

## feature articles

### 323 Collaborative Approaches in the Emergency Department for Maternity Patients

*The unique physiology of pregnancy and postpartum, along with the challenges of the emergency department setting, may increase risk of preventable harm in complicated care situations. Communication, following standardized processes, and reviewing maternal events to identify improvements are vital to minimize the risk of patient safety events and improve patient care outcomes for pregnant and postpartum patients in the emergency department setting.*

Miriam Wright, MSN, RNC-OB, CPHQ, C-ONQS, and Tracey Jones, MSN, RNC-OB, C-EFM, C-ONQS

### 329 Implementing a Nurse Navigator for Placenta Accreta Spectrum Disorder



*Placenta accreta spectrum disorder is a complex clinical condition with high risk of maternal morbidity and mortality due to associated postpartum hemorrhage. The role of a placenta accreta spectrum disorder nurse navigator is described along with initial evaluation from the maternity and surgical teams on its development and implementation in a level III maternity service in Texas.*

Lauren Mazac, MSN, RNC-OB, Laura Davidson, BSN, RNC-OB, Tracey Leenheers-Eaton, MSN, RNC-OB, NE-BC, and Courtney Sundin, DNP, RNC-OB, C-ONQS, NEA-BC

### 337 Thrombotic Thrombocytopenic Purpura in Pregnancy

*Thrombotic thrombocytopenic purpura is a rare and serious condition caused by a deficiency in the enzyme ADAMTS-13, leading to abnormal clotting and potential organ damage. Pregnancy can trigger thrombotic thrombocytopenic purpura due to physiological changes in coagulation, significantly increasing the risk when ADAMTS-13 levels are severely deficient. An overview of thrombotic thrombocytopenic purpura during pregnancy is presented along with a case report.*

Courtney Sundin, DNP, RNC-OB, C-ONQS, NEA-BC, and Kaley Rhodes, BSN, RNC-OB, RNC-IAP, C-EFM

### 342 Less Invasive Surfactant Administration: A Quality Improvement Project

*In this quality improvement project, less invasive surfactant administration, was evaluated as it was introduced in a 63-bed level III neonatal intensive care unit. The procedure involves inserting a thin catheter into the trachea while the infant remains on nasal continuous positive airway pressure or bubble continuous positive airway pressure, allowing the infant to breathe spontaneously throughout surfactant administration. Less invasive surfactant administration was well received by the clinical team and several neonatal outcomes were improved after implementation including a reduction of grade III and IV intraventricular hemorrhage, the percentage of infants requiring a second surfactant dose, and chronic lung disease.*

Krystal Orr, MSN, RNC-NIC, Greta Bergman, BSN, RNC-NIC and Gloria Gall, BSRC, RRT-NPS

### 350 Euglycemic Diabetic Ketoacidosis in Pregnancy



*Diabetic ketoacidosis in pregnancy is a rare but serious complication caused by insulin deficiency. Hyperglycemia is considered a hallmark sign of diabetic ketoacidosis, however, physiologic adaptations during pregnancy predispose pregnant women to developing euglycemic diabetic ketoacidosis, where the plasma glucose level is normal or near normal. Euglycemic diabetic ketoacidosis during pregnancy poses many challenges to diagnosis including signs and symptoms that can be attributed to pregnancy, rapid progression of signs and symptoms, and near-normal glucose levels. An overview of diabetic ketoacidosis during pregnancy is presented along with a case report.*

Brooke Keel, BSN, RNC-EFM and Laura Gomez, BSN, RNC-OB

### 357 Maternity Care Simulation in Rural Texas to Improve Clinician Knowledge and Skills

*Opportunities to keep knowledge and skills in maternity care are sometimes limited in small rural hospitals due to low patient volume and limited educational resources. In this quality improvement project, the clinical teams in 10 rural hospitals participated in a series of in situ maternity and emergency care simulations offered by nurses in a level III maternity service. Evaluations were positive and feedback described the beneficial aspects of the program for patients and clinical team members.*

Brooke Keel, BSN, RNC-EFM and Courtney Sundin, DNP, RNC-OB

## commentary

### 362 Why is Jenna a Teen Mother? Conceptions and Misconceptions

*Reproductive justice movement challenges the individualistic framework by highlighting the socioeconomic conditions that contribute to teen births and health and social disparities among marginalized women and their children. Policies that rectify these conditions are required. Young mothers are often depicted in the literature as inept parents whose poor decisions and risky behavior lead to early and unprotected sex, a poorly timed birth, and adverse outcomes. A hypothetical teenage couple is presented to highlight the limitations of the risky conception and to argue for its replacement.*

Lee SmithBattle, PhD, RN



## ongoing columns

### 319 EDITORIAL

#### MCN's 50<sup>th</sup> Year Anniversary: A Long History of Contributions to Maternity and Pediatric Nursing

*To celebrate MCN's 50th anniversary, the editors offer their thoughts on the history of MCN and the meaning of leading a premier specialty nursing journal.*

Kathleen Rice Simpson, PhD, RNC, CNS-BC, FAAN and  
Annie J. Rohan, PhD, RN, FAANP, FAAN

### 368 HOT TOPICS IN MATERNITY NURSING

#### Quality Improvement to Decrease Cesarean Birth

*In May 2025, the American College of Obstetricians and Gynecologists published a committee statement on quality-improvement strategies for safe reduction of primary cesarean birth. This important document includes a number of practical approaches that have been shown to be effective in minimizing risk of cesarean birth, especially for low-risk nulliparous women. Our maternity nursing expert, Dr. Bernstein, reviews the new committee statement and implications for clinical practice.*

Samantha L. Bernstein, PhD, RNC-OB, IBCLC, FAWHONN

### 369 HOT TOPICS IN PEDIATRIC NURSING

#### The World Health Organization and American Academy of Pediatrics Sound the Alarm about Childhood Obesity

*The World Health Organization estimates that worldwide obesity in children and adolescence has quadrupled since 1990 with 35 million children under the age of 5 overweight in 2024. Fourteen million children (19% of the US population) are obese, with much higher rates among minority and low-income youth. Our pediatric nursing expert, Dr. Beal, explains the data and clinical implications for nurses.*

Judy A. Beal, DNSc, RN, FNAP, FAAN

### 370 BREASTFEEDING

#### The Need for Quality Improvement Work in Human Milk and Lactation

*Quality improvement work is critical to promote breastfeeding and lactation in the clinical setting. Our breastfeeding expert, Dr. Spatz, offers several suggestions for how nurses can engage in quality improvement processes to help families achieve their breastfeeding goals.*

Diane L. Spatz, PhD, RN-BC, FAWHONN, FAAN

### 371 GLOBAL HEALTH AND NURSING

#### 2025 Update on the State of the World's Nursing

*The World Health Organization recently released the much-anticipated report on State of the World's Nursing 2025, providing comprehensive nursing indicators based on national workforce data from 194 World Health Organization member states. Our global health and nursing expert, Dr. Pintye, covers the key points of the report.*

Jillian Pintye, MPH, PhD, RN, FAAN

### 372 TOWARD EVIDENCE BASED PRACTICE

*Experts suggest how 6 research articles can be used in nursing practice.*

Coordinated by Annie J. Rohan, PhD, RN, FAANP, FAAN

Comments by: Catherine Daily, DNP, CNM, FACNM,  
Nicholas M. Raposo, MPH, BSN, RNC-OB and Annie  
Rohan, PhD, RN, FAANP, FAAN

### 375 PERINATAL PATIENT SAFETY

#### Impact of Patient Suffering on Perinatal Nurses

*Perinatal nurses witness the joy of new life and the devastation of untimely death. The intense stress of obstetric and neonatal complications causes emotional strain on nurses. Repeated exposure to emotional strain without social support may result in secondary traumatic stress and disenfranchised grief. Our guest columnist, Dr. Berry, summarizes the literature and makes recommendations for future research based on existing gaps.*

Guest Columnist: Shandeigh N. Berry, PhD, RN, CNE

## MISSION STATEMENT

**MCN: The American Journal of Maternal Child Nursing's** mission is to promote safe, high-quality nursing care based on the most current evidence, standards, and guidelines for nurses practicing in maternity, neonatal, midwifery, and pediatric specialties through dissemination of evidence-based, clinically relevant articles including research, practice, policy, quality improvement, and scholarly reviews. This peer-reviewed journal covers aspects of maternal, neonatal, and pediatric nursing care in the inpatient, outpatient, and community health settings.

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