workbook in

BEDSIDE

MATERNITY

NURSING

BLEIER

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## BEDSIDE MATERNITY NURSING

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## TO THE INSTRUCTOR

The new edition of this workbook was prepared to include the contemporary issues, developments, and innovations in the field of maternity nursing. Among the added topics you will find sex and the young adult; an extensive presentation of the four basic food groups, including the calories of each item listed, in order to guide the student in menu planning and teaching of nutrition; inclusion of problems facing black and adolescent couples; discussion of venereal disease; phototherapy in hyperbilirubinemia; sickle cell disease; and the updating of the abortion laws. New questions and problems relevant to our times are posed. Diagrams pertinent to regional anesthesia and other medical procedures have been included in order to clarify these procedures for the student. Responding to the numerous requests of instructors, the workbook now presents 170 multiple choice questions, which appear following the last chapter. This comprehensive examination will reveal whether the student has mastered the issues of maternity nursing and at the same time will prepare her for taking the State Board Examinations. (None of these questions are duplicates of the ones published in my book Maternity Nursing and its accompanying Instructor's Guide.)

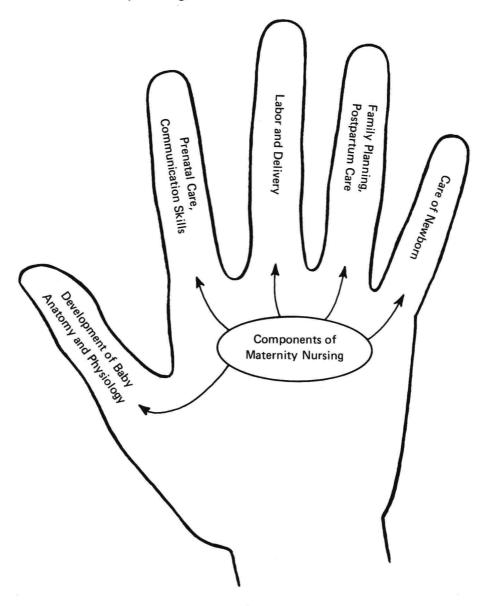
As in the former edition the workbook tests medical knowledge and nursing skills, and requires the use of the behavioral sciences and interpersonal relations.

The workbook is not based on a specific textbook or definite nursing articles. For this reason applicable references include any of the contemporary maternity texts and the obstetric articles listed in the Index of Nursing Periodicals, and Briefs, published by the New York Maternity Center. I strongly advise the use of new articles and texts as they appear; these will either support the answers given in the Answer Key or update them.

Lastly, I wish to thank each instructor who offered constructive advice, for this helped immensely in the preparation of the revision of the workbook.

# TO THE STUDENT

Every practitioner of maternity nursing must have at her fingertips basic knowledge that contributes toward optimum care of the new family. In the following chapters you will apply your knowledge in the various fields which constitute maternity nursing.



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steps you	What is the purpose of giving an S.S. enema to Mrs. Palmer? List the follow in preparing and giving the enema (include explanations and is to Mrs. Palmer).
6. A	an enema is usually contraindicated by the following conditions:
	Sefore you gave the enema the resident did a rectal examination. ou assist in this procedure?
they are m how you:	After the enema you time Mrs. Palmer's contractions. You find that noderate, occur every five minutes, and last 45 seconds. Write down Ascertain the contractions
(b) C	Chart your findings on Mrs. Palmer's record
9. D	Define what is meant by the contractions':
(a) F	requency
(b) D	Ouration
(c) In 10. T Why?	The fetal heart tones should be listened to between contractions.

- 11. What is the normal range of fetal heart tones?
- 12. What deviations in the character of the fetal heart tones would you report to the physician?
- 13. Outline the nursing care that you will give Mrs. Palmer during the first stage of labor.

You accompany Mr. Palmer to his wife's room. There Dr. Brewer tells him that Mrs. Palmer is 6 cm. dilated and that he expects her to deliver by one o'clock. You notice that Mrs. Palmer seems relieved to see her husband.

- 14. In what ways do you think Mr. Palmer's presence in the labor room benefits his wife?
- 15. What can you suggest to him with regard to physical comfort measures? (You have in the meantime given Demerol, 50 mg., and Phenergan, 25 mg. I.M., to Mrs. Palmer.)
- 16. When Mrs. Palmer reaches 7 cm. dilatation her membranes rupture. How do you comfort Mrs. Palmer physically and emotionally?

- 17. What specific details will you chart regarding the rupture of the membranes?
- 18. The period from 7 to 10 cm. dilatation is often referred to as the "transition period." What can you tell Mrs. Palmer about this phase of the first stage?

19. Describe the actual nursing care you and other personnel gave to a recent patient in labor.

20. Describe the patient's reaction to it.

21. experien		the	measures	that	could	have	enhanced	the	patient's
experien									
DELIVE	ERY								
22.	List t	he ba	sic furnitu	ire in t	he deliv	ery roo	m.		
23	Name	e the	essential n	acks vo	ou open	in prei	paration for	r a de	livery.
23.	rvain	c the	esserriar p	uens y	ou open	proj	<b>Puru</b> 1011 101		, .
			er asks yo ." Describ				er to the do	eliver	y room as
50011 45	5110 0	, <del>u</del> 1500	. 2000110		····				
25.	Defin	ne "cı	owning."						
			now you p stant can o				on the deliv	ery ta	ıble so Dr.
						1	1		

		Labor and Delivery 107
	tup t	ording to Dr. Brewer's instructions you have added to the de- the equipment needed for a pudendal block. List the items you
		Palmer has difficulty panting while Dr. Brewer injects the ck. How can you assist her in carrying out panting?
used.		ne and describe the two types of episiotomies most commonly
(b) 30. degree la		ch of the two episiotomies, if extended, may cause a third
31. Why?	Whi	ch of the two episiotomies is more comfortable for the mother?
IMMED	IATE	CARE OF THE NEWBORN
32. portant		ct the item which, immediately following delivery, is most im- ne newborn:
	(a)	To be shown to his parents
	(b)	To be able to breathe and cry
	(c)	To have his umbilical cord cut

33. One of the immediate environmental changes for the newborn baby is temperature. Describe how you maintain the warmth of the newborn in your hospital's delivery room.

Appraisal of the newborn should begin the moment the baby is born. Many hospitals now use the Appar scoring system for making a clinical evaluation of the baby's condition at one minute and five minutes after birth. In the Appar scoring method five vital signs—heart rate, respiratory effort, muscle tone, reflex irritability, and skin color—are observed and recorded.

Each sign is evaluated according to the degree in which it is present and is given a score of 0, 1, or 2 (see Table 2). The five scores, one given to each of the five signs, are added together for a total score. Apgar scores run from 0 through 10. A score of 10 means a baby is in the best possible condition one minute after birth. Scores of 9, 8, or 7 indicate good condition; 6, 5, or 4 show fair condition; and 3, 2, 1, or 0 indicate poor condition.

Table 2

Sign	0	1	2	
I. Heart Rate	Not detectable	Slow (below 100)	Over 100	
II. Respiratory effort	Absent	Slow, irregular	Good, crying	
III. Muscle tone	Flaccid	Some flexion of extremities	Active motion	
IV. Reflex irritability				
1. Response to slap on sole of foot	No response	Grimace	Cry	
2. Response to catheter in nostril (tested after oropharynx is clear)	No response	Grimace	Cough or sneeze	
V. Color	Blue, pale	Body pink, extremities blue	Completely pink	

34. You are assisting with a delivery and have been assigned to record the Apgar score of the newborn. With the help of the Apgar table fill in the score for the newborn who exhibits the following signs:

	Apgar Score
Heart rate over 100	
Breathing good, crying	
Active motion of legs and arms	
Cries in response to slap on sole of foot	
Body pink with blue extremities	
Total:	
35. If the infant's eyes during birth become infec	cted by gonococci, the
nfection is called, which may cau	ise
The prophylactic treatment consists of the administrati	ion of
or  36. Describe how you administer the treatment na	amed in No. 35.

37. Describe the identification bands used in your hospital. List all the items you are requested to include on the tags before you apply them.

38. Name other means of identification which may be used in addition to identification bands.

39. Before the baby is taken from the delivery room the physician inspects him for abnormalities. What abnormalities may be spotted in the delivery room?

- 40. In some hospitals one unit of Deladumone (2 cc.) is given to the nonbreast-feeding patient preceding the birth of the baby. What is the action of Deladumone?
  - 41. Why is it best given immediately before delivery?
  - 42. What type of drug is Deladumone?
- 43. Plan Mrs. Palmer's immediate care following the birth of her baby and the first two hours thereafter. (Don't forget about Mr. Palmer!)

### **Complications of Labor**

	1.	Name	as	many	reasons	as	you	can	think	of	why	a	baby	may	not
breat	he	adequa	tel	y at the	e time of	bi	rth.								

2. List some indications that require extended special attention for the infant (such as placement in the observation nursery or the premature nursery).

3. What is another sign of fetal distress in a cephalic presentation besides a decrease in fetal heart tones?

### PREMATURE LABOR

Mrs. Evelyn Green, gr. iii, p. ii, is admitted to the labor rooms with a diagnosis of premature labor. She is in her thirty-fifth week of pregnancy, in active labor, and with her cervix dilated 5 cm.

4. Specify in what ways the management of Mrs. Green's labor will differ from that of a patient at term.

5. How would you adopt the nursing care of Mrs. Green to the factors you stated in No. 4?