

# ANTEPARTUM

## Prenatal Visit Frequency

Conception → 28 weeks  
(Q 4 weeks)  
29 weeks → 36 weeks  
(Q 2 weeks)  
37 weeks → Birth  
(Q 1 week)

## NUTRITIONAL NEEDS

- Fruits & Vegetables
- Lean Protein
- Grains
- Folic Acid
- Iron
- Vitamins
- Water

G = # times pregnant  
Para = births after 20 wks  
T = # term births  
P = # pre-term births  
A = # abortions  
L = # living children

## VOCAIB

Chloasma → brownish pigment of face

Linea Nigra → black line below umbilicus

Striae Gravidarum → stretch marks

Hyperemia → blood collection

Geriatric Pregnancy → pregnancy age 35 +

Nulligravida → never pregnant

Primagravida → 1<sup>st</sup> pregnancy

Multigravida → 2 or more pregnancies

## HORMONES

### Progesterone

- made by corpus luteum until 10wks then placenta levels rise in 1<sup>st</sup> trimester then level off
- Keeps uterus relaxed along with other smooth muscle
- maintains endometrial layer

### Estrogen

- secreted by corpus luteum
- plays important role in fetal development
- stimulates growth of the fetus' adrenal glands

### Human Chorionic Gonadotropin (hCG)

- produced by cells in the placenta
- signals ovaries to stop egg production
- peaks 60-90 days and levels off for rest of pregnancy
- ↑ level of hCG in urine = pregnancy → causes nausea

### Oxytocin

- Causes uterine contractions + cervix dilation

### Relaxin

- relaxes uterine muscle + ligaments of pelvic bones

# PHARMACOLOGY

## Oxytocics

### Oxytocin (Pitocin)

**Action:** Coordinates & generates uterine contractions to induce labor. Also treats postpartum hemorrhage

**Nursing:** monitor fetal status, mother's VS + I/O.

**C/I:** MAOIs & CNS Depressants

### Methylergonovine

**Action:** Contracts uterus to Postpartum hemorrhage

**Complications:** HTN, asthma, CVD

**C/I:** DM, hepatic / renal, vasopressors

### Carboprost - prostaglandin

**Action:** treats postpartum hemorrhage d/t uterine atony

**Side Effects:** nvd, HTN, flushing

### EVALUATION OF EFFECTIVENESS

- effective contractions < 60 secs long & 2-3 mins
- ↑ uterine tone
- no evidence of hemorrhage

## Vaccines

### Rubella - Live virus vaccine

- Admin > 1mo. before pregnancy or after childbirth
- Protect vial from light and only use within 8 hours of reconstitution

### Pertussis

- Helps prevent outbreaks of pertussis in infants.
- often given to women before discharge

## Tocolytics

### Terbutaline

**Action:** Uterine smooth muscle relaxation to delay preterm labor for up to 24 hours

**Side Effects:** tachycardia, hypotension, ↓K<sup>+</sup>, ↑glucose

**Nursing:** Have propranolol available

### Hydroxyprogesterone caproate

**Action:** decreases risk of recurrent preterm births

**Nursing:** monitor injection site pain, itching or swelling

**C/I:** uncontrolled HTN, hepatic dysfunction, hx of thrombosis, breast cancer

### Magnesium Sulfate

**Action:** CNS depressant that helps prevent seizures in women with preeclampsia

**Side Effects:** ↓ Ca<sup>2+</sup>, hot flashes, dyspnea, ↓BP

**Nursing:** monitor VS, magnesium levels. Limit fluids to 125 mL/hr. Have calcium gluconate available. D/C if resp. < 12/min, Δ in LOC, ↓ urine output

## Analgesics

**Nursing:** Assess for pain frequently + give analgesics promptly

Commonly given postpartum analgesics:

Ibuprofen - NSAID

Dilaudid - opioid

↳ monitor respiratory status

Morphine - opioid

↳ often given via epidural

### RhoGAM

**Action:** prevents sensitivities for Rh-Negative moms in future pregnancies

**Considerations:** Should be given within 72 hrs after birth