MATCHING KEY TERMS

Match the term with the correct definition.

1. ______ amenorrhea  
   a. A woman who has been pregnant more than once

2. ______ chloasma  
   b. Mask of pregnancy

3. ______ hyperemia  
   c. Excess of blood in a part of the body

4. ______ multigravida  
   d. Irregular reddish streaks caused by tears in connective tissue; “stretch marks”

5. ______ physiologic anemia of pregnancy  
   e. Fall in hematocrit that occurs because plasma volume expands more than red blood cell volume

6. ______ striae gravidarum  
   f. Absence of menstruation

KEY CONCEPTS

1. When during pregnancy does each of these markers in fundal height occur?
   
   a. Uterus can first be palpated above the symphysis pubis
   
   b. Fundus can be palpated about halfway between symphysis pubis and umbilicus
   
   c. Fundus is at level of umbilicus
   
   d. Fundus is at xiphoid process

2. What is the cause of each of the following changes in the cervix during pregnancy?
   
   a. Chadwick’s sign
   
   b. Goodell’s sign
c. Mucous plug
d. Bloody show

3. What is the possible result of each of the following changes in the vagina during pregnancy?
   a. Increase in vascularity
      b. Growth of connective tissue
c. Secretion of increased amounts of glycogen

4. Why is progesterone essential in pregnancy?

5. Progesterone is produced first by the ____________ and then by the ____________.

6. Why does ovulation cease during pregnancy?

7. What breast changes occur during pregnancy?

8. Describe changes in maternal heart sounds that may occur during pregnancy. When do the heart sound changes occur? Describe common changes in heart sounds.
9. Complete the table to describe changes in the pregnant woman’s blood. Consult a manual of laboratory tests or medical-surgical text for nonpregnant values, if needed.

<table>
<thead>
<tr>
<th>Component</th>
<th>Nonpregnancy Level</th>
<th>Pregnancy Level</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>Plasma volume</td>
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<tr>
<td>Red blood cell volume</td>
<td></td>
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<td>Leukocytes</td>
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<tr>
<td>Fibrinogen</td>
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</table>

10. What is “supine hypotensive syndrome”? What signs and symptoms might a woman with this syndrome display? What should the nurse do to prevent or relieve it?

11. Why does the pregnancy-induced change in fibrinogen levels have a protective effect yet also increase risk?

12. What nasal changes are common during pregnancy? What causes them?

13. What two factors contribute to a woman’s sense of dyspnea?
   a. ______________________
   b. ______________________

14. Why are pregnant women more likely to develop gallstones?

15. Why does the pregnant woman’s bone mass stay stable even though the fetus requires calcium for skeleton development?

16. What changes in carbohydrate metabolism and in the production, utilization, and breakdown of insulin occur during pregnancy? Why do the changes occur? How does the woman’s body normally respond to these changes?
17. Describe edema that is expected during pregnancy and why it occurs. When should it be reported?

18. List the presumptive, probable, and positive indications of pregnancy. What is the difference among the three classifications?

19. List some reasons for a false-negative pregnancy test.

20. At what point in gestation is it possible to hear fetal heart sounds with the following tools?
   a. Doppler
   b. Fetoscope

21. Use Nägele’s rule to calculate estimated dates of delivery (EDDs) for each of these dates representing last normal menstrual period dates.
   a. February 4
   b. August 2

22. Why is pregnancy risk assessment not a one-time evaluation?

23. What routine urine testing is done during prenatal visits?

24. How do each of the following differ when a woman has a multifetus pregnancy?
   a. Uterine size
   b. Fetal movements
   c. Weight gain
25. Describe significant maternal changes that occur in a multifetal pregnancy.
   a. Blood volume
   
   b. Cardiac workload
   
   c. Respiratory workload
   
   d. Blood vessel compression
   
   e. Ureter compression
   
   f. Bowels

26. What teaching is appropriate for each common discomfort of pregnancy?
   a. Nausea and vomiting
   
   b. Heartburn
   
   c. Backache
   
   d. Urinary frequency
   
   e. Varicosities
   
   f. Hemorrhoids
27. What should the pregnant woman be taught about the following practices during pregnancy? How would you explain this to a woman if you were the nurse?
   a. Over-the-counter drugs
   
   b. Tobacco
   
   c. Illegal drugs
   
   d. Hot tubs and saunas
   
   e. Douching
   
   f. Exercise
   
   g. Use of a seatbelt

CRITICAL THINKING EXERCISES

1. Why might spasm of the uterine spiral arteries cause the pregnant woman’s blood pressure to rise abnormally? (See also Chapter 12.)

2. Assess a pregnant woman’s blood pressure in each of the following ways. Allow at least 2 minutes between readings. Compare the systolic and diastolic blood pressures. Compute the mean arterial pressure (MAP) for each reading.
   a. Lateral recumbent position
b. Sitting with arm supported

c. Sitting with arm dependent

d. Standing

e. Diastolic pressure at sound muffling (Korotkoff’s fourth phase)

f. Diastolic pressure at disappearance of sounds (Korotkoff’s fifth phase)

3. Compare a prenatal clinic’s documentation forms for initial and subsequent antepartal visits with the recommended assessments listed in the text. What is that clinic’s usual recommended frequency for follow-up prenatal visits?

4. Talk with nurses at a local prenatal clinic to determine which different cultural groups they typically serve. Ask them how they incorporate cultural beliefs and values into care.

CASE STUDY

Katherine is making her first antepartum visit on August 15. She has a 2-year-old son who was delivered at 40 weeks, a 5-year-old daughter delivered at 38 weeks, and 7-year-old twin daughters delivered at 35 weeks. She had a spontaneous abortion 3 years ago at 10 weeks. Her last menstrual period was April 5. Her fundal height is at the level of the umbilicus. She denies any major complaints and states that her health has been good.

1. Determine Katherine’s gravida and para. Describe her obstetric history with the TPAL acronym.

2. What is Katherine’s EDD?

3. What is Katherine’s gestation on the day of her first visit?

4. Compare the present fundal height with the gestation of her pregnancy. If there is a discrepancy, what are some possible causes for it?
5. What factors may have influenced Katherine to delay her first antepartum visit?

6. What diagnostic studies should the nurse anticipate?

**REVIEW QUESTIONS**

Choose the correct answer.

1. A pregnant woman expects to give birth to her first baby in about 1 week. She asks the nurse if she has a bladder infection because she urinates so much, even though urination causes no discomfort. The nurse should explain to her that
   a. urinary tract infections are most common just before birth, so she should have a urine specimen tested.
   b. her fetus is probably lower in her pelvis, putting more pressure on her bladder.
   c. limiting her fluid can reduce the number of times she must interrupt her activity to urinate.
   d. the fetal growth has probably stopped and she should expect to start labor in a few days.

2. A woman having physiologic anemia of pregnancy has hemoglobin and hematocrit levels of at least
   a. 10 g/dl and 30%.
   b. 10.5 g/dl and 33%.
   c. 11 g/dl and 35%.
   d. 12 g/dl and 38%.

3. Slight respiratory alkalosis during pregnancy enhances
   a. growth of fetal arteries within the placenta.
   b. the fall in systolic and diastolic blood pressures.
   c. maternal metabolism of food and nutrients.
   d. transfer of fetal carbon dioxide to maternal blood.

4. A pregnant woman is prone to urinary tract infection primarily because
   a. a large volume of fetal wastes must be excreted by her kidneys.
   b. nutrients that enhance bacterial growth are excreted by her kidneys.
   c. the volume of urine excreted is reduced and its specific gravity is high.
   d. reduced blood flow to the urinary tract allows wastes to accumulate.

5. A pregnant woman complains that both of her thumbs hurt at times. Neither thumb is inflamed or discolored. The nurse should explain to the woman that
   a. she probably injured her hand and does not recall doing so.
   b. an undiagnosed fracture may have healed improperly.
   c. osteoarthritis often has its onset during pregnancy.
   d. increased tissue fluid is causing compression of a nerve.

6. A pregnant woman has a blood glucose screening at 26 weeks of gestation. The result is 128 mg/dl. The nurse should expect that
   a. no additional glucose testing will be needed.
   b. insulin injections will be needed by 30 weeks of gestation.
   c. oral drugs may be prescribed to lower her glucose level.
   d. more testing is needed to determine additional therapy.