

**N432 Focus Sheet 1-Fall 2019**  
**Ricci, Kyle & Carman Ch (3) 4,5, 10, 11, & 12    ATI Ch 1-6 & 8**

**R,K, & C Ch 3**—While this Chapter is technically not on the Exam, you must know these topics as the basis for other processes about which you will learn.

1. Provide a brief description of the external female reproductive organs.
  - a. Mons pubis
    - the rounded mass of fatty tissue lying over the joint of the pubic bones (www.dictionary.com)
  - b. Labia majora
    - the larger outer folds of the vulva (www.dictionary.com).
  - c. Labia minora
    - two small folds of skin, lacking fatty tissue, that extend backward on each side of the opening into the vagina (www.dictionary.com).
  - d. Clitoris
    - a small, sensitive, erectile part of the female genitals at the anterior end of the vulva (www.dictionary.com).
  - e. Perineum
    - the area between the anus and the scrotum or vulva (www.dictionary.com).
2. Provide a brief description of the internal reproductive organs.
  - a. Ovary
    - a female reproductive organ in which ova or eggs are produced, present in humans and other vertebrates as a pair (www.dictionary.com).
  - b. Fallopian tube
    - either of a pair of tubes along which eggs travel from the ovaries to the uterus (www.dictionary.com).
  - c. Uterus
    - the organ in the lower body of a woman or female mammal where offspring are conceived and in which they gestate before birth; the womb (www.dictionary.com) .

d. Fundus of uterus

● The fundus of the uterus is the top portion, opposite from the cervix. Fundal height, measured from the top of the pubic bone, is routinely measured in pregnancy to determine growth rates (www.dictionary.com).

e. Cervix

● the narrow passage forming the lower end of the uterus (www.dictionary.com).

f. Vagina

● The vagina is an elastic, muscular canal with a soft, flexible lining that provides lubrication and sensation. The vagina connects the uterus to the outside world. The vulva and labia form the entrance, and the cervix of the uterus protrudes into the vagina, forming the interior end (www.dictionary.com).

3. Menstrual Cycle hormones

Hormone	Purpose
Estrogen	<ul style="list-style-type: none"><li>●</li><li>● Estrogen are a group of sex hormones that promote the development and maintenance of female characteristics in the human body. ... During the menstrual cycle, estrogen produces an environment suitable for the fertilization, implantation, and nutrition of an early embryo(www.dictionary.com)</li></ul>
Progesterone	<ul style="list-style-type: none"><li>●</li><li>● One of progesterone's most important functions is its role in thickening the lining of the uterus each month. The enriched endometrial lining is prepared to receive and nourish a fertilized egg. If a pregnancy occurs, progesterone is produced in the placenta and levels remain elevated throughout the pregnancy (www.dictionary.com).</li></ul>
Prostaglandins	<ul style="list-style-type: none"><li>● One of a number of hormone-like substances that participate in a wide range of body functions such as the contraction and relaxation of smooth muscle, the dilation and constriction of blood vessels, control of blood pressure, and modulation of inflammation(www.dictionary.com) .</li><li>●</li></ul>

**R,K & C Ch 4; ATI Ch 1,2**

1. Define infertility. How can you as the nurse educate a couple on infertility causes and treatments?

- The inability to conceive a child after 1 year of regular secula intercourse unprotected by contraception (resolve, 2015)
- Educate: Males are more than half the cause (women carries the burden so the nurse needs to be empathetic). The nurse can discuss low sperm count and possible endometriosis. There are numerous options for the couple. For example, IVF for the woman or ICSI for the man.
- o Text book: Maternity and Pediatric Nursing. Third edition. Philadelphia: Wolters Kluwer, 2017. Ricci, Susan Scott,, Terri Kyle, and Susan Carman. (Ricci, Scott, Kyle, & Carman, 2017),

2. What is IVF?

- a medical procedure whereby an egg is fertilized by sperm in a test tube or elsewhere outside the body.
  - Oocytes are fertilized in the lab and transferred to the uterus; usually indicated for tubal obstruction, endometriosis, pelvic adhesions, and low sperm counts
- Maternity and Pediatric Nursing. Third edition. Philadelphia: Wolters Kluwer, 2017. Ricci, Susan Scott,, Terri Kyle, and Susan Carman.

4. Birth Control options

Type	Action	Side Effects	Pros/ Cons	Contraindications	Important Patient Teaching
Coitus interruptus	Withdrawal before ejaculation	None	Pros; Possible choice for monogamous couples who do not have other contraceptives available. Cons; No protection against STI; least	Leakage of fluid that contains spermatozoa prior to ejaculation can be deposited in vagina risk of pregnancy	Make sure that ejaculation occurs away from the woman's genitals. Take precautions before having sex again. If you plan to have sex again within a short

			effective method		period of time, make sure the man urinates and cleans off the tip of his penis first. This will help remove any remaining sperm from the previous ejaculation (Mayo Clinic, 2018) .
<b>Type</b>	<b>Action</b>	<b>Side Effects</b>	<b>Pros/ Cons</b>	<b>Contraindications</b>	<b>Important Patient Teaching</b>
Lactational amenorrhea method					
Condom	Rubber sheath a man wears on his penis during sexual intercourse and a contraceptive or as protection against	None Unless allergic to latex.. use alternative material (ATI)	Pros: Protects against STIs and involves the male in the birth control method; no adverse effects; readily	Condoms can rupture or leak; on-time use- can be costly; latex should not be work by those who are sensitive or allergic to latex; water soluble lubricants should be	Place on erect penis, leaving a space for sperm; After ejaculation, withdraw the penis from the vagina <a href="#">whilewhite</a>

	infections (ATI)		accessible Cons: High rate of noncompliance; can reduce spontaneity of intercourse; penis must be erect to apply a condom; withdrawing the penis while still erect, can interfere with sexual intercourse (ATI)	used with latex condoms to avoid condom breakage. (ATI)	holding the rim of the <del>condomee</del> <del>ndome</del> to prevent any semen spillage of the vulva or vagina area; can use additional gel or cream spermicidal to increase effectiveness. (ATI)
Diaphragm	A flexible rim made of silicone that fits snugly over the cervix with spermicidal cream or gel placed into the dome and around the rims (ATI)	UTIs or TTS isn't recommended use. allergic reaction; (ATI)	Pros: give a woman more control over contraception; Cons: inconvenient and interfere with spontaneity, and require reapplication with spermicidal gel, cream, or foam	Increased risk for TSS. (ATI)	A patient should be properly fitted with a diaphragm by a provider; Replaced every 2 yrs and fitted for a 20 % weight fluctuation , after abdominal or pelvic surgery, and after every pregnancy

			with each act of coitus to be effective.		<p>; requires proper insertion and removal. Prior to coitus, insert over the cervix with spermicidal applied to the cervix side of some and around the rim. Can be inserted 6 hrs before intercourse and must stay in place 5 hr after but for not more than 24 hr. ; spermicide must be reapplied each act of coitus. a client should empty her bladder prior to insertion of the diaphragm. Diaphragm should be washed with mild soap and warm water</p>
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					after each use. (ATI)
Oral contraceptives (combination & progestin only)	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 (ATI)	Headache, nausea, breast tenderness, and fluid retention. Progestin can cause increased appetite, fatigue, depression, breast tenderness, oily skin and scalp, and hirsutism. danger signs of chest pain, SOB, leg pain from a possible clot, headache, eye problems from a stroke and hypertension ATI	Pros: Effective if used right Decreased menstrual blood loss, decreased iron deficiency anemia, regulation of cycles; reduced incidence of dysmenorrhea and premenstrual findings; Offers protection for endometrial, ovarian, and colon cancer. breast disease and improves acne, and development of ovarian cysts. Cons: STIs; increase	History of thromboembolic disorder, stroke, heart attack, CAD, 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 wks, postpartum, or smoking if over 35 yrs of age are advised not to take oral contraceptive medications; decrease meds that affect liver enzymes (anticonvulsants, antifungals, some antibiotics. ATI	Requires prescriptions and follow up; Needs to follow directions; AE; if you miss a pill take asap.

			the risk of thromboembolism, stroke, heart attack, hypertension, gallbladder disease, and liver tumor; exacerbates issues for fluid retention ATI		
Natural Family Planning (Fertility Awareness-based methods)					
<b>Type</b>	<b>Action</b>	<b>Side Effects</b>	<b>Pros/ Cons</b>	<b>Contraindications</b>	<b>Important Patient Teaching</b>
Intrauterine devices	Device is inserted through the cervix and placed in the uterus by the provider. Releases a chemical substance that	Risk of STI Irregular menstrual bleeding;	Pros: works for 3 to 10 yrs if hormonal 3 to 5 yrs can be implanted after spontaneous abortion, childbirth, and while breastfeeding	Risk of bacterial vaginosis, PID, Uterine perforation, or uterine expulsion	Monitor monthly after menstruation to ensure the presence of the string; Sign consent form prior to insertion; Prego test, pap

	damages sperm in transit to the uterine tubes and prevent fertilization. ATI		ding.; Contraception can be reversed with immediate return to fertility; Does not interfere with spontaneity; Decrease menstrual pain and heavy bleeding; Copper- no hormone s- so, safe for clients need no hormone s. CONs: increase risk of pelvic inflammatory disease, uterine perforation, or ectopic pregnancy and can be expelled. Doesn't protect from STIs; Spotting,		smear, and cervical cultures should be negative prior to insertion; If prego is suspected after IUD insertion, a sonogram can be needed to rule out ectopic pregnancy . ATI
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			irregular bleeding, headache, nausea, depression, and breast tenderness; Copper increase period pain and bleeding ATI		
Methoxyprogesterone	The mechanism of action of progestin-only contraceptives like DMPA depends on the progestin activity and dose. High-dose progestin-only contraceptives, such as DMPA, inhibit follicular development and prevent ovulation as their primary mechanism	heart disease, congestive heart failure, recent stroke or heart attack  high blood pressure;  high cholesterol or triglycerides;  low levels of calcium in your blood;  severe pelvic pain;  recent miscarriage or abortion;	Pros: Less menstrual blood loss; 50% develop amenorrhea after 1 year and 80% develop amenorrhea in 5 years; decreased menstrual cramps and ovulation pain; excellent method for women on anticonvulsants as efficacy is not reduced and may decrease	heart disease, congestive heart failure, recent stroke or heart attack  high blood pressure;  high cholesterol or triglycerides;  low levels of calcium in your blood;  severe pelvic pain;  recent miscarriage or abortion;  epilepsy;  asthma;  migraine headaches;  a thyroid disorder;	Injection should be during the first 5 days of menstrual cycle and every 11 to 13 wks. Keep follow up appointments; maintain an adequate intake of calcium and vit D. ATI

	<p>m of action.  <a href="https://www.google.com/search?rlz=1CCO WLX_enUS872US872&amp;sxsrf=ACYBGNTMX2nqg-gOcYFDAWUOQCP E_PsUtg%3A1579569312380&amp;ei=oFAmXsPcFo_NtQaikl4&amp;q=Methoxy progesterone+action&amp;oq=Methoxy progesterone+action&amp;gs_l=psy-ab.3..33i160l2.6741.10187..10781...0.2..0.122.676.5j2.....0....1.gws-wiz.....0i71j0i10.1WBxXZkHgpQ&amp;ved=0ahUKEwjDrlyewpPnAhWPZs0KH aKIDAcQ4dUDCAs&amp;uact=5">https://www.google.com/search?rlz=1CCO WLX_enUS872US872&amp;sxsrf=ACYBGNTMX2nqg-gOcYFDAWUOQCP E_PsUtg%3A1579569312380&amp;ei=oFAmXsPcFo_NtQaikl4&amp;q=Methoxy progesterone+action&amp;oq=Methoxy progesterone+action&amp;gs_l=psy-ab.3..33i160l2.6741.10187..10781...0.2..0.122.676.5j2.....0....1.gws-wiz.....0i71j0i10.1WBxXZkHgpQ&amp;ved=0ahUKEwjDrlyewpPnAhWPZs0KH aKIDAcQ4dUDCAs&amp;uact=5</a></p>	<p>epilepsy;  asthma;  migraine headaches;  a thyroid disorder;  kidney disease,  diabetes;  or  lupus.</p> <p><a href="https://www.drugs.com/medroxyprogesterone.html">https://www.drugs.com/medroxyprogesterone.html</a></p>	<p>seizures;  decrease acute sickle cell crisis;  may be used by nursing mothers;  reduction in endometrial and ovarian cancers  Cons:  Irregular bleeding during first several months that may interfere with intercourse;  amenorrhea if not explained;  injection and fear of needles;  weight gain (5.4 lbs in first year and 16.5 lbs after 5 years);  not immediately reversible; may cause an increase</p>	<p>kidney disease,  diabetes; or  lupus.  drugs.com</p>	
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			in glucose or LDL and may decrease HDL drugs.com		
Subdermal implant	Implantable progestin Requires minor surgical procedure implant and remove a single rod containing etonogestrel on the inner side of the upper aspect of the arm ATI	Ectopic prgo Irregular and unpredictable menstruation. mood changes, hache, acne, depression, decreased bone density, and weight gain ATI	Pros: Effective for 3 yrs; can be inserted immediately; used while breastfeeding ATI Cons; Irregular bleeding; STIs	Risk of ectopic pregnancy. Lupus, severe cirrhosis, liver tumors, and breast cancer. ATI	Avoid trauma to the area of implantation. ATI

5. What does PAINS stand for?

- P- period of irregularities
- A- abnormal pain
- I-infection
- N- not feeling well
- S- string missing

6. Name the three forms of sterilization and provide a description for each.

1. Transcervical sterilization: insertion of small flexible agents through the vagina and cervix into the fallopian tubes. Develops scar tissue in tubes.
2. Tubal ligation: a surgical procedure consisting of severance and burning or blocking of the fallopian tubes to prevent the ovum from being fertilized by the sperm
3. Vasectomy: a surgical procedure consisting of ligation and severance of the

vas deferens

7. Discuss the differences between surgical and medical abortion.
  - Surgical if you go into the body to take the fetus. (Ricci, Kyle, & Carman, 2017.).

## **Infections**

**RKC Ch 5 & Ch 20 pp 760 -771**

**ATI Ch 8**

1. What are the TORCH infections which negatively affect a woman who is pregnant?
  - a. toxoplasmosis, rubella, cytomegalovirus and Herpes simplex virus
    - i. They can cross over the placenta and give to the baby. They can have a teratogenic effect on the fetus
  
2. What is the treatment for Chlamydia?
  - Azithromycin (Zithromax) or doxycycline (Vibramycin) is recommended for the treatment of uncomplicated genitourinary chlamydial infection. Amoxicillin is recommended for the treatment of chlamydial infection in women who are pregnant.
  
3. What is the treatment for Gonorrhea?
  - a. antibiotics
  
4. Which pregnant women should be screened for Syphilis?

All patient

When should they be screened?

First visit and rescreen in the third trimester.

What are the names of the tests used for screening?

## Serological testing

5. Why are pregnant women at higher risk for Candidiasis infection?

- Pregnant women are at increased risk for vaginal yeast infections, which are caused by the fungus *Candida*. It's thought that changes in hormones during pregnancy — mainly, an increase in levels of estrogen — disrupts the normal pH of the vagina, which may lead to an overgrowth of yeast, according to the Mayo Clinic.

6. If a pregnant woman is diagnosed with HIV infection, what treatment would you anticipate for the mother and the infant?

- Ideally, HIV-infected mothers receive zidovudine during pregnancy and labor. Even if the mothers have not received antiretroviral drug therapy, their infants should be given zidovudine, with treatment started before eight hours after birth and continuing for six weeks. <https://www.aafp.org/afp/2002/0515/p2049.html>

7. Why are genital herpes a problem for a pregnant woman? What is the treatment?

- There is a chance it can be given to the child. This can increase the child mortality rate by 60 %

Acyclovir (Zovirax) and valacyclovir (Valtrex) are the drugs most commonly used for herpes outbreak suppression and treatment during pregnancy. These drugs help reduce how active the virus is. They also help speed up lesion healing. They may also decrease the chance of active lesions at the time of labor.

8. Discuss each of the following for cytomegalovirus: 760

<b>Pathophysiology</b>	<u>CMV is a lytic virus that causes a cytopathic effect in vitro and in vivo. The pathologic hallmark of CMV infection is an enlarged cell with viral inclusion bodies. ... Upon initial infection, CMV infects the epithelial cells of the salivary gland, resulting in a persistent infection and viral shedding.</u> <a href="https://www.medscape.com/answers/215702-99936/what-is-the-pathophysiology-of-cytomegalovirus-cmv-infection">https://www.medscape.com/answers/215702-99936/what-is-the-pathophysiology-of-cytomegalovirus-cmv-infection</a>
<b>Nursing Assessment</b>	<u>Possibly asymptomatic in persons who are immunocompetent</u> <u>Immunosuppressive condition</u> <u>Mother positive for CMV during pregnancy</u> <u>General malaise and flu-like complaints</u>
<b>Testing</b>	<u>If your doctor detects a new CMV infection during pregnancy, a prenatal test (amniocentesis) can determine</u>

	<u>if the fetus has the infection. In amniocentesis your doctor obtains and examines a sample of amniotic fluid.MayoClinic</u>
<b>Management</b>	<p><u>The drug of choice for treatment of CMV disease is intravenous ganciclovir, although valganciclovir may be used for nonsevere CMV treatment in selected cases. Ganciclovir is a nucleoside analogue that inhibits DNA synthesis in the same manner as acyclovir.</u><a href="https://emedicine.medscape.com/article/215702-treatment">https://emedicine.medscape.com/article/215702-treatment</a></p> <p><u>Give prescribed drugs. If using the I.V. route, ensure patent I.V. access. Administer ganciclovir I.V. over 1 hour; if using the oral form, give it with food. Provide comfort measures, including frequent turning and position changes. Institute safety measures to reduce the risk of injury, especially if the patient has neurologic changes or experiences vision impairment. Encourage patient independence. Encourage the use of energy conservation measures to decrease metabolic demands; cluster nursing activities to avoid overtaxing the patient. If the patient is experiencing diarrhea, provide meticulous skin care and ensure adequate hydration and nutrition. Encourage coughing and deep breathing to maximize lung function if the patient has pneumonitis. Obtain specimens for laboratory testing, such as neutrophil and platelet counts, especially if the patient is receiving ganciclovir because of the risk for agranulocytosis and thrombocytopenia. Provide emotional support to the patient and family about the disorder and its effects; provide emotional support and counseling, as appropriate.</u></p>
<b>Patient Education</b>	<p><u>Wash hands often with soap and water. Wear gloves , especially when changing diapers, feeding wiping nose or drool, and handling childrens toys. Do not share cups, plates, utensils, food, or tooth brushes, Do not share towels or washcloths, Do not put a child's pacifier in your mouth clean toy, countertops, and other surfaces that come in contact with childrens urn or saliva Safe sex-limit partnes and use condoms consistently</u></p>

9. Discuss each of the following for Group B streptococcus:

<b>Pathophysiology</b>	<u>is a gram-positive bacteria which colonizes the gastrointestinal and genitourinary tract[1]. ... Early onset GBS infections occur within the first week of life, whereas</u>
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	<u>late-onset disease occurs beyond the first week of</u> <u>[<a href="https://www.ncbi.nlm.nih.gov/books/NBK482443/">https://www.ncbi.nlm.nih.gov/books/NBK482443/</a></u>
<b>Nursing Assessment</b>	<u>Review prenatal history</u> <u>PROM</u> <u>Monitor vital signs - temp over 100.4</u> <u>Risk factors</u>
<b>Testing</b>	<u>a group B strep screening between weeks 35 and 37 of pregnancy. Your doctor will take swab samples from your vagina and rectum and send them to a lab for testing. A positive test indicates that you carry group B strep.</u> <u>MayoClinic</u>
<b>Management</b>	<u>Penicillin G</u> <u>Alternative if allergic</u>
<b>Patient Education</b>	<u>Make sure they are at the hospital early so they can get their antibiotics</u> <u>Let hospital staff know that you are GB+</u> <u>They can still continue with their birth plan</u>

10. Discuss each of the following for Hepatitis B: pg. 198

<b>Pathophysiology</b>	<u>As the blood becomes exposed to HBV, the body mounts a cell-mediated immune response by sending cytotoxic T cells and natural killer cells to the virus and release inflammatory cytokines. The greater the immune response, the greater the chance of fighting the virus.</u>
<b>Nursing Assessment</b>	<u>Present with flu like symptoms- malaise, skin rashes, fatigue, anorexia, nausea, pruritus, fever, and Upper right quadrant pain- less fever with Hep B than A</u>
<b>Testing</b>	<u>Blood test that looks for antibodies and proteins produced by the virus and is positively diagnosed by the presence of HbsAb</u>
<b>Management</b>	<u>Encourage all women to be screened for hep annual pap smear, or sooner with high risk behavior. First prenatal visit and third trimester visit. Vaccine is given to all infants after birth. Consists of 3 injections within 6 mo</u>
<b>Patient Education</b>	<u>Encourage hep B to be screened in annual visit.</u> <u>Gradual resumption of activity,</u> <u>About disease process,</u> <u>Reduce anxiety, and</u> <u>Avoiding alcohol</u>

## R,K,& C Ch 10

1. **Briefly** define the difference between preembryonic, embryonic, and fetal stages of development.

- -Preembryonic-first 2 weeks after conception
  - series of events that begin with 1st mitotic division of the zygote and continues to implantation within uterus
- -Embryonic: Day 15 after conception to 8 wks
  - includes development of placenta, main internal organs, external body structures
- -Fetal ninth week after fertilization to about 38 weeks
  - ossification centers appear in bones
  - -sex organs differentiate
  - -nerves, muscles coordinate so fetus can move limbs
  -

2. List 5 functions of the placenta. See RKC Chapter 10, pg. 342-343

- Functions of the placenta include gas exchange, metabolic transfer, hormone secretion, and fetal protection.

## R,K,& C Ch 11 ATI Ch 3, 4, 5

1. What are:  
Braxton hicks contractions

- false labour pain

Hegar's sign

- Indication of prego, cervix and uterus isthmus; softening of the uterus and cervix

Goodell's sign

- Softening of vagina in the cervix from increased vascular from vessels the hypertrophy and enlargement below the uterus

Chadwick's sign

- bluish color of the vagina, labia, and cervix that causes increased blood flow

## Ballottement

- increased fluid over the knee joint.

2. What is hCG? Why is it so important to watch during pregnancy?

hCG- Human Chorionic Gonadotropin

- Used to check the progression of the pregnancy

3. What causes supine hypotensive syndrome in a pregnant woman? How can we educate her to prevent this?

Pressure on the inferior vena cava when lying supine. Causes decrease venous return.

Prevent: lay 15 degrees to the left and lay something like towels to keep

4. In your own words, **BRIEFLY** summarize the expected changes a woman will see in each of the following:

- Uterus
  - The uterus enlarges
- Cervix
  - the cervix will be in a higher place above the
- Vagina
  - the vagina could have spotting, a thin white discharge and the vagina will be thicker and less sensitive
- Ovaries
  - ovaries, ectopic pregnancy or pregnant in the
- Breasts
  - the breast veins will be darker, breast will grow, be more tender and will be more sensitive and the nipples will protrude more
- Gastrointestinal system
  - increased hunger, decreased appetite, cravings, nausea and vomiting and aversion
- Cardiovascular system

- increases in cardiac output, arterial compliance, extracellular fluid volume, it also decreases blood pressure and total peripheral resistance.

h. Respiratory system

- Stuffy nose nunny, an increase in bloody noses as well

i. Renal/urinary system

- increased blood flow and GFR causing increase excretion and reduced blood levels of urea, creatinine, urate and bicarbonate

j. Musculoskeletal system

- changes in posture and weight

k. Integumentary system

- Stretch marks, pimples ans itchy stomach

l. Vascular related changes

- Changes in blood pressure

m. Endocrine system

. increase in progesterone and oestrogen

1. Thyroid

- a. high tsh and low levels of free T4 indicate hypothyroidism

2. Pituitary

- pituitary gland enlarges gradually

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3. Pancreas

- gallstones can lead to pancreatitis

4. Adrenal glands

- estrogen formed by placenta and cortisol is not increased

5. Prostaglandin secretion

- the prostaglandin secretion is to contract smooth muscles in uterus

6. Placental secretion

- releases several protein hormones also to release oestrogen to stimulate breast feeding

n. Immune system

- the immune cells flood the lining of the womb, this increase the immune system allow for the fetus to stay implanted and get fully established

5. Why are pregnant women often diagnosed with anemia?

- During pregnancy, your body produces more blood to support the growth of your baby. If you're not getting enough iron or certain other nutrients, your body might not be able to produce the amount of red blood cells it needs to make this additional blood. It's normal to have mild anemia when you are pregnant.
- <https://www.webmd.com/baby/guide/anemia-in-pregnancy#1>
- the body produces more blood and if not getting enough iron or other nutrients the body might not be able to produce enough red blood cells

6. What important roles do each of the following placental hormones play in pregnancy?

a. hCG

- maintains corpus luteum during early pregnancy and corpus luteum produces progesterone which ensures the lining of the uterus stay intact during pregnancy

b. hPL

- it modifies the metabolic state of the mom during pregnancy to help the energy supply of the fetus. hpl has anti-insulin properties

c. Relaxin

- it relaxes the ligaments in the pelvis and softens and widens the cervix

d. Progesterone

- helps to maintain pregnancy by supporting the lining of the uterus, which provides the environment for the fetus and the placenta to grow. it prevent the shedding of the lining

e. Estrogen

- stimulate growth of the myometrium and antagonize the myometrial-suppressing activity of progesterone
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7. Why are folic acid, iron and prenatal vitamins important for pregnant women?

- [At a minimum, prenatal vitamins should contain two things that mothers-to-be and growing babies especially need: folic acid and iron. ... Iron is included in prenatal vitamins because pregnant women are especially at risk for iron deficiency, or anemia. Anemia simply means lacking in blood.](#)
- <https://www.dignityhealth.org/articles/the-importance-of-prenatal-vitamins>

What are some good sources for folic acid and iron that you can educate pregnant women to consume?

- [Eat foods high in folic acid, such as dried beans, dark green leafy vegetables, wheat germ and orange juice. Eat foods high in vitamin C, such as citrus fruits and fresh, raw vegetables. Cooking with cast iron pots can add up to 80 percent more iron to your food.](#)
- <https://www.ucsfhealth.org/education/anemia-and-pregnancy>

8. After reading over the general guidelines on pg. 378 and the MyPlate guidelines on pg. 379, please write out a daily food plan in the table below:

<b>Breakfast</b>	<b>Morning Snack</b>	<b>Lunch</b>	<b>Afternoon Snack</b>	<b>Supper</b>	<b>Bedtime Snack</b>
<a href="#"><u>Two eggs, a slice of toast (whole grain, a glass of OJ and 8 oz glass of milk. 2 % of less</u></a>	<a href="#"><u>banana Raw carrots and hummus</u></a>	<a href="#"><u>Grilled chicken salad with tomatoes, cucumbers, and carrots. 1 large orange Finish 1 q of water With low fat cheese Rye toast</u></a>	<a href="#"><u>Apple Celery and peanut butter</u></a>	<a href="#"><u>Whole grain pasta Fish steamed mixed veggies Glass of milk 2% or less Have second quart finished 2 hrs before bed.</u></a>	<a href="#"><u>Yogurt (low fat) with granola sprinkled on top.</u></a>

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9. What would you tell a pregnant woman who asks you what she should avoid eating during her pregnancy?
- avoid saturated fats
  - full fat dairy products
  - No alcoholic beverages
  - Avoid hydrogenated or partially hydrogenated fats
  - avoid refined grains

What if she asks how much weight she should gain?

- depends on how much she weights
- If the woman is at normal weight 15 to 20 lbs
- If she is overweight or obese she could be told not to gain at all

10. What is pica?

- Eating soil

What often precedes the identification of pica?

- a sign of anemic

11. In your own words explain what each of the following mean in reference to a pregnant woman.

- Ambivalence
  - Your opinion on if you want a child at this time
- Introversion
  - Being uncomfortable with being open about pregnant and the changes in the

body. Plus, people touching your belly.

c. Acceptance

- You accept the pregnancy and ready to take on the challenge o

d. Mood swings

- The hormone changes makes you moody. Plus, you are very uncomfortable.

12. How can pregnancy change the mother's image of herself? Her sexuality? Her relationship with her partner?

- It's may be decreased because she gained weight and there are a lot of changes in the body.
- Some people love it
- She might feel that it will her the baby
- All of it depends on how supportive the partner is to answer most of the questions.

## **R, K, & C CH 12 ATI Ch 4,5, & 6**

1. Why is preconception care important?

- preconception care is important to help improve the mothers health and best outcome for the baby tp help prevention of diseases and management of risk factors that affect pregnancy

2. What types of information should be obtained at the first prenatal appointment?

- urine test, blood test, std tests, pap smear, blood sugar test, medical history medical and psychosocial problems, blood pressure height and weight

3. What are the thresholds for diagnosis of overt diabetes during pregnancy?

- FPG at least 7.0. hemoglobin A1C level of at least 6.5%

4. Calculate the following estimated due dates using Nagele's Rule:

a. Last menstrual period (LMP) 7/9/99

- 4/16/00

b. Last menstrual period (LMP) 12/24/96

● 10/1/97

5. State what words GTPAL stand for and what each means.

●

GTPAL is an acronym that stands for G- Gravida this is number of times a woman has conceived, including any current pregnancy

T- Term this is the number of times a woman has carried a pregnancy to at least 37 weeks gestation and delivered

P- Preterm this is the number of times a woman has delivered before 37 weeks gestation, but after 20 weeks gestation

A- Abortion this is the number of times a woman has lost a pregnancy, whether it was elective or spontaneous (miscarriage) before 20 weeks gestation

L- Living children. this term states living children, but what it really is referring to is live births

6. What is meant by the term para?

● Para or parity is defined as the number of births that a woman has had after 20 weeks gestation

7. What is linea nigra?

● linea nigra is dark line stretching from the top of the pubic hair to the belly button, sometimes extends to the breast

How does fundal height correlate with gestation?

● fundal height, when expressed in centimeters roughly corresponds to gestational age in weeks between 16 and 36 weeks for a vertex fetus

8. Fill in the following table:

<b>Test</b>	<b>When are these done in the pregnancy?</b>	<b>Evaluation/Meaning of Results</b>
CBC	<u>A CBC may be done To before pregnancy, if possible, at the beginning of pregnancy, and one or more times during pregnancy. The first baseline results can be compared to later values to look for changes that could indicate a health issue.</u> <a href="https://labtestsonline.org/">https://labtestsonline.org/</a>	<a href="https://labtestsonline.org/conditions/pregnancy-first-trimester-12-weeks">https://labtestsonline.org/conditions/pregnancy-first-trimester-12-weeks</a> To evaluate if there is a problem. To check and see if you are anemic.

	<u>conditions/pregnancy-first-trimester-12-weeks</u>	
Blood typing & Rh	<u>During the first trimester.</u>	<u>Red blood cells are needed to carry oxygen throughout the body. If you're Rh negative, you might need to have another blood test — an antibody screen — during your first trimester, during week 28 of pregnancy and at delivery. The antibody screen is used to detect antibodies to Rh positive blood. Mayo Clinic</u>
Rubella titer	<u>You should not get this done</u>	<u>You should wait one month after the titer to get pregnant.</u>
Hepatitis B	<u>The first visit.</u>	<u>To see IF the Hep B needs to be treated.</u>
HIV	<u>The first visit.</u>	<u>Need to see what precautions need to be taken</u>
STI screening	<u>The first visit</u>	<u>Need to be put on antibiotics</u>
Cervical smears (G/C and group B strep)	<u>First visit and third trimester</u>	<u>To verify the baby will be healthy.</u>

9. How often are follow up visits and what things are assessed?

- Once each month for weeks four through 28.
- every two weeks until 36 wk then 1 x a week

10. What danger signs are associated with the first trimester?

- Vaginal Bleeding.
- Excessive Nausea and Vomiting.
- High Fever.

- Vaginal Discharge and Itching.
- Pain or Burning During Urination.
- Leg or Calf Pain, or Swelling on One Side/ Severe Headache.
- Flare-Ups of Chronic Diseases.

<https://www.webmd.com/baby/features/pregnancy-first-trimester-warning-signs#1>

Second?

- vaginal pressure.
- low back pain.
- frequent urination.
- diarrhea.
- increased vaginal discharge.
- tightness in the lower abdomen.
- <https://www.healthline.com/health/pregnancy/second-trimester-complications>

Third?

- In the third trimester of the pregnancy, it is important to watch out for signs of preeclampsia. These include: headaches, with spots in your eyes, an acute onset of swelling, pain in your right upper quadrant, accompanied by nausea. Other signs would be signs of labor or premature labor if you are under 37 weeks
- <https://www.kidsinthehouse.com/pregnancy/complications/preterm-labor/third-trimester-warning-signs>

11. How is fetal well being assessed?

- The BPP is a composite test that collects 5 indicators of fetal well-being, including fetal heart rate reactivity, breathing movements, gross body movements, muscular tone, and quantitative estimation of amniotic fluid volume.
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3684248/>

12. Discuss the following amniotic fluid findings and their implications to the fetus.

a. Color

- Amniotic fluid is usually clear to pale yellow in color. It should be odorless, or slightly sweet in odor—although some say it has a bleach-like smell. The amount of fluid increases throughout pregnancy until about 34 weeks, when it begins to decrease slightly.

b. Bilirubin

- The liquid that surrounds the baby inside your womb is called amniotic fluid. Healthcare providers check the fluid for a pigment called bilirubin to see whether your baby has a blood type that is incompatible with yours. When

this happens, it may cause the baby to develop severe anemia or other problems.

c. Meconium

- What is meconium aspiration syndrome? Meconium is ... Your baby may then breathe the meconium and amniotic fluid mixture into their lungs shortly before, during, or right after birth. This is ... Your baby may also exhibit the following symptoms: a bluish ... There are a few methods commonly used to confirm the diagnosis
- <https://www.healthline.com/health/meconium-aspiration-syndrome>

d. Lecithin to sphingomyelin ratio (L/S ratio)

- Lecithin-Sphingomyelin Ratio (Amniotic Fluid). Does this test have other names? L/S ratio. What is this test? This test ... In a normal pregnancy, the amount of lecithin in the amniotic fluid continues to rise. ... At that point, his or her lungs will be immature. ... The results of this test are given as a ratio of lecithin to sphingomyelin.
- [https://www.urmc.rochester.edu/encyclopedia/content.aspx?contentTypeid=167&contentid=ls\\_ratio](https://www.urmc.rochester.edu/encyclopedia/content.aspx?contentTypeid=167&contentid=ls_ratio)

e. Alpha-fetoprotein

- AFP levels in serum, amniotic fluid, and urine functions as a screening test for ... Maternal serum AFP forms part of the triple or quadruple screening tests for fetal anomaly. ... information regarding possible outcomes and implications of the test. ... There is a risk of obstetric mishap following amniocentesis;
- <https://www.ncbi.nlm.nih.gov/books/NBK430750/>

f. Bacteria

- Contrary to expectations, the bacterial microbiota of amniotic fluid was ... have significant prognostic and therapeutic implications, there is intense ... if microbial interactions occur within the fetal environment and, if so, how ... Discussion ... viewed as sterile, recent molecular findings of bacterial DNA
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5946436/>

g. Acetylcholinesterase

- Raised specific acetylcholinesterase (AChE) activity in amniotic fluid was consistently found to be associated with fetal intrauterine death and neural tube defects, but in just under half of the samples from pregnancies with spina bifida, the increase was marginal.
- <https://www.ncbi.nlm.nih.gov/pubmed/7397083>

13. Describe the procedure and expected results for a non stress test and biophysical profile (BPP).

- A fetal biophysical profile is a prenatal test used to check on a baby's

well-being. The test combines fetal heart rate monitoring (nonstress test) and fetal ultrasound to evaluate a baby's heart rate, breathing, movements, muscle tone and amniotic fluid level. The nonstress test and ultrasound measurements are then each given a score based on whether certain criteria are met.

- <https://www.mayoclinic.org/tests-procedures/biophysical-profile/about/pac-20393061>

14. Choose one of the ten discomforts of pregnancy listed on pg. 420. Write out a teaching plan that you could use for a mother who is experiencing this discomfort. (While you are only choosing one to write about you will be responsible for knowing education for each of the discomforts.)

- Fatigue is a normal side effect in pregnancy. You will need to get a full nights sleep without interruption. Continue to eat a healthy well balanced diet. Schedule a nap in the early afternoon. IF you are tired you will need to rest.

15. What are the common discomforts experienced in the third trimester?

- In the third trimester, abdominal pain can reappear as the uterus begins to crowd the organs. Some women experience heartburn or a sensation that the skin of the stomach is stretching. Having stomach pain in the third trimester may indicate a more serious problem if it: occurs with other symptoms, such as itching.

How can you as the nurse educate women to successfully handle these discomforts?

- Tums can help with the heartburn
- SOB- The client can put blocks at the HOB
- Edema- Elevate your feet and wear supportive hose if standing a long time ; low sodium; Drink enough water

16. Should pregnant women receive vaccines, if so, which ones & why?

- Flu (influenza) shot. The flu shot is recommended for women who are pregnant during flu season — typically November through March. ...
- Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine.
- MayoClinic

Do not spend time on looking at the information on drug classifications, we will discuss this in class.

17. Briefly explain in your own words the value of prenatal/childbirth education classes.

- Going to prenatal classes gives you a chance to bond and connect with the person helping with labor.

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