

Free elective inductions essay sample

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Purpose

The labor and delivery unit provides care for mothers and babies before, during and after delivery. This unit focuses on the provision of care for them others during labor and as they deliver, monitoring of both the mother and the baby after delivery and coaching mothers on breastfeeding and caring for the child.

Patients

This unit focuses on provision of care to pregnant women in labor whether the labor is complicated or is uncomplicated. This is to ensure the safe delivery of the babies and help women go through the procedure safely. After delivery, the nurses in the unit have a duty to care for both the mother and the child during their recovery process. This involves bathing the baby and guiding them on how to breastfeed the baby and care for the baby. The other service provided in the unit is coaching of mothers before and after delivery (Murkoff& Mazel, 2008). Before delivery, the main theme is teaching them breathing control techniques and cues on labor onset. Preparing women for delivery is also part of the services in the unit. It is also upon the nurse to provide medical and emotional care for the mothers. It is vital for the nurse to monitor the progress of labor including monitoring the patient's contractions, the baby's heartbeat other vital signs. Administration of medication is also one of the services provided by this unit.

Providers

The unit has various service providers including labor and delivery nurses, OB Tech, midwives, Nursery Nurses, anesthesiologist, who administers

epidurals, pediatrician, to give care for the baby and deal with a complication if any occur, neonatologist also work in the unit. They provide care for the babies who are at risk. Surgeons and assistant surgeons also work in the unit to provide services during a caesarian section. All these work together to ensure that the baby and the mother are safe during and after delivery.

Processes

The unit provides IV therapy and helping mothers as they undergo delivery. Other services include surgical procedures and intensive monitoring for babies in nurseries. Caring for mothers in different stages of labor and newly born babies is done frequently and the time frame differs with each delivery (Kenner & Lott, 2004).

Patterns

Preterm births are common and present a major challenge to nurses in prenatal care and other health care profession in the unit. This is a worrying trend because most neonatal deaths occur during this time. The high morbidity and mortality rates in neonatal is as a result of this trend. Gestation age is the major determinant of preterm birth though there are cases where the birth weight also determines whether a bay is preterm or not. A preterm birth occurs when a baby is born before it completes thirty-seven weeks of gestation. There have been many trends in the delivery of care, in this unit. However, in the previous years, patterns show an increase in elective induction. Though it is not safe to conduct elective induction after 39 weeks of gestation, many people are opting to have either an elective induction or cesarean section for convenient reasons. Surveys from the

health facility show that, despite the commitment of nurses and other health professionals in the unit to reduce the number of children born before 39 weeks and reduce the cases of induction before the same period, these cases are still alarmingly high. Data show that a 26.4% of children are born through induction. However, the number of women delivering from elective induction was recorded as 12.1% that is a considerably high percentage compared to the number of women going through induction.

Global data show an increase in preterm births. Estimates on annual preterm births around the world shows an alarming thirteen million children are born prematurely. This is 9.6 percent of all births annually. 28 percent of deaths occur due to neonatal deaths in different parts of the world. Despite the high number of deaths resulting from premature deaths, and the efforts to reduce premature births, this trend is increasing as more babies are born prematurely as compared to the eighties.

American College of Obstetricians and Gynecologists (ACOG) does not support elective induction in mothers who are not 39 weeks or more weeks. The body recommends that an elective induction should be done only when a mother is over 39 weeks in her gestation period. The practice is still ongoing in many facilities despite the body underlining all the required procedures and outlines on medically induced labor. Statistics from surveys conducted on labor induction in 1989 showed that 9% of deliveries were induced. In 2004, surveys conducted in various hospitals across the United States of America shows that the induction levels increased from 9 percent in 1989 to 21%. This shows that the induction levels across the country have more than doubled in fifteen years (Crawford & Hickson, 2002).

There are many factors that may be the causes of this increase in induction cases across the country. Some of them include patient preference where some mothers choose to be induced to deliver babies before natural labor occurs. The other factor is physician practice style. Some physicians prefer to have a mother undergo induction before her body decided to initiate labor on its own. These vary with the view of the physician in regards to the right time for a mother to deliver the baby. Practice of defensive medicine is also another factor that is responsible for an increase in elective induction.

The effects of elective induction on the mother and baby are numerous. It has resulted in an increase, in caesarian sections where the mother and the physicians were not ready for one. This is due to complications that may arise and demand for an emergency caesarian section to help save the life of the mother and the baby. This has also led to an increase in the number of operative virginal deliveries. This is because the body was not well prepared to deal with the delivery hence the need for a virginal operation. There is also an increase in the use of epidurals within the delivery unit. There are also many cases where the patients stay for long times in labor and delivery unit. This is exhausting for both the mother and the baby.

Elective induction also has serious medical implications for both the mother and the baby. There are no known medical or social benefits of elective induction; hence the decision to go for an elective induction has no background. One can describe the risk this has on the baby as an uncooked cake pulled out of the oven before it is ready. During this time, the baby is still growing, and this is a crucial time for the baby's brain and lungs to mature before he or she can come out and function on his own. It is

important to note that the baby's brain before 39 weeks of gestation is only two thirds of what it should weigh after 39 weeks. Therefore, it is highly risky for a baby and its brain development to undergo an induction. During the last weeks of gestation, babies gain weight that will allow them to function properly once they are born. Elective induction reduces the time they need to mature properly, and this increases the risk of them losing their lives during or immediately after delivery. There is a need for induction processes to use the outlines provided by American College of Obstetricians and Gynecologists (ACOG) as it looks at the safety of mothers and baby's as they undergo treatment in different health facilities. The number of deaths occurring due to preterm deliveries is high and if health facilities do not focus on reducing the number of mothers who seek elective induction, then the number will go up.

The model applies to this issue as it provides a background for one to seek information and identifies the main issues that come with the issue of elective induction. With the model, one can identify the main areas that should be identified for the correct evaluation of the problem. The model also guides one as they come up with the correct plan on writing the issue at hand as it gives all the key areas to use in identify cases and evaluating the problem at hand (Anderson, 2013).

References

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