

Prenatal History

- Assessment of current and past pregnancies; need to be aware of complications.
- Gynecologic history
- Current and past medical history: problems to be aware of are DM, HTN, CV disease...whatever it is is probably going to get worse with pregnancy.
- Family medical history
- Religious, cultural, and occupational history: want to know about dietary constraints or anything that will affect delivery
- Partner history; want to have someone there with you...need to have a support person.

With successive pregnancies the babies are a half pound to a pound heavier on average.

Obstetric History Terminology

- Antepartum = before pregnancy
- Intrapartum = labor and delivery
- Postpartum = after delivery

“Pelvic distocia”...fat pelvis in obese woman.

Gestational Terminology

- Gestation = period of time that a woman is pregnant
- Abortion = two types: spontaneous (SAB) and therapeutic (TAB).
 - spontaneous abortion = miscarriage
 - therapeutic abortion = terminated by a physician using vacuum or saline/prostaglandin induction
- Term = how long a patient was pregnant. pregnancy runs 40 weeks...babies are “at term” when they are 38 weeks. Babies gain about half a pound a week during third trimester. 37 weeks is on the cusp. Prior to 37 weeks the neonate doesn't have a solid suck reflex, among other things.
 - Preterm = 37 weeks and earlier
 - Term = 38-40 weeks
 - Postterm = anything after 40 weeks...the placenta will start to deteriorate after about 42 weeks. At 42 weeks, woman will be scheduled for induction, ultrasound and non-stress test.

Labor and Delivery Terminology

- Preterm or premature labor = anything before 37 weeks
- Postterm labor = anything after 40 weeks
- Stillbirth = baby born not viable and not resuscitatable; baby has to have reached age of viability, which is 24 weeks gestation. Prior to 24 weeks, the cartilage in ribcage cannot support lung expansion so fetus is not viable.

Pregnancy Terminology

- Gravida = number of times a woman has been pregnant (ex: Gravida 3)
- Nulligravida = person who has never been pregnant
- Primigravida = person who is pregnant having their first baby
- Multigravida = person who has more than one pregnancy

pregnant woman who is “2, 1” is on her second pregnancy and has the one child.

Birth Terminology

- Primipara = first time pregnancy
- Para = number of pregnancies a woman has had to viability
- Nullipara = never given birth
- Multipara = given birth more than once

Pregnancy and Birth History

G—the number of pregnancies including current pregnancy

T—the number of pregnancies that were delivered at 37 weeks or later

P—the number of pregnancies that were delivered between 20 and 37 weeks

A—the number of pregnancies ending in spontaneous or therapeutic abortion (stillbirth = SAP)

L—the number of currently living children

Example: Woman who is 4x pregnant, two of them delivered at 37 weeks, 2 delivered at 20-37 weeks, A1 b/c one was born dead, one killed in car accident = G4, T2, P2, A1, L2

Name	Gravida	Term	Preterm	Abortions	Living Children
Jean Sanchez	2	1	0	1	1
Tracy Hopkins	4	1	2	1	2

Factors Related to Father's Health

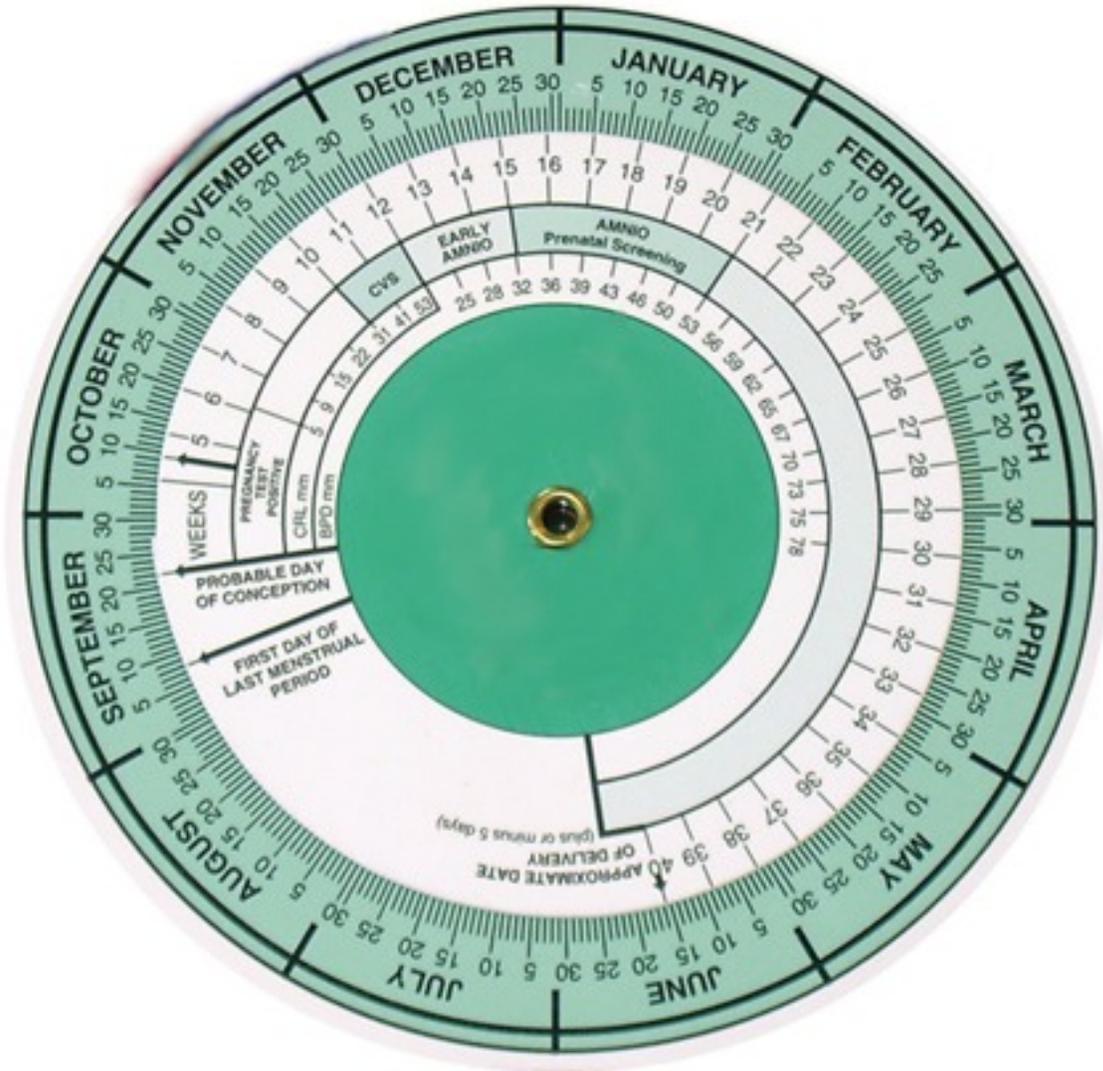
- Family history of genetic conditions
- Age
- Significant health problems
- Previous or present alcohol intake (baby can have predisposition to alcohol abuse if either parent is alcoholic)
- Drug and tobacco use (leads to unhealthy environment for mom's pregnancy)
- Blood type and Rh factor
- Occupation
- Educational level
- Methods by which he learns best
- Attitude toward the pregnancy

Normal Changes in Pregnancy

- Skin:
 - Spider nevi common
 - Pigmentation changes—linea nigra, striae gravidarum, melasma
- Nose: May be edematous
- Mouth: May have hypertrophy of gingival tissue
- Thyroid: Slight hyperplasia by 3rd month
- Breasts:
 - Size increase noted in first 20 weeks
 - Become nodular
 - Tingling sensation in 1st and 3rd trimesters
 - Pigmentation of nipples and darkened areolae
 - Dilation of superficial veins, which become more prominent
 - Striae in multiparas
 - Tubercles of Montgomery enlarged (look like little whiteheads...they are secreting glands and they secrete lubricant that keeps tissue moist)
 - Colostrum may be present after 12 weeks
- Heart:
 - Palpitations may occur
 - Short systolic murmurs, however these are no big deal and are usually transient.
- Abdomen:
 - Purple or silver striae
 - Linea nigra
 - Diastasis of the rectus muscle
 - Progressive enlargement
 - Ballottement
- Spine: Lumbar spinal curve may be accentuated
- Pelvis:
 - Enlargement in anteroposterior diameter

- Softening of cervix (Goodell's sign), softening of isthmus of uterus (Hegar's sign), bluish coloring of cervix (Chadwick's sign)
- Uterus is pear shaped, mobile, and smooth
- Nägele's Rule
 - First day of last menstrual period – 3 months + 7 days = EDB (March 31st)

Figure Below The EDB wheel can be used to calculate the due date. To use it, place the arrow labeled "first day of last period" on the date of the woman's LMP. Then read the EDB at the arrow labeled 40. In this case, the LMP is September 8th and the EDB is June 17th.



Assessment of Pelvic Adequacy

Think of this as three different levels of a tunnel that the baby has to squeeze through. Babies don't fit as well in face up position...we're going over this in skills lab.

- Pelvic inlet
- Midpelvis is at the ischial spines = zero station
- Pelvic outlet

Figure To Left Anteroposterior diameters of the pelvic inlet and their relationship to the pelvic planes.

- Diagonal conjugate is largest diameter in the pelvis.

- All pelvis shapes aside from gynecoid will have issues with delivery.

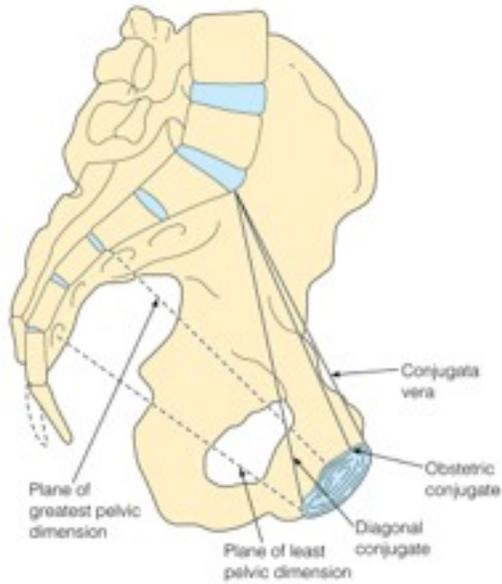


Figure A, below: Manual measurement of inlet and outlet. *A*, Estimation of the diagonal conjugate, which extends from the lower border of the symphysis pubis to the sacral promontory. *B*, Estimation of the anteroposterior diameter of the outlet, which extends from the lower border of the symphysis pubis to the tip of the sacrum. *C* and *D*, Methods that may be used to check the manual estimation of anteroposterior measurements.

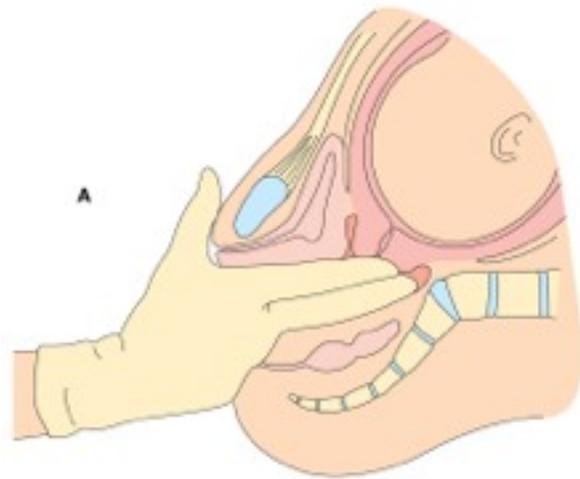


Figure B, below Manual measurement of inlet and outlet. *A*, Estimation of the diagonal conjugate, which extends from the lower border of the symphysis pubis to the sacral promontory. *B*, Estimation of the anteroposterior diameter of the outlet, which extends from the lower border of the symphysis pubis to the tip of the sacrum. *C* and *D*, Methods that may be used to check the manual estimation of anteroposterior measurements.

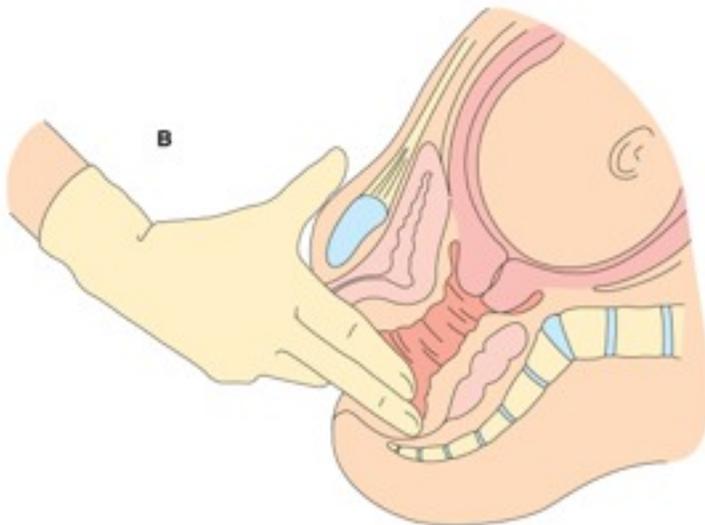


Figure on Left Use of a closed fist to measure the outlet. Most examiners know the distance between their first and last proximal knuckles. If they do not, they can use a measuring device.



Figure on Right: Evaluation of the outlet. *A*, Estimation of the subpubic angle. *B*, Estimation of the length of the pubic ramus. *C*, Estimation of the depth and inclination of the pubis. *D*, Estimation of the contour of the subpubic angle.

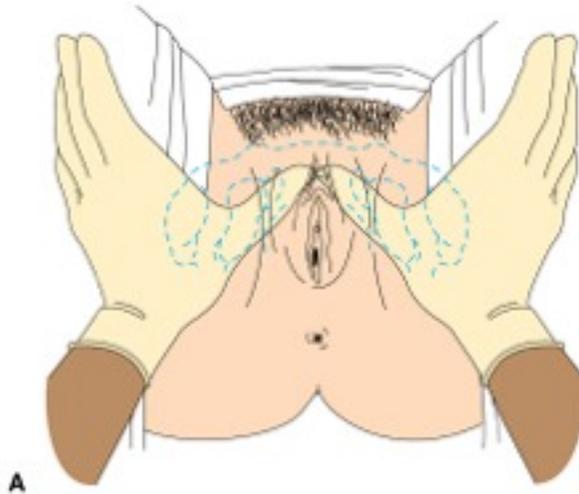
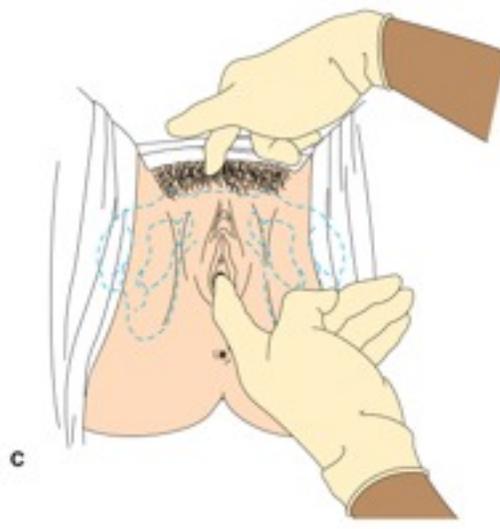
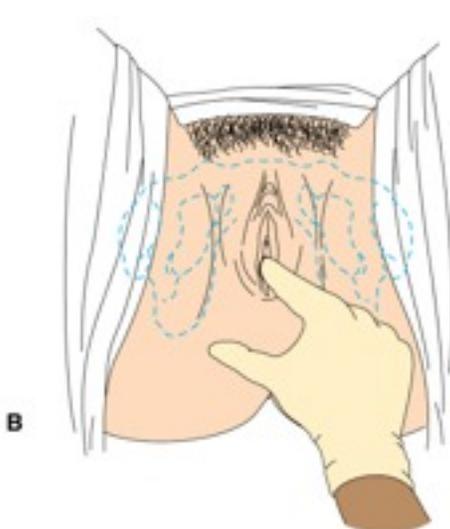


Figure 15-9 Below: Evaluation of the outlet. *A*, Estimation of the subpubic angle. *B*, Estimation of the length of the pubic ramus. *C*, Estimation of the depth and inclination of the pubis. *D*, Estimation of the contour of the subpubic angle.



Psychosocial Assessment

- History of emotional or physical abuse
- History of emotional problems:
 - Depression and anxiety in general; drugs used to treat MH usually have some kind of fetal-toxic effect. May have to have their drugs changed.
 - Postpartum depression
- Support systems
- Overuse or underuse of healthcare system
- Acceptance of pregnancy, intended or unintended
- Personal preferences about the birth: birth plans used to be really common, but you periodically see them
- Plans for care of child following birth
- Feeding preference for the baby

Danger Signs of Pregnancy

- Gush of fluid from vagina that is not blood...is either amniotic fluid or she is leaking urine. Either way, it's not OK...she needs to be seen.
- Vaginal bleeding is NEVER okay...always needs to be investigated.
- Abdominal pain is often d/t placenta separating from uterus prematurely.
- Fever is a sign of infection
- Dizziness, blurred vision, spots before eyes is a sign of increasing HTN (pre-eclampsia)
- Persistent vomiting (hyperemesis)
- Edema is often associated with preeclampsia
- Muscular irritability or convulsions is eclampsia
- Epigastric pain goes with preeclampsia
- Oliguria or dysuria
- Absence of fetal movement

Resources

March of Dimes

This website offers information about risk assessment during pregnancy for medical professionals and pregnant women.

National Women's Health Information Center

Offered is a collection of articles pertaining to pregnancy and parenting. Also included is an interactive diagram depicting changes related to the trimesters of pregnancy.

Resources

Association of Women's Health, Obstetric and Neonatal Nursing

This site provides nurses specializing in the care of women and newborns with specialized programs, publications, practice resources, and public policy information to empower them to succeed as nursing professionals and to provide superior health care to their patients.

Nursing Center

This site offers nurses and students a "nurse community" for dialoguing with other nurses. It also provides resources for further learning.

Resources

Ultrasound in Obstetrics

This site offers comprehensive information about obstetrical ultrasounds including descriptions of the equipment used, images viewed, and links to numerous conditions discovered via ultrasound.