

N432 Maternal Newborn Care
Proctored ATI Remediation Template

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Assessment Name: RN Maternal Newborn 2023

Semester: 3rd

Instructions:

1. Download the report from your ATI product for the assessment you are completing this remediation template for

2. The report will be broken down into three (3) aspects:

a. Categories

i. These categories mimic the NCLEX-RN categories and include the following:

1. Management of Care
2. Safety and Infection Control
3. Health Promotion and Maintenance
4. Psychosocial Integrity
5. Basic Care and Comfort
6. Pharmacological and Parenteral Therapies
7. Reduction of Risk Potential
8. Physiological Adaptation

b. Subcategories

c. Topics

3. Complete the template on the following page by doing the following:

a. Main Category

i. Subcategories for each main category

1. Topics for each subcategory ☐ these will be the content areas you will be remediating on

a. Provide three (3) critical points to remember for each topic ☐ these will come from the Focused Review module(s) within your ATI product

b. NOTE: You must remediate on all subcategories AND topics within the main categories listed under the "Topics to Review" section of the ATI report for this assessment.

4. In the event you need additional space within the table, please add rows into the table to accommodate

this

a. In the event, you need less space within the table than what is provided, you may delete those rows from the table to accommodate this OR put "N/A" ☐ There may be main categories that you don't have to remediate on and that is OK – you can either delete the table OR put "N/A"

5. An example is provided below:

SAMPLE Main Category: Management of Care

SAMPLE Subcategory: Case Management

SAMPLE Subcategory: Case Management

SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis

- ❑ SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.
- ❑ SAMPLE Critical Point #2: When a patient is going through sickle crisis, the nurse should monitor oxygen saturation to determine a need for oxygen therapy.
- ❑ SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.

6. Once the template is completed and at least the minimum remediation time has been completed within the Focused Review module(s) in ATI, upload the template to the corresponding drop box

Main Category: Health Promotion and Maintenance

Subcategory: Lifestyle Choices

Topic: Contraception: Instructions for Using a Diaphragm

- * The client should be properly fitted with a diaphragm by a provider.
- * The client should replace the diaphragm every two years and refitted if they have a 20% weight fluctuation.
- * The diaphragm should be washed with mild soap and warm water after each use.

Main Category: Basic Care and Comfort

Subcategory: Nonpharmacological Comfort Interventions

Topic: Pain Management: Nonpharmacological Methods

- * Cognitive strategies are nonpharmacological methods which include childbirth education, breathing, breathing in a bag for hyperventilation, hypnosis, and biofeedback.
- * Sensory stimulation is another which includes aromatherapy, breathing techniques, imagery, music, focal points, and subdued lighting.
- * Cutaneous stimulation strategies include therapeutic touch and massage, walking, rocking, effleurage, sacral counterpressure, hot/cold compresses, transcutaneous electrical nerve stimulation, hydrotherapy, acupressure, and position changes.

Subcategory: Nutrition and Oral Hydration

Topic: Medical Conditions: Clinical Manifestations of 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 gravidarum include maternal age younger than 30 years, multifetal gestation, gestational trophoblastic disease, psychosocial issues and high levels of emotional stress, clinical hyperthyroid disorders, diabetes, gastrointestinal disorders, and a family history of hyperemesis.

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Main Category: Pharmacological and Parenteral Therapies
Subcategory: Medication Administration
Topic: Prenatal Care: Immunizations for a Client Who Is at 30 Weeks of Gestation <ul style="list-style-type: none">* The nurse should educate the client about the need for the flu vaccine when in season.* The Tdap vaccine is given at 27-35 weeks gestation for the client and any family members who will be caring for the newborn.* The covid vaccine should be given according to CDC guidelines during the pregnancy.
Subcategory: Dosage Calculations
Topic: Dosage Calculation: Calculating a Dose of Misoprostol <ul style="list-style-type: none">* Misoprostol is a synthetic analog of prostaglandin E.* When given the routes of oral, buccal, and sublingual, the dosage is 200-400 mcg. When given rectally, the dosage is 800-1000 mcg.* It is used to manage postpartum bleeding as a second line medication.
Subcategory: Adverse Effects/Contraindications/Side Effects/ Interactions
Topic: Contraindications of Oral Contraceptives <ul style="list-style-type: none">* Prior to the initiation of some contraceptive, the provider may recommend a comprehensive physical examination.* Clients who have a history of thromboembolic disorders, stroke, heart attack, coronary artery disease, gallbladder disease, cirrhosis, 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 are advised not to take oral contraceptives.* Oral contraceptive effectiveness decreases when taking medications that affect the liver enzymes.

Main Category: Reduction of Risk Potential
Subcategory: Diagnostic Tests
Topic: Assessment of Fetal Well-Being: Interpreting the Results of a Biophysical Profile <ul style="list-style-type: none">* Biophysical profile uses a real-time ultrasound to visualize physical and physiological characteristics of the fetus and observe for fetal biophysical responses to stimuli by combining FHR monitoring and fetal ultrasound.* Potential diagnoses for a BPP are nonreactive nonstress test, suspected oligohydramnios or polyhydramnios.* BPP assess fetal well-being by measuring five variable with a score of 2 for each normal finding and a 0 for each abnormal finding. The five variable are FHR, fetal breathing movements, gross body movements, fetal tone, and qualitative amniotic fluid volume.
Subcategory: Potential for Alterations in Body Systems

Topic: Labor and Delivery Processes: Determining True Signs of Labor

* Five factors that affect and define the labor and birth process are passenger, passageway, powers, position, and psychological.

* A vaginal examination should be performed to measure cervical progression/dilation. Descent of the fetus, fetal position/presenting part/lie, and if membranes are ruptured or intact.

* Contractions, FHR, and maternal vital signs should be monitored throughout the labor and delivery process.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Labor and Delivery Processes: Priority Action to Take Following Rupture of Membranes

* Labor usually occurs within 24 hours of the rupture of membranes.

* Immediately following the rupture of membranes, the nurse should assess the FHR for abrupt decelerations, which are indicative of fetal distress to rule out umbilical cord prolapse.

* The nurse should assess the amniotic fluid. It should be watery, clear, have a slightly yellow tinge, and volume is typically between 700-1000 mL. Anything other than that is abnormal.

Topic: Medical Conditions: Planning Care for a Client Who Has Preeclampsia Without Severe Features

* Hypertensive disease in pregnancy is divided into clinical subsets of the disease based on end-organ effects and progresses along a continuum from gestational hypertension; preeclampsia without severe features; preeclampsia with severe features; and eclampsia.

* Traditionally, preeclampsia has been diagnosed when proteinuria occurs with GH, but current research indicates that clients who have preeclampsia may not exhibit proteinuria.

* Risk factors include maternal age younger than 19 and older than 40, first pregnancy, extreme obesity, multifetal gestation, chronic renal disease, chronic hypertension, family history, diabetes mellitus, rheumatoid arthritis, and systemic lupus erythematosus.

Subcategory: Medical Emergencies

Topic: Bleeding During Pregnancy: Findings Associated with Placental Abruption

* This premature separation of the placenta from the uterus can be partial or complete, and occurs after 20 weeks of gestation.

* Expected findings include sudden onset of intense localized uterine pain with dark red vaginal bleeding, uterine tenderness can be localized or diffuse over the uterus and board-like, contractions with hypertonicity, fetal distress, and clinical findings of hypovolemic shock.

* Risk factors include maternal hypertension, blunt external trauma, cocaine use resulting in vasoconstriction, history, cigarette smoking or nicotine use, prelabor rupture of membranes, multifetal pregnancy.

Main Category: Clinical Judgement

Subcategory: Analyze Cues

Topic: Assessment and Management of Newborn Complications: Analyzing Cues

* Assessment and management of newborn complications includes assessment, risk factors, and collaborative care.

* Complications include neonatal substance withdrawal, hypoglycemia, respiratory distress syndrome/asphyxia/meconium aspiration, preterm newborn, SGA, LGA/macrosomic newborn, postmature newborn, newborn infection/sepsis, birth trauma or injury, hyperbilirubinemia, and congenital anomalies.

* The nurse should immediately identify complications, implement appropriate interventions, and provide continuous emotional support to the client and their partner.

Topic: Assessment and Management of Newborn Complications: Identifying Findings to Report to Provider

* Maternal substance use during pregnancy consists of any use of alcohol or drugs, and can cause anomalies, neurobehavioral changes, and evidence of withdrawal in the neonate.

* Complications of RDS include pneumothorax, pneumomediastinum, retinopathy of prematurity, bronchopulmonary dysplasia, infection, and intraventricular hemorrhage.

* Preterm newborns are at risk for a variety of complications due to immature organ systems, and the degree of complications depends on gestational age.

Topic: Early Onset of Labor: Analysis of Findings of Preterm Labor

* Preterm labor is uterine contractions and cervical changes that occur between 20-16 weeks.

* Risk factors include infections of the urinary tract and vagina, HIV, active herpes, intrauterine infection, previous preterm birth, multifetal pregnancy, smoking, substance abuse, violence or abuse, lack of prenatal care, uterine abnormalities, low prepregnancy weight, and advanced maternal age.

* Expected findings for preterm labor are uterine contractions, pressure in the pelvis and menstrual-like cramping, persistent low backache, gastrointestinal cramping, sometimes diarrhea, urinary frequency, and vaginal discharge.

Topic: Medical Conditions: Interpreting Findings for a Client Who Has HELLP Syndrome

* HELLP syndrome is a variant of gestational hypertension in which hematologic conditions coexist with severe preeclampsia involving hepatic dysfunction.

* HELLP is diagnosed by laboratory tests and not clinically.

* Expected findings for HELLP clients are severe continuous headache, nausea, blurring of vision, flashes of lights or dots before the eyes, hypertension, proteinuria, periorbital, facial, hand, and abdominal edema, pitting edema in lower extremities, vomiting, oliguria, hyperreflexia, scotoma, epigastric pain, RUQ pain, dyspnea, diminished breath sounds, seizures, jaundice, and manifestations of progression of hypertensive disease with indications of worsening liver involvement, kidney failure, worsening hypertension, cerebral involvement, and developing coagulopathies.

Subcategory: General Solutions

Topic: Early Onset of Labor: Interventions for a Client Who Has a Preterm Labor

* The client should have restricted activity and placed on bed rest.

* The client should be encouraged to rest in the left lateral position to increase blood flow to the uterus and decrease uterine activity.

* The nurse should monitor FHR and contraction pattern.

Subcategory: Evaluate Outcomes

Topic: Early Onset of Labor: Evaluating Client Response to Magnesium Sulfate Therapy for Preterm Labor

- * Magnesium sulfate is a tocolytic that inhibits uterine activity by suppressing contractions.
- * Contraindications for tocolysis include active vaginal bleeding, intrauterine infection, greater than 34 weeks gestation, and acute fetal distress. Do not use with nifedipine or to clients with myasthenia gravis.
- * Monitor client closely for manifestations of pulmonary edema, which includes chest pain, SOB, respiratory distress, audible wheezing and crackles, and a productive cough containing blood-tinged sputum.

Subcategory: Take Actions

Topic: Assessment and Management of Newborn Complications: Interventions for a Newborn Who Has Neonatal Abstinence Syndrome

- * Perform ongoing assessment of the newborn using the neonatal abstinence scoring system assessment as prescribed.
- * Monitor the newborn's ability to feed and digest intake, offer small frequent feedings, and offer non-nutritive sucking.
- * Based on the withdrawal manifestations, the nurse should administer morphine sulfate, methadone, or phenobarbital as prescribed to decrease CNS irritability and control seizures for newborns who have alcohol or opioid withdrawal.

Topic: Early Onset of Labor: Actions to Take for a Client Who Has Received Magnesium Sulfate

- * Administer calcium gluconate or calcium chloride as an antidote for magnesium sulfate toxicity.
- * Monitor for adverse effects (hot flashes, diaphoresis, burning at IV site, nausea, vomiting, drowsiness, blurred vision, headache, non-reactive nonstress test, and reduced fetal heart rate variability).
- * Monitor for magnesium sulfate toxicity and discontinue for any of the following adverse effects: loss of deep tendon reflexes, urinary output less than 30 mL/hr, respirations less than 12/min, pulmonary edema, severe hypotension, or chest pain.