

Antepartum nurses help write happy endings to stories

By Parker Herring

Prior to her first delivery at Duke, an obstetrical patient confided to a nurse that she was apprehensive because she had heard negative comments about Duke.

The mother-to-be confessed that she had serious doubts about delivering her first-born here.

The story has a happy ending, however, because the woman's delivery went comfortably well and she chose to come back to Duke for her second delivery.

Part of the reason for the woman's change in attitude was because she was aided through delivery by a member of the antepartum nursing team. Antepartum nursing team members work with obstetrical patients to provide continuity in prenatal care and delivery.

Adapted in 1975

The antepartum nursing concept was adapted at Duke in 1975 under the direction of nursing supervisor Ruth Bowers. A workshop speaker from the University of Colorado spurred Bowers' interest in the antepartum nursing team approach.

Currently there are two antepartum teams, with two registered nurses on each team.

Approximately 30 percent of the public obstetrical patients (excluding high risk patients) are seen by a member of the antepartum nursing team. The RNs see obstetrical patients at the clinic in the Hilton Inn and occasionally contract with a patient to be with her during delivery.

If there is a need

A contract with an obstetrical patient is a professional agreement on the part of one of the antepartum nurses to be present at the delivery.

"We try not to foster a dependency with the obstetrical patients," Judy Hayes, antepartum team nurse, said. "But if we see there is a real need, we'll agree to be on call so we can be present at the delivery."

Members of the antepartum nursing

teams contract for about three deliveries each month.

Because delivery is not always the happy experience that some mothers expect, the antepartum teams spend a lot of time teaching obstetrical patients about the birth process.

"Prenatal contact is as important as the contact we have during delivery," Hayes said.

There are question-and-answer sessions at the clinics and obstetrical patients are encouraged to tour the facilities on Carter Suite.

Continuity in care

One of the main ideas behind the antepartum nursing concept is to provide continuity in care to obstetrical patients. This continuity is of crucial importance in a major teaching medical center such as Duke, where a woman may not actually see the house staff obstetrician who will deliver her baby until she comes to the hospital in labor.

"We try to build the patient's confidence in the house staff physicians," Dale Eastman, another antepartum team

member, said.

Because expectant mothers are familiar with the antepartum nursing team members, they are more likely to confide their fears and apprehensions.

"Because they know us, they'll come to us in a crisis and we can help them work it out," Eastman said.

Concerns that are important to the mother are brought to the surface through these confidences, and the mothers are made to feel more comfortable and secure because there is someone around they know cares.

"We provide a familiar face to many of the patients," Hayes said.

Filling the gaps

And the antepartum nurses fill in the gaps in care for their patients.

"We often put into laymen's terms what the physician has told the patient," Hayes continued. "And we reinforce the physician's instructions so there is no misunderstanding."

The antepartum nurses pave the way for the "coach" during delivery. The coach is a person close to the woman in

labor — husbands usually opt most frequently to be coaches, but another relative or close friend can be present during labor and delivery. Each woman can have one person accompany her through labor and delivery.

"You might say that we 'coach the coach' during delivery," Eastman said.

Patient advocates

The nurses function as patient advocates during delivery, offering practical suggestions to the coach such as suggesting he or she rub the patient's back, etc.

Eastman said most physicians have accepted the role of the antepartum nurses although "there are a few physicians around who don't recognize our role," she said.

Supervisor Ruth Bowers said the nursing staff members on Carter Suite play a significant role in the operation of the antepartum nursing teams.

"The rest of the staff is very supportive," Bowers said. "There is a total staff commitment to the antepartum nursing team concept."



ANTEPARTUM NURSING — RNs Dale Eastman (left) and Judy Hayes, shown with patient Melody Stanley of Durham, are members of one of two antepartum nursing teams here. The concept was adapted at Duke in 1975. (Photo by Parker Herring)



Sigma Theta Tau gathering planned

Beta Epsilon, Duke's chapter of the national nursing honorary society, Sigma Theta Tau, is having a coffee Wednesday, Sept. 20.

The coffee will be from 8:30-10:45 a.m. in the Medical Center Board Room and all Sigma Theta Tau members are invited to attend.

"The coffee is a good opportunity for Sigma Theta Tau members from any chapter in the country to meet members of our chapter," Virginia Lang, president of Beta Epsilon, said.

Lang said Sigma Theta Tau members who are new to Duke are encouraged to come to the coffee and learn about Beta Epsilon's activities.

For more information contact Rita Monahan, Rankin Ward, or Susie Beck, CCU.

Successful transplant third performed at Duke

(Continued from page 1)

were told that it might be possible to transplant one of her toes to make a thumb. Two similar operations — the first in North Carolina — had already been performed successfully by orthopaedic surgeons here.

"We thought it would be a good idea to try it next year, but we left the final decision to Trudy," the child's mother said. "She told us she was scared, but wanted to have it done. She also said, 'Let's go ahead and do it this year.'"

Dr. Donald Serafin, associate professor of plastic surgery, led a team of six surgeons who performed the operation on July 26. Division chief Dr. Nicholas Georgiade served as an advisor.

Two weeks later, Serafin changed the cast that held the transplant in place and said the thumb looked good. By the end of August, he changed the cast again, saying the operation looked like a complete success.

"We have every indication that Trudy's thumb will work well," he said.

Vessels as small as .04 inch

The procedure lasted 14 hours, the physician explained, because all the tiny arteries and veins had to be attached so that blood could flow through them freely. Some are as small as one millimeter in diameter, about four-hundredths of an inch.

The surgeons also had to attach two nerves so the thumb would have feeling and three tendons so it could move. To

join the bones together, the team drilled a hole in the end of the phalanx or toe bone and secured it like a cap over the sharpened remnant of the bone in her thumb.

Serafin said he and his colleagues had to be very careful in removing the toe from Trudy's left foot so as not to damage the nerves or blood supply to the other toes. They were also able to preserve the epiphysis or "growing center" of the bone so that the new thumb can grow.

Microsurgical technique

"I think one of the significant things about this kind of operation is that it shows how far plastic surgery has come in the past few years and how much the operating microscope has helped us," Serafin said.

"It's now possible, through what we call microsurgical composite tissue transplantation, to move entire blocks of

tissue including skin, bone, muscle, blood vessels, nerves and fatty tissue from one part of the body to another all in one operative procedure."

By reducing the number of operations required, he explained, the technique reduces costs and possible complications to the patient. It also improves function and appearance of the transplant in almost every case.

Didn't waste time

Mrs. Howie said Trudy was very brave during the weeks following surgery, despite the pain of healing, and "hardly cried at all."

By Aug. 22 — the day before she was first allowed to walk again — the child insisted on staying up until a few minutes past midnight.

"She didn't want to waste any time," her mother said.

PR office wins academy award

The medical center's Office of Public Relations has earned a first-place national award from the Academy of Hospital Public Relations.

In competition with hospitals throughout the country, Duke was judged a Citation winner and received the 1978 MacEachern Award in the category of total public relations programming.

The award, established in 1944, is named for Dr. Malcolm T. MacEachern, a physician, administrator and educator who was a president of the American Hospital Association and fostered principles of professional public relations in hospitals.

Joe Sigler, director of public relations, received the award for Duke at the MacEachern Awards Luncheon Tuesday as part of the American Hospital Association's annual meeting in Anaheim, Calif.