Maternal-Newborn Medicine Remediation
Proctored ATI Remediation Template

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Assessment Name: ATI Remediation
Semester: Summer 2025

Main Category: Clinical Judgement
Subcategory: Prioritizing Care
Topic: Antepartum Nursing Care *Dehydration stimulates the pituitary gland to secrete an antidiuretic hormone and oxytocin. Preventing dehydration prevents the release of oxytocin, which stimulates uterine contractions. * Fetal tachycardia, which is a prolonged increase in the FHR greater than 160/min can indicate infection, is frequently associated with preterm labor. * Contraindications for tocolysis include active vaginal bleeding, intrauterine infection, greater than 34 weeks of gestation, and acute fetal distress. **Topic: Preterm Rupture of Membranes** *Prelabor rupture of membranes (PROM) is the spontaneous rupture of the amniotic membranes prior to the onset of true labor. * Preterm prelabor rupture of membranes (pPROM or preterm PROM) is the prelabor spontaneous rupture of membranes after 20 weeks of gestation and prior to 37 weeks of gestation. * A positive nitrazine paper test (blue, pH 6.5 to 7.5) or positive fern test is conducted on amniotic fluid to verify rupture of membranes. **Topic: Client Education** *Refrain from inserting anything into the vagina. * Wipe the perineal area from front to back after voiding and fecal elimination. * Take temperature every 4 hr when awake and report a temperature that is greater than 38° C (100° F).
Subcategory: Manifestations of Preterm Labor
Topic: Preterm Labor *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). * horter gestation is associated with increased neonatal risks. **Topic: Risk Factors for Preterm Labor**

*Infections of the urinary tract or vagina, HIV, active herpes infection, or intrauterine infection (infection of the amniotic sac) can induce preterm labor.

* Smoking, substance abuse, and violence or abuse can induce preterm labor.
* Uterine abnormalities can induce preterm labor.

Topic: Diagnostic Procedures

*Measure for a shortened endocervical length with an ultrasound.

* Obtain cervical cultures to check for the presence of infectious organisms.
*Perform a biophysical profile and/or a nonstress test to provide information about the fetal well-being.

Subcategory Analysis of Findings of Preterm Labor

Topic: Patient Centered Care

*Nursing management depends on gestational duration, if there is evidence of infection, or an indication of fetal or maternal compromise.

* Obtain vaginal/rectal cultures for streptococcus beta-hemolytic.

* Assess vital signs every 2 hr. Notify the provider of a temperature greater than 38° C (100° F).

Topic: Medications

*Ampicillin is an antibiotic used to treat infection. It is commonly used to treat intrauterine infection.

* Betamethasone is a glucocorticoid that requires 24 hours to be effective. The therapeutic action is to enhance fetal lung maturity and surfactant production in fetuses between 24 and 34 weeks gestation.
* Administer betamethasone 12 mg IM for two doses 24 hr apart.

Main Category: Safety and Infection Control

Subcategory: Nursing Care

Topic: Discharge Teaching

*Discharge teaching and newborn care include bathing, umbilical cord care, circumcision, car seat safety, environmental safety, newborn behaviors, feeding, elimination, and clinical findings of illness to report to the provider.

* Prior to discharge, a nurse should provide anticipatory guidance to prepare new parents to care for their newborn at home.
* A nurse should inquire about the family's experience and knowledge regarding newborn care, anticipate the learning needs of the parents, and assess their readiness for learning to provide education about newborn care.

Topic: **Interventions at Home**

* Through discussion, pamphlets, and demonstration, provide education to the client and family regarding newborn behavior, quieting techniques, newborn care, findings of newborn well-being and illness, and issues of newborn safety.

* Newborns cry when they are hungry, overstimulated, wet, cold, hot, tired, bored, or need to be burped.
* Newborns often have a fussy time of day when they cry for no reason.

Topic: Client Education for Home

*Placing the newborn in the supine position for sleeping greatly decreases the risk of sudden unexpected infant death (SUID).

* Place the newborn in a crib or bassinet to sleep. The newborn should never sleep in the parents' bed due to the risk of suffocation.
*When awake, the newborn can be placed on the abdomen to promote muscle development for crawling. The newborn should be supervised.

Subcategory **Client Education**

Topic: Ways to Hold a Newborn

*Cradle hold: Cradle the newborn's head in the bend of the elbow. This permits eye-to-eye contact and is a good position for feeding.

* Upright position: Hold the newborn upright, and face them toward the holder while supporting the head, upper back, and buttocks.
* Football hold: Support half of the newborn's body in the holder's forearm with the newborn's head and neck resting in the palm of the hand. This is a good position for breastfeeding and when shampooing the newborn's hair.

Topic: Bathing

*Bathing by immersion is not done until the newborn's umbilical cord has fallen off and the circumcision has healed.

* Bathing should take place at the convenience of the parents, but not immediately after feeding to prevent spitting up and vomiting.
* Organize all equipment so that the newborn is not left unattended. Never leave the newborn alone in the tub or sink.

Topic: Clothing

*Choose flame-retardant fabrics.

* Wash clothes separately with mild detergent and hot water.
*Dress newborns lightly for indoors and on hot days. Too many layers of clothing or blankets can make the newborn too hot.

Main Category: Reduction of Risk Potential

Subcategory: Assessment of Fetal Well-being

Topic: Ultrasound

*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.

* An ultrasound allows for early diagnosis of complications, permits earlier interventions, and thereby decreases neonatal and maternal morbidity and mortality.
* Three types of ultrasound: external abdominal, transvaginal, and Doppler.

Topic: Biophysical Profile

* 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.
* Prepare the client following the same nursing management principles as those used for an ultrasound.

Subcategory Potential for Alterations in the Body Systems

Topic: True Signs of Labor

*There are five factors that affect and define the labor and birth process: passenger (fetus and placenta), passageway (birth canal), powers (contractions), position (of the client), and psychological response.

* The part of the fetus that is entering the pelvic inlet first and leads through the birth canal during labor. It can be the back of the head (occiput), chin (mentum), shoulder (scapula), or breech (sacrum or feet).
* The birth canal that is composed of the bony pelvis, cervix, pelvic floor, vagina, and introitus (vaginal opening)

Topic: Preprocedure Nursing Actions

*Leopold maneuvers: Abdominal palpation of the fetal presenting part, lie, attitude, descent, and the probable location where fetal heart tones can be best auscultated on the client's abdomen.

* External electronic monitoring (tocotransducer): Separate transducer applied to the maternal abdomen over the fundus that measures uterine activity.
* External fetal monitoring (EFM): Transducer applied to the abdomen of the client to assess FHR patterns during labor and birth.

Topic: Laboratory Analysis

*Group B streptococcus: Culture is obtained if results are not available from screening at 36 0/7-37 6/7 weeks for screening patients.. If positive, an intravenous prophylactic antibiotic is prescribed.

* CBC level should be obtained.
*Urinalysis to be performed.

Main Category: Physiological Adaptation

Subcategory:Assessment for fetal well-being

Topic: Amniocentesis

*The aspiration of amniotic fluid for analysis by insertion of a needle transabdominally into a client's uterus and amniotic sac under direct ultrasound guidance locating the placenta and determining the position of the fetus.

* It may be performed after 14 weeks of gestation.
* Alpha-fetoprotein (AFP) can be measured from the amniotic fluid between 15 and 20 weeks (16 to 18 weeks of gestation is ideal) and can be used to assess for neural tube defects in the fetus or chromosomal disorders.

Subcategory Unexpected Response to Therapies

Topic: Umbilical Cord Prolapse

*When there is suspected rupture of membranes, first assess the FHR to ensure there is no nonreassuring fetal status caused from possible umbilical cord prolapse, which can occur with the gush of amniotic fluid.

* Keep the umbilical cord positioned inside the uterus with your hand.

* Do not let go of the umbilical cord.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects

Topic: Oral Contraceptives

*Hormonal contraception containing estrogen and progestin, which acts by suppressing ovulation, thickening the cervical mucus to block semen, and altering the uterine decidua to prevent implantation.

* Observe for and report manifestations of complications (chest pain, shortness of breath, leg pain [thromboembolism], headache, vision changes [stroke], hypertension).
* Clients who have a history of thromboembolic disorders, stroke, heart attack, coronary artery disease, gallbladder disease, cirrhosis or liver tumor, headache with focal neurologic findings, uncontrolled hypertension, diabetes mellitus with vascular involvement, breast or estrogen-related cancers, pregnancy, lactating, less than 6 weeks postpartum, or smoking (if over 35 years of age) are advised not to take oral contraceptive medications.