

preeclampsia hesi case study

preeclampsia hesi case study is an essential topic in nursing education and clinical practice, focusing on the recognition, management, and treatment of preeclampsia during pregnancy. This article explores a detailed preeclampsia hesi case study, providing healthcare professionals and students with comprehensive insights into patient assessment, clinical manifestations, diagnostic criteria, and nursing interventions. Understanding the complexities of preeclampsia, including its pathophysiology and potential complications, is crucial for ensuring maternal and fetal safety. This case study also highlights the importance of timely interventions, monitoring, and patient education. The discussion will include a review of pharmacological treatments, nursing care plans, and critical thinking strategies relevant to the HESI exam and real-world clinical settings. The information presented aims to enhance knowledge and preparedness for managing preeclampsia effectively.

- Overview of Preeclampsia
- Patient Assessment and Clinical Presentation
- Diagnostic Criteria and Laboratory Findings
- Nursing Interventions and Care Plan
- Pharmacological Management
- Complications and Emergency Care
- Patient Education and Follow-up

Overview of Preeclampsia

Preeclampsia is a pregnancy-specific hypertensive disorder characterized by elevated blood pressure and proteinuria after 20 weeks of gestation. It affects approximately 5-8% of pregnancies worldwide and poses significant risks to both the mother and fetus. The exact etiology of preeclampsia remains unclear, but it is believed to involve abnormal placental development and endothelial dysfunction leading to systemic vasoconstriction and organ ischemia. Early recognition and management are critical to prevent progression to eclampsia, HELLP syndrome, or other severe complications.

Pathophysiology of Preeclampsia

The pathophysiology of preeclampsia involves abnormal placentation, leading to reduced uteroplacental blood flow and release of antiangiogenic factors. These factors cause widespread endothelial damage, resulting in hypertension, increased vascular permeability,

and activation of the coagulation cascade. The imbalance between vasodilators and vasoconstrictors contributes to systemic vasospasm and end-organ ischemia, affecting the kidneys, liver, brain, and other organs.

Risk Factors

Several risk factors increase the likelihood of developing preeclampsia, including:

- First pregnancy (primigravida)
- History of preeclampsia in previous pregnancies
- Maternal age over 35 years
- Multiple gestations (twins or more)
- Chronic hypertension or kidney disease
- Obesity and diabetes mellitus
- Autoimmune disorders such as lupus

Patient Assessment and Clinical Presentation

In a preeclampsia hesi case study, accurate patient assessment is vital. Nurses must recognize early signs and symptoms to initiate timely interventions. Typical clinical presentations include elevated blood pressure readings, proteinuria, edema, and neurological symptoms.

Vital Signs and Physical Examination

Blood pressure is a critical parameter; a reading of $\geq 140/90$ mmHg on two occasions at least four hours apart after 20 weeks gestation meets the criteria for hypertension in pregnancy. Edema, particularly in the face and hands, may be present. Other physical findings include hyperreflexia and the presence of clonus, indicating increased neuromuscular irritability.

Signs and Symptoms

Common clinical manifestations of preeclampsia include:

- Persistent headache
- Visual disturbances such as blurred vision or photophobia

- Upper abdominal pain, especially in the right upper quadrant
- Nausea or vomiting
- Sudden weight gain due to fluid retention
- Decreased urine output

Diagnostic Criteria and Laboratory Findings

Diagnosis of preeclampsia relies on clinical findings supported by laboratory tests. The presence of hypertension after 20 weeks gestation combined with proteinuria confirms the diagnosis. In the absence of proteinuria, other signs of organ dysfunction may establish preeclampsia.

Laboratory Tests

Key laboratory investigations include:

- Urinalysis for proteinuria (≥ 300 mg in 24-hour urine collection or protein/creatinine ratio ≥ 0.3)
- Complete blood count to detect thrombocytopenia
- Liver function tests to assess for elevated liver enzymes
- Renal function tests including serum creatinine
- Coagulation profile if HELLP syndrome is suspected

Additional Diagnostic Tools

Ultrasound may be used to monitor fetal growth and amniotic fluid volume, as intrauterine growth restriction is common in preeclampsia. Doppler studies of the uterine arteries can reveal abnormal blood flow patterns indicative of placental insufficiency.

Nursing Interventions and Care Plan

Nursing care in a preeclampsia hesi case study emphasizes continuous monitoring, prevention of complications, and supportive care. Nurses play a crucial role in assessing maternal and fetal well-being and implementing the care plan.

Assessment and Monitoring

Regular monitoring of vital signs, especially blood pressure, is essential. Nurses should assess for signs of worsening condition such as increasing edema, headache, or visual changes. Fetal heart rate monitoring helps evaluate fetal status. Input and output measurements are necessary to detect fluid imbalance.

Interventions

Nursing interventions include:

1. Administer antihypertensive medications as prescribed and monitor for side effects.
2. Provide seizure precautions including a quiet environment and padded bed rails.
3. Encourage bed rest to reduce blood pressure and improve uteroplacental perfusion.
4. Monitor laboratory results and report abnormalities promptly.
5. Educate the patient and family about signs of worsening preeclampsia and when to seek emergency care.

Pharmacological Management

Pharmacological treatment aims to control blood pressure and prevent seizures. The choice of medication depends on the severity of preeclampsia and gestational age.

Antihypertensive Medications

Commonly used antihypertensive drugs include:

- Methyldopa: A first-line agent with a good safety profile in pregnancy.
- Labetalol: A beta-blocker effective in lowering blood pressure.
- Nifedipine: A calcium channel blocker used orally for blood pressure control.

Seizure Prophylaxis

Magnesium sulfate is the drug of choice for preventing and treating eclamptic seizures. It acts as a central nervous system depressant and vasodilator. The nurse must monitor for magnesium toxicity, signs of respiratory depression, and deep tendon reflexes during

administration.

Complications and Emergency Care

Preeclampsia can rapidly progress to severe complications requiring emergency intervention. Understanding these complications is vital for prompt recognition and management.

Potential Complications

Complications include:

- Eclampsia: Characterized by seizures, which can be life-threatening.
- HELLP Syndrome: Hemolysis, elevated liver enzymes, and low platelet count.
- Placental abruption: Premature separation of the placenta from the uterine wall.
- Acute renal failure and pulmonary edema.
- Fetal growth restriction and preterm birth.

Emergency Nursing Care

In emergency situations, nursing priorities include ensuring airway patency, administering oxygen, maintaining intravenous access, and preparing for delivery if indicated. Close communication with the healthcare team is essential for coordinated care.

Patient Education and Follow-up

Education is a cornerstone of nursing care in preeclampsia management. Patients and families should understand the importance of prenatal visits, symptom monitoring, and adherence to treatment plans.

Key Educational Points

- Recognize warning signs such as severe headache, visual disturbances, and sudden swelling.
- Importance of regular blood pressure monitoring and follow-up appointments.
- Medication adherence and potential side effects.

- Dietary recommendations including sodium restriction if advised.
- The necessity of immediate medical attention if symptoms worsen.

Postpartum Follow-up

Follow-up after delivery is critical as preeclampsia can persist or develop postpartum. Monitoring blood pressure and kidney function during this period helps detect ongoing complications. Long-term risk of cardiovascular disease is also higher in women with a history of preeclampsia, warranting patient counseling and lifestyle modifications.

Frequently Asked Questions

What is preeclampsia in the context of a HESI case study?

Preeclampsia is a pregnancy complication characterized by high blood pressure and signs of damage to other organ systems, often the kidneys, usually occurring after 20 weeks of gestation.

What are common symptoms of preeclampsia presented in a HESI case study?

Common symptoms include hypertension, proteinuria, edema, headaches, visual disturbances, and upper abdominal pain.

How is preeclampsia diagnosed in a HESI case study?

Diagnosis is based on elevated blood pressure ($\geq 140/90$ mm Hg) after 20 weeks of gestation and proteinuria (≥ 300 mg in 24-hour urine collection) or other signs of organ dysfunction.

What are the priority nursing interventions for a patient with preeclampsia in a HESI case study?

Priority interventions include monitoring blood pressure, assessing fetal well-being, administering antihypertensive medications as prescribed, providing seizure precautions, and educating the patient about symptom reporting.

What medications are commonly used to manage preeclampsia in a HESI case study?

Magnesium sulfate is used to prevent seizures, and antihypertensive drugs like labetalol or

hydralazine are used to control blood pressure.

What are the potential complications of preeclampsia highlighted in a HESI case study?

Potential complications include eclampsia (seizures), HELLP syndrome, placental abruption, fetal growth restriction, preterm birth, and maternal organ failure.

How does magnesium sulfate work in the management of preeclampsia in a HESI case study?

Magnesium sulfate acts as a central nervous system depressant, preventing seizures by stabilizing nerve and muscle activity.

What are important nursing assessments for a patient receiving magnesium sulfate for preeclampsia?

Assess deep tendon reflexes, respiratory rate, urine output, level of consciousness, and signs of magnesium toxicity such as flushing or decreased reflexes.

When is delivery indicated in a patient with preeclampsia according to a HESI case study?

Delivery is indicated if severe features develop, the pregnancy is beyond 37 weeks, or if maternal or fetal conditions worsen despite treatment.

What patient education should be provided for preeclampsia in a HESI case study?

Educate about the importance of prenatal visits, recognizing warning signs (severe headache, visual changes, epigastric pain), medication adherence, and the need for immediate medical attention if symptoms worsen.

Additional Resources

1. Preeclampsia: Pathophysiology and Clinical Management

This book offers an in-depth exploration of the pathophysiological mechanisms underlying preeclampsia. It provides healthcare professionals with the latest clinical guidelines for diagnosis and management. Case studies, including HESI-style scenarios, are integrated to enhance practical understanding.

2. HESI Comprehensive Review: Maternal-Newborn Nursing

Aimed at nursing students preparing for the HESI exam, this review book covers critical topics such as preeclampsia in detail. It includes case studies, practice questions, and rationales to help students apply theoretical knowledge to clinical situations. The maternal-newborn section emphasizes complications like preeclampsia for better exam readiness.

3. Clinical Obstetrics: Case Studies and Critical Thinking

This text presents a variety of obstetric case studies, including preeclampsia, to develop critical thinking skills in nursing and medical students. Each case is followed by questions and explanations that simulate real-life clinical decision-making. It is an excellent resource for those studying maternal health complications.

4. Maternal and Child Health Nursing: Care of the Childbearing and Childrearing Family

Focused on comprehensive nursing care, this book covers conditions such as preeclampsia with detailed nursing interventions and patient education strategies. It integrates case studies that mirror HESI exam formats to reinforce practical knowledge. The content supports both academic learning and clinical practice.

5. Essentials of Obstetric and Gynecologic Care

This concise guide provides essential information on obstetric conditions, including preeclampsia, aimed at healthcare providers. It emphasizes early recognition, management protocols, and prevention strategies. The inclusion of illustrative cases aids in understanding complex patient scenarios.

6. Advanced Practice Nursing in Maternal-Child Health

Targeted at advanced practice nurses, this book delves into the management of high-risk pregnancies such as those complicated by preeclampsia. It discusses evidence-based interventions and multidisciplinary approaches. Case studies and clinical pearls help bridge theory and practice.

7. Preeclampsia: Clinical Cases and Management Strategies

This specialized book compiles various clinical cases focused solely on preeclampsia, highlighting diverse presentations and challenges. It discusses diagnostic criteria, monitoring techniques, and treatment options. The case-based approach is designed to improve clinical reasoning and patient outcomes.

8. Maternal-Newborn Nursing Made Incredibly Easy!

This user-friendly resource simplifies complex maternal-newborn nursing topics, including preeclampsia, through engaging illustrations and clear explanations. It features HESI-style case studies and review questions to aid retention. The book is ideal for students preparing for exams and clinical rotations.

9. Obstetric Nursing Case Studies: From Theory to Practice

This book offers a collection of obstetric nursing case studies, with several dedicated to preeclampsia scenarios. It encourages application of nursing concepts and critical thinking in clinical environments. The cases are designed to support exam preparation and enhance clinical judgment skills.

[Preeclampsia Hesi Case Study](#)

Preeclampsia HESI Case Study: Master the Challenge, Ace the Exam

Is the looming HESI exam on preeclampsia causing you sleepless nights? Do you feel overwhelmed by the complex symptoms, diagnostic criteria, and management strategies? Are you struggling to confidently apply your knowledge to real-world patient scenarios? You're not alone. Many nursing students find preeclampsia a challenging topic, but with the right guidance, you can conquer it and achieve exam success.

This ebook, "Preeclampsia HESI Case Study: A Comprehensive Guide," provides a structured approach to mastering preeclampsia. It transforms the daunting task of studying this complex condition into a manageable and even enjoyable learning experience. You'll develop the critical thinking skills and clinical reasoning necessary to not only pass your HESI exam but also provide safe and effective care for patients with preeclampsia.

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Preeclampsia HESI Case Study: A Comprehensive Guide

Introduction: Understanding the Scope of Preeclampsia

Preeclampsia, a hypertensive disorder of pregnancy, significantly impacts maternal and fetal health. Understanding its pathophysiology, clinical manifestations, diagnosis, management, and potential complications is crucial for nursing students and practicing nurses alike. This guide provides a comprehensive overview, focusing on the practical application of knowledge necessary for success in HESI-style examinations. The prevalence of preeclampsia makes it a high-yield topic for nursing exams, and thorough understanding significantly improves patient care. This introduction lays the groundwork for the detailed exploration in subsequent chapters.

Chapter 1: Pathophysiology and Risk Factors: Unraveling the Underlying Mechanisms

Preeclampsia's pathophysiology remains incompletely understood, but current research points towards a complex interplay of genetic, environmental, and immunological factors. Placental dysfunction is central to the development of the disease. Insufficient placental perfusion leads to endothelial dysfunction, resulting in widespread vasoconstriction, increased vascular permeability, and activation of inflammatory pathways. This contributes to the characteristic features of preeclampsia, including hypertension, proteinuria, and organ damage.

Several risk factors significantly increase the likelihood of developing preeclampsia. These include:

Nulliparity: First-time pregnancies carry a higher risk.

Preexisting hypertension or renal disease: These conditions predispose individuals to preeclampsia.

Multiple gestation: Carrying twins or more increases the risk due to increased placental mass.

Advanced maternal age (over 35 years): Older mothers face a higher risk.

Family history of preeclampsia: Genetic predisposition plays a significant role.

Obesity: Increased body mass index (BMI) is linked to higher risk.

Preexisting diabetes or autoimmune disorders: These conditions often contribute to the development of preeclampsia.

Ethnicity: African American women are at increased risk compared to Caucasian women.

Understanding these risk factors allows for improved prenatal risk assessment and targeted preventative strategies. This chapter helps solidify a fundamental understanding required for effective patient management and exam success.

Chapter 2: Clinical Manifestations: Recognizing the Warning Signs

Recognizing the clinical manifestations of preeclampsia is vital for early diagnosis and intervention. Symptoms can vary significantly in severity and presentation. Key features include:

Hypertension: A systolic blood pressure consistently above 140 mmHg or a diastolic blood pressure above 90 mmHg.

Proteinuria: The presence of protein in the urine, typically exceeding 300 mg in a 24-hour urine collection or a protein-creatinine ratio greater than 0.3.

Edema: Swelling, particularly in the hands, face, and ankles, although edema alone is not diagnostic.

Headache: Severe, persistent headaches, often accompanied by blurred vision.

Visual disturbances: Blurred vision, scotomas (blind spots), or photophobia.

Epigastric or right upper quadrant pain: Pain in the upper abdomen can indicate liver involvement.

Oliguria: Reduced urine output.

Shortness of breath: This may suggest pulmonary edema.

The severity of symptoms can range from mild to severe, with severe preeclampsia characterized by more pronounced hypertension, significant proteinuria, and involvement of other organ systems. Recognizing these subtle and overt signs is crucial for early identification and management to prevent serious complications. This chapter provides an essential understanding of what to look for in a clinical setting.

Chapter 3: Diagnostic Assessment: Interpreting Lab Results and Monitoring Techniques

Diagnosis of preeclampsia relies on clinical assessment combined with laboratory findings. Key laboratory tests include:

- Urinalysis: To detect proteinuria and assess for other abnormalities.
- 24-hour urine collection: For quantitative measurement of protein excretion.
- Blood pressure monitoring: Regular monitoring is crucial to track the course of the disease.
- Complete blood count (CBC): To assess for hematologic abnormalities.
- Liver function tests (LFTs): To detect liver involvement.
- Renal function tests: To assess kidney function.
- Platelet count: To monitor for thrombocytopenia.
- Fibrinogen levels: To assess clotting factors.
- Doppler ultrasound: To assess uterine and umbilical artery blood flow.

This chapter emphasizes the importance of interpreting lab results and understanding how different values influence the management plan. Learning to connect the clinical picture with laboratory data is paramount for comprehensive patient assessment. It directly addresses the clinical reasoning skills required for effective HESI exam performance.

Chapter 4: Management Strategies: Developing Effective Treatment Plans

Management of preeclampsia aims to prevent and control complications while optimizing both maternal and fetal outcomes. Treatment strategies vary depending on the severity of the disease and the gestational age. Key management approaches include:

- Monitoring: Close monitoring of vital signs, urine output, fetal heart rate, and fetal growth.
- Bed rest: To reduce stress on the cardiovascular system.
- Hydration: Intravenous fluids may be administered to maintain adequate hydration.
- Antihypertensive medications: Such as labetalol, hydralazine, or nifedipine, to control blood pressure.
- Magnesium sulfate: To prevent seizures and manage eclampsia.

Delivery of the baby: The ultimate treatment for preeclampsia is delivery of the fetus and placenta. The timing of delivery depends on several factors, including gestational age, severity of disease, and maternal and fetal well-being.

This chapter meticulously outlines the decision-making process in developing effective treatment plans based on the individual patient's condition and clinical circumstances. This lays a strong foundation for answering HESI-style questions and preparing for clinical practice.

Chapter 5: Case Study Analysis: Applying Your Knowledge to a Real-World Scenario

This chapter presents a detailed HESI-style case study of a patient with preeclampsia. The case study is designed to test your understanding of the pathophysiology, clinical manifestations, diagnostic assessment, and management strategies discussed in previous chapters. Through a step-by-step approach, the case study analyzes the patient's presentation, diagnostic results, and the rationale behind the chosen management plan, reinforcing the learning from previous chapters. The analysis goes beyond simply providing answers and delves into the thought process behind each decision, helping students develop strong critical thinking and clinical reasoning skills.

Chapter 6: Complications and Emergency Management: Preparing for the Unexpected

Preeclampsia can lead to several serious complications, including:

Eclampsia: The development of seizures.

HELLP syndrome: Hemolysis, elevated liver enzymes, and low platelet count.

DIC (Disseminated Intravascular Coagulation): A life-threatening bleeding disorder.

Acute renal failure: Kidney damage.

Pulmonary edema: Fluid buildup in the lungs.

Cerebral hemorrhage: Bleeding in the brain.

This chapter details the signs, symptoms, and management of these life-threatening complications. Understanding these complications and their management is crucial for providing timely and effective interventions.

Conclusion: Putting It All Together and Preparing for

the HESI Exam

This ebook provides a comprehensive approach to understanding and managing preeclampsia. By mastering the concepts presented, you'll be well-prepared to confidently approach HESI-style questions and excel in your clinical practice. The information provided reinforces the knowledge required for safe and effective patient care. Consistent review and application of these principles will enhance your understanding and ensure success on the HESI exam and beyond.

FAQs

1. What is the difference between preeclampsia and eclampsia? Preeclampsia is a hypertensive disorder characterized by hypertension and proteinuria. Eclampsia is the development of seizures in a woman with preeclampsia.
2. What are the long-term risks associated with preeclampsia? Long-term risks include increased risk of cardiovascular disease, renal disease, and future preeclampsia in subsequent pregnancies.
3. How is HELLP syndrome diagnosed? HELLP syndrome is diagnosed through lab work showing hemolysis (breakdown of red blood cells), elevated liver enzymes, and low platelet count.
4. What is the role of magnesium sulfate in preeclampsia management? Magnesium sulfate is used to prevent seizures in women with preeclampsia or eclampsia.
5. What are the indications for delivery in preeclampsia? Delivery is indicated when preeclampsia is severe, maternal or fetal compromise exists, or gestational age is advanced.
6. Can preeclampsia be prevented? While not always preventable, risk reduction strategies include healthy weight, appropriate blood pressure control, and optimal prenatal care.
7. What are the common side effects of antihypertensive medications used in preeclampsia? Common side effects can include dizziness, headache, and nausea.
8. How often should blood pressure be monitored in a patient with preeclampsia? Blood pressure should be monitored frequently, often several times a day, depending on the severity of the condition.
9. What is the role of Doppler ultrasound in preeclampsia management? Doppler ultrasound helps assess blood flow in the uterine and umbilical arteries to evaluate placental perfusion.

Related Articles:

1. Mild vs. Severe Preeclampsia: A Comparative Analysis: This article delves into the differences in presentation, management, and prognosis between mild and severe preeclampsia.
2. HELLP Syndrome: Understanding Pathophysiology and Management: A detailed exploration of HELLP syndrome, including its pathophysiology, diagnostic criteria, and treatment strategies.
3. The Role of Magnesium Sulfate in Preventing Eclampsia: This article focuses on the mechanisms of action, administration, and monitoring of magnesium sulfate.
4. Long-Term Cardiovascular Risks Associated with Preeclampsia: This article discusses the increased risk of cardiovascular disease in women with a history of preeclampsia.
5. Preeclampsia and Renal Dysfunction: A Comprehensive Overview: This article explores the renal manifestations of preeclampsia and their management.
6. Preeclampsia and Fetal Growth Restriction: Understanding the Connection: This article examines the relationship between preeclampsia and fetal growth restriction.
7. The Impact of Obesity on the Development of Preeclampsia: This article explores the link between obesity and the increased risk of preeclampsia.
8. Genetic Factors and Susceptibility to Preeclampsia: This article discusses the role of genetics in the development of preeclampsia.
9. Advances in Preeclampsia Research and Future Directions: This article reviews the latest research findings and explores future directions in preeclampsia research.

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preeclampsia hesi case study: Maternal Child Nursing Care - E-Book Shannon E. Perry, Marilyn J. Hockenberry, Kitty Cashion, Kathryn Rhodes Alden, Ellen Olshansky, Deitra Leonard Lowdermilk, 2022-03-05 Master the essentials of maternity and pediatric nursing with this comprehensive, all-in-one text! Maternal Child Nursing Care, 7th Edition covers the issues and concerns of women during their childbearing years and children during their developing years. It uses a family-centered, problem-solving approach to patient care, with guidelines supported by

evidence-based practice. New to this edition is an emphasis on clinical judgment skills and a new chapter on children with integumentary dysfunction. Written by a team of experts led by Shannon E. Perry and Marilyn J. Hockenberry, this book provides the accurate information you need to succeed in the classroom, the clinical setting, and on the Next Generation NCLEX-RN® examination. - Focus on the family throughout the text emphasizes the influence of the entire family in health and illness. - Expert authors of the market-leading maternity and pediatric nursing textbooks combine to ensure delivery of the most accurate, up-to-date content. - Information on victims of sexual abuse as parents and human trafficking helps prepare students to handle these delicate issues. - Nursing Alerts highlight critical information that could lead to deteriorating or emergency situations. - Guidelines boxes outline nursing procedures in an easy-to-follow format. - Evidence-Based Practice boxes include findings from recent clinical studies. - Emergency Treatment boxes describe the signs and symptoms of emergency situations and provide step-by-step interventions. - Atraumatic Care boxes teach students how to manage pain and provide competent care to pediatric patients with the least amount of physical or psychological stress. - Community Focus boxes emphasize community issues, provide resources and guidance, and illustrate nursing care in a variety of settings. - Patient Teaching boxes highlight important information nurses need to communicate to patients and families. - Cultural Considerations boxes describe beliefs and practices relating to pregnancy, labor and birth, parenting, and women's health. - Family-Centered Care boxes draw attention to the needs or concerns of families that students should consider to provide family-centered care.

preeclampsia hesi case study: *Maternity Nursing - Revised Reprint - E-Book* Deitra Leonard Lowdermilk, Shannon E. Perry, Kitty Cashion, 2013-11-29 Designed to meet the needs of today's students, Lowdermilk's *Maternity Nursing*, 8th Edition — Revised Reprint addresses the fundamentals of maternity nursing with a concise, focused presentation of the care of women during the childbearing years. Integrating considerations for family, culture, and health promotion into the continuum of care, it also addresses community-based care to emphasize that nursing care takes place in many settings. *Maternity Nursing* focuses on childbearing issues and concerns, including care of the newborn, as well as wellness promotion and management of common women's health problems. - Critical thinking exercises present case studies of real-life situations and corresponding critical thinking questions to help you develop your analytical skills. - NEW! A helpful appendix identifies text content that reflects the QSEN competencies — patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics — to assist you in developing competencies to provide safe and effective nursing care. - NEW! Focus on the family recognizes the nurse's need to integrate the family in the care of the mother and newborn and the importance of the role of the mother to the wellbeing of the family. - NEW! Content updates throughout, including information on the late preterm infant and associated concerns such as feeding; guidelines on prioritization and delegation where relevant; and centering pregnancy, a new model of health care that brings women together in groups for their care. - NEW! Evidence-based practice content focuses your attention on how to use current research to improve patient outcomes. - NEW! Improved readability helps you learn more efficiently with shorter, more focused content discussions. - NEW! 21st Century Maternity Nursing: Culturally Competent, Community Focused chapter combines introductory material, culture, and community into one chapter to help you focus on key content and concepts. - NEW! Streamlined content highlights the most essential, need-to-know information.

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