| Question # | Student Name: Christine Pinili |
|---|---|

**Based on the "Topic" and "Subtopic," I missed a question about:** Newborn
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 an edematous area over the vertex of the head from pressure against mom's cervix during labor.
- Amount of edema and bruising is assessed and should resolve quickly and disappear within 3-4 days after birth.
- The use of a vacuum extractor to assist birth will usually result in a caput at area cup was placed.
- The area is soft, varies in size, and may cross suture lines.
- There isn't specific treatment needed but observing for signs of infection if skin is abraded or broken down.

| Question # | |
|---|---|

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

☐ **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?)

- Cephalohematoma is bleeding between the periosteum and skull from pressure during birth.
- Usually isn't present at birth but develops within 24-48 hrs.
- The swelling is firm, has clear edges, and doesn't cross suture lines.
- Reabsorbs slowly taking 2 weeks to 3 months to resolve completely.
- They are at risk for jaundice from the RBC breakdown within the hematoma.

| Question # | Student Name: |
|---|---|

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

☐ **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?)

- Physiologic jaundice: common, after 24hrs, peaking at 3-5 days, self-limiting, and resolves after 1-2 weeks.
- Every newborn should be assessed for jaundice every 8-12 hours by applying pressure with a finger over a bony area for a few seconds, present if yellow.
- If jaundiced in first 24 hrs, a TcB or TSB is measured.
- Risk factors for severe hyperbilirubinemia: GA < 38 weeks, exclusive breastfeeding with weight loss, sibling hx, hemolytic disease, bruising/cephalohematoma
- Primary treatment is phototherapy, baby needs eye protection, temp and hydration monitoring, repositioning, and no lotions/creams on skin.

| Question # | |
|---|---|

**Based on the "Topic" and "Subtopic," I missed a question about:** Postpartum
Mastitis Nursing Considerations

☐ **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?)

- Prevent by positioning infant correctly, avoiding nipple trauma and milk stasis.
- Breastfeed every 2-3 hrs and avoid continuous pressure from tight bras and infant carriers.
- complete entire course of antibiotics, 2500-3000 mL fluid intake/day, stay in bed during acute phase, and analgesics for discomfort.
- Heat should be used before feeding or pumping and breasts should be completely emptied at each feeding.
- Not breastfeeding or pumping can increase engorgement and stasis.

| Question # | Student Name: |
|---|---|

**Based on the "Topic" and "Subtopic," I missed a question about:** Postpartum
Disseminated Intravascular coagulation

☐ **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?)

- A pathologic clotting disorder that leads to extensive clot formation while depleting clotting factors, causing both external and internal bleeding.
- DIC triggers: severe preeclampsia, HELLP syndrome, and gram-negative sepsis.
- S/S: spontaneous bleeding, excessive bleeding from venipuncture site, petechiae, bruising, hematuria, GI bleeding, tachycardia, diaphoresis.
- Medical management depends on the underlying cause of it.
- Continuous EFM is needed if DIC develops before birth.
- Mom is positioned in a side-lying tilt and $O_2$ through nonrebreather mask.

| Question # | |
|---|---|

**Based on the "Topic" and "Subtopic," I missed a question about:** Postpartum
Vital Signs ~~after~~ Birth

☐ **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?)

- Puerperal sepsis: temp >100.4°F the first 24hrs after birth and recurs/persists for 2 days
- Pulse stays elevated for 1st hour after birth and decreases over 48hrs, puerperal bradycardia (40-50 beats/min) is common
- The transient blood pressure increase of about 5% can take weeks or months to return to prepregnancy levels.
- BP > 140/90 on 2 occasions 6hrs apart can indicate preeclampsia.
- BUBBLEHEB and vital signs assessed usually every 4-6 hrs.

| Question # | Student Name: |
|---|---|

**Based on the "Topic" and "Subtopic," I missed a question about:**
Adaptations to Pregnancy, Physical Changes

☐ **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 total lung capacity is decreased by 5% and breathing is more thoracic than abdominal.
- Increased estrogen levels cause edema/swelling of mucous membranes: nasal stuffiness, epistaxis, voice changes, and earaches.
- Maternal $O_2$ consumption increases by 20-40% above nonpregnant levels.
- The expanding uterus put upward pressure on the diaphragm, raising it and the rib cage flares to compensate.
- Dyspnea occurs until lightening happens and relieves that pressure.

| Question # | |
|---|---|

**Based on the "Topic" and "Subtopic," I missed a question about:**
Adaptations to Pregnancy, Gestational Diabetes Mellitus

☐ **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?)

- Risk factors: obesity, >25years old, inactivity, abnormal cholesterol levels, vascular disease, or family members with T2DM.
- Glucose Challenge Test: 24 and 28 weeks gestation, fasting not necessary, if >140 mg/dL then oral glucose tolerance test needed.
- OGTT: fast from midnight on day of test, levels taken at 1, 2, and 3 hours, gold standard for diagnosing diabetes.
- Major fetal complications: macrosomia, birth injuries/cesarean birth, and neonatal hypoglycemia.
- Maintenance: diet control, blood glucose tests, insulin, and performing regular fetal surveillance.

| Question # | Student Name: |
|---|---|

**Based on the "Topic" and "Subtopic," I missed a question about:** Antepartum
Fundal Height

☐ **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?)

- Measurement of the height of the uterus above the symphisis pubis.
- From 18-30 GW, the fundal height in cm is about the same as the number of weeks gestation.
- The bladder should be empty because a 3cm variation is possible if full.
- Stable / decreased fundal height can mean intrauterine growth restriction.
- Excessive increase can mean multifetal gestation or polyhydramnios.

| Question # | |
|---|---|

**Based on the "Topic" and "Subtopic," I missed a question about:** Antepartum
Multifetal 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?)

- Increased maternal physiologic demands: higher blood volume, greater cardiac workload, increase uterine size, and respiratory difficulty.
- Higher risk of anemia, edema, constipation, and fatigue.
- complications: preterm labor, gestational diabetes, hypertension / preeclampsia, placenta previa, placental abruption, postpartum hemorrhage, growth restriction, and twin-to-twin transfusion syndrome.
- Early diagnosis through ultrasounds and every 4-6 weeks.
- Higher caloric intake and weight gain, additional iron, folic acid, and calcium, more rest, and activity modification.