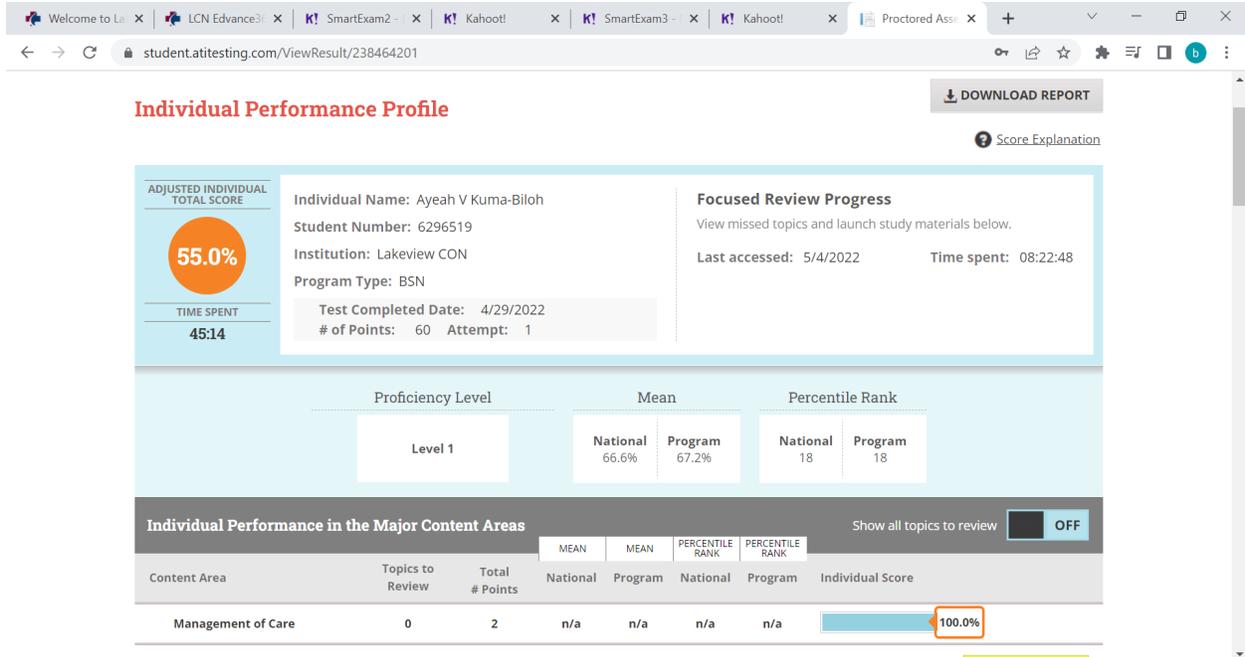


Remediation:



1. Safety and infection control: Accident/Error/Injury/Prevention

- Placing newborn in supine position to sleep greatly decreases the risk for SIDS.
- Keep newborn environment quiet and dark at night
- Place newborn in a crib or basinet, newborn should never sleep in parents' bed due to risk of suffocation.

2. Health promotion and maintenance: Ante/Intra/Postpartum and Newborn Care

- Expected Changes During the Second Trimester: benefits of breastfeeding, fetal movement, common discomfort and relief measures, fetal movement.

- Expected Physiological Changes During Pregnancy: uterus increases in size and changes shape and position, cardiac output increases and blood volume increases, maternal oxygen needs increases.
- Contraception: tubal ligation, vasectomy, cervical cap, intrauterine device.

3. **Health Promotion/Disease Prevention:**

- Neonatal substance withdrawal risk factors include use of substance prior to knowing they were pregnant
- Maternal substance use during pregnancy.

4. **Health Screening – normal deviations**

- Mila: small raised pearly or white spots on the chin, nose and forehead
- Mongolian spots
- Resistant extension of extremities.

5. **Psychosocial integrity: Substance Use and Other Disorders and Dependencies**

- Neonatal substance withdrawal long term complications: feeding problems, central venous system dysfunction, attention deficit disorder, language abnormalities, microcephaly, delayed growth and development, poor maternal newborn bonding,
- Blood test should be done to differentiate between neonatal drug withdrawal and central nervous system disorders.
- A healthy newborn blood glucose should be between 30-60mg/dl.

6. **Basic care and comfort:**

- Nonpharmacological pain management measure reduces anxiety, fear, and tension which are major contributing factors of labor.
- Based on gate control theory to promote relaxation and pain relief: aromatherapy, breathing techniques, imagery, music, use of focal points, subdued lighting.
- Teach patient to consume food high in calcium which is important to developing fetus, involved in bone and teeth formation, sources include dark green leafy vegetables, milk, fortified orange juices, nuts, calcium fortified soy milk.

7. Pharmacological and parenteral therapies:

- Teach patient about the adverse effects of clomiphene citrate like flushing, stomach discomfort, breast discomfort, blurred vision.
- Magnesium Sulfate is a medication of choice for prophylaxis or treatment to depress the CNS and prevent seizures in the client who has eclampsia and severe preeclampsia.
- Take prenatal vitamins

8. Nutrition and Oral Hydration

- Iron deficiency anemia occurs during pregnancy due to inadequacy in maternal iron stores and consuming insufficient amounts of dietary iron.
- Eats food high in calcium
- Drink 2 to 3 liter of water per day

9. Reduction of risk potential:

- **Diagnostic Tests** – teaching about non-stress test
 - Non- stress test is the most widely used technique for antepartum evaluation of fetal well- being performed during the third trimester.
 - The client pushes the button attached to the monitor whenever they feel a fetal movement.
 - This allows the nurse to assess fetal heart rate in relation to fetal movement.
- **Potential for Complications from Surgical Procedures and Health Alteration.**
 - Complications Associated with an Amniocentesis: amniotic fluid emboli, maternal or fetal hemorrhage, fetal death, miscarriage or preterm labor, rupture of membranes.
 - Nursing action during Amniocentesis: monitor vital signs, respiratory status, temperature, administer medication as prescribed, offer support and reassurance.
 - Report to provider if experiencing any fever, chills, leakage, or bleeding from insertion site, decrease fetal movement or uterine contractions after procedure.
- **Potential for Complications of Diagnostic Tests/Treatments/Procedures**

- Cervical ripening; potential complication is Tachysystole. Nurse should administer terbutaline.
- Induced labor: potential complications is nonreassuring fetal heart rate. Nursing action notify the provider.
- Forceps- assisted Birth complication is laceration of the cervix, injury in the bladder, facial nerve palsy of the neonate.

10. Physiological adaptations.

- **Pain management:**

- Sources of pain during labor: internal visceral pain that can be felt as back of legs pain during first stage of labor
- Pain that is somatic and occurs with fetal decent in second stage of labor
- Pain with the expulsion of the placenta during third stage of labor.

- **Fluid and electrolyte balance:**

- Hyperemesis G. is the excessive nausea and vomiting that is prolonged past 16 weeks of gestation and can cause weight loss, dehydration, electrolytes imbalances.
- Nursing care for hyperemesis, monitor intake and output, assess skin turgor and mucus membrane, monitor weight.
- Educate client to advance diet as tolerated with frequent small meals. Start with dry toast crackers or cereal.