

Question #

Ankeptom

Student Name:

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

Weight gain



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?)

- * Mother should gain 0.5-2kg during the 1st trimester,
- * Mother should gain 0.35-0.5kg per wk during the rest of her pregnancy.
- * Total weight gain should be about 11.5-16kg.
- * discuss the ↑ R/O preterm labor if mother doesn't gain weight.
- * weight gain recommendations are based on the mother's prepregnancy BMI

Question #

Ankeptom

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

Substance Abuse



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?)

- * Alcohol is a teratogen & can cause birth defects
- * Fetal Alcohol Syndrome can occur which can cause CNS Abnormalities.
- * Substance Abuse can cause preterm labor
- * Help mom identify stressors to stop from using drugs
- * Substance abuse can cause a spontaneous abortion.

Question # Inhalation

Student Name:

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

Pregnancy of 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?)

- ★ Exposure to the fetus may occur through maternal circulation as early as the 1st trimester
- ★ Mothers w/ HIV can have 25% chance of transmitting it to baby if taking the correct treatment.
- ★ Major SE of ~~ART~~ Antiviral therapy is Bone Marrow suppression.
- ★ HIV women should be vaccinated w/ Hep B, Pneumococcal infection, Haemophilus influenzae type B, & viral influenza
- ★ Dept. of Health & Human Services recommends a scheduled C-section birth @ 36 weeks

Question # Alkalosis

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?)

- ★ Insufficient weight gain during pregnancy has been associated w/ low birthweights.
- ★ Excessive weight gain is associated w/ increased birth weights.
- ★ Low pregnancy weight is associated w/ preterm labor, SGA, & perinatal mortality
- ★ Water soluble vitamins should be taken over fat soluble vitamins because excess amounts are excreted in the urine.
- ★ Calcium should be taken w/ Vit. D so it can increase its absorption

Question #

Assessment

Student Name:

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

Assessment for Hemorrhage



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?)

☆ Amount & nature of bleeding, onset, estimated blood loss, any tissue or clots,

☆ Pain: Type, onset, location

☆ Check the Maternal Vital Signs

☆ Check the condition of the fetus,

☆ Uterine contractions: External uterine contraction may be used, but if membranes rupture an intrauterine pressure may be used

Question #

Nursing care plan

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

Antepartum 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?)

☆ Expected outcome: The couple will express less anxiety after teaching

☆ Interventions & rationales: Remain w/ the couple & acknowledge the emotions that they exhibit

☆ Determine the couple's level of understanding of the situation & the presented information

☆ Encourage the Pt to participate in as much care as possible

☆ Refer the mother & father to support groups.

Question #

Placenta Previa

Student Name:

Merulino Geline tt

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

Placenta Previa



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 placenta is implanted in the lower uterine segment
- ★ Living @ a higher altitude is a risk of placenta previa
- ★ characterized by painless bright red vaginal bleeding during 2nd or 3rd trimester
- ★ pregnant women can lose up to 40% of blood w/o showing shock.
- ★ ABS assessment may include a soft, relaxed, nontender uterus w/ normal tone.

Question #

Placenta Previa

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

Placenta Previa



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?)

- ★ All women w/ painless vaginal bleeding after 20 wks of gestation should be assumed to have a placenta previa until proven otherwise
- ★ Transvaginal is better than transabdominal scan to determine placenta location.
- ★ Obs & bed rest is implemented if fetus is < 36-37 wks.
- ★ If mom is < 34 wks antenatal corticosteroids should be administered.
- ★ The mother will have a C-section.

Question #
Intrapartum

Student Name:
Marcelino Godino IV

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?)

- ★ Prolapsed cord can occur at any time, whether the membrane has ruptured or not.
- ★ Signs of a prolapsed cord can result in CNS damage.
- ★ Mother can be positioned into a Modified Sims', Trendelenburg, or Knee-Chest to keep pressure off the cord.
- ★ Signs of prolapsed cord are variable decels, mother feels the cord, cord is seen.
- ★ Prepare for vaginal birth if fully dilated, C-Section if not.

Question #
Intrapartum

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?)

- ★ Position the woman's hips higher than her head to take pressure off the cord.
- ★ Avoid palpation of the cord to minimize vessel vasospasm.
- ★ Give the pt 8-10L of O₂ via face mask.
- ★ ↑RIO Prolapsed cord can be from excessive volume of amniotic fluid.
- ★ A tocolytic like terbutaline may be given to inhibit contractions.