

N432 Maternal – Newborn Care Summer  
Proctored ATI Remediation Template

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**Main Category: Management of Care**

**Subcategory: Client Rights**

**Topic: Infertility: Teaching About In Vitro Fertilization**

- The nurse should advise patients that the use of medications to treat female infertility can increase the risk of multiple births by more than 25%.
- A prenatal assessment of genetic disorders such as amniocentesis can pose potential risks to the fetus.
- The nurse should assist in the construction of family medical histories of several generations.

**Main Category: Safety and Infection Control**

**Subcategory: Accident/Error/Injury Prevention**

**Topic: Nursing Care of Newborns: Identification of Newborns**

- A physical assessment including, physical examination, measurements, and monitoring laboratory studies is done every 8 hours or as needed.
- Family teaching can include topics such as umbilical cord care, prophylactic measures, newborn screening, newborn feedings, and bathing.
- The newborn should be weighed daily at the same time, using the same scale.

**Main Category: Health Promotion and Maintenance**

**Subcategory: Ante-/Intra-/Postpartum and Newborn Care**

**Topic: Baby-Friendly Care: Phases of Maternal Postpartum Adjustment**

- The nurse should assess for behaviors that facilitate and indicate parent-newborn bonding.
- The nurse should assess for behaviors that impair and indicate a lack of parent-newborn bonding.
- The nurse should assess for manifestations of mood swings, conflict about maternal role, or personal insecurity.

**Topic: Nursing Care During Stages of Labor: Identifying the Need for Reassessment**

- Before birth, the nurse should obtain laboratory reports, monitor baseline fetal heart tones, obtain maternal vital signs, and check the status of the amniotic membranes.
- The nurse should perform maternal and fetal assessments continuously throughout the labor process and immediately after birth.
- The nurse should avoid vaginal examinations in the presence of vaginal bleeding or until placenta previa or abruptio placentae is ruled out.

**Subcategory: Lifestyle Choices**

**Topic: Contraception: Instructions for Use of a Diaphragm**

- The diaphragm should be properly fitted for the patient by a provider.
- Spermicide must be reapplied with each act of coitus.
- The patient should empty the bladder prior to insertion of the diaphragm, to decrease the pressure on the urethra.

**Main Category: Basic Care and Comfort**

**Subcategory: Nonpharmacological Comfort Interventions****Topic: Pain Management: Teaching About Hypnosis**

- Hypnosis is a nonpharmacological way to manage pain.
- Hypnosis can reduce anxiety, fear, and tension, which are major contributing factors to pain in labor.
- Other nonpharmacological ways to manage pain is through aromatherapy, breathing techniques, imagery, music, and subdued lighting.

**Main Category: Pharmacological and Parenteral Therapies****Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions****Topic: Pain Management: Evaluating Effectiveness of Pre-Anesthesia IV Bolus**

- The nurse should administer a bolus of IV fluids to help offset maternal hypotension.
- The nurse should encourage the patient to remain in the side-lying position after insertion of the epidural catheter to avoid supine hypotension syndrome with compression of the vena cava.
- The nurse should coach the patient in pushing efforts, and request an evaluation of epidural pain management by anesthesia personnel if pushing efforts are ineffective.

**Subcategory: Medication Administration****Topic: Nursing Care of Newborns: Selecting Correct Site for Phytonadione Administration**

- The nurse should administer intramuscularly into the vastus lateralis soon after birth.
- This medication helps to prevent hemorrhagic disorders from occurring.
- This medication is given because vitamin K is not produced in the gastrointestinal tract of the newborn until around day 7.

**Main Category: Reduction of Risk Potential****Subcategory: Changes/Abnormalities in Vital Signs****Topic: Fetal Assessment During Labor: Actions to Take for Late Decelerations in Fetal Heart Rate**

- The nurse should encourage frequent maternal position changes, which can require adjustments of the transducers with position changes.
- The nurse should place the patient in side-lying position for late decelerations.
- The nurse should also discontinue oxytocin if it is being infused.

**Subcategory: Diagnostic Tests****Topic: Assessment of Fetal Well-Being: Reviewing Results of Nonstress Test**

- A nonstress test is used to evaluate the fetal well-being during the third trimester.
- Disadvantages include a high rate of false nonreactive results with the fetal movement response blunted by sleep cycles of the fetus, fetal immaturity, maternal medications, and nicotine use disorder.
- It can be used to rule out the risk for fetal death in clients who have diabetes mellitus.

**Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures****Topic: Early Onset of Labor: Identifying Adverse Effects of Terbutaline**

- The nurse should monitor for chest discomfort, palpitations, dysrhythmia, tachycardia, tremors, nervousness, vomiting, hypokalemia, hyperglycemia, and hypotension.
- The nurse should discontinue if the patient can't tolerate adverse effects.
- If the patient has a history of cardiac disease, pregestational or gestational diabetes, preeclampsia, or significant hemorrhage, the medication should not be administered.

**Topic: Postpartum Disorders: Priority Nursing Action for Excessive Blood Loss**

- Bimanual compression or manual exploration of the uterine cavity for retained placental fragments by the provider may be necessary.
- For subinvolution of the uterus, the nurse should encourage the patient to use activities that can enhance uterine involution, such as, breastfeeding, early ambulation, and frequent voiding.
- A medication given to promote uterine contractions and expel the retained fragments of placenta is Methylergonovine.

**Subcategory: System-Specific Assessments****Topic: Medical Conditions: Recognizing Risk for Preterm Delivery**

- Congenital structural defects of the uterus or cervix is a risk factor for premature cervical dilation.
- A history of cervical trauma, short labors, pregnancy loss in early gestation, or advanced cervical dilation at earlier weeks of gestation are also risk factors of premature cervical dilation.
- If a patient is experiencing premature cervical dilation they will have physical manifestations of pink-stained discharge, possible gush of fluid, and uterine contractions with the expulsion of the fetus.

**Subcategory: Therapeutic Procedures****Topic: Nursing Care and Discharge Teaching: Education for Plastibell Circumcision**

- An infected cord or circumcision could be from improper care or tub bathing too soon.
- To clean an uncircumcised penis, wash with soap and water and rinse the penis. The foreskin should not be forced back, or constriction can result.
- To cleanse a circumcised penis, use warm water. Do not use soap until the circumcision is healed.

**Main Category: Physiological Adaptation****Subcategory: Medical Emergencies****Topic: Assessment and Management of Newborn Complications: Planning Care for a Newborn Who Has a Myelomeningocele**

- Newborns can be born with congenital anomalies involving all systems.
- Myelomeningocele is a neurological defect that causes serious problems.
- A nurse should provide emotional support to the parents whose newborn is facing procedures or surgeries to correct the defects.

**Topic: Assessment and Management of Newborn Complications: Providing Emergency Interventions for Shoulder Dystocia**

- Newborns who are macrocosmic are at risk for birth injuries including shoulder dystocia.
- Prepare to apply suprapubic pressure to aid in the delivery of the anterior shoulder, which is located inferior to the maternal symphysis pubis.
- Shoulder dystocia is considered a physical assessment findings of birth trauma.

**Main Category: Clinical Judgment****Subcategory: Analyze Cues****Topic: Assessment and Management of Newborn Complications: Identifying Findings in a Newborn to Report to the Provider**

- Long term complications of neonatal substance withdrawal include feeding problems, central nervous system dysfunction, attention deficit disorder, and microcephaly.
- Manifestations of heroin withdrawal includes low birth weight, small for gestational age, manifestations of neonatal abstinence syndrome, and increased risk of sudden unexpected infant death.
- Alcohol withdrawal can include manifestations of jitteriness, irritability, increased tone and reflex responses, and seizures.

**Topic: Assessment and Management of Newborn Complications: Interpreting Findings of a Newborn Who Has Maternal History of Opioid Use During Pregnancy**

- Laboratory tests should be done to differentiate between neonatal drug withdrawal and central nervous system disorders.
- These laboratory tests include, CBC, blood glucose, thyroid-stimulating hormone, T-3, T-4, drug screen of urine or meconium, and a hair analysis.
- A chest x-ray for fetal alcohol syndrome can rule out congenital heart defects.

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

- Placenta previa is defined as painless vaginal bleeding that is a cause of bleeding during the third trimester.
- This occurs when the placenta abnormally implants in the lower segment of the uterus near or over the cervical os instead of attaching to the fundus.
- Placenta previa is classified into three types dependent on the degree to which the cervical os is covered by the placenta.

**Topic: Client Education and Discharge Teaching: Interpreting Findings**

- It is important for a client to be able to perform self-care and recognize effects that suggest possible complications prior to discharge.
- Discharge planning should be initiated at admission with time spent during the hospitalization on providing client education regarding postpartum self-care.
- The nurse should use a variety of teaching strategies to promote learning.

**Topic: Medical Conditions: Assessing a Client Who Has Hyperemesis Gravidarum**

- Hyperemesis gravidarum is excessive nausea and vomiting that is prolonged throughout the pregnancy or that is excessive and causes weight loss, dehydration, nutritional deficiencies, electrolyte imbalances, and ketonuria.
- There is a risk to the fetus for intrauterine growth restriction, small for gestational age, or preterm birth if the condition persists.
- Risk factors for hyperemesis include multifetal gestation, diabetes, family history of hyperemesis, and gastrointestinal disorders.

**Topic: Postpartum Physiological Adaptations: Rh Factor Administration**

- Changes that occur can consist of uterine involution, lochia flow, cervical involution, decrease in vaginal distention, and alteration in ovarian function.
- The greatest risks during the postpartum period are hemorrhage, shock, and infection.
- Lactating and nonlactating clients differ in the timing of the first ovulation and the resumption of menstruation.

**Subcategory: Take Actions**

**Topic: Assessment and Management of Newborn Complications: Caring for a Newborn Who Is Experiencing Complications**

- Ongoing emotional support to a client and their significant other is also imperative to the plan of care.
- The nurse should elicit and assess the newborns reflexes.
- The nurse should also monitor the newborn's ability to feed and digest intake and should offer small frequent feedings.

**Topic: Postpartum Infections: Caring for a Client Who Is Experiencing a Complication Following a Cesarean Birth**

- Wound infections occur commonly on those with cesarean incisions.
- Women who have a cesarean birth are at risk for a urinary tract infection.
- Women who have a cesarean birth are also at risk for endometritis and mastitis.

**Subcategory: Evaluate Outcomes**

**Topic: Postpartum Disorders: Evaluating the Effectiveness of Misoprostol**

- Misoprostol is a uterine stimulant which can help to control postpartum hemorrhage.
- The nurse should assess uterine tone and vaginal bleeding.
- The nurse should also monitor for adverse reactions, including fever, hypertension, chills, headache, nausea, vomiting, and diarrhea.

