

Please complete the following questions based on information given in the Lessons MCN Week 1 Lab tab. Submit to the MCN Online Lab Dropbox by **Wednesday August 20, 2025 at 0800**. Bring a copy of this document to lab on Wednesday to receive the answers.

Women's Health Questions

Online lab activity: Breast Self-Exam

Objectives: 1, 4, 5, 6

<https://www.youtube.com/watch?v=nkPR4ar1EQ4&t=19s>

Please follow the link. Watch the video and follow the steps on how to conduct a breast self-exam then answer the following questions:

1. What is a breast self-exam?

A individual procedure to physically and visually examine their own breasts and areas around the underarm to look for any changes or irregular lumps.

2. What position(s) should the client be in while performing a self-exam?

You can put your hands on your hips and turn side to side while standing to look for any abnormalities. You can put your arms forward on your hips to bring out lumps that may not appear in other positions. Raise your arms above the head while standing to look for puckering or lumping that might be underneath the nipple. You can lay down and place one arm behind your head, then with your other hand you want to use your first three fingers going in a circular motion around the breast or feel up and downward.

3. What are two methods for palpating the breast tissue?

You are going to be using your three fingers while in the laying down position and do a circular motion around the breast. From the collar bone, to sternum, to mid-chest, to then the underarm. Or you can do a vertical strip method using the three fingers up and down in a vertical line.

4. What would the lump feel like compared to a lymph node?

The lump would stand out, feeling like a pea, marble, or walnut. It is feeling like a irregular, firm shape.

5. How often should your client do a self-exam?

You should do this self-examination the same time each month to look for changes.

6. When should the client notify their healthcare provider about their self-exam?
You want to know your own breast well and do this examination monthly. This will help you notice a irregular or change in the breast to let the doctor know right away.

Pregnancy History Questions

Activity 1:

Laura is scheduled for her first prenatal visit today. She is 12 weeks gestation. She is a primigravida. What would her GTPAL be?

G:1 T: 0 P:0 A:0 L:0

Her last menstrual period (LMP) was known to be November 7. According to Nagele's Rule what is her estimated date of delivery (EDD)? **August 14th**

The Fetal Heart Rate (FHR) is found using a hand-held Doppler. The FHR is 145. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- **Normal**/Abnormal

Intervention- Yes/**No**

Activity 2:

Katie is scheduled for a prenatal visit today. She is 25 weeks gestation today. She has had three previous pregnancies, one preterm-living and well, one term-living and well, and one spontaneous abortion at six weeks gestation. What is her GTPAL?

G: 4 T: 1 P:1 A:1 L:2

Her LMP was last known to be January 12. According to Nagele's Rule, what is her EDD?
October 19

FHR is found with the hand-held Doppler. The FHR is 175. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/**Abnormal**

Intervention- **Yes**/No

Activity 3:

Anna is scheduled for a prenatal visit today. She is 30 weeks gestation today. She has had four previous pregnancies, two preterm-living and well, two term-living and well, and no spontaneous abortions. What is her GTPAL?

G: 5 T: 2 P: 2 A:0 L:4

Her LMP was last known to be December 13. According to Nagele's Rule, what is her EDD?
September 20th

FHR is found with the hand-held Doppler. The FHR is 110. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- **Normal**/Abnormal

Intervention- Yes/**No**

Activity 4:

Sara is scheduled for a prenatal visit today. She is 36 weeks gestation today. She has had five previous pregnancies, one preterm-living and well, two term-living and well, and two spontaneous abortion at six weeks gestation and 12 weeks gestation. What is her GTPAL?

G: 5 T: 2 P: 1 A:2 L: 3

Her LMP was last known to be June 28. According to Nagele's Rule, what is her EDD?
April 5th

FHR is found with the hand-held Doppler. The FHR is 95. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/**Abnormal**

Intervention- **Yes**/No

Activity 5:

Emily is scheduled for a prenatal visit today. She is 18 weeks gestation today. She has had one previous pregnancy, no preterm, one term-living and well, and no spontaneous abortions. What is her GTPAL?

G: 1 T: 1 P: 0 A:0 L: 1

Her LMP was last known to be August 5. According to Nagele's Rule, what is her EDD?
May 12

FHR is found with the hand-held Doppler. The FHR is 130. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- **Normal**/Abnormal

Intervention- Yes/**No**

Activity 6:

Debra is scheduled for a prenatal visit today. She is 29 weeks gestation today. She has had eight previous pregnancies, three preterm-living and well, two term-living and well, and three spontaneous abortions at six, eight, and 12 weeks gestation. What is her GTPAL?

G: 8 T: 2 P: 3 A: 3 L:5

Her LMP was last known to be April 20. According to Nagele's Rule, what is her EDD? **January 27th**

FHR is found with the hand-held Doppler. The FHR is 160. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- **Normal**/Abnormal

Intervention- Yes/**No**

Newborn Assessment of Fetal Well-Being (APGAR)

Directions: Review the information provided and answer the questions.

Activity 1:

Baby A. was born at 38 weeks gestation after 16 hours of normal labor and delivery. He had acrocyanosis, good flexion, active motion, good vigorous cry, cough, and sneeze with a respiratory rate of 50 and a heart rate of 160. Determine the APGAR Score with the information provided.

Heart Rate: 160 (2)

Respiratory Effort: RR 50, good vigorous cry, cough, and sneeze (2)

Muscle Tone: Good flexion and active motion (2)

Reflex Irritability: vigorous cry, cough, and sneeze demonstrates a strong reflex (2)

Skin Color: Acrocyanosis (1)

Score: 9

Activity 2:

Baby D. was born at 34 weeks gestation by and uneventful spontaneous, normal vaginal delivery. The baby is blue, non-reactive, and is flaccid and limp. The baby is not breathing and the heart rate is 70. Determine the APGAR Score with the information provided.

Heart Rate: 70 bpm (1)

Respiratory Effort: not breathing (0)

Muscle Tone: flaccid and limp (0)

Reflex Irritability: Non-reactive (0)

Skin Color: Blue (0)

Score: 1

Activity 3:

Baby C. was born at 28 weeks gestation after the mother's water broke at home. A normal labor and delivery is noted. Baby is flaccid and limp with slow, irregular weak cry and grimace. Baby has acrocyanosis. The respiratory rate is 20 and the heart rate is 80. Determine the APGAR Score with the information provided.

Heart Rate: 80 bpm (1)

Respiratory Effort: Slow, irregular weak cry, indicating slow and irregular breathing (1)

Muscle Tone: flaccid and limp (0)

Reflex Irritability: grimace (1)

Skin Color: acrocyanosis (1)

Score: 4

Activity 4:

Baby B. was born at 36 weeks gestation after 8 hours of normal labor and delivery. The baby has acrocyanosis, some flexion of extremities, weak cry and grimace, slow and irregular cry. The respiratory rate is now 30 and the heart rate is 150. Determine the APGAR Score with the information provided.

Heart Rate: 150 bpm (2)

Respiratory Effort: RR 30, slow and irregular cry, not strong respiratory effort (1)

Muscle Tone: some flexion (1)

Reflex Irritability: weak cry and grimace (1)

Skin Color: acrocyanosis (1)

Score: 6

Postpartum and Newborn Discharge Education Lab Questions

POSTPARTUM (pg. 216-222 in text may be helpful)

1. You are preparing discharge instructions for Stella and Leopold. As the primary nurse, what vaccine would you recommend Stella's family and friends receive to keep Leopold healthy?

A. MMR	C. Hep B
B. Tdap	D. Meningitis
2. Stella states she is having pain 6/10 in her perineal area. What medication would be recommended for her pain?

A. Vicodin	C. Ibuprofen
B. Dilaudid	D. Percocet
3. After giving Stella her discharge instructions, you help her go through her room to gather items she has been using during her stay that she can also use at home. What items would you collect and send? (Select all that Apply)

A. Peri-bottle
B. Tampons
C. Pamphlet on sedentary lifestyle

- D. Anesthetic spray
- E. Small bottle of hand sanitizer
- F. Pamphlet on birth control after delivery
- G. Medication order for loperamide
- H. Water container

4. As you are going through the discharge instructions for Stella, she asks when would be appropriate to call her healthcare provider. You advise her that she should notify the healthcare provider if which of the following occurs?
- A. Temperature 37.5°C
 - B. Increased vaginal bleeding
 - C. Passing dime sized clots
 - D. Increased abdominal pain
 - E. Increased discharge from incisions (c/section or episiotomy)
 - F. Foul smelling lochia

NURSERY (pg. 263-267 in text can help)

1. In preparing to discharge Leopold home with Stella, which statement made by Stella requires further investigation by the nurse?
- A. "The car seat faces the trunk."
 - B. "Leopold is using my nephew's old car seat."
 - C. "I need to sleep when he sleeps."
 - D. "I need to keep his head covered."
2. In teaching Stella about umbilical cord care, you know she understands education when she makes which statement?
- A. "I can put him in the shower with me."
 - B. "I need to sponge bath him until the cord falls off."
 - C. "I can put antimicrobial cream all over the cord until it falls off."
 - D. "I can dry the cord after a bath with the hairdryer as long as it's on the lowest setting."
3. In teaching Stella about circumcision care, which of the following would be included? (Select all that apply)
- A. Notify HCP if baby has not urinated.
 - B. Notify HCP if baby temp is greater than 37.8°C (100°F) axillary.
 - C. Notify HCP if there is discoloration of the penis.
 - D. Notify HCP if the "yellow crust" is not able to be washed off.
 - E. Notify HCP if there is a blood spot in the diaper larger than 2".

4. You are teaching Stella how to use the bulb syringe. Which option lists the correct steps in using the bulb syringe?
 - A. Put the tip of the syringe into the nose and compress to remove air. Release the compression to provide suction and squeeze the mucous into a tissue.
 - B. Put the tip of the syringe into the nose and wait for it to fill with mucous. Then compress to squeeze the mucous out into the tissue.
 - C. Compress the syringe, and then gently place into a nostril. Release the compression to provide suction and squeeze the mucous into a tissue.
 - D. Do not use a bulb syringe. Instead have the infant blow his nose.

5. You are demonstrating how to trim baby Leopold’s nails. You realize further teaching is needed when Stella makes what statement?
 - A. “I will have him wear cuffed, long sleeved onesies.”
 - B. “I can use baby clippers or scissors.”
 - C. “Apply a Band-Aid on his finger if I cut it.”
 - D. “I will trim to make rounded edges.”

6. Stella has some questions about breastfeeding. Based on the information given, what is important to educate her on about breastfeeding? (Select all that Apply)
 - A. Rooting and chewing on hands are hunger cues.
 - B. Getting Leopold on a regular schedule should be an easy process.
 - C. Newborns that are breast fed should be fed every 2.5 hours.
 - D. Newborns need to eat “on demand” once breastfeeding is well established.
 - E. Unless the healthcare provider states its necessary, the baby does have to be woken up to feed.

Newborn Assessment Variations Matching

Directions: Identify what the picture is showing in a newborn assessment. Discuss what the finding means and if there is any associated interventions.

Milia	Erythema Toxicum	Caput Succedaneum
Salmon Patch	Mongolian Spots	Palmar Crease
Port Wine Stain	Epstein’s Pearls	Cephalohematoma
Neonatal Teeth	Macroglossia	

Letter	What is it?	What it means/Interventions
A	Caput Succedaneum	Benign condition that causes swelling on a newborn’s scalp after delivery. Normally resolves on its own, therefore

		support the parents and reassure them.
B	Cephalohematoma	A birth injury that occurs when blood vessel in a newborn's scalp ruptures during delivery. You want to observe and monitor hematocrit levels, bilirubin levels, and signs of complications.
C	Erythema toxicum	A common, benign, and self-limiting skin rash that appears on most newborns. Reassure the parents that it is common and do gentle skin care.
D	Port wine stain	A birthmark characterized by a reddish-purple discoloration of the skin, caused by dilated blood vessels. Provide support for the family and educating parents about the conditions, promoting skin hydration, and protecting the area.
E	Salmon patch	A common type of birthmark that appears as a flat, pink, or red patch, usually harmless. Observe the location, size, and color, educate and reassure the parents it is very common.
F	Mongolian spots	Flat, blue, grayish birthmarks that typically appear on lower back due to pigment producing cells, usually fading after a few years. Observe, document, differentiate from other conditions, reassure the parents.
G	Epstein pearls	Rare, benign, cysts that develop in the mouth from dental lamina remnants appearing on the gums. They normally go away on their own. Monitor and inform the parents about them.
H	Macroglossia	An abnormally large tongue, often a symptom of underlying conditions. Speak with the doctor and allow them to inform the family, monitor for complications.
I	Palmar crease	A single crease that runs horizontally across the palm of the hand, instead of typical two creases. Monitor respiratory, worsening conditions, and assess for any other physical findings.
J	Milia	Tiny, harmless, white bumps on the newborns face particularly on the nose, cheeks, and chin. Keep the baby's skin moisturized and inform the parent that it is common.

Thermoregulation Questions

Directions: Review the information provided and answer the questions.

Mini Case Scenario:

Baby Latashia's mom is a 17-year-old who arrived at the emergency room with c/o abdominal pain. This is her first pregnancy, and she did not receive any prenatal care. Latashia was born early by normal spontaneous vaginal delivery (NSVD) at 36 weeks gestation. She weighed 4.8 pounds and was 17 inches long.

1. When educating Latashia's mother about hypothermia, what information would you include about risk factors of hypothermia in her newborn?

Prematurity is a risk factor for hypothermia due to irregular thermoregulation, heat loss due to low birth weight, lack of prenatal care can mean less education on thermoregulation, her young age may reduce education about newborn care.

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
She should look for acrocyanosis, cool/ mottled skin, hypoglycemia, transient hyperglycemia, bradycardia, tachypnea, restless, shallow respiration, respiratory distress, apnea, hypoxemia, decreased activity, lethargic, feeble cry, poor feeding, decreased weight gain.

3. List the 4 methods of heat loss and how they can occur in the newborn.

1. **Evaporation: when amniotic fluid evaporates from the skin. Evaporative losses may be insensible (from skin and breathing) or sensible (sweating)**

2. **Conduction: when the newborn is placed naked on a cooler surface, such as table, scale, cold bed. The transfer of heat between two solid objects that are touching, is influenced by the size of the surface area in contact and the temperature gradient between surfaces.**

3. **Convection: when the newborn is exposed to cool surrounding air or to a draft from open doors, windows or fans, the transfer of heat from the newborn to air or liquid is affected by the newborn's large surface area, air flow (drafts, ventilation systems, etc), and temperature gradient.**

4. **Radiation: when the newborn is near cool objects, walls, tables, cabinets, without actually, being in contact with them. The transfer of heat between solid surfaces that are not touching. Factors that affect heat change due to radiation are temperature gradient between the two surfaces, surface area of the solid surfaces and distance between solid surfaces. This is the greatest source of heat loss after birth.**

4. What are the hazards of hypothermia?

Treating hypothermia in the newborn is important in order to avoid serious and potentially life-threatening complications. Increased cellular metabolism takes place as the newborn tries to stay warm, leading to increased oxygen consumption, which puts the newborn at risk of hypoxia, cardiorespiratory complications, and acidosis. These newborns are also at risk for hypoglycemia because of the increased glucose consumption necessary for heat production. Neurological complications, hyperbilirubinemia, clotting disorders, and even death may result if the untreated hypothermia progresses.

5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?

Educate the parents about the “warm chain”. Warm delivery room, immediate drying, skin-to-skin contact, breastfeeding, postpone weighing and bathing, appropriate clothing, mother being with the newborn, warm transportation, warm assessment, training/awareness.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

1. What care is provided to the penis after circumcision?

You want to keep the circumcision very clean. You want to put gobs and gobs vaseline directly on the penis to prevent it to sticking to the tip of the penis or the diaper.

2. What education should be provided to parents about what to expect post circumcision?

You want to educate that as it heals, during the 3rd or 4th day it is going to be very red and swollen, though to not be alarmed. You will also see yellow film which is starting the scabbing process which is normal. You want to educate about signs of infection or bleeding to take your child to the physician.

Infant Swaddling

1. Review video and handout online and be prepared to practice swaddling during lab.

Newborn Bath

1. Review video online and be prepared to practice bathing a newborn during lab.

Pediatric Pain Scale Questions

Please use the **NIPS pain scale** to determine the pain level and management options for the following patients.

Rose was delivered 16 hours ago. She is relaxed and is resting quietly in bed, sleeping for the past hour. Extremities are relaxed X four. Heart rate is within 10% of baseline and O2 saturation is 97% on room air.

According to the NIPS pain scale, what is Rose's pain level? **Due to her relaxed, sleeping, stable heart rate and oxygen saturation being normal her NIPS score would be 0, indicating no pain.**

What would our pain management options be for Rose? **No specific pain management is needed for Rose at this time since she isn't experiencing pain.**

Using Rose's assessment, what would she score using the CRIES pain scale? **Rose is calm, sleeping, relaxed state she would likely be a 0 on the scale.**

Bobby is a one-day-old infant. He is vigorously crying and intermittently holding his breath. All four extremities are tense and rigid. He is fussy and restless in his crib. His heart rate is 15% above baseline and he receiving 0.5L O2 via cannula to maintain O2 saturation above 95%.

According to the NIPS pain scale, what is Bobby's pain level? **Bobby is vigorous crying, breath holding, tense, and rigid extremities, fussiness, restless, and high heart rate would indicate pain. The NIPS scale would be indicating severe pain.**

What would our pain management options be at this level? **Pain management would be medications, swaddling, comforting touch from family/nurse, and addressing his pain.**

Name 7 physiological effects of pain: **increase HR, increased RR, muscle tension, rigidity, pupil dilation, sweating, changes in sleep, decreased appetite.**

Name 5 things we can do to prevent or minimize pain:

- Reduce number of needle punctures by drawing blood tests at one time if feasible.**
- Use indwelling venous or arterial catheters when appropriate.**
- Avoid invasive monitoring when possible.**
- Select most competent staff to perform invasive procedures.**
- Use minimal amount of tape and remove tape gently.**
- Ensure proper premedication before invasive procedures.**

Meditech Postpartum and Newborn Documentation

*Make sure to include the assessment and specific section of the assessment for your response

1. List the assessment section where you would chart the uterus position.

Postpartum assessment, uterus position

2. List the assessment section where you would chart leg swelling/edema.
Cardiovascular assessment, Edema
3. List the assessment section where you would chart mother's emotional state.
Psychosocial assessment, Expressed feelings
4. List the assessment section where you would chart if you witnessed a breastfeeding session.
Breast/breastfeeding assessment, breastfeeding effectiveness
5. List the assessment section where you would chart an episiotomy.
Postpartum assessment, perineum description
6. List the assessment section where you would chart infant safe sleep practices education.
Teaching Newborn, teaching safety topic
7. List the assessment section where you would chart a NIPS pain scale.
Newborn Assessment, NIPS pain scale
8. List the assessment section where you would chart a head molding.
Head/face/neck, head molding
9. List the assessment section where you would chart the cord clamp being in place.
Abdomen/GI, umbilical cord
10. List the assessment section where you would chart a testicle assessment
Genital/GU, newborn genital
11. List the assessment section where you would chart the moro reflex.
Neurological/Musculoskeletal, Moro reflex response
12. List the assessment section where you would chart a sacral dimple.
Neurological/Musculoskeletal, Neuro assessment
13. List the assessment section where you would chart if a newborn is eating breastmilk or formula.
Newborn intake assessment, type method
14. List the assessment section where you would chart a newborn failing their hearing screening.
Newborn hearing screen, right/left ear