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Nursing process is emphasized in the outline format and practice tests

While making it:
- Essential concepts are highlighted (boldface and italics)
- Acronyms and mnemonics (memory aids) help retention
- Study time is with concise outline format and chapter summaries of key points

You will find this NurseNotes Series a different way to learn and review

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Maternal-Newborn

Core content at-a-glance

Includes “Study and Memory Aids”

With disc, includes over 500 NCLEX® style Maternal-Newborn Review Questions!
NurseNotes
Maternal–Newborn
Core Content At-A-Glance

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IV. Evaluation of phospholipids (PG and PI); aids in determining lung maturity; new and accurate.

V. Determination of creatinine levels, aids in determining fetal age. (Greater than 1.8 mg/dL indicates fetal maturity and the fetal age.)

VI. Assessment of isoimmune disease.

VII. Assessment of alpha-fetoprotein (AFP) levels for determination of neural tube defects.

VIII. Presence of meconium may indicate fetal hypoxia.

**Chorionic Villous Sampling (CVS)**

I. Cervically invasive procedure.

II. Advantage—results can be obtained after 10 wk gestation due to fast-growing fetal cells.

III. Procedure—removal of small piece of tissue (chorionic villi) from fetal portion of placenta. Tissue reflects genetic makeup of fetus.

IV. Determines some genetic aberrations and allows for earlier decision for induced abortion (if desired) from abnormal results. Does not diagnose neural tube defects; Further diagnoses needed with ultrasound and serum AFP levels.

V. Protects “pregnancy privacy” because results can be obtained before the pregnancy is apparent and decisions can be made regarding abortion or continuation of gestation.

VI. Risks involve: spontaneous abortion, infection, hematoma, intrauterine death.

**Summary**

Assessment for risk factors helps to identify the population that would benefit from timely intervention. Early identification is essential in order to plan and implement management of care throughout the childbearing cycle.

This chapter focuses on diseases that may predate the pregnancy: cardiac disease, Rh incompatibility, diabetes, substance abuse, STDs, age-related factors, cancer, violence, and other medical-surgical conditions.

In addition, pregnancy-related conditions are discussed: hemorrhagic disorders; metabolic disorders; pre-eclampsia, eclampsia, and HELLP syndrome; and hydramnios.

Diagnostic tests to evaluate fetal growth and well-being are outlined.

### Study and Memory Aids

**Insulin Requirements in Pregnancy**

| Trimester one: | ↓ |
| Trimester two: | ↑ |
| Trimester three: | ↑ |
| Postpartum: | ↓ |

**Gestational Diabetes—Assessment: “3 P’s”**

- Polydipsia
- Polyphagia
- Polyuria

**Heart Failure—Assessment**

Heart rate is the most sensitive and reliable indicator of impending heart failure.

**RHoGAM**

RhoGAM is given to Rh-negative woman only!

**Indications for RHoGAM—Give RHoGAM to:**

1. Rh- mother who gives birth to Rh+ neonate.
2. Rh- mother after spontaneous or induced abortion (> 8 wk).
3. Rh- mother after amniocentesis or chorionic villous sampling (CVS).
4. Rh- mother between 28 and 32 wk gestation.

**RhoGAM and Rubella Titer**

Since RhoGAM is an immune globulin, rubella vaccination, given at about the same time, may not “take”; rubella titer needs to be redone at 3 mo.

**Fetal Maturity—Assessment**

*Phosphatidyl glycerol* is more accurate indicator of fetal lung maturity in women who are diabetic.

**Infections**

- Vaginitis: avoid douching during pregnancy.
- STDs in the U.S.: highest prevalence among teens.
- AIDS in the U.S.: fourth leading cause of death among women of reproductive age.

**TORCH Infections**

- Toxoplasmosis
- Other (hepatitis A virus [HAV], hepatitis B virus [HBV], group B streptococcus [GBS])
- Rubella
- Cytomegalovirus (CMV)
- Herpes type 2

**Asthma**

*Avoid* morphine for woman with asthma who is in labor.
Chapter 3. High-Risk Conditions and Complications During Pregnancy

Cancer

Malignant melanoma: the only cancer that crosses the placenta to the fetus.

Cycle of Violence

Phase 1—building: increased tension, anger, blaming, and arguing
Phase 2—battering: hitting, slapping, kicking, choking, use of objects or weapons; sexual abuse; verbal threats and abuse
Phase 3—calm state (may decrease over time): batterer may deny violence, state he was drunk, say he’s sorry, and “promise it will never happen again,” returns to phase 1.


Hydatidiform Mole

Complete H. mole: only condition that can lead to maternal cancer.

Pre-eclampsia

• Proteinuria differentiates pre-eclampsia from other pregnancy-induced hypertension (PIH) states.
• Pre-eclampsia is a disorder of hypovolemia.
• Home care may eliminate the need for hospitalization for “mild” pre-eclampsia.

Pre-eclampsia—Diet

Do not eliminate sodium from the diet.

Hypertension—Standard American College of Obstetricians and Gynecologists (ACOG) Definition

Systolic: 30+ mm Hg above baseline
Diastolic: 15+ mm Hg above baseline

HELLP Syndrome—Assessment

Hemolysis
Elevated Liver (enzymes)
Low Platelets

HELLP Syndrome—Complication

Hypoglycemia: ≤ 40 mg/dL
Hypoglycemia can lead to maternal mortality.

Placenta Previa

Vaginal examinations contraindicated with undiagnosed vaginal bleeding.

Questions

1. The nurse is planning to lead a seminar for young adults on violence against women, concentrating on abuse of women who are pregnant. Which statement is accurate and would be part of the nurse’s discussion?
   1. Most of these women live below poverty level.
   2. Alcohol has been causally related to battering.
   3. The prevalence of violence lessens during pregnancy, dropping to a range of 2–4%.
   4. Women who are abused are more likely to have infants who are low-birth-weight (LBW) infants than women who are not abused during pregnancy.

2. The mode of birth of children with mothers who are HIV+ follows obstetric indications. Which is an unnecessary precaution for this client?
   1. Avoid scalp electrodes for electronic fetal monitoring.
   2. Avoid scalp pH determinations.
   3. Remove newborn to special care nursery immediately after birth.
   4. Delay amniotomy to reduce possibility of vertical transmission of HIV.

3. A nurse is discussing sexually transmitted diseases with a class of high school seniors. The students submitted a list of what they knew. The nurse evaluated the list. The only accurate statement is that gonorrhea:
   1. Is often spread through fomites.
   2. Is only spread through promiscuous sex.
   3. Is easily cured with penicillin.
   4. Can be prevented if condoms are used for sexual encounters.

4. The nurse considers a blood pressure of 120/80 in a woman who is pregnant as indicative of pre-eclampsia if:
   1. The woman has gained 2 pounds for each of the previous 2 wks.
   2. The woman is carrying a hydatidiform mole.
   3. The woman has had ankle edema each evening for the previous 2 wks.
   4. The woman’s systolic pressure has increased by 30 mm Hg; the diastolic by 15 mm Hg.

5. A nurse case manager is developing a plan of care for a woman who is 4 wk pregnant with a Class I functional classification of organic heart disease. The nurse knows to plan for what normal adaptation to pregnancy that can place a client with cardiac disease at risk?
   1. Physiologic anemia.
   2. Increase in cardiac output after the 34th week.
   3. Gradual increase in size and weight of the uterus.
   4. Increased heart rate during the last half of pregnancy.