

Chapter 4 Prenatal Care and Adaptations to Pregnancy

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- Promote health:
- Mother, fetus,
- newborn, family

Develop partnership
with parents& family
to provide continuous
coordinated health care.

Major Goals of Prenatal Care

- Ensure a safe birth for mother and child by promoting good health habits and reducing risk factors
- Teach health habits that may be continued after pregnancy
- Educate in self-care for pregnancy
- Provide physical care
- Prepare parents for the responsibilities of parenthood

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Initial Prenatal Visit

- History
- Weight and VS, discuss discomforts
- Pelvic exam and transvaginal US [Transvaginal US](#)
- Labs
 - Blood type/Rh factor
 - CBC
 - H&H
 - VDRL
 - Rubella titer
 - TB screening
 - Hepatitis B
 - HIV
 - UA and UC
 - Pap smear [Pap Smear Test](#)
 - Vaginal culture: Gonorrhea and Chlamydia

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Weight

Vital Signs

Urinalysis

Fundal Height

<https://www.youtube.com/watch?v=jxEfm6KgtIY>

Fetal Heart Rate

FHT

Early & Regular Prenatal Care IMPORTANT

Reduces low-birth weight infants & decreases morbidity & mortality for moms and newborns

Recommended Schedule of Prenatal Visits—Uncomplicated Pregnancy

- Conception to 28 weeks—every 4 weeks
- 29 to 36 weeks—every 2 to 3 weeks
- 37 weeks to birth—weekly
- Certain laboratory and/or diagnostic tests are performed at various times throughout the pregnancy

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Listen to Concerns & Answer Questions
PRIMETIME for teaching healthy habits – MOTIVATION HIGH
Direct to appropriate resources
Sensitivity to Culture

Nutrition Review

Discomforts or Problems

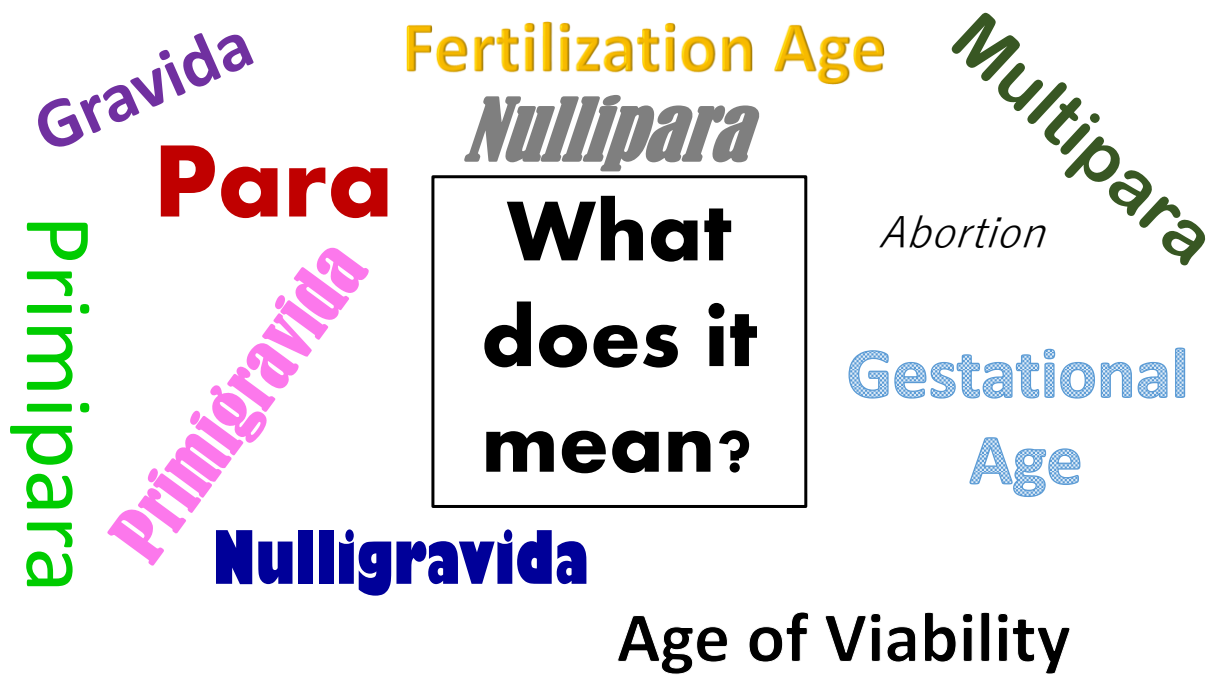
Leopold's Maneuvers

<https://www.youtube.com/watch?v=KQ3L1n5XjLw>

Blood Glucose Screening (24 – 28 weeks)

Routine Labs
(table 4-1, p. 50)

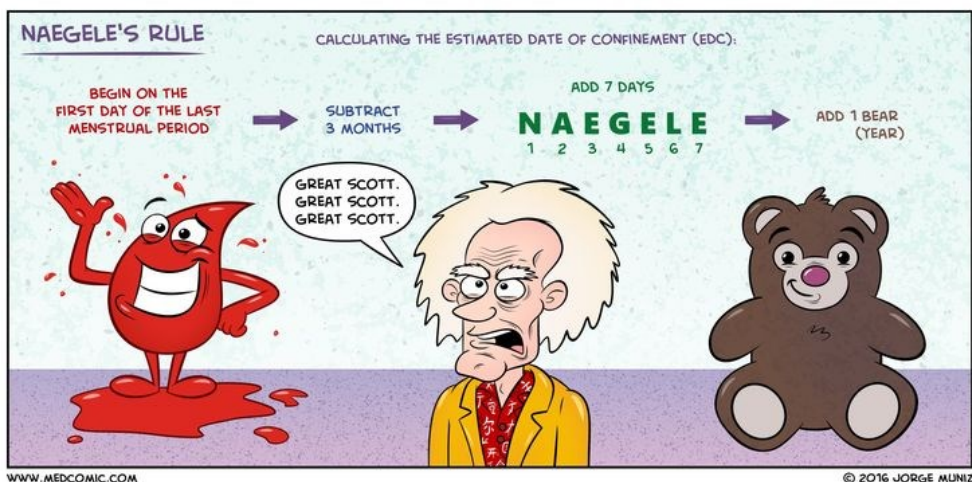
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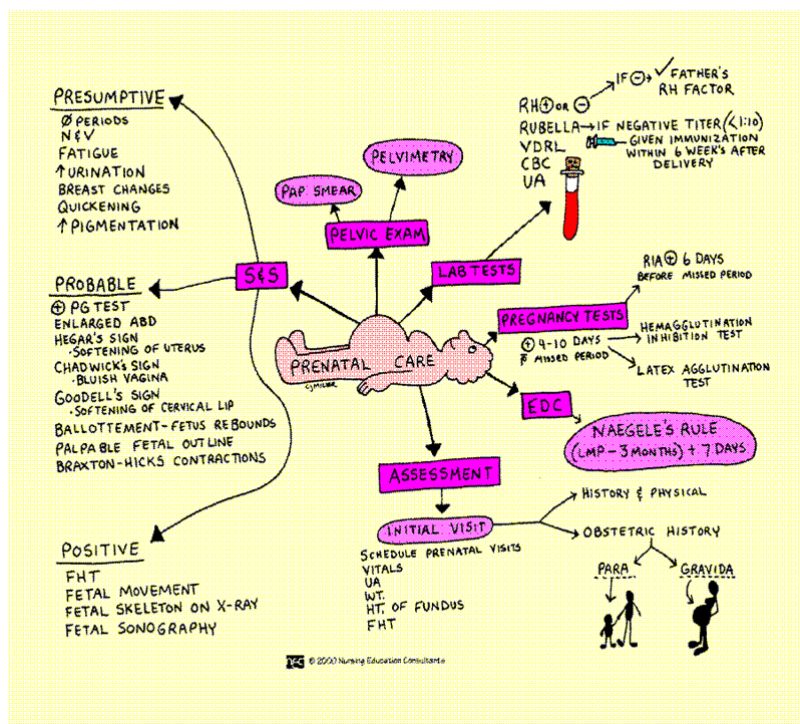
- **T** **term** (infant born after 37 wks)
- **P** **preterm** (born after 20 wks and before 37 wks)
- **A** **abortion** (before 20 weeks: spontaneous /induced)
- **L** **living** (living children)
- **M** **multiple** (number of multiple gestations)

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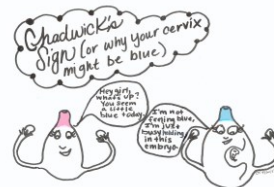
Naegele's Rule: To calculate:
 (1) Subtract 3 months
 (2) Add 7 days
 (3) Adjust year if needed

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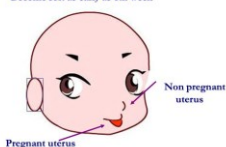
1- Hegar's sign:

It is the softening of the isthmus of the uterus, the area between the cervix and body of the uterus, which occur at 6 to 8 weeks of pregnancy. This area may become so soft that on *bimanual examination* the anterior fornix fingers and abdominal fingers meet each other.



Cervical sign (Goodell's sign)

Become soft as early as 6th week



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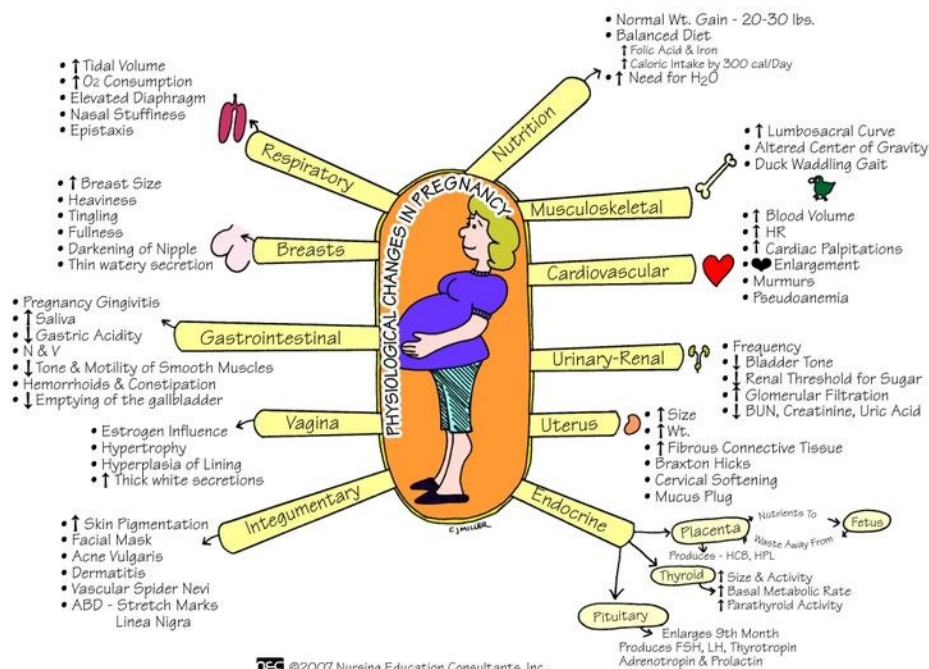
Physiologic Changes in Pregnancy



Pregnancy-Physiology

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Check out
the
information
in the
textbook



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Supine Hypotensive Syndrome

- Usually occurs in 3rd trimester
- Large weight of uterus compresses inferior vena cava when patient supine
 - Reduces return of blood flow to the heart
- Goal – avoid decrease in return of blood to the heart
 - Transport patient tilted or turned to side



Preferably left side (Remember: “lay left”)
Especially important after 5th month
If patient must remain flat (i.e.: CPR), then manually displace uterus to side

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Orthostatic Hypotension

Rising too fast from a recumbent position which results in feeling faint or lightheaded.

Palpitations (sudden increases in heart rate) may occur as the heart tries to compensate for the decreased cardiac output which occurs due to the drop in venous return.

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Weight Gain During Pregnancy

Institute of Medicine Recommendations

Maternal Weight: Before Pregnancy	Maternal Body Mass Index (BMI)	Recommended range: Total weight gain	Recommended gain per week: 2nd - 3rd Trimesters
Underweight	<18.5	28-40 lbs.	1 lb. (1-1.3)
Average/normal weight	18.5 - 24.9	25-35 lbs.	1 lb. (0.8-1)
Overweight	25 - 29.9	15-25 lbs.	0.6 lb. (0.5-0.7)
Obese	30+	11-20 lbs.	0.5 lb (0.4-0.6)

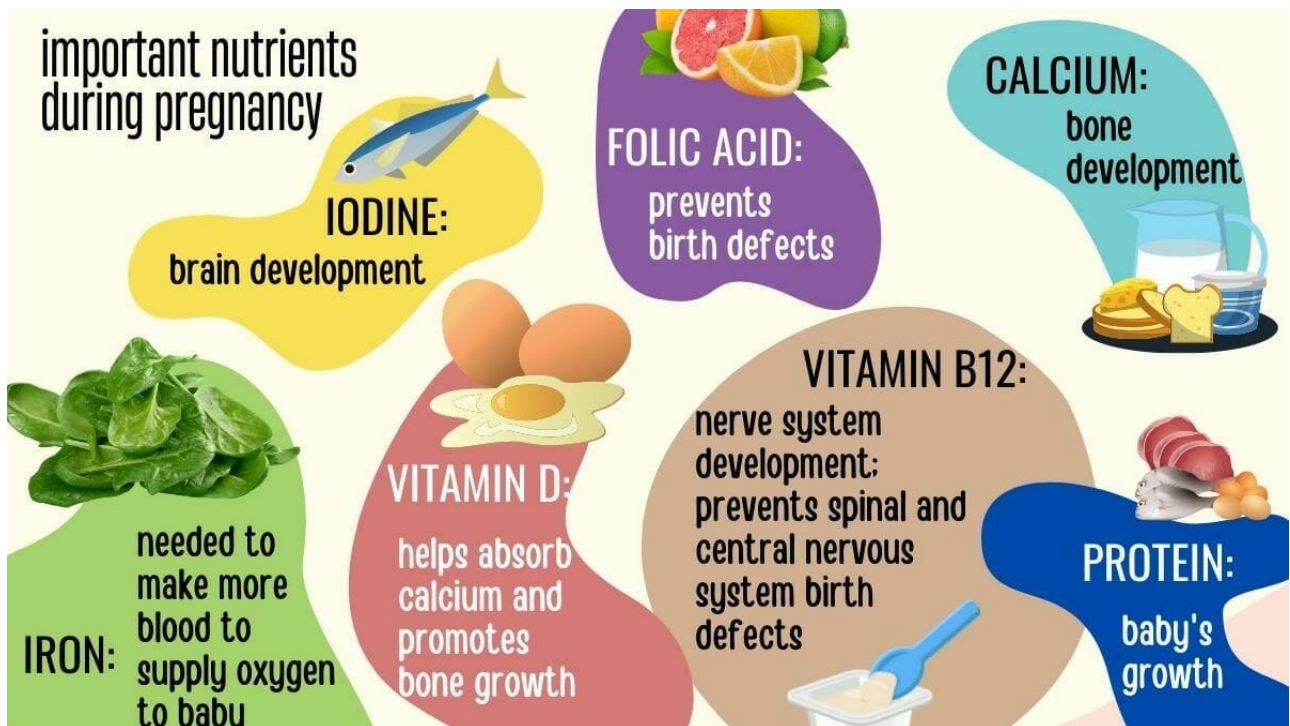
Source: Institute of Medicine (US). Weight gain during pregnancy: reexamining the guidelines.

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WATER / Fluids
8 – 10 eight ounce glasses

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What to eat while PREGNANT

Here's a quick rundown of the good and the bad, as well as some striking figures to help keep you focused on eating right while pregnant.

the bad

Be sure to avoid the following foods as they have been deemed unsafe for pregnant women to consume:

- Undercooked eggs
- Undercooked meat
- Alcohol
- Raw fish & sushi
- Excessive amounts of caffeine (up to 300 mg per day is considered okay)
- Certain types of cooked fish (swordfish, shark, bluish, king mackerel)
- Unpasteurized anything (milk, cheese, etc.)

the good

Pregnant women constantly wonder about their food choices during pregnancy. Be sure to eat as many of the following pregnancy super-foods as you can:

- Avocados
- Pregnancy-approved fatty fish
- Leafy Greens
- Nuts
- Beans & Lentils
- Yogurt
- Oatmeal
- Lean Meats

A 2010 study by the Institute of Medicine found that **48%** of women gained more than the recommended amount of weight during their pregnancies, leading to increased weight delivery, additional risks to baby, and more difficulty losing weight post-pregnancy.

An astounding number of pregnant women do not consume the recommended daily amount of many important nutrients:

- 97%** don't get enough folic acid
- 79%** don't get enough calcium
- 100%** don't get enough iron

A proper, well-balanced diet during pregnancy can significantly reduce the risk of many birth defects, including neural tube defects (such as spina bifida and anencephaly), congenital heart disease, cleft palate, and more.

VEGAN PREGNANCY & NUTRITION

CALCIUM

Watercress	Tofu	Almonds & hazelnuts	Figs
Amaranth	Collard greens	Kale	Sesame seeds

Other Sources: Chickpeas, spinach, sunflower seeds, parsley, pistachio, raw fennel

PROTEIN

Green leafy vegetables	Oatmeal	Soy Yogurt	Lentils
Quinoa	Chia & Pumpkin Seeds	Beans	Peanut Butter

Other Sources: Amaranth, sunflower & hemp seeds, green peas, nuts, broccoli, seitan

IRON

Swiss Chard	Turnip	Spirulina	Chickpeas
Spinach (steamed)	Tomato Paste	Quinoa	Lima beans

Other Sources: Pumpkin seeds, tahini, cooked soybeans, peas, tofu, cashews, black molasses

VITAMIN D & B12

Sunlight: Take sunlight (preferably between 10am-2pm) without wearing sunscreen.

Vitamin D: Portobello, maitake, morel, button & shiitake, but need sun exposure.

Vitamin B12: Vitamin B12 is produced by bacteria & absorbed in our stomach; it does not come from diet. Get your B12 levels checked regularly & if low ask your doctor to prescribe vegan supplement.

Foods to Avoid

- Tea, coffee, energy drinks and any other source of caffeine impedes iron absorption and may result in calcium loss.
- Junk and unhealthy food
- Alcohol, smoking
- Milk prevents absorption of iron


Do you need supplements?

- Just because you are on a vegan diet does not mean you would need supplements, like many people will advise you. Consult a qualified health practitioner in nutrition to make sure you are meeting all your nutritional requirements.
- If you are eating healthy you may not need at all.
- Just make sure to get blood tests periodically.

YOUR GUIDE TO VEGAN LIFESTYLE www.addresschic.com

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Cultural Humility: Lifelong process of self reflection and awareness with a respectful attitude toward diverse points of view.



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PICA



Risks to Baby

- Consumption of materials that aren't food can cause a nutrient deficiency for the fetus of pregnant women
- Non-food items may also contain parasites or toxic material.



Exercise during Pregnancy

- Mild to moderate good, avoid extreme
 - No overheating
 - No strenuous exercise
- Elevated temperature – 100.4
- Hypotension
- Cardiac Output
- Hormones
- Walking is best overall exercise



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Travel

- Seat belt
 - Below abdomen
- Ø long periods of sitting
- Ø locations with ↑ risk of disease
- Ø DEET until after 1st trimester



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COMMON PREGNANCY DISCOMFORTS AND HOW TO DEAL WITH THEM



Top10
Home Remedies
To explore more, visit
www.Top10HomeRemedies.com



BLOCKED NOSE



HEARTBURN



NAUSEA/VOMITING



FATIGUE AND TIREDNESS



BACKACHE



CONSTIPATION



INSOMNIA



CRAMPS



SWOLLEN HANDS AND FEET

KNOW THE DISCOMFORTS OF THE THIRD TRIMESTER OF PREGNANCY

BACKACHE



BRAXTON HICKS CONTRACTIONS



SHORTNESS OF BREATH



FATIGUE



FREQUENT URINATION



INSOMNIA



SHORTNESS OF BREATH



SPIDER AND VARICOSE VENS



SWELLING



To explore more, visit www.Top10HomeRemedies.com

Top10
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Psychological Adaptations- Mother

4 Maternal Tasks (Reva Rubin)

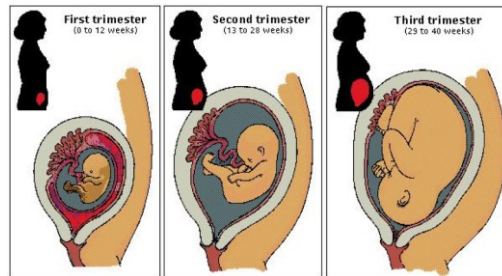
- Seeking safe passage
- Securing acceptance
- Learning to give of self
- Committing herself to the child



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Impact on the Mother

- 1st Trimester – ambivalence, emotional instability (mood swings, labile)
- 2nd Trimester – narcissism, more emotionally stable (feels baby start to move around 17 weeks)
- 3rd Trimester – mood swings, preparation time for infant care



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Impact on the Partner

- Announcement Phase
 - Pregnancy is confirmed, acceptance
- Adjustment Phase
 - Revise financial plans, purchase furniture for nursery, listens to fetal heartbeat
- Focus Phase
 - Plans for labor, changes lifestyle



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Other Psychological Impacts

- The Adolescent
- The Older Couple
 - 35 years old or older: Elderly primigravida
- The Single Mother
- The Single Father
- The Grandparents



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More to Know

- Prenatal Education – may be formal or informal
- Metabolism of Medications
 - FDA Pregnancy Risk Categories
 - Box 4-5
- Immunizations: Avoid live virus vaccines
- See also Cultural Assessment Tool
 - Figure 4-12
- Physiological & Psychological Changes
 - Table 4-7



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Human Placental Lactogen (hPL)

- Also known as human chorionic somatomammotropin (hCS)
- hPL causes decreased insulin sensitivity and utilization of glucose by mother
 - Helps to make more glucose available to fetus to meet growth needs



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