The main functions of the maternity nurse health essay

A Maternity Nurse is employed by Families who have new born babies and is qualified or experience to care for babies. They usually work short term contract and usually live in with the family and is generally on duty for 24 hours a day-6 days a week.

The main functions of a maternity nurse are:

To support parents in all aspects of the baby’s care, providing constant guidance on all aspects of care.

Helping to establish good feeding routines which can be maintained by the parent/s after the maternity nurse leaves the family

Show mum correct way to breast feed, show parents correct way to bath and change baby

Helping to establish good sleeping routines which can be maintained by the parent/s after the maternity nurse leaves the family

Help the parents to integrate a new baby into family life

The maternity nurse may get up during the night to feed and change the baby or to get up to support mum or dad whilst they feed or change the baby.

Some Maternity nurses are happy to do additional duties such as basic grocery shopping and general errands, to ensure the house hold runs smoothly and to give the parents some time alone with the baby.

Explain the importance of maintaining confidentiality in a maternity nurse role, including when and why you can break that confidentiality.

It is important for a maternity nurse to maintain confidentiality as either parent may confide in her and if she breaks that confidence she will lose the trust of that parent. Also, by breaking this confidence she may cause a rift between the parents especially if either parent has confided in her about the other. A maternity nurse must know the difference between what she must keep private and what can be discussed openly. This confidentiality can be broken if there is a risk of harm to the baby or if either parent is not coping well for example if a new mum had post natal depression, she may need professional help if the maternity nurse cannot cope with the situation on her own.

Explain barriers to effective communication working with parents and how to overcome them.

A maternity nurse may face the following barriers when dealing with parents:

Language: parents may not speak the same language as the maternity nurse or they may come from a different part of the same country, e. g. a region with a different dialect.

Cultural: different cultures communicate in different ways and their interpretation of the same message may often differ.

Biases: this is largely due to our experiences and how we think of ourselves and other, for example a younger mum may find it difficult to communicate

with an older maternity nurse as she may think she is mothering her or not taking her seriously.

Assumption: it is important that a maternity nurse does not make the mistake of assuming that parents understand or agree with everything she tells them.

Some of the ways these barriers could be overcome are:

Language: speak clearly and slowly using simple and concise language.

Cultural: consider where the parents are from and if there are any cultural differences which need to be taken into account when communicating.

Biases: it is important to empathise and try to relate to the parents. It is only by overcoming our own biases can we then look to try and understand the bias of a parent.

Assumption: for the relationship between maternity nurse and parents to work, no assumptions can be made by the maternity nurse. The maternity nurse needs to be astute and ask questions in a way that does not alienate the parents.

2. 1 Explain the recognised causes of sudden infant death syndrome.

The exact cause of sudden infant death syndrome (SIDS) is not known however it is accepted that it may be a combination of a number of factors. Four main causes have been identified:

Infant development: may be caused by a delay in nerve cell development in the brain which is essential for normal lung and heart function. Research has shown a delay in development in the function and formation of a number of serotonin binding nerve pathways in the brain. These pathways are vitally important to regulate blood pressure, breathing and heart rate.

Rebreathing asphyxia: caused by a baby lying face down, it is difficult for the baby to breathe and can cause the baby to breathe in expelled carbon dioxide. Bedding, blankets, soft mattresses are some types of sleep surfaces that can impair breathing when the baby is face down.

Hyperthermia (increased temperature): it’s not certain if increased air temperature can cause SIDS on its own or does it need to be in conjunction with a baby being unable to breathe. Usually a symptom of overdressing, when the baby has too much clothes on or too many blankets, covers which increase temperature and lead to an increased metabolic rate and eventually a loss of breathing control.

Environmental factors: could include people smoking tobacco near your baby, being exposed to wood or coal burning fires, excessive smog.

2. 2 Explain the ways in which sudden infant death syndrome can be prevented.

Parents, family members or carers can take a number of steps to reduce SIDS:

Sleep position: when putting a baby to sleep, place the baby on their back as the risk of SIDS is higher when a baby sleeps on their stomach or side.

Sleep surface: it is best if a baby sleeps on a firm surface to prevent suffocation or smothering.

Smoke: ensure the baby does not inhale smoke of any kind especially tobacco.

Temperature: avoid overdressing the baby or using too many blankets/covers. Regulate room temperature where possible. Let baby sleep in comfortable, light clothing.

Sleeping arrangements: don’t let the baby sleep in the same bed as parents or another person including a child.

3. 1 Explain the recognised causes of post natal depression.

Some women experience depression after childbirth this is called postnatal depression, which usually starts in the first four to six weeks after they give birth, although in some cases it developed after several months.

It’s still not clear what causes post natal depression but some recognised causes may include:

the stress of looking after a newborn baby both physically and emotionally

shortly after pregnancy hormonal changes occur; some women may be more sensitive to hormones

depression during pregnancy

a difficult birth

relationship worries

financial problems

lack of support from family or friends

after birth there are physical health problems that occur , such as urinary incontinence (loss of bladder control), or persistent pain from an episiotomy scar or a forceps delivery

a history of depression or other mood disorders such as bipolar disorder

have a previous history of postnatal depression

during pregnancy experience anxiety or depression

It could take months before people cope with the pressure of being new parents. It is important for the maternity nurse to support the new parents even if the mum shows no signs of post natal depression, simply having a baby can be stressful and life changing and that itself can trigger depression.

3. 2 Describe the ways the maternity nurse can support a mother through Post Natal Depression.

The Maternity nurse can be very supportive and make the mum feel like she is doing a great job with her baby. She should make sure mum is getting enough sleep and is well rested. The maternity nurse should help as much around the house, including doing errands around the house to ease the stress. She should also manage visitors, too many visitors equals too many conflicting advice. If mum is suffering from post natal depression, getting different advice can be confusing and will not help mum get better.

3. 3 Explain where the maternity nurse should seek help should they become concerned about a mother's condition.

It is common for mums for mums to become irritability or experience mood changes, and episodes of tearfulness after birth, this is known as baby blues. Baby blues is usually over within a few weeks. But if the symptoms are persistent, it could well be the result of postnatal depression. It is important for the maternity nurse to recognise the signs of post natal depression

If the maternity nurse is concerned about mum's behaviour she should speak to dad or a close friend or family member to find out what mums character was like before baby was born. She would need to find out if the birth was not what mum expected as that can also trigger post natal depression. If mum has a flat expression, doesn't want to get dressed or go out and meet people, these are all signs of post natal depression. The maternity nurse should monitor the situation, if it doesn't get better after a couple of days then she should let dad know and he should seek professional help.

It is important for partners, family and friends to recognise signs of postnatal depression as early as possible and seek professional advice.

There are many symptoms of postnatal depression, feeling unable to cope, difficulty sleeping and low mood but many women are not aware they have the condition.

5. 1 Explain what reflux is. What are the main reasons babies experience this condition. How can you support the baby through these times?

Gastro-oesophageal reflux (GOR) commonly known as reflux, happens when the milk baby has drank comes back up into his oesophagus which is the food pipe or even into his mouth. It is a temporary which usually gets better on its own. It is not unusual for a baby to get reflux and it doesn't necessary a sign that baby is ill. During their first three months almost half of babies have reflux once or more a day (PRODIGY 2009). A small percentage of babies have trouble severe or persistent reflux which affects their well-being. This is called gastro-oesophageal reflux disease (GORD).

The baby's food pipe connects his mouth with his stomach. Your baby has a ring of muscle (valve) where his food pipe joins his stomach. The muscular valve opens to let through milk the baby has swallowed, and closes to keep milk in his tummy. Babies usually get reflux because the ring of muscle hasn't developed fully yet.

This means that when the baby's tummy is full, milk and acid can come back up the food pipe, causing discomfort.

If your baby's reflux is mild, and he's still feeding well and isn't too upset by it, these tips may help:

Hold baby in an upright position when feeding.

After each feed upright for 20 to 30 minutes.

Giving baby smaller but more frequent feeds.

Bottle fed babies need to be burped every two to three minutes while being fed.

5. 2 Explain what colic is. What are the main reasons babies experience this condition. How can you support the baby through these times?

Colic happens when a healthy baby cries excessively and can’t be soothed. It is also called persistent crying. For a new mum this sort of crying can be very upsetting, trying to comfort a crying baby over many hours is hard work and leaves mum feeling helpless. This persistent crying can drive mum to tears herself. It is important for the maternity nurse to let mum know that she is doing nothing wrong and baby is crying for no particular reason. It usually starts between two weeks and four weeks and is usually over by the time baby turns three or four months old.

When babies have colic, they cry more often and for longer periods. After some time their crying will become the same as babies who do not have colic.

It is not known why some babies will cry more than other babies. Colic affects boys and girls in equal measure and breastfed and formula babies. It is important to reassure new mothers that their crying is not a result of anything they are doing.(Barr et al 2005)

There are a number of reasons a baby may be crying:

Indigestion and wind may be caused by a maturing gut

Babies have to learn how to stop crying

Babies may need to be cuddled

The following suggestions may comfort baby by simulating the environment of the uterus:

Ensure your heartbeat is regular and hold baby close to your body

Swaddle baby if he is less than a month old and snugly wrap baby.

Make sure it is quiet and dark.

A warm calming bath can soothe baby.

Rocking or swaying can also be calming.

5. 3 Explain a range of allergies or intolerances which may contribute to colic or a baby being unsettled and how would you recognise them.

In certain cases, baby’s crying is caused by:

An allergy which is temporary

A possible intolerance to milk protein in breast or formula milk

A lactose intolerance which may be temporary

A breastfeeding position which is awkward (baby may not have latched on correctly)

Other illness such as fever, upset tummy etc.

In rare cases (1 in 10), babies may cry for different reasons, the symptoms will be:

Cry which may be high pitched or not sound normal

Bringing up or runny tummy, possible loss of weight or blood in stool

Problems with feeding or not keeping milk down

6. 1 Explain expected weight patterns of a newborn, and identify why and when to seek help.

The average newborn weighs around 7. 5 pounds, although birth weights can range between 5. 5 to 10 pounds. Babies lose 6 – 10 percent of their body weight in the initial days after birth, most of this weight loss is surplus body water. After approximately 3 – 4 days the newborn will start to regain weight and should equal or pass the birth weight between 10 – 14 days. In the following 3 months, an infant should grow around an ounce a day. Between 3 – 6 months weight gain will normally slow to 4 – 5 ounces per week. Between 6 – 12 months weight gain reduces to 2 – 3 ounces a week.

It is important for the parents of new born babies to remember the weight of an infant is only one indicator of growth, others are height and head circumference. A useful way of monitoring a child’s growth is to plot all three growth measurements.

The following are good indicators of why and when to seek help:

Newborn’s growth measurements are significantly lower than average

Newborn is not eating or sleeping well, may affect weight

Newborn starts to lose weight without any extra activity

6. 2 Explain best practice in caring for the cord, circumcision, nails, scalp and eyes. Include what could cause a problem, and how you would rectify this.

Cord

Important to keep dry

Sponge baths recommended, avoid immersing newborn in water

If the cord is too moist or begins to ooze, the base of the cord should be wiped with water or rubbing alcohol and then dried off

Once cord falls off, continue to clean base

Circumcision

After every nappy change put petroleum jelly (Vaseline) on the head of the penis

Initially the penis head will be red and swollen and a yellow sticky coating may appear, continue to apply petroleum jelly

Once coating is gone, petroleum jelly does not need to be applied

Nails

Newborn’s hands can be covered to stop scratching

Once nails are long enough, the tips may be peeled away manually

Nail clipper can be used to remove part of the nail which is not connected to skin

Emery board or nail file can be used to smooth sharp edges

Scalp

Should be treated with baby or mineral oil either once or twice a week

If cradle cap develops, oil should be massaged into scalp and a fine comb used to loosen the scales

Eyes

Outside of the newborn’s eyes should be cleaned carefully when bathing

If red spots are noticed on the white part of the eye or iris, nothing needs to be done as these are spots of blood and do not affect the baby’s vision or cause pain

If thick yellow or green discharge occurs, a GP should be consulted

6. 4 Explain how best to support a mother in making the change from breast to bottle. Provide information for 2 ways to handle this transition, listing the pro’s and con’s for each.

Making the change from breast feeding to bottle can be very difficult for new mums, often they can have feelings of inadequacy and guilt. They need to be supported by the dad or friends and family during this time. Also, it may help if a professional speaks to them to explain these feelings are normal. It may be useful to speak to other new mums as they will have similar feelings.

When weaning from breast to bottle, there are a number of different ways to go about this, however whichever way is chosen it should always be gradual so both mum and baby have a chance to get used to it.

One method is a combination of breast and cup feeding, pro – baby has a chance to get used to a new way of feeding, con – it may take longer to wean baby off breast.

Another method is to wait a bit longer and then switch from breast to bottle, pros – transition may be quicker and gives baby no other option but to get used to it, cons – can be a shock for baby and mum.

6. 5 Explain how the feeding will change over the first 6 weeks in a formula feed baby.

Week 0 – 3 : between 30ml to 60ml at each feed, every 2 – 3 hours about 8 times a day. Baby will only be able to manage small amounts of formula.

Week 4 – 6 : between 90ml to 120 ml at each feed, every 3 – 4 hours about 6 times a day. Daily consumption may be between 400 to 800 ml per day.

As weight is gained, the baby should start eating more at each feed, also time between feeding will increase. Growth spurts often occur at 7 – 14 days old or 3 – 6 weeks.

7. 1 Analyse the advantages and disadvantages of on demand feeding.

Advantages – on demand feeding

Promotes trust and bonding as needs are met instantly

Can help baby reach a good weight quickly

Alleviates and prevents engorgement

Babies have also been found to have fewer digestive problems

Disadvantages – on demand feeding

Harder to predict and manage a child’s feeding schedule if there is no schedule

Amount of food not regulated

Feeding cannot be planned in advanced

7. 2 Analyse the main differences between two opposing theories of the sleep patterns of babies.

The two sleep pattern theories I will be looking at are: hunger and comfort.

Hunger

Babies have small stomachs and cannot hold a lot of food in their stomachs

Babies wake up to refill because their stomachs are empty

Comfort

Babies are not always hungry when they wake up

Babies are looking for contact and comfort

Babies need to be held and loved

7. 3 Explain the need to start good sleeping and feeding practices with a newborn and how you help a mother implement them.

It is very important to start good sleeping and feeding practices with a newborn. In the first few weeks newborns typically sleep for up to 18 hours a

day. They require a lot of sleep for their development and growth, thus the need to develop good sleeping patterns early on. Good sleeping practices become really important when the newborn reaches 3 months as they start to settle into a pattern and it up to the parents to have made key decisions such as when and where the newborn sleeps. Good feeding practices are equally important for growth and development as newborns typically sleep for 2 to 4 hours at a time, waking up for a feed. The first 12 months in a child’s life are crucial as more growth happens in this period than at any other time in a child’s life. Also, as with sleep, good feeding practices early on will determine how a newborn gets used to feeding.

A mother can be helped to implement good sleeping and feeding practices by establishing a daily routine. Although the newborn is too small to understand, they will start adapting to the habits of doing the same things over a period of time. A few helpful tips are:

Ensure the room where the newborn sleeps is dark, leaving the light off at night.

Don’t make any noise when feeding, practice feeding without the light on.

Establish a pre bed routine such as warm baths, soothing music before nap time.

UNIT TITLE: Breast Feeding Support Skills

1. Why might Luke be unsettled at the breast? Give solutions to the reasons you have suggested.

Luke may be unsettled at the breast as he may not be latched onto mum's breast properly. It is very important that the latch is done properly and many new mums need help with it. It is a common mistake new mum's make; they only put the nipple into baby's mouth. To latch properly the nipple and part of the areola needs to be in baby's mouth while feeding. To help mum obtain a good latch, ask mum to hold baby in arm she is not feeding with and line baby to nipple. Use feeding hand to help manoeuvre the nipple in.

It's less likely for the nipple to get sore if the latch is done correctly. Annabelle will need to check to see if mum's nipples are sore which may be causing her to tense up while feeding baby.

If it is sore she can suggest:

To keep feeding Luke because if she stops breastfeeding, it may be difficult to restart once her breasts in particular her nipples have healed. A short term option in the case of worse pain on either side, may be to feed from the breast which is not as painful.

A nipple shield could be used in order to avoid further damage to mum's nipple, although using the nipple shield can create a suction which can open the cracks on mum's breasts. The main disadvantages to this method may be a reduction in the supply of milk and the nipple shield can alter how baby sucks.

Many mothers have found relief by rubbing breast milk over their nipples after a feed or purified lanolin ointment, until healing occurs. This principle is called moist would healing.

2. What could be causing the pink patch? How would you remedy this?

The pink patch could be caused by milk getting blocked in the ducts. Mastitis is caused when blocked ducts are not removed which turns into breast infections, mum will feel like she has the flu. It’s advised to feed on the breast that has the blocked duct, nurse frequently & empty the breasts thoroughly. Aim for nursing at least every 2 hours, keeping the affected breast as empty as possible, but not neglecting the other breast. When unable to breastfeed, mum should express milk frequently and thoroughly (with a breast pump or by hand).

Mum will need to rest and have lots of fluids and nutritious foods to help strengthen her immune system. She should wear her bra loosely and remove any constrictive clothing to aid milk flow. Heat and gentle massage before nursing also helps with blocked ducts. If the blocked duct doesn’t clear then mum has to consult the doctor. If the blocked duct is not cleared it can turn into an abscess and may need to be drained.

3. What questions should you ask Susan about her feeding patterns since she got home, and why?

I would ask Susan the following questions:

How many times is she feeding Luke per day? Susan should be aiming to feed Luke between 8 – 10 times a day. Frequent feeding encourages good milk supply and will reduce engorgement.

Is she feeding Luke on a schedule or when he appears to be hungry? There are differing viewpoints on which method is better. Personally I would recommend feeding when hungry as Susan has just brought Luke home from the hospital.

How long does she allow Luke at the breast when feeding? It is important to allow Luke unlimited time at the breast when feeding to ensure he feeds well and has a good sleep.

4. Develop a plan to help Susan breastfeed successfully, saying why you recommend this.

Breastfeed Luke according to his needs (on demand feeding)

Breastfeeding Luke on demand will help prevent engorgement, reduce sore nipples and help to ensure the supply of milk matches baby’s hunger.

Encourage Susan to keep Luke skin-to-skin for the first few weeks.

This will encourage bonding between Susan and Luke and assist with stimulating the hormones needed to produce milk.

Susan and Luke should sleep in the same room for the first few weeks.

This will help Susan to learn Luke’s feeding cues, this should not affect Susan’s sleep as research shows that even if new mums sleep in a different room, their sleep patterns often mirror their newborns.

Encourage Susan not to use dummies or bottles.

When feeding by bottle, babies have to use different tongue and jaw movements, this can confuse babies when switching between nipple and bottle.

Encourage Susan to only feed Luke breast milk unless it becomes necessary to feed him something else.

Breast milk provides all the nutrients and antibodies needed by Luke.

If there are concerns about Luke’s weight, Susan should try frequent feeding.

Most mothers can produce enough breastmilk for their babies so it is best to try and feed baby more instead of resorting to supplementary feeding.

Unit title – Breastfeeding Support Skills

Analyse the main benefits of breastfeeding

Breastfeeding is good for a newborn as breast milk contains substances which cannot be reproduced or replaced by formula. Breast milk contains nutrients which newborns need and antibodies to protect newborns from infection.

Breastfeeding is a positive experience for both mum and the newborn as it strengthens the maternal bond and makes the infant feel safe and nurtured. It allows the mum to provide the newborn with everything needed for good growth and development.

The main benefits of breastfeeding are:

Contains good balance of nutrients and antibodies in an easily digestible form.

Can reduce onset of common allergies such as asthma and eczema.

Minimises occurrence of illness such as diarrhoea, ear infections, respiratory illness and stomach bugs.

Enhances special bond between mum and newborn.

No cost involved and burns calories for mum.

2. 1 Explain how the main structures of the breast are involved in lactation

The main structures of the breast involved in lactation are the nipple, areola, lactiferous duct (milk duct) and the lobes of the mammary gland. When the newborn takes the nipple and areola into their mouth to suckle the areolar glands provide lubrication during breastfeeding. The milk ducts transport milk from the mammary glands to the nipple allowing the newborn to feed. Breast milk is released from milk duct orifices (holes) on the nipple’s surface.

2. 2 Explain the role of hormones in producing and releasing breastmilk

The below diagram and explanation alongside best explain the role of hormones in the production of breastmilk, obtained from the following website:

http://www. mhhe.

com/biosci/esp/2001_saladin/folder_structure/re/m2/s6/index. htm

2. 3 Identify and summarise the constituents of colostrums, foremilk and hindmilk

There are 3 types of breastmilk, colostrum, foremilk and hindmilk.

Colostrum:

Yellowish colour.

Produced before lactation begins, in the initial days after birth of the newborn.

Rich in antibodies and nutrients.

Foremilk:

Is the milk the newborn first tastes during a feeding.

Thin and lower in fat content.

Hindmilk:

Follows foremilk during feeding.

High in calories and richer in fat content.

5. 2 Explain how the effects of drugs can be passed to babies through breastmilk and ways in which this can be minimised

When breastfeeding if the mum takes drugs, it is excreted into the milk which the newborn drinks. Depending on the drug taken by the mum, this can then have adverse effects on the newborn. Although these passed on

substances are mildly filtered by the mother’s metabolism their harmful effects still impact the newborn because of the small body-weight ratio.

These harmful effects may be minimised by:

Limiting the intake of the drugs.

Extend the time between taking the drug and the baby’s feed, at least 2 to 3 hours.

Try to feed newborn before taking drugs.

Where possible take substitute drugs which are less harmful.

References (below sites accessed between 1 February 2013 – 5 April 2013

http://www. nhs. uk

http://www. nct. org. uk

http://www. babycentre. co. uk

http://www. mummypages. ie

http://www. babycenter. com. au

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