dry cracker along with sips of hot tea, clear coffee, or water.

b. Avoid greasy foods.

c. Eat small portions, frequently, to avoid making the stomach too full. When the stomach is distended, more pressure is put on the uterus and you may also experience indigestion.

3. Severe nausea and vomiting do require medical attention because vomiting can deplete your system of nutrients and water. Dehydration and electrolyte imbalances may result.

G. Fainting

1. Dizziness occurs due to changes in the body's circulation.

2. Usually dizziness or fainting will occur if you are in warm, crowded places, if you suddenly change positions or if you stand in one place for prolonged periods of time.

3. If you feel faint or dizzy, sit down or lower yourself to the floor and put your head between your knees. Get some fresh air. Be sure to move slowly. Quick positional changes may result in hypotension.

4. If you do "black out," see your doctor immediately.

H. Toxemia

1. Toxemia is characterized by a large weight increase, swelling (especially in the face and hands), blurred vision and repeated, severe headaches.
High blood pressure is also a sign.

2. Normal weight gain is about four to six pounds a month in the second and third trimesters. Three to five pounds a week is unusual. If you do notice any sudden change in weight within a period of a few days, notify your doctor or the clinic nurses.

3. Some swelling is normal.
   a. Swelling of the ankles results later in pregnancy because the growing uterus puts pressure on blood vessels that are essential for blood return from your legs.
   b. Get into the habit of elevating your feet when sitting. Do not wear tight, restrictive clothing.
   c. If you do have to stand or sit without elevating your legs for long periods of time, then flex or bend your ankles upward. This will help to squeeze blood upward and will promote circulation.

4. If you notice swelling in your face and hands or if your rings become tight, notify the doctor.

5. If you are experiencing blurred vision and repeated, severe headaches, then call the doctor or notify the clinic nurses.

III. Evaluation

   A. To review some conditions that warrant concern and medical attention, we shall list eight symptoms.

   1. bleeding
2. pain while urinating
3. cramps or persistent pain
4. severe constipation
5. infection, fever, chills
6. persistent nausea and vomiting
7. fainting
8. toxemia characterized by sudden weight gain, edema (swelling), blurred vision, and severe headaches.

B. What are some common discomforts and what are some remedies that you can utilize to help yourself become more comfortable

Bibliography:


What to Expect in the Hospital

Objectives: Upon completion of this presentation, the learner will:

1. Describe what can be expected upon admission to the maternity floor at Ball Memorial Hospital.
2. Explain three reasons for receiving an enema.
3. Explain one reason for the mini-prep.
4. Describe the recovery room and state what occurs in the recovery room.
5. Verbally acknowledge that she is eligible for the birthing room and share her thoughts about its utilization.
6. Describe "rooming-in" and weigh the advantages and disadvantages.
7. Discuss hospital policies relevant to maternity floor visiting hours and the handling of the infants.

I. Labor and Delivery

A. Upon your arrival at the hospital, go directly to the fourth floor or go in the front doors and have someone at the information desk direct you to the maternity unit.

B. When you arrive at the maternity unit, one of the clinic doctors will perform a pelvic examination in an exam room close to the nurses' station. This is to verify that you are experiencing true labor.
C. If you are to be admitted, the person who accompanied you will be sent to the admitting office. You will be given a paper bag in which to put your clothes and you will be asked to change into a hospital gown.

D. When you are in bed, you may start your breathing and relaxation exercises.

E. The person who brings you to the hospital may remain with you in the labor room. However, only one individual at one time is permitted to be with you.

F. One of the first interruptions to your breathing and relaxation exercises will be a laboratory technician who will draw blood. This is done so that if you lose blood in delivery, the doctors will be sure of your blood type, and will have a transfusion ready. Some other blood tests are performed.

G. You will probably be given an enema. While this procedure may seem distasteful, it does serve some important purposes.

1. The enema empties the bowel so that during delivery you do not experience defecation (or have a bowel movement).

2. If you do have a cut or tear at the vaginal opening, which is called an episiotomy, the doctor will stitch the area. (An episiotomy is done to enlarge the opening for the birth of the infant's head.) After delivery, having a bowel movement puts pressure on the stitches close to your vagina. Therefore, an enema helps to minimize or prevent
that painful occurrence.

3. Constipation is expected after delivery. An enema, prior to delivery, helps decrease or prevent the discomfort and severity of post partal constipation.

4. The enema may also stimulate contractions which may decrease the time you are in labor.

H. You will also receive a mini-prep. A "mini-prep" means that some of the hair between your legs, close to your vagina, will be shaved. This is done to allow the physician better visualization for delivery and for stitching an episiotomy.

I. While you do have the option to refuse these procedures, they are for your comfort post partally.

J. You will be hooked up to the fetal monitor for part of your labor for assessment of the infant's condition. The nurses will place electrodes on your abdomen with some vaseline-like jelly. It is recommended that you not do a lot of moving around so that the nurses can obtain an accurate reading of how the infant is doing. The monitor records the infant's heart rate. The doctor can also put an electrode directly on the baby's scalp if an accurate reading cannot be obtained from the electrodes on the stomach. The physician inserts a small electrode through the vagina and through the cervix and attaches it to the infant's scalp. This invasive procedure can only be performed if your water has broken, if your cervix is dilated, and if the infant's head has descended far enough. This
type of monitoring eases the difficulty of not being able to move around comfortably.

K. If labor lasts for an extended amount of time, you may have to have an intravenous infusion, also called an "IV." The intravenous fluids will prevent you from becoming dehydrated.

L. When your cervix is approximately eight centimeters wide, you will be taken to the delivery room. The cervix must dilate (or open) to 10 centimeters in order for the infant to pass through the birth canal. The nurses will move the bed you are in down the hall to the delivery room. They will be present with you and will instruct you on when to begin to push. There are some occasions when you can begin to push in the labor room.

M. Your husband, mother, or friend may accompany you into the delivery room only if they have had some type of prenatal, parent education classes. They will have to wear green surgical uniforms, called "scrubs," in order to be permitted to enter the delivery area.

N. Routinely, after you have given birth in the delivery room, you will be allowed to hold the infant until you reach the recovery room.

II. Recovery Room

A. The recovery room is one long room that has several beds separated by curtains. You will be given a sponge bath to help you feel refreshed. You will
be instructed on perineal care and how to take care of the stitches close to your vagina.

B. While you get refreshed, the nurses will take the infant to the nursery to clean and admit him. They will first show him to your family who were in the waiting room.

C. The nurse may massage your fundus (uterus) by rubbing through your abdomen. (Demonstrate) This is done until the fundus becomes firm so that extra blood will be expelled.

D. Your husband (or mother) may see you in the recovery room, although this is a time for you to rest and for the nurse to observe your condition.

E. You will be in the recovery room for three hours from the time of delivery. You will then be transferred to the postpartal unit.

III. General Information

A. For your hospital experience, there are different opportunities you might want to think about before becoming a maternity patient. One such alternative is the birthing room.

1. The birthing room is an option to the traditional labor and delivery rooms. It is a room that has a "homey" atmosphere. The birthing room has a unique bed so that instead of having to transfer you from the labor room to the delivery room, you may have your labor and delivery in the same birthing room.
2. This alternative would need to be discussed with your doctor prior to your admission. If your doctor agrees, and if you desire the birthing room, you must request it as you are being admitted in order to avoid switching rooms.

3. The birthing room is on a first come, first serve basis. You do have a right to utilize it. If you do request the birthing room when you are being admitted and your doctor has agreed, the nurses will attempt to accommodate your wishes. If you must be admitted to a regular labor room because the birthing room is occupied, the nurses will transfer you later, if time permits.

4. There are some doctors who prefer delivering infants in the regular delivery rooms so it is imperative that this be discussed with your physician first.

B. On the post partal unit, there is an opportunity for "rooming-in" with your infant. This is a plan in which the infant is allowed to remain in your room during the day and evening. You will have more time to spend with your baby.

1. Rooming-in may begin six hours after delivery time. It may last from the morning until the afternoon. The infant is again returned to your room in the evening until you are ready to sleep.

2. If you start feeling tired or ill, if you have surgery, or if the infant requires special care
or treatment, then rooming-in will be discontinued and the infant will be returned to the nursery.

3. Do not hesitate to reject rooming-in if you feel that you need extra rest.

C. For the protection of the infant, you must wash your hands before feeding. Smoking is not permitted while the infant is in your room.

D. Also for the infant's protection, maternity visiting hours are strictly adhered to. One person of your choice may be allowed to visit you outside of the regular visiting hours, from 9:00 am to 9:00 pm. Only the father, or the person whom you chose to be allowed extra visitation time, may be present in the room during rooming-in. The nurses can make arrangements for you to visit with your other children at the hospital, but the siblings are not permitted to be in contact with the infant.

E. One final opportunity that you are entitled to is called a "stork dinner." A special meal for you and your husband will be provided by the hospital. You must make reservations for the "stork dinner" as it is held in the patient lounge on the maternity unit. The meals are served between 11:15 am and 5:00 pm daily. There is not an extra charge for this special dinner.

IV. Evaluation

A. Where do you first go upon arriving at the hospital?

B. What is the importance of receiving the enema?
C. What is the reason for the mini-prep?
D. What can you expect in the recovery room?
E. What are your thoughts about the birthing room?
F. What is the reason for strict visiting hours?
G. What must you do before handling your infant?

Sources:

"Welcome to Four North." Pamphlet published by Ball Memorial Hospital.
Interview with staff nurse in labor and delivery, Four North. Ball Memorial Hospital.
Nutrition for You and Your Infant

Objectives: Following this presentation, the learner will:

1. State the importance of good nutrition during pregnancy.
2. Name the four food groups and state how many servings of each food group she needs per day.
3. Verbalize the importance of the time spent with the infant during feeding.
4. Name four advantages of breast feeding.
5. State at least one guideline for feeding.
6. Explain one reason cow's milk should not be introduced until ordered by the doctor.
7. Demonstrate knowledge of feeding frequency for infants.

I. Nutrition for the Mother-to-be

A. While you frequently hear that you should be eating properly during pregnancy, getting the right foods in the correct amount may mean the difference between a healthy baby and an unhealthy baby (not to mention a healthy and unhealthy you). Your infant needs vitamins, minerals, proteins, carbohydrates, and fats in order to grow and develop normally.

B. Dieting during pregnancy is an unhealthy practice. Your infant may not develop as he should. Wait until after you have given birth if you must diet.
C. Foods that should be eaten, those that you hear are "good for you," can be categorized into four main groups:
   1. the milk group
   2. the meat group
   3. the vegetable and fruit group
   4. the bread and cereal group

D. Milk provides the protein that you and your baby greatly need for the development of body tissues, and the growth of bones and teeth. Your body requires three to four servings a day from the milk group which is approximately one quart. Also included in this group is cheese and ice cream. If you dislike plain milk, make tomato soup or puddings with milk.

E. At least one serving of meat should be included in your daily diet. Fried meat should be avoided due to the high fat and cholesterol content. Examples of meat sources include fish, chicken or lean beef.

F. You need at least five servings of fruits and vegetables daily. They may be either cooked or raw. You especially need dark, green, leafy vegetables because they supply vitamins A and C and folic acid. Citrus fruits such as oranges, grapefruit, and tomatoes should be eaten every day.

G. You need four servings per day of foods from the bread and cereal group for vitamins and carbohydrates. An example of a proper daily serving in this group
could include three slices of enriched bread and a bowl of cereal.

H. Your salt intake may need to be decreased because salt makes your body retain (or hold) water which may cause edema (puffiness, and swelling). Therefore, decrease your intake of foods such as bacon and ham. Completely eliminate potato chips and diet soda from your diet.

I. If you are nursing your baby, you will need to continue a healthy diet because the quality of your milk will be affected by the foods that you eat. Furthermore, the care of an infant requires a large amount of energy which can only be obtained through a healthy diet and plenty of rest.

II. Infant Nutrition

A. There is no right or wrong answer to breast or bottle feeding. No one way can be generalized as being right for all infants.

B. Regardless of whether you bottle or breast feed your infant, you will be giving him warmth, tenderness, and affection. The quality of time spent with your infant can be enhanced during feeding with a happy and relaxed atmosphere.

C. There are some advantages to breast feeding that need to be mentioned:

1. Financially, breast milk is less expensive. Bottles and formula can be costly. However, WIC* may supply

* WIC is a federally supported supplemental food program for women and children.
what bottles and formula you need.

2. Breast milk is instantly available. If you bottle feed, you must sterilize the formula and bottles.

3. Breast milk transfers temporary immunity to your infant. Your infant may be less susceptible to infections.

4. Usually there are fewer allergies to mother's milk than to formulas.

D. Either way, a relaxed and comfortable position is vital for both the mother and the baby. If the infant is too distracted to nurse when you are with other members of the family, find a place that is quiet and calm.

E. Bottles should never be propped in the infant's mouth. They also should not be left in the bed for him to suck on while he falls asleep. His teeth are developing and the glucose or sugar in formula and milk could make him susceptible to tooth decay before he begins cutting teeth. When his teeth do appear, they would not be as resistant to cavities as he grows. Furthermore, if he is left to suckle on the bottle, there exists the chance of his choking.

F. During the first few weeks of life, your baby may need to be fed every two to three hours around the clock. His eating patterns may change greatly from one day to the next, but gradually you may ease him into a schedule of eating and sleeping.
G. By six weeks, your baby will probably need to be fed every three to four hours. If he awakens and whimpers an hour after a feeding, try to soothe him back to sleep instead of feeding him again. Do not fall into the habit of trying to overfeed him because an overweight infant is not necessarily a healthy one. It has been documented that chubby, overweight infants are predisposed to obesity as they grow into childhood and adulthood.

H. Allowing your infant to cry when hungry for a prolonged period of time, though, may be harmful to both you and your baby’s emotional and physical well-being. You cannot spoil an infant by picking him up when he cries or by showing him love. There is no such thing as too much love.

I. Your infant does not require any other food product besides formula or breast milk for the first four to six months. He may require iron supplements, though. Giving cow’s milk or other solid foods too early can be harmful to the infant. He can become sick or may develop allergies to the foods. Cow’s milk, started too early, is detrimental to the infant’s digestive system. It is recommended that you discuss with your doctor the proper time to introduce cow’s milk and solid f

J. Some suggestions to starting solid foods, when you do begin them, include:

1. Introduce one food at a time (usually rice cereal is first) so that if an allergy develops, you will
be able to identify what he is allergic to and what food he should not receive again. Four to seven days should be allowed between introducing new foods. It is recommended that you keep a chart on when particular foods were given, what they were and how the infant tolerated them.

2. Only begin giving your infant one to two teaspoons of food per feeding. Gradually increase this amount to two to three tablespoons.

3. If the infant dislikes a particular food, switch to another kind in that same food group.

4. Because of the infant's sucking reflex, he may thrust the food forward or appear to spit the food out of his mouth. Try spoon feeding by pushing the food toward the back of his tongue.

5. After the first year, the infant's appetite may decrease. Do not attempt to force feed and do decrease his milk intake as he is eating more solid foods.

III. Evaluation

A. What is the importance of good nutrition while you are pregnant?

B. What are the four food groups?

C. How many servings do you require from each?

D. What is the importance of the time that you spend with your infant during feeding?

E. What are four advantages of breast feeding?
F. Should a bottle be propped in your baby's mouth?
   Why or why not?

G. How often should your infant be fed?

H. Why are solids not to be introduced at one month?

Bibliography:


Evaluation

Were my goals accomplished? Were my objectives met? Was the need for decreasing a knowledge deficit fulfilled? Were anxiety levels decreased? Were the high risks of many of the clinic patients partially compensated for? Were self-confidence as well as self-esteem levels increased?

At the conclusion of each information session, I asked for verbal feedback to evaluate the learning that had occurred. I asked the patients to verbalize some of the major ideas that I had discussed. From the responses I received from the women who attended the classes, there appeared to be a significant amount of learning. However, I question the length of time that the information was retained. Because the breathing and relaxation exercises were reinforced each week, the women that regularly attended my classes were able to repeatedly demonstrate the steps of relaxation and proper breathing techniques.

The following episode exemplifies a decrease in anxiety levels. On one occasion a group of four persons, three women and one husband, was practicing breathing and relaxation exercises. This group seemed to have built a rapport during the time that we went through the steps of relaxation and utilized the experience for more than just learning. Upon concluding the relaxation exercise, a question was raised which led to a discussion of fears, of troubles, and of ideas. Each client took a turn to express how she (he) felt about pregnancy. The discussion also included money problems and
family concerns. Each individual appeared to release some anxiety, as each was tense about what was to be faced in the near future. While one person was confiding her (his) apprehensions, the others offered their support, encouragement, and empathy. At the conclusion of this mutual sharing, one woman summed up what the experience had meant to her: "This has really helped and I feel a lot better. Even though I have a lot of problems, it's good to know that I'm not alone and that people care."

Unfortunately, follow-ups on the pregnancy outcome of the participating clinic patients were not carried out. Therefore, it cannot be concluded whether or not the antepartal classes had an effect on decreasing or preventing pregnancy-related complications. To be valid, an evaluation of this goal would need to be conducted in the form of a research study. However, one woman who had been present for the discussion on warning signals of pregnancy experienced a bleeding episode one week later and quickly obtained medical help. She was found to be experiencing what she termed "an infection," and was ordered to have weekly examinations.

In addressing whether or not self-confidence, and self-esteem levels were raised, I can only relate the nonverbal and verbal communication which led me to believe that for those women who did attend, the classes had an impact. Throughout the time that I spent on the library floor, layered with carpet pieces, with the clinic patients, I observed smiles, laughter, and enthusiastic participation. However,
there were many more women who did not attend my classes, than did attend. Those women with poor personal hygiene did not usually participate in my classes. Those that did participate already had enough self-confidence to "risk" participating in exercises on the floor. Their dignity was not threatened by lying on carpet pieces or by removing their shoes. While I may have succeeded in reinforcing existing positive self-esteems, I do not feel that I reached the women whose self-images were negative. Furthermore, those women with negative self-concepts may not have been ready to have those higher level needs fulfilled.

Another experience which illustrates how a client was assisted to problem-solve, involved a multigravida who lacked transportation to the hospital during the daytime. "Carol" had no phone, no neighbors that were home during the day, and had four small children who could not be left alone. Her husband worked during the day. Since her previous labor ended in less than two hours, she would need to be quick in getting to the hospital. As I helped her search for alternate options, "Carol" worked out the plan that as the time for her delivery drew closer, she would arrange to have her sister stay with her in order to obtain help.

Throughout the evaluation process for assessing patient learning that has occurred, it is vital that the performance of the behavior is evaluated and not the individual. Even if the objectives have not been reached, even if the person learned very little, the
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Throughout the evaluation process for assessing patient learning that has occurred, it is vital that the performance of the behavior is evaluated and not the individual. Even if the objectives have not been reached, even if the person learned very little, the patient as a person is not
Regardless of how well he has done, it is imperative that you help the patient maintain his dignity and self-esteem throughout the process of evaluation.

The nurse must be unconditionally accepting and nonjudgmental of the individual. She must be willing to adapt her teaching approach to best meet the needs of the learner.

In order to better meet the needs of the patients at the Antepartal Clinic on a more permanent basis, I introduced a proposal for using videotapes in the waiting room. These videotapes could present informational programs on a variety of topics. The letter that I gave to Mrs. Brumley outlined this proposed plan and a copy of the letter is in the appendix.

While my idea for a permanent form of group education was not acted upon, I later discovered from the Director of Patient Education at Ball Memorial Hospital that it is not unusual for programs similar to the one I proposed, to take years for installation. I did succeed in proving to Mrs. Brumley that there are women who would benefit from such a program at the clinic. Therefore, I established feasibility and just cause for meeting the need of prenatal education.

In reviewing my time spent at the clinic, the knowledge and experience I gained has been invaluable. Through countless meetings and interactions, my interpersonal skills and organizational capabilities have increased tremendously. My self-confidence about leading a group has increased and
I no longer have doubts about my abilities to speak in front of a group.

I have gained a greater understanding of applying the nursing process to a community and to groups. I also have a greater capacity for visualizing myself in roles other than hospital staff nursing. I have found within myself the abilities to communicate, plan, adapt, teach, and especially to learn. The scope of nursing has expanded beyond the preconceived horizons in my mind. Overall, I am concluding this journey with good feelings about where I have been and what I have done.
Endnotes


3 Ibid., p. 34-5.


5 Ibid.


7 Ibid.


9 Ibid.


11 Ibid., p. 23.

12 Ibid., p. 25.


16 Ibid., p. 97.


18 Ibid.

19 Ibid.

20 Ibid., p. 235.

21 Narrow, p. 185.

22 Ibid.
Bibliography


Interview with Staff Nurse in Labor and Delivery. Four North, Ball Memorial Hospital, Muncie, Indiana.


"Welcome to Four North." Published by Ball Memorial Hospital, Muncie, Indiana.

Appendix A
Questionnaire Survey

Please answer the following questions:

1. Are you attending prenatal classes?
   Yes ___ No X

2. Would you like more information in the area of natural childbirth?
   Yes X ___ No ___

3. Would you be willing to attend a program the morning of your regularly scheduled appointment?
   Yes X ___ No ___

4. Would you prefer:
   group counseling X ___ individual counseling ___

Comments:

Thank you for your cooperation. I hope to better prepare you for the birth of your baby. This educational opportunity will be free of charge. Kathy Niffler MS.
Appendix B

Informational Flier
Appendix D

The following pages include a letter to Mrs. Brumley outlining my proposal for a permanent form of prenatal education at the Antepartal Clinic.
Mrs. Brumley  
Co-ordinator of Parent-Child Area  
Ball Memorial Hospital  
Muncie, Indiana

Dear Mrs. Brumley,

I am a senior nursing student at Ball State University and am working on completing the requirements for my honors project which will allow me to graduate from the honor's college. For my project, I have been working at the antepartal clinic in Maria Bingham Hall. I have been conducting informal information sessions with the antepartal clinic patients in the library of the practical nurse's school. My major objective has been to increase the women's knowledge base about pregnancy and to help increase their confidence and self-esteem about having a baby.

The need for education and information is great for the women utilizing this clinic. Many of these pregnant women do not attend prenatal classes elsewhere often due to lack of transportation, or inability to find the motivation necessary to attend such classes. Simply obtaining prenatal care at the clinic is a hard task for many of the women.

It would be unrealistic to imagine that someone else could be present regularly on Tuesday mornings to give the classes as I have done and so I am suggesting "the next best thing" to fulfill the need of education at the antepartal
clinic. If the equipment could be made available, a television video that could be played in the waiting room of the clinic would be ideal. Tapes of different topics concerning pregnancy and infant care could be played at different intervals while women wait for their appointments. The question arises, as to who would be responsible for running the video tapes. Since junior nursing students and often a senior student from community nursing 411 are present at the clinic most weeks and since there are more students than there are exam rooms, their manpower could be put to use by designating one student to help with the tapes.

Topics that could be covered would include relaxation exercises, breathing exercises, what to take to the hospital, warning signs of pregnancy such as bleeding and profuse vomiting, what to expect in the hospital and infant nutrition among an endless possibility of subjects. Not only could the video equipment be used for these kinds of tapes for the antepartal clinic, but other tapes could be made for the pediatric clinic and the GYN clinic held in the same facility. I would be willing to make the first few tapes or review tapes that might be available if such a plan would be agreed upon.

Another possibility could be obtaining a television and tuning to the hospital's own station to similar kinds of taped programs. One obstacle to be overcome would be scheduling the programs to be played Tuesday mornings during the time of the clinic.

Included is one of my teaching projects which I used,
and which would serve as the basis for any taping that I might do. The breathing and relaxation exercises were practiced every week that I was at the clinic with the women and I introduced the topics mentioned above as well.

I would appreciate any consideration for the realization of a continuous educational program for the antepartal clinic.

Thank you,