Case Study of

Liza Ramirez

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Women's Health/Wellness

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Parenting and pregnant teens or adolescence between the ages of 12 and 18 have needs that are considered unique to the stages of development of an adolescence, besides the needs that are common to all the pregnant women, mothers, and also fathers. Whereas the advocates for the prevention of teen pregnancy have continued to put a lot of stress on the reduction of teen pregnancy and teen birth rates, information and programs about teenage pregnancy is usually focused on prevention, with minimum emphasis being placed on the provision of services for the teens that are already pregnant or have become parents. Teenage birth rates and pregnancy rates in the U.S have witnessed significant declines since the time they reached their peak in the year 1991(Hamilton, Martin, and Ventura, 2007). However, this trend reversed in the year 2006. The rate of teenage pregnancy declined from around 117 per 1000 in the year 1991 to 72 per 1000 in the year 2004. Likewise, the birth rate also decreased by approximately 30.5% from 61.8% births per 1000 females aged between 15 and 19 in the year 1991 to 40.4 births per 1000 females in the year 2005, the lowest figure ever reported in over six decades (The National Campaign, 2009). In the year 2011, the number of kids born to women aged between 15 and 19 were reported to be 329,797 with the live birth rate standing at 31.3 % per 1000 women within this particular age group (C.D.C, 2012).

In as much as a definite need may be present for the effective efforts aimed at the prevention of teen pregnancy to stop the recent elevation of the rate of teen birth, one factor that can never be ignored is that teens are still becoming pregnant and consequently parents thus require supportive programs and a number of services to reduce the risks for the teen parents and their children. Research works have indicated that teenage pregnancy is related or associated with several medical-related risks for both the infant and the teen mother besides developmental risks for the growing baby or infant. As opposed to their older counterparts and their kids, teen mothers and their babies are more probable to experience poor clinical outcomes like pre-term delivery, low-birth weight, anemia, and infant mortality (The Nemours Foundation. (2013). these particular experiences points out to the fundamental needs that pregnant teens require upon realization that they are pregnant. Several studies also indicate or show that children who are born to teenage mothers perform extremely poor on several academic achievement measures such as mathematics, reading, and vocabulary tests, and also in developmental assessments compared to the kids of the adult mothers (The National Campaign, 2012).While a misconception exist with some members of the public that the pregnancy-related outcomes and complications experienced by the teen mothers and their kids are usually caused by the age-related biological factors, the findings of various research works hold a reverse opinion. Clinical medical research provides stronger evidence suggesting that factors like delayed pregnancy confirmation, delayed start of an insufficient prenatal care, decreased or lower compliance with the medical advice, and maternal history of the adverse childhood experiences are powerful predictors of poor outcomes of pregnancy in teenagers (Magill and Wilcox, 2007). Based on all evidences provided by the various research works the current healthcare needs for Liza, currently undergoing teenage pregnancy, include medical care, information on lifestyle changes, nutrition, stress, exercise, and prenatal classes.

1. **Medical care**- in as much as most teen girls are regarded as being biologically able to give birth to healthy babies, the possibility of doing this depends a lot on whether they get adequate prenatal care, particularly during the critical early months of their pregnancy. Liza Ramirez is only two months pregnant and receiving proper prenatal care and learning on how to take care of herself at this stage will determine the likelihood of her getting a healthy baby. As earlier pointed by the research works, failure to receive medical care will make Liza to be prone to risks such as fetal death, anemia, delivery or labor complications, high blood pressure, and low-birth-weight infant. The earlier Liza Ramirez accesses prenatal care, the better her chances of having a healthy pregnancy.
2. **Lifestyle changes**- pregnancy always comes with a number of lifestyle changes that Liza has to make for the purpose of the infant’s health. These changes constitute avoiding smoking since it increases the risk of stillbirth, miscarriage, low birth weight, and sudden infant death syndrome, not drinking alcohol, avoiding the abuse of drugs, getting sufficient rest, eating right, avoiding a lot of caffeine, and avoiding risky or dangerous sexual behaviors (Condon, 2004).
3. **Nutrition-** the diets that are commonly taken by teens are usually unbalanced notoriously from soft drinks, to sweets, to fast foods. Eating well will be a fundamental health care need for Liza since it will increase the chances of Liza having a healthy baby in addition to encouraging her to maintain a well-balanced diet, which includes a lot of fruits, whole-grain breads, and vegetables. The other essential part of nutrition is drinking plenty of water. Pregnancy is never a period for the teenagers to go on a diet. Some teens when pregnant may be tempted to counter the normal pregnancy weight gain by exercising excessively or cutting calories, both of which have potential of harming the baby seriously (Condon, 2004).
4. **Stress-** Liza’s parents discovered that she was pregnant and forced her to leave their apartment in Port Richmond. In addition to this, she is a sophomore who has dropped out of Port Richmond High School due to pregnancy related nausea, vomiting and fatigue, all of which pointing to the signs of stress. Besides, most teens usually enter parenthood when unprepared for the stress that the new baby brings, and several of them experience resentment, frustration, and anger towards their newborns. A vital health care need for Liza would be a discussion with a teen’s doctor on how to manage her levels of stress in order for her to cope with the new changes in her life.
5. **Exercise-** most women benefit from getting some little exercise during pregnancy in as much as they may have to modify their activity. Low-impact exercises like swimming and walking, are regarded as the best and thus Liza needs to resort to an exercise plan as part of her healthcare need.
6. **Prenatal classes-** a fundamental health care need that Liza Ramirez will require during her pregnancy will also constitute classes on parenting, pregnancy, and giving birth (Condon, 2004). These particular classes with some of them prepared for teens specifically will assist in preparing Liza for the practical side of parenthood by offering skills like diapering, feeding, child safety, and other primary baby care techniques (The Nemours Foundation, 2013).

Being pregnant remains an extremely personal experience for every patient. Despite teen pregnancy being a financial, physical, and academic challenge for the young pregnant mothers like Liza Ramirez, the psychological issues usually form part of the things that are often overlooked. Teen mother like Liza need more than just the financial support that her boyfriend Miguel and his family seems to be providing. One of the psychological needs is attention. The teen mothers need someone to talk to and walk them through any emotional issues. Among the psychological issues that most pregnant teenagers grapple with include guilt, narcissism, self-esteem issues, and denial all of which defining their psychological needs when pregnant (Wood, 2013). Erick Erickson describing his stages of psychological development argues that these stages are the most vital ones in an individual’s life. Regarding the status of Liza, who is a teenager (11 years to 17 years), the model of Erick Erickson psychological development outlines physical maturation, heterosexual choice, emotional development, formal operations, and membership in a peer group as the developmental tasks that Liza would deal withif she were not pregnant(Erickson, 1995). However, the identity roles are in conflict given that at her age she is grappling with identity versus role confusion. These tasks further indicate the psychological needs that Liza requires in her current condition.Liza’s Primary Tasksare tointegrate the social roles that come with bearing a child given the conflict between the identity and the roles of a teenager. Liza’s self image has been damaged greatly and influenced by peer pressure, peer role models, and the nurse handling her thus the need to integrate the social roles into her self-image.

1. **Barriers of Liza Ramirez**
2. **Financial barriers of Liza**

A major financial barrier to accessing health care for teen pregnancy, which is likely to be experienced by Liza, is income or the lack of the same. The cost of healthcare has become prohibitively expensive for several adults let alone the immigrants, and thus even a teen having parents who work may not have access to health insurance (Hoffman, 2008). Being immigrants from Mexico, Liza and her boyfriend Miguel finds themselves in more difficult financial barriers. The job that the parents to Miguel may be doing may not be self sufficient to allow them provide medical or health care to Liza. When a parent is forced to decide between food and rent or health insurance, the medical needs or requirements are usually overlooked. However, the increased access to education regarding pregnancy, and clinics present for teen having no health insurance, an increase in the number of teens seeking medical care for their unborn child and themselves may be elevated. Financial barriers become even more magnified in the case of Liza whose parents have forced her to move out and Miguel who has to work for 20 hours to earn 7.25$ per hour. Together with the inadequate health insurance and the low income parents, teens like Liza may face the lack of transportation to the health care facility. Lack of income forms the major financial barrier that Liza faces. In addition to these financial huddles, Liza dropped out of school due to nausea and fatigue making it more difficult to get a job and work to meet her socioeconomic needs. A research conducted by Slowley and Evans (2010) for example indicated that all the young mothers who took part in the interview were on benefits like income support, job seekers allowance to enable them support their babies and themselves.

1. **Cultural barriers**

The young people face discrimination and prejudice by virtue of their life experience, identity, or family situations disproportionately experience teen pregnancy and the STDs. Such young individuals may comprise of the youth of color, young people from the low income families, and immigrants among others. Culture in America reflects very ambivalent feelings regarding the rights of minors, particularly in regard to sexuality and the reproductive health care. Age-based discrimination and contradictions are clearly evident in the reproductive health plans or programs and policies in the U.S. Americans need or require teens to be responsible sexually , but at the same time fund and develop programs, which deny the teenagers the services and information they require to protect themselves from the unplanned pregnancies and STI’s. Several legal barriers like notification laws or parental consent and confidentiality restrictions bar teens from obtaining enough sexual health and reproductive information and services. Whereas all the young people are equally affected negatively by the age –related restrictions, some of the youths face increased or additional barriers that are posed by discrimination and prejudice. A perfect example is the lack of health insurance among the working poor, which can prevent teens coming from these families from receiving or getting the urgently needed health care especially when pregnant. The immigrants where Liza falls face additional barriers due to the linguistically and culturally appropriate services (Advocates for Youth, 2008). Liza has limited English speaking skills, which creates a cultural barriers between her and the community she lives in making her life more difficult. Miguel and Liza are both Catholics and the church is known for its strong stand and campaign against abortion. This implies that culturally as a barrier, Liza has no choice of taking an abortion to proceed with her education thus has to keep the baby.

1. **Relationship barriers**

The barriers that were very evident in the case of Liza Ramirez were the relationship barriers. These barriers refer to the matter or concerns found between individuals in a relation such as that of parents and their child or a girl and his boyfriend among other relations. The case of Liza Ramirez captures two major relationships, which include that between her and her parents and also the relationship between her and her boyfriend Miguel. Similar to any other change that occurs in one’s life, the changes that come with pregnancy also affect the other areas. These particular changes may affect relationships that one has with peers, friends, and significant others. In most cases the friends usually feel uncomfortable talking to the pregnant teen about the pregnancy and consequently distance themselves. In other circumstances, the friends usually become overly involved and start telling the pregnant teen on what to do and what not to do. However, the relationship that usually involves the significant other who includes the parents and the father to the infant is often affected by cultural impacts. The influence or impacts of cultural variables on teenage pregnancy appears to vary from one culture to another.

Most of the Mexican-Americans adolescents, which forms the category that Liza Ramirez belonged, become pregnant in the context of a long term relationship that went on after pregnancy for a majority of them. These Mexican Americans adolescents or teens shared close emotional bonds with the infant’s father, who in most cases responded positively to the pregnancy. This explains the reason as to why Miguel stuck by the decision of Liza to keep the baby and resorted to working for 20-hours per week to provide for Liza. The cultural disparities in relation to the responsibility and family bond for the young appeared or seemed to account for a more supportive and stable relationship with the father to the infant (Lapeyrouse, 1998).

Pregnant teenagers face numerous hard issues and counseling provided by the physicians can form a vital source of assistance. In most cases the girls found in cultures that have crime, violence, and poverty are usually prone to becoming pregnant during the early ages. The Mexican Americans, forming the immigrant group from Mexico with poor income and coming from poor families constitute cultures that experience more teenage pregnancies. Liza is an undocumented immigrant from Mexico and thus implying that her records are missing with the relevant authorities. However, assisting the pregnant teenagers such as Liza Ramirez to access or address her socioeconomic needs is undertaken by a number of organizations. The NHS forms one of the organizations that can assist Liza address her socio economic needs. When a young girl or a teenager realizes that he is pregnant, the NHS (2012) provides her with a variety of services that support her during her pregnancy and after the delivery of the baby. Advocates for Youth are another organization that can offer assistance to Liza in meeting her socioeconomic needs. The organization established in the year 1980 advocates for the efforts of youth champions that assist the young people in making responsible and informed decisions regarding their sexual and reproductive health. The city of New York runs a PCAP program meant for the undocumented residents for the prenatal care. The program offers a comprehensive prenatal care for both the pregnant teens and women who happen to meet the income guidelines irrespective of their status of migration. This program is under a special portion of the Medicaid program referred to as the PCAP (Prenatal Care Assistance Program). PCAP program allows women to obtain prenatal health care services like HIV tests, lab tests, nutrition screenings, and post natal services related to the pregnancy (Department of Health, 2013).

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| Nursing Diagnosis: Risk for Imbalanced Nutrition: Less than body requirement related to nausea, vomiting and diet choices inadequate to meet the nutrient requirement of adolescent pregnancy. |

1st Trimester: Health needs

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| Patient Centered Goal: Pt will report less nausea and a decrease in episodes of vomiting |
| Expected Outcomes: Client will maintain adequate intake of calories and nutrients to meet her needs as evidenced by a weight gain of 10lbs by 20 weeks |

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| Intervention | Rationale |

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| 1. Instruct the client to eat small dry meals 5 to 6 times a day rather than 3 large meals | 1. Frequent dry meal prevents the stomach from becoming empty and decreases the feeling of nausea |
| 2. Suggest the fluids be taken separately from meals | 2. Fluids causes the stomach to expand |
| 3.Suggest that she consume a high-Protein bedtime snack | 3. Proteins are metabolized at a slower rate, which help prevent morning hypoglycemia. |
| 4. Teach her to keep a daily record of her intake of food an fluid, episodes of vomiting and measure to reduce nausea | 4. A record is essential to determine whether adequate nutrients and fluids are being retained and to identify more helpful way measure |

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| Nursing Diagnosis: Interrupted Family process related to unmet expectations of adolescent |

1st Trimester: Psychosocial Concerns

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| Patient Centered Goal: Pt will report family normalization |
| Expected Outcomes: Client will identify ways to cope effectively in the impaired household |

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| Intervention | Rationale |

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| 1. Asses the family stress level and coping abilities during the initial assessment | 1. Baseline stress level and effectiveness of coping responses needs to be assessed by the nurse |
| 2. Use family-centered care and role modeling for holistic care of families | 2. Specific techniques of role modeling and reflective practice are suggested as effective approaches to teach family sensitivity |
| 3. Assess for the influence of cultural beliefs, norms, and values on the family’s perception on normal functioning. | 3. Cultural perceptions determine the family definition of normalcy. |
| 4. Encourage the family to offer and demonstrate caring and support to each other | 4. The familial characteristics of care and support are often associated with fostering resiliency within the family structure. |

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| Nursing Diagnosis: Ineffective Health Maintenance related to knowledge deficit |

2nd Trimester: Health Needs

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| Patient Centered Goal: Pt will meet the goals of health care maintenance |
| Expected Outcomes: Client will Follow mutual agreed upon health care maintenance plan |

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| Intervention | Rationale |

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| 1.Assess for family patterns, economic issues and cultural patterns that influence behaviors | 1. Enables the nurse to gain understanding and cultivate nurse-client relationship |
| 2. Refer the client to social services for financial services. | 2. Financial restraint impact health maintenance with lack heath care accessibility |
| 3.Identify support group related to teen pregnancy | 3. Increased social support leads to reduce physical and mental ilness |
| 4. Obtain or designed an educational program with material appropriate for the client. | 4. Verbal reinforcement of written material are proven to be the best intervention |
| 5.Ensure that follow-up appointments are scheduled and discussed prior to departure | 5. To ensure appointment are kept. |

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| Nursing Diagnosis: Disturbed Body Image related to changes in body size, shape, contour  and function secondary to pregnancy |

2nd Timester: Psychosocial Concerns

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| Patient Centered Goal: Teen will express her feelings about body changes |
| Expected Outcomes: Patient will make statements that indicates acceptance of expected body changes during pregnancy in 3 weeks |

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| Intervention | Rationale |

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| 1. Acknowledge the teen’s feelings towards her changing body. | 1. Feeling must be acknowledged, reflected and dealt with prior to addressing the underlying cause. |
| 2. Described the expected pattern of weight gain during the remainder of the pregnancy and correlate this change to the growth and development of the fetus. | 2. Knowledge that the weight gain shows growth of the fetus may alleviate unexpressed fears of excessive weight gain. |
| 3. Discuss types of low-impact, moderate exercise such as walking, swimming and yoga that would be beneficial to the teen. | 3. Moderate daily exercise is permissible and encouraged during uncomplicated pregnancies |
| 4. Help the teen make realistic plan to lose weight and discuss adequate caloric intake and need during breastfeeding. | 4. Many mothers are relieved to know that there is a purpose and that the added weight will be lost gradually. Adipose tissue provides a needed source of energy during birth and lactation |

3rd Trimester: Health Needs

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| Nursing Diagnosis: Risk for Urge Urinary Incontinence related to pressure on the bladder by growing Fetus | |
| Patient center Goal: Patient will report a decrease in the incidence and severity of incontinent episodes | |
| Expected Outcomes: Patient will state relief from urge urinary incontinence | |
| 1.Complete urinalysis | 1. Determine presence of urinary tract infection |
| 2.Establish a bladder training program | 2. Establishing a routine |
| 3. Teach the client to indentify, isolate and contract and relax the pelvic floor muscles (Kegal exercises). | 3.Stregthening these muscle improves controls of urinary continance. |

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| Nursing Diagnosis: Impaired Verbal communication related to Language barriers |

3rd Trimester: Psychosocial Concerns

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| Patient Centered Goal: Patient will verbalize basic needs and concerns at each prenatal visit |
| Expected Outcomes: Client will keep scheduled appointments |

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| Intervention | Rationale |

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| 1. Assess the patient’s ability to speak, read and write in English, and determine the languages they are fluent. | 1. Clients who are not fluent in speaking a language may be adept at reading it. They may also speak more than one language. |
| 2. Obtain the assistance of a fluent interpreter via bilingual staff member and translator for telephonic and written purposes (i.e. Consent). | 2. A fluent interpreter is essential because, Mexicans may not always revel. Printed materials reinforce education. |
| 3. Consider nonverbal factors when communicating. | 3. Even subtle body language can indicate interest, empathy and impatience, annoyance or hurry. Touch and eye contact are sensitive cultural variables and the nurse must be aware. |
| 4. Locate Prenatal classes in Spanish. Explain what is included in these classes and encourage the couple to attend. | Information given in one’s own language is more easily leaned. Appropriate cultural concerns are likely to be discussed in class taught in Spanish. |

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