

and, as such, has the unique opportunity and moral obligation to serve as a patient and family advocate throughout what is often the most intimate time in a family's life. In promoting constant communication and understanding within a family-centered care model to the decision-making process, the nurse has the ability to complicate, circumvent, or effectively manage emotion-laden dilemmas. A nurse may also confidently call on bioethics committees, risk management, palliative care consultants, and home hospice organizations to help navigate through an ethical dilemma. A nurse's ability to recognize, understand, and proactively manage the components of an ethical situation is crucial in acting as the patient and family's advocate in the process of achieving quality end-of-life care.

Conclusion: Ethical issues in pediatric end-of-life care are fraught with tension, anxiety, frustration, and sadness on behalf of all involved, especially the dying child. Nurses and other health-care professionals must be sensitive to their personal values and be attentive to biased reactions to clinical situations. Nurses must promote the principles of respect for person and beneficence, which are fundamental precepts of pediatric palliative care and hospice. Pediatric nursing at the end-of-life "combines the science of nursing with ethics, philosophy, the humanities, diverse world views, and individual and family life experiences in order to provide holistic care to families who are coping with a life-limiting illness.

Key words: Ethics, Pediatric, End-of-Life Care, Nurse

Health literacy concept in pediatrics nursing care

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Introduction: Despite considerations focus on improving quality of care, recent studies have showed that there are limitations in appropriate, preventive, acute, or chronic care for pediatrics.

Discussion: Two essential domains in need of improvement care are chronic illness care and prevention of medical errors. Recently, health literacy has been defined as an important factor for improving quality of care. Lower health literacy is associated with deficit knowledge in prescriptions and other medical information and also in chronic disease, self-care behaviors, and clinical outcomes. In this age group, six objectives (effectiveness, patient centered, timely, efficiency, and equitability) must be applied to address health literacy and safe quality-care. Efforts should also address pediatric care in "4 D's": the developmental change of children over time; dependency on parents or adults; differential epidemiology of child health; and the different demographic patterns of children and their families.

Conclusion: There are evidences to confirm that health literacy is important in pediatric safety and chronic illness care .

Key words: Health literacy- Pediatrics- Care

Advantages of mother and neonate Rooming-in

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Background: Early skin-to-skin contact involves placing the naked baby prone on the mother's bare chest at birth (< 24 hour). It is accepted that the Rooming-in care has many advantages. Direct skin-to-skin contact on mother's chest gives protection from infection, emotional stability, and maximized mother to baby interaction. It provides more opportunity for successful breast feeding and good acquisition of understanding baby's natural physiology for mother. Also, it is useful for neonatal abstinence syndrome among opioid-exposed newborns and for results of screening tests or for prevent of many diseases. Mothers can be more confident when they go back home. content: Many studies done to report and evaluate the rate of rooming-in practice and breast feeding success rate, and to analyze the reasons behind rooming-in failure, the cause of administration to NICU to better understand the advantages of this system. Reasons for transferring to NICU such as: neonatal jaundice, acute viral enteritis, hypoglycemia and hydronephrosis, nonspecific vomiting, suspicious sepsis and aspiration pneumonia became low. Reasons for Rooming-in failure included: refusal by maternal complaint, teen-age delivery or adoption, far distance of mother's other ward and maternal postpartum disease and poor condition. Studies also showed that Rooming-in might ease opioid-exposed newborns' transition to extrauterine life and promote more effective mothering. One study showed that Infants in the Rooming-in group breastfed an average of 42 days longer than those in separated groups. Application of Rooming-in regimen in maternity wards leads to early detection of "Hearing-loss".

Conclusion: WHO guidelines for Rooming-In focuses on baby and mother stay together in the same room during a day in the hospital. The advantages WHO mentioned includes: cost effective, less instruments are required, there is no need of additional man power, low rate of infection, support of breast feeding and encourages the attachment between mother and baby and ultimately the risk of mortality will decrease. At last, Nursery personnel should educate and encourage the advantages of Rooming-in to mothers .

Key words: Neonate, NICU, Rooming-In