

Study Guide Answer Key

Learning Activities

1. i, e, j, k, b, d, h, g, f, c, a
2. a. Obstetricians
b. Family practice physicians
c. Certified nurse-midwives
3. f, d, i, e, g, b, j, a, h, c
4. a. American College of Nurse-Midwives
b. Association of Women's Health, Obstetric, and Neonatal Nurses
c. Division of Maternal Nursing within the American Nurses Association
5. a. Funds for state-managed maternity care programs launched in 1921
b. Social Security funds for maternity care in 1935
c. Increases access to health care for underprivileged women
d. Designed to improve education of pre-school children
e. Provides contraceptive information
f. Provides supplemental food and education for the poor
g. Enables employees to take 12 weeks of unpaid leave but retain benefits and pay status when caring for newborns or ill family members
h. Establishes minimum working ages and led to national minimum standards for child labor and enforcement of these standards
i. Provides support and public education of handicapped children
j. Provides a national clearinghouse for missing children
6. Hospital stays for births in the 1950s were usually one week. Today, an uncomplicated case requires only 2 days. Follow-up of the well newborn occurs within 2 weeks and a nurse may make visits to the home if a discharged mother or newborn is at high risk. Implications for nurses might include the need for good organization of care based on research rather than tradition, identification of risk factors that may lengthen the stay for the mother and / or newborn, and teaching early after birth to help parents best care for themselves and their newborn. Teaching often involves other family members such as grandparents or siblings as well. (Student should describe their thoughts on how these changes are likely to affect nurses.)
7. Natural child birth movement made parents aware of their need to become educated and involved. Preparation for child birth such as Lamaze classes and La Leche League became accepted. Parents questioned routine use of anesthesia and restrictive policies such as exclusion of fathers from birth. Today, a father's attendance at birth, open visiting for other children and family, and extended contact with the newborn are encouraged.
8. Technological advances and emergence of pediatric specialties enable survival of many newborns and children who would not have survived in the past. Specialized care for premature newborns, specialized pediatric cardiology care, and pediatric specialties such as surgery and psychiatry are now available. Laboratories are equipped to test pediatric specimens to identify biochemical or chromosomal abnormalities. Identification of genetic risk and related counseling are more important.
9. The number of chronically ill and disabled children is growing. Some are dependent on specialized equipment such as monitors or ventilators. Parents must be educated in performing technical skills once reserved for the hospital, such as tracheotomy or central venous line care. The need for respite care for parents grows as the number of these children increases.
10. a. Assessment
b. Diagnosis
c. Planning
d. Implementation
e. Evaluation
11. Critical thinking is the use of basic standards of care combined with data obtained by assess-

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Julia Schneider



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