

- **Estimated Date of Birth/ Delivery (EDB/EDD)**
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 - First auscultation of fetal heart rate with a Doppler
 - Date of _____
 - US
 - Hx of assisted reproduction (I.E. in vitro)

- **Naegle’s Rule: “Best Guess”**

Example:

LMP: September 7
-3 months

June 7
+ 7days

EDD: June 14

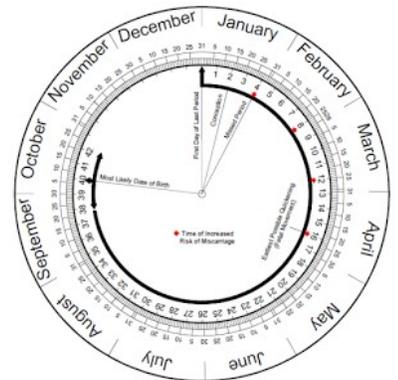
- **Pregnancy Wheel**
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 - Place arrow on LMP
 - Lines up with EDD

- Term gestation is between ____ and ____ weeks
 - Varies between experts
 - Pushing for 37th week completed to 41 weeks

- **First Trimester:**
 - Hx of current pregnancy:

 - OB hx:

- Bimanual exam:



- Clinical Pevimetry: measures bony pelvis through palpation; identify any variations in structure
- Fundal Height Measurements: zero point of tape measure on symphysis pubis and the tape is extended to top of fundus; screening tool for fetal growth; measurement is approximately _____ to the number of weeks pregnant; empty bladder prior to prevent false reading
- Fetal heart tones: usually heard 10-12 weeks, 110-160 bpm
- Labs: compare throughout duration of pregnancy, assess anemia, Rh Factor
- Ultrasound (US)
- **Rh Factor:** Rh Factor is an inherited protein found on RBC
 - If you have the protein, you are positive. If you do not, you are negative.
 - Positive is the most common, negative does not affect your health, however can affect your pregnancy.
 - If baby is Rh + and mother is Rh -, usually blood does not mix during pregnancy, but small amounts can during delivery. This is not concerning if you are + but if you are negative, your body may produce antibodies.
 - The concern will then be with your next pregnancy, if the baby is + again, your body will produce antibodies that damage the baby's RBC and cause anemia.
 - Rhogam IM given at 28 weeks if woman Rh negative prophylactically to prevent possible antibody formation if fetus is Rh Positive
 - Also given with pregnancy loss, amniocentesis, abdominal trauma
- Syphilis (RDR/ VDRL)
 - Non-reactive =
 - Not at risk for transplacental infection
 - Positive increases risk of _____
- HIV
- Gonorrhea (GC) and Chlamydia Cx
 -
 -
- Rubella Status
 - Titer drawn from mom to determine immunity
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 - Teratogenic effects (vision and hearing affected)
 - Recommend vaccine at discharge to prevent future pregnancies
 - CANNOT _____

➤ **Second Trimester:**

➤ **Quad Screen**

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- Maternal blood draw
- Measures Alpha fetoprotein (AFP)
- Increased levels = R/F
- Decreased levels=
- Abnormal findings require _____

➤ **Oral Glucose Tolerance (1 hour screen, 3 hour if elevated at 1 hour screen)**

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- Blood glucoses are measured
- Assess for gestational diabetes

➤ **Hgb/ Hmt**

- Identify anemia and need for possible iron supplements

➤ **Third Trimester:**

➤ **GBS Screening**

- Cultures:
- Positive results =

Danger Signs of Pregnancy:

Danger Sign	Possible Cause
Sudden gush of blood	ROM
Severe H/A	HTN, preeclampsia

Pregnancy Education:

- Dental
- Immunizations:
- Exercise
- Kegals
- Childbirth
- Body Mechanics