Question # 1	Student Name: Josie Brimberry

Based on the "Topic" and "Subtopic," I missed a question about:
Prolapsed Umbilical Cord

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Prolapse umbilical cord happens when the cord falls below the presenting part of the fetus. It can occur at any point in labor. It is more common to occur when membrane ruptures but it can occur if the membrane hasn't ruptured.
- Risks include longer cord >100cm, malpresentation, rupture membrane.
- Prolong cord compression results in fetal hypoxia (>15min) & can cause CNS damage & death.
- Take action by holding presenting fetus off cord, maternal position - knee-chest, trendelenburg, ~~foley~~ modified sims, call HCP, apply 8/10 ~~L~~/min O_2, increase IV fluids, & prepare for birth.
- S/S include FHR bradycardia, variable/prolong deceleration, absent/minimal variability

Question # 2	

Based on the "Topic" and "Subtopic," I missed a question about:
Care Management

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- During prolapse umbilical cord wrap protruding cord with a sterile towel that is saturated with sterile normal saline & do not replace cord in cervix.
- Explain to woman & support members of what is happening and interventions that are being done.
- If prolapse cord occurs, vaginal birth with forceps and a fully dilated cervix or a cesaren birth will need to happen.
- Monitor FHR — fetal scalp electrode is best & most accurate.
- Increase fluids in IV or start IV fluids.

Question # 3	Student Name: Josie Brimberry

Based on the "Topic" and "Subtopic," I missed a question about:
Therapeutic Management

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- During prolapsed umbilical cord, position woman in Knee-Chest, trendelenburg, modified Sims making sur her hips are above her head using gravity to help relieve cord compression.
- Ultrasound can be used to determine fetal heart activity.
- By increasing materal O_2. fetal O_2 will increase with higher O_2 in blood.
- Tocolytic drug (terbutaline) inhibits contractions and can be given to stop contractions that constrict blood flow.
- Avoid handling or manipulating umbilical cord to avoid umbilical artery spasm & can decrease blood flow.

Question # 4	

Based on the "Topic" and "Subtopic," I missed a question about:
~~Pregnancy~~ Pregnancy & Human Immunodeficiency Virus

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- The infant can contract HIV in 1st trimester, during labor by inoculation/ingestion of maternal fluids, or through breast feeding.
- Early recognition & treatment of HIV can prevent transmission. Treatment include antiretroviral prophylaxis (zidovudine) & HAART (highly active antiretroviral therapy.
- with treatment pt. need immune support & should be vaccinated with hepatitis B, pneumococcal infection, viral influenza, & Haemophilus influenzae type B.
- Monitor labs such as WBC, platelet, hematocrit to prevent bone marrow supression.
- ~~Educate pt to have optimal nutrition, sleep, exercise, & decrease~~ stress levels.

Question # 5	Student Name: Josie Brimberry

Based on the "Topic" and "Subtopic," I missed a question about:
Intrapartum care

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Preeclampsia presentation includes: nausea, upper right quadrant pain, blurred vision, occipital HA, HTN, proteinuria, seizure activity, low plates, elevated liver, elevated creatinine levels.
- For preeclampsia, magnesium sulfate decreases seizure activity.
- Vasospasm presentation includes: HA, blurred vision, HTN, Oliguria, increased creatinine & plasma uric acid, & decreased uteroplacental perfusion.
- severe preeclampsia can cause dyspnea, crackles, pulmonary edema, hypoxemia.
- In infants, preeclampsia can cause growth restriction, preterm labor, Placenta abruption, abnormal ~~#~~ FHR.

Question # 6	

Based on the "Topic" and "Subtopic," I missed a question about:
Head & chest Circumference

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Measure Infant head circumference above eyebrows & around occiput.
- Normal range of newborn head circumference is 32-38cm
- smaller head circumference could indicate poor brain growth & microcephaly. Large head circumference could indicate hydrocephalus.
- Chest circumference is measured at nipples and ~~[illegible]~~ is normally 33cm.
- If head & chest circumfrence is equal at birth, molding of the head occured.

Question # 7	Student Name: Josie Brimberry

Based on the "Topic" and "Subtopic," I missed a question about:
Caput Succedaneum

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Caput Succedaneum is where swelling is localized to vertex of infant's head from cervix pressure.
- caput succedaneum disappears after 12-48 hours afterbirth.
- The edematous part crosses suture lines, soft, & varies in size.
- During labor, if a vacuum extractor is used it will increase the risk for caput succedaneum.
- Document edema & presence of brusing.

Question # 8	

Based on the "Topic" and "Subtopic," I missed a question about:
Thermoregulation

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Hypothermia may increase fetal O_2 consumption & metabolic rate causing respiratory problems.
- The Infants head should be dried & warmed first because the most heat is lost from the head.
- Maternal/paternal skin-to-skin is best intervention for thermoregulation.
- Delaying the first bath up to several hours may help stabilize tempature.
- Do not place a cap on fetal head while in radiant warmer because it will slow tranfer of heat.

Question # 9	Student Name: Josie Brimberry

Based on the "Topic" and "Subtopic," I missed a question about:

Physical Assessment

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Avoid placing baby in prone position to sleep.
- Infant head is made up of 6 bones - frontal, occipital, 2 parietals, & two temporals. Sutures is the connective tissue between each bone. Fontanels are 2 larger gaps of connective tissue, - anterior & posterior.
- Assess Infant for red reflex - (glare from light) using funduscopic exam. Absense may indicade glaucoma, cataracts, retinoblastoma, or systemic disease.
- Assess startle reaction, arms of infant should abduct while fistare clenched.
- ~~Most infant breath through nose when first born,~~ assess nasal passage.

Question # 10	

Based on the "Topic" and "Subtopic," I missed a question about:

Rubella Vaccination

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Women who are non-immune titer <1:8 or enzyme immunoassay <0.8 should get MMR vaccine to Protect fetus.
- If pregnant, women need to wait til the postpartum period to get MMR vaccine. They need to wait at least 28 days before getting pregnant.
- Breastfeeding mothers can get vaccinated.
- Common side effects include - rash, fever, arthralgia, & lymphadenopathy
- ~~The virus can be trasmitted through body fluids such~~ as urine. Immune compermised family members may be effected.

Question # 11	Student Name: Josie Brimberry

Based on the "Topic" and "Subtopic," I missed a question about:
Weight gain during pregnancy

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Not enough
  Weight gain in the first trimester can effect fetal growth, SGA, preterm birth, failure to breastfeed, low birth weight <5.5lb.
- Excessive weight gain can effect gestational diabetes, prolong labor, birth trauma, c-section, low apgar, hypoglycemia, asphyxia, overweigh children.
- Weight gain is based off woman's BMI, average weight gain is 25-35lbs.
- Iron supplements should be taken with VitC to help absorption. Best to take before bed & avoid milk, coffee, tea which can inhibit melabolism.
- ~~Women should drink 8-10 glasses of water per day.~~

Question # 12	

Based on the "Topic" and "Subtopic," I missed a question about:
Alcohol

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Fetal alcohol syndrome can occur from maternal alcohol consumption. Therefore, alcohol use is contraindicated during pregnacy.
- Alcohol consumption can cause fetal birth defects, impaired cognitive function, increases behavioral problems, growth restriction, & facial dysmorphia.
- If patient is pregnant, educate on fetal risks and advise to stop consumption.
- Low alcohol use is not a reason that ~~a~~ pregnancy should be terminated. if the pt. was unaware that she was pregnant.
- Alcohol is a teratogen and there is no safe amount of alcohol consumption. It should be avoided. ~~at all~~

Question # 13	Student Name: Josie Brimberry

Based on the "Topic" and "Subtopic," I missed a question about:
Gestational Hypertension

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- Gestational Hypertension is high blood pressure after 20wks of pregnancy without signs of preeclampsia like proteinuria.
- High blood pressure is considered > 140mmHg systolic or > 90 mm Hg diastolic.
- Gestational hypertension returns to normal BP < 12 wks postpartum.
- Preeclampsia can occur from gestational hypertension if proteinuria is present & there's an increase in blood liver transaminases.
- Preeclampsia can become severe. Moinitor for pulmonary edema & cerebral / visual distrubances.

Question # 14	

Based on the "Topic" and "Subtopic," I missed a question about:
Preventing Excessive Bleeding

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- The largest risk for excessive bleeding or hemorrahge is uterine atony - failure of uterine contractions.
- Two important interventions the nurse is responsible for to prevent excessive bleeding & hemorrahge are maintaining uterine tone by rubbing the fundus & preventing bladder distention.
- Remain placenta fragments is the highest risk for postpartum hemorrahge.
- Signs that excessive bleeding is occuring and the call of a HCP is when perineal pads are saturated in less than 15 min.
- Excessive bleeding can lead to hypovolemic shock. Assess signs for lightheadness, anxiousness, pale or grdy color skin, cool & clammy, ↑ HR.

Question # 15	Student Name: Josie Brimberry

Based on the "Topic" and "Subtopic," I missed a question about:
Promote Bonding & Attachment

☑ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- To help promote attachment process it is important to have unlimited contant between parents & baby.
- Educate parents on care for baby to encourage confidence in parent's ability to care for child.
- To help increase mutual interaction between parent & infant, place infant in face-to-face position to allow eye contant bonding.
- Mother-baby care, couplet care, dyad care is when a nurse cares for mother & baby in same room.
- Help parents be familiar with 'real' baby to replace fantasy during pregnancy.

Question #	

Based on the "Topic" and "Subtopic," I missed a question about:

☐ **I have reviewed each of the excerpts/activities listed under the Packet> Remediation Content**

List five or more bullet points with your "take-aways" from this packet.
(What is most important for you to remember as you prepare for the NCLEX and future patient care?)