

SIGNS OF PREGNANCY

PRESUMPTIVE: **VERY SUBJECTIVE**
can be attributed to another diagnosis

- > Absent period (Amenorrhea)
- > Fatigue, Nausea, Vomiting
- > Enlarged breasts
- > Urinary frequency
- > "fluttering" movement (Quickening)
Typically felt at the 16-20WK mark

PROBABLE: signs that point more towards pregnancy
"It is highly likely that you're pregnant"

- > Positive pregnancy test
- > Braxton Hicks contractions
- > Goodell's sign → softening of the cervix ~ 8WKS
- > Chadwick's sign → bluish discoloration of cervix, vagina, or vulva ~ 6-8WKS
- > Hegar's sign → softening of the lower uterine segment ~ 6-12WKS
- > Enlarged uterus OR enlarged abdomen
- > Outline of fetal body felt by doctor (**HINT:** may **NOT** always be a fetus felt)

POSITIVE: **DEFINITIVE**
unmistakable signs of pregnancy

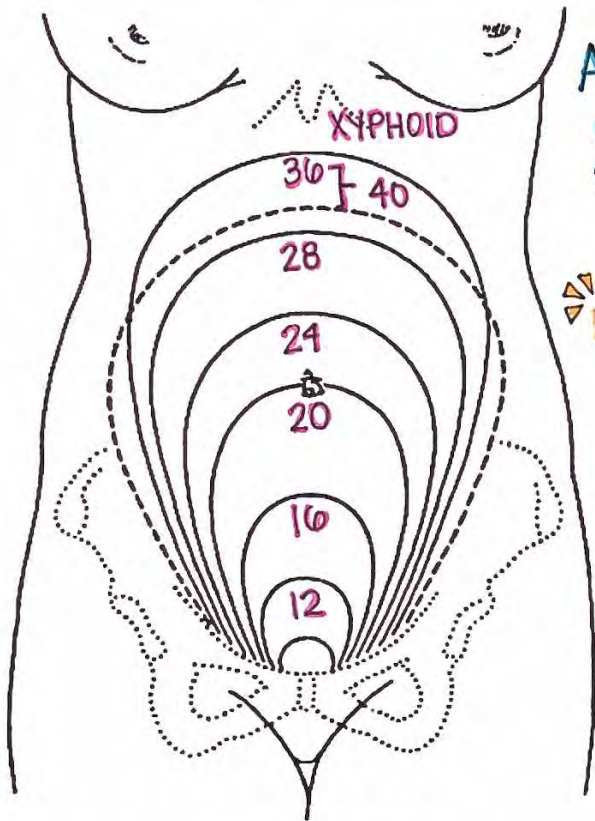
- > Fetal Heart Rate → Heard by the Doppler
- > Fetal movement → **ONLY** movement felt by the provider
- > Fetal visualization via ultrasound
- > Delivery of baby

ASSESSING FUNDAL HEIGHT

WHAT IS IT? A type of measurement used to measure the gestational age of the fetus based on the height of the fundus

> closely observed after delivery to ensure adequate postpartum recovery

* Measure from the symphysis pubis to the fundus in centimeters
1 fingerbreath = 1 centimeter



ASSESSMENT during Pregnancy:

1. Have the patient lie back (NOT FLAT) → ↓ BP
2. Measure at beginning of symphysis pubis to fundus (top of uterus)
> IN CENTIMETERS

KEY: The fundal height typically correlates to the gestational age give or take 1-2cm

EX: 24cm = 24 weeks
29cm = 29 weeks } This is less accurate in pt with high BMI ≥ 30

COMMON LANDMARKS:

- > 12 WKS - just above the symphysis pubis
- > 12-20 WKS - in between belly button and symph.
- > 20-36 WKS - fundal height matches gestational age (+/- 1-2cm)
- > 36 WKS - at the xiphoid process → up near the lungs so its hard to breathe
- > 37-40 WKS - fundal height DECREASES ~4cm!
♥ Preparing for birth ♥

AFTER BIRTH:

1. Make sure bladder is empty!
2. Have the pt lie flat on her back

KEY: always have one hand at the base of the uterus so when you palpate, the uterus doesn't come out of the vagina!

- > immediate post delivery → uterus is felt at the umbilicus
- > uterus will decrease 1cm/day
Ex: 24hrs postpartum → uterus is -1
- > 10-14 days we can no longer palpate!
THIS IS GOOD

ALARMING:

> "MEASURING BIGGER" → > 3cm more than expected

cause: macrosomia
multiple babies
polyhydramnios

> "MEASURING SMALLER" → < 3cm than expected

cause: IUGR
oligohydramnios
gestational diabetes

6 WKS → pre-pregnancy size

STAGES OF LABOR

STAGE 4: first 4 hours after birth of placenta

> Nursing care: All about caring for mom

Monitor HR/BP → ↑ Risk Hemorrhage

Monitor Temp → ↑ Risk Infection

Assess Fundus → ↑ Risk uterine Atony

Monitor Lochia and Peri-Pad usage

Pain Relief

Peri-care + c-section care

Encourage bonding ♥

FUNDAL ASSESSMENT:

> Immediate postpartum, fundus should be:

> midline

> firm

> IF the fundus is SOFT, boggy, or displaced:

> at or near the umbilicus

- FUNDAL MASSAGE

- BATHROOM



The fundus will continue to descend 1cm (1 finger length) per day for the next 2 weeks

LOCHIA ASSESSMENT:

① Lochia Rubra (RED) - Dark Red or Bright Red

Duration: 1-3 days after birth

Characteristics: heavy flow, small/medium clots

② Lochia Serosa - Pinkish, Brown

Duration: 4-10 days after birth

Characteristics: Less blood, more discharge, fewer clots

③ Lochia Alba - Yellow, White

Duration: up to 6 weeks

Characteristics: very little blood, some discharge, no clots

RED FLAGS:

> soaking through a pad in 1 HOUR or less

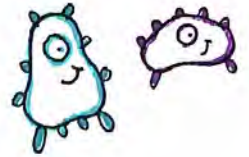
> passing clots bigger than a GOLF BALL

> bleeding that stops and then starts again

> Fever

> abdominal pain more than usual

MOM TO BABY INFECTIONS



② UTI'S + YEAST INFECTIONS : fungal

- › UTI may cause kidney infection → early labor / low birth weight
 - › Yeast infection may spread to baby via vaginal delivery
→ may cause oral thrush in baby
 - › BOTH do not pose any significant threat to baby
- S/S IN MOM: urinary urgency, frequency, dysuria
urine is cloudy, (+) for bacteria / blood
- CARE: Abx, Teach wipe front to back, ↑ fluids
- For yeast: thick white discharge, vaginal itching

③ GROUP B STREP : bacteria that is frequent in the vagina + rectum

- › do not typically cause symptoms
- › May pass to baby during vaginal delivery
- ▶ TESTING: 36 WKS to prepare for birth plan
- › Tx: Abx and potential C-section

POSTPARTUM:

① ENDOMETRITIS : inflammation of inner lining of uterus

CAUSES: Retained placental fragments
C-section
Internal Fetal Heart Monitor

S/S: pelvic pain, excessive / odorous lochia, ↑ WBC, flu-like sx
CARE: Abx, analgesics, hand hygiene, vaginal + blood cultures

② MASTITIS : inflammation of breast tissue + potential infection

CAUSES: blocked duct, poor breastfeeding technique

S/S: painful, Red, HARD area on breast, ↑ WBC, flu like sx

CARE: Abx, teach to empty breast after every feed, breastfeed frequently!

③ UTI : CAUSE - catheters, C-section, frequent vaginal exam S/S and CARE same as above

Effleurage – soothing, stroking, circular movement along the abdomen with the fingertips
Engagement – the longest diameter of the fetal presenting part passing through the pelvic inlet

F

Fetal bradycardia – when the fetal heart rate drops below 110bpm for 10 minutes or longer
Fetal tachycardia – when the fetal heart rate rises above 160bpm for 10 minutes or longer
Fontanelle – anatomical landmark on the infant skull comprised of soft membranous gaps between the cranial bones (anterior and posterior fontanelles)
FHR – fetal heart rate
Fundus – top of the uterus

G

GBS – Group B Streptococcus
GDM - gestational diabetes mellitus
GTPAL – gravidity, term births, preterm births, abortion, living children
Gravidity – number of times a woman has been pregnant

I

Increment – **I**Ncreasing contraction intensity
Involution – shrinking of the uterus to its original size
Ischial spine – the point of reference to tell when the baby is engaged with the mother's pelvis
IUGR – intrauterine growth restriction

L

Lamaze breathing – a form of deep breathing during contractions as a form of pain management.
Goal: mother responds to contractions with relaxation rather than tension
Lanugo – thin, soft hair that sometimes covers the body of newborns
Leopold's Maneuver – abdominal palpation used to determine fetal position within the uterus
LGA – large for gestational age
Lie – position of the baby's spine in relation to the mother's spine
LMP – last menstrual period
LOA – left occiput anterior (optimal)
LOP – left occiput posterior
Lochia – vaginal discharge (mixture of blood, mucous and uterine tissue) after giving birth

M

Macrosomia – newborn that is large for gestational age (>8lb 13oz)
Mastitis – inflammation of breast tissue
Meconium – infant's first bowel movement
Multi – multiple

N

Naegle's Rule – calculation used for estimating the expected due date based on a woman's last menstrual period
Nitrazine test – pH strip testing used to determine the presence of amniotic fluid in vaginal secretions (will turn blue is >6.0pH → ruptured membranes)
Nuchal cord – umbilical cord is wrapped around the baby's neck

ANSWER SHEET

NAEGLE'S RULE:

1. July 11th, 2021
2. March 23rd, 2021
3. January 27th, 2021
4. October 20th, 2020
5. August 8th, 2021

GRAVIDITY/PARITY/GTPAL:

1. Nulligravida → HINT: Nulli – none; Gravidity – being pregnant
2. Nullipara → HINT: Nulli – none; Parity – never given birth >20 weeks
3. Multigravida – a woman who has been pregnant more than once → HINT: Multi – multiple; Gravida – being pregnant
4. Gravida 1, Para 1; or G1P1

Rationale: The number of babies does not matter; we are only counting pregnancies! So, twins count as one pregnancy. This is her first pregnancy, which would make her a “gravida 1.” She gave birth at 39 weeks so her parity would be 1 as well (>20 weeks).

5. Gravida 7, Para 3; or G7P3

Rationale: The client states that she has been pregnant 6 times and is *currently* pregnant. Gravidity only cares about how many times a woman is pregnant, *regardless* of status of the baby. So, the client's gravidity is 7. Parity includes *all* births >20 weeks, *regardless* of the status of the baby. She gave birth to 3 children >20 weeks, so her parity would be 3.

6. G2P0; G2 T0 P0 A1 L0

Rationale:

Gravidity: The client is pregnant for the 2nd time Term

Births: The client has not given birth >37 weeks

Preterm Births: The client has not given birth between 20-37 weeks

Abortion: The client has a history of 1 terminated birth at 9 weeks

Living: The client does not have any living children

7. G3P2; G3 T2 P0 A0 L2

Rationale:

Gravidity: The client is pregnant for the 3rd time → currently 6 weeks pregnant and has a history of 2 previous pregnancies

Term Births: The client gave birth on *two* separate occasions at 41 weeks

Preterm Births: The client has not given birth between 20-37 weeks

Abortion: The client does not have a history of abortion or miscarriage

Living: The client has two living children from her “term” births

8. G4P2; G4 T1 P1 A1 L3

Rationale:

Gravidity: The client is pregnant for the 4th time

Term Births: The client states she has had one “term” birth