Week 5 Exam

1. A Micropreemie is born weighing less than 1 pound 12 ounces or before 26 weeks gestation. A Live Miscarriage might be in a similar age and weight as Micropreemie, but under the age of viability the baby’s death might be classified as miscarriage. If the baby showed signs of being alive after birth, the term “miscarriage” might not tell as much of the story as it could. stillbirthday wishes to validate this rare but important experience by naming it “live miscarriage”.
2. We have 1 level 3 neonatal unit that is a childrens hospital through Mercy Hospitals, our second hospital (Cox) have a NICU unit as well they stated care up to level 3 NICU with 40 beds but they are not a children’s hospital so likely would need to transfer to mercy for some cases. If utilizing Mercy childrens hospital, technically the labor and delivery unit is in the same building but it would be a “transfer” internally. Visitation for both hospitals are still operating under covid suggestions so visitors are limited to parents only at this point in time.
3. breech delivery presentation – to help decrease likelihood, I would be suggesting and encouraging the birthing person to partake in spinning babies techniques, poses, or direct classes if possible. The “3 sisters” series of poses specifically, I would encourage the client to do as suggested via spinning babies. During labor I would continue to suggest poses (hands and knees, side laying specifically) to encourage space for baby to reposition.
4. In the NICU setting, the nature of care requires the nurse to be in close visual and physical contact meaning there won’t likely be privacy and space from the other babies & parents. They will most likely see and hear other babies. And will watch other moms hold, smile, feed and generally gush over their little ones who are daily improving. It will be very difficult to know that most other babies will go home.
5. Help delegate friends/family wishing to help, Remind friends/family to respect the family’s privacy and needs regarding the NICU stay or once home from the NICU, Arranging meals or meal sign ups for the family while in NICU care and directly after arriving home from NICU care.
6. Arthrogryposis Multiplex Congenita – also knows as AMC, occurs in newborns and results in decreased flexibility of the joints. I learned that there are many causes of the condition, some of which are inherited. Before birth, four possibilities exist that limit joint movements: 1) abnormal development of muscles; 2) inadequate room in the uterus for the baby; 3) a malformed central nervous system and spinal cord; and 4) tendons, joints, bones, and joint linings which did not mature correctly. The decrease in range of motion is also caused by extra tissue that has formed around the joint, prohibiting movement. Out of 3000 births, only one is apt to develop AMC, and only 30% of those are genetically related. Treatment for AMC is usually suggested to be a multidisciplinary approach. Standard physical therapy, which can improve joint motion and avoid muscle atrophy in the newborn period is beneficial. Gentle joint manipulation and stretching exercises may also be beneficial. Removable splints for the knees and feet that permit regular muscle movement and exercise are also recommended. Serial casting to mobilize stiff joints is helpful. In some cases, surgery may be necessary to achieve better positioning and increase the range of motion in certain joints, especially the ankles, knees, hips, elbows, or wrists. In rare cases, tendon transfers have been performed to improve muscle function.

I read some blog posts trying to get an idea of what a AMC diagnosis might look like for a parent & came across an interview from an adult whom had several diagnosis but AMC was her main focus for this specific interview. She stated that most of her childhood was spent in hospitals and receiving various treatments and surgeries. She goes on to talk about how AMC impacts her life, stating that she has no mobility in any of her limbs and requires full time care for all aspects of her life. I assume if a parent was looking at an AMC diagnosis, they would be overwhelmed with the reality that they would need to sort out full time long term care for the entire life of their child and would be looking at consistent hospital stays and procedures. I feel like that would be such a difficult diagnosis to navigate personally, knowing your child would likely have a very limited physical life but mentally would be “normal” (assuming there were no other diagnosis or complications). Not only having to plan for a life of required care, but planning for their needs after your own life was done. That would be a lot to sort through, but as I read through that blog post the individual goes on to talk about all of her accomplishments including teaching herself how to paint and draw by mouth and how she has a successful blog that earns her some form of income, she also talks about her special wheelchair that grants her some sense of independence…and I think all of that is a beautiful outlook for such an overwhelming diagnosis.

Section 2

1. Lactation Specialist & Neonatal Nutritionist
2. Case manager & Social worker
3. Scan in CPR card
4. Pic line & umbilical catheter

Extra Credit:

I noticed that they had a really beautiful support team, and they appeared to be able to have time to plan out the rituals and things that felt the most important to them. I also noticed how well the medical team did to facilitate the needs of this family & I think that was really lovely to watch after having some bad experiences with medical staff in the past personally. Overall, it was a really beautiful celebration of life and I am glad they were able to have it all documented, they were able to plan for the experience, and that they could carry out those rituals and plans.