

FAMILY HEALTH NURSING CARE

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❖ **INTRODUCTION–**

Family health care nursing is an art and a science that has evolved over the last 20 years as a way of thinking about and working with families. Family nursing comprises a philosophy and a way of interacting with clients that affects how nurses collect information, intervenes with patients, advocate for patients, and approach spiritual care with families. This philosophy and practice incorporates the assumption that health affects all members of families that health and illness are family events, and that families influence the process and outcome of health care.

Family as a unit of health-

As mentioned earlier, family has engaged the attentions of all social, biological and medical scientists because family is a:

1. Biological unit- family maintains continuity of human life. Family members share pool of genes.
2. Social unit- family member live together, interact, help each other and share common physical and psycho-social environment.
3. Cultural unit- members get socialised and learn the culture of society to which family belongs.
4. Epidemiological unit- family is the primary site of interaction of host, agent and environment members are exposed to risk of changing family environment which determines their health status.
5. Unit for providing social and health care unit- family is the unit for providing all health and welfare services which are planned and organised by the gov. and voluntary sector because it is natural habitat for individual to live.

Concept-

Family health nursing care is the essential component of family health. It aims at the overall welfare of family. Many kinds of services are needed to assist family members to deal with their events.

in the family health service, special attention should be paid to family planning, mother and child health and school going children and aged, because these groups are the weaker segments of the family.

It is the community which provides an individual with occupation, education, medical care, entertainment and protection etc.

Thus the area of “Family health services” is very vast. In short, goal of individual and community’s health and growth in the national health level can be achieved through family health services.

❖ **FAMILY HEALTH NURSING CARE–**

■ Definition and meaning of family health nursing–

Family health nursing is a nursing aspect of organized family health care services which are directed or focused on family as the unit care with health as the goal. It is thus synthesis of nursing care and health care. It helps to develop self care abilities of the family and promote, protect and maintain its health. Family health nursing is generalized, well balanced and integrated comprehensive and continuous are requiring comprehensive planning to accomplish its goal.

The goals of the family health nursing include optimal functioning for the individual and for the family as a unit.”

AIM :-

1. Reducing maternal mortality, morbidity and infant mortality rate.
2. Spacing birth of children.
3. Providing help in solving the problem of malnutrition in family.
4. Providing health education to the family, so that they can lead a healthy and good life.

GOALS-

- ▶ To provide nursing services according to the health needs of the family.
- ▶ To help develop the competence of member to care for their family.
- ▶ To promote the use of available resources to maintain all aspects of the family's health.
- ▶ To provide health education to lead a healthy lifestyle.

❖ **OBJECTIVES OF FAMILY HEALTH NURSING –**

- To identify health & nursing needs and problems of each family.
- To ensure family's understanding and acceptance of these needs and problems.
- To plan and provide health and nursing services with the active participation of family members.
- To help families develop abilities to deal with their health needs and health problems independently.
- To contribute to family's performance of developmental functions and tasks.
- To help family make intelligent use of promotive, preventive, therapeutic and rehabilitative health and allied facilities and services in the community.
- To educate, counsel and guide family members to cultivate good personal health habits, practice safe cultural practices and maintain physical, psychosocial, and spiritual environment.

❑ **PRINCIPLES OF FAMILY HEALTH NURSING –**

1. Provide services without discrimination
2. Nurses should have friendly relations with every family.
3. Problems should be identified and assigned the priority level.
4. Periodic and continuous appraisal and evaluation of family health situation.
5. Proper maintenance of record and reports.
6. Provide continuous services
7. Health education, guidance and supervision as integral part of family health nursing.
8. Maintain good IPR.
9. Plan and provide family health nursing with active participation of family.
10. Services should be realistic in terms of resources available.
11. Encourage family to contribute towards community health. Active participation in making health care delivery system.

Advantages:-

- a) Family health nursing of patient saves hospital beds that can be utilized for critical cases.
- b) Family health nursing is cheaper than hospital nursing.
- c) Patient under family health nursing enjoys privacy and emotional support.
- d) Patients on family health nursing can continue with their routine pursuits.
- e) If the patient resides in a sanitary house, family health nursing is better than hospital nursing since he can control inimical environmental influences better.

❑ **FAMILY HEALTH NURSING PROCESS –**

- Family health nursing process is a orderly, systematic steps to assess the health needs, plan, implement and evaluate the services to achieve the health.
- It is the systematic steps to analyze health problems and their solutions.
- It helps in achieving desire goals of health promotion, prevention and control of health problems.

► **ELEMENTS OF FAMILY NURSING PROCESS**

- a) Assessment of client's problem
- b) Diagnosis of client response needs that nurse can deal with
- c) Planning of client's care
- d) Implementation of care
- e) Evaluation of the success of implemented care

a) Assessment- (of client's problem)

The home health nurse assesses not only the health care demand of the client and family but also the home and community environment. Assessment actually begins when the nurse contacts the client for the initial home visit and reviews documents received from the referral agency. The goal of the initial visit is to obtain a comprehensive clinical picture of the client's need.

During the initial home visit, the home health nurse obtains a health history from the client, examines the client, observe the relationship of the client and caregiver, and assess the home and community environment. Parameters of assessment of the home environment include client and caregiver mobility, client ability to perform self care, the cleanliness of the environment, the availability of caregiver support, safety, food preparation, financial supports and the emotional status of the client and caregiver.

b) Diagnosis- (of client response needs that nurse can deal with)

As in other care environments, the nurse identifies both actual and potential client problems. Examples of common nursing diagnoses for home care include Deficient Knowledge, Impaired Home Maintenance, and Risks for caregiver Role strain.

Client education is considered a skill reimbursed by Medicare and other commercial insurance carriers, it is important for the nurse to include Deficient Knowledge in the plan of care. The deficit in knowledge may relate to client's lack of information about their disease process, medications, and self-care skills and so on.

c) Planning- (of client's care)

During the planning phase the nurse needs to encourage and permit client's to make their own health management decisions. Alternatives may need to be suggested for some decisions if the nurse identifies potential harm from a chosen course of action. Strategies to meet the goals generally include teaching the client family techniques of care and identifying appropriate resources to assist the client and family maintaining self-sufficiency.

d) Implementation- (of care)

To implement the plan, the home health nurse performs nursing interventions, including teaching, coordinates and uses referrals and resources, provides and monitors all levels of technical care; collaborates with other disciplines and providers; identifies clinical problems and solutions from research and other health literature, supervises ancillary personnel, and advocates for the client's right to self-determination. Technical skills commonly performed by home health nurses include blood pressure measurement; body fluid collection (blood, urine, stool, and sputum), wound care, respiratory care, and all types of intravenous therapy, enteral nutrition, urinary catheterization and renal dialysis.

e) Evaluation and Documenting- (of the success of implemented care)

Evaluation is carried out by the nurse on subsequent home visits, observing the same parameters assessed on the initial home visit and relating findings to the expected outcomes or goals. The nurse can also teach caregivers parameters of evaluation so that they can obtain professional intervention if needed. Documentation of care given and the client's progress toward goal achievement at each visit is essential. Notes also may reflect plan for subsequent visits and when the client may be sufficiently prepared for self care and discharge from the agency.

❑ **Family health nursing: Essential Qualities for the community health Nurse—**

Community health nurse should have the following qualities for promotion of the family health:

1. Family centered approach
2. Non judgmental (during the family health care)
3. Accepting different values and beliefs
4. Self awareness
5. Able to work in adverse situations
6. Flexible
7. Sensitive (towards time, efforts, one's pain)
8. Skill
9. Independent (in making nursing diagnosis and nursing judgement)
10. Common sense
11. Able to cope and manage stress
12. Able to handle situations

❖ **HEALTH RISK FAMILIES:-**

Risk factors can be defined as a factor that causes a person or group of people to be particularly vulnerable to an unwanted, unpleasant, or unhealthful event. i.e., smoking, alcohol, environmental pollution, hazards at worksite , improper housing, overeating etc.

Risk factors of family health can be classified into following categories:

- Developmental factors (related to growth and development).
- Situational factors
- Hereditary factors (related to family history).
- Life style factors (related to the behavior of family members).
- Economic factors (related to financial resources of family).

► Identification of health risk families –

1. High health risk family:

- Size :More than six members.
- Age group : Number of children below
- Immunization: Incomplete
- Mother status : Pregnant, malnourished, anaemic etc.
- Hygiene : Poor personal hygiene
- Nutrition : under nutrition

2. Moderate Health Risk family:

- Size : Six members
- Age group : Number of children below six years are 2 to 3. one old age member in the family.
- Immunization :Incomplete
- Mother status : Primary schooling, pregnant, lactating.
- Nutrition : Medium, may be imbalance.

3. Low health risk family-

- Size: 5 or below (mother, father and two or three children) or Nuclear family
- Age group: Children below six are one or two. No aged person in the family.
- Immunization : Completed
- Hygiene: Personal and environmental, both good
- Nutrition: Balanced

► **Integrated Family Health Services :-**

Instead of separate services, providing collective and coordinated services for maternal and child health, nutrition, clean environment, immunization, and family planning is termed as the integrated family health services.

Main areas of integrated family health services are:

1. Maternal and child health
2. Family planning
3. Nutrition of the family
4. Healthy environment in the home
5. Immunization
6. Family life education

Maternal and Child health (MCH) Services

Maternal and child health services are the foremost priorities of community health programmes. Their aim is to increase the nutrition level of mothers and children and ensure the birth of healthy child. For the prevention and promotion of family and community health, it is essential that mothers and children should be healthy. According to Indian culture mother is the foundation of the family and children are the future of country.

❖ **Aims of Maternal and child health Services:-**

1. Reducing maternal mortality rate, infant mortality rate and maternal and child mortality rate.
2. Child survival.
3. Promoting reproductive health or safe motherhood.
4. Checking malnutrition in children and mothers.
5. Protecting mothers and children from infectious diseases.
6. Early diagnosis and treatment of the health problems of mothers and children.
7. Ensuring physical and mental growth and development of children and adolescents.
8. Improving the health levels of mothers and children through family planning services and health education.

❖ **Indicators of Maternal and Child Health:-**

Maternal and child health can be evaluated on the basis of the following indicators:

- Maternal mortality rate
- Infant mortality rate
- Neonatal mortality rate
- Under five mortality rate
- Child survival rate

❑ **Organizational Activities of MCH Services:-**

Maternal and child health services are an important part of primary health care. Traditional activity areas of these services are:

- Complete health check-up and care of the child and mother from conception to birth.
- Studying health problems of mothers and children.
- Providing health education to parents for taking care of children.
- Training to professionals and assistant workers.

► Recent Trends in MCH Care –

1. Integration of Care
2. Risk Approach
3. Manpower Changes
4. Primary Health Care
5. Reproductive and Child Health – In our country, a number of programmes and schemes are underway which are related to MCH care. Some important are:
 - National Rural health mission-NRHM
 - National Urban health mission NUHM
 - Reproductive and child health – RCH

These programme include following main schemes.

- Janani suraksha yojana
- Vandemataram scheme
- Accredited social health activists(ASHA)
- Skilled birth attendants
- Home based new-born care

❖ **Maternal health services responsibilities of community health nurse:-**

1. Direct care –

Antenatal Care :-

- **Contact :** Contacting every pregnant mother in the primary stage of pregnancy.
- **History :** Taking history of general health; family environment, social conditions, previous child births and present pregnancy.
- **Antenatal examination:** Conducting general examination, physical examination and obstetric examination, laboratory examinations etc.

Intra-natal Care:-

- Encouraging institutional deliveries.
- Preparing the place for delivery.
- Arranging necessary equipment's and their sterilization.
- Giving mental support to mother.
- Examining position of fetus, dilation of cervix, and heart of fetus, observing the position of bladder and uterine contractions.

Postnatal Care:-

The week immediately after the childbirth is called postnatal period.

- Observing the blood pressure, temperature and pulse of mother immediately after the delivery and then during the following period.
- Collecting information about the general condition of mother, food, sleep, pain and elimination etc. and, accordingly provide the nursing care.

Neonatal Care :-

- Observing the respiration of newborn, immediately after birth and if necessary providing resuscitation.
- Taking care of the umbilical cord and cutting the cord and tying it using proper techniques.

□ **Functions Related to Maternal Clinics –**

In maternal services, community health nurse has to assume the responsibilities of conducting antenatal and postnatal clinics also.

During home visits, community health nurse should try to focus the attention of mother on following points:

- Antenatal checkup and its importance.
- Diet during pregnancy.
- Neonatal care.
- Family planning.

2. Managerial Functions-

- Organizing and managing the nursing homes.
- Taking part in community activities.
- Supervising the work of TBAs, midwives and female health workers and giving them appropriate suggestions.
- Coordinating among the doctor, family and patients.

3. Educational Functions –

- Providing health education to TBAs, mothers and family either individually or in the group.
- Educating (using demonstrations) pregnant mothers and relatives about maternal nursing.
- Community health nurse should discuss following topics with pregnant mothers:
 - Importance of regular antenatal checkup.
 - Utility of rest, sleep and exercise.
 - Personal hygiene and proper diet.
 - Clean environment.
 - Plans of delivery.
 - Cutting and tying the umbilical cord.
 - Taking care of infant.

Thus, community health nurse has a multifaceted role in maternal services.

Child Health Services

Child health services are a part of maternal health services and an important dimension of the broader concept of family welfare. Importance of child health services in Indian context can be explained on the basis of following facts:

- Rural areas have insufficient infant and child health services.
- Birth weight of child is found less than 2500 gm (risk group infant).

► Causes of child Death :-

1. Premature birth.
2. Diarrhea or other diseases leading to dehydration.
3. Malnutrition.
4. Diseases which could be prevented by vaccination.
5. Insufficient maternal or neonatal care.

► **Child health services Responsibilities of community health nurse :-**

1. Assessment of growth and Development
2. Immediate care of Newborn.
3. Care of Nutritional status.
4. Prevention and treatment of common childhood Accidents.
5. Immunization.

► **Educational Function:-**

- Educating parents especially mothers about nutritious diet.
- Motivating parents to send their children to clinics for health check-up.
- Explaining the importance of immunization.
- Explaining the importance of breast feeding.
- Educating about prevention from infectious diseases and accidents.

▶ CHILD CLINICS–

Child clinics play an important role in the child care services. These clinics include “under five clinic” or “child guidance clinic”.

▶ UNDER FIVE CLINIC –

Earlier these were known as the “well Baby Clinics”. At present, these have been designed as the under five clinics. These clinics are run in association with antenatal clinics. Pediatricians play an important role in these.

Family Welfare Service

Family welfare services include the welfare of the whole family by means of total family health care. Family planning is the essential component of family welfare, which indicates the responsible parenthood. Family welfare and planning is important for the socioeconomic development of the country. Some important aspects of family welfare services are MCH services, marriage guidance, national family welfare programme.

Family Health Record

Family health records serve as an important tool for the total health care of the family. These provide information about health status of each family member, family risk factors, illness or health behaviour of the family members.

Purpose of family health Records –

- To make plan for family health services by providing baseline data.
- To serve as a tool of communication between the health team members and other health care agencies.

❖ **Types of Family health records**

Family health records are generally found in two types i) Family folders, and ii) Cumulative Records.

i) Family Folder: It is used to maintain the health records of all the members of the family.

- Identification data of the family: Age education, occupation, gender of the family, head of the family etc. are included in this section.
- Structural deficit information: Widow/Widower, old aged member, handicapped members.
- Nutritional status
- Past medical history, immunization, infectious diseases etc.

ii) Cumulative Records:-

The records which are maintained and continued for a longer period are called as cumulative records. These are also termed as continuous records. These are more useful and valuable for the longer care of the family members. For e.g. Cumulative record of a pregnant family member begins from the conception and covers all the perinatal care, till the successful delivery.

❑ **Role of community health nurse in family health services –**

1. Coordinator of P.H.C. services – Families contact the community health nurse for their health needs and problems.
2. Provider of primary health care services – Provider of the primary care is the second important role of community health nurse in family health services.
3. Educator of family nursing care – Community health nurse acts as an educator in the family nursing care.
4. Advocate for the family – An advocate of the family, community health nurse encourage the implementation of public health laws and policies of environmental protection.
5. Family care planner – An integrated team approach is needed for better health of the family.
6. Change agent – Community health nurse plays vital role of change agent in family health care.

**THANK
YOU**