Nursing Programmes and Perinatal Nursing

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THE gestational period in the development of perinatal Nursing, a major area of emphasis in the programme must be the development of a broad theoretical foundation of knowledge as the basis for assessment, intervention and evaluation in advancing quality perinatal care. Additionally, the avenues for utilizing his knowledge, such as use of self as a role model, collaborator and change agent in teaching, consultation and research practice are necessary.

A perinatal nurse stands out as a key figure in the management of high risk babies. The vast numbers of high risk babies requiring specialized care lend emphasis to the importance of developing training programme for highly skilled nurses, to assure intact survival. The fulfilment of this goal may well be dependent on the alert nurse who has elected to make a profession of perinatal nursing; than on any other member of the perinatal team.

Improved knowledge and greater emphasis on protection of the foetus during labour and the infant at delivery, have resulted in an increased number of living, immature infants who require nursery care. The very small premature infants are too often the recipients of substandard care in the expectation that they will die, they are also deprived of all the minimum required care due to non-availability of men, money, material.

The Overall Aim

The overall aim of teaching perinatal nurses is to establish mutual goals of upgrading quality care with the staff, and to provide the opportunities to young student nurses to develop a base to look after babies in the perinatal ward. Inservice education programme also play a very vital role in educating trained nurses to work in the perinatal unit. Today in India different nursing programmes are offered and the component of perinatal Nursing is included in the different subjects i.e. Paediatrics and it's nursing, Obstetrics and it's nursing, community healthy and C.H. Nursing, Growth and development, nutrition etc.

Within the framework of the perinatal Nursing teaching, the student grows in her ability to understand and to anticipate pathological responses in the neonate. Based on her knowledge of the normal newborn on one hand, and her observations and assessment of pathological behaviour in high risk babies, the nurses should be well prepared to make decisions for nursing interventions.

An attempt was made to analyse the syllabi of the different nursing courses in few teaching institutions. The information obtained was inadequate in terms of the exact time spent in teaching perinatology and perinatal nursing to the student nurses. Therefore, it was not possible to recommend the time to be allotted to teach these subjects.

Since last many years, there is not much of a change made in the syllabus of these different nursing programmes. The traditional methods of learning and teaching are still existing to practice. The students are used for the service purposes and the educational aspect takes a secondary role. The students are not given the chance to express their views in relation to perinatal nursing care aspects. From them, handling of high risk babies is expected and without adequate supervision, the babies are in their command. Slight variation or change in care may expose babies to a lifelong sequelae. Are we not expecting our future citizens to be healthy physically, mentally and socially ? Often, there is wide disparity in terms of time the theory is taught, till students are posted in the respective clinical area for the clinical experience, very few tutors teach and guide students in the wards. Concepts of perinatal nursing such as examination of newborn, phototherapy, tube feeding, use of restrains etc. can only be explained and demonstrated in a live situation. For effective learning these concepts cannot be taught on a dummy in the classroom.

An understanding of science and the scientific method is another fundamental requisite for perinatal nursing practice. Unless the scientific process becomes as much a part of the perinatal nursing practice as our humanitarian ethics, we cannot hope to improve the quality of nursing care in this country.

In Indian setting, the sharing-teaching-telling concept of a perinatal Nurse is difficult to implement. This will only be possible if due recognition and importance is given to nurses. The medical and paramedical faculty including nursing staff will have to change their views, attitude and expectations with regard to the nurses working in the perinatal Unit.

With today's rapidly expanding knowledge in the health field, an inservice education department can no longer be staffed solely with Sister Tutors, but should also include nurses with an advanced training at Master's level. In the not too distant future, a Ph.D. Nurse scientist may be employed to conduct ongoing testing and evaluation of the delivery of nursing care as well as to test new theoritical framework for improvement in perinatal nursing practice.

Improving Learning Experience

The following reccommendations may be followed to improve the learning experience for students in relation to the perinatal nursing.

(a) The nursing students in all programmes should have more hours of theory and practical in perina-

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tology and perinatal nursing,

(b) The practical experience with demonstration and supervision in the perinatal and neonatal unit should be part of their educational requirement.

(c) Each student should be posted in the perinatal and neonatal units atleast for a period of 3 to 4 weeks at the senior level.

(d) preventive aspects should be included and students should give preventive care in the community to reduce the number of high risk cases.

(e) Adequate equipment and facilities should be available in the perinatal and neonatal units to facilitate better learning and practice.

(f) Individual learning packages should be prepared as part of audiovisual aids to help the students and staff to learn according to their individual needs.

(g) The student should not be used primarily for service purpose. The perinatal unit can be their laboratory to learn the care of high risk babies.

(h) In clinical areas like well-baby clinic, postnatal wards and peadiatric wards and in the community, it should be made mandatory for every student to give formal and informal health education.

(i) Clinical teaching should include beside rounds, case-discussion, demonstration, etc. This will enable students and staff to improve and practise perinatal Nursing.

(j) The staff and students in the perinatal and neonatal units should be provided the opportunities to visit different hospitals, to attend seminars/workshops/short-term courses so that their views may be brodened.

(k) Inservice education programme should be part and parcel of the unit.

(l) Books on perinatology and perinatal Nursing should be written and published and made available in the perinatal unit so that students and staff can make use of it.

(m) The medical and paramedical professionals should equally recognise the role of perinatal nurse.

I conclude by saying that high risk babies are delicate plants and must be cared for. The only person who is continually in contact with them is the nurse and, therefore, perinatal nurse plays a very important role in bringing up these plants.