**OB FINAL REVIEW**

**THE TEST IS COMPREHENSIVE.  THERE WILL BE APPROXIMATELY 75-80 QUESTIONS.**

**APPROXIMATELY 30-35 QUESTIONS WILL COME FROM LABOR COMPLICATIONS, POSTPARTUM COMPLICATIONS, AND NEWBORN COMPLICATIONS.**

**THE REST OF THE QUESTIONS WILL COME FROM THE AREAS COVERED PREVIOUSLY.**

**Dilatation**: 0-10

**Effacement**: 0-100%

**Station**: -5 to 5

Nursing responsibilities when baby is under phototherapy for jaundice

**Nagel’s rule:** last menstrual period – 3 months + 3 days

**Diabetic mothers tend to have large babies and you would need to monitor that baby for hypoglycemia**

**Normal caloric intake and weight gain**

-pregnant women need an extra 200 calories per day. That’s equivalent to one small snack.

**Hematoma- signs and symptoms**

-blood in the subq layer of perineal tissue.

-purple

-swelling

-feels like pressure and tightness

**Braxton hicks:** false labor. Contractions stopped with walking

**Signs and symptoms of**

hypoglycemia: less than 40 mg/dL

**cold stress**: decreased temp, increased RR, s/s of hypoglycemia: lethargy, jitteriness, poor feeding – vomiting, pallor, apnea (15 seconds), hypotonia, high pitched cry, fat, ruddy, and macrosomic late decels with more than half of contractions the test is positive and baby may not be able to handle labor

Fetal attitude

Lie
position late decels with more than half of contractions the test is positive and baby may not be able to handle labor

Review endometriosis

**Assessments for MGSO4 use and assessments**

MgSO4 = magnesium sulfate

-antidote is calcium gluconate

-OB nurses don’t worry until it hits 8

-early sign of toxicity is decreased deep tendon reflex

-late sign of toxicity is respiratory depression

-oliguria is another sign of toxicity

-used to stop preterm labor: It relaxes the uterus

**PIH** – 140/90

Mild: increased BP, proteinuria, and edema

Severe: BP 160/110, 5 g/L protein in urine in 24-hour collection, oliguria, headache, blurred vision, pitting edema, n/v, epigastric pain.

Uterine atony- causes and how to fix

Epidural and side effects

**Lightening** – happens around 36 weeks when baby drops into pelvis. Able to breathe easier, but baby is sitting on bladder so you have to pee more.

**Quickening** – when the mom feels the baby move. Happens between 16 and 20 weeks.

**Signs and symptoms of sepsis – sounds very similar to hypoglycemia**

-Pallor/dusky

-Lethargy

-temp fluctuations – hypothermia

-decreased intake – vomiting / poor feed

-hyperbilirubinemia

REVIEW CST, NST, OCT-know why done and what each looks for and what makes them negative or positive, reactive or non-reactive

**NST** – 15X15. looking for 2 movements in 20 minutes. Mom sits up in a chair. She can drink something to get baby going.

**CST –** done by nipple stimulation or oxytocin. late decels with more than half of contractions the test is positive and baby may not be able to handle labor.

BPP – need an 8 or a 10. Pass or fail. 2 points or 0 points. NST, RR, HR,

**Rupture of membranes** – priority is to prevent infection than check FHR. Can happen naturally or artificially.

**Nitrazine** – if it turns blue it is amniotic fluid if it’s not definitive a fern test is done

**fern test** – swab is done of the vagina. It looks like a Fern under the microscope if it’s amniotic fluid

**Term**: 38 – 42 weeks

**Preterm**: 20 – 37 weeks

**Postdates**: 42 weeks or later

**Cord prolapse** – What to do – stick a clean gloved hand in moms vagina and push up on the cord and keep the baby off of it. You can also put mom in Trendelenburg. The goal is to keep baby off of the cord. You will see variable decels on the monitor. Mom will end up being a c section.

Hypertonic and hypotonic

**Episiotomy types- positives and negatives**

**Midline**: less blood loss, less painful, heals quickly, may extend to anus

**Mediolateral**: more room, more painful, more blood loss, takes longer to heal

Dystocia, shoulder dystocia-- how to fix e.e Mc roberts maneuver

**REVIEW PREGNANCY SCREENING – when are they done**

CVP – 10 weeks. Looking for birth defects and genetic diseases

BPP –

AMNIOCENTESIS: done between 16 and 20 weeks. If done after 20 weeks it’s to assess lung maturity.

**KNOW NEWBORN ASSESSMENT AND NORMAL ALTERATIIONS**

E.G. MONGOLIAN SPOTS: black and blue on butt or legs or trunk. Eventually goes away.

NEWBORN RASH:

LANUGO: fine downy hair. Seen mostly in preterm babies.

MILIA: small bumps on face. Eventually goes away.

CEPHALOHEMATOMA: blood. Does not cross the suture line.

CAPUT SUCCEDENEUM: crosses the suture line

**KNOW signs of pregnancy**

**Presumptive**: maybe – SUBJECTIVE - missed period, quickening, n/v, fatigue

**Probable**: probably – positive pregnancy test, Chadwick’s sign, Goodell’s sign, Hegar’s sign, Braxton hick’s.

**Positive**: definitely – U/s, FHR sounds heard from doppler, fetal movement felt by examiner.

**HORMONES IN PREGNANCY**

**PROGESTERONE** – most important hormone in pregnancy

**HCG** – makes pregnancy test positive, cause of n/v

**HPL** – human placental lactogen. Antagonist of insulin. Ensures protein, glucose, and minerals are available for the baby.

**NEVER DO VAGINAL EXAMINATIONS IF A PATIENT IS BLEEDING SINCE YOU DONOT KNOW IF THE BLEED IS DUE TO PLACENTA PREVIA.**

**REVIEW THE STAGES AND PHASES OF LABOR**

Stage 1 – 0 to 10 cm

Phase 1: early or latent: 1 – 3 cm

Phase 2: active: 4 – 7 cm

Phase 3: transition: 8 – 10 cm

Stage 2 – 10 cm to birth of baby

Stage 3 – birth the placenta

Stage 4 – postpartum up to 6 weeks

**REVIEW true labor and false labor**

True labor: cervical change or effacement

False labor: Braxton hicks or contractions without cervical change

**KNOW HOW TO CALCULATE**

**APGAR SCORES**: 5 categories. Crying counts in two categories.

-HR: 100 or greater = 2

-respiratory effort: vigorous or strong or lusty cry is 2

-muscle tone: active motion = 2

-reflex response: cough, sneeze, or vigorous cry = 2

-color: acrocyanosis is 1 all pink is 2

**NAGELS RULE**: last period – 3 months + 7 days

**GRAVITY**: number of pregnancies including current one

**PARITY:** number of babies born after 20 weeks???

KNOW calories in pregnancy

Normal

Underweight

overweight patient.

**EPIDURAL PROCEDURE AND NURSING RESPONSIBILITIES**

-IV bolus 1000 – 2000 mL of LR

-have patient empty bladder

-baseline vitals

-position patient

**REVIEW FETAL MONITORING, FETAL HEARTBEAT CHANGES AND THE CAUSES**

**Early**: head compression. Maybe is most likely about the be birthed. FHR mirrors contraction.

**Late**: placental insufficiency: fluid bolus, O2 8-10 L, turn mom to left side or wedge pillow under hip. Stop PIT if running. FHR starts after contraction and lasts way too long. Baby doesn’t have enough time to recover before next contraction. Remember baby needs at least one minute.

**Variable**: cord compression. Can turn into late if baby keeps playing with the cord. Intermittent. V or U shaped.

**KNOW THE ANATOMY OF THE PREGNANCY**

**Placenta** – mother’s side is dirty Duncan and baby’s side is shiny Schultz. Responsible for nutrition, respiration and excretion between mother and fetus via the umbilical cord. The placenta is LIFE.

**Uterus** – baby’s house. Don’t piss him off or he will contract.

**umbilical cord** with 3 vessels: AVA. Arteries carry waste and deoxygenated blood away from fetus, veins carry oxygenated blood and nutrients to the fetus.

**amniotic fluid:** typical 800-1200 cc’s

-should have 800 mL by 24 weeks

-oligohydramnios: less than 500 cc’s

-polyhydramnios: more than 2000 cc’s

**REVIEW AND COMPARE**

**PLACENTA PREVIA**: placenta implants low in the uterus. Quiet. No pain. Vaginal bleeding. Bright red blood. Scheduled c-section. Soft abdomen.

**Placenta ABRUPTIO:** abdominal pain, sudden onset, vaginal bleeding. Dark venous blood. Emergency c section. Rigid, board like abdomen.

KN**OW SIGNS AND SYMPTOMS AND NURSING RESPONSIBILITIES FOR:**

JAUNDICE: two types

1. Physiologic: seen in 2-3 days: fix with phototherapy
2. Pathologic: seen in 1st 24 hours: fix with phototherapy or exchange infusion

PHOTOTHERAPY: decreases the serum bilirubin levels in the skin

**RESPIRATORY DISTRESS:** caused by absence of surfactant

-seen in preemies, infants of diabetic mothers and c-section babies

**EARLY**: hypothermia, nasal flaring, grunting, subcostal retractions, RR greater than 60

**LATE**: see saw breathing, decreased urinary output, pallor, apnea (15 seconds), bradycardia

**REVIEW gestational diabetes-risks for mom and baby,**

Mom: will probably end up with PIH

Baby: macrosomia which causes shoulder dystocia. You have to use McRobert’s manuever

**Review positions of baby in utero and complications**

**OP** – occiput posterior causes back labor

-knee to chest AKA doggy style

**Breech**: external version

**Review Lochia**

Rubra: red

Serosa: brown/pink

Alba: white

 KNOW THE LABOR COMPLICATIONS AND TREATMENT:

VERSIONS, -External and internal (manual)

LACERATIONS

CORD PROLAPSE

 KNOW POSTPARTUM COMPLICATIONS, NURSING RESPONSIBILITIES AND TREATMENT:

UTERINE ATONY: uterus won’t contract causing post-partum hemorrhage

 POSTPARTUM HEMORRHAGE

Vaginal: more than 500 mls

C section: more than 800 mls

ENDOMETRITIS

MASTITIS,

**DVT**: do Homan’s sign. Dorsiflex the foot.

KNOW LABS FOR PREGNANCY e.g., h&h, iron

**REVIEW YOUR MATH. REMEMBER 1000 MU = 1U**

**KNOW NEWBORN CORD CARE.**

**KNOW THAT THE CORD FALLS OFF IN ABOUT 10-14 DAYS. DO NOT SUBMERGE BABY IN WATER UNTIL CORD HAS FALLEN OFF AND HEALED**

**Know newborn ways of heat loss: baby should be dried off, swaddled and have a cap on the head.**

**Radiation**: baby radiates heat to something that’s cold nearby

**Evaporation**: wet baby

**Convection**: convection oven. Cool air currents. Breeze from a window or air vent

**Conduction**: baby touches something cold. Placed on metal scale without being wrapped.

**Know the MST (metabolic screening test) (PKU) when is the best time min of 24 hrs of eating but best time is-48-72hrs after birth**

**PLEASE REVIEW THE FOLLOWING MEDICATIONS, WHY THEY ARE USED AND THE NURSING RESPONSIBILITIES WHEN GIVING THEM, how they are given**

**Pitocin**: synthetic oxytocin. Used to induce labor. Must be on a pump. Also given after delivery to ensure uterus contracts.

**Magnesium Sulfate:** neuroprotective. Relaxes the uterus. Given to stop contractions for preterm labor. Have calcium gluconate on hand to counteract toxicity. Early sign is decreased deep tendon reflex, late sign is respiratory depression.

**Narcan**: antidote for opioids. Needed on handed to reverse respiratory depression.

**Nubain, stadol and Demerol -** given IV. Put you to sleep. Might have n/v. Drowsiness and sleepiness. Usually given in second stage of labor. If given to mom within 2 – 4 hours of birth neonatologist will catch the baby and assess for respiratory depression.

**Celestone/Betamethasone** – given to mature baby’s lungs. Injected into mom twice 12 hours apart.

Methergine

Hemabate

**Calcium gluconate:** antidote for magnesium sulfate.

**Brethine**: stops preterm labor. Can cause tachycardia

**Vitamin K:** given to baby within 1 hour of delivery. Purpose: coagulation.