

♥ Physiological Adaptation

- Leopold Maneuvers
 - External palpitations of the maternal uterus through the abdominal wall to determine the following;
 - Number of fetuses, presenting part, fetal lie, and fetal attitude, degree of descent of the presenting part into the pelvis, and location of the fetus's back to assess for fetal heart tones.
 - Ask the client to empty bladder before the beginning, place the client in the supine position with a pillow under the head, and have both knees slightly flexed.
- Hyperemesis Gravidarum
 - Excessive nausea and vomiting that is prolonged past 16 weeks of gestation or that is excessive and causes weight loss, dehydration, nutritional deficiencies, electrolyte imbalances, and ketonuria.
 - Risk to the fetus for intrauterine growth restriction, small for gestational age, or preterm birth if the condition persists.
- Infections: Planning Care for a Client Who Has HIV
 - Testing is recommended in the third trimester for clients who are at an increased risk. Rapid HIV testing should be done if a client is in labor and their HIV status is unknown.
 - Encourage immunization against hepatitis B, pneumococcal infection, Hemophilus influenzae type B, and viral influenza
- Infections: Expected Findings of Trichomoniasis
 - Yellow-green, frothy vaginal discharge with foul odor
 - Dyspareunia and vaginal itching
 - Dysuria
 - Strawberry spots on the cervix (tiny petechiae) and a cervix that bleeds easily

♥ Safety and Infection Control

- Assessment and Management of Newborn Complications; Caring for a Newborn Who Has Abstinence Syndrome
 - Substance withdrawal in the newborn occurs when the parent uses drugs that have addictive properties during pregnancy. This includes illegal drugs, alcohol, tobacco, and prescription medications.

- Fetal alcohol syndrome results from the chronic or periodic intake of alcohol during pregnancy. Alcohol is considered teratogenic, so the daily intake of alcohol increases the risk of FAS. Newborns who have FAS are at risk for specific congenital physical defects and long-term complications.
 - Expected findings:
 - Hitch-pitched, shrill cry; incessant crying; irritability; tremors; hyperactivity with an increased Moro reflex; nasal congestion with flaring; frequent yawning; skin mottling; retractions; and apnea.
 - o Nursing Care and Discharge Teaching; Evaluating Understanding of Car Seat Safety
 - Use an approved rear-facing car seat in the back seat, preferably in the middle (away from air bags and side impact), to transport the newborn.
 - Keep infants in rear-facing car seats until age 2 or until the child reaches the maximum height and weight for the seat.
 - o Nursing Care of Newborns; Personal Protective Equipment
 - All personnel who care for a newborn should scrub with antimicrobial soap from elbows to fingertips before entering the nursery. In between care of the newborn, the nurse should follow facility hygiene protocols. Cover gowns or special uniforms are used to avoid direct contact with clothes.
- ♥ Basic Care and Comfort
 - o Pain Management: Teaching About Hypnosis
 - Based on the concept that the sensory nerve pathways that pain sensations use to travel to the brain will allow only a limited number of sensations to travel at any given time. By sending alternate signals through these pathways, the pain signals can be blocked from ascending the neurologic pathway and inhibit the brain's perception and sensation of pain.
 - o Sources of Nutrition; Teaching a Client About High-Calcium Food
 - Dairy, broccoli, kale, and fortified grains
- ♥ Health Promotion and Maintenance
 - o Expected Physiological Changes During Pregnancy; Calculating and Estimated Date of Delivery
 - Take the first day of the client's last menstrual cycle, subtract 3 months, and then add 7 days and 1 year, adjusting for the year as necessary.
 - o Prenatal Care; Expected Changes During the Second Trimester
 - Measure fundal height starting in the second trimester. From 18 weeks to 30 weeks, the fundal height in

centimeters is approximately the same as the number of weeks gestation.

- Nausea and vomiting, breast tenderness, urinary frequency, urinary tract infections, fatigue, heartburn, constipation, hemorrhoids, backaches, shortness of breath, leg cramps, varicose veins and lower-extremity edema, gingivitis, nasal stuffiness, and epistaxis, Braxton Hicks contractions, and supine hypotension.
- o Infection; Risk Factors for Pelvic Inflammatory Disease
 - The infection can be difficult to diagnose because the client rarely has manifestations. If chlamydia is left untreated in females, it can lead to pelvic inflammatory disease, which can cause infertility and ectopic pregnancy
- o Contraception; Tubal Ligation
 - A surgical procedure consisting of severance and/or burning or blocking the fallopian tubes to prevent fertilization.
 - Advantages: permanent, immediate contraception, sexual function is unaffected, and decreases the incidence of ovarian cancer.
- ♥ Reduction of Risk Potential
 - o Fetal Assessment During Labor; Findings to Report to the Provider
 - Late decelerations, umbilical cord prolapse, maternal hypotension, fetal congenital heart block, viral infections, fetal heart failure, and maternal hypothermia must be reported to the provider.
 - o Assessment of Fetal Well-Being; Teaching About a Nonstress Test
 - NST is the most widely used technique for antepartum evaluation of fetal well-being performed during the third trimester. It is a noninvasive procedure that monitors response of the FHR to fetal movement.
 - A doppler transducer and a tocotransducer are attached externally to a client's abdomen to obtain tracing strips. The client pushes a button attached to the monitor whenever they feel fetal movement, which is then noted on the tracing. This allows a nurse to assess the FHR in relationship to the fetal movement.
 - o Assess of Fetal Well-Being; Complications Associated with an Amniocentesis
 - Amniotic fluid emboli, maternal or fetal hemorrhage or infection, fetal death, inadvertent maternal intestinal or bladder damage, miscarriage or preterm labor, and premature rupture of membranes.
- ♥ Pharmacological and Parenteral Therapy

- o Pain Management; Adverse Effect of an Epidural Block
 - Decreased gastric emptying resulting in nausea and vomiting
 - Inhibition of bowel and bladder elevation sensations
 - Bradycardia or tachycardia
 - Hypotension
 - Respiratory depression
 - Allergic reaction and pruritis
 - Elevated temperature
- o Infections; Medications to Treat Herpes Simplex Virus Type 2
 - Administer antibiotics as prescribed
 - Treatment of toxoplasmosis includes sulfonamides or a combination of pyrimethamine and sulfadiazine (potentially harmful to the fetus, but parasitic treatment is essential).
- o Early Onset of Labor: Evaluating Understanding of Teaching About Terbutaline
 - Classification; A beta-adrenergic agonist that is used as a tocolytic that relaxes smooth muscles and inhibits uterine activity.
 - Assess mother for cardiac disease prior to administration
 - Monitor for chest discomfort, palpitations, dysrhythmias, tachycardia, hypokalemia, and hyperglycemia.