**TEST 1 BLUEPRINT**

There will be between 50-55 questions.  your test will have multiple choice, select all that apply, hot pots, place in the correct order, true and false.

**Antepartum**

**Pregnant anatomy and their purpose**

**Placenta**: mother’s side: dirty Duncan, baby’s side: shiny Schultz. As a nurse you need to know which side came out first.

-responsible for nutrition, respiratory, and excretory exchange between mother and fetus.

umbilical cord

-AVA: arteries carry waste and deoxygenated blood away from fetus, veins carry oxygenated blood and nutrients to fetus.

**amniotic fluid**: typically, 800 – 1200 cc’s

-should have 800 mL by 24 weeks

-oligohydramnios: less than 500 cc’s

-polyhydramnios: more than 2000 cc’s

**Labor and labor meds**

**Contraction frequency:** from beginning of one to beginning of another

**Contraction duration:** beginning to end of 1 contraction

**Fetal monitoring:** you must do Leopold’s maneuver. Monitor goes near the head on the back.

Tocodynameter: picks up contraction

U/s: picks up FHR

**Fetal wellbeing and screening**

All meds covered

**Pitocin**: synthetic oxytocin. It gives nice strong contractions

**Iron**:

**Ephedrine**: raises mom’s BP

**Stadol**: given IV. Put you to sleep. Might have n/v. Drowsiness and sleepiness.

**Nubain**: given IV. Put you to sleep. Might have n/v. Drowsiness and sleepiness.

**Demerol**: given IV. Put you to sleep. Might have n/v. Drowsiness and sleepiness.

**Narcan**: reverses opioid overdoses.

**Make sure you review:**

Review your terminology and math calculations (1000mu=1U)

**Know All the hormones and what they are for**

**Progesterone**: maintains endometrium and inhibits uterine contractions which prevents abortion. Also aids in lactation. Most important hormone for pregnancy.

**Estrogen**: stimulates uterine development to provide environment for fetal growth. Prepares breast for lactation. May cause stuffy nose. May cause excess saliva.

**HCG**: stimulates progesterone and estrogen to maintain the pregnancy until the placenta takes over that function. Causes n/v.

**HPL – Human Placental Lactogen:** antagonist of insulin. Decreases the maternal metabolism of glucose to allow fetal growth. Ensures that more protein, glucose, and minerals are available for the fetus.

**Prostaglandins**: associated with onset of labor. Decreased levels lead to pregnancy induced hypertension.

**Relaxin**: softens cervix and relaxes symphysis pubis

**Changes the body goes through in pregnancy and how to help alleviate it**

**muscle cramps** - dorsiflex the foot and stretch the muscle

**Ptyalism** - hard candy or chewing gum, Heartburn -small frequent meals, etc.

**Fetal well-being tests: Know the parameters of a good test and a bad test for each**

**NST**: 15X15 in 20 minutes

**CST**: late decels with more than half of contractions the test is positive and baby may not be able to handle labor.

BPP

Know the tests - know when each is performed.

**Amniocentesis** – Can be done between 16 and 20 weeks. Need at least 20 CC of fluid. Can cause infection. Must use an U/S. Mom may go into labor afterward. Know the different times an amniocentesis is performed and why. If performed after 20 weeks, it is done to assess lung maturity- it looks for the L:S ratio.  L:S Ratio needs to be 2:1 for the baby's lungs to be mature

**Chorionic villi sampling** – can be done as early as 10 weeks. Tests for birth defects and genetic diseases.

**AFP** – testing for neural tube defects.

**BPP:** FHR, breathing movements, muscle tone, amniotic fluid level. Need score 8 or 10 out of 10 to pass.

**Know how to calculate Gravity and TPAL (GTPAL)**

Gravity: number of pregnancies including current

Term: 38-42 weeks

Preterm: 20-37 weeks

Abortion: <20 weeks

Living: total number of living children

**Nagele’s rule**: First day of last menstrual period – 3 months + 7 day.

Know Fetal monitoring and the strips-

Accelerations: 15X15 – normal – good O2 reserve

Decelerations

contractions

**What causes each of the 3 decelerations and how to fix it if necessary – Know how they look**

Early: head compression – U shape matches contractions. No interventions necessary.

Late: placental insufficiency – reposition, 8-10 O2 via mask, fluids, stop PIT if running

Variables: cord compression – V or U shaped. No intervention necessary.

**Know RH factor (RH-)**

-if RH negative with Rh positive baby administer Rh immune-globulin given at 28 weeks and then within 72 hours after giving birth.

**Stages of fetal development**

**Pre embryonic** – 2weeks: rapid cellular multiplication

**Embryonic** – 3 to 8 weeks: organs form, this is also the teratogenic period

**Fetal Period** – 9 weeks to birth: rapid body growth, organ and systems maturation

The pregnant anatomy

cervix and the changes

**Parts of the uterus**

**Fundus**: top of the uterus, contraction is strongest

**Dilatation**: 0 – 10 cm

**Effacement**: 0 – 100%

**Station**: -5 to +5

**Know all the changes**

**Chadwick**: black and blue vagina

**Goodells**: softening of the cervix

**Hegars**: softening of the uterine segment

**Know the presumptive, probable, and positive signs of pregnancy**

**Presumptive**: maybe – subjective – amenorrhea, n/v, fatigue, breast tenderness, quickening, urinary frequency.

**Probable**: most likely – positive pregnancy test, Braxton hicks, pelvic organ changes

**Positive**: definitely – fetal heart sounds, u/s, and fetal movement felt by examiner

**Couvade syndrome:** sympathetic response to a partner’s pregnancy.

**Review teratogens and the teratogenic period**

**Embryonic** – 3 to 8 weeks: organs form, this is also the teratogenic period

-Teratogens: alcohol, drugs, vitamins, tobacco, caffeine, radiation and lead

**Review the danger signs to look for in pregnancy, e.g bleeding, cramping etc.**

-unrelieved swelling of hands and feet is caused by pregnancy induced hypertension

-headaches or blurred vision is caused by pregnancy induced hypertension.

-burning on urination: UTI – can cause contractions and kidney issues

Review ruptured membranes

Review Leopold's maneuver’s

**Review vaginal exams and what the nurse or doctor finds**

Dilatation: 0-10 cm

Effacement: percentage

Station: the baby’s head in the pelvis (-5 to +5)

Know that the mother must visit the doctor:  every 4 weeks for the first 28 weeks, then every

2 weeks until the 36th week then every week until delivery.

**Know all the stages and phases of labor**

Stage 1 - labor

Phase 1: early or latent: 0 – 3 cm

Phase 2: active: 4 – 7 cm

Phase 3: transition: 8 – 10 cm

Stage 2 – 10 cm to birth of the baby

Stage 3 – birth of the placenta

Stage 4 – postpartum

**Know the cardinal movements and what is happening with each movement**

**Engagement**: baby headed into the pelvis

**Descent**: going down the pelvis

**Flexion**: to present occiput which is the smallest part

**Internal Rotation:** turn to fit shoulders

Extension

Restitution

External Rotation

Expulsion

**Review the P’s of labor**

**Passenger** – baby

**Passage** – pelvis

Gynecoid: normal

Android: long enough but too narrow. Need forceps

Anthropoid: long but even more narrow than android

Platypelloid: c/s. short and narrow

**Powers** – Primary: contractions, secondary: abdominal muscles, perineal muscles, pelvic floor muscles.

**Psychology** – mental status

Know the different pain medications. e.g IV pain meds, epidural, and the nursing responsibilities for each and side effects

**Know nursing responsibilities with the epidural.**

-IV bolus 1000-2000 mL of LR

-have patient empties bladder

-baseline vitals

-position patient

Know Pitocin- Classifications, the side effects and the nursing responsibilities.

Pharm math for practice.

1.  The dosage ordered is 0.4 g.  The tablets available are labeled 100 mg/tablet.  How many tablets would you give this patient?

2.   Dr. Kathy Terr ordered an IV to run at 50 cc per hour. The tubing has a drop factor of 20

drops/mL. How many drops per min should the IV run at?

3.     The order is for 12 milliunits of Pitocin (Oxytocin) per minute.  The IV of 500cc contains 5 units of pitocin.  Determine the rate of the IV in gtts/min using a drop factor of 10 gtts/cc.

4. NS has been prescribed IV to infuse at a rate of 100 cc per 1 hr. Your IV administration set

delivers 15 drops/cc. You should infuse the IV at how many drops per min?

5. 0.3 g of Elixophyllin has been prescribed po. 150 mg of Elixophyllin is available in capsules.

How many capsules should be administered?

6.  The doctor orders 480 mL to be infused in 4 hours. How many mL per hr should the electronic infusion pump be set at?