



Health Promotion and Maintenance

• Ante/Intra/Postpartum and Newborn Care - (4)

- Expected Physiological Changes During Pregnancy
 - One simple and common method for calculating your estimated delivery date is to mark down the date of your last menstrual period, add seven days, count back three months, and add a whole year.
 - Physical changes of the uterus include involution of the uterus.
 - Physical changes of the breast include the secretion of colostrum, which occurs during pregnancy and 2 to 3 days immediately after birth.
- Labor and Delivery Processes
 - Pain that is somatic and occurs with fetal descent and expulsion.
 - Safety of the fetus and mother must be the first consideration of the nurse when planning pain management measures.
 - Nonpharmacological pain management measures reduce anxiety, fear, and tension, which are major contributing factors to pain in labor.
- Prenatal Care
 - Prenatal care begins with an initial assessment within the first 12 weeks and continues throughout the pregnancy.
 - Client should count fetal activity two or three time a day for 2 hours after meals or bedtime.
 - Diagnostic testing for fetal-well being (nonstress test, biophysical profile, ultrasound, and contraction stress test).
- Prenatal Care
 - Urinary tract infections are common during pregnancy because of renal changes and the vaginal flora becoming more alkaline.
 - A warm sitz bath, witch hazel pads, and application of topical ointments will help relieve discomfort from hemorrhoids.
 - The client is encouraged to drink plenty of fluids, eat a diet high in fiber, and exercise regularly.

• Health Promotion/Disease Prevention - (1)

- Postpartum Disorders

- Monitor lochia for quantity, color, and consistency.
- Uterine inversion is a medical emergency that can result in postpartum hemorrhage and requires immediate intervention.
- Uterine atony results from the inability of the uterine muscle to contract adequately after birth, which can lead to postpartum hemorrhage.

- **Lifestyle Choices - (1)**

- Contraception

- Tubal ligation is a surgical procedure consisting of severance and/or burning or blocking the fallopian tubes to prevent fertilization.
 - Tubal ligation decreases the incidence of ovarian cancer.
 - Tubal ligation does not protect against STIs.

Psychosocial integrity

- **Substance Use and Other Disorders and Dependencies - (1)**

- Assessment and Management of Newborn Complications

- Monitor the neonate for abstinence syndrome (withdrawal) and increased wakefulness using the neonatal abstinence scoring system that assess and scores the central nervous system, metabolic, vasomotor, and respiratory findings, as well as the gastrointestinal system.
 - Neonatal abstinence syndrome increases the incidence of seizures, sleep pattern disturbances, stillbirth, SIDS, and higher birth weights.
 - Initiate a consult with child protective services for infants displaying withdrawal manifestations.

Basic care and comfort

- **Non-Pharmacological Comfort Interventions - (2)**

- Pain Management

- Hypnosis is a relaxation technique used to help a woman feel physically, mentally, and emotionally prepared during childbirth.
 - Hypnosis can help reduce a mother's awareness of fear, anxiety, and pain during labor.
 - Patients utilizing hypnosis should practice using music, visualization, positive thinking, and words to relax the body and control sensations during childbirth.

- Postpartum Physiological Adaptations

- Operative vaginal birth (forceps-and vacuum-assisted) and anal sphincter lacerations increase the risk of temporary postpartum anal incontinence that usually resolves within 6 months.
 - Urinary retention secondary to loss of bladder elasticity and tone and/or loss of bladder sensation resulting from trauma. Medications, or anesthesia.
 - A distended bladder as a result of urinary retention can cause infection, uterine atony, and displacement to one side.

Pharmacological and parenteral therapies

- **Adverse Effects/Contraindications/Side Effects/Interactions - (1)**

- Postpartum Disorders

- Methylergonovine is a uterine stimulant.
 - Methylergonovine controls postpartum hemorrhage.
 - Methylergonovine should not be given to patients who have hypertension.

- **Dosage Calculation - (1)**

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- Dexamethasone relieves inflammation.
- Dexamethasone accelerates fetal lung maturity.
- Optimal gestation age for dexamethasone therapy is 31 to 34 weeks of gestation.

Reduction of risk potential

- **Diagnostic Tests - (1)**

- Fetal Assessment During Labor

- Late deceleration of fetal heart rate is the slowing of the fetal heart rate after a contraction has started with the return of the fetal heart rate to baseline well after the contraction has ended.
 - The patient should be placed in the side-lying position if experiencing late decelerations.
 - Uteroplacental insufficiency can cause inadequate fetal oxygenation.

- **Laboratory Values - (2)**

- Assessment and Management of Newborn Complications

- If newborns have other physiological stress, they can experience hypoglycemia due to inadequate gluconeogenesis or increased use of glycogen stores.
 - Untreated hypoglycemia can result in seizures, brain damage, or death.
 - A glucose reading for a newborn should be between 30 and 60 mg/dL.

- Prenatal Care

- CBC with differential, Hgb, and Hct detects infection and anemia.
 - A one-hour glucose tolerance test identifies hyperglycemia; done at the initial visit for at-risk clients and at 24 to 28 weeks of gestation for all pregnant clients.
 - Blood type, Rh factor, and presence of irregular antibodies determine the risk for maternal-fetal blood incompatibility or neonatal hyperbilirubinemia.

- **Potential for Complications of Diagnostic Tests/Treatments/Procedures - (1)**

- Fetal Assessment During Labor

- A normal fetal heart rate is 110 to 160/min with increases and decreases from baseline.
 - Bradycardia is a fetal heart rate less than 110/min for 10 min or longer.
 - Absent or undetectable variability is considered non-reassuring.

Physiological adaptation

- **Alterations in Body Systems - (1)**

- Infections

- Trichomoniasis is an STI that if left untreated can lead to pelvic inflammatory disease.
 - Pregnant clients who have trichomoniasis are more likely to have a preterm delivery and premature rupture of membranes.
 - Antibiotics have the ability of decreasing the effectiveness of oral contraceptives.

- **Unexpected Responses to Therapies - (2)**

- Fetal Assessment During Labor

- Late decelerations are associated with fetal hypoxia.
 - Increase the rate of IV fluid administration for late decelerations.
 - Elevate the client's legs who is experiencing late decelerations.

- Pain Management

- Institute safety precautions, such as putting side rails up on the client's bed when patient is experiencing hypotension.
 - Assess for nausea and emesis and administer antiemetics as prescribed.

- Continuing fetal heart rate pattern after initiating an epidural.