

NRNP 6552 FINAL REVIEW

Abdominal pain cause: round ligament pain

Abortion, spontaneous: loss of fetus of less than 20-22 weeks. 25% of all pregnancies end in spontaneous abortion.

AFP-all can cause increase in maternal AFP except: Meningomyelocele. (open neural tube defect, Down's syndrome, underestimated gestational age).

Amniocentesis: done @ 15-18 weeks.

ART, Ethical testing with: can reject embryos affected by inherited disease.

ASCUS: atypical squamous cells of undetermined significance.

Asthma management: Beta 2 agonists, theophylline, epi, cromolyn & glucocorticoids ok to use. **Asthma Bronchospasms improve during:** 8-13 weeks gestation.

Augmentation: Stimulation of uterus by external agent to enhance contractions.

Biophysical profile. Fetal tone, breathing, motion, amniotic fluid volume, non-stress test.

Bleeding, vaginal, painless, normal VS, normal FHT, soft uterus @ 37 weeks= Placenta previa.

3rd trimester bleeding = placenta previa

Blood serum Hcg detects Hcg: 8-10 days after fertilization.

BMI: increases 20-25% during pregnancy.

Breastfeeding contradiction: early HIV infection in mother.

Caffeine allowed during pregnancy. 200mg/day.

Calcium, daily intake: 1 quart cow's milk. 1200mg/day. Eat green leafy vegetables.

Chorionic villus sample (CVS): detects chromosomal anomalies (not anatomical). Can be done @ 10-12 weeks.

Chlamydia, with a positive culture, best medication is: Azithromycin.

Congenital Rubella Syndrome, risk for: @ 16 weeks of pregnancy.

Continence, to maintain: Bladder pressure must be lower than urethral pressure.

Contraindications for estrogen use: Known/suspect of breast CA, Hx of biliary tract disorder, breast CA.

Copper IUD: good for 10 years.

Cyclic mastalgia: Caused by hormonal changes associated with menstruation.

Cytomegalovirus (CMV): Can remain dormant for life.

DMPA administered: Every 13 weeks.