

MOTHER & CHILD CARE IN BELGIUM

Tarefa:

1. Tendo em mente *Teoria da diversidade e universalidade dos cuidados culturais* (M. Leininger, 1991), **identifique no caso os factores culturais** que contribuem para o estado de saúde e para a oferta de cuidados de saúde.
2. Compare com a realidade portuguesa: quais as semelhanças e diferenças que encontra?
3. Que outra informação seria relevante para perceber as necessidades destes clientes e os cuidados a prestar?

Leen is a teacher biology of 31 years old. She has been married to Herman who is working as a pedagogue in primary health care.

After years of infertility, followed by many invasive examinations and hormonal treatments, she finally has conceived and she is pregnant of their first child. This was caused by an In Vitro Fertilisation, and it took only two attempts. Throughout all these years of treatments, Herman and Leen have built up a solid trusting relationship with their gynaecologist.

Leen is 37 weeks pregnant, and already she is 1cm dilated. Her gynaecologist is planning on leaving on holiday for 3 weeks and decides to initiate the labour process in order for him to handle the delivery himself.

Leen and Herman have mixed feelings about the whole situation. On the one hand they prefer a natural birth, but after all these years the trust in their gynaecologist is such that they are not inclined to find someone else for the delivery.

They decide to accept the offer and will report to the hospital on Thursday at 9 PM for a pre-induction.

On Thursday, Marjan, the midwife working the late shift installs Leen in her room. She performs the anamnesis and tells Leen what is going to happen: CTG – Blood Pressure – pulsations – temperature – clisma and around 10.30PM Marina will insert vaginally a prostin® 3 mg after which the baby will be controlled with the CTG-machine.

Herman decides to go home to spend the night there and agrees to see Leen the next morning around 7AM.

At 7 AM Leen is examined by Katrien, the midwife of the early shift : 1cm dilation, cervix is half effaced, stiff, head of the baby moveable upper pelvis entrance. Leen is

administered another prostin® 0,5 mg to the cervix. The CTG shows a good reactive heart pattern with accelerations and slight Kts as a reaction to the prostin®.

At 09u00 the gynaecologist comes to break the waters when there is 2cm dilation and the head is engaged.

Leen is in big pain by painful contractions. She is rolling and curling up while the tears are rolling down her face...she feels powerless. Listening to Herman is no longer on her agenda, so he too feels completely powerless.

Katrien shows up with the ball, but Leen doesn't want to hear of it. She doesn't want a bath nor a massage. She only wants an epidural shot and she gets it together with a syntocynon® - infuse to induce everything. Leen is calm and pain-free at last.

At noon, Leen has been relaxing for an hour now, but her uterus seems to have be doing the same thing : no progress according to the gynaecologist. Katrien should be trying to get the contractions going and empty her bladder. At 1.30 PM Leen is dilated 4 cm, with the cervix ¾ effaced and becoming softer.

.R/ Scalp electrode and install the STAN®-monitor – stop syntho – li-lying on the side – stop syntho.

Midwife Katrien is replaced by Marjan, the same as last night. Marjan looks puzzled and concerned when she sees the CTG-machine. She decides to call the gynaecologist. Leen and Herman are getting really scared and sweat is dripping down their foreheads. 'Please, don't let this go wrong, we have been through so much already'. As the gynaecologist hears this she says this is the last thing she wants for them.

At 3.30 PM Leen ends up in the Operating Room for an urgent sectio and at 3.45 PM Lander is born, screaming, small (2850 g), under a thick layer of vernix, but pink so an apgar-score of 9-9 according to the pediatric.

Once upstairs the biology teacher wants to start breastfeeding much opposed to Lander's will, whose stomach is still filled with slimes : he doesn't feel hungry and he does not show a suckling reflex. Marjan doesn't think this is a priority and decides to bathe Leen as soon as possible, so this has been dealt with before she has to start on her evening rounds.

The next day, Lander remains a difficult drinker. Leen doesn't know what to do and is exhausted from hearing all kinds of advice, trying to breastfeed all night long and feeling powerless. 'Even this doesn't work like it should!'

On day three, Lander has lost 285g of weight and the midwife gets alarmed. Leen has red, burning eyes...