



A CASE STUDY ON NOVICE HIGH RISK PREGNANCY UNIT NURSES CARING FOR PRETERM PRIMIGRAVIDA PATIENT WITH CARDIAC COMPLICATIONS

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Abstract : This instrumental collective case study rigorously examines the experiences of novice nurses in a High-Risk Pregnancy Unit (HRPU) caring for pre-term primigravida patients with cardiac complications. Through in-depth interviews with three novice nurses who had no prior hospital experience, the study meticulously investigates their challenges, coping mechanisms, and contributions to patient management. Employing thematic analysis and cross-case comparison, the research identifies key themes related to their lived experiences, coping strategies, and perceived roles. The findings revealed that novice nurses face significant complexities in terms of high-risk pregnancy care, support and guidance, communication and collaboration, and continuous learning and adaptation. Ultimately, the study suggests that fostering a culture of resilience within nursing teams can significantly improve workplace morale and staff retention.

Keywords: *Health, High-Risk Pregnancy, Case Study, Tagum City*

INTRODUCTION

Newly graduated nurses often seek positions in specialized units for professional growth (Zhang et al., 2022). However, novice nurses in high-risk pregnancy units (HRPUs) face significant challenges (Zhang et al., 2023). Their adjustment involves phases of emotional turbulence of their new roles (Chen et al., 2023). Reports indicate low professional confidence stemming from inadequate support and negative workplace interactions, contributing to high turnover rates (Smith & Jones, 2022). A supportive organizational culture is essential for fostering skill acquisition and enhancing competence, ultimately improving patient care outcomes (Johnson et al., 2023).

Recent literature highlights the global burden of preterm birth and its implications for healthcare providers, particularly novice nurses. Despite advancements in medical care, preterm birth rates remain high, especially in low- and middle-income countries (Cao et al., 2022). The World Health Organization (2023) reports that 152 million babies were born preterm in the last decade, emphasizing the urgent need for improved care strategies. Liu et al. (2023) stress the necessity of skilled nursing interventions, while Khashan et al. (2024) highlight the vital role of novice nurses in managing care for preterm primigravida patients. McGowan et al. (2021) emphasize the importance of structured educational interventions to enhance novice nurses' confidence and skills, leading to better patient outcomes. Additionally, Smith et al. (2022) highlight the value of mentorship programs, yet standardized frameworks for preterm birth management are lacking. Cultural and socioeconomic factors significantly influence the care provided by novice nurses to preterm infants and their families, but there is limited exploration of how nurses are trained to address these influences, indicating a need for targeted educational approaches.

In the Philippines, studies highlight the challenges novice nurses face when caring for primigravida patients with preterm pregnancies. Dumlao and Cariaga (2020) emphasize the need for proper monitoring and support, while Kaforau et al. (2022) discuss socioeconomic disparities affecting birth outcomes. Albayda et al. (2022) focus on maternal and neonatal outcomes, illustrating how health issues can lead to preterm complications. Reyes and Santos (2023) explore the specific challenges novice nurses encounter in maternal care settings.

McN (2020) highlights the significant role of nurses in addressing preterm labor and calls for further research into their experiences with maternal cardiac issues. Kearney and Riddell (2024) note that many cases involve mothers with cardiac complications, indicating a gap in understanding the challenges nurses encounter. Mendez-Figueroa et al. (2024) examine how pregnancy complications can impact the need to understand nurses' experiences to enhance care strategies for this vulnerable population. Collectively, these studies indicate a pressing need for research focused on the experiences of nurses managing primigravida patients with preterm births and cardiac complications.

NEED OF THE STUDY.

This case study aimed to explore the experiences of novice nurses in a High-Risk Pregnancy Unit (HRPU) as they manage a primigravida patient facing the dual challenges of preterm labor with cardiac complication at a level 2 hospital in Tagum City, Davao del Norte. The management of high-risk pregnancies requires a multidisciplinary approach and comprehensive support systems. According to Bezmailem Science (2021), nurses play a crucial role in ensuring patient safety and providing psychosocial support, which is essential for managing the emotional challenges faced by high-risk pregnant women. Additionally, understanding the physiological and psychosocial needs of high-risk patients is vital for nurses to provide optimal care (Hossain et al., 2024). As novice nurses navigate their roles in HRPU, their experiences and challenges will be critical in developing targeted interventions that improve both nurse and patient outcomes in such complex clinical scenarios.

RESEARCH METHODOLOGY

In this study, the researcher employed a multiple case study design to explore the experiences of novice HRPU nurses handling primigravida patients with preterm pregnancies and cardiac complications. Unlike a single unit case study, which focused on an individual case for its unique characteristics, a multiple case study allowed for the examination of several cases to identify similarities and differences across them. By comparing the experiences and difficulties faced by new nurses in various settings, this method was especially helpful in fostering a more comprehensive understanding of the complexities involved in nursing care for high-risk patients (Stake, 2020). By analyzing multiple cases, the research uncovered nuanced insights into how different novice nurses navigated their roles, the decision-making processes they employed, and the emotional and psychological impacts of their caregiving responsibilities. This method enhanced the depth of understanding regarding specific contexts while allowing for cross-case analysis that revealed patterns and themes relevant to nursing practice in high-stakes situations (Houghton et al., 2021). Additionally, the findings from this multiple case study informed training programs and support systems tailored to address the unique needs of novice nurses, ultimately improving patient care outcomes in high-risk obstetric settings. Utilizing multiple case study design enabled researchers to draw comprehensive conclusions that reflected the diverse experiences of novice nurses, contributing to a richer understanding of nursing practices in high-risk pregnancy scenarios.

Setting and Participants

The study was carried out in the High-Risk Pregnancy Unit (HRPU) of a recently constructed level 2 hospital that opened its doors in December 2022 in Tagum City, Davao del Norte. This facility was designed to provide comprehensive healthcare services to the local population, focusing on specialized medical needs. The hospital aimed to enhance access to quality healthcare for residents of Tagum City and surrounding areas, aligning with national health goals. The participants in this study were three novice nurses from the High-Risk Pregnancy Unit (HRPU) who had successfully managed patients with preterm pregnancies and cardiac complications from admission to delivery.

Data Sources

This case analysis explored the experiences of novice HRPU nurses caring for a primigravida patient with preterm pregnancy and cardiac complications. Data was collected through semi-structured interviews, direct observations, and questionnaires from nurses with less than two years of high-risk obstetric care experience at a secondary hospital in Tagum City, Davao del Norte. Participants were selected based on their direct involvement in patient care from admission to delivery. Interviews used open-ended questions to capture rich narratives, while observations of participants' emotions and behaviors provided additional insights. Secondary literature contextualized the findings related to coping mechanisms and challenges faced by novice nurses. Creswell's qualitative content analysis framework guided systematic coding and theme development, enhancing the study's validity and contributing to understanding nursing education and practice in high-risk settings (Creswell & Poth, 2022).

Data Analysis

This study used qualitative conceptual content analysis to examine specific concepts within the data by quantifying their occurrences. The analysis distinguished between explicit terms, which were easily identifiable, and implicit terms, which required subjective interpretation. The researcher defined the research question, selected samples, and organized the text into relevant categories through selective reduction. Decisions were made regarding the level of analysis (words, phrases, or themes), coding methods (presence or frequency), and coding rules to ensure consistency and validity. Irrelevant information was managed by excluding common words or reassessing their importance. While software can aid coding, manual coding was used to ensure accuracy. The coded data were then analyzed to identify trends and patterns. Although conceptual content analysis quantifies data rather than providing deep qualitative insights, this approach helped reveal key aspects of novice nurses' experiences in high-risk obstetric care, contributing to improved nursing practices and patient outcomes (Columbia University Mailman School of Public Health, 2022).

RESULTS AND DISCUSSION

With the increasing complexity of maternal health, a growing body of scholarly literature is emerging in the management of high-risk pregnancies. For instance, researchers have examined complications related to diabetes, hypertension, and cardiac conditions during pregnancy. In particular, studies have highlighted the challenges faced by healthcare providers in caring for preterm primigravida patients with cardiac complications. Professional organizations such as the Association of Women's Health, Obstetric and Neonatal Nurses have published guidelines to improve outcomes for high-risk pregnancies and recommended specialized training for nurses in this field. Despite these advances, there remains a gap in understanding the experiences and

strategies of novice nurses working in specialized units for high-risk pregnancies. This study addresses that gap by focusing on novice nurses in a high-risk pregnancy unit caring for a preterm primigravida patient with cardiac complications.

The literature on nursing care for such complex cases often centers on clinical protocols and patient outcomes, but little attention has been given to the psychological and organizational challenges novice nurses face. Existing research on nurse adaptation and coping strategies in critical care settings provides a foundation, yet specific insights into the high-risk pregnancy context are limited. An in-depth qualitative case study approach can provide rich, contextualized understanding of novice nurses' experiences, highlighting both theoretical and practical implications. This study explores the following research questions: What were the key challenges faced by novice nurses caring for a preterm primigravida patient with cardiac complications? How did these nurses respond to the clinical and emotional demands of the case? What themes emerged from their experiences over the course of care? What conceptual frameworks best explain their responses, and what unique factors were identified in this setting?

THE INCIDENT AND RESPONSE

In the bustling High-Risk Pregnancy Unit, three novice nurses found themselves caring for a particularly complex and fragile patient—a preterm mother with cardiac complications and severe preeclampsia. This case would soon become a defining experience for each of them, testing their clinical skills, emotional resilience, and teamwork. For the first nurse, it was her first time managing such a high-stakes patient. The initial onset of the patient's bilateral pedal edema and elevated blood pressure set the tone for what would be days of meticulous monitoring and careful decision-making. She recalled the complexity of the patient's condition, compounded by differing medical opinions from three attending physicians—the obstetrician, the cardiologist, and the internal medicine specialist. The cardiologist had prescribed furosemide to manage the edema, but the obstetrician was wary, concerned about its effects on the unborn baby. The patient was not given the diuretic, and they continuously checked on both mother and baby. Despite these disagreements, they worked together to provide the best care possible. Throughout this time, the first nurse stayed by the patient's side, carefully observing every change. She often found herself doubting: "Am I doing this right? Did I miss any orders? What if the medication affects the baby?" These questions haunted her, amplified by her limited hands-on experience from studying remotely. Yet, she remained steadfast. She communicated constantly with the physicians, midwives, and the patient's family, making sure the patient's concerns were heard. One small moment stood out: the patient was tearful and requested a brief visit from her husband. Understanding the comfort this brought her, the nurse facilitated the visit, allowing husband and wife a few precious moments together amidst the uncertainty. The tension escalated when the patient's condition worsened. Swelling of the cervix and labia signaled increasing danger, and the blood pressure climbed to severe levels. The obstetrician made a swift decision for an emergency cesarean section. The nurse witnessed the gravity of the situation—the patient's fear, the frantic preparations, and the team's urgent coordination. She experienced a rollercoaster of emotions, fear, anxiety, but also relief when she learned the baby was born safely, and though ICU was considered, mother and child remained stable.

Meanwhile, the second nurse stood alongside her, navigating similar challenges. This nurse remembered the initial confusion when the various doctors' orders conflicted. There were moments of uncertainty and frustration about which medications to give or withhold. But there was also learning. She felt grateful for the senior nurses and midwives who generously shared their knowledge and experience. Observing their deft handling of complex cases provided a roadmap. And the supportive environment—with colleagues who listened and encouraged—helped her gain confidence. She also realized the importance of strong relationships—not just with colleagues, but with patients and their families. She recalled the patient's husband's quiet words, "This might be our last pregnancy... it's so hard to see her suffer." Those moments made her more determined to provide compassionate, patient-centered care. She recognized that careful monitoring—checking vital signs, urine output, and fetal heart rates—could make all the difference. She took pride in being vigilant, knowing that her close observation might uncover critical warning signs.

The third nurse reflected on her own journey of growth. She acknowledged how overwhelming it was to care for both a vulnerable mother and her unborn child. Having studied the theory in school, applying it amid the complexity and urgency of real-life care was daunting. She remembered her nervousness communicating with doctors, worrying about being corrected, but also the deep satisfaction she felt when the patient delivered safely. She emphasized the power of teamwork. The smooth collaboration between nurses, physicians, and midwives made all the difference. They shared information openly, supported each other, and created a safe space for the patient to express fears and symptoms. For her, this reinforced that quality care depended not only on machines and medicines but on people—people working together with dedication and empathy. Each nurse also spoke of managing the emotional toll—finding ways to relieve stress through prayer, family time, exercise, and open conversations with loved ones.

They understood that stress and burnout were inevitable but found strength in their supportive team and their shared commitment to learning. They embraced every challenge as a stepping stone to greater competence and resilience. Reflecting on the entire experience, the novice nurses saw it as a profound learning journey. They had witnessed firsthand the delicate balance of managing maternal and fetal health, navigating conflicting medical opinions, and providing emotional support in moments of crisis. Though anxious and uncertain at times, their dedication and teamwork ensured a positive outcome for mother and baby.

This case became a powerful reminder of the critical role nurses play—vigilantly monitoring, advocating, and caring holistically for their patients. This experience left an indelible mark on them, fueling their resolve to keep learning, growing, and giving their best in every patient encounter. They knew that many more challenges would come, but they felt better prepared to face them, guided by the lessons learned in that high-risk pregnancy unit where hope, science, and compassion intertwined.

THE RESEARCH STUDY

The study commenced four months after a significant incident in the High-Risk Pregnancy Unit (HRPU), where a primigravida patient with cardiac complications was admitted. The first step taken by the researcher was to draft a research protocol for approval by the College administration and the Institutional Review Board. It was made explicit that the focus would not be on the clinical outcomes of the patient or the specific medical interventions but rather on the experiences of the novice nurses caring for her. The study was bounded to the context of the HRPU, ensuring a concentrated exploration of the challenges faced by these nurses in a high-stakes environment. The research design was consistent with a multiple case study approach, chosen because

existing models and variables were insufficient for assessing the experiences of novice nurses in high-risk obstetric care. This design allowed for the examination of several cases, revealing both commonalities and differences in the nurses' experiences. The study incorporated the paradigm assumptions of an emerging design, context-dependent inquiry, and inductive data analysis. To gather rich data, the researcher identified the three novice nurses as participants, each with less than two years of clinical experience in high-risk obstetrics. Purposeful sampling was employed to ensure that these nurses had directly managed patients like the primigravida, allowing for a focused exploration of their challenges and learning opportunities.

Data collection involved semi-structured interviews, direct observations, and questionnaires. The semi-structured interview protocol consisted of open-ended questions designed to elicit detailed narratives from the nurses about their experiences. Questions included: What challenges have you faced in caring for high-risk patients? How do you perceive your role in the HRP? What support do you feel you need to improve your practice? Additionally, direct observations provided real-time insights into the nurses' interactions with patients, while questionnaires offered further context to their perspectives.

The narrative structure of the study was crafted to reflect a "realist" tale, incorporating detailed descriptions and edited quotes from the nurses. The researcher aimed to present an accurate interpretation of their experiences, particularly within the framework of organizational and psychological issues. To verify the descriptions and interpretations, a preliminary draft of the findings was shared with the participants for feedback. This feedback was gathered through follow-up interviews, where the researcher asked: Is our description of your experiences accurate? Are the themes we have identified consistent with your realities? Are there any themes we may have overlooked?

THEMES

High Risk Pregnancy Care

As the morning light filters softly through the windows of the high-risk pregnancy unit, Nurse 1 steels herself for the demanding day ahead. The care of preterm pregnancies complicated by heart problems requires not only technical skill but also heightened vigilance and nuanced judgment. Every moment counts. Nurses like her must perform simultaneous assessments-carefully monitoring the mother's blood pressure, heart rate, and symptoms such as swelling, while also interpreting continuous fetal heart rate monitoring to ensure the baby's well-being.

Nurse 1 describes how she integrates multiple data points in real time, recognizing that even slight deviations in maternal or fetal parameters can signal impending complications. For example, she explains how she watches for subtle changes in fetal heart rate variability or decelerations that might indicate distress, while also tracking the mother's blood pressure trends to anticipate preeclampsia progression. This dual focus demands intense concentration and rapid clinical reasoning.

One particularly challenging case involved a patient with severe preeclampsia and marked leg swelling. The heart specialist recommended furosemide to reduce fluid overload, but the obstetrician expressed concern about potential adverse effects on the fetus. Nurse 1 found herself navigating this clinical dilemma by facilitating clear communication between specialists, advocating for the patient's best interests, and carefully educating the patient and her family about the risks and benefits of treatment options. She also heightened monitoring frequency to detect any early signs of fetal compromise or maternal side effects.

Nurse 2 echoes these complexities, recounting the intricate management of patients with coexisting diabetes and cardiac conditions. She highlights the challenges of medication administration, where blood sugar control must be balanced against cardiac safety, and how this requires meticulous timing, dose adjustments, and vigilant observation for adverse reactions. Both nurses emphasize that their role extends beyond routine care-they act as protectors, constantly scanning for subtle warning signs and ready to escalate care when needed.

To prepare for emergencies, these nurses maintain readiness by ensuring that resuscitation equipment is functional, emergency protocols are rehearsed, and communication lines with obstetricians and anesthesiologists are open. This proactive approach helps them respond swiftly to sudden deteriorations, such as seizures or fetal distress, which are not uncommon in this vulnerable population.

Support and Guidance

In the intense environment of the HRP, the presence of experienced mentors and a supportive team is a lifeline for novice nurses. Nurse 2 emphasizes that senior nurses and midwives do more than provide instructions-they serve as mentors who model clinical reasoning and compassionate care. "They don't just tell me what to do-they show me why and how," she explains, highlighting the importance of experiential learning through observation and guided practice.

This mentorship fosters a culture where questions are welcomed and learning is continuous. New nurses feel safe to express uncertainties without fear of judgment, which encourages deeper understanding and confidence-building. Nurse 1 finds this environment essential for managing the emotional and cognitive demands of her role. Knowing that a seasoned colleague is available to consult or provide reassurance transforms moments of doubt into opportunities for growth.

Support also extends beyond clinical guidance. The emotional weight of caring for high-risk pregnancies can be overwhelming, and nurses rely on each other for empathy and encouragement. Nurse 3 describes how this network helps her compartmentalize work-related stress from her personal life, enabling her to maintain resilience. She practices self-care strategies recommended by peers, such as mindfulness exercises and debriefing after difficult shifts, which help sustain her mental well-being.

The team's collective strength creates a buffer against burnout, ensuring that nurses remain engaged and capable of delivering compassionate care. This supportive culture is not accidental but cultivated through shared values of respect, openness, and mutual aid.

Communication and Collaboration

Effective communication is the cornerstone of safe, patient-centered care in the HRP. Nurse 3 stresses that communication involves more than exchanging clinical data-it requires building trust and rapport with patients who often face fear and uncertainty. She takes deliberate steps to listen attentively, validate patient emotions, and explain complex medical information in clear, compassionate language. This approach empowers patients and families, helping them feel involved and reassured.

Within the healthcare team, communication must be precise and respectful. Nurses provide thorough handovers during shift changes, ensuring that incoming staff are fully informed about patient status, recent changes, and planned interventions. When conflicting medical orders arise, Nurse 1 describes how she initiates open dialogue between doctors and midwives to clarify treatment plans, emphasizing patient safety and consensus. This proactive communication prevents errors and fosters a collaborative atmosphere.

Moreover, nurses recognize the critical role of family involvement. They facilitate brief, safe visits from loved ones, understanding that emotional support can be as healing as medical treatment. Nurses also educate families on how to assist with care and what warning signs to watch for, integrating them as partners in the care process. This holistic communication strategy addresses both physical and emotional dimensions of health, ultimately improving outcomes.

Continuous Learning and Adaptation

The dynamic nature of high-risk pregnancy care demands that nurses commit to lifelong learning and adaptability. Nurse 1 candidly shares how she initially struggled with self-doubt and limited hands-on experience; challenges compounded by remote learning during her training. To overcome these barriers, she actively seeks mentorship, participates in simulation exercises, and reviews clinical protocols regularly. Each patient encounter becomes a valuable learning opportunity, reinforcing skills and expanding knowledge.

Nurse 2 highlights the importance of humility and openness, recognizing that every patient presents unique challenges and that medical knowledge continually evolves. She pursues formal education through workshops and informal learning through case discussions with experienced colleagues. This ongoing education helps her stay abreast of advances in treatment and monitoring techniques.

Nurse 3 underscores the critical need to master technical skills such as interpreting electronic fetal monitoring. She dedicates time to practice and seeks feedback, understanding that accurate assessment of fetal well-being is vital for timely intervention. The nurses view continuous learning not only as career development but as an ethical responsibility to provide the safest, most effective care.

Beyond clinical expertise, they cultivate emotional resilience. The emotional toll of managing life-and-death situations is significant, but witnessing healthy deliveries and the gratitude of families fuels their motivation. Nurse 2 reflects, “Every challenge we face strengthens our resilience.” They use reflection, peer support, and self-care to transform anxiety into confidence and professional growth.

These narratives reveal a profound dedication to excellence in a complex, high-stakes environment. Through support, communication, and continuous learning, these nurses embody the compassionate guardianship essential to high-risk pregnancy care-standing not only for health but for hope at the very beginning of life.

Table 1. Data Collection Matrix: Type of Information by Source

Information/ Information Source	Interviews	Observation	Documents	Audio-Visual Materials
Nurse 1	YES	YES		
Nurse 2	YES	YES		
Nurse 3	YES	YES		

HOSPITAL PLANNING

The question of hospital preparedness for managing high-risk pregnancies emerged strongly during discussions with nursing staff and multidisciplinary team members. Given the complexity of caring for patients with preterm pregnancies complicated by cardiac issues, diabetes, and other comorbidities, a critical theme that surfaced was the need for a comprehensive, coordinated hospital plan specifically tailored to the high-risk pregnancy unit (HRPU) setting. Nurse 1 reflected on the challenges of balancing maternal and fetal needs simultaneously, stating, “It was a constant challenge to balance the risks and benefits... every small change could mean trouble.” This highlighted the necessity for protocols that support vigilant monitoring, rapid decision-making, and seamless communication among specialists.

During interviews, it became clear that while individual units and specialists had their own procedures, there was no unified hospital-wide strategy that integrated the diverse roles and responsibilities involved in high-risk pregnancy care. Nurse 2 emphasized the importance of mentorship and support, noting, “Senior nurses and midwives don’t just tell me what to do—they show me why and how.” This pointed to the need for formalized training programs and support systems embedded within hospital planning to build nursing capacity and resilience. A further critical aspect identified was communication and collaboration. Nurse 3 described how effective communication extends beyond clinical data exchange to building trust with patients and families and resolving conflicting medical orders. She explained, “Our patients are dealing with fear and uncertainty... it’s our job to be their voice.” This underscored the necessity for structured communication protocols, including standardized handover processes, multidisciplinary case conferences, and family engagement guidelines.

Moreover, the nurses’ experiences revealed the importance of continuous learning and adaptation in this evolving field. Nurse 1 shared her journey from self-doubt to confidence through ongoing education and mentorship, while Nurse 2 stressed humility and openness to new knowledge. Nurse 3 highlighted the need for proficiency in interpreting electronic fetal monitoring

as a core skill. Together, these insights point to the need for a hospital-wide commitment to continuous professional development and emotional resilience support.

The rationale for developing a hospital-wide HRPV plan is to ensure safe, effective, and compassionate care for high-risk pregnancies by integrating clinical vigilance, multidisciplinary collaboration, and emotional support for both patients and staff. Stakeholders in the plan's development should include obstetricians, cardiologists, endocrinologists, senior and novice nurses, midwives, hospital educators, social workers, and patient representatives to ensure diverse perspectives and comprehensive coverage of care needs. Coordination of the plan should be overseen by a dedicated HRPV committee or task force responsible for implementation and ongoing evaluation, ensuring alignment with hospital policies and emergency protocols.

Staffing models within the HRPV must guarantee the availability of experienced nurses and midwives who can provide mentorship, maintain adequate nurse-to-patient ratios for intensive monitoring, and offer access to mental health support services to prevent burnout. Specific procedures to be included in the plan should encompass standardized clinical monitoring protocols for simultaneous maternal and fetal assessment, clear guidelines for multidisciplinary medication decision-making that balance maternal and fetal risks, and regular emergency preparedness drills for scenarios such as emergency cesarean sections and seizure management. Communication procedures should incorporate structured handover tools, mechanisms for resolving conflicting medical orders, and policies for involving and educating families as partners in care. Education and training components should include formal mentorship programs, ongoing skills workshops-particularly in fetal monitoring interpretation-and simulation-based learning opportunities. Emotional support structures, such as peer support groups, stress management resources, and debriefing sessions following critical incidents, are also essential to maintain staff well-being and resilience.

Evaluation and continuous improvement of the plan should be achieved through regular audits, staff feedback, patient outcome reviews, and integration of emerging evidence and technologies. The development of a comprehensive hospital plan for the HRPV is essential to address the multifaceted challenges identified by nursing staff and multidisciplinary team members. Such a plan will enhance patient safety, foster professional growth, and build a resilient healthcare environment where nurses and other providers can deliver the highest standard of care. As Nurse 2 aptly summarized, "Every challenge we face strengthens our resilience." By embedding these principles into hospital planning, the institution can ensure that high-risk pregnancies receive not only expert clinical care but also the compassionate support that transforms care into hope.

DISCUSSION

The themes of high-risk pregnancy care, support and guidance, communication and collaboration, and continuous learning and adaptation can be broadly grouped into two overarching categories: organizational preparedness and the psychological-social dynamics within the healthcare team. Organizationally, the HRPV exemplifies a complex, interdependent system where multidisciplinary collaboration and clear protocols are essential to manage the clinical complexities of high-risk pregnancies. Issues such as leadership, staffing, communication, and emergency readiness emerged as critical factors during the analysis of nursing experiences. The need for a formalized, hospital-wide plan that integrates these elements surfaced repeatedly, reflecting the necessity for coordinated care pathways that balance autonomous clinical judgment with standardized procedures.

Existing hospital protocols often address emergencies in a fragmented manner, with individual specialists and units operating semi-autonomously. However, the experiences shared by nurses highlighted gaps in unified communication and mentorship structures. Nurse 2's emphasis on the importance of senior nurses and midwives providing not only instructions but also rationale and hands-on guidance points to the need for institutionalized mentorship programs. Similarly, Nurse 3's reflections on communication underscored the importance of structured handovers, conflict resolution among medical orders, and family involvement, which are often inconsistently applied across units. These findings suggest that while clinical expertise exists, organizational change is needed to foster a culture of open communication and collaborative decision-making that prioritizes patient safety and emotional support.

The psychological and social-psychological responses of the healthcare team also emerged as a significant theme. Nurses described the emotional toll of managing life-and-death situations, the anxiety associated with balancing maternal and fetal risks, and the stress of navigating conflicting medical opinions. The support networks formed by senior nurses and peers were vital in mitigating burnout and building resilience. Nurse 3's account of separating work stress from personal life through peer support and self-care highlights the importance of emotional well-being initiatives within hospital planning. Moreover, continuous learning and adaptation were not only professional necessities but also coping mechanisms that helped nurses transform uncertainty into confidence. This aligns with broader literature emphasizing the role of ongoing education and emotional resilience in sustaining healthcare workers in high-pressure environments.

Interestingly, some expected organizational responses, such as formalized incident command centers or crisis coordinators dedicated to the HRPV, were not mentioned by participants, suggesting potential areas for development. Likewise, while mentorship and peer support were valued, formal psychological support structures for staff coping with trauma were less evident, indicating a gap in comprehensive emotional care for healthcare providers. The involvement of patients' families as partners in care also emerged as an area needing clearer protocols, given its recognized importance in providing holistic support.

Taken together, these findings highlight the complexity of delivering high-risk pregnancy care within a hospital setting and underscore the necessity of a comprehensive, integrated plan. Such a plan should address clinical protocols, staffing and mentorship, communication strategies, emergency preparedness, continuous professional development, and emotional support systems. By doing so, the hospital can create an environment where nurses and multidisciplinary teams are equipped not only with the technical skills but also the psychological resilience needed to provide compassionate, effective care.

While this analysis is based on self-reported experiences from a limited group of nurses, it offers valuable insights into the organizational and psychosocial dynamics of high-risk pregnancy care. The themes identified can inform the development of hospital policies and training programs that enhance both patient outcomes and staff well-being. Future research might explore the implementation and effectiveness of such plans, as well as the integration of formal psychological support and family engagement

protocols. Ultimately, this work contributes to a growing recognition that high-quality care in complex clinical settings depends as much on organizational preparedness and team resilience as on individual clinical expertise.

Table 2. Evidence From the Case, Questions for a Hospital Plan, and References

Evidence From the Case	Question for the Plan	References Useful
Need expressed by nurses for coordinated care and support	Why should a hospital-wide plan be developed?	World Health Organization (2022); Association of Women's Health, Obstetric and Neonatal Nurses (2022)
Multiple disciplines reacting to complex cases	Who should be involved in developing the plan?	American College of Obstetricians and Gynecologists (2021); World Health Organization (2022)
Leadership found in units with their own protocols	Should the leadership for coordinating care be identified within one office or team?	The Joint Commission (2023); World Health Organization (2022)
Several unit protocols being used in patient management	Should hospital units be allowed their own protocols?	The Joint Commission (2023); Association of Women's Health, Obstetric and Neonatal Nurses (2022)
Questions raised by nurses regarding medication and monitoring	What types of high-risk conditions and interventions should be covered in the plan?	American College of Obstetricians and Gynecologists (2021); World Health Organization (2022)
Groups/individuals surfaced during interviews (nurses, doctors, families)	How are those likely to be affected by high-risk pregnancies to be identified and supported?	World Health Organization (2022); Association of Women's Health, Obstetric and Neonatal Nurses (2022)
Comments from nurses and administration about patient and staff safety	What provisions are made for the immediate safety of patients, newborns, and staff?	The Joint Commission (2023); World Health Organization (2022)
Hospital environment changed after critical incidents	How should the physical environment (e.g., HRPU layout, equipment) be made safer?	American College of Obstetricians and Gynecologists (2021); World Health Organization (2022)
Comments from administration about public communication	How will external stakeholders (e.g., families, media) be apprised of incidents or changes?	Association of Women's Health, Obstetric and Neonatal Nurses (2022); The Joint Commission (2023)
Issue raised by nurses about emotional toll and burnout	What are the likely sequelae of psychological events for staff and families?	Tait Shanafelt, Jonathan Ripp, and Mickey Trockel (2020); World Health Organization (2022)
Issue raised by staff about long-term impact on patients/providers	What long-term impact will high-risk pregnancy care have on patients and staff?	World Health Organization (2022); American College of Obstetricians and Gynecologists (2021)
Procedure used by senior nurses for debriefing after critical cases	How will staff and families be debriefed after critical incidents?	Association of Women's Health, Obstetric and Neonatal Nurses (2022); Jeffrey T. Mitchell, George S. Everly Jr. (2021)

RECOMMENDATION

Understanding novice nurses' experiences in High-Risk Pregnancy Units (HRPUs) is vital for improving nurse support and patient care. Building on this study, future research should focus on exploring the lived experiences of novice nurses in High-Risk Pregnancy Units through phenomenological studies to better understand their emotional and professional challenges. Investigating the effectiveness of different mentorship models and the impact of workplace factors such as staffing and organizational culture on nurse well-being is also important. Additionally, studies examining the relationship between novice nurses' interventions and patient outcomes can highlight their critical role in care quality. Replicating this study in diverse settings and employing varied qualitative methods, including narrative inquiry, may uncover deeper insights. Finally, mixed methods research could provide a comprehensive understanding of novice nurses' development over time, ultimately informing strategies to improve training, support, and patient care in high-risk obstetric settings.

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