N432 Focus Sheet 1-Fall 2019

Ricci, Kyle & Carman Ch (3) 4,5, 10, 11, & 12

ATI Ch 1-6 & 8

R,K, & C Ch 3—While this Chapter is technically not on the Exam, you must know these topics as the basis for other processes about which you will learn.

1. Provide a brief description of the external female reproductive organs.

a. Mons pubis: fatty tissue lying over the joint of the pubic bones

b. Labia majora: folds of tissue that extend down from the mons pubis and surround the vaginal and urethral orifices. Contain fat, pubic hair, sweat, and oil glands

c. Labia minora: cutaneous folds between labia majora and extend form the clitoris anteriorly

d. Clitoris: lies anterior of the two labias

e. Perineum: support the urogenital and gastrointestinal system, important roles in micturition, defecation, sexual intercourse, and childbirth

2. Provide a brief description of the internal reproductive organs.

a. Ovary - organ found in the female reproductive that produces an ovum during ovulation and also produce the reproductive hormones estrogen and progesterone, there is a right and left ovary

b. Fallopian tube - tube in which eggs travel from the ovaries to the uterus, there is a right and left fallopian tube

c. Uterus - hollow, muscular organ in which the fertilized ovum normally becomes embedded and develops into a growing fetus

d. Fundus of uterus - broad, curved upper area of the uterus in which the fallopian tubes are attached

E. Cervix - the lower, narrower portion of the uterus, the cervix forms a canal that opens into the vagina

f. Vagina - muscular canal that extends from the cervix to the outside of the body, lined with mucous membrane

3. Menstrual Cycle hormones

Hormone	Purpose	
Estrogen	During puberty, estrogen aids in the development of secondary sex characteristics. After puberty, it regulates the menstrual cycle by controlling the growth of the uterine lining during the first portion of the cycle	

Progesterone	Aids in thickening the lining of the uterus each month, regulating the menstrual cycle - also plays a role in sexual desire	
Prostaglandins	Trigger uterine muscle contractions, higher levels of prostaglandins are associated with more severe menstrual cramps	

R,K & C Ch 4; ATI Ch 1,2

1. Define infertility. How can you as the nurse educate a couple on infertility causes and treatments?

-The inability to conceive a child after one year of sexual intercourse unprotected by contraception.

-Risk factors include being under/overweight, hormonal imbalance, uterine fibroids, decreased oocyte, STI, smoking , and alcohol intake.

-Treatments include fertility drugs, artificial insemination, IVF, and surrogacy.

2. What is IVF?

-In vitro-fertilization. Oocytes are fertilized in the lab and transferred to the uterus.

-Indicated for tubal obstruction, endometriosis, pelvic adhesions, and decreased sperm counts.

4. Birth Control options

Type	action	Side effect	Pro/con	Contraindications / Risks	Important Patient Teaching
Coitus interruptus	Withdrawal of penis from vagina prior to ejaculation.	Pregnancy, Premature ejaculation	PRO: Can be spontaneous CON: Only works if the partner is VERY in-tuned with the body- not reliable and will not always work.	Risks: Influenced by male partner's control; Leakage of fluid that contains sperm prior to ejaculation can be deposited in vagina; Risk of pregnancy.	-Be aware of fluids leaking from the penis. -High likelihood of getting pregnant -Unlikely to work

Lactational amenorrhea method (LAM)	Planning intercourse around lactation and ovulation cycles	Unplanned pregnancy	PRO: No hormones or implantations are used. Considered a very “natural” method. CON: Unplanned preggo is VERY likely	Women who are separated from their baby for long intervals or more than 4-6 hrs at a time	-Can be initiated any time during the first 6 mos postpartum -Breastfeed freq.,both day and night. -Expressing breast milk may not be as effective as baby suckling at the breast in suppressing ovulation, decreases the level of contraceptive protection. -A chance of an unplanned preggo is likely esp. if no other BC methods are used.
Condom	Physical barrier method of birth control	Rip or tear is a possibility	PRO: protect against some STIs; involves male in the BC method; no adverse effects; readily accessible. CON: Needs education.; non-compliance; reduces spontaneity; penis needs to be erect; high cost new one every time.	-Allergic to latex	-Use a new condom every time d/t friction with use -Leave space at the top ~ ½ inch -Open just before use -Sizes vary, choose one that fits. -Only use with H2O-soluble lube to avoid breakage.
Diaphragm	Place inside vagina and stays in place	Can cause Toxic Shock Syndrome (TSS), esp. if pt. has history of TSS	PRO: Gives the woman more control over contraception;	Toxic Shock Syndrome (TSS)	-Needs to be refitted ever 1-2 yr **OR** w/ 10 lb weight loss, 20% change in body weight **OR** has

			can be inserted 6 hr before sex. CON: Needs to be washed and kept clean; needs replacing		baby **OR** after abdominal or pelvic surgery. -Place 6 hr before sex and leave in 6 hr after. DO NOT LEAVE IN LONGER THAN 24 hrs!
Oral contraceptives (combination & progestin only)	Hormonal birth control	Increases risk of migraines, breast cancer, DVT, stroke, HTN, gallbladder disease; liver tumor.	PRO: Less invasive; decreases menstrual cramps and risk of osteoporosis CON: Increased risk of breast cancer and migraines. Antibiotics make less effective.	-History of thrombolytic disorders such as stroke, HA, CAD, gallbladder disease, cirrhosis, HA w focal neuro sx, DM, preggo, lactating, less than 6 wk postpartum -Smokers over the age of 35 y/o -Meds that affect liver enzymes such as: anticonvulsants and some antibiotics.	-Take all pills including placebo -If a dosage is missed, take one ASAP and use alternative forms until reg. Dose is resumed. -Meds req. a prescription and follow-up with doc. -Observe for s/sx of adverse side effects such as: chest pain, SOB, leg pain from possible clot, HA, eye problems from a stroke, HTN.
Natural Family Planning (Fertility Awareness-based methods)	Natural birth control by calendar method (Avoid sex during ovulation period, occurs ~ 14 days before the onset of next menstrual cycle)	Pregnancy is likely to occur	PRO: Inexpensive CON: invasive looks at cervical mucus; No STI protection; accurate record keeping	-Unpredictable menstrual cycles	-Record number of days in each cycle counting from the first day of menses for a period of at least six cycles. -The start of fertile period is figured by subtracting 18 days from the number of days in the woman's shortest cycle. -The end of the fertile period is est. by subtracting 11

					days from the number of days of the longest cycle. -Need to have regular periods -Need period of absence before and after ovulation
Intrauterine devices “IUD”	Hormonal birth control	Increased risk of ectopic pregnancy	PRO: Easy to remove with pull strings--fertility immediately regained. Most effective*** control outside of abstinence; 3-5 yrs. CON: Risk of inflammatory pelvic disease; irregular menstrual bleeding; ectopic pregnancy; uterine perforation; painful.	Active pelvic infection, abnormal uterine bleeding, severe uterine distortion. Copper IUD: Wilson’s disease and/or copper allergy.	-Most effective outside of abstinence. -Failure rate is 1/100 -Use a tenaculum and “set” to determine where to place. -Pt NEEDS to check strings MONTHLY to ensure IUD is in the correct spot and has not migrated.
Methoxyprogesterone “DEPO”	Hormonal birth control IM and SubQ injection q 11-13 wks l	Weight gain	PRO: not a daily med; get inj. every 11-13 wks CON: Painful IM shot; weight gain; unpredictable menses schedule	Breast cancer, evidence of cardiovascular disease, abnormal liver function, liver tumors, and unexplained vag. bleeding.	-IM injection every 11-13 wks, start first 5 days of pt.’s menstrual cycle or 5 days following delivery. -Period may or may not be present after 6 months

Subdermal implant	Hormonal birth control containing etonogestrel that is subdermally implanted on the inner side of the upper aspect of the arm.	-Efficacy declines w/ use of anticonvulsants and antibiotics	PRO: No daily maintenance; less weight gain than depo--releases hormones slowly; can leave in for 3 yrs for easy compliance. CON: Can migrate; need to put in/take out by professional; irregular menstrual bleeding; No STI protection; can cause mood changes, HA, acne, depression, decreased bone density, and wt. gain.	Unexplained vaginal bleeding; lupus; severe cirrhosis; liver tumors; breast cancer	-Fertility restored immediately after removal -Efficacy declines w/ use of anticonvulsants and antibiotics -Avoid trauma to the area of implantation

5. What does PAINS stand for?

Complications of an IUD.

- Periods
- Abdominal Pain
- Infection exposure
- Not feeling well
- Strings (Long, short, or missing)

6. Name the three forms of sterilization and provide a description for each.

1. Bilateral Tubal Ligation (female sterilization): A surgical procedure consisting of severance and/or burning or blocking the fallopian tubes to prevent fertilization.
2. Transcervical Sterilization: Insertion of small flexible agents through the vagina and cervix into the fallopian tubes. This results in the development of scar tissue in the tubes preventing contraception. Follow-up exam in 3 mos to confirm blockage in the fallopian tubes.

3. Vasectomy (male sterilization): A surgical procedure consisting of ligation and severance of the vas deferens.

7. Discuss the differences between surgical and medical abortion.

Surgical abortion is done by using suction to empty the uterus, the cervix is numbed and dialted and a tube is placed inside the uterus where suction is used to remove its contents. It can be done 6-14 weeks since the first day of the last menstrual period. Women are asked to wait until six weeks of pregnancy to decrease the possibility of leaving all or part of the pregnancy behind after the surgical procedure.

Medical abortion uses a combination of drugs to cause the uterine lining to shed. The first medication causes the pregnancy to discontinue development. 1-3 days after administration of the first medication, a second medication is inserted vaginally causing uterine contractions, cramping and bleeding, after this the patient will return for an exam to ensure the effectiveness of the abortion. It can be done 4-9 weeks since the last menstrual period. Medical abortion can be performed as soon as a woman knows she is pregnant.

Infections RKC Ch 5 & Ch 20 pp 760 -771 ; ATI Ch 8

1. What are the TORCH infections which negatively affect a woman who is pregnant?

- Toxoplasmosis
- Other Infections (Hepatitis)
- Rubella Virus
- Cytomegalovirus
- Herpes Simplex Virus

These infections can cross the placenta and have teratogenic effects on the fetus.

2. What is the treatment for Chlamydia?

Antibiotics. Azithromycin 1 gm PO once or Doxycycline 100 mg PO BID for 7 days

3. What is the treatment for Gonorrhea?

Antibiotics. 250 mg of Ceftriaxone.1 gm PO Azithromycin

4. Which pregnant women should be screened for Syphilis?

All pregnant women should be screened at the first prenatal visit, and rescreened in the third trimester if at high risk.

When should they be screened?

The first trimester, then third if at high risk (Multiple partners, unprotected sexual practices)

What are the names of the tests used for screening?

Serology tests: Nontreponemal (VDRL and rapid plasma reagin) and Treponemal (Enzyme immunoassay, immunoassays)

5. Why are pregnant women at higher risk for Candidiasis infection?

This is due to changes in the immune system, increased production of glycogen, and higher estrogen levels during pregnancy.

6. Which pregnant women should be screened for Syphilis?

All pregnant women should be screened at the first prenatal visit.

7. If a pregnant woman is diagnosed with HIV infection, what treatment would you anticipate for the mother and the infant?

Antiviral prophylaxis, Triple-medication antiviral, or highly active antiretroviral therapy as prescribed. Retrovir should be administered at 14 weeks gestation, throughout the pregnancy, and before the onset of labor or cesarean birth.

8. Why are genital herpes a problem for a pregnant woman? What is the treatment?

This is a TORCH infection. Herpes crosses the placenta and has teratogenic effects on the fetus.Acyclovir and other antiviral medications can treat symptoms of herpes, but will not cure it.

9. Discuss each of the following for cytomegalovirus:

Pathophysiology	A common virus that typically causes no harm in healthy individuals, but can be harmful during pregnancy to a developing fetus - can cause hearing loss, intellectual disability, vision problems, seizures, lack of coordination, weakness and other musculoskeletal problems
Nursing Assessment	Babies born with CMV: premature birth, low birth weight, jaundice, purple skin splotches/rash, microcephaly, enlarged spleen, pneumonia, seizures
Testing	Blood screening is done to detect the virus in the mother, if detected an amniocentesis is done to determine if the infection has been passed to the fetus, if suspected the baby is infected testing should be done in the first 3 weeks of life
Management	Treatment is dependent on severity of symptoms but is typically treated with antiviral medications
Patient education needs	Health promotion to avoid contracting the virus, it is spread through contact with infected bodily fluids. Encourage proper hand hygiene and to avoid contact with sick individuals

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

Pathophysiology	Gram-positive bacteria which colonizes in the GI and GU tracts; can be passed to a fetus during labor and delivery
Nursing Assessment	Premature rupture of membranes, preterm labor and delivery, chorioamnionitis, infections of the urinary tract, maternal sepsis
Testing	Vaginal and rectal cultures are performed at 35-37 weeks
Management	Penicillin G or ampicillin are most commonly prescribed IV
Patient education needs	Instruct the client to notify the labor and delivery nurse of GBS status

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

Pathophysiology	Serious infection of the liver caused by hepatitis B virus (HBV), can develop into a chronic condition
Nursing Assessment	Abdominal pain, dark urine, fever, joint pain, loss of appetite, nausea and vomiting, weakness/fatigue, jaundice
Testing	Can be detected through blood screening, liver ultrasound, and liver biopsy
Management	Acute forms of hepatitis B can often resolve on their own, if the infection becomes chronic (lasting longer than 6 mos.) antiviral medications, interferon injections, and possibly a liver transplant can be treatment options
Patient education needs	Encourage patient to receive vaccine. Educate patient on how the disease is transmitted and how to prevent it. Practice safe sex, don't use illicit drugs.

R,K,& C Ch 10

1. **Briefly define the difference between pre embryonic, embryonic, and fetal stages of development.**

The pre embryonic stage is also called conception and begins with fertilization. A zygote is formed and implantation after conception in the endometrium. In the embryonic stage basic structures of all major body organs and the main external features are completed. During the fetal stage growth of all organ systems.

2. **List 5 functions of the placenta. See RKC Chapter 10 pp 342-3**

The placenta is the interface between the mother and the developing fetus, it makes hormones that control the physiology of the mother, it protects the fetus from immune attack, removes waste products from the fetus, and induces the mother to bring more food to the placenta.

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

1. Braxton hicks contractions-False contractions that are painless, irregular, and usually relieved by walking

Hegar's sign-Softening of the lower uterine segment or isthmus

Goodell's sign-Softening of the cervix

Chadwick's sign-Deepened violet-bluish color of cervix and vaginal mucosa

Ballotment-Rebound of unengaged fetus

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

Human Chorionic Gonadotropin. It is the hormone that is detected on home and blood pregnancy tests.Higher levels can indicate multifetal pregnancy, ectopic pregnancy, hydatidiform mole, or a genetic abnormality, such as Down syndrome.Low levels might suggest a miscarriage or ectopic pregnancy.

3. What causes a supine hypotensive syndrome in a pregnant woman? How can we educate her to prevent this?
Blood pressure appears low due to weight and pressure of the uterus on the vena cava, this decreases blood flow to the heart. Position on the left lateral side, semi fowlers or with a wedge placed under one hip in supine to alleviate pressure to the vena cava

4. In your own words, BRIEFLY **summarize the expected changes a woman will see in each of the following:**

Uterus- Increases in size and changes shape and position

Cervix-Becomes a purple/blue color and softens

Vagina- Labia majora and minora can increase in size. The skin of both may also darken.

Ovaries- Ovulation stops

Breasts-Grow larger and areolas darken

Gastrointestinal system nausea and vomiting, hormonal changes, constipation might occur, leading to hemorrhoids (instruct your pt. to increase fiber intake and use stool softener)

Cardiovascular system- if your pt. has had previous heart issues, watch for this, cardiac output increases 30%-40%, blood volume increases 30%-45%, HR increases (10-15/minute during pregnancy beginning around week 5 and reaches a peak at 32 weeks)

Respiratory system - lung capacity will decrease, during the LAST trimester the size of the chest might enlarge, allowing for lung expansion as the uterus pushes upward

Renal/urinary system- filtration rate increased, increased blood volume and metabolic demands, amount of urine produced remains the same, urinary frequency is common

musculoskeletal system- weight increases, pelvic joints relax, increased risk of falls during pregnancy

Integumentary system- Chloasma: increase of pigmentation on the face, Linea nigra: dark line of pigmentation from the umbilicus extending to the pubic area, Striae gravidarum: stretch marks most noticeably found on the abdomen and thighs

Vascular related changes- Blood pressure; Diastolic shows slight decreases around 24 to 32 weeks, will gradually return to pre-pregnancy level by end of pregnancy. Systolic shows slight or no increase from pre-pregnancy levels.

Endocrine system-

Thyroid- Enlarges and becomes more active

Pituitary- Enlarges

Pancreas- More insulin is secreted

Adrenal glands- Aldosterone production is increased by the adrenal glands.

Prostaglandin secretion-Large amounts produced by placenta

Placental secretion- The placenta becomes an endocrine organ that produces large amounts of several hormones, including hCG, progesterone, estrogen, human placental lactogen, and prostaglandins.

Immune system- Lowered slightly during pregnancy, putting pregnant women more susceptible to infections.

5. Why are pregnant women often diagnosed with anemia?

There is a greater expansion of plasma volume compared to the increase in red cell volume, iron deficiency is the most common.

6. What important roles does each of the following placental hormones play in pregnancy?

hCG- keeps the corpus luteum functioning, so the corpus luteum continues to produce estrogen and progesterone

hPL- anti-insulin properties that causes insulin resistance, causes the level of glucose to rise in her blood

Relaxin- relaxes the wall of the uterus and prepares it for pregnancy. It also mediates hemodynamic chances

Progesterone- prepares the uterus for pregnancy by thickening the endometrium

Estrogen- produced by ovaries and placenta. It helps the uterus grow and maintains the uterine lining, increases blood circulation and regulates the production of other hormones

7. Why are folic acid, iron and prenatal vitamins important for pregnant women?

- Iron supplements- facilitate an increase of maternal RBC mass.
- Folic acid- necessary for the neurological development of the fetus and to prevent birth defects. Essential for maternal red blood cell formation
- Prenatal vitamins- essential for blood formation, absorption of iron, and development of fetal tissue

What are some good sources for folic acid and iron that you can educate pregnant women to consume?

- Iron food sources- beef liver, red meat, fish, poultry (eggs), leafy greens, dried fruits, dried peas and beans, fortified cereals and breads.
    - Iron is best absorbed between meals and when given with a source of vitamin C
    - Milk and caffeine interfere with absorption
    - May need stool softener to decrease constipation with iron supplements
- Folic acid food sources- green leafy vegetables, enriched grains, and orange juice.

8. After reading over the general guidelines on p 378 and the MyPlate guidelines on p 379, please write out a daily food plan in the table below:

Breakfast	snack	Lunch	snack	Supper	snack
1 cup of fruit	1cup of fruit	Light tuna sandwich	Fiber bar	Chicken	8 oz of yogurt
1 piece of whole grain toast	0.5 oz of nuts	1 cup of vegetables		½ cup of rice	
1 egg				1 cup of vegetables	
				1 cup of dark green vegetables	

9. 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 all OTC medication, alcohol & tobacco can cause birth defects and are not advised to be used during pregnancy, Substance use of any kind is to be avoided during pregnancy & lactation, Exercise

during pregnancy yields positive benefits and should consist of 30 minutes of moderate exercise (walking & swimming), AVOID the use of hot tubs and saunas, Consume 8-20 glasses of water/day (2.3 L), void caffeine intake

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

Pica is an eating disorder of craving substances with little or no nutritional value. It can be non-food substances such as hair, dirt, paint chips, or soap. It is persistent ingestion of nonnutritive substances for at least one month. Some signs of this is upset stomach, stomach pain, blood in the stool, or bowel problems.

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

Ambivalence: The mom has mixed feelings about being pregnant. She is initially excited until the reality of being a mom kicks in. She bounces around from excitement, anxiety, fear, and other strong emotions.

Introversion: This could be due to body image issues as the baby grows and the body changes. The mom may feel she needs to stay inside so people are not commenting about her size and ask about the pregnancy.

Acceptance: finally coming to terms with the situation and taking on the responsibility

Mood swings: abruptly changing emotional state due to hormonal changes

12. How can pregnancy change the mother's image of herself? Her sexuality? Her relationship with her partner?

During the second trimester, physiological changes are rapid due to the enlargement of the abdomen and breasts. Stretch marks appear and hyperpigmentation, this can alter a women's mobility causing her to lose balance. These may lead to negative body image causing self confidence issues and isolation.

R, K, & C CH 12; ATI Ch 4,5, & 6

1. Why is preconception care important?
It promotes a safe pregnancy and fosters positive feelings during the experience. Prenatal care dramatically reduces infant and maternal morbidity and mortality rates by early detection and treatment.

2. What types of information should be obtained at the first prenatal appointment?
Determine estimated date of birth based on last menstrual cycle, obtain medical and nursing history to include social supports and rvre of systems, perform a physical assessment to include a client's baseline weight, vitals, and pelvic exam, obtain lab tests including hemoglobin, hematocrit, WBC, blood type, and Rh, rubella titer, urinalysis, renal function tests, pap test, cervical cultures, HIV antibody, hepatitis B surface antigen, toxoplasmosis, and RPR or VDRL.

3. What are the thresholds for diagnosis of overt diabetes during pregnancy?
One hour glucose done at the initial visit for at-risk clients and at 24-28 weeks of gestation for all pregnant women. Greater than 140 mg/dL requires follow up. Three hour glucose tolerance used in clients who have elevated 1 hour glucose tests.

4. Calculate the following estimated due dates using Nagele's Rule:

a. Last menstrual period (LMP) 7/9/99 - 4/16/2000

b. Last menstrual period (LMP) 12/24/96 - 9/31/1997

5. State what words GTPAL stand for and what each means.
Gravidity- Total number of pregnancies; regardless of outcome
Term Births- 38 weeks or more
Preterm Births- From viability up to 37 weeks
Abortions/miscarriages- Prior to viability
Living Children- Current number of children alive

6. So what is meant by the term para?
It is the number of pregnancies in which the fetus or fetuses reaches 20 weeks of pregnancy; regardless if the fetus is stillborn or alive.

7. What is linea nigra? How does fundal height correlate with gestation?
Dark line of pigmentation from the umbilicus extending to the pubic region

8. Fill in the following table:

Test	When are these done in the pregnancy?	Evaluation/meaning of results
CBC	First trimester (up to 12 weeks)	Determines infection and anemia
Blood typing & Rh	24-28 weeks of gestation	Determines the risk for maternal-fetal blood incompatibility or neuro hyperbilirubinemia. Indirect Coombs test identifies clients sensitized to Rh+ blood
Rubella titer	Weeks 0-12	Immunity to rubella
Hepatitis B	Weeks 4-28	Carries of hepatitis B
HIV	Weeks 4-28	Detects HIV infection
STI screening	Weeks 4-28	Determine presence of STI
Cervical smears (G/C and group B strep)	35-37 weeks of gestation	Used to screen cervical cancer, herpes simplex type 2, and or human papillomavirus

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

Weeks 4-28: 1 pentanal visit a month
Weeks 28-36: 1 prenatal visit every 2 weeks
Weeks 36-40: 1 prenatal visit every weeks

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

- burning on urination – infection
- severe vomiting (hyperemesis gravidarum)
- diarrhea – infection
- fever or chills – infection
- abdominal cramping/ vaginal bleeding – miscarriage or ectopic pregnancy

Second & Third Trimester:

- gush of fluid from vagina
- vaginal bleeding
- Abdominal pain
- changes in fetal activity
- Persistent vomiting
- Severe headaches – gestational hypertension
- Elevated temp – infection
- Dysuria – infection
- Blurred vision – gestation hypertension
- Epigastric pain – gestational hypertension
- Concurrent occurrence of flushed dry skin, fruity breath, rapid breathing, increased thirst & urination, headache – hyperglycemia
- Occurrence of clammy pale skin, weakness, tremors, irritability, lightheadedness – hypoglycemia

11. How is fetal well being assessed?

Ultrasound (abdominal, transvaginal, doppler), biophysical profile, nonstress test, contraction test , and amniocentesis.

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

a. Color

b. Bilirubin: yellow color, could indicate erythroblastosis

c. Meconium: The first feces from the baby passed in the womb

d. Lecithin to sphingomyelin ratio (L/S ration): a 1:2 ratio indicates fetal lung maturity

e. Alpha-fetoprotein: used to detect neural tube defects, low levels could indicate down syndrome

f. Bacteria: common causes are E. Coli, streptococci and anaerobic bacteria can cause chorioamnionitis

g. Acetylcholinesterase: detects neural tube defects or spina bifida

13. Describe the procedure and expected results for a nonstress test and biophysical profile (BPP).
Biophysical profile: uses a real-time ultrasound to visualize physical characteristics of the fetus and observe for a fetal biophysical responses to stimuli. Combines with FHR monitoring and fetal ultrasound. Measures 5 variables with a score of 2 for each normal finding and 0 for abnormal.

Nonstress test; most widely used technique for antepartum evaluation in third trimester. Noninvasive that monitors response of the FHR to fetal movement. A Doppler transducer and a tocotransducer are attached externally to a client's abdomen to obtain tracing strips. The client pushes a button attached to the monitor whenever she feels fetal movement, which is then noted on the tracing. The nurse can assess the relationship

14. Choose one of the ten discomforts of pregnancy listed on p 420. Write out a teaching plan that you could use for a mother who is experiencing this discomfort. (While you are only choosing one to write about you will be responsible for knowing education for each of the discomforts.)

15. What are the common discomforts experienced in the third trimester? How can you as the nurse educate women to successfully handle these discomforts?

- Nausea and vomiting
- Breast tenderness
- Urinary frequency
- Urinary Tract Infections
- Fatigue
- Heartburn
- Constipation
- Hemorrhoids
- Backaches
- Shortness of breath – this is not always a problem during pregnancy
- Leg cramps
- Varicose veins & lower extremity edema
- Gingivitis, nasal stiffness & epistaxis (nose bleed)
- Braxton Hicks contractions
- Supine Hypotension

16. Should pregnant women receive vaccines, if so, which ones & why?
Yes, but only certain ones: influenza, hepatitis B, Hepatitis A, Rubella (MMR) Meningococcal, Tetanus, diph-theria, whooping, pertussis (Tdap), Varicella, HPV

17. Do not spend time on looking at the information on drug classifications, we will discuss this in class.

18. Briefly explain in your own words the value of prenatal/childbirth education classes.

There are many benefits of prenatal education classes. They help reduce the anxiety women may feel and helps parents transition to having a newborn. These classes can help moms gain confidence and prepare them for what to expect while pregnant and what to do once the baby is born.