LESSON ASSIGNMENT

LESSON 6
Prenatal Care During Pregnancy.

TEXT ASSIGNMENT
Paragraphs 6-1 through 6-5.

LESSON OBJECTIVES
After completing this lesson, you should be able to:

6-1. Identify terms and definitions that are related to prenatal care.

6-2. Identify the objectives of prenatal care.

6-3. Identify descriptive statements referring to the initial prenatal visit.

6-4. Identify activities performed by the nurse during the patient's prenatal visit.

6-5. Identify instructions given to the mother during her first prenatal visit.

SUGGESTION
After studying the assignment, complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.
LESSON 6
PRENATAL CARE DURING PREGNANCY

6-1. GENERAL

The prenatal period is a preparatory time for the mother to prepare herself both physically and psychologically. It is a time of immense anxiety, excitement, and learning. The best way to ensure the health of both the expectant mother and her infant is through early and attentive prenatal care. Close supervision will allow health care professionals to identify and possibly treat maternal disorders that may have been preexistent or developed during the pregnancy. This lesson will include what occurs during the prenatal visits.

6-2. TERMS AND DEFINITIONS

a. **Abortion.** Termination of pregnancy before the fetus is viable and capable of extrauterine existence.

b. **Conjugate.** An important diameter of the pelvis, measured from the center of the promontory of the sacrum to the back of the symphysis pubis.

c. **Ischial Spines.** Two relatively sharp, bony projections protruding into the pelvic outlet from the ischial bone that form the lower lateral border of the pelvis. They are used when determining the progress of the fetus down the birth canal.

d. **Ischial Tuberosities.** A major bony, sitting support; important in measuring a transverse diameter of the pelvis.

e. **Miscarriage.** Spontaneous abortion; lay term usually referring specifically to the loss of the fetus between the fourth month and viability.

f. **Placenta Abruptio.** Premature separation of a normally, implanted placenta.

g. **Placenta Previa.** A placenta that is implanted in the lower uterine segment so that it adjoins or covers the internal os of the cervix.

h. **Term Pregnancy.** A gestation of 38 to 42 weeks.

i. **Toxoplasmosis.** A congenital disease characterized by lesions of the central nervous system which may lead to blindness, brain defects, and death.

6-3. PRINCIPLES OF PRENATAL CARE

a. **Definition.** Antepartal or prenatal care refers to the medical and nursing supervision and care given to the pregnant patient during the period between conception and the onset of labor.
b. **Objectives of Prenatal Care.** During the initial visit, the objectives are directed toward confirming a diagnosis of pregnancy and beginning the process of data collection to act as a basis for ongoing prenatal care. These objectives include:

1. Prevention of complication.
2. Modification of those complications that may develop.
3. Support of the patient's goal to carry the infant to term and deliver a healthy baby.
4. Education of the mother-to-be and her family for the parenting role.
5. Inclusion of the family as a whole in the concept of "family-centered maternity care."

c. **Health Care Professionals.** Health care professionals involved in the administration of the prenatal care includes:

1. **Physicians.** They are primarily involved in diagnosing normal and abnormal conditions associated with the childbearing cycle.
2. **Nursing personnel.** Nursing personnel includes the nurse practitioners, clinical nurse specialists, registered nurses, and licensed practical nurses. Nursing personnel serves as teachers, counselors, and resource personnel. They have the responsibility to develop and implement nursing care plans.
3. **Others.** Other health care personnel that are involved in prenatal care are:
   
   a. Dietitians.
   b. Laboratory technicians.
   c. Social services.
   d. Occupational therapists.
   e. Similar support personnel.

d. **Choice of Health Care Professionals.** The pregnant patient is responsible to choose the type of individual she prefers to consult for prenatal supervision and care. She may choose a private obstetrician, family practice physician, clinic with no control over which physician provides the care, or a nurse midwife. The primary concern is whether the individual she chooses meets her goals, desires, and expectations.
e. **Early Care.** Early, competent care is essential for the patient to avoid unnecessary risks to herself and her fetus.

**6-4. INITIAL PRENATAL VISIT**

a. The initial prenatal visit should be scheduled at the first signs of pregnancy. This is usually shortly after the second menstrual cycle is missed. Depending on where the care is to be given, the first prenatal visit may not be scheduled until after a positive urine pregnancy test is documented.

b. The initial prenatal visit may be particularly stressful to the patient. Some patients may be anxious about the nature of exams and tests to be done during the visit. The pregnancy may have been unplanned, there may be already existing financial or family problems, or some patients may have had unpleasant experiences with previous pregnancies. The presence of one or more of these problems may serve to heighten the emotional content of the visit.

c. Setting a comfortable climate is very important to the patient. The patient's first impression and initial reception will influence how she may comply with the instructions given during pregnancy. If treated with a true concern as an individual, she will be more inclined to follow instructions. If the patient is rushed with little concern for her as an individual, she may decide not to return. A cordial, respectful environment in which the patient feels like a person is a necessity for every visit.

d. A thorough medical/obstetrical history is obtained. The history is essentially a screening tool that identifies the factors that may detrimentally affect the course of pregnancy. This process involves interviewing the patient and possibly having the patient to complete a questionnaire to obtain the following information:

**NOTE:** See figures 6-1 and 6-2 for a typical prenatal questionnaire and a prenatal and pregnancy medical record.

(1) Past medical history of the patient's mother and father (for example, hypertension, diabetes, and tuberculosis).

(2) Family illnesses (that is, diabetes, mental illness, and bleeding disorders).
**PRENATAL QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Last Name - First Name - Maiden Name</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td>Husband's Last Name - First Name - Middle Initial</td>
<td>Grade</td>
</tr>
<tr>
<td>Address</td>
<td>Telephone No</td>
</tr>
<tr>
<td>Husband's Duty Station</td>
<td>Telephone No</td>
</tr>
<tr>
<td>Religion</td>
<td>Height</td>
</tr>
</tbody>
</table>

Number of times you have been pregnant (including present pregnancy):  
Number of times you have delivered after 6 months:  
Number of times you have lost a pregnancy before 6 months:  
Number of your children who are living now:  
First day of your last menstrual period:

### PAST MEDICAL HISTORY

1. How is your general health?  
   - □ Good  □ Fair  □ Poor  
2. Frequent headaches, migraine, or fainting spells  
3. Visual problems, contact lenses, etc.  
4. Frequent earaches, deafness or dizzy spells  
5. Frequent nose bleeds or sinusitis  
6. Frequent sore throats, tonsillitis or hoarseness  
7. Goiter, thyroid problems, abnormal metabolism  
8. Frequent cough, tuberculosis, pneumonia, other lung problems  
9. Heart murmur, leaky valve, rheumatic fever, high blood pressure, blood clots, phlebitis  
10. Nausea and vomiting, ulcer, hepatitis, gall bladder trouble, fatty food intolerance, diabetes, constipation, diarrhea, bloody bowel movements  
11. Kidney infection, kidney stone, pus in your urine, pain with or frequency of urination  
12. Irregular periods, female problems, venereal disease  
13. Anemia, low blood, leukemia, excessive bleeding  
14. Infectious mononucleosis, swollen glands  
15. Poliomyelitis, muscular disorders, frequent backache  
16. Psychiatric problems, nervous breakdown, depression, nervousness, emotional problems  
17. Have you ever received a blood transfusion or Rhogam or had an Rh problem  
18. Are you allergic or sensitive to any drugs or medicine? Do you have asthma, hay fever or other allergy  
19. Did you have any serious childhood illnesses or any complications of chicken pox, measles, German measles, or mumps  
20. Have you had any operations (tubal, D&C, appendix, etc.)  
   - What and when:  
21. Have you had any serious injuries, broken any bones or been knocked unconscious  
   - What and when:
### FAMILY HISTORY

**Mother Living?** □ Yes □ No. Age ___ If deceased, age at time of death and cause of death)

**Father Living?** □ Yes □ No. Age ___ If deceased, age at time of death and cause of death)

Have any of your relatives (parents, brothers, sisters, grandparents, aunts, uncles, cousins) had diabetes, kidney disease, high blood pressure?

List:

---

How old were you when your periods started?

How long does your period last?

How long is it from the start of one period to the start of the next?

Do you have a problem with painful periods? □ Yes □ No

#### Previous Pregnancies (Including Miscarriages, Etc.)

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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
<tbody>
<tr>
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<td>Weeks or months completed</td>
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<tr>
<td>Duration of labor</td>
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<tr>
<td>Type of delivery (normal, breech, Cesarean, etc.)</td>
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<tr>
<td>Hospital</td>
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<td>Sex of baby</td>
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<tr>
<td>Birth weight</td>
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<tr>
<td>Complications or remarks (include child's present health)</td>
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</tbody>
</table>

Are you taking any medications at present? □ Yes □ No If yes, what?

Is there anything else you feel we should know? If yes, what?

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Figure 6-1B. BAMC Form 287 NS, prenatal Questionnaire (back).
**Figure 6-2A. SF 533, Medical Record—prenatal and Pregnancy (front)**

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### MEDICAL RECORD

<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Age</th>
<th>Husband's Name</th>
<th>Grade</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
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<td>Station</td>
<td>Phone</td>
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</tr>
<tr>
<td>Race</td>
<td>Religion</td>
<td>Gravida</td>
<td>Parity</td>
<td>A.B.</td>
</tr>
<tr>
<td>Significant History &amp; Findings</td>
<td>Height</td>
<td>Usual WT</td>
<td>Ideal Term WT</td>
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</tbody>
</table>

### OBSTETRICAL PROGNOSIS & RECOMMENDATIONS

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<tr>
<th>EDC</th>
<th>LMP</th>
<th>Corrected EDC</th>
<th>GROWTH CHARTING</th>
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<td>Week Gestation</td>
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<td>Weight</td>
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<td>B.P.</td>
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<td>Position</td>
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<td>Doctor</td>
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<td>Initial Lab</td>
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</tbody>
</table>

### SMOKING

- Alcohol
- Medications/Drugs
- Veneral Disease (Herpes)
- Sickle Cell Trait

### New Orientation Briefing, Normal Course and Possible Problems of Pregnancy Discussed

- Prenatal Nutrition Discussed Emphasizing in
- Increased Dietary Needs of Pregnancy

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**STANDARD FORM 533 (REV. 7-75)**

General Services Administration and
Interagency Committee on Medical Records

FAO 551-11 106-6
October 1975 533-108
Figure 6-28B. SF 533, Medical Record—Prenatal and Pregnancy.
(3) Obstetric/gynecologic record.

(a) Last menstrual period (LMP) and menstrual history (for example, last regular cycle and spotting).

(b) Contraceptive history (Were birth control pills used? Did the patient become pregnant immediately after cessation of pills? How long after cessation of pills?)

(c) Reproductive history (for example, number of previous pregnancies and their outcomes, complications).

(d) Exposure or treatment for any sexually transmitted diseases (STDs).

(e) Problems with the current pregnancy (for example, bleeding, nausea, and headaches).

(4) Present medical condition of the patient (for example, hypertension, diabetes, medications presently taking, and any drug allergies).

e. Physical examination. After a complete history is obtained, the patient is prepared for a thorough physical examination.

(1) Vital signs are taken to include:

(a) Temperature, pulse, respiration, and blood pressure.

(b) Fetal heart tones. Document if obtained with a doppler or fetoscope.

(2) Evaluate height, normal weight, and present weight.

(3) Obtain urine specimen. This should be obtained before the patient undresses for the pelvic examination.

(a) On the initial visit, a complete urinalysis is done.

(b) On subsequent visits, a urine specimen will be dipsticked for albumin and glucose.

(c) Additional testing will be done only if there are indications of toxemia of pregnancy or diabetes mellitus.

(4) Prepare patient for a pelvic examination, if performed.
(a) A pelvic examination is performed to confirm the pregnancy and to determine gestation. An examiner will look for signs of pregnancy—Chadwick’s sign (color of cervix), Goodell's sign (softening of tip of cervix), and Hegar's sign (softening of the region between the body of the uterus and cervix). He will also evaluate the size of the uterine and the fundal height.

(b) Estimate of pelvic size. The examiner evaluates the position of the ischial spines and tuberosities. He evaluates diagonal conjugate to estimate pelvic canal size and whether it will allow passage of the fetus at the time of birth.

**NOTE**: One vaginal birth is **not** proof of adequate pelvic space for all subsequent deliveries.

(c) Palpation of pelvic contents is done to identify any abnormal masses or tumors.

(d) Nursing responsibilities.

1. Assemble necessary equipment (speculum, lubricant, spatula for cervical scraping, glass slide, culture tube with sterile cotton-tipped applicator, exam gloves, and exam light).

2. Have the patient empty her bladder so she is more comfortable. It is easier for the examiner to evaluate the size of the uterus on an empty bladder.

3. Have the patient to remove her clothing and to put on a patient gown. Allow for patient privacy while changing.

4. Position the patient on the exam table in the lithotomy position with a drape to cover her (see figure 6-3).

![Figure 6-3. Patient in the lithotomy position, draped for pelvic exam.](image)

5. Reassure and encourage the patient to relax during the exam. The patient can relax by taking two to three breaths and letting them out slowly through her mouth.
6  Provide wipes so the patient may remove lubricant used during the exam.

7  Allow for patient's privacy when redressing.

8  Clean up room and dispose of used materials properly.

(5) The physician will observe and palpate the patient's breast for abnormalities.

(6) A rectal exam is usually done at the end of the pelvic exam.

(7) Laboratory studies performed are as follows:

   (a) CBC, Hgb, or Hct-to detect anemia.

   (b) Sickle cell on black women-to identify patients with sickle cell anemia.

   (c) VDRL-to identify patients with untreated syphilis.

   (d) Rh factor, blood type-to determine if the patient is Rh negative.

   (e) Rubella antibody titer-to determine immunity to rubella.

   (f) Hepatitis screen-is done if patient history indicated cause for suspicion.

   (g) HTLVIII (AIDS)-screening for AIDS may begin as a common part of the initial visit.

(8) Cultures taken at the time of the pelvic exam are as follows:

   (a) Papanicolaou (PAP) Smear is done to detect any abnormalities of cell growth.

   (b) Gonorrhea culture is done to screen the patient for possible infection to protect herself, her partner, and the fetus.

   (c) Herpes simplex culture is done if there is a history or any lesions noted to rule out active herpes.
6-5. BASIC PATIENT TEACHING CONSIDERATIONS FOR THE EXPECTANT MOTHER ON THE FIRST PRENATAL VISIT WITH REINFORCEMENT ON EACH SUBSEQUENT VISIT

a. Instruct the patient on the importance of regularly scheduled follow-up visits (following the normal pregnancy).

   (1) Once a month until the seventh month.

   (2) Every two weeks during the seventh and eighth month.

   (3) Weekly during the ninth month until delivery.

   (4) Patient teaching must continue on each visit.

b. Instruct the patient on the importance of proper nutrition.

   (1) A well-nourished mother and baby are thought to be far less the victims of obstetric and prenatal complications, such as:

      (a) Preeclampsia.

      (b) Prematurity.

      (c) Growth retardation.

      (d) Significant residual neurologic damage (that is, cerebral palsy, mental deficiency, or behavior disorders in the child).

   (2) Guide to good eating— from the six basic food groups daily (see figure 6-4).

      (a) Milk, yogurt, and cheese group—2 to 3 servings per day.

      (b) Meat, poultry, fish, beans, eggs, and nuts group—2 to 3 servings per day.

      (c) Vegetable and fruits—3 to 5 servings of vegetables and 2 to 4 servings of fruits per day.

      (d) Breads, cereals, rice and pasta—6 to 11 servings per day.

   (3) Proper weight gain for pregnancy. After an initial loss, the patient will gain 2 to 4 pounds during the first trimester. Expect a gain of a pound per week during the second and third trimesters.
c. Instruct the patient on the importance of proper rest and sleep.

   (1) Pregnancy will cause the patient to tire more easily.

   (2) Prevention of fatigue through short rest periods is vital to good health.

   (3) The amount of rest or sleep required will vary with the individual and stage of her pregnancy.

   d. Instruct the patient on the importance of exercise and fresh air.

   (1) The degree will vary according to her condition and stage of pregnancy.
(2) Walking is usually the exercise of choice.
(3) Swimming is an excellent overall exercise program.

e. Instruct the patient on precautions to take during pregnancy.
(1) Decrease smoking or stop altogether if possible.
(2) Restrict or limit alcohol intake.
(3) Avoid children with measles or other contagious diseases.
(4) Do not change kitty litter boxes or eat raw meats to prevent toxoplasmosis.

f. Instruct the patient on potential danger signs of pregnancy that would necessitate her contacting her physician and coming in.
(1) Any vaginal bleeding, regardless of how small, may indicate possible miscarriage or abortion, placenta previa, or placenta abruptio (see figures 6-5 and 6-6).

Figure 6-5. Various degrees of placenta previa.

Figure 6-6. Various degrees of placenta abruptio.
(2) Symptoms that may indicate preeclampsia. The symptoms are:

(a) Severe continuous headache.

(b) Dimness or blurring of vision.

(c) Swelling of the face or hands, especially when present after resting all night.

(d) Scotoma—lakes of lights or dots before the eyes.

(e) Persistent vomiting.

(f) Sharp pain in the abdomen.

(g) Epigastric pain.

(h) Weight gain greater than 4 pounds in one week.

(i) Chills and fever.

(j) Burning upon urination.

(k) Sudden escape of fluid from the vagina. The patient should report immediately to the physician or the hospital. She should not wait for uterine contractions to start.

(l) Lack of fetal movement over a 24-hour period once "quickening" has been established.

(m) Regular uterine contractions less than 5 minutes apart for an hour for anyone less than 37 weeks pregnancy.

Continue with Exercises

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EXERCISES, LESSON 6

INSTRUCTIONS: Answer the following exercises by marking the lettered response that best answers the exercise, by completing the incomplete statement, or by writing the answer in the space(s) provided.

After you have completed all of these exercises, turn to "Solutions to Exercises" at the end of the lesson and check your answers. For each exercise answered incorrectly, reread the material referenced with the solution.

1. Physicians, nursing personnel, dieticians, and occupational therapists are all considered ________________________________.

2. ________________________________ refers to the medical and nursing supervision and care given to the pregnant patient during the period between conception and the onset of labor.

3. Why is "early care" essential for a pregnant woman?
   ________________________________

4. List the four categories of information obtained for a pregnant patient's medical/obstetrical history.
   ________________________________
   ________________________________
   ________________________________
   ________________________________

5. During the expectant's mother physical exam, her temperature, pulse, respiration, and blood pressure are taken to include the:
   ________________________________.
6. Why should a woman empty her bladder before a pelvic examination?

_____________________________________________________________

_____________________________________________________________.

7. When is a rectal exam usually performed on a patient?

_____________________________________________________________.

8. List the regular scheduled follow-up visits of the expectant mother following normal pregnancy.

_____________________________________________________________.

_____________________________________________________________.

_____________________________________________________________.

9. As a guide to good eating, the expectant mother should eat from the six basic food groups daily. Fill in the blank opposite each of the food groups listed to indicate the number of servings per day.

Bread, cereals, rice, and pasta _____________ servings per day.

Milk, yogurt, and cheese _____________ servings per day.

Meat, poultry, fish, beans, eggs, and nuts _____________ servings per day.

Vegetables and fruits _____________ servings per day.

10. ________________________ may indicate possible miscarriage or abortion, placenta abruptio, or placenta previa.
11. List 5 of the 7 potential danger signs of pregnancy that would cause the pregnant patient to call her physician or to go in.

__________________________________________.

__________________________________________.

__________________________________________.

__________________________________________.

__________________________________________.

*Check Your Answers on Next Page*
SOLUTIONS TO EXERCISES, LESSON 6

1. health care professionals (para 6-3c).
2. antepartal or prenatal care (para 6-3a).
3. To avoid unnecessary risk for herself and her fetus. (para 6-3e).
4. Past medical history to the patient’s mother and father.
   Family illnesses.
   Obstetric/gynecologic record.
   Present medical conditions of the patient. (para 6-4d(1),(2),(3),(4)).
5. fetal heart tones. (para 6-4e(1)).
6. So that she (the patient) is more comfortable and to make it easier for the
   examiner to evaluate the size of the uterus. (para 6-4e(4)(d)2).
7. After the pelvic exam. (para 6-4e(6)).
8. Once a month until the 7th month.
   Every two weeks during the 7th and 8th months.
   Weekly during the 9th month until delivery. (para 6-5a).
9. Bread, cereals, rice, and pasta 6 to 11 servings per day.
   Milk, yogurt, and cheese. 2 to 3 servings per day.
   Meat, poultry, fish, beans, eggs, and nuts. 2 to 3 servings per day.
   Vegetables and fruits 3 to 5 servings of vegetables and 2 to 4 servings of fruits per day. (para 6-5b(2)).
10. vaginal bleeding. (para 6-5f(1))
11. (any 5)
   Any vaginal bleeding.
   Preeclampsia symptoms.
   Chills and fever.
   Burning upon urination.
   Sudden escape of fluid from the vagina.
   Lack of fetal movement over a 24-hour period once quickening has been established.
   Regular uterine contractions less than 5 minutes apart for an hour for anyone less than 37 week of pregnancy. (para 6-5f)