

N305 Focus Sheet 1-Spring 2019

Ricci, Kyle & Carman Ch (3) 4,5, 10, 11, & 12

ATI Ch 1-6 & 8

Twila Douglas

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 mons pubis is fatty tissue lying over the joint of the pubic bones and is rounded.
 - b. Labia majora - The larger outer folds of the vulva.
 - c. Labia minora - Smaller inner folds that are inside of the labia major and surrounds the opening to the vagina urethra.
 - d. Clitoris- Highly sensitive erectile part of the female genitals at the anterior end of the vulva.
 - e. Perineum - The area located between the anus and the scrotum or vulva.

2. Provide a brief description of the internal reproductive organs.
 - a. Ovary- The set of glands that are the organs of gamete production in female and produce ova or eggs. Area where female hormone productions occurs
 - b. Fallopian tube - Two muscular tubes that are lined with fine hair like structures. The hair assist the egg by helping it to travel from the ovaries down to the womb and helps the sperm to travel up from the womb.
 - c. Uterus- Located in the female pelvis between the rectum and bladder. After the egg has left the ovaries it can be fertilized and implant itself inside the lining of the uterus. This is the site of menstruation, development of the fetus and expulsion of the placenta and fetus.
 - d. Fundus of uterus - Usually measured in pregnancy to determine growth rates and is measured from the top of the pubic bone.
 - e. Cervix- Located in the lower end of the uterus and is usually very narrow. Allows flow of menstrual blood into the vagina from the uterus and directs sperm into the uterus during intercourse.

3. Menstrual Cycle hormones

Hormone	Purpose
Estrogen	Necessary for the development and maturation of the follicle. Promotes the maintenance and development characteristics of the body. Can be used in oral contraceptive and to treat menopausal and menstrual disorders.
Progesterone	Mainly produced in the ovaries following ovulation each month. After ovulations progesterone helps thicken the lining of the uterus to prepare for a fertilized egg. Secreted by the corpus luteum. Levels will be increased before ovulation and peak 5-7 days after ovulation.
Prostaglandins	Assists in regulation the reproductive system and can start labor and control ovulation. The body's inflammatory process and necessary for normal physiological functions in the female reproductive system.

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?

-Infertility is not being able to become pregnant after a year of trying. Women who get pregnant but keep having miscarriages or still births is also called infertility.

- It important to educate on what infertility is and the causes infertility. Also educate on other ways to become pregnant. It's important to evaluate life styles choices that can lead to infertility.

2. What is IVF? In vitro fertilization helps with fertilization, embryo development and implantation to help get pregnant. Helps sperm to fertilize and egg and helps the egg implant in uterus.

4. Birth Control options

Type	action	Side effect	Pro/con	Contraindicati ons	Important Patient
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					Teaching
Coitus interruptus	Withdrawal of penis from vagina prior to ejaculation	Usually unsuccessful	1.It doesn't require other equipment 2. High fail rate	None	This is not a way to prevent pregnancy due to ejaculation can still enter.
Lactational amenorrhea method	Use lactation infertility for protection from pregnancy	No	Free Usually only effective for 6 months after birth	None	The mother will need to breast feed on demand and not use supplementation for six months
Condom	Barrier to prevent STDs and pregnancy	None	1.Can purchase anywhere 2. Allergies to the latex	Latex allergy	Proper application should be taught to ensure effectiveness of condom
Diaphragm	A barrier method that fits inside the vagina.	UTI TSS risk	1.Have to use spermicide 2. Can stay in for a few hours after sex	Latex allergy	Correct way to insert and remove the diaphragm should be taught
Oral contraceptives (combination & progestin only)	Suppresses ovulation by hormones.	Can cause weight gain, mood changes, high blood pressure,	Effective if taken correctly Can cause hormonal imbalances	Pregnancy, smoking and history of blood clots	Take medication same time everyday and use alternative contraceptive if receiving

		and blood clots.			antibiotic treatment.
Natural Family Planning (Fertility Awareness-based methods)	No sex during fertile days	None	No side effect Unsuccessful rate is high	None	Teach woman how to teach her cycle.
Intrauterine devices	Inserted in the uterus and is T shaped	PID, bleeding and infertility	Highly effective May cause additional bleeding	None	Teach patient how to check strings to ensure placement
Methoxyprogesterone	Hormone replacement therapy	Nausea, bloating, headache, breast tenderness, change in vaginal discharge and mood swings	Can affect some lab test Can help during menopause.	Seizure medications	Don't change the dose of your medication without consulting with physician.
Subdermal implant	Time released and can last for 3 years	Weight gain and heavy bleeding	Last for 3 years Weight gain and irregular bleeding	None	Teach patient about monitoring implant

5. What does PAINS stand for? Warning signs for intrauterine system users of potential complications.

Period late, pregnancy,

abnormal spotting or bleeding

Infection exposure abdominal vaginal discharge

Not feeling well, fever, chills

String length shorter, longer or missing

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

Vasectomy- An incision is made in the scrotum and cut and cauterized the vas deferens.

Essure- A permanent birth control that places a small metal and fiber coils in the fallopian tubes. This creates scar tissue which prevents sperm from reaching an egg.

Tubal ligation - Permanent type of sterilization that cuts, ties or block to permanently prevent pregnancy. Prevents the egg from traveling from the ovaries through the fallopian tubes and blocks and sperm from traveling up the fallopian tubes to the egg.

7. Discuss the differences between surgical and medical abortion.

Surgical abortions involves the cervix being opened wide enough to allow the surgical instruments into uterus and results in removal of pregnancy .

Medical abortions uses medications that will end a pregnancy. Medical abortions should be done during the first trimester to ensure effective and safe. This procedure does not require anesthesia or surgeries and can occur at home or at a medical office.

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?

Toxoplasma gondii, other viruses (HIV, measles and so on), rubella (German measles), cytomegalovirus and herpes simplex.

2. What is the treatment for Chlamydia?

Doxycycline, azithromycin, levofloxacin and erythromycin.

3. What is the treatment for Gonorrhea?

The treatment includes levofloxacin, azithromycin, doxycycline and erythromycin. Should be retested about 3 months after treatment.

4. Which pregnant women should be screened for Syphilis?

Any woman that is sexually active.

When should they be screened?

This screening should occur at the prenatal visit and 28 week visit.

What are the names of the tests used for screening?

RPR, nontreponemal tests, treponema tests, T.pallidum particle agglutination

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

The increase less of estrogen disrupts the normal pH of the vagina which can lead to the overgrowth of yeast. During pregnancy changes in hormones can cause candidiasis infection.

6. Which pregnant women should be screened for Syphilis?

ALL

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

The mother and baby will start ART treatment during the pregnancy.

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

Its a problem because it can affect the fetus during birth. They can cause the baby to have complications. Antivirals are used and acyclovir, famciclovir and valacyclovir will be used as a preventative.

9. Discuss each of the following for cytomegalovirus:

Pathophysiology	A virus that can be spread through bodily fluids and passed on from mother to child.
Nursing Assessment	Assess for hearing loss, thrombocytopenia, jaundice, hepatomegaly and microcephaly. Assess skin for petechia rash

	and ask about history of sexual partner and STDS.
Testing	The test used for cytomegalovirus detects the antibodies in the blood that are being produced in response to infections. It is called CMV
Management	It's essential to continue to monitor mother and child. Symptom management is important and antiviral drugs will be administered.
Patient education needs	Hand washing is very important and should be done often. DO not share drinks or food, washcloth or kiss anyone.

10.

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

Pathophysiology	A common bacteria that is found in health adults.
Nursing Assessment	Monitor vital signs and assess for rupture membranes.
Testing	A culture is done on the vagina and rectum.
Management	IV antibiotics to women who are GBS positive
Patient education needs	Pregnant women should be screen 35-37 weeks. Encourage safe sex.

11.

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

Pathophysiology	Serious liver infection that can be transmitted through saliva, semen, blood serum, menstrual blood and vaginal secretions.
Nursing Assessment	Check for flu like symptoms, fatigue, anorexia, rashes, RUQ pain and fever.
Testing	Tested by blood to show antibodies and proteins that are produced by the virus
Management	Screening should be done to test for virus.
Patient education	Provide information about the hep B vaccine.

needs	
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12.

R,K,& C Ch 10

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

Preembryonic Fertilization to second week

Embryonic- end of second week to the eight week

Fetal stage - end of the eight week until birth

List 5 functions of the placenta. See RKC Chapter 10 pp342-3

1. Provides oxygen and nutrients to fetus.
2. Removes carbon dioxide and other waste products
3. Metabolites a number of substances
4. Can releaes metabolic products into maternal and or fetal circulation
5. Hormone production

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

1. What are:

Braxton hicks contractions- Contractions occurring in the uterus and usually occurs during the third trimester.

Hegars sign- When softening of the lower uterine segment or isthmus occurs.

Goodells sign- Indication of pregnancy and a significant softening of the vaginal portion of the cervix from increased vascularization. Occurs at approximately four weeks.

Chadwicks sign- Usually can occur as early as 6 to 8 weeks after conception and is considered an early sign of pregnancy . A bluish discoloration of the cervix, labia and vagina due to increased blood flow.

Ballotment- AN examiner will push against the woman's cervix during a pelvic examination and feels a rebound from floating fetus.

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

HCG is human chorionic gonadotropin and is a hormone produced by the placenta after implantation. The presence of hcg is detected in some pregnancy tests.

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

Supine hypotensive syndrome in a pregnant woman occurs when a pregnant woman lies supine and the fetus will compress on the vena cava. The compression from the fetus reduces venous return and will decrease cardiac output and blood pressure and increase orthostatic stress. Women are encouraged to sleep in the side lying position to reduce supine hypotensive syndrome.

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

Uterus- Uterus will grow due to the stimulation of estrogen.

Cervix- The cervix will begin to soften about six to eight weeks from vasocongestion and estrogen. The cervix will change colors from bluish-purple discoloration called the Chadwicks sign.

Vagina- The mucosa of the vagina will thicken and secretions will become more acidic.

Ovaries- The ovaries will increase in size up until the twelfth and fourteenth week due to increased blood supply .

Breasts- Breast will become tender and more full. Nipple will become darker, larger and more erect. They become highly vascular and cause more veins to be seen. Some will begin to secrete colostrum.

Gastrointestinal system- A decrease in peristalsis and more water will be absorbed. Hemorrhoids may form. Morning sickness will occur.

Cardiovascular system- Heart rate increases and blood volume and plasma volume will also increase.

Respiratory system- Hypercapnia and hyperventilation may occur due to changes in the thoracic spaces. Breathing will become faster and deeper.

Renal/urinary system-\musculoskeletal system- Urination is more frequent due to kidney function increasing. During pregnancy the ureters will elongate and the kidneys will enlarge.

Integumentary system- Linea nigra may occur down the middle of the abdomen and striae gravidarum will appear on abdomen, breast and butt.

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

Endocrine system-

Thyroid- Due to increased vascularity and hyperplasia the thyroid will enlarge and increases thyroid hormone.

Pituitary- The pituitary glands will become enlarged during pregnancy and LH and FSH will be produced during the first semester. Prolactin and MSH will increase and GH will decrease.

Pancreas- More insulin is secreted during pregnancy

Adrenal glands-Cortisol and aldosterone secretion will be increased

Prostaglandin secretion-Increases during pregnancy and soften the cervix and facilitates contractions.

Placental secretion- Secretes HCG, relaxin, HCS, estrogen and progesterone,

Immune system- Suppression of the adaptive immunity will occur during pregnancy. Immune system help the mother immune system from attacking the fetus.

4. Why are pregnant women often diagnosed with anemia?

The amount of red blood cells per volume is more diluted due to the increased blood plasma volume.

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

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

hPL- Helps ensure glucose is available for fetal growth and mammary glands are available for lactation.

Relaxin- Helps with the dilation of the cervix. Helps maintain pregnancy by acting synergistically with progesterone. Helps pelvis to expand during pregnancy by increase flexibility of the pubic symphysis.

Progesterone- Thickens the wall of the uterine lining for implantation of the fertilized ovum.

Estrogen- Helps to relax the pelvic joints and ligament. Causes increase in enlargement of the genitals, uterus and breast.

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

They help prevent neural tube birth defects that affect the brain and spinal cord.

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

Citrus ,beans, peas, meats, broccoli and asparagus

8. 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
Scrambled eggs with turkey bacon	Fruit	Vegetable soup	Peanut butter and celery	Grilled chicken and vegetable	Peanutbutter
Oatmeal, fruit and OJ	Yogurt	Grilled chicken salad	Pretzels and peanutbutter	Fish and vegetable	Fruit
Scrambled eggs with turkey bacon	Nuts and yogurt	Fish and vegetables	Peanut butter and celery	Grilled chicken and asparagus	Granola bar
Oatmeal, fruit and OJ	Fruit and yogurt	Grilled chicken salad	Chex mix	Fish and vegetable	Granola bar
Oatmeal, turkey bacon and fruit	Nuts and yogurt	Chicken and vegetables	Granola bar and fruit	Steak and rice	Fruit

9. 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?

A pregnant woman should avoid large amounts of fish with high mercury levels, soft cheeses, raw meat, and hot dogs. About 25-30 lbs can be expected to gain during pregnancy. It is essential to consume healthier food choices while pregnant.

10. Why is pica? What often precedes the identification of pica?

Craving and eating of non-food items and anemia is often preceded the identification of pica.

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

Ambivalence during labor a mother could have mix feelings about whether or not to receive an epidural

Introversion- Can become more pronounced at the end of pregnancy

Acceptance - Pregnant woman will feel positive about the pregnancy and their new journey.

Mood swings- Mood swings can be a part of postpartum.

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

Due to all the physical changes that occur during pregnancy can lead women to feel different about their body. Stretch marks can occur after pregnancy. It can make her feel less comfortable with her sexuality due to the changes to her body after the baby. Not feeling comfortable with your body can cause problems with your partner.

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

1. Why is preconception care important?

a. Improves the outcomes when used as preconception that can improve fetal health.

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

There will be family history questions, blood work, glucose test, vital signs and weight

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

HbA2c at least 6.5%

Fasting glucose 126 mg/dL

Random glucose 200 mg/dL

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

a. Last menstrual period (LMP) 7/9/99. April 16 2000

b. Last menstrual period (LMP) 12/24/96 October 1 1997

4. State what words GTPAL stand for and what each mean.

Gravida - Current pregnancy and should be include in count

Term births Number of term gestation that delivered between 38-42 weeks.

Preterm births - number of preteen pregnancy ending 20 weeks or viability but before the end of 37 weeks.

Abortions number of pregnancies that ended before 20 weeks

Living - Current number of children living

5. So what is meant by the term para?

The number of times a woman had given birth to a fetus that is at least 20 gestation weeks, and will count multiple births as one birth event.

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

A dark pigmented line that runs from the umbilicus to the symphysis pubis. The fundal height correlates with the weeks of gestation.

7. Fill in the following table:

	Te	When are these done in the pregnancy?	Evaluation/meaning of results
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st		
CBC	Beginning of pregnant and 3 more times during each trimester	Shows hematocrit, hemoglobin and RBC levels. Will detect anemia or issues with clotting.
Blood typing & Rh	28 week gestation and 72 hrs after birth	Rule out any blood issue and to prevent any from occurring
Rubella titer	First trimester	Detect German measles and mother can get vaccinated after birth
Hepatitis B	First visit and after birth	Test for hep B
HIV	First prenatal visit	Test for HIV antibodies
STI screening	First prenatal visit	Detect STI
Cervical smears (G/C and group B strep)	37-40 weeks	detect cervical cancer, group B strep, chlamydia and gonorrhea

9. How often are follow up visits and what things are assessed?
 - b. They will monitor vital signs, weight, fetal HR, ultra sounds and urine. Usually monthly visits up until 28-36 and the every two weeks. Weeks 36-40 will be once a week. High risk pregnancy can be seen more frequent.

2. What danger signs are associated with the first trimester? Bleeding, Persisting vomiting, fever, painful urination

3. Second? Calf pain, leakage of fluid from vagina, uterine contractions and absence of fetal movement for period of time

4. Third? Facial edema, upper abdominal pain, decreased in fetal movement, weight gain and periorbital edema.

5. How is fetal well being assessed?

Sonogram and ultrasounds are used to assess the fetal well being.

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

a. Color- Abnormal fluid may indicate abrupt placentae and can mean damage to the fetus or placenta.

b. Bilirubin- High levels will indicate a hemolytic disease.

c. Meconium - Can indicate fetal distress and hypotension.

d. Lecithin to sphingomyelin ratio (L/S ratio)- - Less than 2 shows pulmonary immaturity and respiratory distress and more than 2 indicated fetal pulmonary is mature.

e. Alpha-fetoprotein- Increases indicates neural tube defects or contaminated fetal blood.

f. Bacteria - If present indicates chorioamnionitis

g. Acetylcholinesterase- If present indicates exophthalmos, neural tube defects and other complications.

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

A non stress test will measure uter-placental function.

Biophysical profile is an ultra sound that shows the fetus movement, breathing and amniotic fluid.

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

Heart burns, edema, Braxton hicks, shortness of breath, dyspnea and stretching of the skin.

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

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

Women can receive hep B, Tdap, rabies, meningococcal and flu shot while pregnant.

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

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

These education classes are essential to ensure mother and baby's health. These classes will educate mothers on child birthing and the importance of prenatal care and a healthy lifestyle.