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Lisa Hanson

Marquette University, lisa.hanson@marquette.edu

Marquette University

e-Publications@Marquette

Nursing Faculty Research and Publications/College of Nursing

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Prenatal Education: Priorities for Perinatal Nurses

Lisa Hanson

Marquette University College of Nursing, Milwaukee, WI

A recent weekend in the obstetric triage of a local tertiary care hospital led this author to note the volume of women being seen for common discomforts of pregnancy. In the obstetric triage area, experienced certified nurse-midwives work alongside experienced labor and delivery nurses. Together they examine pregnant women and notify providers, who make decisions about their disposition. Few of the women evaluated called their provider before coming to the hospital. More than 7 of the 14 patients seen in the 12-hour shift came in for round ligament pain or other benign discomforts of pregnancy. The logical question to ask is, "what happened to prenatal education?" Easily half of these visits could have been prevented by preparing the woman for the discomfort that she would likely experience before her next prenatal visit.

Round ligament pain is a nearly universal discomfort of pregnancy. Women experience sharp, stabbing unilateral or bilateral lower abdominal pain usually associated with movement beginning at or around 20 weeks of pregnancy that continues until the time of birth. This discomfort can be reproduced during abdominal palpation as a part of patient examination. Round ligament pain can be improved by the knowledge that it is a benign discomfort. However, this pain is assumed to be abnormal if the woman is unprepared. Preparation can easily

take place anytime a nurse encounters a pregnant woman and has an opportunity to provide prenatal education.

Nurses can incorporate prenatal education into client encounters in any setting. However, some labor and delivery nurses may not feel skilled or prepared to deliver prenatal education. Some nurses may feel compelled to focus on acute problem solving rather than on preparing their antepartum patients for life after hospital discharge. Others may be unaware of concerns that are common to women in the various trimesters of pregnancy or how to fully address them. [Table 1](#) contains a review of the common discomforts of pregnancy and their time of occurrence. Both nurses and midwives learn that anticipatory guidance was an important aspect of antenatal education. Revisiting the basic tenants of prenatal education may improve the care to women in all antenatal areas.

	First trimester	Second trimester	Third trimester
Fatigue	X		X
Breast tenderness	X		X
Urinary frequency	X		X
Constipation	X		X
Increased vaginal discharge	X	X	X
Round ligament pain		X	X
Lower back pain		X	X
Heartburn		X	X
Shortness of breath			X
Pelvic pressure			X
Edema			X

[Table 1](#) Discomforts of pregnancy by trimester

First Second Third trimester trimester trimester

	First	Second	Third
Fatigue	X		X
Breast tenderness	X		X
Urinary frequency	X		X
Constipation	X		X
Increased vaginal discharge	X	X	X
Round ligament pain		X	X
Lower back pain		X	X
Heartburn		X	X
Shortness of breath			X
Pelvic pressure			X
Edema			X

Prenatal education that takes place as a part of routine prenatal care has long been identified as an important component of antenatal care. This concept has been reinforced by the finding that only 30% of contemporary women attend formal prenatal education classes.¹ Therefore, the education that is provided during routine

5. VA/DOD Evidence Based Clinical Practice Guideline Working Group. Veterans Health Administration, Department of Veterans Affairs, and Health Affairs, Department of Defense. Management of uncomplicated pregnancy in the primary care setting, 2002.. Accessed October 28, 2005.

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