

2019 PROPOSED IANS RESOLUTIONS

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Resolution #1

TOPIC: **IN SUPPORT OF REQUIRING A DRUG TEST AT THE FIRST PRENATAL VISIT**

SUBMITTED BY: **Briar Cliff University, Sioux City, IA**

AUTHORS: **Laura Sanders, Maelyn Hernandez, Lauren Johnson, Felicia Zaber & Jolyn Schuetz**

WHEREAS, Average charges to Medicaid for infants with neonatal abstinence syndrome (NAS) were \$53,805.51 with a range from \$1,982.31 to \$487,277.56 (Iowa Department of Public Health, 2013, pg. 4); and

WHEREAS, Drug testing done at the initial prenatal visit is paid for by insurance (M.Treu, personal communication, September 11, 2019); and

WHEREAS, There are currently only three states (Tennessee, Alabama, and South Carolina) that view substance abuse during pregnancy as a crime (Miranda, Dixon, & Reyes, 2015, pg. 1); and

WHEREAS, Prenatal clinics play a key role in identifying perinatal drug use, and in offering the mother the opportunity for testing and intervention. As of now, by law, drug tests are only done if drug abuse is suspected (Miranda, Dixon, & Reyes, 2015, pg. 1); and

WHEREAS, There was an average of one infant born with NAS every 25 minutes in the United States, accounting for an estimated \$1.5 billion in healthcare spending in 2012 alone (Barfield, Broussard, Yonkers, & Patrick, 2016, pg. 1); and

WHEREAS, The Iowa Law code 124.401 subsection 5 states it is illegal to possess illegal substances. Nowhere does it state it is illegal for an individual to ingest a substance. Therefore, if a pregnancy test comes back positive law enforcement would not need to be called; and

WHEREAS, The Iowa Law code 707.7 deems a viable fetus to be at the end of the second trimester. Therefore, a positive drug test during the first two trimesters would not be reported to DHS, as there is no child for them to protect by law; and

WHEREAS, There is no determined prevalence of drug abuse in pregnancy because of a lack of quality, accurate testing, and an agreement as to who should be tested and how the results of the test should be used (Price, Collier, & Wright, 2018, pg. 1); and

WHEREAS, The average cost of an alcohol and ten drug urine sample that is sent to a laboratory is \$49, if needed to be paid for out of pocket, and therefore be it (Cost Helper Health, 2019, pg. 1); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) bring awareness to nursing students that drug testing at the initial visit will allow referrals and resources for drug rehabilitation during pregnancy in order to prevent the mother from losing the child at birth; and be it further

RESOLVED, That the IANS encourage prenatal clinics to have prenatal packets with information on pregnancy and drug abuse with options for rehabilitation; and be it further

RESOLVED, That IANS bring awareness with the thought of making it mandatory for all women to take a mandatory drug test at the first prenatal visit instead of discriminating against those that nurses suspect they have a drug abuse problem; and be it further

RESOLVED, that the IANS allows us to send a copy of this resolution to Association of Women's Health, Obstetrics, and Neonatal Nurses, American Academy of Nursing, American Board of Nursing Specialties, American College of Nurse Midwives, American Nurses Association, National Association of Neonatal Nurses, National Association of Nurse Practitioners in Women's Health, National League of Nursing and the National Student Nurses Association.

Resolution #2

TOPIC: **IN SUPPORT OF AWARENESS OF CHILD PASSENGER SAFETY AMONG CAREGIVERS.**

SUBMITTED BY: **Mercy College Association of Nursing Students, Des Moines, Iowa**

AUTHORS: **Madison Otto, Elizabeth Napier, Alexandria Fisher, Grace Boyle, Hayley Wilson, Cecely Mann, Hannah Cheney & Claire Williams**

WHEREAS, Motor vehicle injuries are a leading cause of death among children in the United States: 675 children 12 years old and younger died as occupants in motor vehicle crashes, and nearly 116,000 were injured in 2017. Of the children 12 years old and younger who died in a crash in 2017 (for which restraint use was known), 35% were not buckled up (Centers for Disease Control and Prevention, 2019); and

WHEREAS, use of car seats and safety restraints can reduce the risks children face by 50-70% when employed properly (American Society for the Positive Care of Children, 2019); and

WHEREAS, Infants are completely dependent on parents and caregivers for their protection and safety and are especially vulnerable due to their large head size in relation to the rest of their body. (McKinney, James, Murray, Nelson, Ashwill, 2018, p. 96); and

WHEREAS, Parents should be informed that a child is the safest in a car seat, being held or cradled no matter the length of the ride cannot prevent injury (McKinney et al., 2018, p. 96); and

WHEREAS, Parents look forward to the growth and developmental milestones of their children, however car seats should not be looked upon as an exciting stage of transition, but instead should be delayed as long as possible to keep children safe (American Academy of Pediatrics, 2018); and

WHEREAS, The Instruction manuals and labels on car safety seats need to be checked by parents to identify the manufacturers weight and height limits for their children, and the child should transition to the next stage once they have reached both the height and weight recommendation (American Academy of Pediatrics, 2018); and therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) along with others, support implementation of increasing education to caregivers on child passenger safety in the clinical setting at well- child checks; and be it further

RESOLVED, that the IANS will publish a copy of this resolution to their social media accounts to increase understanding; and be it further

RESOLVED, that the IANS recommends that the Iowa Board of Nurses expands the education of motor vehicle safety to caregivers throughout the growth and development of children in a supplement to education in prenatal and immediately after postpartum; and be it further

RESOLVED, that the IANS encourages constituent of school chapters to participate in hosting Lunch and Learns for nursing students and the public to learn about proper buckling and use of motor vehicle safety for children throughout different stages of growth and development; and be it further

RESOLVED, that the IANS send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, Iowa Nursing Association, Organization for Associate Degree Nursing, Occupational Safety and Health Administration, Institute for Healthcare Improvement, National League for Nursing, National Student Nursing Association (NSNA) and all others deemed appropriate by the IANS Board of Directors.

Resolution #3

TOPIC: INCREASING EDUCATION OF PATIENT-TO-PATIENT PATHOGEN TRANSMISSION FROM NURSING UNIFORMS

SUBMITTED BY: University of Iowa Association of Nursing Students, Iowa City, IA

AUTHORS: Grace Torres

WHEREAS, the healthcare workers' uniforms contain pathogens that have been found to be related to the transmission of infections from patient to patient (Qaday et al., 2015, p. 1); and

WHEREAS, there is an association between gram-negative bacteria growth on nursing uniforms when a nurse worked with a patient on a mechanical ventilator, with a wound, with diarrhea, with a tracheostomy, and/or giving a bath (Thom, Escobar, Boutin, Zhan, Harris & Johnson, 2018, p.503-505); and

WHEREAS, in a study performed in 2015, "one hundred and thirty-two (73.33%) out of 180 white coats were contaminated with different pathogens. The most dominant ones were *S. aureus*, 120 (91.67%), *Pseudomonas aeruginosa*, 9(6.82%), and *E. coli*, 3 (2.27%)" (Qaday et al., 2015, p.2); and

WHEREAS, a study was performed that determined that the bacterial contamination of nurses' white coats increased from the first to second shift. There was a 90% mean increase in microbial load after second shift. This shows the importance of washing the nursing uniform after wearing one shift (Gupta, Bairagi, Priyadarshini, Singh, Chauhan & Gupta, 2017, p.88); and

WHEREAS, in a study conducted in 2017, nurses' uniforms contained 17.2% of the hospital's potentially pathogenic microorganisms on the abdominal area and 15.5% of the hospital's potentially pathogenic microorganisms on the pocket area. Examples of the hospital's potentially pathogenic microorganisms are MRSA, *Acinetobacter* spp., *Burkholderia gladioli*, and *Enterobacter amnigenus*. (Radwan & Ahmad, 2017, p.99-101); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) will provide education to nursing students about the transmission of health care-associated infections from nursing uniforms; and be it further

RESOLVED, that the IANS will encourage the Iowa Hospital Association to provide education to nurses about the transmission of health care-associated infections from nursing uniforms; and be it further

RESOLVED, that the IANS will publish an article written by the author including information about the importance of washing nursing uniforms after one wear; and be it further

RESOLVED, that the IANS send a copy of this resolution to the Iowa Hospital Association, the Iowa Association of Nursing Students, the American Association of Colleges of Nursing, National Student Nurses' Association and all others deemed appropriate by the IANS Board of Directors.

Resolution #4

TOPIC: INCREASED SUPPORT FOR CONTINUED COMPETENCY IN PHYSICAL ASSESSMENT SKILLS FOR PRACTICING NURSES

SUBMITTED BY: Mount Mercy University Association of Nursing Students, Cedar Rapids, IA

AUTHORS: Marshall Muehlbauer, Brook Schwery, Rebekah Fagan, Jessica Erving, Nicole Carl, Jada Veasey & Jessica Petterson

WHEREAS, Physical assessment is taught during undergraduate level education for nursing students (Anderson, Nix, Norman, and McPike, 2014); and

WHEREAS, The Joint Commission identified poor assessment as a notable contributing factor to sentinel, or adverse events in patient care (Fennessey, 2016); and

WHEREAS, “Between 210,000 and 440,000 patients die annually from preventable harm that occurred during hospitalization” (Fennessey, 2016, p. 346); and

WHEREAS, Nurses need to accurately and routinely assess their patients to establish baseline data to determine clinical changes in their condition (Fennessey, 2016) and

WHEREAS, On-going, accurate physical assessment is related to continued patient safety and positive outcomes (Fennessey, 2016) and

WHEREAS, Continued nurse competence in nursing physical assessment is important to ensure that safe patient care occurs in a dynamic care environment (Mangold, 2018); and

WHEREAS, Nurses must recognize their obligation to continue their ongoing competence, realizing how important assessment and intervention are to safe and quality patient care (Levine and Johnson, 2014); and

WHEREAS, The professional nurse should know how to and be disciplined to perform competent assessment, and have integrity to perform it during unsupervised practice (Levine and Johnson, 2014); and

WHEREAS, Competencies are methods to help providers give safe, quality patient care (Melnyk, Gallagher-Ford, Long, and Fineout-Overhold, 2014); and

WHEREAS The expansion of evidence-based competencies create an essential process for professionals to participate in evidence-based practice and provide high quality care (Melnyk, Gallagher-Ford, Long, and Fineout-Overhold, 2014); therefore, be it

RESOLVED, that the Iowa Association of Nursing Students (IANS), nursing students, schools of nursing, professional nurses, and healthcare institutions in the state of Iowa promote and implement continued competence in physical assessment in nursing; and be it further

RESOLVED, that practicing nurses should be assessed for and maintain competency in physical assessment within their field of work, beyond nursing education and licensure, to improve the standard of care; and be it further

RESOLVED, that IANS advocate for colleges and universities, IANS chapters, and healthcare entities in the state of Iowa stress the importance of physical assessment and implement physical assessment competency education into their standard of training; and be it further

RESOLVED, that IANS publish an article on their website provided by the resolution authors about the importance of continued competence in physical assessment; and be it further

RESOLVED, that IANS send a copy of this resolution to the National Student Nurses Association, the Iowa Nurses Association, the American Nurses Association, the Iowa League for Nursing, the National League for Nursing, the American Association for Colleges of Nursing, the Iowa State Board of Nursing, the National Council of State Boards of Nursing, and all other entities deemed appropriate by the IANS Board of Directors.

Resolution #5

TOPIC: **IN SUPPORT OF EDUCATION BETWEEN URGENT CLINIC AND EMERGENCY DEPARTMENT SERVICES TO DECREASE ED OVERLOAD**

SUBMITTED BY: **The University of Iowa, Iowa City, IA**

AUTHORS: **Brandon Abel & Alex Langenhorst**

WHEREAS, Studies show, when taking insurance and financial factors out of the picture, only 9.9% of patients who go to the Emergency Department (ED) are there because they are considering it a “True Emergency” (Schumacher, Hall, Davis, Arnold, Bennett, Wolf, & Carden, 2014); and

WHEREAS, Urgent care (UC) is a reference to an “Urgent situation” designated as serious but non-life threatening. (McKenna, Turnbull, Prichard, & Rogers, 2019); and

WHEREAS, Some organizations’ policy documents put urgent and emergency care services into a single category, labelled as unplanned or unscheduled care thus avoiding the idea of a boundary altogether, causing backup in wait time and overcrowding in the ED. (McKenna, Turnbull, Prichard, & Rogers, 2019); and

WHEREAS, Studies have identified high occupancy (above 90% capacity) as a cause of adverse patient outcomes, treatment delays, increased mortality rates (20%–30%), prolonged inpatient length of stay, and hospital readmission. (Yarmohammadian, Rezaei, Haghshenas, & Tayakoli, 2017) ; and

WHEREAS, When given a scenario where a child was needing UC as part of a study, participants were asked to place the patient in a UC or ED based on their symptoms. Only 46% of people surveyed placed the patient in a UC. (Heath, 2017) ; and

WHEREAS, A recent study in the United States projected \$4.4 billion in annual savings if non-emergent ED visits were cared for in retail clinics or UCs ;(Ahmed, Khan, Mehmood, Ahad, Hussain, & Ullah, 2019 p.84) and

WHEREAS, The average price per visit was higher for EDs at \$1,842, whereas the average prices for UC centers were only \$164 and \$168.(Ho, Metcalfe, Dark, Vu, Weber, Shelton, & Underwood, 2016); therefore be it

RESOLVED, That the IANS (Iowa Association of Nursing Students) encourages nursing students wanting to go into emergency medicine and clinical nursing to educate themselves and their patients on the services provided by EDs and UCs, and how to choose which facility is best to serve their need; and be it further

RESOLVED, That the IANS publish an article written by the authors stating the importance of implementing education of these services into nursing school teaching so they themselves can further educate patients; and be it further

RESOLVED, that the IANS publishes information from the authors regarding the production of information comparing ED vs UC services to be included in discharge papers for patients in the ED and patients with a high-risk of rehospitalization; and be it further

RESOLVED, that the IANS publishes information from the authors regarding the importance of easy access to knowledge of ED and UC services through company websites and signage; and be it further

RESOLVED, that the IANS send a copy of this resolution to The American Association of College of Nursing, American Nursing Association, National Student Nursing Association, Emergency Nurses Association, and all others deemed appropriate by the IANS Board of Directors.

Resolution #6

TITLE: INCREASING AWARENESS OF HYPNOBIRTHING TECHNIQUE DURING LABOR

SUBMITTED BY: Grand View University, Des Moines, IA

AUTHORS: Alli Brown, Kelsie Walsh, Lisa Schroeder, Katelyn Kime & Maddie Brewer

WHEREAS, Hypnobirthing has a natural rhythm and flow that is based on an uncomplicated physiological process that allows the mother and babies body to achieve a natural birth (Harkin, 2015); and

WHEREAS, During labor the woman's fear of birth can lead to muscle tension and increased physiological stress, which will likely lead to increased pain, tension and feelings of helplessness (Wright & Geraghty, 2017, p. 54); and

WHEREAS, Hypnobirthing allows the mind and body to enter into a meditative state through critical thinking and prevents the development of conscious thoughts, which in turn allows the body to directly enter the subconscious mind to alter the human physiological response (Wright & Geraghty, 2017, p. 55); and

WHEREAS, The process involves reduction of pain and discomfort through the response and perception of negative beliefs and fear through concentration and relaxation. (Wright & Geraghty, 2017, p. 55); and

WHEREAS, It is shown that there is clear evidence that women can experience a reduction in their labor pain, without adverse effects to mother or baby, from using hypnotherapy with specific techniques (Wright & Geraghty, 2017, p. 58); and

WHEREAS, A Cochrane review consisting of five controlled trials including 749 women, found that hypnosis during childbirth has decreased the need for pharmacological use to relieve pain, including epidurals. This results in reducing augmentation of labor and increases spontaneous vaginal birth (Harkin, 2015); and

WHEREAS, The 20th century initiated extensive research of therapeutic hypnosis used in clinical birthing settings, which has led to more awareness and use of hypnobirthing (Wilson, 2017, p. 25); and therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) encourages its constituents to support, educate, and spread awareness about hypnobirthing techniques during labor; and be it further

RESOLVED, that the IANS board provides information found by the authors to nursing students by hyperlinking studies and articles on the IANS website, as well as by including information on their Facebook page about hypnobirthing techniques, if feasible; and be it further

RESOLVED, that the IANS send a copy of this resolution to the National Nurses Student Association (NSNA), all UnityPoint Health Hospitals, the American Nurses Association, the National League for Nursing, the Association of Women's Health, the American Association of Colleges of Nursing, American College of Nurse-Midwives, the American Pregnancy Association, the American College of Obstetricians and Gynecologists, Sigma Theta Tau International, and all others deemed appropriate by the IANS Board of Directors.

Resolution #7

TOPIC: IN SUPPORT OF DELAYED CORD CLAMPING AFTER BIRTH

SUBMITTED BY: Briar Cliff University, Sioux City, IA

AUTHORS: Abigail Brinkman, Darion Helle, MacKenzie Schnepf, Lanae Shiley & Danielle Ullmann

WHEREAS, Iron deficiency is one of the most common micronutrient deficiencies in children and can affect growth, development, and energy levels as well as motor and cognitive performance in the developing child (Cerami, 2017, p.8) ; and

WHEREAS, By delaying cord clamping by 30–120 seconds resulted in increased circulating volume, improved blood pressure and circulatory stability, fewer babies needing transfusions, a reduced risk of intraventricular hemorrhage (all grades), a reduced risk of necrotizing enterocolitis, and less late-onset sepsis. (Uwins & Hutchon, 2014, p. 165); and

WHEREAS, Presently, the debate for delayed cord clamping has stemmed from the possibility that a delay in clamping of 2-3 minutes has been shown to result in an increased hemoglobin level and hematocrit in the neonatal period, as well as increased blood volume from the placenta after delayed cord clamping as it contributes to higher ferritin levels at 4 to 6 months (Andersson, Domellof, Andersson, Hellstrom-Westas, 2014, p.4); and

WHEREAS, As the arteries in the umbilical cord start to constrict, uterine contractions contribute with a rush of blood from the placenta into the newborn, totaling approximately 30% extra blood volume (Andersson, Domellof, Andersson, Hellstrom-Westas, 2014, p.4); and

WHEREAS, Delayed cord clamping can lead to increased brain myelination leading to better motor, sensory, and visual development . (Lavellee, 2019, p.3); and

WHEREAS, There are cardiovascular improvements with delayed cord clamping, such as an increased blood flow to the superior vena cava, increased right ventricular stroke volume, and increased cardiac output. (Brocato, Holliday, Whitehurst, Lewis, Varner, 2016, p.41); and

WHEREAS, The risk of sepsis can be lowered in preterm infants by delayed cord clamping. (Brocato, Holliday, Whitehurst, Lewis, Varner, 2016, p.42); therefore be it

RESOLVED, That the Iowa Association of Nursing Students (IANS) encourages its constituents to recognize delayed cord clamping as a beneficial practice by providing education on the benefits to the newborn

RESOLVED, that IANS will support us in the making of an informational pamphlet, and publish this pamphlet on the IANS website; and be if further

RESOLVED, that IANS distribute pamphlets to all clinics who offer prenatal care throughout the state of Iowa; and be it further

RESOLVED, that IANS send a copy of this resolution to Iowa Nurses Association, Iowa Association of Colleges of Nursing, Iowa Hospital Association, Iowa Organization of Nurse Leaders, Central Association of Obstetricians and Gynecologists, and all others deemed appropriate by the IANS Board of Directors.

Resolution #8

TOPIC: **IN SUPPORT OF INCREASING NURSING STUDENTS' KNOWLEDGE, CONFIDENCE AND SKILLS ON PERIPHERAL INTRAVENOUS CATHETER INSERTION**

SUBMITTED BY: **Grand View University, Des Moines, Iowa**

AUTHORS: **Allee Kowzan**

WHEREAS, Peripheral intravenous catheter (PIVC) insertion is one of the most common invasive procedures performed in a hospital, but nurses receive hardly any training in this area prior to entering the clinical setting (Keleekai et al., 2016, p. 376); and

WHEREAS, learning how to insert an IV catheter is considered the most challenging skill that nurses will learn to perform while in nursing school (McWilliams & Malecha, 2017, p. 1); and

WHEREAS, Experience is vital in a nurse's ability to insert an PIVC, and the number of insertions preformed, as well as patient factors such as veins that roll or are resistant to venipuncture and color or turgor of the skin all impact success (McWilliams & Malecha, 2017, p. 10); and

WHEREAS, PIVC insertion remains a fundamental nursing skill, but nurses do not begin to master this until the post educational period in the clinical setting (Keleekai et al., 2016, p. 376); and

WHEREAS, Intense training mechanisms must be instated in educational settings and health care organizations to ensure clinical competence with this skill (Keleekai et al., 2016, p. 376); and

WHEREAS, Students need to master high risk skills, such as PIVC insertion, prior to functioning in the clinical setting, as proficiency may prevent adverse outcomes including infiltration, phlebitis, or pain (McWilliams & Malecha, 2017, p. 1); and

WHEREAS, Furthermore, complication rates due to premature removal of PIVCs include phlebitis (15.4%), infiltration (23.9%), catheter occlusion (18.8%), catheter dislodgement (6.9%), and catheter related infection (0.2%) (Keleekai et al., 2016, p. 376); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) promotes awareness and advocates for nursing students to receive sufficient practice on peripheral intravenous catheter insertion; and be it further

RESOLVED, that the IANS provides a breakout session or educational booth providing information to nursing students on the importance of being competent at IV starts, as well as the different ways they can learn and practice this skill; and be it further

RESOLVED, that the IANS brings a professional nurse educator on this topic to the convention to teach different IV start techniques and provide a skills lab; and be it further

RESOLVED, that the IANS send a copy of this resolution to Iowa Nurses Association, American Nurses Association, American Association of Colleges of Nurses, National Student Nurses Association, National League of Nursing, Iowa Board of Nursing, Iowa Nurse Practitioner Society, Iowa Association of Nurse Practitioners, American Association of Nurse Practitioners, and all others deemed appropriate by the IANS Board of Directors.

Resolution #9

TOPIC: **IN SUPPORT OF INCREASING AWARENESS AMONG NURSES OF ETHNIC AND RACIAL DISPARITIES IN DIABETES CARE.**

SUBMITTED BY: **Mercy College Association of Nursing Students, Des Moines, Iowa**

AUTHORS: **Madison Otto, Elizabeth Napier, Alexandria Fisher, Grace Boyle, Hayley Wilson, Cecely Mann, Hannah Cheney & Claire Williams**

WHEREAS, “Diabetes disproportionately affects racial/ ethnic minority populations. Compared with white adults, the risk of having a diabetes diagnosis is 77% higher among African Americans, 66% higher among Latinos/ Hispanics, and 18% higher among Asian Americans,” (Meng et al., 2016, p. 743); and

WHEREAS, A study showed that patients in ethnic minority groups are less likely to be offered

hemoglobin A 1c (HbA 1c) testing, annual LDL cholesterol (LDL-C) testing, and annual retinal examinations (Meng et al., 2016, p. 743-744); and

WHEREAS, African Americans are diagnosed with diabetes at nearly doubled the rate than non-Hispanic whites, making this ethnicity more susceptible to complications from diabetes, with varying severity. Some examples being end-stage renal disease and amputations of the lower extremities, (U. S. Department of Health and Human Services Office of Minority Health, 2016, para. 1); and

WHEREAS, While looking at variations in regards to ethnicity or racial backgrounds, there were a variety of similarities between non-Hispanics, Hispanics, and non-Hispanic blacks. Quality care was lower for these adults in comparison to Caucasian and Asian adults, (Hu, Shi, Liang, Haile, & Lee, 2016, Discussion section, para. 3); and therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS), along with others, support implementation of increasing education on racial and ethnic disparities in diabetes care in the clinical setting; and be it further

RESOLVED, that the IANS will publish a flyer to their website to increase understanding; and be it further

RESOLVED, that IANS and nursing programs at colleges throughout Iowa ally in support of increased education on ethnic and racial disparities in diabetes care while educating nursing students on diabetes care in classes (such as Pathophysiology, Medical- Surgical Nursing, and Community Health), by providing a copy of this

resolution and all supporting scholarly studies and resources to all nursing programs at colleges throughout Iowa; and be it further

RESOLVED, that IANS encourages hospitals and facilities to provide education to nurses, case managers, and social workers within the healthcare system about the ethnical and racial disparities in diabetes care and possible complications; and be it further

RESOLVED, that IANS send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, American Diabetes Association, Iowa Nursing Association, Organization for Associate Degree Nursing, Institute for Healthcare Improvement, National League for Nursing, National Student Nursing Association (NSNA) and all others deemed appropriate by the IANS Board of Directors.

Resolution #10

TOPIC: IN SUPPORT OF IMPLEMENTING POSTPARTUM HEMORRHAGE EMERGENCY CARTS TO DECREASE MATERNAL MORBIDITY

SUBMITTED BY: Mount Mercy University Association of Nursing Students (MMUANS), Cedar Rapids, Iowa

AUTHORS: Mikaela Rans, Haley James, Mallory Allen, Maria Young, Yvette Mendoza, Madison Swartzentruber & Kristen Van Der Wilt

WHEREAS, one woman dies every four minutes worldwide due to postpartum hemorrhage (PPH) and over half of these deaths could be prevented (Rodriguez, 2016); and

WHEREAS, rapid response to a change in maternal vital signs and their clinical conditions is critical in identifying a PPH (Evensen, Anderson, & Fontaine, 2017); and

WHEREAS, only 67% of obstetric units have a protocol for PPH emergencies (Fuller, Kacmar, Mhyre, Scavone, & Toledo, 2014); and

WHEREAS, the hemorrhage cart is brought into the patient's room when there is bleeding that is not responding to conservative treatment (Shields, Wiesner, Fulton, & Pelletreau, 2015); and

WHEREAS, each cart contains necessary items to stop PPH such as intrauterine balloons and compression sutures (Smith, Erickson, Mercer, Hermann, & Foley, 2019); and

WHEREAS, when a PPH cart is implemented, it can decrease the response time from 30 minutes to 40 seconds (Rodriguez, 2016); and

WHEREAS, implementation of the PPH cart decreases maternal morbidity and rates of severe PPH (Smith et al., 2019); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS), nursing students, and nursing schools increase education on the benefits of PPH cart usage in obstetric units; and be it further

RESOLVED, that the IANS place an article provided by the resolution authors, about PPH emergency carts on the IANS website; and be it further

RESOLVED, that IANS send a copy of this resolution to Advanced Life Support in Obstetrics , Central Association of Obstetricians and Gynecologists, American College of Obstetricians and Gynecologists, Iowa Board of Nursing, Iowa Nursing Association, American Nurses Association, National Student Nursing Association and all others deemed appropriate by the IANS Board of Directors.