
Sexuality–Reproductive Pattern

Ineffective Sexuality Patterns (1986, 2006)

DEFINITION

Expression of concern regarding own sexuality

DEFINING CHARACTERISTICS

- Altered achievement of perceived sex role
- Altered relationship with significant other
- Conflict involving values
- Reports difficulties in sexual behaviors or activities
- Reports limitations in sexual behaviors or activities
- Reports changes in sexual behaviors or activities

OUTCOME

Sexual Identity

- Acknowledgment and acceptance of own sexuality

ETIOLOGICAL OR RELATED FACTORS

- Ineffective or absent role model
- Knowledge or skill deficit (alternate responses to health-related transitions)
- Knowledge or skill deficit (altered body function or structure)
- Knowledge or skill deficit (illness or medical treatment)
- Lack of privacy
- Lack of significant other
- Ineffective or absent role models
- Conflicts with sexual orientation or variant preferences
- Fear (pregnancy)
- Fear (contracting a sexually transmitted disease)
- Impaired relationship with significant other

Sexual Dysfunction (1980, 2006)**DEFINITION**

Change in sexual function during the sexual response phases of desire, excitation, and/or orgasm that is viewed as unsatisfying, unrewarding, or inadequate

DEFINING CHARACTERISTICS

- Verbalizations of problem in sexual relationships:
 - Alterations in, or inability to achieve, sexual satisfaction
 - Alterations in achieving perceived sex role
 - Perceived alteration in sexual excitation and deficiency in desire
 - Inability to achieve desired sexual satisfaction
 - Seeks confirmation of desirability
 - Change of interest in self and others

OUTCOME**Sexual Functioning**

- Integrates physical, socioemotional, and intellectual aspects of sexual expression and performance

ETIOLOGICAL OR RELATED FACTORS

- Ineffectual or absent role models
- Physical abuse
- Psychosocial abuse (e.g., harmful relationships)
- Vulnerability
- Misinformation or lack of knowledge
- Lack of privacy
- Lack of significant other
- Altered in relationship with significant other
- Values conflict

Sexual Dysfunction (1980, 2006)—*continued*

HIGH-RISK POPULATIONS

- Altered body structure or function (pregnancy, recent childbirth, drugs, surgery, anomalies, disease process, trauma, radiation)

Rape Trauma Syndrome* (1980, 1998)**DEFINITION**

Sustained maladaptive response to a forced, violent sexual penetration against the victim's will and consent

DEFINING CHARACTERISTICS**Diagnostic Cues*****Acute Phase***

- Report of forced, violent, sexual penetration and one or more of the following:
 - Confusion
 - Disorganization, mood swings
 - Anxiety, agitation, aggression
 - Nightmares or sleep disturbance
 - Disassociative disorders, denial, depression
 - Shock, anger, shame, guilt
 - Humiliation, embarrassment, self-blame
 - Feelings of vulnerability, hyper-alertness
 - Helplessness, powerlessness
 - Inability to make decisions
 - Dependence
 - Fear of physical violence and death
 - Muscle tension or spasms, gastrointestinal irritability
 - Physical trauma (bruising, tissue irritation), genitourinary discomfort
 - Paranoia
 - Loss of self-esteem

*Note: This syndrome includes the following three subcomponents: Rape Trauma, Compound Reaction, and Silent Reaction. In this text each appears as a separate diagnosis.

Rape Trauma Syndrome* (1980, 1998)—*continued*

Long-Term

- Changes in lifestyle, changes in residence
- Suicide attempts
- Phobias, substance abuse
- Sexual dysfunction
- Change in relationships
- Nightmares or sleep disturbance

OUTCOME

Abuse Recovery: Sexual

- Healing following physical/psychological injury

Rape Trauma Syndrome: Compound Reaction (1980)**DEFINITION**

Forced, violent sexual penetration against the victim's will and consent. The trauma syndrome that develops from this attack or attempted attack includes an acute phase of disorganization of the victim's lifestyle and a long-term process of reorganization of lifestyle

DEFINING CHARACTERISTICS**Diagnostic Cues**

See Defining Characteristics listed under Rape Trauma Syndrome

- Reactivated symptoms of previous conditions (i.e., physical illness, psychiatric illness)
- Reliance on alcohol and/or drugs

OUTCOME**Abuse Recovery: Sexual**

- Healing following physical/psychological injury

Rape Trauma Syndrome: Silent Reaction (1980)**DEFINITION**

Presence of signs and symptoms but without victim's mentioning to anyone that rape has occurred

DEFINING CHARACTERISTICS**Diagnostic Cues**

See additional Defining Characteristics listed under Rape Trauma Syndrome

- No initial verbalization of the occurrence of rape
- Abrupt changes in relationships with men
- Increase in nightmares
- Increasing anxiety during interview (blocking of associations, long periods of silence, minor stuttering, physical distress)
- Marked changes in sexual behavior with opposite sex
- Sudden onset of phobic reactions

OUTCOME**Abuse Recovery: Sexual**

- Healing following physical/psychological injury

Ineffective Childbearing Process (2010)**DEFINITION**

Pregnancy, childbirth process, and care of the newborn* that does not match the environmental context, norms, and expectations

DEFINING CHARACTERISTICS**During Pregnancy**

- Does not report taking appropriate physical preparations
- Does not report an appropriate prenatal life style (nutrition, elimination, sleep, bodily movement, exercise, personal hygiene)
- Does not access support systems appropriately
- Does not report managing unpleasant symptoms in pregnancy
- Does not report realistic birth plan
- Does not seek necessary knowledge (e.g., of labor and delivery, newborn care)
- Fails to prepare necessary newborn care items
- Inconsistent prenatal health visits
- Lack of or inconsistent prenatal visits to healthcare provider
- Lack of respect for unborn baby (e.g., attachment)

During Labor and Delivery

- Does not demonstrate attachment behavior to the newborn baby
- Does not access support systems appropriately
- Does not report appropriate life style (diet, elimination, sleep, bodily movement, exercise, personal hygiene) appropriate for the stage of labor

*Note: The original Japanese term for **childbearing** (shussan ikuji koudou) encompasses both childbirth and rearing of the neonate. It is one of the main concepts of Japanese midwifery.

Ineffective Childbearing Process (2010)—*continued*

- Does not respond appropriately to onset of labor
- Actions are not proactive (lacks initiative) during labor and delivery

After Birth*

- Does not demonstrate mother–baby attachment
- Does not access support systems appropriately
- Does not demonstrate appropriate breast care
- Does not demonstrate basic baby care techniques (e.g., baby feeding techniques, safe environment)
- Does not report appropriate postpartum lifestyle (diet, elimination, sleep, bodily movement, exercise, personal hygiene)

OUTCOME

- Accesses support systems when needed
- Reports appropriate lifestyle (diet, elimination, sleep, bodily movement, exercise, personal hygiene, visits to healthcare provider)
- Demonstrates appropriate techniques for baby care and safety
- Demonstrates mother–baby attachment

ETIOLOGICAL OR RELATED FACTORS

- Deficient knowledge (prenatal care needs, labor and delivery, postpartum care needs, newborn care)
- Domestic violence/unsafe environment
- Lack of appropriate role models for parenthood
- Lack of maternal confidence
- Lack of cognitive readiness for parenthood
- Support system deficit
- Maternal powerlessness

Ineffective Childbearing Process (2010)—*continued*

- Maternal psychological distress
- Substance abuse
- Unwanted pregnancy

HIGH-RISK POPULATIONS

- Unplanned pregnancy

Risk for Ineffective Childbearing Process (2010)**DEFINITION**

Risk for pregnancy and childbirth process and care of newborn* that does not match the environmental context, norms, and expectations

RISK FACTORS

- Deficient knowledge (e.g., labor and delivery, newborn care)
- Lack of realistic birth plan
- Lack of prenatal health visits
- Inconsistent prenatal visits
- Lack of appropriate role models for parenthood
- Lack of maternal confidence; powerlessness
- Lack of sufficient support systems
- Maternal psychological distress
- Suboptimal maternal nutrition
- Substance abuse
- Unplanned pregnancy
- Unwanted pregnancy
- Domestic violence

OUTCOME

- Accesses support systems when needed
- Reports appropriate lifestyle activities (diet, elimination, sleep, bodily movement, exercise, personal hygiene, visits to healthcare provider)
- Reports appropriate plan for baby care and safety
- Demonstrates mother-baby attachment
- Describes events and her participation in labor and delivery

*Note: The original Japanese term for *childbearing* (*shussan ikuji koudou*) encompasses both childbirth and rearing of the neonate. It is one of the main concepts of Japanese midwifery.

Readiness for Enhanced Childbearing Process (2008)**DEFINITION**

A pattern of preparing for, maintaining, and strengthening a healthy pregnancy and childbirth process and care of newborn*

DEFINING CHARACTERISTICS**During Pregnancy**

- Reports appropriate prenatal lifestyle (e.g., diet, elimination, sleep, bodily movement, exercise, personal hygiene)
- Reports appropriate physical preparations
- Reports managing unpleasant symptoms in pregnancy
- Demonstrates respect for unborn baby
- Reports a realistic birth plan
- Prepares necessary newborn care items
- Seeks necessary knowledge (e.g., of labor and delivery, newborn care)
- Reports availability of support systems
- Has regular prenatal health visits

During Labor and Delivery

- Reports lifestyle (e.g., diet, elimination, sleep, bodily movement, personal hygiene) that is appropriate for the stage of labor
- Responds appropriately to onset of labor
- Is proactive in labor and delivery
- Uses relaxation techniques appropriate for the stage of labor
- Demonstrates attachment behavior to the newborn baby
- Utilizes support systems appropriately

*Note: The original Japanese term for *childbearing* (*shussan ikuji koudou*) encompasses both childbirth and rearing of neonate. It is one of the main concepts of Japanese midwifery.

Readiness for Enhanced Childbearing Process (2008)—*continued*

After Birth

- Demonstrates appropriate baby feeding techniques
- Demonstrates appropriate breast care
- Demonstrates attachment behavior to the baby
- Demonstrates basic baby care techniques
- Provides safe environment for the baby
- Reports appropriate postpartum lifestyle (e.g., diet, elimination, sleep, bodily movement, exercise, personal hygiene)
- Utilizes support systems appropriately

OUTCOME

Childbearing Process

- Prepares for, maintains, and strengthens pregnancy, child-birth process, and care of newborn

Risk for Disturbed Maternal–Fetal Dyad (2008)

DEFINITION

Risk for disruption of symbiotic maternal–fetal dyad (as a result of comorbid or pregnancy-related conditions)

RISK FACTORS

- Complications of pregnancy (e.g., premature rupture of membranes, placenta previa or abruption, late prenatal care, multiple gestation)
- Compromised oxygen transport (e.g., anemia, cardiac disease, asthma, hypertension, seizures, premature labor, hemorrhage)
- Impaired glucose metabolism (e.g., diabetes, steroid use)
- Physical abuse
- Substance abuse (e.g., tobacco, alcohol, drugs)
- Treatment-related side effects (e.g., medications, surgery, chemotherapy)

OUTCOME

- Maternal–fetal symbiosis during pregnancy

SEXUALITY-REPRODUCTIVE PATTERN

NOTES