

SMARTHINKING's NURSING AND ALLIED HEALTH

E-structor Response Form

(Your marked-up essay is below this form.)

HOW THIS WORKS: Your e-structor has written overview comments about your essay in the form below. Your e-structor has also embedded comments [in bold and in brackets] throughout your essay. Thank you for choosing SMARTHINKING's OWL; best wishes with revising your paper!

Hello Julie, Welcome to Smarthinking. My name is Sarah and I will review your essay. We medical tutors focus only on the content of your essay. We do not edit essays for grammar, mechanics, spelling, or format. The tutors of the Smarthinking Writing Center (OWL) are specialists in Composition and offer great support on issues other than medical content. Consider submitting your essay to the Writing Center to improve the technical presentation of your essay. If you do not have access to the Writing Center, check with your school's writing center resources.

*Strengths of the essay: You provide a variety of perspectives regarding the need and desirability of fetal echocardiogram testing. Your explanation is thorough with a good amount of detail provided clearly and precisely. You also consider the possible risks to the patient.

Introduction/Conclusion:

Your introduction is very compelling, but I think it is risky. How confident are you that your instructor will respond positively to a non-traditional introduction? This is not an introduction that would be used for a scholarly paper.

A traditional introduction is a paragraph of pertinent topics you will cover in your paper. The purpose of the introduction is to give a condensed overview of what you plan to say in your paper. This aids the reader in focusing on the specific points you plan to discuss.

Your paper lacks a definitive introduction. Whether you opt to continue to lead off with your scenario or not, if you don't make the introduction the first paragraph, then it definitely needs to be the second. In your paper, you jump from your scenario directly into the body of the paper without preparing the reader ahead of time.

One way to prepare your introduction is to refer to your outline you made for your paper and focus on your main points. Present your main points to the reader and you have created an introduction. Be sure to point out what you intend the reader to gain from your paper.

An outline of your paper could appear as follow.

1. Introduction
2. Case Summary
3. Define fetal electrocardiogram
4. Benefits of the fetal electrocardiogram
5. Contradictions of the fetal electrocardiogram
6. Conclusion

Your paper should end with a conclusion. You can add the end of your scenario, but only after you have presented your conclusion. To compose your conclusion, return to your introduction and summarize each point you introduced. Your conclusion should show that the goal(s) of your paper has been achieved.

Organization:

When writing a paper for a nursing course it is important to write in a scholarly, rather than a literary, style. Each profession has a style. Consider the differences in literary style between a newspaper article, a novel and a nursing journal. Each writer has his/her own distinct style, which reflects individuality but also reflects the style of the profession. There is a format or guide one can follow to develop a written communication style that is consistent within the profession and yet allows for individual self expression.

The title page: This should include the author's name and affiliation.

The introduction: Refer to the Introduction/Conclusion suggestions noted previously.

The body: THE CONTENT. Please refer to the remarks embedded in your essay for content suggestions.

The conclusion: Refer to the Introduction/Conclusion suggestions noted previously.

Summary of Next Steps:

1. Define the goals for your essay.
2. Prepare an outline.
3. Prepare your introduction from your goals and the major points of your outline.
4. Use the suggestions for developing content to strengthen your original essay. Add information as suggested. Include your own overviews and interpretations of what you have read.
5. Follow your outline so that your essay is written with a logical organization of your material.
6. Consider how to incorporate the variety of writing styles present in this paper into one consistent style throughout.
7. Prepare your conclusion.
8. Check your paper for grammar and mechanics.
9. Check your paper for proper reference formatting according to your school's policy.

Find additional resources in SMARTHINKING's online library:

You can find more information about writing, grammar, and usage in SMARTHINKING's student handbooks. You can visit the [SMARTHINKING Writer's Handbook](#) or the [SMARTHINKING ESOL \(English for speakers of other languages\) Writer's Handbook](#).

Please look for more comments in your essay below. Thank you for visiting SMARTHINKING. We encourage you to submit future essays.

Fetal Echocardiogram

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Fetal Echocardiogram

The room was cold as ice. Beads of perspiration trickled down Susie's face, as doctors and nurses scrambled around the delivery room in preparation to welcome her first born child. "Final push," said the nurse, as Susie mustered up one last ounce of strength to deliver her baby. "It's a boy!" exclaimed the doctor, wrapping the baby in a blanket and placing him in Susie's arms. As she gazed lovingly into her son's eyes, Susie couldn't help but notice his rosy pink cheeks slowly turning to a pale shade of blue. Suddenly, the crying stopped. There was no more fusing, there was no more movement...the baby had stopped breathing because his heart ceased to function properly.

Like Susie, hundreds of parents experience that same type of horror in the delivery room every year. In fact, according to the March of Dimes (a nonprofit organization whose sole purpose is to improve overall health of babies through research and education), "congenital heart defects are the number one birth defect, with over twenty-five thousand being born with a congenital heart defect in the US every year" (Baby Heart Press, 2005). Although one in every one-hundred and fifteen babies born will be subject to a heart defect, through the utilization of fetal echocardiograms (which provide information about fetal heart development before birth), we stand a better chance of improved infant survival rates after birth. **[This sentence needs a citation. Also, when you are talking about 1 in every 115 babies being born with a heart defect, are you talking about serious life-threatening types of defects, or is this a broader number that includes the entire range of defects from the life threatening to the things that will usually take care of themselves? Be a bit more specific about the data.]**

To begin with, what is a fetal echocardiogram? **[I would suggest eliminating this sentence. It may be consider a rhetorical question, somewhat annoying, and less than**

scholarly.] A fetal echocardiogram utilizes the principles of echocardiography (which is used to assess the heart's function as well as structures), only it is specifically designed to evaluate a fetus' heart. **[What are these principles?]** Performed by a fetal specialist otherwise known as a Perinatologist, it is a thorough evaluation of a baby's heart to determine proper blood flow, to evaluate heart rate and rhythm, and to check for any abnormalities or weaknesses in heart development. **[What types of abnormalities? You may want to add here that a fetal echo also looks at heart structures.]** In other words, we perform a fetal echocardiogram to detect congenital heart diseases, issues with cardiac function, structural problems, and disturbances in rhythms, thus better preparing us in delivery rooms should a baby require immediate surgery after birth to rectify one of these issues. **[Can you think of any other interventions, aside from surgery that a baby with a cardiac issue may need immediately following delivery? It may be beneficial to add this information to further illustrate the other ways that a fetal echo can help the delivery team be prepared.]**

A fetal echocardiogram is performed using either an abdominal or transvaginal ultrasound. The American Heart Association states, "the heart motion can be seen from about six weeks of gestation, however, details of the heart structure cannot be seen until fourteen weeks gestation using scanning through the vagina and eighteen weeks gestation through the abdomen"(The American Heart Association, 2008, para. 5). The exam is performed by moving around a transducer (probe) to obtain images of the structure and location of the fetal heart; various techniques such as 2D echocardiography, Doppler echocardiography, and color Doppler may be utilized to obtain images.

Exams performed using the 2D, or two dimensional method, offers a cross-sectional view of the fetal heart; this image contains views of the valves, chambers, and blood vessels. Doppler

echocardiography is the technique that enables the assessment and measurement of the flow of blood through the fetal heart. Therefore, the Doppler method provides easier exposure of problems associated with the heart walls and four valves. **[Is your intended message that the 2D method only allows the view of the heart and does not allow for viewing flow? Be sure your message is clear.]** Furthermore, detection is made simpler through the use of color Doppler, which assigns different colors to help designate the direction of blood flow (Drose, 2009). **[Would a combination of the Doppler method as well as the 2D method help provide the most accurate picture of fetal heart structure and function? Are there any other types of ultrasound or different methods of looking at the fetal heart that may also provide any insight into possible congenital heart conditions?]**

“Approximately ninety percent of major cardiac malformations can be ruled out by methodically evaluating an adequate 4-chamber view of the fetal heart,” says Dr Kenneth F. Trofatter, author of the article *The Importance of Fetal Heart Evaluation*. However, there are many contraindications (obstacles) such as fetal heart size, fetal movement, placental location, and rapid heart movement that often make a fetal heart evaluation difficult. **[Are these obstacles or contraindications? There is a difference in meaning.]** Additionally, minor heart issues such as mild valve abnormalities and small holes in the heart are simply not detectable until after birth. **[You may want to explain why they are not detectable.]** It is also imperative to remember that fetal echocardiograms focus solely on the heart and may overlook additional abnormalities in other parts of the fetus (Trofatter, 2010).

The fetal echocardiogram is a non-invasive ultrasound procedure with no demonstrated side effects to both fetus and mother. Not only is it the healthier choice over other imaging techniques, but in the imaging arena, ultrasound has made the most advances in early detection

of pregnancy related issues. According to the journal article *Advances in Fetal Cardiac Imaging*, author M. Sklansky states, “Over the past twenty-five years, advances in ultrasound imaging techniques have led to the availability of sophisticated tools such as fetal echocardiography, making it possible for many congenital heart malformations to be diagnosed as early as the 12th to 20th week of pregnancy” (Sklansky, 2004). Other imaging techniques can be quite uncomfortable for the pregnant mother, not to mention that several of them expose or use mild forms of radiation which is not safe for the unborn baby—a fetal echocardiogram offers neither, thus proving to be the better imaging alternative above all the rest. **[Consider mentioning other imaging techniques that can be used and potential drawbacks to those techniques in order to strengthen your point that fetal echo is one of the best options.]**

Fetal echocardiograms are a necessary and vital diagnostic imaging procedure. **[Finish this thought describing for what purpose.]** Although not all fetal heart conditions are treatable, early detection through the use of this exam significantly improves survival after birth by ensuring faster response and availability of medical personnel, should the baby require immediate surgical attention. In the case of Susie Sunshine and her little baby boy, perhaps a fetal echocardiogram may have better prepared them or even prevented the unfortunate turn of events in the delivery room that day? **[As a final thought about your scenario and its use in your conclusion, could this (Susie Sunshine) be misconstrued and found offensive to some readers? Is there a more professionally neutral and compassionate way to refer to an individual in this distressing situation?]**

References

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