

Name: _____ Date: _____

N432 Unit 2 Part 1

1. The opening or enlargement of the external cervical os
 2. When the fetal presenting part begins to descend into the pelvis
 3. Sudden increase in energy before labor
 4. Ruptured cervical capillaries (blood mixed with mucus) resulting in pink-tinged secretions
 5. Tightening or pulling sensation of the top of the uterus; aids in moving the uterus into an anterior position
 6. Infant born between 34 0/7 and 36 6/7 weeks identified as
 7. Spontaneous rupture of membranes
 8. Prelabor rupture of membranes
 9. Hormones causing the connective tissues to become more relaxed and elastic
 10. Most favorable type of pelvis for childbirth; occurs in 40% of all women
 11. Thinning of the cervix to allow the presenting part to descend into the vagina
 12. Degree of fetal body flexion
 13. relationship of fetal body to maternal body (longitudinal or transverse)
 14. Lowest fetal part in the pelvis
 15. Descent of presenting part with relationship to maternal ischial spines
 16. Largest fetal structure making up one third of body length
 17. Membranous spaces between the cranial bones allowing overlapping of bones
 18. Intersections of suture lines
 19. Changed shape of the fetal skull at birth due to overlapping
 20. During vaginal exam, palpation of suture lines assists examiner in determining
- A. Fontanelles
 - B. Fetal head
 - C. Bloody show
 - D. Effacement
 - E. Lightening
 - F. Fetal lie
 - G. Fetal attitude
 - H. SROM
 - I. Fetal position
 - J. Late preterm
 - K. Molding (unlike rotten food)
 - L. Gynecoid pelvis
 - M. Dilation
 - N. Fetal station
 - O. Braxton Hicks contractions
 - P. Nesting
 - Q. PROM
 - R. Suture lines
 - S. Fetal presentation
 - T. Relaxin and estrogen