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**- The top or "Superficial" part of the vagina.
   b. **Labia majora- large**, fleshy folds of tissue that enclose and protect the other external genital organs.
   c. **Labia minora-** are paired folds of smooth tissue underlying the **labia** majora.
   d. **Clitoris**- a small, sensitive, erectile part of the female genitals at the anterior end of the vulva.
   e. **Perineum**- the area between the anus and the scrotum or vulva.

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

a. **Ovary-** organ found in the female reproductive system that produces an ovum. When released, this travels down the fallopian tube into the uterus, where it may become fertilized by a sperm.

b. **Fallopian tube-** a pair of tubes along which eggs travel from the ovaries to the uterus.

c. **Uterus-** a hollow muscular organ located in the female pelvis between the bladder and rectum.

d. **Fundus of uterus- t**he fundus of the uterus is the top part of the uterus that is across from the cervix (the opening of the uterus).

e. **Cervix-** the lower portion of the uterus

f. **Vagina-** an elastic, muscular canal with a soft, flexible lining that provides lubrication and sensation.

3. Menstrual Cycle hormones

Hormone	Purpose	
Estrogen	Needed to produce & release eggs	
Progesterone	Needed to produce & release eggs	
Prostaglandins	Primary mediator for the body's inflammatory process and function.	

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 despite engaging in unprotected sex for a prolonged period or at least 12 months. **Causes-** overweight/underweight, substance abuse, occupational/ environmental exposure risk assessment. STD's, medical history (medical conditions). **Treatments-** lifestyle changes (exercise, diet), medical therapy like medications that can stimulate the ovaries. Antimicrobials to treat infections. Other assisted reproductive technologies are available (surrogate mothers). As the nurse, provide the couple with reading information, genetic counseling, and family planning.

2. **What is IVF?** Invitro fertilization. Procedure that collects the clients' eggs from the ovaries, fertilizes them in the lab with sperm, and transferring the embryo to the uterus.

4. Birth Control options

Type	action	Side effect	Pro/con	Contraindications	Important Patient Teaching
Coitus interruptus	Pulling out	NA	Pro- nothing is needed. Cons- men need self-control and they need to know when to pull out. 22% failure rate.	Na.	Couple needs to know this isn't 100% and the male needs to have control.
Lactational amenorrhea method	Uses lactational infertility for protection.	none	Pro- no cost. Con- temporary method, mother must breastfeed on demand without supplements for 6mo.	na	1-2% chance of pregnancy in first 6mo.
Condom	Protective barrier		Pro- widely available,	Latex allergy	Couple must be

	placed either on male or female.		low cost, safe on body, protects against STI's. con- ruins the moment, must be prepared.		prepared.
Diaphragm	Shallow latex rim placed in vagina.	Report symptoms of toxic shock syndrome.	Pro- nonhormonal, medically safe, protects against cervical cancer. Con- requires fitting by healthcare professional —size may change due to weight loss or gain, increase in uti's.		Women must be taught how to insert and remove correctly.
Oral contraceptives (combination & progestin only)	A pill that suppresses ovulation by combined action of progestin and estrogen.	Dizziness, nausea, weight gain, mood changes, high blood pressure, heart attacks, stroke, and blood clots.	Pro- easy to use, high rate of effectiveness, protection of ovarian and endometrial cancer. Con- you have to take the pill every day, possible undesirable side effects, high cost.	SMOKING AND THROMBOEMBOLIC DISEASE. Increases the risk of blood clots.	Teach patient to take every day.
Natural Family Planning (Fertility Awareness-based methods)	Refrain from sex during fertile periods.		Pro- free. Con- dedication, high failure		Requires high level of commitment.

			rate.		
Interauterine devices	A T shaped inserted into the uterus that releases copper, progesterone, or levonorgestrel.	Cramps, bleeding, pelvic inflammation disease, infertility, perforation of uterus.	Pro- highly effective, no impaired fertility if removed. Cons- insertion requires a professional, menstrual irregularities, may increase risk of pelvic infection, no protection from STI;s, delay of fertility for 6-12 mo.		Instruct women how to locate string.
Methoxyprogesterone					
Subdermal implant	A time release implant good for 3 years.	none	Pro- long duration of action, low dose of hormones, reversible, estrogen free. Cons- irregular bleeding, weight gain, breast tenderness, headaches, difficulty in removal.	If bleeding is heavy, anemia may occur.	Make sure woman is aware that it lasts 3 years.

5. What does PAINS stand for?

P: Period late, pregnancy, abnormal spotting or bleeding.

A: Abnormal pain, pain with intercourse.

I: Infection exposure, abnormal vaginal discharge.

N: Not feeling well, fever, chills.

S: String length shorter or longer or missing.

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

- **Tubal ligation**: the female's tubes are "tied".
- **Essure:** nonsurgical, nonhormonal, permanent birth control that is 99% effective.
- **Vasectomy:** semen no longer contains sperm because it is cut.

7. Discuss the differences between surgical and medical abortion.

Surgical abortion: Vacuum aspiration or dilation and evacuation. Done under local anesthesia, lasts about 10 minutes, overall risk of complications is less than 1%. The cervix is dilated and they physically remove the fetus.

Medical abortion: medication is administered orally or vaginally. Complications include incomplete expulsion of fetus, uterine infection, and heavy bleeding.

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?**
   More than one Herpes virus (zika virus, herpes) and can be passed onto the baby. Infections that fall under this category: rubella, herpes simplex, cytomegalovirus.
2. **What is the treatment for Chlamydia?**
   Antibiotics (doxycycline, azithromycin).
3. **What is the treatment for Gonorrhea?**
   Antibiotics (ceftriaxone, azithromycin). Abstinence from sexual activity until therapy is complete and there are no more symptoms, retesting in 3 months.
4. **Which pregnant women should be screened for Syphilis?**
   All pregnant women should be screened.
   When should they be screened?
   First time during prenatal visit and then again in the 3rd trimester if they are high risk (live in areas with high numbers of cases, not previously tested, or had a positive test in 1st trimester).
   What are the names of the tests used for screening?
   Serology test: **nontreponemal** (VDRL and rapid plasma regain) and **treponemal (**enzyme immunoassay, immunoassay). The nontreponemal are used for screening and the treponemal tests for antibodies and confirms diagnosis. Microscopic examines for primary lesion.
5. **Why are pregnant women at higher risk for Candidiasis infection?**
   They are resistant to treatment during pregnancy.
6. **Which pregnant women should be screened for Syphyllis?**

Every pregnant woman should be screened.

7. **If a pregnant woman is diagnosed with an HIV infection, what treatment would you anticipate for the mother and the infant?** The mother would take antiretroviral during pregnancy, during labor, and given to the infant 6-12 hours after birth and continued for 6 weeks.

8. **Why are genital herpes a problem for a pregnant woman? What is the treatment?** Contamination may occur during birth, birth anomalies, trans placental infection, newborn may develop skin or mouth sores, intellectual disability, premature birth, low birth weight, blindness, and death. Treatment is antiviral drug therapy.
9. Discuss each of the following for cytomegalovirus:

Pathophysiology	Part of the Herpes simplex family and is transmitted through Droplet. Person to person through semen, cervical and vaginal secretions, breast milk, placental tissue, urine, feces, and blood.
Nursing Assessment	Assess for risk factors.
Testing	Cultures, TORCH screen.
Management	Immunizations, safe sex practice, emotional support, administer antibiotics.
Patient education needs	Prevention practices, hand hygiene before eating, and after handling infant diapers and toys.

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

Pathophysiology	Bacterial infection that can be passed to a fetus during labor. It can cause pneumonia, respiratory distress syndrome, sepsis, and meningitis if transmitted to the baby.
Nursing Assessment	**Risk factors** (positive GBS culture in current pregnancy, prolonged rupture (18 hours or more) of membranes, preterm delivery, low birth weight, intrapartum maternal fever).
Testing	Vaginal and rectal cultures are performed at 35-38 weeks of gestation.
Management	Administer intrapartum antibiotic prophylaxis to a client who has a positive GBS screening, unknown GBS status who is delivering at 37 weeks, client who has a maternal fever of 100.4 or more, and client who has rupture of membranes for 18 hours or longer. **Medications prescribed**: penicillin G or ampicillin are most common.
Patient education needs	Notify the L&D nurse of GBS status, decrease the neonatal risks by being screened for GBS at 35-38 weeks gestation.

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

Pathophysiology	Transmitted through saliva, blood serum, semen, menstrual blood, and vaginal secretions.
Nursing Assessment	Assess for clinical manifestations of hep B (flu-like symptoms) malaise, skin rashes, fatigue, anorexia, nausea, itching, fever, and right upper quad pain.
Testing	Serological testing, blood test.
Management	

Patient education needs	

R,K,& C Ch 10

1. **Briefly define the difference between preembryonic, embryonic, and fetal stages of development.**
   Pre-embryonic fetal stages of development: fertilization takes place in ampulla of fallopian tube, union of sperm and ovum forms, cells divide,→ blastocyst (forms the embryo)→ trophoblast (forms the placenta and chorion) → Implantation occurs 7-10 days after conception.
   Embryonic stage: begins at 15 days after conception and continues through week 8. Basic structures of all major body organs and the main external features are completed during this time period.
   Fetal stage: the time from the end of the 8th week until birth and is the longest period of prenatal development.
2. **List 5 functions of the placenta. See RKC Chapter 10 pp342-3**
   Fetal protection, gas exchange, metabolic transfer, hormone transfer

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

1. **What are:**

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

Hegars sign- softening and compressibility of lower uterus.

Goodells sign- softening of cervical tip.

Chadwicks 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: a hormone produced by the placenta. This is important to watch during pregnancy because it can increase the risk of birth defects.

3. **What cause supine hypotensive syndrome in a pregnant woman? How can we educate her to prevent this?**
   The gravid uterus compresses the inferior vena cava when a pregnant woman is in a **supine** position, leading to decreased venous return centrally. Encourage the client to position

on the left-lateral side, semi-fowlers position, or if they are supine they should place a wedge under one hip 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- size increases to 20 times the nonpregant size, capacity increases 2,000 times to accommodate the fetus, weight increases from 2Oz to 2lbs at term, uterine growth occurs as a result of both hyperplasia and hypertrophy of myometrial cells, and increased strength and elasticity allows uterus to contract and expel fetus during birth.

Cervix- Increases in mass, water content, and vascularization, changes from rigid to soft, under progesterone a thick mucus plug is formed which protects the fetus from bacteria.

Vagina- increased vascularity because of estrogen, pelvic congestion and hypertrophy, increased thickness of mucosa, increased vaginal secretions—helps prevent infections.

Ovaries- increased blood supply cause them to enlarge until about the 12-14 week of gestation, actively produce hormones to support the pregnancy until week 6-7 when the placenta takes over.

Breasts- increase in size and areolar pigmentation, nipples become more erect, blood vessels become more prominent, blood flow to the breast doubles.

Gastrointestinal system- motility is affected the most. There is displacement of the intra-abdominal portion of the esophagus into the thorax and the lower esophageal sphincter so there is a decrease in tone. Gums become swollen, hyperemic, and friable so they tend to bleed, the saliva produced in the mouth is more acidic, dental plaque is increased, transition of food may be slower so it is likely to be bloated and constipated, heartburn is increased, morning sickness in beginning of pregnancy.

Cardiovascular system- increase in HR, increase in cardiac output by 30-50% and peaks at 25-30 weeks gestation, reduced total periphery resistance, increased blood volume, increased plasma volume which can lead to physiological anemia.

Respiratory system- chest circumference increases, pregnant women breathe faster, increased congestion, increased risk of respiratory infections, oxygen consumption increases, muscles relax.

Renal/urinary system-\musculoskeletal system- increased blood flow to kidneys, renal pelvis and uterus is dilated—this can increase risk of infection, GFR increases, increase in urine flow and volume, kidney size increases in length, blood flow to the kidneys are increased by 50-80%, the activity of the kidney normally increases when the patient is sitting down and slows down when standing.

Integumentary system- hyperpigmentation of nipples, areola, umbilicus, perineum, and axilla. Stretch marks, hair loss, skin color changes. Some women experience a decline in hair and nail growth.

Vascular related changes- varicosities of the legs, vulva, and perineum. Varicose veins are common.

Endocrine system

Thyroid- enlarges slightly and becomes more active.

Pituitary- enlarges and grows by 135% of its normal size—returns to normal after birth. It changes in size because it is adapting to the new hormonal changes.

Pancreas- beta cells are increased because more insulin is produced for glucose exchange.

Adrenal glands- increased cortisol secretion which regulates carb and protein metabolism and is helpful in times of stress, aldosterone is increased.

Prostaglandin secretion- chemical mediators. The amniotic sac (amnion and chorion). These are considered to be sources of prostaglandin.

Placental secretion- secreted hormones, synthesizes enzymes and proteins, manufactures fats and carbohydrates to store energy, produces: hCG, hPL, relaxin, progesterone, estrogen.

Immune system- immune system is enhanced, some chronic conditions worsen (diabetes) but some stabilize (asthma).

5. **Why are pregnant women often diagnosed with anemia?**
   Pregnant women are often diagnosed with anemia because the maternal blood volume expansion occurs at a larger proportion than the increase of RBC mass. Hematocrit and hemoglobin can also be lowered.

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

hCG- responsible for maintaining the maternal corpus luteum, which secreted progesterone and estrogen. Gradually declines after 8 weeks.

hPL- Prep of mammary glands for lactation and is involved in the process of making glucose available for fetal growth by altering maternal carb, fat, and protein metabolism, increases the amount of circulating free fatty acids for maternal metabolic needs and decrease in maternal metabolism of glucose to facilitate fetal growth.

Relaxin- secretion by the placenta and corpus luteum during pregnancy, thought to act synergistically with progesterone to maintain pregnancy, increase in flexibility of pubic symphysis which permits the pelvis to expand during labor, dilation of the cervix.

Progesterone- supports the endometrium of the uterus, helps the fetus survive, causes thickness of the uterine lining in anticipation of the fertilized ovum, and maintains endometrium, inhibits uterine contractibility, assists in the development of breasts for lactation.

Estrogen- enlargement of the genitals, uterus, and breasts, increases vascularity causing vasodilation, relaxation of pelvic ligaments and joints, hyperpigmentation, vascular changes in skin, increased activity of salivary glands, and hyperemia of the gums, aids in development of the ductal system of the breasts in preparation of lactation.

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

Folic acid- crucial for neurological development and the prevention of fetal neural tube defects.

Iron- facilitates an increase in maternal RBC mass.

Prenatal vitamins- the requirement for nutrients is increased during pregnancy and is a safe-guard for less than optimal diets.

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

Folic acid- leafy veggies, dried peas and beans, seeds, orange juice, breads, cereals, and other grains.

Iron- beef liver, red meats, fish, poultry, dried peas and beans, grains.

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
Milk	apple	turkey	pickle	Chicken	Pea pods
Orange juice	Cheese stick	milk	Pepperoni	Asparagus	Beef jerky
Whole grain cereal	peanuts	Cheese stick	tomatoes	rice	popcorn
Scrambled eggs	yogurt	salad	Broccoli	milk	Ice cream
Orange	grapes	Whole grain rice	carrots	beans	yogurt

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?**

Limit caffeine, abstain from alcohol, Avoid artificial sweetener, and fish & shellfish because they contain mercury. Every woman is different and weight gain is not as important. For underweight patients (BMI under 18.5) they should gain about 28-40 pounds. Normal weight (BMI 18.5-24.9) should gain 25-35 pounds. Overweight (BMI 25-29.9) should gain 15-25 pounds. Obese (BMI 30 or higher) should gain 11-20 pounds.

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

Pica is a term used to describe an intense craving for and eating of nonfood items for at least 1 month. Common cravings include: burnt matches, stones, charcoal, mothballs, ice, gravel, paper, nail polish, cornstarch, toothpaste, soap, sand, plaster, coffee grounds, paint chips, baking soda, and cigarette ashes. Anemia is often preceded.

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

Ambivalence- The woman may feel happy/proud/excited for pregnancy but also nervous/fearful/anxious.

Introversion- The woman becomes preoccupied with herself and her fetus so she steps away from the outside world and becomes withdrawn.

Acceptance- There is a sense of reality to the pregnancy because the mother sees the baby on the monitor and it is growing. The pregnancy becomes "real".

Mood swings- one minute the woman can feel joy and then in a short time she can feel shocked and disbelief.

12. **How can pregnancy change the mother's image of herself? Her sexuality? Her relationship with her partner?** Pregnancy affects every mother differently. Some feel beautiful and love her body while others feel overweight and uncomfortable. Pregnancy can put stress on the relationship with her partner because sexuality changes. Sex drive can be decreased because of the fatigue, nausea, and growing body.

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

1. **Why is preconception care important?**
   Preconception care is important because it promotes the health and well-being of the woman and her partner before pregnancy. This also lowers the risk factors and optimizes the birth outcomes.
2. **What types of information should be obtained at the first prenatal appointment?**
   Comprehensive health history, reason for seeking care, past history, and reproductive history.

3. What are the thresholds for diagnosis of overt diabetes during pregnancy?

4. **Calculate the following estimated due dates using Nagele's Rule:**
   a. Last menstrual period (LMP) 7/9/19
   b. Last menstrual period (LMP) 12/24/16
5. **State what words GTPAL stand for and what each mean.**
   G(gravity), **T**(term births—38 weeks or more), **P** (preterm births—from viability up to 37 weeks) **A** (abortions/miscarriages) **L** (Living children)
6. **So what is meant by the term para?**
   The term Para stands for the number of pregnancies in which the fetus or fetuses reached 20 weeks of pregnancy, not the number of fetuses.
   Nullipara: no pregnancy beyond stage of viability
   Primipara: has completed one pregnancy to stage of viability
   Multipara: has completed 2 or more pregnancies to stage of viability.

7. **What is linea nigra? How does fundal height correlate with gestation?**
   Linea nigra- thin brownish black pigmented line running from the umbilicus to the symphysis pubis. At 12 weeks digestion the fundus can be palpated at the symphysis, at 16 weeks gestation, the fundus is midway between the symphysis and the umbilicus. At 20 weeks, the fundus can be palpated at the umbilicus and measures approximately 20 cm from symphysis pubis. By 36 weeks, the fundus is just below the xiphoid process and measures approximately 36cm.

8. **Fill in the following table:**

Test	When are these done in the pregnancy?	Evaluation/meaning of results
CBC	Prenatal visit and during.	This can show if the patient's electrolytes are balanced.
Blood typing & Rh	Early in the pregnancy.	If negative- she will receive RhoGAM and again within 72 hours after childbirth.
Rubella titer	Beginning of pregnancy.	If not immune, patient needs to get vaccine AFTER baby is born and stay away from people who have rashes.
Hepatitis B	Beginning of pregnancy.	Take precautions & get the vaccine.
HIV	Beginning of pregnancy, and	Antiretroviral will be prescribed,

	then again in 3rd trimester if they are a high risk.	client will most likely have to have a C-section
STI screening	First prenatal visit and rescreened in 3rd trimester.	If not treated, the fetus can have complications.
Cervical smears-G/C		
Cervical smears- group B strep	Performed at 35-38 weeks of gestation.	If positive, it can be passed down to baby—so medications will be given and this will decrease the neonate risk.
Blood Glucose Tolerance test	Between 24-28 weeks.	Can indicate gestational diabetes.
MSAFP-Maternal Serum Alpha Feto-protein	15-22 weeks	Low levels can suggest down syndrome. Elevation can be an indication of neural tube defects.

9. **How often are follow up visits and what things are assessed?**
   Every 4 weeks up to 28 weeks (7 months)
   Every 2 weeks from 29 to 36 weeks
   Every week from 37 weeks to birth
10. **What danger signs are associated with the first trimester?**
    Spotting or bleeding (miscarriage) painful urination (infection) severe persistent vomiting (hyperemesis gravidarum) fever higher than 100 (infection), lower abdominal pain with dizziness and accompanied shoulder pain (can indicate ruptured ectopic pregnancy).
    Second? Regular uterine contractions (preterm labor), pain in calf, often increased with foot flexion (indicative of DVT), sudden gush or leakage of fluid from vagina (prelabor rupture of membranes), and absence of fetal movement for more than 12 hours (indicative of fetal distress or demise).
    Third? Sudden weight gain periorbital or facial edema, severe upper abdominal pain, or headache with visual changes (indicative of gestational hypertension and/or preeclampsia), decrease in fetal daily movement for more than 24 hours (indicative of possible demise).

11. **How is fetal well being assessed?**

    Palpate the abdomen to determine the fetal lie, position, and presentation → locate the back of the fetus (to get optimal HR)→ apply lubricant gel in the area→ listen for the sound of the amplified HR moving the device slightly from side to side as necessary to obtain the loudest sound. Assess the women's pulse rate and compare it to the amplified sound. If the rates appear the same, reposition the Doppler. → Once the fetal HR has been identified, count the # of beats in 1 minute and record the results → record the HR on the woman's

medical record—normal range is 110-160bpm → provide info to the woman regarding fetal well-being based off of findings.

12. **Discuss the following amniotic fluid findings and their implications to the fetus.**
    a. **Color-** Normal finding: clear with white flecks of vernix caseosa in a mature fetus. Fetal blood may indicate damage to the fetal, placental, or umbilical cord vessels. Maternal blood is usually harmless.

    b. **Bilirubin-** absent at term. High levels can indicate hemolytic disease of the neonate in isoimmunized pregnancy.

    c. **Meconium-** absent (except in breech presentation). Presence indicated fetal hypotension or distress.

    d. **Lecithin to sphingomyelin ratio (L/S ration)-** >2 indicated a fetal pulmonary maturity. A ratio of <2 indicated pulmonary immaturity and subsequent respiratory distress syndrome.

    e. **Alpha-fetoprotein-** variable, depending on gestation age and lab technique; highest concentration about 18.5 ng/ml occurs at 13-14 weeks. Inappropriate increases indicate neural tube defects such as spina bifida.

    f. **Bacteria-** normal: absent. Presence indicates chorioamnionitis.

    g. **Acetylcholinesterase-** Normal: absent. Presence may indicate neural tube defects, exomphalos, or other serious malformations.

13. **Describe the procedure and expected results for a non stress test.**
    An external fetal monitoring device is applied to her abdomen. Consists of two belts with a sensor. One sensor records uterine activity, while the other records fetal HR. the client is handed an "event marker" with a button that she pushes every time the baby moves. This is recorded and the procedure takes about 20-30 minutes.
    A reactive NST= at least 2 fetal heart accelerations from the baseline of at least 15bpm for at least 15 seconds within the 20 minute recording period.
    A non-reactive NST= the absence of 2 fetal heart accelerations using the 15 by 15 criteria in a 20 minute time frame.
14. **Describe the procedure and expected results for a biophysical profile (BPP).**
15. A biophysical profile uses a real time ultrasound and NST to allow assessment of various parameters of fetal well-being that are sensitive to hypoxia. This test has 5 components:

body movements, fetal tone, fetal breathing, amniotic fluid volume, NST (normal is 2 points). Overall a score of 8-10 is considered normal. A score of 6 or below is suspicious.

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.)**
Discomfort chosen: nausea and vomiting.
Teaching the patient to avoid an empty stomach at all times, eat dry crackers/toast in bed before arising, eat several small meals throughout the day, avoid brushing teeth immediately after eating to avoid gag reflex, acupressure wristbands to be worn daily, drink fluids between meals rather than during, avoid greasy fried foods or ones with a strong odor like Brussel sprouts.

17. **What are the common discomforts experienced in the third trimester?**
Shortness of breath and dyspnea, heartburn & indigestion, dependent edema, and Braxton hicks contractions.
How can you as the nurse educate women to successfully handle these discomforts?
Let the patient know that these discomforts are common and provide instructions on how to relieve them (if they can be relieved).

18. **Should pregnant women receive vaccines, if so, which ones & why?**
A Pregnant woman can receive vaccines. They can have any virus that is not live.

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.**

These classes teach pregnant women and their spouse about what to expect and strategies the mother can use to help breathing during the birthing process.