Johnson Center for Pregnancy and Newborn Services: Case Studies and Best Practices

Speaker Line Up Coordinated By
Beth Faulkner DNP, MN, CCNS, RNC
Maternal-Neonatal Clinical Nurse Specialist

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Disclosures

• We do not have any financial professional or personal conflicts of interest to disclose today.

• This presentation does not include the discussion of any investigational or off label use(s) of a commercial product or device.
Objectives

- Describe a comprehensive range of services and teams tailored precisely to your patient’s needs
- Describe RN practice in a manner that fulfills their obligations to society and to those who receive nursing care
- Describe services that meet the emotional needs of our patients
- Identify extraordinary patient care practices a nurse can provide to meet patient and family needs
- Identify Infection Control Practices in relation to a mother and baby dyad
- Discuss ethical principals, issues and dilemmas and decision making
- Describe impact of Tongan Culture on health and psychosocial needs
Case Study Panel Participants

• Yasser El Sayed MD
• Susan Crowe MD, FACOG
• Andrea Puck MN, CNS, RN
• Annette Haynes RN, MS, CCNS, CCRN
• Julie Allen BSN, RN
• Priya Pandya-Orozco MSN, RN, CIC
• Jane Zimmerman LCSW
• Linda Ikuta MN, CCNS, RN, PHN
• Lou Filoteo BSN, RN
• Beth Faulkner DNP, MN, CCNS, RNC
Nursing Practice at Stanford Children’s Health
Empathy: The Human Connection to Patient Care

- https://www.youtube.com/watch?v=cDDWvj_q-o8
Nursing Grand Rounds
Mother Baby Dyad Case Study
Mother-Baby Dyad Overview

• Units Touched
  – Antepartum (Previa)
  – Labor and Delivery
    • Discharged to Stanford ICU
  – Stanford ICU
    • Discharged to Maternity
  – Maternity
    • Discharged Home
  – PICN (Packard Intermediate Care Nursery)
    • Infant PICN-Maternity-Home-Maternity
  – Stanford ED (Readmit from Home)
  – Maternity
Problem List: Mother

- 37 year old G5P3205
- Placenta Previa with emergent cesarean hysterectomy
- 35 + 1 weeks GA
- Complicated by PPH (EBL 6L)
- Massive Transfusion
- Postop course complicated by ICU stay
- L Ureteral Injury
- L Percutaneous Nephrostomy Tube (PCN) placement by IR
- Bilateral Pulmonary Embolus (PE)
- Gestational hypertension (HTN)
- Incisional Cellulites
- C-diff Infection
- Postpartum fever
- Drug induced nephrotoxicity
- Type 2 Diabetes Mellitus
- Patient readmitted from home with fever and L PCN no longer draining
Problem List: Baby Girl

- 35 + 1 Week LGA
- IDM
- C-Section
- Preterm labor
- History of hypoglycemia
- History of hypoxia
- History of coombs positive hyperbilirubinemia
- Feeding issues
- Separation from mother
Previa

- Placenta Previa
- History of two prior C-Sections
- Uterine blood flow 800mL/min
- Treatment of uterine atony
- More than 20 units of PRBC’s and other products
Labor and Delivery: Safety

Prep for surgery
- 0-60
- Prep for hemorrhage
- Prep for baby

Hemorrhage response
- Bakri
- MTG, labs
- Hysterectomy
Stanford Hospital Collaboration

- ICU/Cardiac Care Unit
- CNS collaboration
- Education
- Engagement of management teams to support staff crossing systems
- Communication tree; patient care plan
- Implementation
- Current issues
- Expanding the resources from other services
- Ongoing education

Maternity

- Antepartum care
- C-Diff Diagnosis
- I haven’t met my baby yet…
- RN would go visit the baby for her and report
- Infant was 17 days old when she first got to touch and hold
- Mom visiting PICN
- Became lonely in her room
- It was a really important to her to have her husband/children visit
Maternity

• Patient having a lot of pain in hallway (AP)
  – Prompted bedside RN to evaluate
  – C-sect later that day

• Postpartum
  – Can her children visit?
  – Collaboration with healthcare team
  – Broke down steps for visit (mom to PICN or baby to room) in detail in patients EMR
  – Day 20 the mother reunited with her children
    • able to meet their baby sister
    • mother watching her children preparing her children to come into her room
Infection Prevention and Control (IPC)

- CNS consulted with IPC to facilitate visitation
  - Mother visiting baby in PICN
  - Baby visiting mother in room
    - Facilitating emotional well being
  - Couple care
    - Mother still in contact plus isolation
    - At times baby needed to return to PICN if mother was tired
- Education for staff and family on importance of adhering to PPE compliance
- No patient or staff acquired C-diff during the course of the mother/baby dyad hospital stay
Neonatal Issues

Infant of Diabetic Mother:
- Large for gestational age
- Hypoxia
- Physical Immaturity
- Hypotonic

Late Preterm Infant:
- Hypothermia
- Sepsis risk
- Feeding issues
- Bilirubin Risk
- Hypoglycemic

Family Separation:
- Bonding
- Breast Feeding
- Potential exposures
- Discharge teaching
Nurses Exceeding Expectations

• IV extremely difficult to start; RNTs were able to start IV. This action saved baby having a Umbilical Venous Central line insertion.
• Nurses taking baby to WBN side to show the baby to Mom through the window.
• Calling ICU Nurses; giving information about baby
• Sending pictures of baby to Mom
• ICU Nurses helping Mom with pumping for breast milk
• PICN/WBN/F1/F2 taking baby to Mom and then bring back in separate crib when she was on infection precautions
Impact of Tongan Culture on Health and Psychosocial Needs

• Cultural risk factors
  – Non-medical births
  – Expectations for women

• Staff compensation for cultural issues
  – Nursing interventions
  – Administrative decisions for infant stay

• Psychosocial support
  – ICU psychosis
  – Family needs
  – Need for help versus cultural autonomy
Panel Questions ?
Lead India The Tree

- https://www.youtube.com/watch?v=2_uZ8AZfPTU&feature=youtu.be
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