

The Pregnant Adolescent

Statistics for 1995 reveal that 56.9 babies were born for every 1000 females between the ages of 15 and 19. Although these rates appear to be dropping, pregnant adolescents are at risk physically, emotionally, and socially. The impact of adolescent pregnancy on the individual has far-reaching consequences, which may restrict or limit future opportunities for the adolescent and the child(ren). Educational goals may be altered or eliminated, thus limiting potential for a productive life. The client frequently may be of lower socioeconomic status, with the pregnancy perpetuating financial dependence and lowered self-esteem. Statistically, the obstetric hazards for adolescents and their infants include increased mortality and morbidity rates. Therefore, individualized prenatal nursing care for the adolescent client/family/partner that incorporates developmental needs and health education with prenatal needs has the potential to contribute positively to prenatal, intrapartal, and postpartal outcomes. In addition, neonatal outcomes associated with better Apgar scores, lower incidence of resuscitation, and fewer LBW infants can also be expected.

(Refer to CPs: First Trimester, Second Trimester; Third Trimester, for discussion of usual/expected pregnancy needs.)

CLIENT ASSESSMENT DATA BASE

(In addition to Prenatal Client Assessment Data Base)

Circulation

Elevated blood pressure (risk indicator of PIH)

Ego Integrity

Pregnancy may or may not be wanted by client; may be result of abuse.

Varied cultural/religious responses to pregnancy out of wedlock; or as a stressor on teen marriage (note whether client's mother was a teenage mother).

Expressions of worthlessness, discounting self.

Decision making varies from abdicating all responsibility to extreme independence.

May or may not be involved with father of child by own/partner's choice, family demands, or question of paternity.

May feel helpless, hopeless; fear family/peer response.

Emotional status varies; for example, calm, acceptance, denial, hysteria.

History of limited/no financial resources.

Elimination

Proteinuria (risk indicator of PIH)

Food/Fluid

Weight gain may be less than optimal.

Dietary choices may not include all food groups (adolescent eating patterns; presence of eating disorder).

Edema (risk indicator of PIH).

Hb and/or Hct may reveal anemia and hemoconcentration, suggesting PIH.

Hygiene

Dress may be inappropriate for stage of gestation (e.g., wearing restrictive or bulky clothing to conceal pregnancy).

Respiratory

May be a cigarette smoker

Safety

History/presence of STDs.

Fundal height may be less than normal for gestation (indicating IUGR of fetus).

Ultrasonography may reveal inappropriate fetal growth, low-lying placental implantation.

Sexuality

Lack of/incorrect use of contraception.
Pelvic measurements may be borderline/contracted.

Social Interactions

May report problems with family dynamics, lack of available resources/support
Little or no concept of reality of situation; future expectations, potential responsibilities
History of encounters with judicial systems

Teaching/Learning

Level of maturity varies/may regress; barriers of age and developmental stage.
Experimentation with substance use or abuse.
Lack of achievement in school.
Lack of awareness of own health/pregnancy needs.
Fantasies/fears about childbirth.

NURSING PRIORITIES

1. Promote optimal physical/emotional well-being of client.
2. Monitor fetal well-being.
3. Provide information and review the available options.
4. Facilitate positive adaptation to new and changing roles.
5. Encourage family/partner participation in problem-solving.

DISCHARGE GOALS

Inpatient care is not required unless complications develop necessitating hospitalization
(refer to appropriate plans of care.)

NURSING DIAGNOSIS:

May Be Related To:

Possibly Evidenced By:

**DESIRED OUTCOMES/EVALUATION
CRITERIA—CLIENT WILL:**

Nutrition: altered, less than body requirements

Intake insufficient to meet metabolic demands

Lack of information, misconceptions, body weight below (or possibly above) ideal, inappropriate uterine/fetal growth; reported intake that does not meet recommended daily allowance (RDA); anemia, PIH

Ingest nutritionally adequate diet.

Gain prescribed weight.

Take daily iron/vitamin supplement as appropriate.

Maintain normal Hb and Hct levels, free of anemia and without signs of PIH.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess dietary intake using 24-hr recall.

Information about current intake is helpful/necessary to planning changes or additions for adequate diet. Adolescents, especially age 17 or younger, are at risk for malnutrition, because their normally increased bodily requirements for growth are stressed by the metabolic demands associated with pregnancy.

Weigh client and determine pregravid weight. Provide information about risk of dieting in pregnancy.

Weight gain needed during pregnancy is calculated according to normal growth demands and prepregnancy weight. Food idiosyncrasies, which are related to the adolescent's developmental stage, and delayed prenatal care contribute to poor or inadequate intake, possible fetal IUGR and resultant LBW infant, and maternal complications such as PIH and associated uterine ischemia. Weight loss places client and fetus at risk for acidosis.

Provide individual prescription for weight gain based on growth needs and pregravid weight, recognizing adolescent lifestyle and preferences for "fast foods."

Adequate calories are necessary to spare proteins and ensure iron intake. On average, an underweight client needs an additional 500 cal daily; an overweight client needs 17 cal/lb of pregnancy weight.

Stress importance of daily vitamin/iron intake. (Refer to CP: First Trimester; ND: Nutrition: altered, risk for less than body requirements.)

Pregnant adolescents are prone to problems of malnutrition and anemia, owing to incomplete growth and/or dietary habits, which necessitate increased dietary protein, iron, and calories.

Identify individual protein requirement.

Requirements in pregnancy for the client ages 15–18 yr are equal to 1.5 g/kg of pregnant body weight; for clients younger than age 15 yr, requirements equal 1.7 g/kg of pregnant body weight.

Provide information about role of protein in terms of maternal/fetal development.

Low/inadequate protein intake during pregnancy, especially in the first trimester, places fetus at risk for IUGR and lack of brain cell hyperplasia and hypertrophy, and may contribute to development of maternal PIH. (Refer to CP: Pregnancy-Induced

Hypertension)

Assess client's situation, and determine who is responsible for food purchasing and meal preparation. Provide information about ways of improving nutritional intake.

Socioeconomic status/financial concerns, cultural issues or lack of experience with grocery shopping and meal preparation may interfere with proper nutrition.

Collaborative

Refer to WIC program through local public health department.

When client qualifies, programs such as this enable the adolescent to manage a better nutritional program.

Assess Hb/Hct initially and again at 7 months' gestation.

Iron deficiency anemia, which is common in the adolescent, places the fetus at risk for lowered Hb/Hct levels and for continuation of low iron stores/iron deficiency anemia in the infant after delivery.

NURSING DIAGNOSIS:

Knowledge deficit [Learning Need], regarding pregnancy process, individual needs, future expectations

May Be Related To:

Lack of information, unfamiliarity with resources, information misinterpretation, lack of interest in learning, developmental stage/cognitive deficit, psychological stressors/absence of support systems

Possibly Evidenced By:

Request for information, statement of misconception, inaccurate follow-through of instructions, development of complications

DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:

Participate in learning process.

Verbalize understanding of condition.

Discuss and adhere to components of adequate prenatal diet.

Identify potential teratogens, physiological/ psychological aspects of reproduction, pregnancy, labor, and delivery.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Evaluate client's age and stage of adolescent development.

The age and stage of the adolescent will influence the approach to teaching because the late adolescent (aged 17–20 yr) may be better able to conceptualize, process, and synthesize information than the client in early (aged 11–14 yr) or middle (aged 14–17 yr) adolescence.

Note readiness to learn.

Depending on the stage of development, the adolescent is self-focusing. Because of difficulty recognizing the need or importance of learning, the client may not be motivated.

Encourage client to explore options regarding outcomes of pregnancy, including termination of pregnancy (dependent on stage of gestation), keeping the baby, or giving the baby up for adoption. (Note implications of culture on decisions.)

Although currently many adolescents elect to keep their babies, the client must be given freedom of choice based on available options. In some situations and/or cultures (e.g., Cambodian), the family makes decisions about the pregnancy for the adolescent rather than allowing her to make her own decisions.

Assess client's understanding of female/male anatomy and physiology. Provide appropriate information; correct misconceptions.

For the pregnant client in early adolescence, pregnancy and parenthood are often not recognized as possible outcomes of sexual activity.

Assess factors related to high rate of recidivism. Identify community resources and potential support systems.

Obtain drug use/abuse history; screen for STDs and for HIV risk behaviors. Provide information about possible negative effects on fetus. (Refer to ND: Injury, risk for fetal [following] and in CP: First Trimester; and CPs: The High-Risk Pregnancy, Prenatal Infection.)

Provide information about nutrition, meal planning, and need to avoid empty calories. (Refer to ND: Nutrition: altered, less than body requirements.)

Refer client to adolescent clinic for peer support and informational services, such as prenatal, parenting, and infant care classes.

Provide information about importance of establishing individual long-range personal and educational goals for client and her offspring. Refer to appropriate social agencies.

Discuss signs of labor. Identify factors that place the adolescent at risk for preterm labor/delivery.

Present/discuss available methods of birth control, giving advantages and disadvantages of each. Be realistic and nonjudgmental. Present information appropriate for the adolescent's particular developmental stage.

(Refer to CP: The High-Risk Pregnancy, ND: Knowledge deficit [Learning Need].)

If pregnancy is not accompanied by emotional maturation, a high rate of recidivism may be anticipated, especially if the teenager uses sexual activity to demonstrate independence or enhance her self-concept. A comprehensive assessment of the adolescent mother and early intervention are helpful in preventing second and subsequent unplanned pregnancies.

Helps prevent fetal complications. Adolescents, however, frequently do not enter the healthcare system until the second trimester, by which time fetal injury may already have occurred. Reasons for this delay include shame, fear of parental reaction, denial, and failure to recognize pregnancy.

In desiring to achieve independence, adolescents may repeat poor nutritional habits practiced by parents/peers, thereby risking malnutrition, IUGR, and birth of LBW infant.

Adolescent clinics, which are responsive to the unique needs of the teenager, provide information in concrete terms, which is appropriate for the client unable to cope with abstractions or to solve problems based on inference.

Two out of three pregnant adolescents drop out of school, which often results in their being economically dependent on the welfare system, creating a perpetual cycle for the offspring. Establishing realistic educational goals may interrupt or prevent the development of this cycle.

Client needs to know when to call the healthcare provider and how to differentiate between true and false labor.

Information presented prenatally assists client in selection of contraception following delivery. Rates of recidivism tend to decrease if effective contraception material and methods are provided immediately after the pregnancy.

NURSING DIAGNOSIS:

May Be Related To:

Possibly Evidenced By:

DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:

Injury, risk for fetal

Maternal malnutrition, preexisting health problems and/or maternal complications/susceptibility, inadequate prenatal care and screening

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

Verbalize understanding of individual risk factors.

Demonstrate behaviors/lifestyle changes to reduce risk factors and protect self and fetus.

Display fetal growth within normal limits.

Carry pregnancy to term, with delivery of full-term infant of size appropriate for gestational age (AGA).

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess for potential risks to fetus.

Infants born to adolescent mothers are at risk for prematurity, low birth weight, birth trauma, and resultant sequelae of mental retardation, cerebral palsy, and epilepsy.

Weigh client. Provide individual prescription for weight gain based on body structure, prepregnancy weight, and normal growth (anabolic) needs.

Clients who give birth to LBW infants weigh less before pregnancy and gain less prenatally. Statistics suggest that the birth weight of babies born to adolescent mothers averages 94 g less than that of babies born to older mothers.

Provide oral/written information about dietary requirements, sources of vitamins/minerals, and food groups. Rule out anorexia nervosa. (Refer to CP: The High-Risk Pregnancy; ND: Nutrition: altered, risk for less/more than body requirements.)

Malnutrition contributes to inadequate development of neonatal/fetal brain cells during the prenatal hyperplasia phase and the combined hyperplasia/hypertrophy phase of the first 6 mo of life, resulting in fewer total brain cells and smaller individual cell size.

Discuss negative impact of dieting on the fetus.

One in 10 adolescents who become pregnant is obese and, in many cases, is dieting during pregnancy, which results in weight loss, maternal/fetal acidosis, and possible CNS damage to the fetus, especially in the third trimester.

Stress importance of ongoing prenatal care.

Adolescents often feel well and do not follow up with prenatal protocols of care, especially if they do not understand the importance of frequent checkups and health promotion. This could result in inadequate screening and/or early intervention, which might impede normal fetal growth and development.

Discuss role and food sources of iron and need to supplement food intake with daily iron/folic acid.

Low maternal iron stores reduce available oxygen-carrying capacity and fetal oxygen uptake, decrease fetal iron stores during third trimester, and result in iron deficiency anemia of the infant.

Obtain sexual history, including STD exposure or episodes and high-risk behaviors for HIV. Note presence of active herpetic lesions or warts, and review culture reports. (Refer to CPs: The High-Risk Pregnancy, Prenatal Infection; ND: Injury, risk for fetal.)

STDs can contribute to fetal developmental problems as well as neonatal infections. STDs (including HIV) can either be transmitted to the fetus transplacentally or contracted during the delivery. Hepatitis and HIV are transmitted in blood products, so infant could contract either disease through vaginal or cesarean birth.

Provide information related to condom use/safer sexual practices if client is engaging in sexual activity outside of a monogamous relationship or with an at-risk partner. Discuss sexual abstinence.

Obtain history of use of tobacco, alcohol, or other substances; provide information about potentially harmful effects on fetal development. (Refer to CP: Prenatal Substance Dependence/Abuse.)

Screen for PIH at each prenatal visit. (Refer to CP: Pregnancy-Induced Hypertension.)

Collaborative

Obtain pelvic measurements; determine prognosis for eutocia. Discuss possibility of cesarean birth if measurements are small.

Review results of diagnostic/screening studies:

Hb and Hct;

RPR; cultures for herpes virus (HV) and gonorrhea/chlamydia, group B streptococcus;

Serial ultrasonography;

Biophysical profile (BPP), nonstress test (NST), or contraction stress test (CST) if more than two NSTs are nonreactive. (Refer to CP: The High-Risk Pregnancy; ND: Injury, risk for fetal.)

Refer to appropriate resources/drug program if client needs assistance with withdrawal from substance use/abuse.

Use of condoms/safer sexual behaviors tend to reduce risk of STD, including HIV infection. Although abstinence may be preferred, once an individual becomes sexually active, it is often difficult to make the decision to abstain.

Adolescents typically have a higher substance abuse rate than nonadolescents, and in many cases, substance abuse occurs during critical periods of fetal development before client suspects she is pregnant. Substance abuse places the client at higher risk for complications of pregnancy and preterm labor.

Adolescents are at risk for developing PIH, possibly because of malnutrition and inadequate protein intake, which may cause placental inadequacies and placental separation (abruptio placentae).

Inadequate pelvic measurements because of physiological immaturity place the client/fetus at risk for cephalopelvic disproportion and potential fetal injury intrapartally.

Reflect level of oxygen-carrying capacity and potential iron stores.

Identifies treatment needs. If HV cultures are positive just before labor/delivery, a cesarean section may be considered. (Refer to CP: Prenatal Infection.)

Determines fetal growth. IUGR, possibly caused by malnutrition or vascular changes with PIH, is reflected in biparietal diameter, femur length, estimated fetal weight, and abdominal circumference that are below normal limits for gestational age.

Assess placental/fetal well-being. A compromised placenta is reflected in a nonreactive NST, necessitating confirmation by CST.

Physiological drug addiction/withdrawal increase risks to both client and fetus and thereby require specialized support and monitoring.

NURSING DIAGNOSIS:

May Be Related To:

Possibly Evidenced By:

DESIRED OUTCOMES/EVALUATION

Body Image disturbance/Role Performance, altered/Personal Identity disturbance/Self Esteem (specify)

Situational and maturational crises, fear of failure at life events, biophysical changes, absence of support systems

Self-negating verbalizations, expressions of shame/guilt, hypersensitivity to criticism, fear of rejection, lack of follow-through and/or nonparticipation in care

Identify feelings and methods for coping with

CRITERIA—CLIENT WILL:

negative perception of self/abilities.

Verbalize increased sense of self-esteem in relation to current situation.

Demonstrate adaptation to changes/events as evidenced by setting of realistic goals and active participation in meeting own needs.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Establish a therapeutic nurse-client relationship.

Adolescent client needs a caring, nonjudgmental adult with whom to talk. Important to establish trust and cooperation so that the client is free to hear the information available.

Assess use of terms/language used by the client/significant other(s).

Terminology may be specific to the adolescent culture, and words may have different meanings for client and nurse.

Determine developmental level and needs relative to age as early, middle, or late adolescence.

Cognitive development during this period moves from concrete to abstract thinking (formal operations). The younger client may see control of the situation as external and beyond her grasp, and have little ability to understand the consequences of her behavior. With maturity, the abilities to understand possible consequences and to accept individual responsibility develop.

Identify client's self-perception as positive or negative.

Helps client become aware of how she views herself and to begin to increase her self-esteem. Until late adolescence, body image is still formative. The client is dealing with adolescent developmental tasks, establishing an adult identity. Low self-worth may lead to feelings of hopelessness about the future and inability to visualize a successful outcome.

Elicit the client's feelings about sexual identity/roles.

May have difficulty seeing herself as a mother. The adolescent must make a role transition from child/daughter to adult/mother, which can create conflicts for the client and significant other(s).

Discuss concerns and fears about body image and transitory changes associated with pregnancy; discuss personal value system.

Establishes a basis for future learning. Conflicts may exist regarding how client has previously seen herself, what her expectations of pregnancy had been, and what the realities of pregnancy are. By midpregnancy, the enlarging abdomen and the increasing size of breasts and buttocks may prompt the teenager to try to control her appearance by dieting, with adverse consequences for fetal health and her own growth needs.

Discuss ways to promote positive self-image (e.g., clothing style, makeup) and recognition of positive aspects of the situation.

Assists in coping with changes in appearance and presenting a positive image.

Discuss appropriate adaptation techniques and the communication skills to implement these techniques.

Role playing and active listening can be used to learn skills of communication and adaptation. Helps client learn information necessary to development of improved self-esteem.

NURSING DIAGNOSIS:**May Be Related To:****Possibly Evidenced By:****DESIRED OUTCOMES/EVALUATION
CRITERIA—CLIENT WILL:****Social Isolation**

Alterations in physical appearance, perceived unacceptable social behavior, inadequate personal resources, difficulty in engaging in satisfying personal relationships (developmental or situational)

Expressed feelings of rejection or aloneness imposed by others, seeking solitude, inability to meet expectations of others, absence of effective support system

Remain involved in school and activities at the level of desire and ability.

Participate in established social, community, and educational programs.

ACTIONS/INTERVENTIONS

RATIONALE**Independent**

Ascertain changes in client's relationships with others that have occurred with the pregnancy.

Discuss resources available for assistance and ways to use them.

Involve client with others who have shared interests.

Provide positive reinforcement as appropriate.

Encourage enrollment in childbirth and parent-education classes.

Collaborative

Arrange and assist with placement in foster or group home, if necessary.

Initial reactions of parents and boyfriend may include shock, anger, guilt, and shame. The pregnant adolescent often finds herself isolated from her peer group. She may be isolated from school and the normal contacts it affords. Her social sphere may be restricted to other pregnant teenagers, her boyfriend (if he remains involved and if circumstances do not force separation), and perhaps her relatives, who may or may not include an extended family. Extent of isolation may depend on whether client is in early, middle, or late adolescence and circumstances of pregnancy.

Acquaints the client with potential avenues for help. Client in late adolescence (aged 17–19 yr) may be more resourceful financially.

Establishes peer/support group.

Helps adolescent develop sense of self-esteem in a situation in which criticism may be overwhelming.

Provides a learning environment for client with others who share similar circumstances and physical constraints.

May provide more positive environment if family is non-supportive; may also be beneficial in enhancing self-esteem.

NURSING DIAGNOSIS:**May Be Related To:****Family Processes, altered**

Situational and developmental crises, faulty family relationships, impaired patterns of communication

Possibly Evidenced By:

Family fails to adapt to, or deal with, situation; verbalizes difficulty coping with situation; expresses confusion about what to do; displays unhealthy decision-making process and inability to express/accept own feelings or feelings of other family members

DESIRED OUTCOMES/EVALUATION CRITERIA—FAMILY WILL:

Express feelings freely, honestly, and appropriately.

Participate in efforts directed toward establishing and/or re-establishing healthy communication and interaction.

Provide adequate support for the pregnant adolescent/partner.

Seek professional counseling as appropriate.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess family life stressors and involved members within the client’s family of origin. (Refer to ND: Family Coping: ineffective, risk for compromised/disabling.)

The reasons adolescents give for becoming pregnant may be directly related to the family unit. For some clients, there may be faulty relationships within the family. The pregnancy may be an act of rebellion toward parental constraints, or it may represent a search for outside nurturance if parents have not satisfied this need appropriately. At the same time, parents of the adolescent may be experiencing their own midlife crisis. Even more destructive to the family, the pregnancy may be the result of incest/abuse.

Assess client’s relationship with mother. Note cultural impact of pregnancy out of wedlock.

Mother may feel guilty, see daughter as too young to assume responsibility, and take over inappropriately. If client does not assume her new role as mother effectively, the mother may have difficulty assuming her new role as grandmother.

Identify the mode of communication and interaction within the family. Assess role expectations of family members.

Understanding the dynamics of the family and the roles of individual members can assist with change. Family disruption can best be resolved by assessing reasons for role changes and ways to facilitate them.

Treat family members in a warm, caring way; encourage establishment of support systems.

Acceptance of the situation can strengthen the family and encourage members to extend their support to each other.

Encourage discussion of plans for the future of client, infant, and family.

At this time of crisis, members are apt to respond with anger, blaming each other, and may need help in focusing energies on practical solutions. The relationships with the baby’s father and with family members in relation to future personal or educational goals may be unclear. Furthermore, the decision as to whether client will relinquish or keep the infant will add to the uncertainties.

Encourage supportive association with father of the child, if agreeable to both parties.

Father of the child may or may not be known; reaction of various family members may strain/prohibit involvement. However, with some understanding and assistance, in many cases the teen father would like to be involved in this event and can provide support for the client. (Note: When the pregnancy is the result of incest/abuse, personal and legal constraints are likely to preclude inclusion of the father and will have an impact on the support provided by other family members.)

Provide information and discuss risks of marriage precipitated by the pregnancy alone.

Although 50%–75% of adolescent marriages end in divorce, some teenage couples have a strong love relationship and may eventually marry or maintain a caring relationship.

Collaborative

Refer client/partner/significant others to parenting classes and counseling.

Additional information and assistance with resolution of conflicts and/or coping with stressors may aid family in developing new and positive relationships.

NURSING DIAGNOSIS:

Parenting, risk for altered

Risk Factors May Include:

Chronological age/developmental stage, lack of knowledge, lack of support between/from significant other(s), ineffective role models, unrealistic expectations for self, lack of role identity, presence of stressors

Possibly Evidenced By:

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:

Participate in activities/classes to promote growth.

Identify appropriate parenting role.

Demonstrate behavior/lifestyle changes to reduce risk of short- and long-term problems.

Use appropriate individual, family, and community resources to support the new family unit.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess client's ego development, educational level, stressors, and understanding of infant capabilities.

Helps identify needs for establishing educational program if client has decided to keep infant. May identify potentially abusive parent(s). Often, ability to master parenting skills effectively is directly related to educational level, socioeconomic factors, stress level, ego development, and social support.

Assess potential parenting capabilities of both teenage mother and father, if present.

Use visual data, audiovisual aids, film, lecture, and hands-on instruction to give information on bathing and other aspects of caring for a new baby.

Provide opportunity for the adolescent parent to ask questions and communicate freely.

Make opportunities for client and involved father to interact with infants/toddlers and appropriate role models. Encourage discussion about full-time responsibility associated with children.

Assist to develop support systems within the family and/or community.

Provide information about ongoing prenatal/postnatal classes that focus on learning parenting skills and infant capabilities, caretaking, and stimulation.

Assist client with learning methods of relaxation and ways of conserving energy.

Because of their own developmental needs, adolescent mothers and fathers are less likely to be accepting, cooperative, accessible, and sensitive to their child's needs than are more mature parents.

Provides information about skills needed by the new parent(s).

Offers opportunity to clarify misunderstandings and allows for expressions of frustrations, disappointments, and concerns without judgment; can help both mother and father begin to cope with situation.

Helps adolescent parents to internalize/adopt appropriate parenting behaviors and gain realistic perceptions of infant capabilities/behaviors. The adolescent mother/father is a high-risk parent known to be less responsive to infant cues, to be more likely to use punishment, and to be unrealistic in expectations of infant behavior.

Making contacts that allow freedom to discuss situation, fears, and confusion can help client make decisions appropriate for her and the infant. Social/extended family supports assist the client in her ability to parent effectively.

Will help to promote positive parenting. Children born to adolescent mothers are at greater risk for behavioral, social, and intellectual retardation and possible physical retardation than children born to older mothers.

Will help the client learn skills for keeping energy level up after the baby is born in order to care adequately for the infant. She may not be aware of her need for time out and fail to care for her own needs.

NURSING DIAGNOSIS:

Risk Factors May Include:

Possibly Evidenced By:

DESIRED OUTCOMES/EVALUATION CRITERIA—FAMILY WILL:

Family Coping: ineffective, risk for compromised/disabling

Temporary disorganization of the client's family of origin, family having difficulty providing support for the client/couple, situational and/or developmental crises the father may be facing, insufficient reciprocity of support between client and father of the baby

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

Participate in discussions/decisions regarding the pregnancy.

Express feelings honestly.

Identify resources within selves to deal with situation.

Identify need for outside support and seek appropriate support.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess family constellation/organization and nature of individual relationships to one another.

Family may consist of the client alone or may encompass an extended family, including the adolescent father and his family. By either withdrawing its support or by overcompensating and interfering, the extended family may have a negative impact on the maturity and development of the young couple.

Assess individual and family response to pregnancy.

Response to pregnancy depends on culture, value systems, socioeconomic status, circumstances of pregnancy, and educational level. In some cultures, teenage parenting is common, and the girl's mother may have been a teenage mother.

Assess client's ability to achieve tasks of pregnancy concurrently with developmental tasks.

In many cases, adolescent is unable to achieve pregnancy tasks as well as normal developmental tasks. This may result in long-term psychological effects associated with impaired adult identity formation.

Determine the client's/couple's perception of individual and collective strengths and weaknesses.

Provides opportunity to use strengths to address areas of concern.

Assess father's developmental, educational, and socioeconomic status.

Developmental tasks are disrupted for the male partner as well as for the client. His level of maturation and education may influence his decision to remain in or leave the situation/relationship.

Provide opportunities for the father to talk about his feelings and perceptions. Listen in a nonjudgmental manner.

Helps him to identify and clarify what is happening. The adolescent father needs an opportunity to verbalize his concerns, have his feelings validated, and assume an active role in all aspects of the pregnancy. Note: To provide nonjudgmental listening and care, nurses need to be aware of their own moral and ethical conflicts.

Help father, and couple as a unit, to identify stressors and ways of dealing positively with them.

Awareness of stressors can facilitate growth; effective coping promotes positive outcomes. Note: Father/couple may already possess some effective coping skills, especially if in late adolescence.

Identify available support systems.

The adolescent father may find himself bearing the brunt of family anger and shame.

Involve father in activities related to pregnancy and childbirth.

Helps him to know that he is an integral part of the process and that his support is important to the client.

Discuss with client/couple, individual expectations/plans for the future and the perception of each regarding the response of both families.

The pregnant adolescent may receive appropriate physical/emotional care while the needs of the father/couple go unidentified and/or unmet. The family may have moral/ethical conflict about providing support to a couple who may not be married or may not intend to get married. Although the relationship may not survive the stress of the pregnancy and accompanying decisions, the couple may see it as important at the moment.

Collaborative

Refer for appropriate assistance: counseling, financial, educational, and/or social services.

The father/couple/family may need help for a prolonged period, depending on how stressors are handled and whether client chooses to keep or relinquish infant.

NURSING DIAGNOSIS:

May Be Related To:

Possibly Evidenced By:

DESIRED OUTCOMES/EVALUATION CRITERIA—FAMILY WILL:

Family Coping: potential for growth

Client and family achieving the developmental tasks of the pregnancy, demonstrating readiness to address goals of self-actualization

Participation in prenatal classes, physical preparation for infant, establishment of realistic goals for the future

Participate in activities related to childbearing and childrearing.

Seek information designed to enhance personal growth.

Report feelings of confidence and satisfaction with progress being made.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess stage of family development and potential for growth.

Determines necessary steps to assist in further growth. A supportive family is critical to fostering growth and appropriate parenting behavior.

Ascertain impact of cultural and maturational factors.

These factors may hinder a family from expressing or recognizing their readiness to progress. Sensitivity to these issues can facilitate growth.

Listen to client's/family's expressions of hope and plans for the future. Support continuation of formal education as appropriate.

Can build on awareness of possibilities for the situation. Early termination of education has a severe impact on the client's earning capacity throughout life.

Assist client/family with communication skills, and provide experiences in which they can learn ways of supporting one another.

Learning effective communication skills enhances potential for growth.

Discuss feelings about and plans for the future with client who has decided to give infant up for adoption. Include family in discussion, when possible.

Helping this client deal with issues of loss and grieving will enable her to go on with her life in a positive manner. Family understanding of client's feelings/needs can facilitate this process.

Collaborative

Refer to other resources as appropriate (e.g., support group or psychiatric counseling).

May need additional assistance in learning to express feelings, manage crisis situations, and so forth.

NURSING DIAGNOSIS:**Home Maintenance Management, risk for impaired****Risk Factors May Include:**

Chronological age/developmental stage, lack of knowledge, inadequate support systems, insufficient finances

Possibly Evidenced By:

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

**DESIRED OUTCOMES/EVALUATION
CRITERIA—CLIENT/COUPLE OR
FAMILY WILL:**

Develop a plan for maintaining a clean, safe, growth-promoting environment.

Demonstrate appropriate/effective use of resources.

ACTIONS/INTERVENTIONS**RATIONALE**

Independent

Assess developmental level; cognitive, emotional, and physical functioning; and financial situation.

These factors may impair functioning and, therefore, influence creation of the plan of care and available options.

Identify support systems available to the client/couple.

Availability of a good supportive network fosters positive adaptation to caretaking roles. Many teenage clients have few resources and depend on either parents and/or social agencies for assistance.

Assist client/significant other(s) to develop a plan for maintaining a clean, healthful environment.

Helps develop responsibility for having an environment conducive to health and growth of mother and child.

Collaborative

Identify resources available for appropriate assistance.

May need help with budget counseling, financial and living arrangements, social work services, and so forth.