

Nursing Invited to the Table to Help Shape the Future of Perinatal Care

Anita Catlin

A recent report called "Shaping the Future of Perinatal Care: A Strategic Action Plan" has been released by the National Perinatal Association. It is available by contacting Sheila Sorkin at the National Perinatal Association. A short summary of the report is presented here.

Perinatal care is defined as the care of a family from pre-conception through infancy within a multicultural perspective. Pediatric nurses will be interested in the national task force that convened in 1998 to identify plans for improving the health of women and infants in the United States. The task force was funded, in part, by Ross Laboratories under the coordination of nurse Ann McRedmond, MSN, RN. One main goal of the task force is to make a concerted effort to keep maternal and child health among the top priorities on the national agenda. Collaborative practice was the keystone of the summit. Representatives from nursing organizations such as the American College of Nurse-Midwives (ACNM); Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), and the National Association of Neonatal Nurses (NANN) joined representatives from the American Academy of Pediatrics (AAP); American Association of Family Physicians (AAFP); American College of Obstetricians and Gynecologists (ACOG); American Hospital Association (AHA); American Public Health Association (APHA), Maternal and Child Health Section; Association of Maternal and Child Health Programs (AMCHP); Children's Defense Fund; March of Dimes Birth Defects Foundation (MOD); Maternal and Child Health Bureau (MCHB), HRSA-DHHS; National Association of Perinatal Social Workers (NAPSW); National Center for Education in Maternal and Child Health (NCEMCH); National Coalition of Hispanic Health and Human Services Organizations (COSSMHO); National Healthy Mothers, Healthy Babies (HMHB); National Perinatal Association (NPA); National Perinatal Information Center (NPIC); Planned Parenthood Federation of America (PPFA); Society for Pediatric and Perinatal Epidemiology Research (SPER); and the Society for Maternal-Fetal Medicine.

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Pediatric Ethics, Issues, & Commentary focuses on exploring the interface between ethics and issues in clinical practice. If you have suggested topics or cases for consideration in the column, please contact Anita J. Catlin, DNSc, FNP; 230 Hillside Avenue, Napa, CA 94558; (707) 226-9002.

The goals of the summit were to unite as a group to develop a strategic plan for improving the quality of perinatal care; to increase efficacy of delivery systems; and to educate the public on the needs of healthy fetal, infant, and child development before pregnancy occurs. The plan was developed within the context of evidence-based practice and focused on the whole patient and family history rather than individual pregnancy events.

All of the participating organizations had longstanding commitments to improving the quality of perinatal care and the health outcomes of women and infants. All of the groups identified the same threats to the perinatal health in the U.S., such as women who do not obtain early prenatal care, low income and low educational levels, smoking during pregnancy, low birth weight infants, and infants who meet death through pneumonia, homicide, and accidents. All the groups acknowledged the fact that women and children of color continue to experience much higher levels of morbidity and mortality. Thus, the participants, meeting together for the first time, had much in common and a desire to work together for the betterment of American health care.

The group met twice during 1998. The group of fifty people was able to identify a set of shared values. These included agreement that leaders in perinatal health have a responsibility to make recommendations on the improvement of perinatal care; that perinatal health and care are affected by psychosocial factors, in addition to physical conditions; that health coverage with adequate financing is fundamental to quality care and optimal health outcomes; that care tailored to an individual's needs achieves the best outcomes; that perinatal care should be delivered in the context of the family and consumers should be involved in the care process; that care should be delivered in a culturally competent manner; that an interdisciplinary approach to perinatal care can improve outcomes; and that while evidence from randomized clinical trials is the gold standard, when such research evidence is not available, best practices and clinical judgment are important tools for guiding care.

Perinatal health professionals dominated the first two summit meetings. Planning is underway to include funding agencies and managed care organizations in future meetings for the development of further action plans. The involvement of leaders from business, philanthropy, public policy, and media is essential to keeping maternal and child health a priority.

Through these summit discussions, the group was able to begin consensus for the direction of health care in the third millennium. Specific goals identified by the group included improving maternal well being, improving infant and child health, increasing pregnancy spacing, increasing attention on preconception health, reducing pre-term births, and promoting positive parent-child relationships.

The document is well worth reading. Eleven goals are set, each with referenced information providing background

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