- Perform a psychological assessment.
  - Warning signs:
    - Increasing anxiety about the pregnancy
    - Inappropriate responses to or preoccupations about the pregnancy
    - Failure to acknowledge quickening
    - Signs of substance use disorder
    - Inability to cope with stress
    - Failure to prepare for the baby, such as preparing clothing and selecting a feeding method

Evidence-Based Practice

Evidence in previous studies indicates that 13% to 21% of prenatal persons experience anxiety. A study investigated prenatal persons' internet discussion concerning their experiences with anxiety. Blogs are an accessible resource for people to anonymously discuss anxiety symptoms and management of anxiety. The bloggers commonly discussed emotional, cognitive, physical, and behavioral symptoms. The researchers followed and analyzed the blogs, determining that three main themes were evident throughout the blogs. The first theme was that people were concerned about the cause of the anxiety, such as previous pregnancy loss. The second theme was triggers for anxiety, such as the mother's health and baby's health. The third theme was concern about the symptoms of anxiety, such as loss of joy and poor sleeping. The study concluded that one way to address prenatal anxiety is for nurses and other health-care professionals to make credible information on anxiety in pregnancy easily accessible through online mediums, such as blogs.

Pierce, S. K., Reynolds, K. A., Hardman, M. P., & Furer, P. (2022). How do prenatal people describe their experiences with anxiety? A qualitative analysis of blog content. *BMC Pregnancy and Childbirth, 22*, 398. https://doi.org/10.1186/s12884-022-04697-w

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. You are concerned because this is Lauren's first baby, and she is at 37 weeks' gestation. You discuss 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 preeclampsia 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, 2021a).
  - 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?"

Assessment of Fetal Development

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

- *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.

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.

· WORD · BUILDING ·

primigravida: primi–first + gravida–pregnant

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, 2021). 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* births born at 37 weeks' gestation and beyond
- P: the number of *preterm* births born after 20 weeks' gestation and before 37 weeks' gestation
- A: the number of pregnancies that ended in a spontaneous or therapeutic *abortion* (included as gravida if before 20 weeks' gestation)
- L: the number of *living* children

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:* They 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):* They provide health care for all phases of pregnancy, from preconception planning to postpartum recovery. Women with preexisting medical conditions or at risk to develop complications, such as diabetes or preeclampsia, should select an OB-GYN.
- *Certified nurse midwives (CNMs):* They 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.

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 (LMP) and then add 7 days, which will indicate the approximate date of delivery (Venes, 2021).

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

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

Initial Patient History

To provide patient-centered care, thorough past medical history, family history, cultural preferences, and gynecological and obstetrical histories are very important to obtain. The information in Box 6.1 should be obtained by the health-care provider.

Health Promotion

As soon as a pregnancy is confirmed, the nurse can reinforce health promotion with the woman to ensure a healthy pregnancy. Health promotion and maintenance in early pregnancy include:

- Encourage the woman to schedule the first prenatal visit as soon as she confirms pregnancy.
- Obtain a thorough past medical history and current health history to detect any potential problems.
- Encourage the woman to ask questions.
- Answer all questions honestly.
- Encourage the patient to obtain all laboratory tests ordered by the health-care provider.
- Stress the importance of subsequent prenatal visits and care throughout the pregnancy.

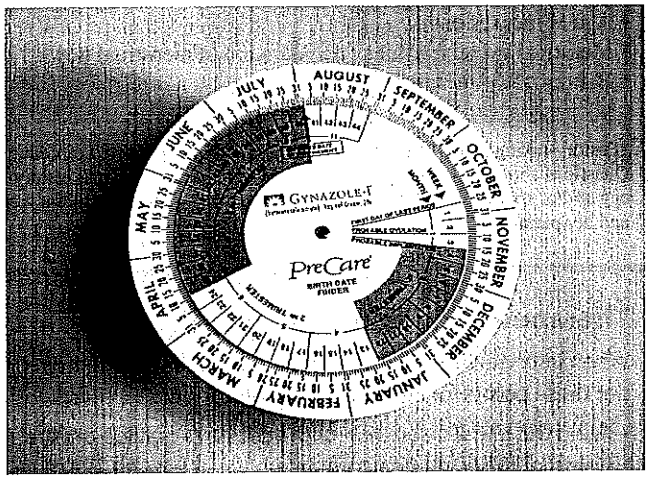

FIGURE 6.1 A gestation wheel is a handy tool for determining the gestational age. The arrow labeled "first day of LMP" is placed on the date of the LMP. The date at the arrow labeled "expected delivery" is then noted.