

NFP, Client Case Study (NFP1000)

The Nurse Family Partnership (NFP) program in Nightingale County received a referral from the county hospital's emergency room on primigravida Carmelita (aka Client) NFP, age 17, after she was seen there for abdominal pain and fever one week ago. She was approximately 19 weeks pregnant at that time, and was treated for a Chlamydia infection with erythromycin. She has had no prenatal care. Clara Barton, NFP PHN is assigned to visit Carmelita.

Clara visited Carmelita at her home and assesses her for current strengths and needs. She is living with her mother as her 19 year old boyfriend Joe is currently incarcerated for burglary (he is due for release in 2 years). Carmelita says her mother is a huge source of support for her. Clara completes her assessment per current NFP protocol for this visit/pregnancy stage and gives/discusses the handouts appropriate for this visit with Carmelita.

The family receives governmental medical/financial assistance that they expect to cover Carmelita's expenses (including Medicaid, TANF, and food stamps) and have obtained clothing and supplies from other resources, including a local church. Carmelita and her mother agreed that Carmelita needs to start regular prenatal care and obtain supplemental foods. They have transportation. The PHN refers Carmelita to the Main Street WIC clinic and the county's prenatal clinic. The mother used the phone numbers that the nurse provided and made appointments for both for Carmelita while Carmelita and Clara were talking.

She weighed 130 pounds at the emergency room and was 5'3" tall. She did not know if she had gained or lost weight since becoming pregnant. She does not take her prenatal vitamin samples because they made her feel nauseated. She usually eats two meals per day and has no appetite until the evening. She does not like milk or meat and eats few vegetables or fruit. The nurse and Carmelita discussed the following per NFP protocol for this visit: appropriate weight gain, normal emotional/physical changes in pregnancy, common discomforts, components of a healthy diet, supplemental vitamins/when to take, danger signs of pregnancy, laboratory tests, and exercise. Carmelita said she would think about exercising more. She is uncertain whether she wants to breastfeed, but seemed more open to the idea after she and the PHN discussed lactation preparation and benefits of breastfeeding for mother and infant.

The PHN and Carmelita agreed on the goal that she would deliver a healthy baby. They discussed her vital signs and blood pressure, which were within normal limits. The nurse described Chlamydia, how it is transmitted, and the effect that an untreated infection could have on a baby. The emergency room report indicated that she may not need more treatment, but should receive follow-up care to be sure. Carmelita denied having current symptoms.