

Lucile P ard
Childre Hospital
Stanfo

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









Lucile Packard Children's Hospital Stanford





Empathy: The Human Connection to Patient Care

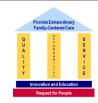
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Mother-Baby Dyad Overview

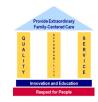


- Units Touched
 - Antepartum (Previa)
 - Labor and Delivery
 - Discharged to Stanford ICU
 - Stanford ICU
 - Discharged to Maternity
 - Maternity
 - Discharged Home
 - PICN (Packard Intermediate Care Nursery)
 - Infant PICN-Maternity-Home-Maternity
 - Stanford ED (Readmit from Home)
 - Maternity





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



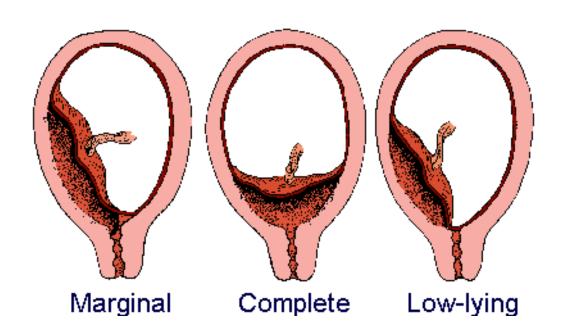
- 35 + 1 Week LGA
- IDM
- C-Section
- Preterm labor
- History of hypoglycemia
- History of hypoxia
- History of coombs positive hyperbilirubinemia
- Feeding issues
- Separation from mother





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

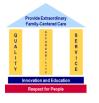
Prep for surgery

- 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
- APN Plan Improves Outcome for Pregnant Patient With Congenital Heart Disease. Haynes, Frederick, and Chirkoff. AACN Advanced Critical Care: <u>April/June 2012 - Volume 23 - Issue 2 - p 142–154</u> doi: 10.1097/NCI.0b013e318245381a







Maternity



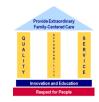
- Antepartum care
- C-Diff Diagnosis
- I haven't met my baby yet...
- RN would go visit the baby for her and report
- Infant was 17 days old when she first got to touch and hold
- Mom visiting PICN
- Became lonely in her room
- It was a really important to her to have her husband/ children visit







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
 - Couplet 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 the mother/baby dyad hospital stay







Neonatal Issues









Infant of Diabetic Mother:

- Large for gestational age
- Hypoxia
- Physical Immaturity

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Late Preterm Infant:

- Hypothermia
- Sepsis risk
- Feeding issues
- Bilirubin Risk
- Hypoglycemic

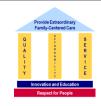
Family Separation:

- 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











- 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









Lead India The Tree



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







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