ultrasonography. With TVUS, the patient is not required to have a full bladder or endure uncomfortable abdominal pressure on the abdominal wall (Shields, 2017). Some women may object to insertion of the vaginal probe.

Pregnancy Terminology

The terms *gravida* and *para* are used to describe pregnancies, not the number of fetuses. **Gravida** refers to the number of times a woman has been pregnant. For example, a woman pregnant for the second time is a gravida 2. **Para** refers to a woman who has produced a viable infant, regardless of whether the fetus was alive at birth. ***Viability*** is defined as the point in a pregnancy that the fetus could theoretically survive outside its mother's womb. The lower limits of viability are a fetal weight of 500 g or a gestation greater than 20 weeks.

A multiple birth is considered to be a single parous experience (Venes, 2017). The gravida and para system does not provide enough detail regarding the pregnancy and childbirth experience. Most health-care providers use the GTPAL acronym to give data that are more comprehensive in order to provide appropriate care:

- G: the number of pregnancies regardless of the outcome or number of fetuses (G represents **gravida**)
- T: the number of **term** infants born at 37 weeks' gestation and beyond
- P: the number of **preterm** infants born after 20 weeks' gestation and before 37 weeks' gestation
- A: the number of pregnancies that ended in a spontaneous or therapeutic **abortion**
- L: the number of **living** children

There is a variation of the GTPAL system in which an M is added to denote **multiple** births such as twins and triplets.

For example, Maria is pregnant for the third time, and she had a spontaneous abortion 2 years ago. She has a 5-year-old daughter who was born at 39 weeks' gestation. Maria's GTPAL is G3, T1, P0, A1, and L1.

Selection of a Health-Care Provider

There are options available for the pregnant woman as she selects a health-care provider to give medical care during her pregnancy and birth.

- ***Family physicians:*** provide health care for the complete life span. Their medical education qualifies family physicians to manage most uncomplicated pregnancies, including minor surgical procedures for vaginal delivery. Some family physicians perform cesarean sections but may need to refer a patient to an obstetrician for that procedure.
- ***Obstetrician-gynecologists (OB-GYNs):*** provide health care for all phases of pregnancy, from preconception planning to postpartum recovery. Women with pre-existing medical conditions or at risk to develop complications, such as diabetes or pre-eclampsia, should select an OB-GYN.
- ***Certified nurse midwives (CNMs):*** provide preconception, maternity, and postpartum care for women at low risk of complications during pregnancy. Midwives generally offer a low-technology approach to the birthing process. Midwives cannot perform cesarean sections and will need to transfer care to an OB-GYN if complications occur.

Team Works

Some health-care providers work in teams to provide prenatal care. During an uncomplicated pregnancy, a mother-to-be may be seen by a registered nurse, a nurse midwife, and an obstetrician. If she has special dietary needs, a registered dietitian may also be included in the team.

Determining the Estimated Date of Delivery

Most women do not deliver on their due date. However, the establishment of a due date or the estimated date of delivery (EDD) is important. It allows the health-care provider to monitor the growth and progress of the pregnancy. The method for determining the EDD is based on **Naegele's rule.** The formula is to subtract 3 months from the first day of the last menstrual period and then add 7 days, which will indicate the approximate date of delivery (Venes, 2017).

For example, if the first day of the woman's last menstrual period was January 1, subtracting 3 months is equal to October 1. Next, add 7 days. The EDD would be October 8.

A pregnancy wheel can also be used to determine the estimated due date or date of delivery. The wheel is based on Naegele's rule. The pregnancy wheel works by adding 40 weeks to the date of the last menstrual period. It provides approximate conception date, gestation week, and due date (FIG. 6.1).

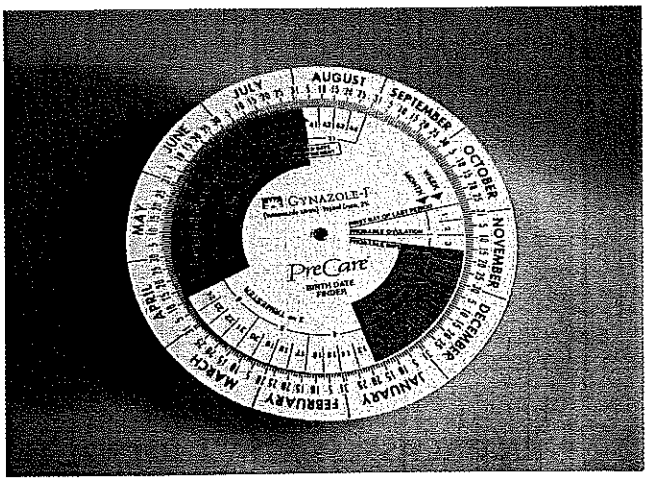

FIGURE 6.1 A gestation wheel is a handy tool for determining the gestational age. The arrow labeled "first day of LMP" is placed on the date of the last menstrual period (LMP). The date at the arrow labeled "expected delivery" is then noted.

Learn to C.U.S.

During a prenatal visit with Lauren, she acknowledges that she has not prepared any clothes or a crib for her newborn. Lauren "can't decide" whether she wants to bottle feed or breastfeed. The nurse is concerned because this is Lauren's first baby, and she is at 37 weeks' gestation. The nurse discusses her concerns with the obstetrician using the C.U.S. method of communication.

C: "I am **concerned** about Lauren.
U: I am **uncomfortable** because she has not started preparing for the birth of her newborn and she is at 37 weeks' gestation.
S: We have a possible **safety** issue and a warning sign that she is not coping well with the pregnancy."

- Provide education.
  - Address topics appropriate to gestational age.
  - Include signs that should be reported to the health-care provider and could indicate potential complications such as pre-eclampsia and placenta problems (see Chapter 8) such as:
    - Vaginal bleeding
    - Severe headache
    - Unusual or severe abdominal pain
    - Leaking fluid from the vagina
    - Blurry or impaired vision
    - Excessive vomiting and or diarrhea
    - Swelling of the feet, hands, and face
- Screen for intimate partner violence (IPV). Pregnancy often triggers IPV or exacerbates the problem (ACOG, 2017).
  - Screening Questions:
    - "Do you feel safe at home?"
    - "Do you and your partner fight?"
    - "Does the fighting become physical?"
    - "Have you ever been hit or hurt by your partner?"

Safety *Stat!*

Warning Signs of Intimate Partner Violence

- Late or absent for prenatal appointments
- Injuries to the face, head, neck, chest, or abdomen
- Vaginal bleeding
- Genitourinary infections
- Signs of anxiety, depression, and self-harm
- Signs of alcohol or substance use disorder
- The partner demands to attend all clinic visits.
- The partner answers all the questions for the woman.

Document all information and report using the established agency policy.

Assessment of Fetal Development

The assessment of fetal development most commonly includes FHR and quickening.

- Fetal heart rate (FHR): the ultrasound Doppler is used in the prenatal setting to evaluate the FHR. The normal FHR is 110 to 160 bpm. If unable to hear the FHR by 12 weeks' gestation, an ultrasound examination may be completed to evaluate fetal development.
- Quickening (the mother's sensation of fetal movement): this is expected between 16 and 22 weeks' gestation. A primigravida woman usually notices quickening later than a woman who has been pregnant before.

• WORD • BUILDING •
primigravida: primi-first + gravida-pregnant

Key Points

- Family practice physicians, obstetricians-gynecologists, and certified nurse midwives can provide prenatal and delivery care for the patient.
- A complete medical history, family history, spiritual history, cultural history, gynecological history, and pregnancy history are required to provide patient-centered care.
- A complete head-to-toe assessment with a pelvic examination is required to assess the overall health of the mother and the adequacy of the pelvis for childbirth.
- Laboratory tests, including a CBC, rubella screen, varicella screen, antibody screen, HIV test, STI panel, Pap test, urinalysis, Rh test, and blood type test, provide baseline information about the patient's health status.
- Prenatal visits are planned throughout the pregnancy to continually monitor maternal and fetal health.
- The GTPAL system is used to provide data on pregnancy and childbirth history.
- Screening tests, such as CVS, NTT, and quadruple screen, are performed for early diagnosis of genetic abnormalities.
- Intimate partner violence often begins or gets worse during pregnancy. Screening questions should be asked at each prenatal visit.
- Fetal heart rate and quickening are two early assessments of fetal development.