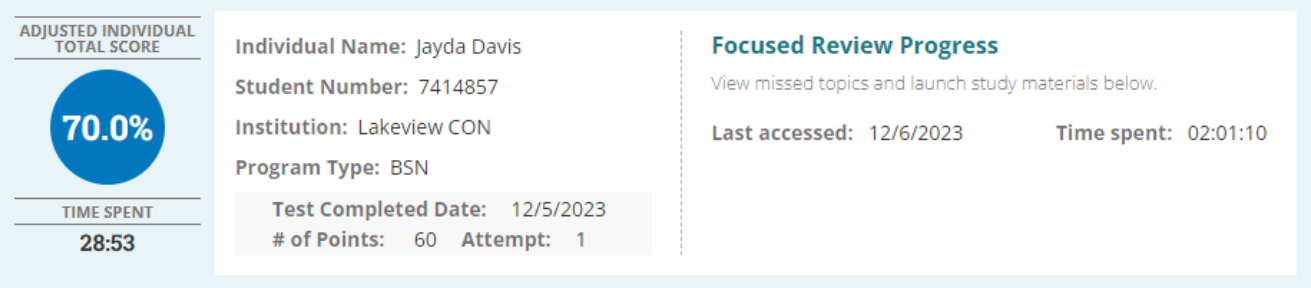

Health Promotion and Maintenance

Infections: Risk factors for Pelvic inflammatory disease.

- Infections of an STI like gonorrhea or chlamydia can put a person at higher risk of having pelvic inflammatory disease.
- Having multiple sex partners.
- Douching increases the risk of pelvic inflammatory disease as it throws off the normal flora in the vagina.

Postpartum disorders: Risk factors for developing a postpartum infection.

- Having a cesarean delivery puts a mom at risk for a postpartum infection.
- Preexisting pelvic infection, like bacterial vaginosis, increases the risk of postpartum infection.
- Frequent cervical examinations during labor increase the risk of having a postpartum infection.

Prenatal care: Changes during the second trimester.

- Skin changes occur, like stretch marks and hyperpigmentation.
- During the second trimester, dental issues can occur, causing the gums in the mouth to become more sensitive.
- Mobility and balance can be affected during the second trimester.

Basic care and comfort

Postpartum physiological adaptations: Client with sore nipples.

- Educate the mother to wear a supportive bra.
- Educate the mother to use breast creams as prescribed.
- When breastfeeding, allow nipples to air dry.

Pharmacological and parenteral therapies

Early onset of labor: Teaching about terbutaline

- Educate the patient on symptoms to notify the healthcare provider if experiencing tremors, vomiting, or heart palpitations.
- Assess the patient's history for cardiac disease, gestational diabetes, or hyperthyroidism.
- Assess vital signs like blood pressure and heart rate while on this medication.

Infertility: Teaching about adverse effects of clomiphene citrate

- Notify the provider if you have blurred vision, visual spots, or flashes.
- Notify the provider if experiencing headaches, vomiting, or abnormal vaginal bleeding.
- Notify the provider if you are experiencing shortness of breath, weight gain, or abdominal pain.

Therapeutic procedures to assist with labor and delivery: candidates for labor induction.

- Clients with a post-term pregnancy greater than 42 weeks gestation are candidates for induction.
- Clients with intrauterine growth restrictions are candidates for induction.
- Clients with medical complications, including diabetes mellitus, pulmonary disease, or gestational hypertension, can be candidates for induction.

Therapeutic procedures to assist with labor and delivery: Labor induction using oxytocin.

- After administering oxytocin, frequent vital checks on blood pressure, pulse, and respiration should be done.
- Monitor the fetal heart rate frequently, especially with changes in dosing.
- Assess Bishop score before stating oxytocin.

Reduction of risk potential

Assessment of fetal well-being: Amniocentesis complications

- Infections of the uterus can occur after amniocentesis.
- Cramping, spotting, or leaking amniotic fluid can happen after this procedure.
- Bleeding or leaking fluid from the vagina can occur after an amniocentesis.

Fetal assessment during labor: Findings to report to the provider.

- Notify the provider if there are signs of umbilical compression.
- Notify the provider if there are fetal cardiac dysrhythmias.
- Notify providers if there is fetal bradycardia or tachycardia.

Nursing assessment: Interventions for hypothermia

- Encourage skin-to-skin care for baby and mom.
- Place newborns under a heater to correct the infant's temperature.
- Swaddle the baby in blankets to help elevate the infant's temperature.

Prenatal care: Lab testing for gestational diabetes.

- One-hour glucose tolerance tests taken between 24 and 28 weeks.
- Urinalysis can be done to evaluate glucose, ketones, or protein in the urine.
- Three-hour glucose tolerance tests can be done to diagnose gestational diabetes.

Physiological adaptation

Infections: Expected findings of trichomoniasis

- Yellow-green, frothy foul-smelling vaginal discharge.
- Expect dysuria and vaginal itching.
- Will be strawberry spots on the cervix.

Infections: Planning care for a client with HIV

- Use standard precautions when caring for a mother with HIV.
- Wear gloves when caring for the newborn after delivery.
- Bathe the infant after birth before leaving the baby with the mother.

Medical conditions: Educate the client with home management of preeclampsia.

- Educate the client on how to assess their blood pressure while at home.

- Educate the client to monitor how much fluid they’re drinking.
- Educate the client on the importance of taking medication as prescribed.

Nursing care of newborns: Performing suctioning with a bulb syringe

- Compress the bulb before inserting it into one side of the mouth.
- Avoid the center of the mouth to prevent stimulating gag reflex.
- Aspirate mouth first then do each nostril.