

HEALTH EDUCATION

A. Early pregnancy

1. Developmental tasks of pregnancy
 - a. Mother: acceptance of pregnancy integration into her self-system
 - b. Father: announcement and realization of the pregnancy
 - c. Couple: realignment of relationships and roles
2. Psychosocial changes of pregnancy
 - a. Ambivalence about pregnancy
 - b. Introversion
 - c. Passivity and difficulty with decision making
 - d. Sexual and emotional changes (Foux, 2008)
 - e. Changing self-image
 - f. Ethical dilemmas of prenatal testing (Ekberg, 2007)

B. Second trimester

1. Developmental tasks of pregnancy (Brotherson, 2007).
 - a. Mother: binding-in to the pregnancy, ensuring safe passage, and differentiating the fetus from herself
 - b. Father: anticipation of adapting to the role of fatherhood
 - c. Couple: realignment of roles and division of tasks
2. Psychosocial changes
 - a. Active dream and fantasy life
 - b. Concerns with body image
 - c. Nesting behaviors
 - d. Sexual behavior adjustment
 - e. Expanding to a variety of methods of expressing affection and intimacy

C. Third trimester

1. Developmental tasks of pregnancy
 - a. Mother: separating herself from the pregnancy and the fetus; trying various caregiving methods
 - b. Father: role adaptation; preparation for labor and birth
 - c. Couple: preparation of the nursery
2. Psychosocial changes
 - a. Dislikes being pregnant but loves the child
 - b. Although anxious about childbirth, the mother also sees labor and delivery as a deliverance.
 - c. The couple experiments with various mothering or fathering roles.
 - d. Mother is introspective.

D. Evaluation

1. Couple can verbalize the educational content.
2. Couple seeks assistance and support with psychologic concerns.
3. Couple demonstrates insight into psychologic processes (e.g., increasing introspection and isolation during labor).

CASE STUDY AND STUDY QUESTIONS

Mrs. L. is a 30-year-old primigravida and the last of her friends to become pregnant. Although she and her husband wanted a child, they had not expected it to happen so quickly after stopping birth control pills. She confided to the nurse that she was not sure she really wanted to be pregnant. When her ultrasound and alpha-fetoprotein tests were normal, she began to really embrace pregnancy. She frequently spent time with her friends and family who had children to learn about their experiences.

Mr. L. was very excited about the pregnancy and had nausea when his wife did and even gained more weight than she did in the first trimester. However, Mrs. L. was experiencing strange dreams and fantasies and was beginning to think she was crazy until her friends told her they had also had strange dreams. Her mother, who is a labor nurse, bought them almost every book about pregnancy and birth that was available at the local bookstore. Some of the ideas the

couple read sounded really strange and “far-out.” However, as they continued to read, they found ideas that were comfortable for them. Mr. L. was enthusiastic about learning to be a good support person for Mrs. L., but wanted Mrs. L. to have the most say about the experience because it was she who would actually experience labor. They learned that the hospital in which they would deliver had a very high induction and epidural rate, and wished that they had known more before they chose their care provider and hospital. They were concerned about their ability to accomplish their dreams of an unmedicated birth in such an environment. Their childbirth educator helped them to develop a birth plan and coached them in assertiveness techniques while encouraging them to explore alternatives just in case not all went according to the ideal. They arrived in the labor suite feeling confident and able.

1. When a woman desires to have a child and learns that she is pregnant, her emotions might include:
 - a. Ambivalence
 - b. Joy
 - c. Surprise
 - d. All of the above
2. Men whose partners are pregnant sometimes experience sympathetic feelings and symptoms called:
 - a. Pseudopregnancy
 - b. Male pregnancy
 - c. Couvade
 - d. Pseudogestation
3. Pregnant women who tell the nurse about strange dreams should be:
 - a. Referred to a psychiatrist
 - b. Assured that such dreams are common and normal in pregnancy
 - c. Offered a psychosocial interpretation
 - d. Told to ignore them
4. The concept of developing a birth plan:
 - a. Should upset nurses who are the real experts about labor and birth
 - b. Is illegal in some states
 - c. Is acceptable only in home births
 - d. Increases a couple’s sense of control and mastery
5. Many Native American women do not seek prenatal care because:
 - a. They see tribal healers instead
 - b. They remain in bed throughout pregnancy
 - c. They believe that pregnancy is normal, and it is therefore unnecessary to see a physician
 - d. None of the above
6. The critical third-trimester issue in acceptance of the child is that:
 - a. The nursery is ready
 - b. The family describes the fetus as a real person
 - c. Acceptance is unconditional
 - d. The father is concerned about the infant’s well-being
7. Nesting behaviors are disrupted by:
 - a. Baby showers
 - b. Preterm labor
 - c. Father’s business plans
 - d. Anxiety about labor
8. Two third-trimester developmental tasks of expectant fathers include:
 - a. His changing image and negotiation of his role during labor and delivery
 - b. Taking on the expectant father role and preparing the nursery
 - c. Preparing for parenthood and accepting the woman’s changing body
 - d. Dealing with the woman’s introspection and accepting the biologic fact of pregnancy
9. A common principle found among many ethnic cultures is that:
 - a. Pregnant women are sick
 - b. Everything in nature is balanced (e.g., yin/yang)
 - c. A pregnant woman must wear a gold necklace in labor
 - d. A pregnant woman’s mother must be barred from the birth
10. If expectant parents tell the labor nurse that they have taken childbirth classes, have chosen a possible name for their infant, have decided to breastfeed, and have prepared their home for the newborn, the nurse can surmise they are successfully coping with changes in:
 - a. The expectant couple role
 - b. Self-concept as a couple
 - c. The developmental stressors of pregnancy
 - d. Anxiety

ANSWERS TO STUDY QUESTIONS

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| 1. d | 5. c | 9. b |
| 2. c | 6. c | 10. b |
| 3. b | 7. b | |
| 4. d | 8. a | |

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