

N432 Maternal-Newborn Care  
Proctored ATI Remediation and Remediation Time

Student Name: Jess Warren  
Semester: Spring 2024

### Individual Performance Profile

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**ADJUSTED INDIVIDUAL TOTAL SCORE**

**72.7%**

**TIME SPENT**

**01:05:52**

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**Program Type:** BSN  
**Test Completed Date:** 4/23/2024 **# of Points:** 107

**Focused Review Progress**  
View missed topics and launch study materials below.  
**Last accessed:** 4/24/2024 **Time spent:** 02:16:12

[Review](#)

PROFICIENCY LEVEL	MEAN		PERCENTILE RANK	
Level 2	National 66.6%	Program 67.2%	National 66	Program 63

#### Main Category: Safety and Infection Control

##### Subcategory: Nursing care of Newborns

###### Topic: Identification of Newborns

- The newborn, client, and client's partner are identified by plastic identification wristbands with permanent locks that must be cut to be removed. Identification bands should include the newborn's name, sex, date, and time of birth, and client's health record number.
- Each time the newborn is given to the parents, the identification band should be verified against the client's identification band.
- All facility staff who assist in caring for the newborn are required to wear photo identification badges.

#### Main Category: Health Promotion and Maintenance

##### Subcategory: Postpartum Disorders

###### Topic: Manifestations of Hemorrhage

- The patient will have heavy bleeding from the vagina that doesn't slow or stop
- The patient shows s/sx of tachycardia and drop in blood pressure.
- The patient will have an increase in respiratory rate and feel faint.

##### Subcategory: Infections

###### Topic: Client Teaching about Postpartum Rubella Immunization

- It is safe to breast feed after receiving the MMR immunization
- The patient should wait three months after receiving the immunization to get pregnant
- The MMR cannot be given during pregnancy due to potential miscarriage or serious birth defects in a developing baby. The same is true if a pregnant woman should contract MMR during pregnancy

##### Subcategory: Contraception

###### Topic: Instructions for use of a Diaphragm

- The patient can insert the diaphragm up to 6 hours before they have intercourse.
- The patient should leave the diaphragm in place for 6 to 8 hours after intercourse but no longer than 24 hours.
- Wash the diaphragm with warm water and hand soap after removing it.

## Main Category: Psychosocial Integrity

### Subcategory: Assessment and Management of Newborn Complications

#### Topic: Manifestations of Neonatal Abstinence Syndrome

- The child will have poor weight gain, poor feeding/feeding difficulties, N/V and diarrhea.
- The child will be fussy, irritable, or cry a lot, usually with a high-pitched cry.
- The child may have body shakes, seizures, overactive reflexes, and tight muscle tone.

## Main Category: Basic Care and Comfort

### Subcategory: Postpartum Physiological Adaptations

#### Topic: Planning Care for a Client Who Has a Third-Degree Perineal Laceration

- Encourage sitz baths at a hot or cool temperature for 20 min at least twice a day.
- Administer analgesics, such as nonopioids (acetaminophen), nonsteroidal anti-inflammatories (ibuprofen), and opioids (codeine, hydrocodone) for pain and discomfort.
- Use a squeeze bottle filled with warm water or antiseptic solution after each voiding to cleanse the perineal area.

### Subcategory: Pain Management

#### Topic: Teaching About Hypnosis

- Hypnosis can be used to promote relaxation during labor.
- Hypnosis can be used as a means of dissociating from pain or to change the perception of pain.
- A hypnotherapist can stay with the mother during labor to guide her into self-hypnosis or a hypnotherapist will teach the mother during pregnancy how to use self hypnosis.

## Main Category: Reduction of Risk Potential

### Subcategory: Fetal Assessment During Labor

#### Topic: Actions to take for late decelerations in fetal heart rate.

- Position the patient onto their left side lying position.
- Administer IV fluids and oxygen per order
- Discontinue oxytocin and notify the provider

### Subcategory: Early Onset of Labor

#### Topic: Identifying Adverse Effects of Terbutaline

- The patient could have increased heart rate
- The patient could have transient hyperglycemia
- The patient could experience hypokalemia and cardiac arrhythmias

### Subcategory: Postpartum Disorders

#### Topic: Priority Nursing Action for Excessive Blood Loss

- Monitor vital signs and hemodynamic status
- Administer fluid volume replacement, which can include blood and blood products
- Administer supplemental oxygen.

### Subcategory: Assessment and Management of Newborn Complications

#### Topic: Identifying Indications of Forceps Injury

- Intracranial hemorrhage from the clamps on baby's head being too tight
- Facial cuts, abrasions, and bumps on the baby's face
- Cephalohematoma, or a pooling of blood under the baby's scalp

#### Topic: Expected Findings of Hypoglycemia

- The newborn could have jitteriness and tachypnea
- The newborn could have apnea and temperature instability
- The newborn could have seizures and lethargy.

## Main Category: Physiological Adaptation

### Subcategory: Medical Condition

#### Topic: Planning care for a Client Who Has Preeclampsia Without Severe Features

- Monitor vital signs with careful attention to blood pressure measurement (using proper size cuff, not talking to client during measurement).
- Instruct patient to monitor I&O
- Perform NST and daily kick counts.

### Subcategory: Assessment and Management of Newborn Complications

#### Topic: Planning Care for a Newborn Who Has a Myelomeningocele

- Protect the membrane with a sterile covering and plastic to prevent drying.
- Handle the newborn gently by positioning them prone to prevent trauma.
- Prevent infection by keeping the area free from contamination by urine and feces.

## Main Category: Clinical Judgment

### Subcategory: Postpartum Infections

#### Topic: Caring for a Client Who Is Experiencing a Complication Following a Cesarean Birth

- Monitor VS per facility protocol and pain
- Monitor incision sight and provide education on incision care and postpartum recovery
- Assist with early ambulation and mobilization

### Subcategory: Client Education and Discharge Teaching

#### Topic: Interpreting Findings

- Inquire about the client's current knowledge regarding self-care.
- Assess the client's home support system and who will be there to assist. Include support persons in the educational process.
- Determine the client's readiness for learning and their ability to verbalize or demonstrate the information that has been given.

### Subcategory: Medical Conditions

#### Topic: Identifying Findings Indicating a Prenatal Complication

- Prenatal complications can be identified by awareness
- Prenatal complications can be identified by early detection
- Prenatal complications can be minimized by implementing interventions

#### Topic: Assessing a Client Who Has Hyperemesis Gravidarum

- A urinalysis check to look for ketonuria and specific gravity
- A CBC and an electrolyte evaluation
- An elevation in H&H may be due to hemoconcentration in the setting of dehydration

### Subcategory: Assessment and Management of Newborn Complications

#### Topic: Identifying Findings in a Newborn to Report to the Provider

- Temperature changes in the newborn that are above 99.8 F or below 97.1 F.
- The newborn's pulse rate is greater than 160beats/min or less than 110 beats/min
- The newborn's respirations that are greater than 60 breaths/min or less than 30 breaths/min

#### Topic: Interpreting Findings of a Newborn Who Has Maternal History of Opioid Use During Pregnancy

- The newborn may have tremors, convulsions, twitching, and tight muscle tone.
- The newborn may have fussiness and excessive crying or have a high pitched cry
- The newborn will have poor feeding or sucking or slow weight gain.

### Subcategory: Postpartum Physiological Adaptation

#### Topic: Rh Factor Administration

- Determine the maternal Rh factor, preferably in early pregnancy
- For Rh negative women determine the Rh factor of the newborn in umbilical cord blood
- Give Anti- Rh immunoglobulin within 72 hours after birth to women who have delivered Rh positive newborns, unless already sensitized.

### Subcategory: Bleeding During Pregnancy

**Topic: Identifying Findings Requiring Immediate Follow-Up for a Client Who Has Placenta Previa**

- Vaginal bleeding with no abdominal pain
- Hypotension and tachycardia
- Soft and nontender uterus