



# ***Student Pre-Work***

**TITLE:** “Child-bearing Interprofessional Practice across the Continuum of Care: Caring for Clients with Substance Use Disorder during Labor and Birth”

Part of the JHUSON Interprofessional Education and Online Simulation Program

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## **Information for Students to Prepare for Simulation**

### **Objectives**

By the end of this simulation, the learner will be able to:

#### Scene 1: Triage

1. Demonstrate anticipatory guidance for a person in labor.
2. Recognize key patient factors that may affect labor.
3. Identify the patient’s preferences for the labor and birth process (birth-plan).

#### Scene 2: Labor

1. Recognize best practice recommendations for intrapartum care of women with SUD including trauma informed care (doula), shared-decision making related to pain management and other interventions.
2. Discuss the role of a doula in pregnancy, labor and delivery.
3. Recognize how implicit bias and stigma can impact care

#### Scene 3: Delivery

1. Apply the nursing process to provide evidence-based care for a person during active labor.
2. Use best evidence to guide care of birthing parent and fetus.
3. Identify the pathophysiology of and therapeutic interventions associated with common pregnancy complications.

#### Scene 4: Breastfeeding

1. Apply evidence-based strategies to promote breastfeeding in the early postpartum period.
2. Recognize the best practice recommendations for breastfeeding and women with SUD.
3. Discuss how implicit bias and stigma can impact care
4. Apply strategies to respond to implicit bias and stigma in health care teams

## **Core Competencies for Interprofessional Collaborative Practice (2016)**

### **Competency 1: Values/Ethics sub-competencies**

- VE1. Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

- VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
- VE6: Develop a trusting relationship with patients, families, and other team members.
- VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
- VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.

**Competency 2: Roles/Responsibilities sub-competencies**

- RR1: Communicate one’s roles and responsibilities clearly to patients, families, community members, and other professionals.
- RR2: Recognize one’s limitations in skills, knowledge, and abilities
- RR3. Engage diverse professionals who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health and prevent disease.
- RR5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective and equitable.
- RR6. Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.
- RR9: Use unique and complementary abilities of all members of the team to optimize health and patient care.

**Competency 3: Interprofessional Communication sub-competencies**

- CC2: Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- CC3. Express one’s knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
- CC6: Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.
- CC7. Recognize how one’s own uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution and positive interprofessional working relationships.
- CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

**Competency 4: Teams and Teamwork sub-competencies**

- TT2. Develop consensus on the ethical principles to guide all aspects of team work.
- TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.
- TT4: Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
- TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
- TT10: Use available evidence to inform effective teamwork and team-based practices.
- TT11: Perform effectively on teams and in different team roles in a variety of settings

**Prework**

Please review the following information prior to participating in this simulation:

1. Read brief overview of the patient depicted in this video
2. Review the roles of each member of the team (physician, nurse, pharmacist, CRNA, Doula, midwife,).
3. Review the IPE competency material found in this module

#### 4. Examine principles of interprofessional care coordination in the assigned reading

##### **Required Readings:**

Silbert-Flagg, J, Pillitteri, A. (2018). Maternal and Child Health Nursing (8th edition) Philadelphia: PA: Wolters Kluwer.

##### **Intrapartum**

Chapter 15, "Nursing Care of a Family During labor and Birth" pp.347 - 372 (Includes EFM pages)  
Silbert-Flagg, J, Pillitteri, A. (2018). Maternal and Child Health Nursing (8th edition) Philadelphia: PA: Wolters Kluwer. ([or equivalent reading in a maternal/child nursing text](#))

##### **Pain Management**

Chapter 16, "The Nursing Role in Providing Comfort During Labor and Birth" pp. 373-395  
Silbert-Flagg, J, Pillitteri, A. (2018). Maternal and Child Health Nursing (8th edition) Philadelphia: PA: Wolters Kluwer. ([or equivalent reading in a maternal/child nursing text](#))

##### **Processes and Stages of Labor**

Chapter 15, "Nursing Care of a Family During Labor and Birth" pp. 326-345, pp.  
Chapter 11, "Nursing Care Related to Assessment of a Pregnant Family" pp. 245-249; 278-279 (The Pelvis, Preparation for Labor) ([or equivalent reading in a maternal/child nursing text](#))

##### **Suggested Reading:**

Simpson, K.R. & Creehan, P.A. (2014). Perinatal Nursing (4<sup>th</sup> ed.). Philadelphia: PA: Wolters Kluwer/Lippincott Williams & Wilkins.

##### **Intrapartum and Postpartum**

Chapter 14 - pp. 350 - 373 (Nsg assessment up to Shoulder Dystocia)

##### **Pain Management**

Chapter 16, "Pain in Labor: Nonpharmacologic and Pharmacologic Manage

### **Brief overview of patient**

Rosie Jenkins is a 25 y.o. gravida 2 parity1001 at 39 5/7 weeks gestation who presents to the hospital in labor. She is currently participating in a methadone maintenance program, resulting from a past medical history of opioid use disorder. This occurred following a serious motor vehicle accident a few years ago in which she sustained multiple fractures, surgery and a prolonged period of pain which was treated by her physicians with opioids. Mrs. Jenkins is now in the triage room alone, waiting to see the Certified Nurse Midwife (CNM). The nurse has already introduced himself to Mrs. Jenkins and assessed her. He reports the following:

- HPI:
  - Denies bleeding, rupture of membranes, bleeding; fetal movement is “good”. Patient is having regular contractions every 4-5 minutes for the past five hours, with contractions getting stronger
  - Allergies: None.
  - Medicines: PNV, Methadone 30 mg po every day for the past year to manage pain and “get through each day”; nicotine patches
- Current pregnancy: no complications, regular prenatal care beginning in first trimester
- OB Hx: Spontaneous Vaginal Delivery (SVD) following spontaneous labor 2 years ago of a full-term female child living with her at home.
- PMH: substance use disorder (SUD), hx of multiple fractures; hx of sexual abuse as a child by family friend, history of tobacco use

