

NR 452 WEEK 4 OB POST ASSIGNMENT

Focus Review 4 Concepts learned 2-3 sentences for each concept

1) **Assessment and Management of Newborn Complications: Interventions for a Small for Gestational Age Newborn**

When a fetus is SGA, there is an increased risk for intrauterine hypoxia due to the presence of meconium in the amniotic fluid. The nurse should observe for meconium in respiratory secretions when suctioning the newborn at delivery. Newborns who are SGA are at risk for perinatal asphyxia due to the stress of labor and are often depressed. They require careful resuscitation and suctioning at delivery.

2) **Bleeding During Pregnancy: Discharge Teaching Following Dilation and Curettage**

- Dilation and curettage (D&C) - to dilate and scrape the uterine walls to remove uterine contents for inevitable and incomplete abortions.
- Dilation and evacuation (D&E) - to dilate and evacuate uterine contents after 16 weeks of gestation.

The client should avoid vaginal intercourse and the use of tampons for 2 weeks following discharge

3)

AMNIOCENTESIS

Obtain FHR **PRIOR** to procedure.

- Amniocentesis is a prenatal test. Is the sampling of amniotic fluid using a hollow needle inserted into the uterus, to screen for developmental abnormalities in a fetus.
- Prescribed for a pt. who is at increased risk of having a baby with a birth defect or genetic condition.
- An ultrasound transducer is used to show a baby's position in the uterus on a monitor prior to procedure.
- It may be performed **after** 14 weeks of

gestation. Patient Education

- Instruct client to **empty her bladder** prior to procedure
- During procedure **slight pressure will be felt, keep breathing.**
 - **The diaphragm is lowered when pt holds the breath.**

4 With Rh negative will be given Rho(D) immune globulin, to protect against Rh isoimmunization.

-Monitor FHR after the procedure for **30mins**

-Notify provider for leakage, bleeding on site, pressure, contraction