

1. Nursing Care of Newborns: Priority Action Following Delivery

- a. Newborn care consists of stabilization and/or resuscitation. This can include establishing a patent airway, maintaining adequate oxygenation, and thermoregulation for the maintenance of body temperature.
- b. Nursing interventions and family teaching (umbilical cord care, prophylactic measures, newborn screening, newborn feedings, and bathing, and fostering baby-friendly activities) are integrated into a newborn's plan of care.
- c. Vital signs should be checked on admission/birth and every 30 min x 2, every 1 hr. x 2, and then every 8 hr.

2. Infections: Treatment for Gonorrhea

- a. Maternal infections during pregnancy require prompt identification and treatment by a provider. These include human immunodeficiency virus (HIV), TORCH infections, group B streptococcus (GBS), chlamydia, gonorrhea, syphilis, human papilloma virus (HPV), trichomoniasis, bacterial vaginosis (BV), and candidiasis.
- b. *Neisseria gonorrhoeae* is the causative agent of gonorrhea. Gonorrhea is a bacterial infection that is primarily spread by genital-to-genital contact. However, it also can be spread by anal-to-genital or oral-to-genital contact. It can also be transmitted to a newborn during delivery.
- c. Females frequently have no manifestations. If gonorrhea is left untreated in females, it can cause tubal scarring and can lead to PID, which can cause infertility.

3. Expected Physiological Changes During Pregnancy: Calculating Estimated Date of Delivery

- a. Recognizing changes during pregnancy is helpful for both clients and nurses. The nurse and provider assess findings during the client's initial prenatal visit.
- b. Calculating delivery date, number of pregnancies, and evaluating the physiological status of a client who is pregnant are performed.
- c. Presumptive signs are changes that the client experiences that make them think that they might be pregnant. These changes might be subjective manifestations or objective findings. Signs also might be a result of physiological factors other than pregnancy (peristalsis, infections, stress).

4. Prenatal Care: Managing Nausea and Vomiting During Pregnancy

- a. Prenatal care involves nursing assessments and client education for pregnant clients. When providing prenatal care, nurses must consider cultural considerations.
- b. Prenatal care dramatically reduces infant and maternal morbidity and mortality rates by early detection and treatment of potential problems. Most birth defects occur between 2 and 8 weeks of gestation.
- c. Prenatal education encompasses information provided to a client who is pregnant. Major areas of focus include assisting the client in self-care of the discomforts of pregnancy, promoting a safe outcome to pregnancy, and fostering positive feelings by the pregnant client and their family regarding the childbearing experience.

5. Assessment and Management of Newborn Complications: Identifying an Expected Finding for a Newborn Who Was Exposed to Cocaine In Utero

- a. Assessment and management of newborn complications includes assessment, risk factors, and collaborative care.
- b. Complications include neonatal substance withdrawal, hypoglycemia, respiratory distress syndrome (RDS)/asphyxia/meconium aspiration, preterm newborn, small for gestational age (SGA) newborn, large for gestational age (LGA)/macrosomic newborn, postmature newborn, newborn infection/sepsis (sepsis neonatorum), birth trauma or injury, hyperbilirubinemia, and congenital anomalies.
- c. It is essential for a nurse to immediately identify complications and implement appropriate interventions. Ongoing emotional support to a client and their significant other is also imperative to the plan of care.

6. Medical Conditions: Reportable Findings for Magnesium Sulfate

- a. Medication of choice for prophylaxis or treatment to depress the CNS and prevent seizures in the client who has eclampsia and severe preeclampsia.
- b. Monitor blood pressure, pulse, respiratory rate, deep-tendon reflexes, level of consciousness, urinary output (indwelling urinary catheter for accuracy), presence of headache, visual disturbances, epigastric pain, uterine contractions, and fetal heart rate and activity.

- c. There can be initial feelings of flushing, heat, sedation, diaphoresis, and burning at IV site with the magnesium sulfate bolus.
7. **Medications Affecting Labor and Delivery: Contraindications for Receiving Terbutaline**
 - a. Understanding medications affecting labor and delivery is imperative to promote positive maternal and fetal outcomes.
 - b. These include medications used to induce or augment labor, and medication used in the management of preterm labor.
 - c. Terbutaline selectively activates beta2-adrenergic receptors (beta2 adrenergic agonist), resulting in uterine smooth muscle relaxation.
8. **Early Onset of Labor: Findings to Report to the Provider for a Client Who is Receiving Magnesium Sulfate**
 - a. Understanding the importance of identifying the onset of early labor in a client who is pregnant is crucial for maternal and fetal well-being.
 - b. This chapter includes preterm labor, premature rupture of membranes, and preterm premature rupture of membranes.
 - c. Preterm labor is uterine contractions and cervical changes that occur between 20 and 36 weeks and 6 days of gestation. Preterm labor can be categorized as very preterm (less than 32 weeks of gestation), moderately preterm (32 to 34 weeks of gestation), and late preterm (34 to 36 weeks of gestation).
9. **Medical Conditions: Client Teaching About Magnesium Sulfate**
 - a. Unexpected medical conditions can occur during pregnancy. Awareness, early detection, and interventions are crucial components to ensure fetal well-being and maternal health.
 - b. Unexpected medical conditions include cervical insufficiency, hyperemesis gravidarum, anemia, gestational diabetes mellitus, and gestational hypertension.
 - c. Cervical insufficiency is a variable condition whereby expulsion of the products of conception occurs. It is thought to be related to tissue changes and alterations in the length of the cervix.
10. **Prenatal Care: Immunizations for a Client Who Is at 30 Weeks of Gestation**

- a. Measure fundal height starting in the second trimester. From weeks 18 to 30, the fundal height in centimeters is approximately the same as the number of weeks gestation.
 - b. Influenza vaccine should be given.
 - c. Emotional lability is experienced by many clients with unpredictable mood changes and increased irritability, tearfulness, and anger alternating with feelings of joy and cheerfulness. This might result from hormonal changes.
- 11. Assessment of Fetal Well-Being: Reviewing Results of Nonstress Test**
- a. Biophysical profile (BPP) uses a real-time ultrasound to visualize physical and physiological characteristics of the fetus and observe for fetal biophysical responses to stimuli. It combines FHR monitoring (nonstress test) and fetal ultrasound.
 - b. Nonstress test (NST) is the most widely used technique for antepartum evaluation of fetal well-being performed during the third trimester.
 - c. It is a noninvasive procedure that monitors response of the FHR to fetal movement. A Doppler transducer (used to monitor FHR) and a Toc transducer (used to monitor uterine contractions) are attached externally to a client's abdomen to obtain tracing strips.
- 12. Complications Related to the Labor Process: Identifying Prolonged Decelerations**
- a. Complications occurring during the labor process are emergent and require immediate intervention to improve maternal fetal outcomes.
 - b. FHR monitoring shows variable or prolonged deceleration.
 - c. Additional manifestations of fetal distress are late decelerations associated with absent or minimal variability, recurrent variables, and prolonged decelerations.
- 13. Prenatal Care: Laboratory Testing for Client Who Is at 24 Weeks of Gestation**
- a. Prenatal education encompasses information provided to a client who is pregnant. Major areas of focus include assisting the client in self-care of the discomforts of pregnancy, promoting a safe outcome to pregnancy, and fostering positive feelings by the pregnant client and their family regarding the childbearing experience.

- b. Prenatal care begins with an initial assessment (within the first 12 weeks) and continues throughout pregnancy.
- c. In an uneventful pregnancy, prenatal visits are scheduled monthly for weeks 16 through 28, every 2 weeks from 29 through 36 weeks, and every week from 36 weeks until birth.

14. Assessment of Fetal Well-Being: Education About Abdominal Ultrasound

- a. Diagnostic procedures include ultrasound (abdominal, transvaginal, Doppler), biophysical profile, nonstress test, contraction stress test (nipple, oxytocin), and amniocentesis.
- b. Additional diagnostic procedures for high-risk pregnancy include percutaneous umbilical cord blood sampling, chorionic villus sampling, quad marker screening, and maternal alpha-fetoprotein blood levels.
- c. Ultrasound is a procedure lasting approximately 20 min that consists of high-frequency sound waves used to visualize internal organs and tissues by producing a real-time, three-dimensional image of the developing fetus and maternal structures (fetal heart rate [FHR], pelvic anatomy).

15. Postpartum Physiological Adaptions: Priority Postpartum Assessment for Client Following Epidural Analgesia

- a. It is important to provide comfort measures for the client during the fourth stage of labor.
- b. This recovery period starts with delivery of the placenta and includes at least the first 2 hr. after birth. Also, during this stage, parent-newborn bonding should begin to occur.
- c. The main goal during the immediate postpartum period is to prevent postpartum hemorrhage. Other goals include assisting in a client's recovery, identifying deviations in the expected recovery process, providing comfort measures and pharmacological pain relief, providing client education about newborn and self-care, and providing baby-friendly activities to promote infant/family bonding.

16. Infections: Manifestations of Cytomegalovirus in a Newborn

- a. Toxoplasmosis, other infections (hepatitis), rubella virus, cytomegalovirus, and herpes simplex virus (HSV) are known collectively as TORCH, which is a group of infections that can negatively affect a client who is pregnant.
- b. These infections can cross the placenta and have teratogenic effects on the fetus. TORCH does not include all the major infections that present risks to the mother and fetus.
- c. Cytomegalovirus (member of herpes virus family) is transmitted by droplet infection from person to person, through semen, cervical and vaginal secretions, breast milk, placental tissue, urine, feces, and blood. Latent virus can be reactivated and cause disease to the fetus in utero or during passage through the birth canal.

17. Infections: Planning Care for a Client Who Has HIV

- a. HIV is a retrovirus that attacks and causes destruction of T lymphocytes. It causes immunosuppression in a client. Clients who are severely immunosuppressed develop acquired immunodeficiency syndrome (AIDS).
- b. HIV is transmitted from the mother to a neonate perinatally through the placenta and postnatally through the breast milk.
- c. Routine laboratory testing in the early prenatal period includes testing for HIV. Early identification and treatment significantly decrease the incidence of perinatal transmission.

18. Postpartum Disorders: Performing Fundal Massage for a Client Who Has Uterine Atony

- a. Postpartum disorders are unexpected events or occurrences that can happen during the postpartum period. It is imperative for a nurse to have a thorough understanding of each disorder and initiate appropriate nursing interventions to achieve positive outcomes.
- b. Uterine atony results from the inability of the uterine muscle to contract adequately after birth. This can lead to postpartum hemorrhage.
- c. Bimanual compression or manual exploration of the uterine cavity for retained placental fragments by the provider.

19. Medical Conditions: Hyperemesis Gravidarum

- a. Unexpected medical conditions can occur during pregnancy. Awareness, early detection, and interventions are crucial components to ensure fetal well-being and maternal health.
 - b. Unexpected medical conditions include cervical insufficiency, hyperemesis gravidarum, anemia, gestational diabetes mellitus, and gestational hypertension.
 - c. Hyperemesis gravidarum is excessive nausea and vomiting (possibly related to elevated hCG levels) that is prolonged past 16 weeks of gestation or that is excessive and causes weight loss, dehydration, nutritional deficiencies, electrolyte imbalances, and ketonuria.
- 20. Assessment and Management of Newborn Complications: Planning Care for a Newborn Who Has a Myelomeningocele**
- a. Assessment and management of newborn complications includes assessment, risk factors, and collaborative care.
 - b. It is essential for a nurse to immediately identify complications and implement appropriate interventions. Ongoing emotional support to a client and their significant other is also imperative to the plan of care.
 - c. Neural tube defects, hydrocephalus, anencephaly, encephalocele, meningocele, myelomeningocele.
- 21. Postpartum Disorders: Assessment Findings of Hypovolemia**
- a. Postpartum hemorrhage is considered to occur if the client loses more than 500 mL blood after a vaginal birth or more than 1,000 mL blood after a cesarean birth.
 - b. Two complications that can occur following postpartum hemorrhage include hypovolemic shock and anemia.
 - c. There will be an increase or change in lochia pattern (return to previous stage, large clots).
- 22. Pain Management: Responding to Hypotension Following Epidural Anesthesia**
- a. Pain is a subjective and individual experience, and each client's response to the pain of labor is unique.
 - b. Safety for the mother and fetus must be the first consideration of the nurse when planning pain management measures.

- c. Encourage the client to remain in the side-lying position after insertion of the epidural catheter to avoid supine hypotension syndrome with compression of the vena cava.