

N432 Focus Sheet 1- 2020

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

ATI Ch 1-6 & 8 (Infections)

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: fleshy area of fatty tissue covered with course pubic hair that protexts the symphysis pubis
 - b. Labia majora: large, outer lips covered with hair that protect vaginal opening.
 - c. Labia minora: small, hairless, inner fold located within the labia majora surrounding vaginal opening and urethra.
 - d. Clitoris: cylindrical area of erectile tissue and nerves that functions for sexual stimulation.
 - e. Perineum: area between the vulva and the anus composed of muscle, skin, and fascia.

2. Provide a brief description of the internal reproductive organs.
 - a. Ovary: paired glands that produce ova (eggs), and secretes hormones estrogen and progesterone
 - b. Fallopian tube: tube connecting the ovary to the uterus, lined with cilia to carry the egg toward uterus, egg can be fertilized in the tube but will then travel toward uterus.
 - c. Uterus: muscular organ located behind the bladder, site of menstruation and development of fetus, contracts to push out fetus.
 - d. Fundus of uterus: top of uterus
 - e. Cervix: lower part of uterus that opens into the vagina, has a channel to allow sperm and menstruation passage, covered by mucosa to help sperm swim and can store live sperm 2-3 days.
 - f. Vagina: canal that connects vulva to cervix, contains rugae to help expand during birth

3. Menstrual Cycle hormones

Hormone	Purpose	
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Estrogen	Aids in growth and development of the egg follicle	
Progesterone	Increases during ovulation. Prepares for implantation by increasing body temperature and induces endometrial glands to secrete glycogen and mucus. Reduces uterine contractions.	
Prostaglandins	Inflammatory mediators in the body, play role in uterine contraction and cramps and ovulation by freeing ovum from the 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?

Inability to conceive children after 1 year of sexual intercourse without contraception.

Causes: Decreased sperm production. Endometriosis, ovulation disorder, tubal occlusion. Also, ovarian dysfunction, abnormalities of the uterus, hormonal imbalances, chronic illnesses, age greater than 27, menstrual abnormalities, smoking and alcohol

Treatment options: lifestyle changes such as weight loss or gain and smoking cessation, medications such as clomiphene and hormone injections to promote ovulation, intrauterine insemination, and IVF.

2. What is IVF?

Oocyte is fertilized in a lab and then transferred to the uterus. Medications are recommended to increase ovulation during this method.

4. Birth Control options

Type	Action	Side effect	Pro/con	Contraindications	Important Patient Teaching
Coitus interruptus	Withdrawal of penis before ejaculation	n/a	Pro: no devices Always available Con: requires self-control Places women in dependent	Individual with STI	Less effective method of pregnancy prevention Some semen may leak out before withdrawal that can

			role Does not prevent STI transmission		cause pregnancy .
Lactational amenorrhea method	Lactational infertility (breast feeding) for protection from pregnancy		Pro: does not require medication or barrier Con: only effective for 6 months, no STI prevention , only effective if following feeding schedule	Has had period since giving birth Infant is older than 6 months Baby feeds less than 6 times per day.	Not relied after 6 months, pumping and manual expression of milk may reduce effectiveness
Condom	Sheath placed over penis to block sperm entry into vagina	Allergic reaction	Pro: cheap, prevents STIs, physiologically safe Con: decreases sensation, risk for breakage, decreases spontaneity	Latex allergy	Proper use and application of device. Check expiration dates. Store at proper temperature.
Diaphragm	Latex cup placed in vagina to prevent sperm passage	Allergic reaction, toxic shock syndrome , UTI	Pro: Does not use hormones, medically safe, provides limited protection from cervical cancers	Allergy to latex, polyurethane, or spermicide.	Proper insertion and removal. Does not prevent STI transmission. Need to perform

			Con: requires fitting by healthcare professional, increases UTIs		proper hand hygiene before insertion and after removal. Must be used with a spermicide. Can only wear for 12 hours- 6 before and 6 after. Need to reapply spermicide every time. Needs to be refitted with a 20 pounds weight loss or gain. Do not use after abdominal or pelvic surgery and pregnancy .
Oral contraceptives (combination & progestin only)	Pill that suppresses ovulation Thickens cervical mucus to prevent sperm from swimming to uterus.	Dizziness, nausea, mood changes, weight gain, high blood pressure, blood clots, heart attack, stroke	Pro: easy, high rate of effectiveness, protects against ovarian and endometrial cancers	History of thromboembolic diseases High blood pressure Smokers	Education on side effects and possible complications. Medication administration requirements: daily at same

	Disrupts endometrial lining of uterus to prevent implantation.		Con: Side effects, must take pill every day, need prescription, costs money, no STI protection		time of day. Certain medications can decrease effectiveness. Does not prevent STI transmission.
Natural Family Planning (Fertility Awareness-based methods)	Refrain from sex during fertile period	No side effects	Pro: acceptable for most religious groups Con: High failure rate if not done correctly, requires self-control and refraining from sex	Irregular menstrual cycles.	Education on fertility schedule and how to detect and monitor fertile period. Body temperature increases during ovulation. Keep calendar to track days
Intrauterine devices	T shaped device inserted into uterus that releases copper, progesterone, or levonorgestrel	Cramps, bleeding, pelvic inflammatory disease, infertility, perforation of the uterus	Pro: Highly effective, convenient, sexual spontaneity, can be used during lactation Con: Inserted professionally, expensive, menstrual	Uterine abnormalities, uterine bleeding, uterine infection	How to locate and determine proper placement of strings. Strings typically are not noticeable, but at times can be felt by male during intercourse.

			irregularities, amenorrhea, can become dislodged, must check spring placement		
Methoxyprogesterone (Depo-shot)	Injection of progestin that inhibits ovulation	Menstrual irregularities, depression, headaches, weight gain, delayed return to fertility	<p>Pro: one shot every 3 months, highly effective, can be used by smokers, can be used during lactation, estrogen free</p> <p>Con: unpleasant side effect, delayed return to fertility up to 12 months, return visits every 3 months.</p>	History of depression	Educate patient that fertility does not return for extended time (12 months) following stopped injections.
Subdermal implant	Time released implant of levonorgestrel for 3 years	Irregular bleeding, weight gain, breast tenderness, headaches	<p>Pro: Long duration of protection, low dose hormones, reversible, estrogen free</p> <p>Con:</p>	Irregular bleeding	Educate on length of infertility, 3 years. Must be replaced every 3 years. Educate on side effects.

			Unpleasant side effects, surgical removal required		
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5. What does PAINS stand for?

P = Period late, pregnancy, abnormal spotting or bleeding

A = Abdominal pain, pain with intercourse

I = Infection exposure, abnormal vaginal discharge

N = Not feeling well, fever, chills

S = String length shorter or longer or missing

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

Tubal ligation: procedure for women. Laparoscopy procedure where the fallopian tubes are sealed with cauterizing instrument, rings, bands, cut, clipped, or tied.

Essure: nonsurgical, permanent birth control where a tiny coil is introduced and released into the fallopian tubes through the cervix. The coil encouraged tissue growth where the growth will create a blockage of the tubes.

Vasectomy: procedure for men that involves making cuts in the scrotum to go in and cut the vas deferens. Following this procedure, the semen no longer contains sperm.

7. Discuss the differences between surgical and medical abortion.

Medical: medication is administered either orally or vaginally during 1st trimester.

Surgical: surgical procedure where the cervix is dilated, and material is removed via suction or can be scrapped out using a curettage (D&C)

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?
Toxoplasmosis, Hepatitis, Rubella virus, Cytomegalovirus, Herpes Simplex virus
2. What is the treatment for Chlamydia?
Azithromycin 1g one time
Or doxycycline 100mg BID for 7 days – only used if azithromycin can't be used.
3. What is the treatment for Gonorrhea?
Ceftriaxone 250 mg and Azithromycin 1g given at the same time
4. Which pregnant women should be screened for Syphilis?
Those with other STIs present, history of a positive test, multiple sex partners

When should they be screened?
At their first prenatal visit

What are the names of the tests used for screening?
Nontreponemal tests: VDRL and rapid plasma reagin (RPR)
Darkfield examination and direct fluorescent antibody test

Treatment: Benzathine penicillin G.

5. Why are pregnant women at higher risk for Candidiasis infection?
Hormone changes, changes in pH of the vagina
6. If a pregnant woman is diagnosed with an HIV infection, what treatment would you anticipate for the mother and the infant?
Antiretroviral therapy
7. Why are genital herpes a problem for a pregnant woman? What is the treatment?

Genital herpes can pass herpes onto the child when coming out of the vaginal canal during birth. Baby can develop skin or mouth sores, mental retardation, premature birth, low birth weight, and blindness.
No cure only management.
Valtrex prescribed at 37 weeks to prevent outbreak during birth
Acyclovir

8. Discuss each of the following for cytomegalovirus:

Pathophysiology	Transmitted by droplet through semen, cervical/vaginal secretions, breast milk/placental tissue, urine, feces, blood. Latent virus is capable of reactivating and can cause disease to fetus in utero or when passing through the birth canal
Nursing Assessment	May mimic mono
Testing	Immunological survey and prenatal screening.
Management	No treatment. C-section recommended.
Patient education needs	Prevent exposure with frequent hand hygiene before/after eating, changing diapers, or cleaning any surface with body fluids

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

Pathophysiology	Bacterial infection that can be passed to a fetus during labor/delivery. Normal part of vaginal flora in non-pregnant patients.
Nursing Assessment	preterm labor/delivery, chorioamnionitis, infections in urinary tract, maternal sepsis, endometritis post-delivery
Testing	GBS culture from vagina and rectum are performed between 35 and 38 weeks gestation
Management	Penicillin G or ampicillin
Patient education needs	Notify nurse of status of GBS, have screening done between 35-38 weeks gestation, can cause pneumonia, respiratory distress syndrome, sepsis, meningitis if transferred to neonate

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

Pathophysiology	As the hepatocytes are attacked and infiltrated by the HBV, the virus is constantly being shed into the blood which contributes to chronic infection
Nursing Assessment	Flu-like symptoms, fatigue, anorexia, nausea
Testing	Blood culture- diagnosed by the presence of hepatitis B surface antibody (HBsAb)
Management	No specific treatment for acute HBV infection exists. Encourage pre-exposure immunizations.
Patient education needs	Transmitted through saliva, blood serum, semen, menstrual blood, and vaginal secretions. HBV can result in serious, permanent liver damage.

R,K,& C Ch 10

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

Pre-embryonic: begins with fertilization of the ovum and sperm. occurs 2 weeks after the last menstrual in the 28-day cycle. form embryo and placenta 7 to 10 days after conception in the endometrium.

Embryonic: begins day 15 after conception through week 8. organs and main external features develop during this time period.

Fetal Stage: The end of the eighth week until birth. It is the longest period of prenatal development. During this stage, it is mature enough to be called a fetus

2. List 5 functions of the placenta. See RKC Chapter 10 pp342-3
 - Supplies fetus with nutrients and oxygen
 - Protects fetus from immune attacks by the mother
 - Removes waste products from the fetus
 - Induces the mother to bring more food to the placenta near the time of childbirth.
 - Produces hormones that ready fetal organs for life outside the uterus

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

1. What are:

Braxton hicks' contractions: irregular, mild uterine contractions that occur toward end of pregnancy

Hegars sign: Softening of the lower part of the uterus that allows compression. Develops at 6 weeks.

Goodells sign: Softening of the cervix

Chadwicks sign: Bluish-purple discoloration of the cervix, vagina, and labia during pregnancy because of increased vascular congestion

Ballotment: Examiner taps the cervix, fetus floats up and back down and rebounds back to "tap" the examiner's finger

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

Can determine if there are fetal abnormalities

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

When a pregnant woman lies on her back, the uterus can cause increased pressure on the inferior vena cava and lower blood pressure. It can be relieved by lying on the left side or in semi-fowler's position.

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

Uterus- increase in size, position, and shape

Cervix- softening, expands during labor

Vagina- violet-blue color

Ovaries- no egg release, amenorrhea

Breasts- tender, enlarged, dark areola

Gastrointestinal system- nausea, vomiting, increased pressure

Cardiovascular system- increased cardiac output and heart rate, increased blood volume

Respiratory system- increased respiratory rate, decreased lung expansion

Renal/urinary system-\musculoskeletal system

Integumentary system- linea nigra: dark line of pigmentation from umbilicus to pubic area, chloasma: increased face pigmentation, Striae gravidarum: stretch marks

Vascular related changes- increases or decreases in blood pressure

Endocrine system-

Thyroid: enlarges and becomes more active

Pituitary: releases oxytocin and prolactin

Pancreas: increased insulin production to meet needs

Adrenal glands- increased cortisol and aldosterone secretion

Prostaglandin secretion- increased secretion helps soften cervix

Placental secretion- produces hCG, hPL, relaxin, progesterone, and estrogen.

Immune system- suppressed adaptive immunity, increased innate immunity

3. Why are pregnant women often diagnosed with anemia?

Insufficient iron source from diet to meet needs of increased blood volume

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

hCG- produces fetal trophoblast cells until placenta is formed and able to function

hPL- creates glucose for fetal growth and alters metabolism for fat, protein, and carbs

Relaxin- helps maintain pregnancy, dilated cervix, and helps pelvis expand

Progesterone- reduces uterine contractions makes endometrial lining receptive of implantation

Estrogen- prepares breasts for lactation, causes enlargement of genitals and breasts, relaxes pelvic muscles

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

Folic acid: essential for neural tube development and neurological development

Iron: aids in the increase of RBCs

Prenatal vitamins: provide nutrients essential for baby's growth and development

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

Folic acid: leafy vegetables, grains, beans, peas, seeds, and natural orange juice

Iron: beef liver, red meat, fortified cereal and breads, dried peas and beans, fish, poultry

8. After reading over the general guidelines on RKC p 378 and the MyPlate guidelines on p 379 ; ATI ch 5, please write out a daily food plan in the table below:

Breakfast	snack	Lunch	snack	Supper	Snack
Banana with oats	Carrot sticks	Chicken breast and broccoli	Hummus with crackers	Beans and rice	Cheese stick
Egg, avocado toast	Fruit smoothie	Canned Tuna on bread	Broccoli florets	Blackbean burger	Nuts
Yogurt with fruit	Celery sticks	Salad with boiled eggs	Crackers and cheese	Milk and chicken fajitas with veggies	Orange

Milk and cereal	Cottage cheese	Zucchini and onion	Strawberries	Salmon and baked potato	Pepper sticks with ranch
Whole grain bagel	Banana	Spaghetti and meatballs	Carrot sticks	cheesy chicken rice casserole	Yogurt and berries

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?

Food to avoid: seafood, caffeine, alcohol, meats, eggs, nuts, dairy, aspartame

healthy weight gain is 2.2 to 4.4 pounds during the first trimester and 1 pound per week for the second and third trimester

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

Craving for non-food objects. Most commonly cravings for pregnant women include soil, clay, and laundry detergent. Indicates presence of anemia.

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

Ambivalence- conflicting feelings related to pregnancy and changes

Introversion- keeping to oneself and focusing on self

Acceptance- realization that the baby and lifestyle changes are going to happen

Mood swings- excess changes in mood, excessive emotions.

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

A women may become self-conscious of her body as she has gained weight, may have stretch marks, and is larger in size. It may affect sexuality as she may not feel "sexy" to her partner and struggle being naked in front of them. Some women may feel empowered by her pregnancy and have an increase in sexual drive. Pregnancy can cause discomfort, weight gain, insecurities, mood swings. This can cause frustration and tension between partners. Issues can also arise if both partners are not fully invested or if one partner feels on their own.

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

1. Why is preconception care important?

Preconception care is important for prenatal vitamins, timely fertilization and pregnancy, and detection of possible complications and preexisting conditions that could cause complications.

2. What types of information should be obtained at the first prenatal appointment?
Determine health history and risk for complications, number of births/miscarriages/abortions, length of pregnancy/due date, glucose, weight status, vitals/blood pressure, STI testing
3. What are the thresholds for diagnosis of overt diabetes during pregnancy?
Fasting plasma glucose: 126 mg/dL
Hemoglobin A1c level: 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) 7/9/19
Subtract 3 months, add 7 days, add one year = 4/16/2020
 - b. Last menstrual period (LMP) 12/24/16
10/1/17
5. State what words GTPAL stand for and what each mean.
G—the current pregnancy to be included in count
T—the number of term gestations delivering between 38 and 42 weeks

P—the number of preterm pregnancies ending >20 weeks or viability but before completion of 37 weeks

A—the number of pregnancies ending before 20 weeks or viability
L—the number of children currently living
6. So what is meant by the term para?
The number of births a woman has had after 20 weeks gestation
7. What is linea nigra? How does fundal height correlate with gestation?
A brownish-black hyperpigmentation line that appears across the abdomen during pregnancy. Fundal height by 24 weeks gestation should be within 2cm of gestational age for a normally growing baby.
8. Fill in the following table:

Test	When are these done in the pregnancy?	Evaluation/meaning of results
CBC	1 st prenatal appointment	Clotting and blood details

	- 12 weeks	
Blood typing & Rh	1 st prenatal appointment - 12 weeks and repeat at labor/delivery	Type of blood mother would require and if Rh factor is present/to identify a need for RhoGAM if the mother is Rh-negative
Rubella titer	1 st prenatal appointment - 12 weeks	To ensure mother is immune to rubella
Hepatitis B	1 st prenatal appointment - 12 weeks	Checks to see if mom is immune to hep B. prevent transmission to baby
HIV	1 st prenatal appointment - 12 weeks	Checks for HIV antibody surface antigen in the blood (if mom is HIV positive, she will require testing, counseling, and treatment to prevent transmission to fetus.
STI screening	1 st prenatal appointment - 12 weeks	Detects STI's like syphilis, herpes, HPV, and gonorrhea so treatment can be initiated to prevent transmission to fetus
Cervical smears-G/C	1 st prenatal appointment - 12 weeks and repeated in 3 rd trimester	Detects abnormalities gonorrhea and chlamydia so treatment can be initiated if positive to prevent transmission to the fetus
Cervical smears-group B strep	35-37 weeks. Must be within 30 days of giving birth.	Detects group B strep so treatment can be initiated if positive to prevent transmission to the fetus
Blood Glucose Tolerance test	1 st prenatal appointment if at risk otherwise at 24-28 weeks	Identify hyperglycemia and gestational diabetes
MSAFP-Maternal Serum Alpha Feto-protein	16-18 weeks	Determines elevated levels linked to fetal neural tube defects

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

Every 4 weeks up to 28 weeks (7 months)
 Every 2 weeks from 29-36 weeks
 Every week from 37 weeks to birth

Assessed:

- Weight and BP
- Urine testing for protein, glucose, ketones, and nitrates
- Fundal height measurement to assess fetal growth
- Assessment for quickening/fetal movement to determine fetal well-being
- Assessment of fetal heart rate (should be 110-160 bpm)

10. What danger signs are associated:

First trimester: spotting or bleeding (miscarriage), painful urination (infection), severe persistent vomiting (hyperemesis gravidarum), fever >100F (37.7C; infection), and lower abdominal pain with dizziness and accompanied by shoulder pain (ruptured ectopic pregnancy)

Second trimester: regular uterine contractions (preterm labor); pain in calf, often increased with foot flexion (blood clot in deep vein); sudden gush or leakage of fluid from vagina (premature rupture of membranes); and absence of fetal movement for more than 12 hours (possible fetal distress or demise)

Third trimester: sudden weight gain; periorbital or facial edema, severe upper abdominal pain, or headache with visual changes; and a decrease in fetal daily movement for more than 24 hours.

11. How is fetal well being assessed?

Biophysical profile

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

Color

- Findings: Clear with white flecks of vernix caseosa in a mature fetus
- Implications: Blood of maternal origin (usually harmless). "Port wine" fluid may indicate abruptio placentae. Fetal blood may indicate damage to the fetal, placental, or umbilical cord vessels.

Bilirubin

- Findings: Absent at term.
- Implications: High levels indicate hemolytic disease of the neonate in isoimmunized pregnancy

Meconium

- Findings: Absent (except in breech presentation)
- Implications: Presence indicates fetal hypotension or distress.

Lecithin to sphingomyelin ratio (L/S ration)

- Findings: More than 2 generally indicates fetal pulmonary maturity.
- Implications: A ratio less than 2 indicates pulmonary immaturity and subsequent respiratory distress syndrome.

Alpha-fetoprotein

- Findings: Variable, depending on gestation age & laboratory technique; highest concentration occurs at 13-14 wks.
- Implications: Inappropriate increases indicate neural tube defects such as spina bifida or anencephaly, impending fetal death, congenital nephrosis, or contamination of fetal blood.

Bacteria

- Findings: Absent
- Implications: Presence indicates chorioamnionitis

Acetylcholinesterase

- Findings: Absent
- Implications: Presence may indicate neural tube defects, exomphalos, or other serious malformations.

13. Describe the procedure and expected results for a nonstress test. Measures uteroplacental function. Belt with sensors is placed around mother. Sensors monitor fetal movement and heart rate. Mother is asked to press a button when she senses fetal movement that marks the strip. Fetal heart rate should increase during fetal activity.
14. Describe the procedure and expected results for a biophysical profile (BPP).
Real-time ultrasound. Monitors fetal movement, tone, breathing, and amniotic fluid volume.
Expected results: 3 or more limb or trunk movements, one or more instances of full extension/flexion of a limb or trunk, one or more fetal breathing movements of more than 30 seconds, one or more pockets of amniotic fluid measuring 2 cm
15. Choose one of the ten discomforts of pregnancy listed in RKC on p 420 and ATI Ch 4 pp 21-22. 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.)

Edema: Elevate feet & legs above heart level; wear support hose when standing; change position frequently; lie on left side; avoid foods high in sodium; drink 6-8 glasses of water daily; and avoid intake of sugars & fats

16. What are the common discomforts experienced in the third trimester? How can you as the nurse educate women to successfully handle these discomforts?
- SOB & Dyspnea: Adjust body position for maximum expansion of the chest; avoid large meals; raise head of bed; take slow, deep breaths; and periodically stand up and stretch with arms above head and take a deep breath
 - Heartburn & Indigestion: Maintain proper posture & remain in sitting position for 1-3 hrs after eating; consume small, frequent meals, avoid foods that act as triggers, avoid late-night cravings, and elevate head of bed by 10-30 degrees
 - Dependent Edema: Elevate feet & legs above heart level; wear support hose when standing; change position frequently; lie on left side; avoid foods high in sodium; drink 6-8 glasses of water daily; and avoid intake of sugars & fats
 - Braxton Hicks Contractions: stay well hydrated and to rest in a left-side-lying position to help relieve the discomfort; and use breathing techniques to ease discomfort
17. Should pregnant women receive vaccines, if so, which ones & why?

Most vaccines are contraindicated for pregnant women. They are recommended to get the flu shot and tdap for whooping cough to protect their baby before they can get vaccines.

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

Help prepare mother for what to expect during pregnancy, birth, and after! Can reduce stress, promote health, and ease concerns.

IUD: most reliable. Better for premenopausal women. Can be with or without hormones. Immediate return to fertility. 1 in 100 aka 1% failure rate. Can increase

risk for PID and uterine perforation. Can be expelled. Increased risk for ectopic pregnancy. Monthly monitoring by client for string checks to be done following period. Does not protect from STIs.

Oral contraceptive: decrease menstruation related migraines, decreased risk for PID and benign breast disease. Do not take if you are a smoker: increases risk for clotting. Early side effects include reduced menstrual flow, breast tenderness, headaches. Educate them that they need to notify of shortness of breath.

Progesterone only pills: less effective than combo pills. Called mini pill. Less effective in suppressing ovulation. Can cause spotting, irregular bleeding, breast tenderness, nausea. Decreased effectiveness when taking liver enzyme medications. Must be taken at the same time every day. Cannot miss even one day with this med.

Antibiotics decrease oral contraceptives!

Urine sample for pregnancy tests should be the first void of the morning. High HCG. Human chorionic gonadotropin. HCG begins with implantation.