

## Week 1 Lab Competency

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### Women's Health Questions

1. What is a breast self-exam?

A breast self-exam is a technique where individuals examine their own breasts to detect any changes such as lumps, thickening, or visual differences. It helps build breast self-awareness, allowing early detection of abnormalities that may indicate breast cancer. You can see how this is done in [How to check for breast cancer at home](#), which provides a clear overview of the process and its importance.

2. What position(s) should the client be in while performing a self-exam? Clients should perform the exam in multiple positions to ensure thoroughness:

- o Standing or sitting upright in front of a mirror to visually inspect the breasts.
- o Lying down to allow the breast tissue to spread evenly over the chest wall.
- o In the shower where fingers can glide easily over wet skin for palpation.

[How to Perform a Thorough Breast Self-Exam](#) demonstrates these positions effectively.

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

- o Circular method: Using the pads of the fingers to move in small circles around the entire breast.
- o Vertical strip method: Moving fingers up and down in straight lines across the breast tissue.

These techniques are shown in [How to do a Breast Examination on yourself the correct way ...](#), which emphasizes proper hand placement and pressure.

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

A lump suspicious of cancer typically feels:

- o Hard or firm

- o Irregular shape
  - o Immobile and painless
- Whereas, a lymph node may feel:
- o Softer
  - o Round and smooth
  - o Mobile and possibly tender if inflamed
5. How often should your client do a self-exam?  
Clients should perform a breast self-exam once a month.
- o For menstruating individuals: a few days after their period ends.
  - o For post-menopausal individuals: on the same day each month (the 1st or 15<sup>th</sup>)
6. When should the client notify their healthcare provider about their self-exam?  
Clients should contact their provider if they notice:
- A new lump or thickening
  - Changes in breast shape or size
  - Skin dimpling or puckering
  - Nipple discharge or inversion
  - Persistent pain or redness

### **Pregnancy History Questions**

#### Activity 1: Laura

- Gestation: 12 weeks
- Primigravida = 1 pregnancy, no births yet
- GTPAL:
  - o G = 1
  - o T = 0
  - o P = 0

- o A = 0
  - o L = 0
- LMP: November 7
  - o Nagele's Rule: LMP + 7 days - 3 months = August 14, 2025
- FHR: 145 bpm
- Heart Rate Finding: Normal (range is 110-160 bpm)
- Intervention: No

#### Activity 2: Katie

- Gestation: 25 weeks
- Pregnancy history:
  - o 1 preterm (living)
  - o 1 term (living)
  - o 1 abortion
- **GTPAL:**
  - o **G** = 4
  - o **T** = 1
  - o **P** = 1
  - o **A** = 1
  - o **L** = 2
- **LMP:** January 12
  - o **EDD:** October 19, 2025
- **FHR:** 175 bpm
- **Heart Rate Finding: Abnormal** (above normal range)
- **Intervention: Yes**

#### Activity 3: Anna

- **Gestation:** 30 weeks
  - **Pregnancy history:**

- o 2 preterm (living)
- o 2 term (living)
- o 0 abortions
- **GTPAL:**
  - o **G** = 5
  - o **T** = 2
  - o **P** = 2
  - o **A** = 0
  - o **L** = 4
- **LMP:** December 13
  - o **EDD:** September 19, 2025
- **FHR:** 110 bpm

□ **Heart Rate Finding: Normal**

- **Intervention: No**

**Activity 4: Sara**

- **Gestation:** 36 weeks
- **Pregnancy history:**
  - o 1 preterm (living)
  - o 2 term (living)
  - o 2 abortions
- **GTPAL:**
  - o **G** = 6
  - o **T** = 2
  - o **P** = 1
  - o **A** = 2
  - o **L** = 3

□ **LMP:** June 28

- o **EDD:** April 4, 2025
- **FHR:** 95 bpm
- **Heart Rate Finding: Abnormal** (below normal range)
- **Intervention: Yes**

#### **Activity 5: Emily**

- **Gestation:** 18 weeks
- **Pregnancy history:**
  - o 1 term (living)
  - o 0 preterm
  - o 0 abortions
- **GTPAL:**
  - o **G = 2**
  - o T=1
  - o P=0
  - o **A = 0**
  - o **L = 1**
- **LMP: August 5**
  - o **EDD: May 12, 2025**
- **FHR: 130 bpm**
- **Heart Rate Finding: Normal**
- **Intervention: No**

#### **Activity 6: Debra**

- **Gestation: 29 weeks**
- **Pregnancy history:**
  - o **3 preterm (living)**
  - o **2 term (living)**
  - o **3 abortions**

- **GTPAL:**
  - **G = 9**
  - **T = 2**
  - **P = 3**
  - **A = 3**
  - **L = 5**
- **LMP: April 20**
  - **EDD: January 27, 2026**
- **FHR: 160 bpm**
- **Heart Rate Finding: Normal**
- **Intervention: 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.

#### **Activity 1: Baby A**

- Heart Rate: 160 → 2 (HR > 100)
- Respiratory Effort: Vigorous cry, RR 50 → 2
- Muscle Tone: Good flexion, active motion → 2
- Reflex Irritability: Cough and sneeze → 2
- Skin Color: Acrocyanosis → 1

Total APGAR Score: 9

### **Activity 2: Baby D**

- Heart Rate: 70 → 1 (HR < 100)
- Respiratory Effort: Not breathing → 0
- Muscle Tone: Flaccid and limp → 0
- Reflex Irritability: Non-reactive → 0
- Skin Color: Blue → 0

Total APGAR Score: 1

### **□ Activity 3: Baby C**

- Heart Rate: 80 → 1
- Respiratory Effort: Slow, irregular weak cry → 1
- Muscle Tone: Flaccid and limp → 0
- Reflex Irritability: Grimace → 1
- Skin Color: Acrocyanosis → 1

Total APGAR Score: 4

### **□ Activity 4: Baby B**

- Heart Rate: 150 → 2
- Respiratory Effort: Weak, slow, irregular cry → 1
- Muscle Tone: Some flexion → 1
- Reflex Irritability: Grimace → 1
- Skin Color: Acrocyanosis → 1

Total APGAR Score: 6

## **POSTPARTUM EDUCATION**

1. Recommended vaccine for family/friends to protect Leopold
  - B. Tdap – Protects against pertussis (whooping cough), which can be life-threatening for newborns.
2. Pain management for perineal pain (6/10)
  - C. Ibuprofen – Effective for postpartum pain and inflammation; non-opioid and safe for breastfeeding.

3. Items to send home with Stella
  - A. Peri-bottle
  - B. Tampons - Not recommended postpartum due to infection risk
  - C. Pamphlet on sedentary lifestyle - Not relevant
  - D. Anesthetic spray
  - E. Small bottle of hand sanitizer
  - F. Pamphlet on birth control after delivery
  - G. Medication order for loperamide - Not routine unless prescribed
  - H. Water container**
1. **When to call healthcare provider**
  - B. Increased vaginal bleeding**
  - D. Increased abdominal pain**
  - E. Increased discharge from incisions**
  - F. Foul-smelling lochia**
  - A. Temp 37.5°C** - Normal
  - C. Dime-sized clots** - Typically not concerning

**NEWBORN/NURSERY EDUCATION**

1. **Statement requiring further investigation**
  - A. "The car seat faces the trunk."** - Car seats must face the rear seat, not the trunk.
2. **Correct umbilical cord care statement**
  - B. "I need to sponge bath him until the cord falls off."**
3. **Circumcision care - notify HCP if:**
  - A. Baby has not urinated**
  - B. Temp > 37.8°C (100°F)**
  - C. Discoloration of penis**
  - D. Yellow crust cannot be washed off**
  - E. Blood spot > 2 inches**
4. **Correct bulb syringe technique**
  - C. Compress the syringe, gently place into nostril, release to suction**
5. **Statement needing further teaching**
  - C. "Apply a Band-Aid on his finger if I cut it."** - Band-Aids are choking hazards

## 6. Breastfeeding education

- A. Rooting and chewing on hands are hunger cues**
- B. Getting on a regular schedule is easy** - It takes time and varies
- C. Feed every 2.5 hours** - Not rigid; depends on baby's cues
- D. Feed on demand once breastfeeding is established**
- E. Wake baby to feed unless HCP advises otherwise**

## Newborn Assessment Variations Matching

Letter	What is it?	Meaning / Interventions
A	<b>Milia</b>	Small white papules on nose/cheeks; benign; no treatment needed.
B	<b>Salmon Patch</b>	Flat pink/red birthmark on face/neck; fades over time; no intervention.
C	<b>Port Wine Stain</b>	Dark red/purple vascular birthmark; permanent; may require laser therapy.
D	<b>Neonatal Teeth</b>	Teeth present at birth; may interfere with feeding; dental consult recommended.
E	<b>Erythema Toxicum</b>	Common newborn rash with red blotches and white/yellow papules; resolves spontaneously.
F	<b>Mongolian Spots</b>	Blue-gray patches on lower back/buttocks; document to avoid abuse concerns; no treatment.
G	<b>Epstein's Pearls</b>	White cysts on gums/palate; harmless; no intervention needed.
H	<b>Macroglossia</b>	Enlarged tongue; may indicate genetic condition (e.g., Down

Letter	What is it?	Meaning / Interventions
I	<b>Caput Sucedaneum</b>	Soft scalp swelling from birth trauma; crosses suture lines; resolves in days.
J	<b>Cephalohematoma</b>	Blood under periosteum; does not cross suture lines; monitor for jaundice, no immediate treatment.

## Thermoregulation Questions - Baby Latashia

### 1. Risk Factors for Hypothermia

- **Prematurity (36 weeks):** Less brown fat and thinner skin
- **Low birth weight (4.8 lbs):** Higher surface area-to-weight ratio
- **No prenatal care:** Increased risk of complications
- **Immature thermoregulatory system:** Limited ability to generate heat

### 2. Signs and Symptoms of Hypothermia

- Cool or mottled skin
- Lethargy or poor feeding
- Weak cry
- Hypoglycemia
- Respiratory distress
- Bradycardia or apnea

### 3. Four Methods of Heat Loss

#### Method    How It Occurs

**Conduction** Direct contact with cold surfaces (e.g., cold scale or blanket)

**Convection** Air currents remove heat (e.g., drafty room)

## Method    How It Occurs

n

**Evaporation**    Loss of heat as moisture dries from skin (e.g., after birth or bath)

**Radiation**    Heat loss to nearby cold objects not in direct contact (e.g., cold walls or windows)

## Hazards of Hypothermia

- Hypoglycemia
- Metabolic acidosis
- Respiratory distress
- Increased oxygen consumption
- Poor weight gain
- Increased risk of mortality

## 5. Interventions to Prevent Hypothermia

- Skin-to-skin contact with mother
- Use of radiant warmer or incubator
- Warm blankets and hats
- Drying immediately after birth
- Maintain warm room temperature
- Monitor temperature regularly

## Newborn Circumcision Care

### 1. Care Provided to the Penis After Circumcision

- Gently clean the area with warm water at each diaper change
- Apply **petroleum jelly** or antibiotic ointment to prevent sticking to the diaper
- Use **loose-fitting diapers** to reduce friction

- Avoid using wipes or soap directly on the site until healed
- Stick to **sponge baths** until the circumcision and umbilical cord have healed

## 2. Parent Education Post Circumcision

- Healing typically takes **7-10 days**
- Expect **redness, swelling**, and a **yellow crust**—these are normal
- A **small blood spot** on the diaper is okay; larger than 2 inches requires medical attention
- Notify HCP if:
  - Baby hasn't urinated within 6-8 hours
  - There's **foul-smelling discharge**, pus, or persistent bleeding
  - Baby has a **fever > 37.8°C (100°F)**

### Infant Swaddling

- Swaddling mimics the womb and helps soothe newborns
- Key steps:
  - Lay blanket in diamond shape, fold top corner down
  - Place baby on back with neck at fold
  - Wrap one side snugly under baby
  - Fold bottom up over feet
  - Wrap other side across and tuck in
  - Ensure hips are loose to prevent **hip dysplasia**
  - Stop swaddling once baby shows signs of **rolling over**

### □ Newborn Bathing

- Use **sponge baths** until the **umbilical cord falls off**
- Gather supplies: warm water, washcloth, mild soap, towel, diaper
- Keep baby warm and only expose one body part at a time
- After cord falls off:

- Use **2-3 inches of warm water** in a baby tub
- ☐ Support head and neck at all times
- Wash top to bottom, saving diaper area for last
- Dry thoroughly, especially in skin folds
- ☹ Pediatric Pain Scale - NIPS & CRIES
- ☐ Rose (16 hours old, relaxed, sleeping)
- **NIPS Score:**
- Facial expression: 0
- Cry: 0
- Breathing pattern: 0
- Arms: 0
- Legs: 0
- State of arousal: 0 → **Total: 0 (No pain)**
- **Pain Management:**
- No intervention needed
- Continue monitoring
- **CRIES Score:**
- Crying: 0
- Requires O<sub>2</sub>: 0
- Increased vitals: 0
- Expression: 0
- Sleeplessness: 0 → **Total: 0**
- ☐ Bobby (1 day old, crying, tense, on O<sub>2</sub>)
- **NIPS Score:**
- Facial expression: 1
- Cry: 2
- Breathing pattern: 1

- Arms: 1
- Legs: 1
- State of arousal: 1  
→ **Total: 7 (Severe pain)**

#### □ **Pain Management Options:**

- **Non-pharmacologic:**
  - Swaddling
  - Skin-to-skin contact
  - Sucrose pacifier
  - Gentle rocking
- **Pharmacologic:**
  - Acetaminophen if ordered
  - Topical anesthetics if appropriate

#### □ **Physiological Effects of Pain**

1. Tachycardia
2. Tachypnea
3. Increased blood pressure
4. Decreased oxygen saturation
5. Hyperglycemia
6. Sleep disturbances
7. Poor feeding

#### **Pain Prevention Strategies**

1. Minimize procedures
2. Use sucrose or pacifier
3. Swaddling and positioning
4. Breastfeeding during procedures
5. Parental presence and comfort

## Meditech Postpartum and Newborn Documentation

<u>Item</u>	<u>Assessment Section</u>
1. Uterus position	Postpartum Assessment – Fundus
2. Leg swelling/edema	Extremities – Edema
3. Mother’s emotional state	Psychosocial – Emotional Status
4. Witnessed breastfeeding session	Feeding Observation – Breastfeeding
5. Episiotomy	Perineum – Incision/Episiotomy
6. Infant safe sleep practices education	Education – Safe Sleep
7. NIPS pain scale	Pain Assessment – NIPS Score
8. Head molding	Head Assessment – Molding
9. Cord clamp in place	Umbilical Cord – Clamp Status
10. Testicle assessment	Genitalia – Testes/Scrotum
11. Moro reflex	Neurological – Reflexes
12. Sacral dimple	Spine Assessment – Sacral Area
13. Breastmilk or formula feeding	Feeding Type – Nutrition Intake
14. Newborn failed hearing screening	Hearing Screening – Results