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Focus Sheet #1

Ricci, Kyle, & Carman or Kyle & Carman: Chapters 11 & 12; ATI Chapters 1-6

ATI Chapter 1:

Type	action	Side effect	Pro/con	Contraindications	Important Patient Teaching
Coitus interruptus Withdrawal	• w/d of penis from vagina prior to ejaculation	• pregnant	• PRO - no other contraceptive available • CON: ↓ effective	NO self control	Be aware of fluid leaking from the penis
Lactational amenorrhea method	Believed that if breastfeeding - you can't get pregnant	no adverse effects	PRO - Don't have to take a pill CON - increased chance of pregnancy	NO contraindications mentioned	Breastfeeding will not prevent pregnancy
Condom Contraceptive or STI (protective)	Rubber sheath worn on penis during sex	NO adverse effects	PRO - protects against STI's • readily accessible • for incompatibility	allergy to latex	Place on erect penis - Following ejaculation w/d - holding rim & tip - prevent leakage
Diaphragm	Dome shaped cup that fits snugly over cervix - serves as contraceptive	Allergic reaction ↑ Fever ↓ BP	PRO - women has more control of contraception CON - inconvenient Requires prescription & visit to DR	no contraindications listed	• Should be properly fitted by provider Replace every 2 years
Oral contraceptives (combination & progestin only)	Suppresses ovulation	• SOB • chest pain leg pain	Decrease in menstrual cramps ↑ Migraines ↑ Risk Breast Cancer	women ages 35 and older	Antibiotics cancel out oral BC - Use extra protection
Natural Family Planning (Fertility)	next page.				

Natural Family Planning (Fertility Awareness-based methods)	NO CONTRACEPTIVES	Pregnant	Regular Cycle • Con-Pregnancy	Irregular Cycle	Sperm lives for 5 Days Ovum - 24 Hrs - 14 Day Cycle
Intrauterine devices	releases substance that damages fertilization		Pro: most effective form of BC con: Tenaculus - not protect from STIs	Abnormal Uterine Bleeding	Education on PID • Check strings monthly
Methoxyprogesterone	SQ given every 11-13 weeks * all @ once	↓ Bone mass density weight gain	Pro: effective con: noproxlon against STIs	Breast Cancer	keep follow up appointment
Subdermal implant	Implanted ROD that serves as contraception * surgical procedure	- mood changes - H/A	Pro - cont. effective 3 years con - irregular mens. bleeding	unexplained vaginal bleeding	avoid trauma to the area

R, K, & C or K & C Ch 11; ATI Ch 3, 4, 5

1. What defines the difference between Presumptive, Probable, and Positive signs of Pregnancy? What are the symptoms of each?

Presumptive [subjective]
Probable [observed]
Positive → those explained only by pregnancy

2. What are:

Braxton hicks contractions- False, painless, irregular
Contractions usually relieved by walking

Hegars sign-
Softening of Lower uterus segment or Isthmus

Goodells sign-
Softening of cervix

Chadwicks sign-
Vaginal mucosa and cervix are a Bluish/Purple color

Ballotment-
• Rebound of unengaged fetus

3. What is hCG? Why is it so important to watch during pregnancy?

HCG is a placenta hormone. It can be detected 7-8 days after conception
Peak - 60-70 days, decreases until 100-130 days
gradually (↑) until term
* abnormal levels can signal "problem" w/ pregnancy

4. Why are pregnant women often diagnosed with anemia?

dit more blood being produced to support you and baby

1.) continued
↳ (Sx of each sign)

Presumptive signs (Subjective)

Changes women experiences → Convincing her that she is pregnant

- Amenorrhea
- Fatigue
- N/V/F
- Urinary frequency
- Breast changes

↳ Darkened areola

→ Enlarged Montgomery gland

Quickening - Fluttering felt
uterine enlargement

Probable signs (Objective)

changes that make examiner suspect a woman is pregnant

- Abdominal enlargement
- Fetal outline
- ⊕ pregnancy test
- Chadwicks sign
- Hegars sign
- Goodells sign
- Ballottement
- Braxton Hicks contractions

Positive signs

explained only by pregnancy

Fetal heart sounds

Visualization of fetus by ultrasound

Fetal movement

↳ by experienced examiner

5. What important roles do each of the following placental hormones play in pregnancy?

- hCG- maintaining the Corpus Luteum - (secretes Progesterone and estrogen)
- hPL- Preps mamillary glands lactation & makes glucose available for fetal growth
- Relaxin- secreted by corpus & placenta - acts w/ prog- to maintain pregnancy
Increases flexibility of pubic symphysis
- Progesterone- Supports the endometrium to provide fetal survival
- Estrogen- Enlargement of genitals

6. What are the functions of the placenta?

- Removes waste products
- Provides nutrients & oxygen
- Protects from immune attacks

7. What would you tell a pregnant woman who asks you what she should avoid eating during her pregnancy? What if she asks how much weight she should gain?

- AVOID: cold meats & sushi → fish w/ ↑ mercury content
- 0-12 (1st tri) → 1-5 lbs average - 25-35 lbs
- 12-40 → 1 lb/week → 15-25 lbs

8. Why is pica? What often precedes the identification of pica?

- Craving to eat non food substances
↳ (Dirt, clay)
- Might diminish amount of nutritional foods ingested

9. In your own words explain what each of the following mean in reference to a pregnant woman.

- Ambivalence mixed feelings about pregnancy
- Introversion quite, not overly excited
- Acceptance excited about baby & arrival
- Mood swings (Normal) bad days & good days
↳ mad/grouchy - happy

10. Why are folic acid, iron and prenatal vitamins important for pregnant women? What are some good sources for folic acid and iron that you can educate pregnant women to consume?

- IRON ↑ RBC mass
- milk & caffeine interfere w/ absorption
- Beef liver, red meat, fish, poultry, dried beans, peas
- Fortified cereals & breads
- Folic acid - ↓ chance of spinal defects
- leafy vegetables, dried peas & beans seeds & oil
- FOODS fortified w/ FA → breads, cereal & other grains
- Prenatal vit - fills in for those missed nutrients

9. Discuss each of the following for cytomegalovirus:

Pathophysiology	Transmitted through Body Fluids
Nursing Assessment	Monitor for Jaundice; Hearing loss
Testing	Prenatal screening
Management	Hand hygiene
Patient education needs	Be aware that this is spread through body fluids - do not share any utensils - use protection

10. Discuss each of the following for Group B streptococcus:

Pathophysiology	Bacterial infection - can be passed to fetus
Nursing Assessment	RF: hx of pos, Fever, IHR like fetal monitor, aa, Hispanic, age <20 Administer antibiotic
Testing	Vaginal & rectal culture @ 35-37 weeks
Management	Penicillin or ampicillin
Patient education needs	Notify labor nurse of GBS status

11. Discuss each of the following for Hepatitis B: p198

Pathophysiology	- Saliva, & all other bodily fluids - Transmitted
Nursing Assessment	Assess flu like symptoms
Testing	Blood test - look for antibodies & protein → HBsAg
Management	Annual - PAP, and needs a hep vaccine
Patient education needs	Encourage all women to be screened

R, K & C or K & C CH 12; ATI Ch 3, 4 & 6

1. Why is preconception care important? Education that emphasizes healthy behaviors that promote women & fetus. [no smoking, drinking]
 • protects baby & mom. [avoid OTC, prescribed supplements]
2. What types of information should be obtained at the first prenatal appointment? [w/in 0-12 wks]
 EDD - Last Menstrual Period
 • Physical exam [Baseline]
 Obtain initial Lab ^{vitals} test. [CBC, Hgb/Hct, HIV, Blood type, Rubella titer]
3. What are the thresholds for diagnosis of overt diabetes during pregnancy? HIV etc
 Greater than 140 requires
 Follow-up
 * DX requires 2 elevated glucose readings

one hour glucose done @ initial

4. Calculate the following estimated due dates using Nagele's Rule: 371
 a. Last menstrual period (LMP) 7/9/99 4/16/00
 b. Last menstrual period (LMP) 12/24/96 9/31/98
 Subtract (3) Add (7) Add (1)

5. State what words GTPAL stand for and what each mean.
 (G) Gravida → number of pregnancies
 (T) Term → 38 weeks
 (P) Preterm → < 38 weeks
 (A) Abortions → prior to 20 weeks
 (L) Live - number of living Births
 So what is meant by the term para?

• Para - number of pregnancy Past The 20 wk

7. What is linea nigra? How does fundal height correlate with gestation?
 Linea nigra → Dark Line of pigmentation From umbilicus to pubic area

Fundal Height ⊕ " ⊖ 2 of gestation
 ex: 30 wks → (28 - 32) weeks

8. Fill in the following table:

Test	Evaluation/meaning of results
CBC	Detects infection & anemia
Blood typing & Rh	Determines risk fetal/mom incompatibility
Rubella titer	Determines immunity for rubella
Hepatitis B	Identifies carriers of Hep B
HIV	Detects HIV infection
STI screening (Cerv Culture)	Detects STI's - Gon, Chlamy, BV, STrep B-he.
Cervical smears (G/C and group B strep)	→ Detects (G & C) - Cervical culture and detects group B strep
Maternal Serum Alpha-Fetoprotein (MSAFP)	Rules out Down syndrome, and neural tube defects

9. How often are follow up visits and what things are assessed?

Every 4 weeks (0-28 weeks)
 Every 2 weeks (28-36 weeks)
 Every week - 36 & ↑ delivery

at each visit:

Fundal Height
 UA → glucose & protein
 fetal tones - wellbeing

10. What danger signs are associated with the first trimester? Second? Third?

FIRST: Burning urination, Diarrhea, Fever, Chills
 (infection) severe vomiting (hyperemesis)
 Abdominal cramping, Bleeding - (miscarriage, ectopic)

Second/Third: gush of fluid, Bleeding, Abd pain, Changes in fetal activity
 persistent vom, severe headache, Blurry vision

11. What is an amniocentesis? What are the complications? What are we looking at?

ultra sound guided procedure done to evaluate location of placenta & fluids
 * Empty bladder before.

12. Discuss the following amniotic fluid findings and their implications to the fetus.

- a. Color **Clear to colorless**
- b. Bilirubin **Bright yellow**
- c. Meconium **Dark green**
- d. Lecithin to sphingomyelin ratio (L/S ratio) **major Lung surfactant (L:S)**
- e. Alpha-fetoprotein **neural tube (20 or greater = Lung maturity)**
- f. Bacteria - **want abdominal wall - defects**
- g. Acetylcholinesterase **absent - could indicate (-) signs of Baby's Health needs to be absent**
↳ present could mean neural tube defects

13. What are the components of a Biophysical Profile (BPP)?

ultrasound ⊕ nonstress test
visualizes physical & psychological changes

14. Describe the procedure and expected results for a non stress test and biophysical profile (BPP).

NST → Reactive (normal)
nonreactive - abnormal
pt w/ gestational diabetes -
checks on well being of baby

15. Should pregnant women receive vaccines?

women cannot have live vaccines
can get if inactivated

Contraception:

Strategy or device used to prevent pregnancy

• Ovum

an egg released on the 14th day of 28 day cycle
• Released from the Fallopian tube and stays for 24 hours → can be fertilized 24 hours after it has been released, * sperm is motile & can fertilize the egg lasting 48-72 hours.

Methods of Contraception:

Natural Family Planning: Fertility Awareness based Methods

1.) Abstinence: [NO RISKS]

• No sexual intercourse = No sperm enters vagina

Advantages:

- Most effective form of BC
- Abstinence during fertilization periods requires an understanding of menstrual cycle

↳ Known as rhythm method

- Eliminates risk of STIs

Disadvantages:

Requires self-control

2.) Coitus Interruptus [Withdrawal Method]

"pull out" method - w/d before ejaculation

Client education - be aware of fluids leaking

Advantage: possible choice for monogamous couples who do not have another contraceptive available to them

Disadvantage: least effective

NO PROTECTION FROM STI'S

RISK: leakage to egg - depends on ♂ control pregnancy

Hormonal Methods

Oral Contraceptives (combined)

- Contains estrogen & progesterone ~~max~~ → acts by:
 - Suppressing ovulation
 - Thickening mucus to block semen
 - Altering the uterine decidua - prevents implantation

Client education:

- Prescription & Follow-up appointments required
- Consistent & proper use to be effective
- Observation of side effects → Danger signs of Meds.
 - ↳ Chest pain, (SOB), leg pain (clot), headache,
 - ↳ eye problems (stroke) & hypertension
- One pill missed, take missed dose - 2-3 : manufacturer's instructions - extra protection until resumed

Benefits: (noncontraceptive)

- Decreased menstrual blood loss
- Decreased iron deficiency
- Regulation of cycles
- * Protection against: Endometrial, Ovarian & colon cancer
- Reduces benign breast disease
- Improves acne
- protects against development of cyst

2)

Diaphragm & Spermicide

Dome shaped cup w/ a flexible rim
made w/ silicon - fits snugly over cervix
w/ spermicidal cream or gel placed inside dome
- comes in different sizes

* Client education

Fitted by provider

→ Replace every 2 years

* Proper insertion & removal

Refitted ∴ 20% weight fluctuation

- after abdominal or pelvic surgery
- after every pregnancy

* → Prior to coitus (sexual intercourse) - empty bladder &
inserted up to 6 HRS before intercourse & must
stay in place for 6 hours after

Cannot stay in longer than 24 hours

* - Reapply before each time of coitus

• wash w/ mild soap & warm water after each use

Advantage

women has control over contraception

Disadvantage

- inconvenient
- prescriptions needed & a visit to DR.

⇒ Cervical cap - same concept →