

WEST HILLS COLLEGE LEMOORE
COURSE OUTLINE OF RECORD (COR)

FACULTY ORIGINATOR: Cynthia Dolata

DATE: 1/16/2012

NEW COURSE PROPOSAL COURSE REVISION

CHECKLIST: (check all that apply)

- Course Revision Form
- New Course Proposal
- Course Outline
- Learning Resources Statement
- Distance Education (DE) Addendum
- Adopted Textbook Form
- Form A Prerequisite
- Form B Prerequisite
- Form C Limitations on Enrollment

MIS DATA: (Administrative Use Only)

TOP Code: [Click here to enter text.](#)
Credit Status: [Choose an item.](#)
Basic Skills Status: [Choose an item.](#)
SAM Code: [Choose an item.](#)
Prior to College Level: [Choose an item.](#)
Noncredit Category:
Funding Agency Category:

ROUTING: (must be filled out prior to agenda submission)

Originating faculty: Cynthia Dolata Date: 1/16/2012

Comments: [Click here to enter text.](#)

Curriculum Representative: Leslie Catron Date: 4/23/2012

Comments: [Click here to enter text.](#)

Technical Review: Committee Date: 4/18/2012

Comments: [Click here to enter text.](#)

Chief Instructional Officer: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Comments: [Click here to enter text.](#)

COURSE REVISION (use for existing courses only)

RULE OF SEVEN – There are seven course characteristics which require approval of the West Hills College Lemoore Curriculum Committee if the course is common to both colleges. Check any of the following characteristics that are being changed:

- Course Number
- Course Title
- Course Prefix
- Units
- Transferability
- Prerequisite(s)
- Course Objectives

OTHER CHANGES – check all that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Five Year Review | <input type="checkbox"/> Instructional Methodologies |
| <input type="checkbox"/> Grading Option | <input type="checkbox"/> Cultural Pluralism |
| <input type="checkbox"/> Advisory/Prerequisite/Corequisite | <input type="checkbox"/> Textbook |
| <input type="checkbox"/> Catalog Description | <input type="checkbox"/> Distance Education Addendum |
| <input type="checkbox"/> Course Objectives | <input type="checkbox"/> Critical Thinking Assignments |
| <input type="checkbox"/> Course Content | <input type="checkbox"/> Methods of Assessment |

LEARNING AREA APPROVAL

- Changes or revisions to the curriculum have been discussed with learning area faculty.
- Supporting evidence attached at the end of the document (i.e., emails with header information, learning area minutes with attendees, etc.)

NEW COURSE PROPOSAL (use for new courses only)

Total Units:	Semester Lecture Hrs:	Semester Lab Hrs:
Transferability (attach evidence):	<input type="checkbox"/> CSU	<input type="checkbox"/> UC
New Major?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, state the new major:</i>	<i>Click here to enter text.</i>	
Intended for Transfer?	<input type="checkbox"/> Yes (complete next row)	<input type="checkbox"/> No
<input type="checkbox"/> Transfer Elective	<input type="checkbox"/> Transfer General Education	<input type="checkbox"/> Transfer Major Requirement
Associate Degree?	<input type="checkbox"/> Yes (complete next row)	<input type="checkbox"/> No
<input type="checkbox"/> AA/AS Elective	<input type="checkbox"/> AA/AS General Education	<input type="checkbox"/> AA/AS Major Requirement
Certificate Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, state the certificate:</i>	<i>Click here to enter text.</i>	

COURSE PREFIX and NUMBER: NURS 5
COURSE TITLE: Obstetrics-Maternity Nursing
INSTRUCTIONAL AREA: HEALTH AND WELLNESS

NURS 3 Pharmacology
NURS 4 Medical Surgical Nursing II
NURS 4 L Medical Surgical Nursing II Lab
Health and Safety Requirements

3. Corequisites (List course prefix, number, and title) Not applicable

NURS 5L Obstetrics-Maternity Nursing Lab

4. Advisories (List course prefix, number, and title) Not applicable

5. Enrollment Limitations (Describe health/safety, audition, tryout, or cohort limitation) Not applicable

The number of students in the student cohort is defined by the CA Board of Registered Nursing.

6. Course Objectives (Number each objective; objectives must define the exit skills required of students; use measurable objectives only; courses that allow repeatability must specify objectives for each time the course can be repeated)

Upon completion of the course the student will be able to meet the following objectives:

Module 1 – Introduction to Women’s Health

- A. Discuss the current status of women’s/maternal health care in the United States.
- B. Define the scope and roles of nursing in women’s/maternal health care.
- C. Discuss current trends in women’s/maternal health nursing practice.
- D. Describe the anatomical and physiological changes that occur in the female organs of reproduction across the life span.
- E. Describe changes in nutritional requirements of women across the lifespan.
- F. Identify and discuss diagnostic tests for women throughout the life cycle.

Module 2 – Contraceptive Methods and Sexually Transmitted Diseases

- A. Explain the differences between permanent and non-permanent methods of contraception.
- B. Discuss the nursing care related to the use of permanent and non-permanent methods of contraception.
- C. Describe the pathophysiology, clinical manifestations, treatment and nursing management of selected sexually transmitted diseases.
- D. Discuss the implications of Group B streptococcus and TORCH infections on the pregnant and non-pregnant woman.

Module 3 – Antepartum

- A. Describe physiological changes of the normal antepartum process using a systems needs approach or framework.
- B. Identify the progression of maternal behaviors through the gestational period.
- C. Describe the physical assessment of the antepartum patient.
- D. Explain common diagnostic antepartum procedures.
- E. Discuss the nutritional needs of the antepartum patient.
- F. Identify commonly used antepartum pharmacological agents and their nursing implications.
- G. Define and discuss potential complications of the antepartum period.

Module 4 – Intrapartum

- A. Describe the physiological changes during the normal intrapartum period using a system

- needs approach framework.
- B. Identify the progression of the stages of labor.
- C. Explain common diagnostic procedures used for the intrapartum client.
- D. Discuss the nurse's role in providing comfort and identify commonly used pharmacological agents during the intrapartum period.
- E. Discuss potential complications of labor and delivery and appropriate nursing interventions.

Module 5 – Postpartum

- A. Describe the physiological changes during the immediate postpartum period.
- B. Identify the progression of maternal behaviors through the postpartum period.
- C. Describe the physical care for the postpartum client and discuss the nurse's role in providing for the needs of the postpartum client and family.
- D. Identify the signs of postpartum complications and ensure that information related to these findings are passed on to the appropriate nursing staff member.
- E. Discuss the nurse's role in providing comfort and identify the pharmacological agents commonly used in the postpartum period.

Module 6 – Newborn

- A. Describe the physiological changes occurring in the normal newborn using a systems needs approach/framework while conducting a physical assessment, and provide teaching for the parent(s) significant other(s) regarding normal versus abnormal changes.
- B. Explain common diagnostic measures/tests used for the newborn, their nursing implications and parental involvement.
- C. Discuss the nutritional needs of the newborn in the immediate post birth period and during the first few months of life.
- D. Describe commonly used pharmacological agents specific to the newborn.
- E. Discuss potential complications that occur in the newborn during the hospital stay immediately after birth.

7. Course Content Lecture(Use outline format with letters for differentiating major topics and numbers for subtopics ; list major topics or lesson units; differentiate content of each level, when levels are assigned)

Module 1 – Introduction to Women's Health

- A. Current status of women's/maternal health care in the United States
- B. Scope and roles of nursing in women's/maternal health care
- C. Current trends in women's/maternal health nursing practice
- D. Anatomical and physiological changes that occur in the female organs of reproduction across the life span
- E. Changes in nutritional requirements of women across the lifespan
- F. Diagnostic tests for women throughout the life cycle

Module 2 – Contraceptive Methods and Sexually Transmitted Diseases

- A. Permanent and non-permanent methods of contraception
- B. Nursing care related to the use of permanent and non-permanent methods of contraception
- C. Pathophysiology, clinical manifestations, treatment and nursing management of selected sexually transmitted diseases
- D. Group B streptococcus and TORCH infections on the pregnant and non-pregnant woman

Module 3 – Antepartum

- A. Physiological changes of the normal antepartum process using a system need approach/framework
- B. Progression of maternal behaviors through the gestational period
- C. Physical assessment of the antepartum patient

- D. Diagnostic antepartum procedures
 - E. Nutritional needs of the antepartum patient
 - F. Antepartum pharmacological agents and their nursing implications
 - G. Potential complications of the antepartum period
- Module 4 – Intrapartum
- A. Physiological changes during the normal intrapartum period using a system needs approach framework
 - B. Progression of the stages of labor
 - C. Diagnostic procedures used for the intrapartum client
 - D. Providing comfort and identify commonly used pharmacological agents during the intrapartum period
 - E. Potential complications of labor and delivery and appropriate nursing interventions
- Module 5 – Postpartum
- A. Physiological changes during the immediate postpartum period
 - B. Progression of maternal behaviors through the postpartum period
 - C. Physical care for the postpartum client and discuss the nurse’s role in providing for the needs of the postpartum client and family
 - D. Postpartum complications and ensure that information related to these findings are passed on to the appropriate nursing staff member
 - E. Comfort and identify the pharmacological agents commonly used in the postpartum period
- Module 6 – Newborn
- A. Physiological changes occurring in the normal newborn using a system’s needs approach/framework while conducting a physical assessment, and provide teaching for the parent(s) significant other(s) regarding normal vs. abnormal changes
 - B. Diagnostic measures/tests used for the newborn, their nursing implications and parental involvement
 - C. Nutritional needs of the newborn in the immediate post birth period and during the first few months of life
 - D. Pharmacological agents specific to the newborn
 - E. Potential complications that occur in the newborn during the hospital stay immediately after birth

8. Course Content Lab (Use outline format with letters for differentiating major topics and numbers for subtopics ; for courses with lab hours only) Not applicable

9. Methods of Instruction (Use outline format with letters for differentiating methods ; list instructor initiated teaching and learning strategies)

- A. Lecture
- B. Videos
- C. Simulation
- D. Anatomical models

10. Out-of- Class Assignments (Use outline format with letters for differentiating assignments; examples include, but are not limited to, mandatory field trips, applied field work, etc.) Not applicable

- A. Case Studies
- B. Study Guides

C. Nursing Care Plans

11. Methods of Assessment (Use outline format with letters for differentiating major topics and numbers for subtopics ; list measurements of student achievement, writing assignment, and/or proficiency demonstration)

A. Exams – Students must achieve a 77% average on all exams, and pass more than 50% of all exams
B. Quizzes

12. Cultural Pluralism Assignments and Methodology (Describe specific instructor initiated examples examining aspects of culture, contributions and social experiences of underrepresented ethnic or racial groups in the U.S. or in the history and multicultural traditions of non-western societies; examples should be comparative among multiple social groups, and include analysis of concepts of ethnicity, ethnocentrism and racism, and how they shape and explain ethnic experience)

Cultural diversity is a thread that runs throughout this program. Students will be assigned patients based on diagnosis which will include a variety of cultural, ethnic and socioeconomic backgrounds.

13. Critical Thinking Assignments (Use detail and state in cognitive terms reasonable, reflective thinking that focuses on observational skills, self-awareness, reasoning skills, questioning skills, problem-solving skills, and presenting one’s position on an issue or solution)

Appropriate interventions will be required upon abnormal assessment finding. Students will have to learn to organize, delegate and prioritize when performing their patient care. Case studies and simulation will incorporate critical thinking.

LEARNING RESOURCES STATEMENT (use for all courses)

The Learning Resources collection has been reviewed by the faculty originator and the librarian.

The following resources are ADA compliant and currently available for course support:

- Books
- Reference Materials
- Media
- Electronic Resources

The following resources are recommended for purchase to further support the course:

- Books
- Reference Materials
- Media
- Electronic Resources

Include an itemized list of materials requested including source, title, ISBN, and/or other purchase information:

[Click here to enter text.](#)

TEXTBOOK FORM (use for all courses)

All transfer-level courses are required 1) to have a primary text with a 12th grade or higher readability and 2) be no more than five years old. Exceptions will be subject to Curriculum Committee approval. Secondary textbooks and other instructional materials are not restricted to specific readability levels or publication dates. All textbooks must have readability statistics attached.

REQUIRED PRIMARY STUDENT TEXTBOOK(S) / MATERIAL(S)

Title: Maternity Nursing

Edition, Publication Year: 8th ed, 2010

ISBN/Website: 978-0-323-0661-7

Author(s) Last Name, First Name: Lowdermilk, D.L.; Perry, S.E.; Cashion, K.

Publisher: Mosby/Elsevier

Readability Level: 15.9

Title: [Click here to enter text.](#)

Edition, Publication Year: [Click here to enter text.](#)

ISBN/Website: [Click here to enter text.](#)

Author(s) Last Name, First Name: [Click here to enter text.](#)

Publisher: [Click here to enter text.](#)

Readability Level: [Click here to enter text.](#)

SECONDARY STUDENT TEXTBOOK / MATERIAL

Title: Study Guide to Maternity Nursing

Edition, Publication Year: 8th edition, c 2010

ISBN/Website: 978-0-323-07195-6

Author(s) Last Name, First Name: Lowdermilk, D.L.; Perry, S.E.; Cashion, K.

Publisher: Mosby/Elsevier

Readability Level: 15.9

OPTIONAL INSTRUCTOR RESOURCE MATERIAL

Title: [Click here to enter text.](#)

Edition, Publication Year: [Click here to enter text.](#)

ISBN/Website: [Click here to enter text.](#)

Author(s) Last Name, First Name: [Click here to enter text.](#)

Publisher: [Click here to enter text.](#)

Readability Level: [Click here to enter text.](#)

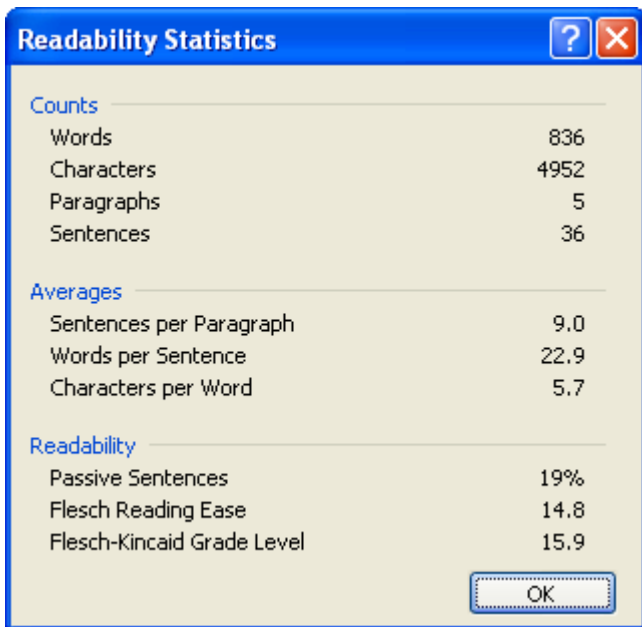
Text: **Maternity Nursing** (8th ed, c. 2010) Authors: Lowdermilk, Perry, Cashion

Ch. 3 Common Concerns: pg 61: "Hypogonadotropic amenorrhea reflects a problem in the central hypothalamic-pituitary axis. In rare instances, a pituitary lesion or genetic inability to produce follicle-stimulating hormone (FSH) and luteinizing hormone (LH) is at fault. In rare instances a pituitary lesion or genetic inability to produce FSH and LH is at fault. More commonly, it results from hypothalamic suppression as a result of two principal influences: stress (in the home, school or workplace) or a body fat-to-lean ration that is inappropriate for an individual woman, especially during a normal growth period. Research has demonstrated a biologic basis for the relationship of stress to physiologic processes. Exercise-associated amenorrhea can occur in women undergoing vigorous physical and athletic training and is associated with many factors, including body composition (height, weight, and percentage of body fat); type, intensity, and frequency of exercise; nutritional status; and the presence of emotional or physical stressors. Amenorrhea is one of the classic signs of anorexia nervosa, and the interrelatedness of disordered eating, amenorrhea, and altered bone mineral density has been described as the female athlete triad. Calcium loss from bone, comparable to that seen in postmenopausal women, may occur with this type of amenorrhea."

Ch. 11- Fetal Assessment during Labor: pg 325: "Late decelerations of the fetal heart rate (FHR) is a visually apparent gradual (onset to lowest point 30 seconds or more) decrease in and return to baseline FHR associated with uterine contractions (UC's). The deceleration begins after the contraction has started, and the lowest point of the deceleration occurs after the peak of the contraction. The deceleration usually does not return to baseline until after the contraction is over. Uteroplacental insufficiency causes late decelerations. Persistent and repetitive late decelerations indicate the presence of fetal hypoxemia stemming from insufficient placental perfusion during UCs. If recurrent or sustained, late decelerations can lead to metabolic acidemia. They should be considered an ominous sign when they are uncorrectable, especially if they are associated with absent or minimal variability and tachycardia. Several factors can disrupt oxygen transfer to the fetus, including maternal hypotension, uterine tachysystole, preeclampsia, postdate or postterm pregnancy, amnionitis, small-for-gestational age fetuses, maternal diabetes, placenta previa, abruptio placenta, conduction anesthetics, maternal cardiac disease, and maternal anemia."

Ch. 21: Pregnancy at Risk: Gestational Conditions: pg. 627: "Preeclampsia is a condition unique to human pregnancy; signs and symptoms develop only during pregnancy and disappear quickly after birth of the fetus and placenta. The cause of preeclampsia is not known. Although preeclampsia is generally a disease of primigravidas, its cause may not be the same for all women. For example, the pathogenesis for a healthy nulliparous woman who develops mild preeclampsia near term or in labor may be very different than that of the woman who has preexisting vascular disease or diabetes, a multifetal pregnancy, or who develops severe preeclampsia earlier in the pregnancy(Sibai, 2007.) Preeclampsia can progress along a continuum from mild to severe preeclampsia to eclampsia. Current thought is that the pathologic changes that occur in the woman with preeclampsia are caused by disruptions in placental perfusion and endothelial cell dysfunction (Gilbert, 2007; Peters, 2008). These pathologic changes are present long before the clinical diagnosis of preeclampsia is made (Roberts & Funai, 2009). Normally in pregnancy the spiral arteries in the uterus widen from thick-walled muscular vessels to thinner, saclike vessels with much larger diameters. This change increases the capacity of the vessels, allowing them to handle the increased blood volume of pregnancy. Because this vascular remodeling does not occur or only partially develops in women with preeclampsia, decreased placental perfusion and hypoxia result (Peters). Placental ischemia is thought to cause endothelial cell dysfunction by stimulating the release of a substance that is toxic to endothelial cells. This anomaly causes generalized vasospasm, which results in poor tissue perfusion in all organ systems, increased peripheral resistance and BP, and increased endothelial cell permeability, leading to intravascular protein and fluid loss and ultimately to less plasma volume. The main pathogenic factor is not an increase in BP but poor perfusion as a result of vasospasm and reduced plasma volume (Gilbert; Peters; Roberts & Funai)."

Ch. 24: Newborn at Risk: pg 788: "Severe Rh incompatibility results in marked fetal hemolytic anemia because of the fetal erythrocytes are destroyed by maternal Rh-positive antibodies. Although the placenta usually clears the bilirubin generated by the RBC breakdown, in extreme cases, fetal bilirubin levels increase. The fetus compensates for the anemia by producing large numbers of erythrocytes to replace those hemolyzed, thus the name for this condition: erythroblastosis fetalis. In hydrops fetalis, the most severe form of this disease, the fetus has marked anemia, as well as cardiac decompensation, cardiomegaly, and hepatosplenomegaly. Hypoxia results from the severe anemia. In addition, because of the decreased intravascular space, resulting in generalized edema, as well as effusions into the peritoneal (ascites), pericardial, and pleural (hydrothorax) spaces, the placenta is often edematous, which, along with the edematous fetus, can cause the uterus to rupture."



Readability Statistics	
Counts	
Words	836
Characters	4952
Paragraphs	5
Sentences	36
Averages	
Sentences per Paragraph	9.0
Words per Sentence	22.9
Characters per Word	5.7
Readability	
Passive Sentences	19%
Flesch Reading Ease	14.8
Flesch-Kincaid Grade Level	15.9

Health and Wellness Learning Area Meeting
West Hills College Lemoore
September 6, 2011
Room 238
12:00 p.m. – 1:00 p.m.

10) Curriculum Committee Report

L. Catron reported that RN & LVN curriculum is up for review and that new curriculum forms will be available in October. L. Catron also informed the learning area that she is working on the grid for the 5 year review. R. Ragsdale reported that the state has been evaluating various courses in the PE areas and he is working with M. Hendrickson to adjust the pre-requisites for basketball and bad mitten curriculum. He is also trying to finish volleyball curriculum so that the course can be offered in the spring.

Health and Wellness Learning Area Meeting
West Hills College Lemoore
September 27, 2011

Room 238

12:00 p.m. – 1:00 p.m.

7) Curriculum Committee Report – Leslie

L. Catron reported Curriculum had their first meeting and that the committee underwent training. Training is necessary if you are in need of a substitute to fill in for a curriculum meeting. She reported that the training is located on the curriculum portal.

L. Catron also reported that all new forms should be ready in two weeks. J. Preston encouraged the learning area if the deadline has passed you can still submit the forms.

Health and Wellness Learning Area Meeting

West Hills College Lemoore

November 8, 2011

Room 239

12:00 p.m. – 1:00 p.m.

8) Curriculum Committee Report – Leslie:

L. Catron reported that the curriculum forms went through the second reading and should be up later in the week to use. She noted that the curriculum packet forms will have a few changes and that the short form will no longer be used. If writing or revising curriculum; use the new forms.

10.1- Course Deactivations/Deletions- Rodney:

R. Ragsdale asked the faculty to check their e-mails regarding information he sent of deactivating courses such as PE 6 & PE 52 while keeping courses PE 46 & PE 48 active.

10.2- TMC Kinesiology:

R. Ragsdale handed out a Kinesiology Transfer Model Curriculum form and shared with the learning area that the state passed the KINES degree. He will work with M. Hendrickson to help check over courses for a two option degree and pass the report on to Coalinga.

Health and Wellness Learning Area Meeting

West Hills College Lemoore

February 7, 2012

Room 239

12:00 p.m. – 1:00 p.m.

9) Curriculum Committee Report – Leslie:

10.1- Course Revisions for Spring 2012?

L. Catron reminded the learning area to submit any forms they may have for TRC. She noted that Nursing and PE have turned in paperwork using the new curriculum forms.

S. Droker reminded the learning area to visit the WHCL Curriculum Team Site to view the curriculum schedule. L. Catron added that the Curriculum handbook is also available on the portal.

Health and Wellness Learning Area Meeting

COURSE PREFIX and NUMBER: NURS 5
COURSE TITLE: Obstetrics-Maternity Nursing
INSTRUCTIONAL AREA: HEALTH AND WELLNESS

West Hills College Lemoore

April 10, 2012

Room 239

12:00 p.m. – 1:00 p.m.

10) Curriculum Committee Report – Leslie:

L. Catron noted that the Paramedic program curriculum has been completed by Marleen Smart and submitted to TRC for review. She requested input as others would seem appropriate.

TRC will review all nursing, PE, and Paramedic courses on April 16, 2012. The final forms with corrections are due to be posted to Curriculum Committee by Monday April 23, 2012 before 1 p.m. ensuring review in this semester.

Course Outline of Record Approval

Title	Signature	Date
Originating Faculty	_____	_____
Learning Area Curriculum Representative	_____	_____
WHCL Articulation Officer (transfer courses only)	_____	_____
WHCL Chief Instructional Officer	_____	_____
WHCL Curriculum Chair	_____	_____
WHCCD Administrative Representative	_____	_____
WHCCD Board of Trustees Approval (no signature required)		_____
WHCL Approval Verification:		
_____	_____	_____
Print Name	Signature	Date