www.mcnjournal.com | November/December 2016

วารสารใหม่ประจำเดือน
ธันวาคม....2559....

MCN

The American Journal of Maternal/Child Nursing®

Special Issue on Maternity Care Quality Improvement

Designing and Moving into a New Labor and Birth Unit

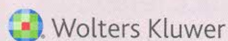
Experiences of Experts in Planning New Maternity Hospitals

CE **Process Improvements for Maternity Services**

Fetal Care Team

Integrative Therapies for Hospitalized Pregnant Women

CE **Maternal Hemorrhage Quality Collaborative**



4,434 ฉกๆ

MCN, the American journ
SERIALS

005474
bib:13399108363

Lippincott, Williams, and Wilkins

MCN
The American Journal of Maternal/Child Nursing®
NOVEMBER/DECEMBER 2016 • VOLUME 41/NUMBER 6

feature articles

322 Planning, Designing, Building, and Moving a Large Volume Maternity Service to a New Labor and Birth Unit

There are many important aspects in the process of planning, designing, building, and moving a large volume maternity service to a new labor and birth unit. Nurses play a crucial role in making sure patient safety and quality care are at the forefront of the project. The data presented here will be useful to other teams planning a new labor and birth unit.

Heather Thompson, MSN, RN, CENP, Kimberly Legorreta, BSN, RN, Mary Ann Maher, MSN, RNC-OB, C-EFM, Melanie M. Lavin, AA

332 Planning, Designing, Building, and Moving a Large Volume Maternity Service to a New Labor and Birth Unit: Commentary and Experiences of Experts

Expert nurse leaders who participated in recent planning, design, building, and moving into a new women's hospital share their experiences with the process and offer advice to those who may be considering a move.

Diane VonBehren, MS, RN, Molly M. Killion, MS, RN, CNS, Carol Burke MSN, APRN/CNS, RNC-OB, Betsy Finkelmeier, MBA, RN, Brigit Zamora, BSN, RN, CPAN, CAPA

340 CE Process Improvement to Enhance Quality in a Large Volume Labor and Birth Unit

After a move to a new labor and birth unit, nurse leaders recognized the need to evaluate several processes and operations to enhance quality, safety, and efficiency. Elective labor induction, scheduled cesarean birth, obstetric triage, and transfer of maternity patients within the hospital are some of the aspects of care that were studied and improved by staff nurses and nursing leaders working in collaboration with other members of the perinatal team. These processes commonly present challenges in maternity units, so lessons learned may be applicable to other nurses caring for women during labor and birth.

Ashley M. Bell, MSN, RN, CSSBB, Jessica Bohannon, BSN, MSN, RN, Lisa Porthouse, CNM, MSN, Heather Thompson, MSN, RN, CENP, Tony Vago, MBA, MPA, CSSBB

349 The Fetal Care Team: Care for Pregnant Women Carrying a Fetus with a Serious Diagnosis

When pregnant women learn their fetus has a diagnosis of a serious or lethal anomaly, a coordinated multidisciplinary team approach can offer much needed support, information, and navigation through the complex health system. Registered nurse fetal care team coordinators assist women and their families at this perinatal center when the pregnancy does not go as expected. Descriptions of their roles as part of the fetal care team and the service they provide are presented.

Margaret Loyet, RN, Amy McLean, BSN, RNC-MNN, Karen Graham, BSN, RNC-OB, Cheryl Antoine, AAS, Kathy Fossick, MSN, RNC

356 Integrative Therapies for Women with a High Risk Pregnancy During Antepartum Hospitalization

Being hospitalized due to obstetric or fetal complications can be stressful for pregnant women. Activity restriction or bedrest can be uncomfortable. This innovative program offers integrative therapies to reduce stress and discomfort for pregnant women hospitalized on the antepartum unit. Therapies such as massage, Healing Touch, acupuncture, guided imagery, and reflexology are included. Data on effects of these integrative therapies are presented.

Merry L. Schlegel, RN, BSN, HNB-BC, OCN, CHTP, Jeanne L. Whalen, RN, HN-BC, CHTP/I, Pilar M. Williamsen, DC, ACP-BC

363 CE Maternal Hemorrhage Quality Improvement Collaborative Lessons

Obstetric hemorrhage is a leading cause of maternal death in the United States and the world. Organized collaborative efforts with representatives from all members of the perinatal team have been underway in the United States to reduce postpartum hemorrhage. The California Maternal Quality Care Collaborative (CMQCC) has been the leader in developing an obstetric hemorrhage toolkit that has been used by multiple hospitals and healthcare systems across the country. The first author of the CMQCC obstetric hemorrhage toolkit, Dr. Audrey Lyndon, and her colleague Valerie Cape, project coordinator, share their analysis of lessons learned from the collaborative.

Audrey Lyndon, PhD, RNC, FAAN, Valerie Cape, BS

MCN

The American Journal of Maternal/Child Nursing®

NOVEMBER/DECEMBER 2016 • VOLUME 41/NUMBER 6

ongoing columns

321 GUEST EDITORIAL

Collaboration and Teamwork are Required for Successful Maternity Care Quality Improvement

The articles in the special issue on maternity quality care improvement offer valuable information and suggestions for promoting safe care for mothers and babies during their hospitalization. Each of the projects described involved multidisciplinary collaboration and teamwork as keys to success.

Heather Thompson, MSN, RN, CENP

372 HOT TOPICS IN MATERNITY NURSING

The Maternal Fetal Triage Index: A Standardized Approach to OB Triage

The Association of Women's Health, Obstetric, and Neonatal Nurses has developed and validated the Maternal Fetal Triage Index. This standardized approach to assessing and assigning acuity of pregnant women who present to the hospital for care may be an effective and safe way to allocate care and resources. The American College of Obstetricians and Gynecologists also is recommending use of this type of tool.

Molly M. Killion, MS, RN, CNS

373 HOT TOPICS IN PEDIATRIC NURSING

Baby-Led Weaning

Baby-led weaning (BLW) is growing in popularity among parents. This method of introducing solid food is different from the recommendations from the American Academy of Pediatrics. Instead of limiting intake for the first six months to breastmilk or formula and liquids other than milk, small portions of solid food are offered to babies when parents feel their baby is ready. The process of initiating feeding starting with pureed foods spoon-fed to babies by an adult is not part of the baby-led weaning feeding method. Available data on BLW are limited about risks, benefits, and outcomes. Our expert in pediatric nursing, Dr. Beal, explains BLW.

Judy A. Beal, DNSc, RN, FNAP, FAAN

374 BREASTFEEDING

Breastfeeding in the Context of Palliative Care

Offering mothers options for breastfeeding should be part of a comprehensive perinatal palliative care program. Our breastfeeding expert, Dr. Spatz, describes how breastfeeding is integrated into the palliative care program at the Center for Fetal Diagnosis and Treatment at the Children's Hospital of Philadelphia where she is a nurse researcher and director of the lactation program.

Diane L. Spatz, PhD, RN-BC, FAAN

375 GLOBAL HEALTH AND NURSING

Strategies to Empower Women Across the Globe: 100 Under 100

Small amounts of monetary resources can make a big difference to promote the health and safety of women and children living in poverty across the world. Our expert in global health nursing, Dr. Callister, describes a new resource on ways to help this vulnerable population that do not require vast financial means.

Lynn Clark Callister, PhD, RN, FAAN

376 TOWARD EVIDENCE BASED PRACTICE

Experts suggest how 6 research articles can be used in nursing practice.

Coordinated by Annie Rohan, PhD, RN, NNP-BC, PNP-BC
Elizabeth Collins, PhD, RN, WHNP-BC, IBCLC, Maaly Guimei, PhD, MPH, RN, Annie Rohan, PhD, RN, NNP-BC, CPNP-PC, FAANP

380 PERINATAL PATIENT SAFETY

Length of Second Stage Labor: Safety Considerations

Extending the duration of second stage labor beyond what has traditionally been considered standard may be beneficial in promoting vaginal birth. However, there are small but significant risks to mother and baby. Thus careful consideration, including periodic assessment of maternal and fetal wellbeing and chances of successful vaginal birth, should be occurring as a team. A collaborative discussion between the labor nurse and birth attendant that covers these two important clinical points at least every hour when second stage labor pushing exceeds 2 hours for nulliparous women and 1 hour for multiparous women may be a valuable safety measure.

Kathleen Rice Simpson, PhD, RNC, CNS-BC, FAAN

MISSION STATEMENT

MCN: The American Journal of Maternal Child Nursing, is written for nurses who are involved in various aspects of maternal and child nursing. MCN provides clinical and research articles to support nurses in practice that are based on the most recent and rigorous evidence. This peer-reviewed journal offers integrated clinical practice information and thought-provoking solutions for all aspects of maternal child care in the inpatient, outpatient and home care settings.

***MCN* Information for Authors is available at www.mcnjournal.com, click on Journal Info.**

When citing an article from this Journal in your CV or in a reference list, please use the Journal's complete name every time: *"MCN, The American Journal of Maternal Child Nursing"*