy and estimating the date of birth.</p> <p>2. Discuss the benefits of prenatal care.</p> <p>3. Compare prenatal lab values with admission labs.</p> <p>4. Create education plans for women throughout pregnancy.</p>	<p>L: Ch. 14, 15, 17, 19, 28, 30</p> <p>ATI eBook (Review Module) Nutrition for Nursing Chapter 7: <i>Nutrition Across the Lifespan</i> pp 37-40.</p>	<p><b>Class discussion:</b> what is the impact of intravenous analgesic on the fetus and newborn? What are interventions to assist respirations of the newborn?</p>	<p><b>Exam</b> Last 10 minutes: "Muddy content"</p>

	<p>5. Analyze the variations in childbearing choices, cultural beliefs and practices on care of women.</p> <p>6. Discuss nutritional risk factors during pregnancy. Integrate the woman's cultural beliefs and practices into dietary counseling.</p> <p>7. Identify nonpharmacologic strategies, including breathing and relaxation techniques, used to enhance relaxation and promote comfort during labor and birth.</p> <p>8. Describe the nurse's role in promoting comfort and safety throughout the labor and birth process.</p> <p>9. Compare pharmacologic methods used to relieve discomfort in different stages of labor and for vaginal or cesarean birth including the nurse's role in patient/parent education for drug action, side effects, contraindications, and adverse effects.</p> <p>10. Discuss the effects of medication management for the mother and its effect on the newborn both during and after birth.</p> <p>11. Construct an evidence-based plan to manage the discomfort that a woman experiences during childbirth.</p> <p>12. Discuss the medical/surgical and hemorrhagic disorders and complications of pregnancy, compassionate care, and the role of the antepartum and labor nurse during the management of them.</p>		<p><b>Group activity:</b> In the skill lab, practice different positioning of the patient in labor (right side, left side, knee/chest, squatting, sitting, trendlenburg). 1. What is the benefit of "left side lying" 2. Why is McRobert's maneuver important?</p> <p><b>Assignment:</b> Intrapartum Case Study. Due Week 5</p> <p>Students complete Active Learning Templates for the Medications used during labor and the System Disorder ALTs for the disorders for complications of pregnancy.</p>	
<p><b>8, 9</b></p>	<p><b>Care of the laboring patient and Fetal monitoring</b></p> <p>1. Discuss the anatomical findings of the women's pelvic in relation to the birth process.</p>	<p>L: Ch. 16, 18, 26, 28, 32</p> <p>ATI</p>	<p><b>Group activity:</b> Each group has 5 different fetal monitor strips. 1. Identify the baseline fetal heart rate. Is it</p>	<p><b>Quiz</b></p> <p>Last 10 minutes: "Muddy content"</p> <p><b>Week 9: Learning System</b></p>

	<p>2. Summarize the cardinal movements of the mechanism of labor for a vertex presentation.</p> <p>3. Examine the factors thought to contribute to the onset of labor.</p> <p>4. Evaluate the fetal adaptations to labor.</p> <p>5. Identify typical signs of normal and abnormal fetal heart rate (FHR) patterns.</p> <p>6. Compare FHR monitoring performed by intermittent auscultation with external and internal electronic methods.</p> <p>7. Explain the baseline FHR and evaluate periodic changes.</p> <p>8. Describe nursing measures that can be used to maintain FHR patterns within normal limits.</p> <p>9. Differentiate among the nursing interventions used for managing specific FHR patterns, including tachycardia and bradycardia, absent or minimal variability, and late and variable decelerations.</p> <p>10. Review the documentation of the monitoring process necessary during labor.</p> <p>11. Identify the signs of postpartum hemorrhage and the role of the postpartum nurse in the management of it.</p> <p>12. Discuss complication of the postpartum period, the compassionate care and role of the postpartum nurse.</p> <p>13. Discuss the pharmacological management of the intrapartum patient and the effects of medication on the fetus/newborn.</p>		<p>within the normal limits?</p> <p>2. Identify and define any periodic changes.</p> <p>3. What is the nursing intervention for your patient at this time?</p> <p>4. Practice reporting to your RN what you have seen on the fetal monitor strip using the correct nomenclature.</p> <p><b>Assignment:</b> Teaching plan for Mother/newborn couplet care. Due Week 6</p>	<p><b>Standard quiz:</b> <b>Maternal Newborn I</b></p>
<p><b>10, 11, 12</b></p>	<p><b>-Care of the postpartum patient and family</b></p> <p>1. Discuss the anatomic and physiologic changes that occur in other body systems</p>	<p>L: Ch. 20, 21, 22</p> <p><b>ATI</b></p>	<p><b>Group activity:</b> Hemorrhage simulation</p> <p>1. In groups of 4, each group will</p>	<p><b>Exam</b></p> <p>Last 10 minutes: "Muddy content"</p>



	<p>during the postpartum period.</p> <ol style="list-style-type: none"> <li>2. Identify expected values for postpartum vital signs, lab tests and possible causes for deviations from normal findings.</li> <li>3. Describe components of a systematic postpartum assessment.</li> <li>4. Recognize signs of potential complications in the postpartum woman.</li> <li>5. Formulate a nursing care plan for a woman and her family in the postpartum period.</li> <li>6. Explain the influence of cultural beliefs and practices on postpartum care.</li> <li>7. Discuss the pharmacological management of the postpartum and newborn patient including the nurse's role in patient/parent education for drug action, side effects, contraindications, and adverse effects.</li> <li>8. Identify psychosocial needs of the woman and family in the early postpartum period.</li> <li>9. Prepare a plan for postpartum teaching for self-management.</li> <li>10. Identify parent and infant behaviors that either facilitate or inhibit parent relationships, especially bonding and attachment.</li> <li>11. Examine the process of becoming a mother and becoming a father.</li> <li>12. Describe sibling adjustment.</li> <li>13. Discuss grandparent adaptation.</li> </ol>		<p>assess the 10 stations to determine the estimated blood loss (EBL).</p> <ol style="list-style-type: none"> <li>2. Determine the immediate, urgent, or monitor care of each EBL and be ready to discuss with classmates.</li> </ol> <p><b>Online Activity:</b> Have students access the La Leche League website and investigate the services offered. Is there a La Leche League support group in your community?</p> <p><b>Homework:</b> Postpartum Case Study, prepared to discuss in next class</p> <p>ATI Video Case Study: Fundal Assessment</p>	<p><b>Assignment:</b> Intrapartum Case Study</p> <p><u>Week 10:</u> ATI Content Mastery Series Maternal Newborn Practice A with Focused Review and post-study quiz</p> <p><u>Week 11:</u> Learning System Standard quiz Maternal Newborn II</p> <p><u>Week 12:</u> ATI Content Mastery Series Maternal Newborn Practice B with Focused Review and post-study quiz</p>
<p><b>13, 14</b></p>	<p><b>-Care of the newborn</b></p> <ol style="list-style-type: none"> <li>1. Analyze the physiologic adaptations the neonate must make to successfully transition to the extrauterine environment.</li> </ol>	<p>L: Ch. 23, 24, 25, 34, 35, 36, 37</p>	<p><b>Class discussion:</b> Postpartum case study</p>	<p><b>Quiz Teaching Plan due</b></p> <p>Last 10 minutes: "Muddy content"</p>

	<ol style="list-style-type: none"> <li>2. Describe behavioral adaptations that are characteristic of the newborn during the transition period.</li> <li>3. Explain the mechanisms of thermoregulation in the neonate and potential consequences of hypothermia and hyperthermia.</li> <li>4. Describe newborn reflexes and differentiate normal from abnormal responses.</li> <li>5. Explain the purpose and components of the Apgar score.</li> <li>6. Describe how to perform a physical assessment of a neonate.</li> <li>7. Describe the process for assessing gestational age of a neonate.</li> <li>8. Explain the components of a safe environment. "Back to Bed"</li> <li>9. Explain the purposes and methods for newborn male circumcision, postoperative care, and parent teaching.</li> <li>10. Describe procedures for administering an intramuscular injection and for performing a heel stick and venipuncture.</li> <li>11. Evaluate pain in the newborn based on physiologic changes and behavioral observations and discuss pharmacologic and nonpharmacologic interventions to reduce neonatal pain.</li> <li>12. Evaluate the feeding choice of the mother and assist her in her decision.</li> <li>13. Recognize newborn feeding cues.</li> <li>14. Explain maternal and infant indicators of effective feeding.</li> <li>15. Develop a teaching plan for the breast or formula feeding family.</li> </ol>		<p><b>Online Activity:</b>          Have students find a milk bank in their community. If there is not one, where is the closest one? Have them access the Human Milk Banking Association of North America at <a href="http://hmbana.org">hmbana.org</a> and review the guidelines for the operation of human milk banks. Identify who would use a milk bank and the cost associated with purchase. Also identify who can supply milk to a human milk bank.</p> <p><b>Group activity:</b>          Newborn case study</p> <p>ATI Video Case Study: Apgar Scoring and Breastfeeding</p>	<p><b>Week 13:</b>          Learning System Standard quiz          Maternal Newborn Final</p> <p><b>Week 14</b>          ATI          Content Mastery Series Proctored Assessment with Focused Review and Retake, if necessary</p>
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	16. Evaluate laboratory and diagnostic test for the newborn.			
15	<b>Comprehensive Final Exam</b>			
16	<b>Course Wrap-up</b>			

## Obstetric Case Studies

### **Women's Health Case Study:**

H.P. is a 22-year-old female who presents to the gynecologist's office with painful urination.

#### **Subjective Data**

Last menstrual cycle: 10 days ago

Pain is burning sensation

Fever

Performs monthly breast self-examinations

Sexually active, monogamous relationship 6 months

Birth control method: oral contraception

#### **Objective Data**

Multiple vesicles inner labia, ulcerations with clear discharge

T=99.9

#### **Questions:**

1. What other questions should the nurse ask about the painful urination?
2. What are some of the causes of painful urination?
3. Develop a problems list from objective and subjective data.
4. Based on the readings and subjective and objective data, what is the most likely cause of painful urination for this patient?
5. What should be included in the plan of care?

### **Intrapartum Case Study:**

Laurie is a 32-year-old primigravida at 40 weeks of gestation who is admitted to the Labor and Delivery unit in early labor. She has no known risk factors. Her bag of waters is intact, and she is 3 cm dilated, 90% effaced, and -1 station. The fetal heart rate is 120 with moderate variability, and she is contracting 3 to 4 minutes apart for 60 seconds.

As the woman progresses through the stages of labor, various body system adaptations will occur. What are these physiologic changes, and what are the risks to the maternal-fetal unit as a result? How will the nurse modify her care of Laurie in response to these physiologic changes during labor?

1. What are the cardiovascular physiologic changes that occur during labor?
2. What position is beneficial for the laboring woman due to these cardiovascular changes?
3. What are the respiratory physiologic changes that occur during labor?
4. Laurie asks the nurse if she can eat the turkey sandwich that her husband bought for her in the cafeteria. Should Laurie eat a sandwich while in labor? What are the gastrointestinal physiologic changes that occur during labor?
5. Laurie's labor progresses. Her bag of waters ruptures spontaneously for clear fluid. She is 5 cm dilated on exam. Laurie wants an epidural for pain management. She is preloaded with IV fluid. Her bladder is distended one hour after the epidural is placed, and the nurse obtains an order from the physician for an in-and-out catheterization. The nurse dip sticks Laurie's urine for protein, and it is 1+. Should the nurse be concerned about this finding?
6. Laurie is now 10 cm dilated and +2 station, and she feels the urge to push. What instructions should the nurse give Laurie about pushing?

**Postpartum Case Study:**

Lisette and Joel are a couple in their 20s. They have a 2-week-old baby boy and have come in for a well-baby check of their healthy infant. Joel is carrying the infant with Lisette trailing behind. When the nurse inquires how things are going at home, Lisette becomes tearful, and Joel looks away. As the nurse questions them further, it becomes evident that the couple differs in their perception of how the baby should be cared for. Lisette was raised in various foster homes after being taken from her abusive mother at age 3 and has no relatives who are involved in her life at the present time. Joel comes from a large, affectionate family who are thrilled with the new baby and visit frequently and while there take over care of the baby. Lisette has been feeling overwhelmed by the care of the infant and often just lets him cry in his crib. Joel and his family always pick up the baby immediately when he cries.

1. What can the nurse do to help this couple?
2. What specific interventions may be helpful?
3. How can Joel's family be of assistance?
4. What other resources are important for this family?

**Newborn Case Study:**

Ella is a newborn infant born seconds ago to a 26-year-old gravida 1 para 0 at 42 weeks of gestation. There were no pregnancy complications. Labor was complicated by meconium-stained amniotic fluid and repetitive late fetal heart rate decelerations with decreased variability during the past 2 hours of labor. The mother also developed a fever of 101 degrees Fahrenheit in the last hour of labor. She was begun on Mefoxin IV. The mother had been repositioned to left lateral, and oxygen by mask had been given. A cesarean birth was planned for fetal intolerance of labor, but then the mother made excellent pushing efforts and the infant descended to the perineum and was delivered with vacuum extraction to expedite delivery because of suspected fetal hypoxia.

1. What risk factors does Ella have for neonatal depression?
2. How should the nurse have prepared for Ella's birth?
3. Ella is born, and she appears pale, is not breathing, and has poor tone. What should be done next?
4. Ella is gasping and making poor respiratory effort. Her tone remains poor. Her heart rate is 110. What is the next step in neonatal resuscitation, and when should it be performed?
5. What signs indicate improvement in Ella's condition?
6. Following 30 seconds of positive pressure ventilation, Ella began spontaneous respirations and maintained a normal heart rate, color, and tone. What is appropriate post-resuscitation nursing care for Ella?

## Grading Rubric Teaching Plan (100pts)

### Care of the mother/newborn

Develop a teaching plan for the mother and family that identifies your teaching strategies for a topic you have chosen that focuses on the immediate care or care through the first 6 months of the mother and newborn couplet. Identify the topic you want to teach and why you chose it, identify the learning style of your patient, discuss the strategies you will use to ensure your teaching is accepted by the patient and family, and include how you will evaluate if the patient and family understands your education. Provide at least 3 current and relevant peer-reviewed resources. Use APA format.

Criteria	Levels of achievement				Assigned points
	23-25 points	20-22 points	18-19 points	0-16 points	
Identifies the education topic chosen for mother and newborn couplet and what determined this choice. Identifies learning style of mother/family.  Introduction	Comprehensive discussion about the knowledge deficit that warranted the development of the teaching plan.	Well written discussion identifying the topic and reason for determining the topic. Brief introduction and conclusion.	Basic discussion on the topic identified but omits reasoning behind choosing this topic. Brief introduction and conclusion.	Identifies topic, omits reason for topic. Omits introduction or conclusion and not enough body to understand	/25

				relevance of plan.	
Discusses evidence-based practice (EBP) teaching strategies for the mother and family and why these were chosen.  Body of paper	Provides comprehensive discussion in (the body of the paper) of EPB teaching strategies for this particular patient/family and why they were chosen.	Describes the basics of EBP, and mentions some of the best practices in meeting the teaching strategies for this patient including why they were chosen.	Provides a brief definition of EBP but doesn't provide examples of best practices for meeting the needs of this patient.	Mentions EBP but omits definition, best practices for teaching strategies or connection to the patient.	/25
Evaluates understanding of the content taught to the mother and family.	Provides a comprehensive discussion on the evaluation process used to ensure understanding of the content taught.	Discusses some aspects of the evaluation process, however omits how the process what completed.	Basic information given about the patient evaluation, however process is not included or discussed to determine effectiveness.	No evaluation of teaching included in paper.	/25
APA format (Introduction, body, conclusion, correct running head and cover page, uses headers for organization, proper	APA correctly used throughout paper. Citations and references are formatted correctly, resources are within 5 years, and from peer reviewed journals.	Generally acceptable but some minor mistakes. 50% citations and references are formatted correctly,	Multiple mistakes in APA format. 50% citations and references are formatted correctly, resources,	APA format is not used correctly or at all. Citations and references are formatted incorrectly, many	/25

grammar and spelling). Resources used: within 5 years, scholarly peer reviewed journals		resources are within 5 years and from peer reviewed journals.	however not within 5 years or from peer reviewed journals.	resources are outdated and not from peer reviewed journals.	
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**Total points** \_\_\_\_\_

### Clinical syllabus

Faculty: TBD  
 Clinical Site: TBD  
 Faculty: TBD  
 Phone: TBD  
 Email: TBD  
 Office hours: TBD

**Clinical objectives:**

1. Constructs and applies compassionate care for the mother/newborn couplet and family.
2. Interprets fetal monitoring to identify normal versus abnormal patterns of fetal well-being.
3. Discusses antepartum, intrapartum, and postpartum complications of childbirth and compassionate care with the interprofessional team.
4. Differentiates between normal and abnormal postpartum and post-delivery recovery in the new mother and newborn.
5. Plans time to assist mother with newborn feeding (breast or bottle) to assess proper latch, suck, and swallowing.
6. Composes discharge plans to include the care of mother/newborn and family.

**Clinical weekly schedule**

Group project: Complications of pregnancy (preterm labor, lupus, gestational hypertension, type I DM, drug addiction)

\*Simulation/group work: schedule with clinical instructor

Week	Skill/Evaluation	Reading Assignment Bring Skills text to Skills Lab
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<b>3</b> <b>Thurs</b>  <b>8:00-20:30</b>	<b>Group A (12 students)</b> <b>Skills Lab Day</b> <i>8:00-9:00 Medication proficiency exam</i> <i>9:15-11:15 Mother/newborn assessment</i> <i>11:15-12:15 Lunch</i> <i>12:15-14:15</i> <i>Practice Mother/newborn assessment/compassionate care</i> <i>14:15-14:30 Break</i> <i>14:30-16:30 Apgar score</i> <i>Ballard/Dubowitz scoring of the newborn</i> <i>16:30-16:45 Break</i> <i>16:45-20:30 Newborn care</i> <i>Breastfeeding techniques/positions</i> <i>Newborn injection</i>	Bring baby doll, stuffed animal or anything you can diaper and wrap.  Bring Nurse Pack (Foley catheter and IVPB supplies)
<b>3</b> <b>Friday</b>  <b>6:45-19:00</b>	<b>Hospital/Unit Orientation</b> Patient assignments Work full day with RN, assist her/him with all patient care, procedures, documentation	06:45-8:00 Unit orientation, meet in conference room
<b>4</b> <b>6:45-19:00</b>	Total patient care in postpartum (2 couplets) Limited care in Labor/Delivery Limited care in NICU	06:45 Preconference for assignment  13:00-14:00 Post-conference, L/D excused if C/Section or patient is close to delivery.
<b>6</b> <b>06:45-19:00</b>	Total patient care in postpartum (2 couplets) Limited care in Labor/Delivery Limited care in NICU	06:45 Preconference for assignment  13:00-14:00 Post-conference, L/D excused if C/Section or patient is close to delivery.
<b>8</b> <b>06:45-19:00</b>	Total patient care in postpartum (2 couplets) Limited care in Labor/Delivery Limited care in NICU	06:45 Preconference for assignment  13:00-14:00 Post-conference, L/D excused if C/Section or patient is close to delivery.
<b>10</b> <b>06:45-19:00</b>	Total patient care in postpartum (2 couplets) Limited care in Labor/Delivery Limited care in NICU	06:45 Preconference for assignment  13:00-14:00 Post-conference, L/D excused if C/Section or patient is close to delivery.
<b>12</b>	Total patient care in postpartum (2 couplets)	06:45 Preconference for assignment

<b>06:45-19:00</b>	Limited care in Labor/Delivery Limited care in NICU	13:00-14:00 Post-conference, L/D excused if C/Section or patient is close to delivery.
<b>14 *6hr</b>	Simulation Work on group project	Clinical evaluations
<b>16</b>	Course wrap-up	

\*Simulation/group work: schedule with clinical instructor