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## Emotional Intelligence in Labor and Delivery—Case for Chapters 2 and 13

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It is Sunday night in Labor and Delivery. An obviously pregnant full-term mother, Mrs. Ford, presents herself, saying her doctor, Dr. Jones, told her to come to the hospital to deliver her baby. The mother tells Ms. Smith, the nurse manager of L&D, that the doctor has informed her that the baby has anencephaly, and she understands that the baby will not be expected to live very long after delivery. Ms. Smith is very concerned, since the unit did not receive any prior word about Mrs. Ford coming to the hospital, nor did the unit receive the prenatal record, which is required to be submitted by the 36th week of pregnancy per hospital policy.

Ms. Smith proceeds to call Dr. Jones to ask for orders and to get more information regarding Mrs. Ford's condition. Dr. Jones gets very upset with the phone call, says that he just completed a delivery and was trying to get a couple hours of sleep before he came to the hospital to deliver Mrs. Ford's anencephalic baby. He yells that he will be there shortly now that she has woken him and tells her to start prepping for a C-section and hangs up. Ms. Smith realizes the survivability of the baby is not possible and that no measure will be able to save the life of the baby once delivered. Ms. Smith understands that in these cases, it is the nurses' job to use whatever measures necessary to make the baby and mother as comfortable as possible so the baby can have a dignified death.

Ms. Smith is agitated at Dr. Jones's response. First, he was obviously in the wrong in not notifying the hospital about Mrs. Ford coming in, let alone not sending in the prenatal record. When Dr. Jones enters the unit, he is obviously upset but gets even more upset when Ms. Smith questions why he intends to do a C-section. Ms. Smith could tell that Mrs. Ford was not expecting a C-section based on her comments to her. Dr. Jones dismisses Ms. Smith's comments about doing a vaginal delivery and begrudgingly he does do a vaginal birth, complaining during it about how he will now have to reschedule his whole day, since it will take much longer than a C-section.

The baby is delivered. It is clear that the baby is anencephalic and has very poor circulation. The nurses wrap the baby in blankets and hand the baby to Mrs. Ford for her to view.

Dr. Jones says there is no reason to call in a neonatologist and that this baby will obviously only live a few hours at most. Mrs. Ford requests to have her baby fed. Dr. Jones says it is okay to do that and requests the baby be put on a cardio-respiratory monitor with an IV tube for feeding. Ms. Smith is concerned about this, since she knows it will prolong the life of the child, and this would be considered futile care. She wonders how to handle this concern since she realizes Dr. Jones will probably yell at her if she is to question his orders again.

### DISCUSSION QUESTIONS

1. What is your opinion of Dr. Jones's emotional intelligence (EI)? Based on a scale of 1–10, with 1 being lowest, how would you rate Dr. Jones? Why?
2. Repeat this process for Ms. Smith, the nurse manager.
3. Do you think there should be any consequences for Dr. Jones as a result of his behavior? What can be done?
4. Should Ms. Smith question Dr. Jones's orders for feeding the terminal baby? How would she do this?
5. What about the patient, Mrs. Ford? What is her stake in all this? Should she get involved in the obvious conflict occurring around her?
6. What should the hospital do to try to educate the staff about emotional intelligence? Explain your answer.
7. How could teamwork training help this Neonatal ICU team? Explain your answer.



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