

N432 Focus Sheet 1- 2020

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

ATI Ch 1-6 & 8 (Infections)

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- elevated round fleshy prominence that is made of fatty tissue and overlays the symphysis pubis and protects it during intercourse
 - b. Labia majora- contain sweat and oil glands, protect vaginal opening and provide cushion during intercourse
 - c. Labia minora- surround opening of vagina and urethra, provide protection around the clitoris and the urethra; highly vascular and lubricate the vulva
 - d. Clitoris- small cylindrical mass of erectile tissue and nerves; function is sexual stimulation
 - e. Perineum-between the vulva and the anus; can be lacerated or incised (episiotomy) during childbirth

2. Provide a brief description of the internal reproductive organs.
 - a. Ovary- paired glands that produce gametes in a female; pearl colored, oblong and lumpy surface; positioned on either side of the umbilicus; primary function is to secrete estrogen and progesterone
 - b. Fallopian tube- hollow, cylindrical structures; connects the ovary to the uterus
 - c. Uterus- inverted, pear-shaped muscular organ on the top of the vagina; lies behind the bladder, site of menstruation and the developing fetus; thick and composed of endometrium, myometrium, and perimetrium
 - d. Fundus of uterus- convex portion about the uterine tubes
 - e. Cervix- lower part of the uterus, opens into the vagina, good barrier against bacteria, is a channel for sperm to get through, environment is alkaline so the cervix protects the sperm from the acidic vagina.
 - f. Vagina- lined with rugae that allow for extreme dilation during labor; canal that connects vulva to the cervix; acidic environment

3. Menstrual Cycle hormones

Hormone	Purpose
Estrogen	Induces proliferation of endometrial glands, causes the uterus to increase in size and weight, blood supply is expanded also
Progesterone	Induces swelling and increases secretion of endometrium; allows pregnancy to be maintained
Prostaglandins	Frees ovum; causes 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?

Infertility is the inability to conceive a child after 1 year of unprotected sexual intercourse. Treated with medication, surgery, weight loss, smoking cessation, IVF, donor gametes, surrogacy

2. What is IVF?

IVF is in vitro fertilization. Eggs are fertilized in the lab and transferred to the uterus

4. Birth Control options

Type	action	Side effect	Pro/con	Contraindications	Important Patient Teaching
Coitus interruptus	Man withdraws prior to ejaculation	STI's; Pregnancy	Pro: involves no devices, always available Con: requires self-control of man	No protection from STI's	Try promote other types of birth control; set up emergency contraceptive options
Lactational amenorrhea method	Uses lactational infertility for protection	Pregnancy	Pro: no cost Con: temporary; only effective 6	Women who breastfeed exclusively	Do not have sex 6 weeks postpartum with

	from pregnancy		months after giving birth		this method
Condom	Sheath used to block sperm; barrier method	Skin irritation, diminished sensation	Widely available; low cost	Latex allergy	Properly use condom
Diaphragm	Shallow cup placed in vagina; barrier method	Discomfort, irritation, irregular bleeding, red or swollen vagina or vulva	Pro: no hormones, safe, protection against cervical cancer Con: requires accurate fitting by healthcare professional; increase in UTIs	Latex allergy, frequent UTI	How to insert and remove, how long before sex to insert
Oral contraceptives (combination & progestin only)	Combination; suppresses ovulation Progestin: thickens cervical mucus to prevent sperm from penetrating	Blood clots, migraines, hypertension, unintended pregnancy	Combination: Pro: easy to use, high effectiveness, protection against ovarian and endometrial cancer. Con: pill daily, unwanted side effects, high cost, prescription needed Progestin: Pro: no estrogen side effects, can be used by lactating women, can be used by women with	Thrombophlebitis, CAD, carcinoma of estrogen dependent organs, know or suspected pregnancy	Take at same time every day, take every day, follow up with primary to ensure that no blood clots have formed

			<p>hx of thrombophlebitis Con: must be taken with complete accuracy, may cause irregular bleeding, less effective than combination pills</p>		
Natural Family Planning (Fertility Awareness-based methods)	Refrain from sex during fertile period	STI's	<p>Pro: no side effects and acceptable by most religions Con: high failure rate</p>	High blood pressure	Identify when fertile days are and when to avoid sex
Intrauterine devices	t-shaped device that is inserted into the uterus; releases copper, progesterone, or levonorgestrel	Headache, acne, breast tenderness, irregular bleeding, mood changes, pelvic pain	<p>Pro: immediately and highly effective; return to fertility not impaired; can be used during lactation; requires no user motivation following insertion Con: menstrual irregularities; requires insertion by professional; prolonged amenorrhea; can be unknowingly expelled; may</p>	Pregnancy, distorted uterine anatomy, unexplained vaginal bleeding, ongoing pelvic infection	How to check placement, when to get changed, how the procedure is done

			increase risk for pelvic infection; user must check string for placement; no protection against STI's; delay of fertility for 6-12 months		
Methoxyprogesterone	Injection to help regulate ovulation	Nausea, bloating, breast tenderness, headache, mood swings, dizziness, weight changes	Pro: treats excessive bleeding Con: mood swings and headaches	History of breast cancer, active blood clot	That it is an injection given every 3 months, this medication can decrease calcium in bones, so supplements may be a good idea
Subdermal implant	Incision that places implant under the skin and excretes progestin	Nausea, stomach cramping, bloating, vaginal irritation, weight gain, pain or numbness at site	Pro: effective, long acting (3-5 years) Con: painful procedure	Pregnancy, liver disease, history of breast cancer, allergy to implant materials	Patient should know how long implant lasts and how the procedure is performed

5. What does PAINS stand for?

P- period late, pregnancy, abnormal spotting or bleeding

A-abdominal pain, pain with intercourse

I-Infection exposure, abnormal vaginal discharge

N-not feeling well, fever, chills

S-string length shorter longer or missing

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

Tubal ligation- used in women; most commonly done by laparoscopy; abdomen is filled with carbon dioxide so that the abdomen balloons up; the fallopian tubes are grasped with cauterizing tool or rings and are cut and tied

Essure- nonsurgical, nonhormonal sterilization method, increased safety, lower cost; a tiny coil is put into the fallopian tubes through the cervix. Coil promotes tissue growth which eventually grows and blocks the fallopian tubes

Vasectomy- male sterilization; performed under local anesthesia; small incision into scrotum to cut vas deferens

7. Discuss the differences between surgical and medical abortion.

Surgical- vacuum aspiration/dilation or evacuation; method is based on gestational age; local anesthesia; cervix dilated; entire procedure about 10 minutes

Medical- admin of medication vaginally or orally; costs between \$300-\$800; three drugs used: methotrexate, mifeprax, misoprostol (Cytotec)

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 (syphilis, varicella-zoster, parvovirus B19), Rubella, Cytomegalovirus (CMV), Herpes
2. What is the treatment for Chlamydia?
Antibiotic treatment (Azithromycin, doxycycline, erythromycin, Levofloxacin Ofloxacin), abstinence, retesting after 3 months to prevent recurrence
3. What is the treatment for Gonorrhea?
Antibiotic therapy of ceftriaxone and azithromycin, sexual partner testing, abstinence, and retesting after 3 months to prevent recurrence
4. Which pregnant women should be screened for Syphilis?
1st trimester

When should they be screened?
As soon as possible in the pregnancy

What are the names of the tests used for screening?
Serologic testing, darkfield examination, treponemal test

5. Why are pregnant women at higher risk for Candidiasis infection?
Increase levels in estrogen
6. Which pregnant women should be screened for Syphilis?
1st trimester mother
7. If a pregnant woman is diagnosed with an HIV infection, what treatment would you anticipate for the mother and the infant?
Antiretroviral drug therapy
8. Why are genital herpes a problem for a pregnant woman? What is the treatment?
The baby could be infected if delivered vaginally. The treatment is antivirals
9. Discuss each of the following for cytomegalovirus:

Pathophysiology	Enlarged cell with viral inclusion bodies look like an owl's eye
Nursing Assessment	Prolonged fever and hepatitis
Testing	Serologic test
Management	Antiviral medications
Patient education needs	Give the parent information about birth defects and support groups to help cope with diagnosis of CMV

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

Pathophysiology	Gram positive bacteria that colonizes GI and GU tract
Nursing Assessment	Fever, difficulty feedings, irritability, dyspnea, cyanosis
Testing	culture
Management	Antibiotic therapy
Patient education needs	Make sure parents know signs and symptoms that present with GBS. Explain antibiotic therapy regimen

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

Pathophysiology	Virus continually attacks cells and continues shedding itself into the bloodstream
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Nursing Assessment	Flu-like symptoms, fatigue, anorexia, nausea, pruritis, fever, upper right quadrant pain
Testing	Blood panel
Management	No specific treatment, preventable through immunization
Patient education needs	Educate about hepatitis B vaccine

R,K,& C Ch 10

1. **Briefly** define the difference between preembryonic, embryonic, and fetal stages of development.
 Preembryonic- development approx. until 14 days after fertilization
 Embryonic-3rd-8th week form nervous system, make blood cells, starts forming organs
 Fetal- 9th week until birth, sex organs form, muscle and bones begin to form, begins movement
2. List 5 functions of the placenta. See RKC Chapter 10 pp342-3
 Gas exchange, metabolic transfer, hormone secretion, fetal protection, nutrient and drug transfer

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

1. What are:
 - Braxton hicks contractions- weak contractions during pregnancy
 - Hegars sign- softens consistency of the cervix and uterine isthmus
 - Goodells sign- softening of the vaginal portion of the cervix
 - Chadwicks sign-blue discoloration of the cervix, vagina, and labia that is cause from increased blood flow
 - Ballotment- press fingers sharply against uterus to detect presence of fetus
2. What is hCG? Why is it so important to watch during pregnancy?
 Hormone produce by cells surrounding a growing embryo, used to monitor the health of the baby
3. What cause supine hypotensive syndrome in a pregnant woman? How can we educate her to prevent this?

The uterus compresses the vena cava when in the supine position. Position patient left and laterally

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

Uterus-the uterus will expand causing the belly to grow

Cervix-will thicken at beginning of pregnancy and thin soon before giving birth

Vagina-increased amount of discharge

Ovaries- produce more hormones

Breasts- sensitive, tender, larger

Gastrointestinal system-slows digestion

Cardiovascular system-increased cardiac output, decrease blood pressure

Respiratory system- decrease amount of air in lungs

Renal/urinary system-\musculoskeletal system- increase in urination

Integumentary system- pigment changes

Vascular related changes- total peripheral assistance

Endocrine system-

Thyroid- enlargement

Pituitary enlargement

Pancreas increase in insulin

Adrenal glands-increase aldosterone

Prostaglandin secretion- increased

Placental secretion-conserves blood glucose

Immune system-heightened immunity

5. Why are pregnant women often diagnosed with anemia?

Blood volume increases and the baby also has iron needs

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

hCG- aids in baby growth

hPL- helps feed growing baby

Relaxin- relaxes ligaments in pelvis

Progesterone- prohibits muscle contractions so that fertilization can occur

Estrogen- controls growth of uterine lining

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

Folic acid- prevent neural tube defects, iron makes hemoglobin which carries oxygen to tissues, prenatal vitamins are a combination of both

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

Dark leafy greens, iron fortified cereals,

8. After reading over the general guidelines on RKC p 378 and the MyPlate guidelines on p 379 ; ATI ch 5, please write out a daily food plan in the table below:

Breakfast	snack	Lunch	snack	Supper	snack
Scrambled eggs	apple	Pasta with chicken	smoothie	Fish	banana
Toast				Rice	
				broccoli	

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?

Organ meat, raw food, high mercury fish, caffeine. Women should gain 2-4 pounds the first 3 months of pregnancy and then 1 pound a week for the rest of the pregnancy

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

Pica- eating substances that don't provide nutrition, the patient is most likely anemic

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

Ambivalence- contradictory feelings about wanting a child

Introversion- mother protective over personal space

Acceptance- being okay with being a mother

Mood swings- going from a high/happy mood to a low/sad mood

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

Pregnancy can make a woman not like how her body looks and her sex drive can decrease because of this. This can also effect the relationship with the partner because there is less physicality

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

1. Why is preconception care important?
It improves pregnancy outcomes and women's health
2. What types of information should be obtained at the first prenatal appointment?
Blood and urine test, vitals, past medical and family history
3. What are the thresholds for diagnosis of overt diabetes during pregnancy?
FPG of at least 7.0mmol/L, A1c at least 6.5% random plasma glucose at least 11.1 mmol/l
4. Calculate the following estimated due dates using Nagele's Rule:
 - a. Last menstrual period (LMP) 7/9/19 4/16/19
 - b. Last menstrual period (LMP) 12/24/16. 09/30/16
5. State what words GTPAL stand for and what each mean.
Gravida- number of pregnancies, term- number of pregnancies 37+ weeks, preterm- before 37 weeks, A-abortions, L- living
6. So what is meant by the term para?
Number of pregnancies past 20 weeks gestation
7. What is linea nigra? How does fundal height correlate with gestation?
Dark line that appears across belly during pregnancy,
At 24 weeks the fundal height should match the number of weeks of pregnancy
8. Fill in the following table:

Test	When are these done in the pregnancy?	Evaluation/meaning of results
CBC	Throughout pregnancy	Cells that circulate in blood
Blood typing & Rh	1 st trimester	What blood type you are
Rubella titer	1 st trimester	To see if patient is immune to rubella
Hepatitis B	1 st trimester	Check immunity
HIV	1 st and 3 rd trimester	To see if patient has HIV and if so that way it can be monitored
STI screening	1 st prenatal visit	See if STIs are present which can lead to treatment
Cervical smears-G/C	1 st prenatal visit	To rule out STIs
Cervical smears-group B strep	3 rd trimester	To determine if GBS is present and if so to monitor baby
Blood Glucose Tolerance test	2 nd trimester	Determine risk for diabetes
MSAFP-Maternal Serum Alpha Feto-protein	2 nd trimester	Screens for genetic problems

9. How often are follow up visits and what things are assessed?
Every 4 weeks until 28 weeks, every 2 weeks until 36 weeks, and every week until delivery. Babys heart beat and development are assessed, moms vitals and cervix are assessed
10. What danger signs are associated with the first trimester? Vaginal bleeding, excessive nausea and vomiting, leg or calf pain, pain or burning during urination
Second? Vaginal pressure, lower back pain, frequent urination, tightness of abdomen
Third? Vaginal bleeding or significant increase of discharge, severe headache
11. How is fetal well being assessed?
Movement counts, nonstress test, biophysical profile, contraction stress test, doppler ultrasound of umbilicus
12. Discuss the following amniotic fluid findings and their implications to the fetus.
 - a. Color clear yellow fluid, surrounds baby and helps with development

- b. Bilirubin- can see what blood type baby has
 - c. Meconium- thick green tar, lines babies intestines
 - d. Lecithin to sphingomyelin ratio (L/S ration)- determines fetal lung maturity
 - e. Alpha-fetoprotein- can show if baby has a birth defect and helps with development
 - f. Bacteria- can lead to infection in both fetus and mother
 - g. Acetylcholinesterase- makes acetylcholine for baby
13. Describe the procedure and expected results for a non stress test.
Baby heart rate is monitored and we see how baby reacts to movements.
The babys heart rate should accelerate
14. Describe the procedure and expected results for a biophysical profile (BPP).
Monitors baby's heart rate, breathing, movements, muscles and amniotic fluid to determine baby well-being, expected findings are that there is an increase in movement and heart rate, a rhythmic breathing pattern, and bent position in limbs
- 15.
16. Choose one of the ten discomforts of pregnancy listed in RKC on p 420 and ATI Ch 4 pp 21-22. 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.)
Urinary incontinence
The patient could try pelvic floor training by doing Kegels, avoid caffeine, try to empty your bladder completely and listen to your body when you feel the urge to urinate
17. What are the common discomforts experienced in the third trimester?
Heartburn, shortness of breath, edema
How can you as the nurse educate women to successfully handle these discomforts?

The mother could elevate her head instead of laying down flat to help with heartburn and shortness of breath. She could also elevate her feet periodically throughout the day to decrease edema

18. Should pregnant women receive vaccines, if so, which ones & why?
Yes, but no live vaccines, because they can harm the baby
19. Do not spend time on looking at the information on drug classifications, we will discuss this in class.
20. Briefly explain in your own words the value of prenatal/childbirth education classes

Prenatal and childbirth education classes are helpful because then the mother knows a general idea of what to expect throughout the pregnancy, delivery and postpartum