

# Infusing Caring for Abnormal Prenatal Ultrasound Findings

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## INTRODUCTION

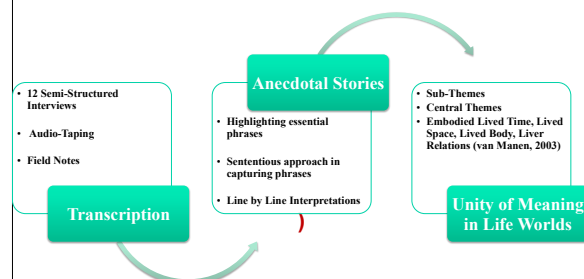
The era of genomic science has incorporated many changes in diagnosis and treatment of disorders. Through this development, leaders in the sciences have recognized the ethical, cultural, legal, and social implications of this new knowledge. Genomic knowledge could become harmful to individuals and families as seen over 100 years ago in the eugenics movement. Within these discoveries, there are some new technologies in reproductive health. One contemporary technology is the use of prenatal ultrasound and serum biochemical markers for detection of congenital, chromosome and genetic disorders. When ultrasounds reveal abnormal findings, the perceived perfect pregnancy vanishes to feelings of shock, stress, fear, guilt, loss and threats to self and their unborn baby.

## AIMS

The aim of this research was to describe and interpret the experience of women who have had an abnormal prenatal ultrasound indicating a risk for a congenital, chromosome and/or genetic disorder. The calls for caring are often not heard by nurse. The investigator sought to unfold stories of the women's experiences to gain understanding of their experience

## METHOD

Van Manen's Hermeneutic Phenomenology

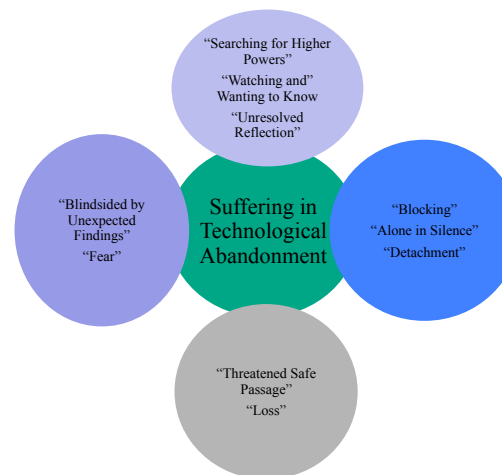


## RESULTS

### Descriptive Characteristics:

12 women retold their experience. The age ranged from 22 to 41 years old with the mean age of 27 years old. Ethnicities of the participants were northern European American (5), eastern European/Jewish American (2), southern European/Italian (2), Jamaican American (2) and Panamanian American (1).

Figure 1:10 Essential Themes



**Francis:** "I was shocked that they had this in the report...I was just reading the ultrasound to find out the sex of the baby...I had no idea".  
**Natalie:** "I didn't know how to digest that kind of information...there was just a feeling of numbness...I couldn't produce good babies...we were keeping it very hush-hush".  
**Amanda:** "I just thought that I have a retard inside my body...he was going to come out without his fingers and toes...that he would be an idiot...I didn't want that baby inside of me at all...I just disconnected."  
**Carole:** "All kinds of things were going through my mind...I was thinking it was a two-headed monster...I was thinking my child was gonna die".  
**Monica:** "I did not want to hear anything negative...you work so hard for this pregnancy...you have come so far, that you don't want to hear anything".  
**Carole:** "Since this gift was given to me, it was going to turn out alright and God would take care of everything".  
**Carla:** "I don't know what else I can do...oh my God, I was so helpless".  
**Susan:** "I don't remember listening to every thing that he told me, but he talked for a while...I think that I just blacked out...I just blocked everything out".  
**Margo:** "You could tell the technician clearly had no patience for a 27 year old crying about one failed pregnancy".

## CONCLUSIONS

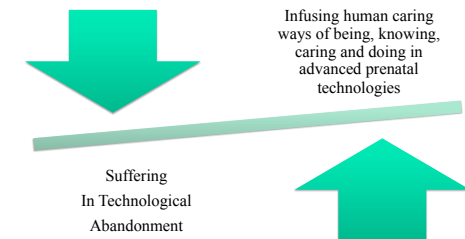
Women expressed their experiences through the lived worlds of lived time, lived body, lived space and lived relations. A surprising finding was that some women selected not to disclose their risk to other family and friends who could have been most supportive during their suffering.

The unifying meaning was that women suffered in their experience. Technology provided a new view for risks of congenital, genetic or chromosome disorders. They were unprepared for this disclosure and experienced fear, threats for a safe and healthy pregnancy, loss of control loss of a perfect pregnancy, and actual pregnancy or neonatal losses.

Women responded with coping mechanisms using blocking, silence, detachment, spiritual hope and searching for answers. There was no psychosocial support from the health professions during their suffering; only additional screening and diagnostic technology. Women were abandoned in knowing, caring and participating in their care. The women reflected upon missed opportunities, missed second opinions and losses when retelling their stories.

Nursing presence in technological compassionate caring is essential. Nurses can infuse new opportunities for caring by:

- Advancing upon pre-screening education about the risks and benefits of prenatal tests.
- Providing an opportunity for women to voice their concerns and fears during individual and group sessions post expert consultations.
- Integrating new patient education strategies in social networking such professional blogs, Twitter, and Google + Hangouts for support groups.
- Knowing that technology can bring unwanted suffering and advocate for additional interprofessional support to women in their care within the context of their beliefs.



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