

N432 Focus Sheet 1
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 - is a rounded mound of fatty tissue that covers the pubic bone. The **mons pubis** contains oil-secreting (sebaceous) glands that release substances that are involved in sexual attraction (pheromones).
- b. Labia majora - (large lips) - large fleshy lips that contain sweat and sebaceous glands
- c. Labia minora - (small lips) - delicate hairless inner folds of skin that lie inside the labia majora and surround the opening to the vagina/urethra.
- d. Clitoris - a small, cylindrical mass of erectile tissue and nerves. It is highly sensitive and analogous the head of the penis
- e. Perineum - most posterior part of the external female reproductive organs - located between the vulva and the anus

2. Provide a brief description of the internal reproductive organs.

- a. Ovaries - a set of paired glands resembling unshelled almonds that are the organs of gamete production in the female. Also the site of female hormone production
- b. Fallopian tube - oviducts - hollow structures that facilitate the transportation of the egg from the ovary into the uterus
- c. Uterus - pear-shaped reproductive organ that sits on top of the vagina that is the site of menstruation, receiving a fertilized ovum, development of the fetus during pregnancy, and contracting to help the expulsion of the fetus and placenta.
- d. Fundus of uterus - the convex portion of the uterus above the uterine tubes
- e. Cervix - lower part of the uterus that is sometimes called the neck of the uterus.
- f. Vagina - highly distensible canal situated in front of the rectum and behind the bladder.

3. Menstrual Cycle hormones

Hormone	Purpose
Estrogen	Secreted by the ovaries and is crucial for the development and maturation of the follicle. Estrogen is predominant at the end of the proliferative phase, directly preceding ovulation
Progesterone	Secreted by the corpus luteum. Levels are increased just before ovulation and peak 5 - 7 days after ovulation. Progesterone induces swelling and increased secretion of the endometrium.

	Often called the hormone of pregnancy because of its calming effects on the uterus, allowing pregnancy to be maintained
Prostaglandins	Primary mediators of the body's inflammatory process and are essential for the normal physiologic function of the female reproductive systems. Prostaglandins increase during follicular maturation and play a key role in ovulation by freeing the ovum inside the graafian follicle.

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?

- a. Defined as the inability to conceive a child after 1 year of regular sexual intercourse unprotected by contraception.
- b. Teaching: it is important to educate the patient on all the treatment options for infertility such as weight loss, smoking cessation, IVF, or drugs. It is also important to discuss the relationship tension that may arise between partners.

2. What is IVF?

Oocytes are fertilized in the lab and transferred to the uterus. Usually indicated for tubal obstruction, endometriosis, pelvic adhesions, and low sperm counts.

4. Birth Control options

Type	action	Side effect	Pro/con	Contraindications	Important Patient Teaching
Coitus interruptus	Man withdraws before ejaculation	High failure rate	Involves no devices/ requires self-control by man	None	The first few drops of ejaculate contain the greatest concentration of sperm. May want to use emergency contraceptives
Lactational amenorrhea method	Use lactation infertility for protection from pregnancy	None	No cost/ only effective for 6 months after birth	None	Mother must breast-feed infant on demand without supplementation for 6 months
Condom	Protective barrier that prevents sperm from	None	Widely available, decreased sensation	Latex allergy	Couple should be taught how to use one properly

	entering the vagina		for male		
Diaphragm	Shallow latex cup with spring mechanism to hold it in the vagina	May have more UTIs, TSS risk	Does not use hormones, increases risk of UTI	Latex allergy	Pt should be taught how to insert and remove correctly

Oral contraceptives (combination & progestin only)	A pill that suppresses ovulation by hormones (estrogen & progestin)	Irregular bleeding, weight gain, mood changes, high blood pressure, blood clots	Highly effective, must be taken with meticulous accuracy	Pregnancy, smoking	Teach pt to take the same time every day for highest success rate
Natural Family Planning (Fertility Awareness-based methods)	Refrain from sex during fertile period	None	No side effects, high failure rate	None	Teach patient how to accurately track fertile periods
Intrauterine devices	A T-shaped device that is placed in uterus that releases copper or hormones	Cramps, bleeding, PID, infertility	Immediate and highly effective, may cause menstrual irregularities	None	Instruct woman how to inspect for correct placement
Methoxyprogesterone					
Subdermal implant	Time release implant of levonorgestrel for 3 years	Possible heavy bleeding, weight gain	Long duration of action, irregular bleeding	None	Instruct patient on efficacy and duration

5. What does PAINS stand for? - PAINS is an acronym for the warning signs for intrauterine system users of potential complications.

Period late, pregnancy, abnormal spotting or bleeding
Abdominal pain, pain with intercourse

Infection exposure, abdominal vaginal discharge
Not feeling well, fever, chills

String length shorter/longer/missing

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

Tubal ligation - the sterilization procedure for women, can be performed postpartum, after an abortion, or as an interval procedure unrelated to pregnancy. Involves the abdomen being filled with gas and the fallopian tubes are cauterized or cut and tied off.

Essure -a tiny coil is inserted is introduced and released into the fallopian tubes through the cervix. The coil promotes tubal ligation through tissue growth

Vasectomy -male sterilization. A small incision is made in the scrotum and the vas deferens are cut and cauterized.

7. Discuss the differences between surgical and medical abortion.

Surgical abortion– involves an ambulatory procedure of either vacuum aspiration or dilation and evacuation (D&C)

Medical abortion – abortion that is achieved through administration of medication either vaginally or orally.

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?** stands for *Toxoplasma gondii*, other viruses (HIV, measles, and so on), rubella (German measles), cytomegalovirus, and herpes simplex.
- 2. What is the treatment for Chlamydia?**
Azithromycin, doxycycline, erythromycin, or levofloxacin. It is recommended to have sexual partners evaluated and tested, abstinence from sexual activity, and retest in 3 months.
- 3. What is the treatment for Gonorrhea?**
Dual therapy with ceftriaxone and azithromycin. It is recommended to have sexual partners evaluated and tested, abstinence from sexual activity, and retest in 3 months.
- 4. Which pregnant women should be screened for Syphilis?** Those who are still sexually active.

When should they be screened?

It should be done at the pre-natal visit as well as at 28 weeks.

What are the names of the tests used for screening?

There are two serological tests: nontreponemal tests (Venereal Disease Research Lab [VDRL] and rapid plasma regain [RPR]) and treponemal tests (fluorescent treponemal antibody absorbed [FTA-ABS] and *T. pallidum* particle agglutination [TP-PA])

- 5. Why are pregnant women at higher risk for Candidiasis infection?**
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
- 6. If a pregnant woman is diagnosed with an HIV infection, what treatment would you anticipate for the mother and the infant?**
ART is given to the mother and baby during pregnancy
- 7. Why are genital herpes a problem for a pregnant woman? What is the treatment?** Contamination of the fetus can occur during birth.

Newborn may develop skin or mouth sores, mental retardation, premature birth, low birth weight, blindness, or sudden death.

Antivirals are used to treat the first episode, recurrence, and suppression (acyclovir, Valacyclovir, and Famciclovir).

8. Discuss each of the following for cytomegalovirus:

Pathophysiology	Human cytomegalovirus is a virus that is spread through body fluids, so it can be spread from mother to child.
Nursing Assessment	Assess for hepatomegaly, thrombocytopenia, IUGR, jaundice, microcephaly, hearing loss, chorioretinitis, and intellectual disability. Assess infant for petechial rash, microcephaly, and jaundice. Assess for history of STIs, prostitution, and amount of sex partners.
Testing	CMV testing detects antibodies in the blood that the body produces in response to the infection or detects CMV directly.
Management	Antiviral drugs such as intravenous ganciclovir. Management of symptoms and comfort and constant assessment of mother and child.
Patient education needs	Teach pregnant women to wash hands frequently, do not share food or drink, do not share towels or washcloths, do not put a child's pacifier in your mouth, clean your child's environment (toys, surfaces) and practice safe sex.

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

Pathophysiology	Bacteria found in 50% of healthy adults. GBS bacteria colonizes the genital tract and can pose a threat to newborns.
Nursing Assessment	Review woman's prenatal history and ask about previous infection. Determine if the woman's membranes have ruptured and monitor mother's vital signs for fever.
Testing	A swab of both the vagina and the rectum is taken to a lab where a culture is analyzed for any presence of GBS.
Management	Be prepared to administer intravenous antibiotics to all women who are GBS positive. Screen at 35-37 weeks
Patient education needs	Ensure that pregnant women are screened between 35-37 weeks. Teach safe sex practices.

10. Discuss each of the following for Hepatitis B: p198

Pathophysiology	Virus that infects the liver and is transmitted through saliva, blood serum, semen, menstrual blood, and vaginal secretions.
Nursing	Assess for clinical manifestations - flu like symptoms with malaise,

Assessment	skin rashes, fatigue, anorexia, nausea, fever, and RUQ pain. The presence of IgM antibodies to HBV and is the only
Testing	Hepatitis B is detected by a blood test that looks for antibodies and proteins produced by the virus and is positively diagnosed by the presence of HBsAb
Management	Encourage patient to be screened when they have their annual pap smear and undergo screening at their first prenatal visit.
Patient education needs	Explain that hep B vaccine is given to all infants between 12 and 23 months.

R,K,& C Ch 10

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

Preembryonic: fertilization through the second week
Embryonic: end of the second week through the eighth week
Fetal stage: end of the eighth week until birth

- 2. List 5 functions of the placenta. See RKC Chapter 10 pp342-3**
Hormone production: **hCG**- preserve the corpus luteum | **hPL**(human placental lactogen) - modulates fetal and maternal metabolism| **estrogen**- causes enlargement of women's breast, uterus, and genitalia | **progesterone** - maintains the endometrium and stimulates maternal metabolism and breast development | **relaxin**- helps maintain pregnancy and relaxes the pelvic ligaments

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

1. What are:

Braxton hicks' contractions- contractions of the uterus that usually occurs during the third trimester **Hegars sign**- softening of the lower uterine segment or isthmus
Goodells sign- softening of the cervix
Chadwick's sign- bluish-purple coloration of the vaginal mucosa and cervix
Ballottement- when the examiner pushes against the woman's cervix during a pelvic examination and feels a rebound from the floating fetus

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

Responsible for maintaining the maternal corpus luteum, which secretes progesterone and estrogens, with synthesis occurring before implantation
Basis for early pregnancy tests because it appears in the maternal bloodstream

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

When a woman lies supine during pregnancy, the fetus may compress the vena cava, which reduces venous return and decreases cardiac output and blood pressure, with increasing orthostatic stress. This can be reduced by having the woman sleep in the side lying position.

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

Uterus- Estrogen will stimulate uterine growth (goes from 70g to about 1,100g at birth). Growth occurs by both hypertrophy and hyperplasia. Uterine contractility increases.

Cervix- by 6-8 weeks the cervix begins to soften due to vasocongestion and estrogen. Endocervical glands increase. The color changes to have a bluish-purple discoloration.

Vagina- vascularity increases, which results in pelvic congestion and hypertrophy of the vagina. Vaginal mucosa thickens, vaginal secretions become more acidic and whiter colored.

Ovaries- increased blood supply causes them to increase up until the 12 -14 week. Ovulation stops during pregnancy (high levels of estrogen and progesterone).

Breasts- increase in fullness and become tender. They become highly vascular and veins can be seen. Nipples become larger, darker, and more erect. The tubercles of Montgomery become more prominent. Rapid growth may cause stretch marks. Creamy yellowish colostrum can develop in 3rdtrimester.

Gastrointestinal system- gums become hyperemic, swollen, and friable. Saliva is more acidic. Decreased peristalsis and hemorrhoids may be formed. More water is reabsorbed. Morning sickness occurs

Cardiovascular system- 25% increase in HR. CO increases 30% - 50%. Increased blood volume and plasma volume (anemia).

Respiratory system- changes in thoracic space causes hyperventilation and hypercapnia. Breathing is faster and deeper.

Renal/urinary system- Kidney function increases (GFR, increased vascularity) which causes more frequent urination. Kidneys enlarge during pregnancy, ureters elongate.

Musculoskeletal system- changes in posture and gait occur (swayback). Sacroiliac and pubis symphysis ligaments soften to make way for baby.

Integumentary system- Hyperpigmentation occurs during pregnancy. The skin in the middle of the abdomen may develop a line down the center called linea nigra. Striae gravidarum appear on the abdomen, breasts, and butt.

Vascular related changes- varicosities of the legs, vulva and perineum appear. Small spider veins may appear.

Endocrine system-

Thyroid- enlarges slightly and becomes more active because of increased vascularity and hyperplasia. This causes increased thyroid hormone

Pituitary- pituitary gland enlarges during pregnancy. FSH and LH are inhibited during the first trimester. GH (growth hormone) decreases, prolactin increases 10-fold, and MSH (melanocyte-stimulating hormone) increases.

Pancreas- the mother needs to meet the glucose demand for the child, so more insulin is secreted during pregnancy.

Adrenal glands- marked increase in cortisol secretion. Aldosterone is also increased during pregnancy. **Prostaglandin secretion**- prostaglandins are chemical mediators (like local hormones), and increases during pregnancy to soften the cervix and facilitates contractions.

Placental secretion- the placenta secretes hCG (human chorionic gonadotropin), hCS (human chorionic somatomammotropin), relaxin, progesterone, and estrogen.

Immune system- a general enhancement of innate immunity and suppression of adaptive immunity takes place during pregnancy. This helps the mother's immune system from attacking the fetus

6. Why are pregnant women often diagnosed with anemia?

Due to the increased blood plasma volume, the amount of red blood cells per volume is more diluted.

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

hCG- maintains corpus luteum, which secretes progesterone and estrogen. Produces fetal trophoblast cells until the placenta develops.

hPL- prepares mammary glands for lactation and helps make glucose available for fetal growth **Relaxin**- acts synergistically with progesterone to maintain pregnancy. Increases flexibility of

the pubic symphysis, permitting the pelvis to expand during pregnancy. Helps with dilation of the cervix

Progesterone- supports endometrium during pregnancy to provide an environment conducive to fetal survival. Initially causes thickening of the uterine lining in anticipation of implantation of the fertilized ovum.

Estrogen- promotes enlargement of the genitals, uterus, and breasts. Relaxation of pelvic ligaments and joints. Associated with hyperpigmentation and vascular changes. Aids in development of the ductal system of the breasts.

8. Why are folic acid, iron and prenatal vitamins important for pregnant women?

Folic acid and iron are needed at a higher amount during pregnancy to help form new blood cells for the growing fetus.

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

Greens, asparagus, broccoli, citrus, beans, peas, meats, and lentils.

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

Breakfast	snack	Lunch	snack	Supper	snack
Banana, yogurt, and granola. With a side of fresh fruit	Apple with peanut butter	Salad with grilled chicken and veggies	Granola bar	Salmon, rice, and asparagus	Oatmeal raisin cookies
Omelet with spinach, low fat bacon, and other veggies	Strawberries	Egg salad sandwich with a side of fat free chips and celery	Hummus with veggies/pita chips	White chicken chili with lentils and a side of celery	Handful of assorted nuts
Oatmeal with cranberries with a side of orange juice	Dark chocolate covered almonds	Tossed chef salad with turkey and carrots	Tuna salad with crackers	Grouper, rice and broccoli	Tortilla chips with homemade guacamole
Scrambled eggs with a side of turkey sausage and half an apple	Yogurt with nuts and fruit	Tomato soup with avocado and fresh fruit	Banana with peanut butter	Fish tacos with a side of rice and black beans	Cheese and nut plate
Whole grain pancakes with	Fruit smoothie	Carrot-ginger soup with a	Trail mix	Lean steak with a side of	Ants on a log

a side of fresh strawberries		side of garlic bread		broccoli and sweat potatoes	
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10. What would you tell a pregnant woman who asks you what she should avoid eating during her pregnancy? What if she asks how much weight she should gain?

Artificial sweeteners should be taken in moderation, avoid consumption of fish with high mercury levels (shark, swordfish, king mackerel, orange roughy), avoid hotdogs, do not eat soft cheeses such as feta, Brie, avoid meat spreads, do not drink raw milk, or store made salads. The amount of weight gained is not as important as the food which is consumed. She can expect to gain around 30 pounds through pregnancy.

11. What is pica? What often precedes the identification of pica?

Pica is a term used to describe the intense craving and eating of non-food items. Clinical manifestations of anemia often precede the identification of pica.

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

Ambivalence- the pregnant mom may feel proud and excited and also fearful and anxious of the implications

Introversion- the woman may participate less with the outside world and focus on herself and her fetus

Acceptance- many pregnant women will verbalize positive feelings about the pregnancy and will conceptualize the fetus. The woman will accept her new body image and talk about the new life within

Moodswings- one moment a woman can feel great joy, and within a short period of time can feel shock and disbelief.

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

Some women will feel as if they have never been more beautiful, whereas others spend their pregnancy feeling overweight and uncomfortable. The sexual desire of the woman may change throughout the pregnancy. During the first trimester the woman may be less interested in sex because of fatigue or nausea. During the second trimester, the interest may increase because of the stability of pregnancy. During the third trimester, her enlarging size may produce discomfort during sexual activity. Unspoken anxieties may cause emotional separation, but the partners may often grow during this period.

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

1. Why is preconception care important?

Several interventions have been shown to effectively improve pregnancy outcome when provided as preconception care that can improve the likelihood of conception and improve fetal health.

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

The assessment process begins at the initial prenatal visit. Fasting plasma glucose, HbA1c, weight status, and family history should all be gathered.

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

Fasting plasma glucose: 126 mg/dL

HbA1c: at least 6.5%

Random plasma glucose: 200 mg/dL

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 mean. - used to gather obstetric history
Gravida - the current pregnancy to be included in count

Term births - the number of term gestations delivering between 38 - 42 weeks

Preterm births - the number of preterm pregnancies ending >20 weeks or viability but before completion of 37 weeks.

Abortions - the number of pregnancies ending before 20 weeks or viability **Living** - the number of children currently living

6. So what is meant by the term para?

The number of times a woman has given birth to a fetus of at least 20 gestational weeks, counting multiple births as one birth event.

7. What is linea nigra? How does fundal height correlate with gestation?

A thin brownish black pigmented line running from the umbilicus to the symphysis pubis, depending on the duration of the pregnancy. The height of the fundus is measured when the uterus arises out of the pelvis to measure fetal growth. At 12 weeks' gestation the fundus can be palpated at the symphysis pubis. At 16 weeks' gestation the fundus is midway between the symphysis and the umbilicus. At 20 weeks the fundus can be palpated at the umbilicus. At 36 weeks the fundus is just below the xiphoid process.

8. Fill in the following table:

Test	are these done in the pregnancy?	tion/meaning of results
	beginning of pregnancy, then three more times during each trimester.	tests hemoglobin and hematocrit levels and RBC. Used to help detect presence of anemia or looks at WBC for infection and platelets for clotting
Typing & Rh	at 28 weeks gestation and 72 hours after birth	to rule out any blood incompatibilities early to prevent issues
Measles titer	important to do in the first 12 weeks (first trimester)	to detect German measles, so the mother can get vaccinated after birth
Anti B	tested at the first prenatal	to determine if the mother has

	visit and again after birth.	hepatitis B
	ted at the first prenatal visit.	s HIV antibodies and if positive requires more specific counseling and antiretroviral treatment

Screening	usually take place during the first prenatal visit.	to detect STIs so treatment can be given early to reduce transmission to the fetus
al smears (G/C and group B strep)	between 37 - 40 weeks.	to detect cervical cancer, gonorrhea, chlamydia or group B strep.

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

The client's blood pressure, weight, urine (for protein and glucose), fundal height, and fetal heart rate are assessed at every visit. Once a month for the first half, once every two weeks for weeks 28 - 36, and once a week for weeks 36 - 40.

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

Spotting or bleeding (miscarriage), painful urination, severe persistent vomiting, fever (>100), and lower abdominal pain with dizziness with shoulder pain.

Second?

Regular uterine contractions, pain in calf, often increased with foot flexion; sudden gush or leakage of fluid from vagina; and absence of fetal movement for more than 12 hours.

Third?

Sudden weight gain; periorbital or fecal edema, severe upper abdominal pain, or headache with visual changes, and a decreased in fetal movement for more than 24 hours.

11. How is fetal well-being assessed?

Ultrasound to take an image of the fetus; doppler flow studies to monitor fetal growth, placental function, central venous pressure, and cardiac function; alpha-fetoprotein analysis to detect neural tube defects; and marker screening tests to identify fetal risk for aneuploidy (down syndrome).

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

- a. **Color**- normally clear with white flecks of vernix caseosa in a mature fetus. If abnormal "port wine" fluid may indicate abruptio placentae and fetal blood may indicate damage to the placenta or fetus.
- b. **Bilirubin**- should be absent at term. High levels indicate hemolytic disease of the neonate in isoimmunized pregnancy.

- c. **Meconium**- absent except in breech. Presence indicates fetal hypotension or distress.
- d. **Lecithin to sphingomyelin ratio (L/S ration)**- more than 2 indicates fetal pulmonary maturity. Less than 2 indicates pulmonary immaturity and subsequent respiratory distress syndrome.

- e. **Alpha-fetoprotein**- variable depending on gestation age, highest concentration occurs at 13-14 weeks. Inappropriate increases indicates neural tube defects or contaminated fetal blood.
- f. **Bacteria**- should be absent. Presence indicates chorioamnionitis.
- g. **Acetylcholinesterase**- should be absent. Presence indicates neural tube defects, exophthalmos, or other serious malformations.

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

Nonstress test:the most common method of prenatal testing used in practice. It gives an indirect measurement of uteroplacental function. It uses the fact that the normal fetus produces characteristic fetal heart rate patterns in response to fetal movements. Quick and noninvasive.

Biophysical Profile:uses real-time ultrasound to allow assessment of various parameters of fetal well-being. Includes ultrasound monitoring of fetal movements, fetal tone, and fetal breathing and ultrasound assessment of amniotic fluid volume with or without assessment of the fetal heartrate.

14. Choose one of the ten discomforts of pregnancy listed on p 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:attempt to get a full night's sleep, without interruptions. Eat a healthy balanced diet.

Schedule a nap in the early afternoon daily. When you are feeling tired, rest.

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

Shortness of breath and dyspnea, heartburn, dependent edema, and Braxton Hicks contraction.

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

SOB:instruct that it is normal and to change body position to allow for maximum expansion of the chest and to avoid large meals.

Heartburn:instruct patient to avoid gas-producing or fatty foods and large meals. Pay attention to timing and discomfort to know what foods to avoid. Maintain proper posture after meals to prevent reflux.

Edema:elevate legs and feet throughout the day, wear support hose, change position frequently, walk at a sensible pace, get up and walk every 2 hours.

BraxtonHicks:inform patient that these are normal and explain the difference between these and normal contractions. Advise client to stay well

hydrated and to rest in a left-side-lying position to help relieve discomfort and teach patient breathing techniques.

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

Theoretically, women should not get vaccinated during pregnancy, however, no evidence exists of risk from vaccinating pregnant women with inactivated virus or bacterial vaccines or toxoids. Women should receive hepatitis B, influenza, Tdap, meningococcal, and rabies.

These can be given because they are not live.

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

18. Briefly explain in your own words the value of prenatal/childbirth education classes. These classes are used to educate the parental team about pregnancy, birth, and parenting. Most support natural methods of childbirth and also teach various comfort methods such as breathing techniques. These are very useful for parents who do not have strong support systems in place.