

Pregnancy Packet

To the Physician or Nurse Midwife of our pregnant nursing student:

We in nursing at Midlands Technical College are committed to the health and well being of our pregnant students and their unborn children. Enclosed is a copy of our pregnancy policy and various forms that need to be completed at intervals during and after the student's pregnancy.

Thank you for your cooperation in helping our student have a safe and healthy pregnancy. Please feel free to call me at 822-3402 if there is a question or concern.

**Sincerely,
Jana Ancone
Department Chair for Nursing**

Pregnancy Policy

We in the MTC Nursing Programs recognize the need to protect all of our students from any potential harm to themselves or their unborn children if pregnant. This policy is implemented to achieve this goal. Because of changes in health needs and potential restrictions on activities during pregnancy, the following will apply to pregnant students:

The student will:

- 1. Inform the clinical instructor and course coordinator as soon as possible regarding the pregnancy and the estimated date of delivery.**
- 2. Obtain a Pregnancy Packet from the Nursing website to be used as outlined in #3 below.**
- 3. Submit to the course coordinator the appropriate form letter from the medical doctor or nurse midwife at the following times verifying that the student is in satisfactory physical condition to attend class, skills lab and clinical:**
 - A. When the pregnancy is confirmed.**
 - B. At the end of the first trimester.**
 - C. At the end of the second trimester and each subsequent month.**
 - D. After delivery, prior to returning to class, skills lab and clinical.**
 - E. If the nursing faculty becomes concerned about the health and well-being of the pregnant student and the unborn child.**
- 4. If at anytime the medical doctor or nurse midwife states the student is unable to perform expected tasks, functions, and studies for the current nursing course(s), the student may be given an incomplete (I) or withdrawal (W) according to the elapsed time in the course and length of absence. Individual student situations will be brought before the faculty and/or Department Chair for discussion and recommendations.**
- 5. Students are encouraged to wait six (6) weeks after delivery before returning to school.**
- 6. Each nursing student will be expected to sign a statement that she has read this policy, and that she understands that failure to abide by this policy will be grounds for withdrawal (w) from the nursing course by the course coordinator.**
- 7. If any clinical agency has restrictions, the student will follow the guidelines of the agency.**

Form Letter #1

To: Course Coordinator, NUR _____

Re: Pregnancy Confirmation and Estimated Date of Delivery

Student's Name: _____

Date: _____

The above named student's pregnancy has been confirmed by me.

The estimated date of delivery is _____.

This letter is to verify that the above named student (is) or (is not) in satisfactory physical condition to attend class, skills practice lab, and clinical at an agency or hospital setting.

If the student is not able to attend class and/or clinical activities, please give:

A. Estimated length of confinement: _____

B. Any restrictions which may apply: _____

Signature of Physician or Midwife

Office Phone

Form Letter #2

To: Course Coordinator, NUR _____

Re: Pregnancy Confirmation and Estimated Date of Delivery

Student's Name: _____

Date: _____

The above named student's pregnancy has been confirmed by me.

The estimated date of delivery is _____.

This letter is to verify that the above named student (is) or (is not) in satisfactory physical condition to attend class, skills practice lab, and clinical at an agency or hospital setting.

If the student is not able to attend class and/or clinical activities, please give:

A. Estimated length of confinement: _____

B. Any restrictions which may apply: _____

Signature of Physician or Midwife

Office Phone

Form Letter #3

To: Course Coordinator, NUR _____

Re: Pregnancy Confirmation and Estimated Date of Delivery

Student's Name: _____

Date: _____

The above named student's pregnancy has been confirmed by me.

The estimated date of delivery is _____.

This letter is to verify that the above named student (is) or (is not) in satisfactory physical condition to attend class, skills practice lab, and clinical at an agency or hospital setting.

If the student is not able to attend class and/or clinical activities, please give:

A. Estimated length of confinement: _____

B. Any restrictions which may apply: _____

Signature of Physician or Midwife

Office Phone

Form Letter #4

To: Course Coordinator, NUR _____

Re: Pregnancy Confirmation and Estimated Date of Delivery

Student's Name: _____

Date: _____

The above named student's pregnancy has been confirmed by me.

The estimated date of delivery is _____.

This letter is to verify that the above named student (is) or (is not) in satisfactory physical condition to attend class, skills practice lab, and clinical at an agency or hospital setting.

If the student is not able to attend class and/or clinical activities, please give:

A. Estimated length of confinement: _____

B. Any restrictions which may apply: _____

Signature of Physician or Midwife

Office Phone

Form Letter #5

To: Course Coordinator, NUR _____

Re: Pregnancy Confirmation and Estimated Date of Delivery

Student's Name: _____

Date: _____

The above named student's pregnancy has been confirmed by me.

The estimated date of delivery is _____.

This letter is to verify that the above named student (is) or (is not) in satisfactory physical condition to attend class, skills practice lab, and clinical at an agency or hospital setting.

If the student is not able to attend class and/or clinical activities, please give:

A. Estimated length of confinement: _____

B. Any restrictions which may apply: _____

Signature of Physician or Midwife

Office Phone

Form Letter #6

To: Course Coordinator, NUR _____

Re: Pregnancy Confirmation and Estimated Date of Delivery

Student's Name: _____

Date: _____

The above named student's pregnancy has been confirmed by me.

The estimated date of delivery is _____.

This letter is to verify that the above named student **(is) or (is not)** in satisfactory physical condition to attend class, skills practice lab, and clinical at an agency or hospital setting.

If the student is not able to attend class and/or clinical activities, please give:

A. Estimated length of confinement: _____

B. Any restrictions which may apply: _____

Signature of Physician or Midwife

Office Phone

Form Letter #7

To: Course Coordinator, NUR _____

Re: Pregnancy Confirmation and Estimated Date of Delivery

Student's Name: _____

Date: _____

The above named student's pregnancy has been confirmed by me.

The estimated date of delivery is _____.

This letter is to verify that the above named student **(is) or (is not)** in satisfactory physical condition to attend class, skills practice lab, and clinical at an agency or hospital setting.

If the student is not able to attend class and/or clinical activities, please give:

A. Estimated length of confinement: _____

B. Any restrictions which may apply: _____

Signature of Physician or Midwife

Office Phone

Form Letter #8

To: Course Coordinator, NUR _____

Re: Pregnancy Confirmation and Estimated Date of Delivery

Student's Name: _____

Date: _____

The above named student's pregnancy has been confirmed by me.

The estimated date of delivery is _____.

This letter is to verify that the above named student (is) or (is not) in satisfactory physical condition to attend class, skills practice lab, and clinical at an agency or hospital setting.

If the student is not able to attend class and/or clinical activities, please give:

A. Estimated length of confinement: _____

B. Any restrictions which may apply: _____

Signature of Physician or Midwife

Office Phone

Midlands Technical College Nursing

I have read and agree to abide by the policy related to pregnancy.

I understand that failure to abide by this policy will be grounds for withdrawal from the nursing course by the course coordinator.

Student's signature

Date

(This form is to be submitted with Form Letter #1).