MATCHING KEY TERMS
Match the term with the correct definition.

1. _______ cerclage  a. Substance that stimulates production of fat
2. _______ dystocia  b. Development of antibodies in response to infection or immunization
3. _______ euglycemia  c. Normal blood glucose levels
4. _______ kernicterus  d. Difficult or prolonged labor
5. _______ seroconversion  e. Encircling the cervix with sutures
6. _______ maceration  f. Bilirubin accumulation within the brain that may cause damage
7. _______ lipogenic substance  g. Degeneration of a fetus retained in the uterus after its death

KEY CONCEPTS

1. Define spontaneous abortion.

2. Complete the table on types of spontaneous abortions.

<table>
<thead>
<tr>
<th></th>
<th>Clinical Manifestations</th>
<th>Therapeutic Management</th>
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<tbody>
<tr>
<td>Threatened</td>
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<td>Missed</td>
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<td>Recurrent</td>
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</table>
3. Describe altered laboratory studies seen in disseminated intravascular coagulopathy (DIC).

4. Write a simply worded response that you might use if a woman expresses the feeling that she did something to cause her spontaneous abortion.

5. What is the possible significance of sudden shoulder pain during early pregnancy?

6. What teaching is needed for the woman having methotrexate therapy for an early ectopic pregnancy?

7. List the typical signs and symptoms of a hydatidiform mole.

8. What is the relationship between hydatidiform mole and cancer? What precautions related to cancer detection are taken after evacuation of the mole?

9. List foods that should be emphasized for a woman who experienced a bleeding complication of pregnancy (at any gestation). How would you explain simply the need for these foods?

10. Complete the following chart to compare placenta previa with abruptio placentae.

<table>
<thead>
<tr>
<th></th>
<th>Placenta Previa</th>
<th>Abruptio Placentae</th>
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<tbody>
<tr>
<td>Placenta location</td>
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<tr>
<td>Character of bleeding</td>
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<td>Presence of pain</td>
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<td>Uterine activity</td>
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<td>Diagnosis</td>
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<td>Therapeutic management</td>
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</table>
11. List nursing teaching associated with home care when a woman has placenta previa.

12. What is the relationship between cocaine use and abruptio placentae?

13. Why is the amount of external bleeding in abruptio placentae not a reliable indicator of the true amount of blood loss?

14. List early and late signs of hypovolemic shock.

15. List nursing measures and their rationales to promote maternal and fetal oxygenation in hemorrhagic disorders.

16. Describe how generalized vasospasm of preeclampsia affects each organ and how these effects are manifested.
   a. Kidneys

   b. Liver

   c. Brain

   d. Lungs

   e. Placenta

17. What is the primary difference between the expected edema of pregnancy and that of preeclampsia?

18. What is the significance of epigastric pain in a woman with preeclampsia?
19. List signs of magnesium toxicity.

20. What is the antidote for magnesium toxicity?

21. What feature distinguishes chronic hypertension from pregnancy-induced hypertension?

22. What conditions are necessary for the woman to receive anti-Rh\(_0\)(D) immune globulin? What does each mean?
   a. Rh of the woman
   b. Rh of the fetus or newborn
   c. Indirect Coombs’ test (woman)
   d. Direct Coombs’ test (newborn)

23. How can ABO incompatibility occur?

24. List the four classic signs of diabetes.
   a. __________________________
   b. __________________________
   c. __________________________
   d. __________________________

25. Why is maintenance of a normal blood glucose level before and during early pregnancy particularly important?

26. What are the effects of maternal vascular involvement on the fetus/newborn of a diabetic mother?
27. Do insulin needs increase, decrease, or remain stable during the following times? Why?

   a. First trimester

   b. Second and third trimesters

   c. Labor

   d. Postpartum

28. When would the physician want a pregnant woman to have an oral glucose tolerance test?

29. Why is it important to give a pregnant woman who has diabetes as many choices as possible?

30. What steps minimize insulin leakage from the injection site?

31. Why is it recommended that a woman who has hypoglycemia avoid sucrose or unrefined sugar, such as candy?

32. List early signs and symptoms of congestive heart failure.

33. Janet is a 26-year-old woman who is 30 weeks pregnant with her first baby. She has rheumatic heart disease. She had to stop working at her desk job at 20 weeks of pregnancy because of fatigue. She has no problems when sitting quietly, but tasks such as making her bed or gathering laundry to wash cause her to have slight chest pain and a rapid heartbeat. She complains that she always feels tired. What class of heart disease do her symptoms suggest?

34. What anticoagulant is recommended if one is needed during pregnancy? Why?

35. Why are labor and the immediate postpartum period especially dangerous for a woman who has heart disease?
36. A woman who is 32 weeks pregnant and has class II heart disease visits the antepartal clinic for a routine visit. You find that she has gained 7 pounds since her last visit. Is her weight gain normal? What possibilities should you consider?

37. Why is it important to take folic acid before and during pregnancy?

38. Why does maternal sickle cell crisis make fetal death more likely?

39. Describe the signs of sickle cell crisis.

40. List pregnancy-associated risks for the woman who has systemic lupus erythematosus.

41. Why is drug management of the woman who has epilepsy difficult during pregnancy?

42. Describe the four stages in the course of HIV infection.

43. Complete the table to learn more about viral infections during pregnancy.

<table>
<thead>
<tr>
<th>Infection</th>
<th>Maternal Effects</th>
<th>Fetal and Neonatal Effects</th>
<th>Prevention</th>
<th>Treatment</th>
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<tr>
<td>Cytomegalovirus</td>
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<td>Rubella</td>
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<td>Herpes viruses</td>
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<td>Parvovirus B19</td>
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<td>Hepatitis B</td>
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44. At what point is the person said to have acquired immunodeficiency syndrome?

45. Which drug is recommended for HIV-infected pregnant women to prevent viral transmission to the fetus?

46. What nursing care is appropriate for the HIV-infected pregnant woman?

47. Complete the table to learn more about nonviral infections during pregnancy.

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<tr>
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<tr>
<td>Toxoplasmosis</td>
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<td>Group B streptococci</td>
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<tr>
<td>Tuberculosis</td>
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CRITICAL THINKING EXERCISES

1. Examine your own feelings about induced abortion. Are your feelings different for early and later abortions? Can you care for a woman who is having induced abortion?

2. Ask staff nurses at your clinical facility about their experiences with women who have hyperemesis gravidarum. Do you detect any preset beliefs about the disorder among the nurses?

3. Review client charts to determine whether they had a glucose challenge test and their response to it. What follow-up was done if their blood level was 140 mg/dl or higher?

4. Examine your attitudes toward people with HIV. Are you fearful of them? Did you have to confront this fear before entering nursing school? How do you feel about pregnant women who have HIV? Are your feelings for “innocent” victims, such as infants, different from feelings for those who acquired the infection through unsafe sexual intercourse or intravenous drug use?
CASE STUDIES

Patricia is a 17-year-old gravida 1, para 0 at 34 weeks of gestation who is visiting her doctor for a routine prenatal visit. When weighing Patricia, the nurse finds that she has gained 8 pounds in the past month.

1. What is the main objective after this initial assessment?

2. What is the most important question or problem that must be solved during Patricia’s prenatal visit?

3. What are the nurse’s priority assessments? Why?

   The nurse obtains a clean-catch urine specimen from Patricia and takes her vital signs (temperature 37°C [98.6°F], pulse 82 bpm, respirations 20 breaths/min, blood pressure 146/90 mm Hg) and the fetal heart rate (144 to 150 bpm). Deep tendon reflexes are normal (2+), and no clonus is present.

4. What testing would you expect to be done on the urine specimen? Why?

5. What information might the nurse need from previous prenatal visits and why?

6. What questions should the nurse ask Patricia while assessing her?

   Patricia’s physician diagnoses mild preeclampsia and will initially manage Patricia at home.

7. What findings would lead the physician to the diagnosis of mild preeclampsia?

8. Why do you think the physician is recommending home management at this time?

9. What teaching is essential regarding Patricia’s home care?

Debra is a 22-year-old gravida 1, para 0, who has had type 1 diabetes for 6 years. Her last menstrual period was 12 weeks ago.

10. How will Debra’s diabetes be affected by her pregnancy?
11. What changes will she most likely have to make in her diabetes management because she is pregnant?

12. What routine assessments will be made at each prenatal visit?

13. What additional tests will Debra need as her pregnancy progresses?

14. How may Debra’s fetus be affected by her diabetes?

15. What nursing management during labor should be expected?

16. What newborn problems should the nurse anticipate?

17. What added care will Debra's infant need?

**REVIEW QUESTIONS**

Choose the correct answer.

1. Choose the primary distinction between threatened and inevitable abortion.
   a. Presence of cramping
   b. Rupture of membranes
   c. Vaginal bleeding
   d. Pelvic pressure

2. A woman is admitted to the emergency department with a possible ectopic pregnancy. Choose the sign/symptom that should be immediately reported to her physician.
   a. Low level of \( \beta \)-human chorionic gonadotropin (\( \beta \)-hCG)
   b. Hemoglobin of 11.5; hematocrit of 34%
   c. Light vaginal bleeding
   d. Pulse increase from 78 to 100 bpm

3. When caring for the woman who had a hydatidiform mole evacuated, the clinic nurse should primarily
   a. reinforce the need to delay a new pregnancy for 1 year.
   b. ask the woman whether she has any cramping or bleeding.
   c. observe return of her blood pressure to normal.
   d. palpate the uterus for return to its normal size.

4. The woman who is receiving methotrexate for an ectopic pregnancy should be cautioned to avoid
   a. driving or operating machinery.
   b. eating raw vegetables or fruits.
   c. using latex condoms for intercourse.
   d. taking vitamins with folic acid.
5. A woman who is 34 weeks pregnant is admitted with contractions every 2 minutes, lasting 60 seconds, and a high uterine resting tone. She says she had some vaginal bleeding at home, and there is a small amount of blood on her perineal pad. The priority action of the nurse is to
   a. establish whether she is in labor by performing a vaginal examination.
   b. ask her whether she has had recent intercourse or a vaginal examination.
   c. evaluate the maternal and fetal circulation and oxygenation.
   d. determine whether this is the first episode of pain she has had.

6. Nursing teaching for the woman who has hyperemesis gravidarum should include
   a. adding favorite seasonings to foods while cooking.
   b. eating simple foods such as breads and fruits.
   c. lying down on the right side after eating.
   d. eating creamed soup with every meal.

7. The nurse makes the following assessments on a woman who is receiving intravenous magnesium sulfate: FHR 148 to 158 bpm; P 88 bpm; R 10 breaths/min; BP 158/96 mm Hg. The priority nursing action is to
   a. increase the rate of the magnesium infusion.
   b. maintain the magnesium infusion at the current rate.
   c. slow the rate of the magnesium infusion.
   d. stop the magnesium infusion.

8. When providing intrapartal care for the woman with severe preeclampsia, priority nursing care is to
   a. maintain the ordered rate of anticonvulsant medications.
   b. promote placental blood flow and prevent maternal injury.
   c. give intravenous fluids and observe urine output.
   d. reduce maternal blood pressure to the prepregnancy level.

9. Clonus indicates that the
   a. central nervous system is very irritable.
   b. renal blood flow is severely reduced.
   c. lungs are filling with interstitial fluid.
   d. muscles of the foot are inflamed.

10. The feature that distinguishes preeclampsia from eclampsia is the
    a. amount of blood pressure elevation.
    b. edema of the face and fingers.
    c. presence of proteinuria.
    d. onset of convulsions.

11. Which woman should receive RH(D) immune globulin after birth?
    a. Rh-negative mother; Rh-positive infant; positive direct Coombs’ test
    b. Rh-positive mother; Rh-negative infant; negative direct Coombs’ test
    c. Rh-negative mother; Rh-positive infant; negative direct Coombs’ test
    d. Rh-positive mother; Rh-positive infant; positive direct Coombs’ test

12. The test used to screen for gestational diabetes is the
    a. glycosylated hemoglobin test.
    b. glucose challenge test.
    c. oral glucose tolerance test.
    d. postprandial glucose test.

13. The best evaluation for the client goal of accurate insulin administration is that she will
    a. repeat the taught steps of the technique.
    b. accurately withdraw, mix, and inject insulin.
    c. have normal fasting and postprandial glucose levels.
    d. state that she understands the teaching given.

14. Rheumatic heart disease is usually preceded by which infection?
    a. Streptococcal pharyngitis
    b. Syphilis
    c. Pneumococcal pneumonia
    d. Chlamydial vaginitis

15. The primary fetal risk when the mother has any type of anemia is
    a. neonatal anemia.
    b. elevated bilirubin.
    c. limited infection defenses.
    d. reduced oxygen delivery.
16. Intrapartum nursing care for a woman who has sickle cell disease focuses on
   a. maintaining oxygenation and preventing dehydration.
   b. controlling pain and avoiding unnecessary movement.
   c. preventing excess exertion and limiting visitors.
   d. increasing calorie intake and avoiding internal monitoring.

17. When caring for a pregnant woman with systemic lupus erythematosus, the clinic nurse must especially observe for development of
   a. urinary tract infections.
   b. excessive weight gain.
   c. elevated blood pressure.
   d. reduced blood glucose.

18. Reduction in congenital rubella is best accomplished by
   a. avoiding contact with young children when infections are prevalent.
   b. taking prophylactic antibiotics during the second half of pregnancy.
   c. testing the rubella titer at the first prenatal visit to determine immunity.
   d. immunizing susceptible women at least 3 months before they become pregnant.

19. The pregnant woman who becomes infected with chickenpox should be taught to report promptly
   a. cough or dyspnea.
   b. severe skin itching.
   c. joint pain.
   d. increased urination.

20. Choose the appropriate infant care teaching for the woman who gave birth by cesarean because of active herpes.
   a. Do not breastfeed the infant until all lesions are healed.
   b. Thoroughly wash your hands before handling the infant.
   c. Wear a mask when breastfeeding or holding the infant close.
   d. No special precautions are needed when caring for the infant.

21. Correct injection technique for infants of mothers who are known carriers of hepatitis B virus is to
   a. avoid all intramuscular injections until 1 month of age.
   b. dilute intramuscular injections with added normal saline.
   c. mix all injections the infant will need in a single syringe.
   d. delay all injections until the infant has been bathed.

22. The nurse should expect the HIV-infected pregnant woman to receive
   a. antibiotics.
   b. protease inhibitors.
   c. zidovudine.
   d. acyclovir.

23. Expected drug treatment for a pregnant woman who has tuberculosis is
   a. acyclovir and zidovudine.
   b. isoniazid and rifampin.
   c. cefotaxime and vancomycin.
   d. ampicillin and gentamicin.
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