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Prenatal Care

Patient name: _____ Admission: _____

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- I. The client/caregiver can list measures for good nutrition during pregnancy.**
- A. Eat well-balanced meals including meats, fruits, vegetables, breads, cereals, and milk.
 - B. Caloric intake varies according to height and weight but should be at least 1800 calories per day. As a general rule, a healthy pregnant female should consume an additional 300 calories per day during pregnancy.
 - C. Increase protein with sources, such as milk, meat, eggs, cheese, poultry, and so forth. Be aware that animal sources of protein are complete proteins but can be high in saturated fat and cholesterol.
 - D. Vegetarian diets can be a problem when trying to meet protein requirements during pregnancy. Understanding how to combine plant proteins (incomplete proteins) to meet the protein requirements of pregnancy may need the assistance of a nutritionist. The physician may also order B12 injections to avoid deficiencies.
 - E. Evaluate food patterns and choices of other cultures to meet requirements of well-balanced nutrition. Adjust diet as needed to meet standards for pregnancy.
 - F. Certain vitamins and minerals are even more important during pregnancy. Sources for the following nutrients can be found in the nutrition section.
 1. Vitamin A in correct amounts is needed for fetal growth and development.
 2. Vitamin E is needed to prevent cell damage and neurological symptoms.
 3. Vitamin B6 is needed for the metabolism of protein.
 4. Folic acid is necessary to reduce the incidence of neural tube defects such as spina bifida.
 5. Iron is needed for the manufacture of hemoglobin in both mother and fetus.

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6. Calcium is necessary for the development of the fetal skeleton and teeth. If a pregnant woman is deficient in calcium, the fetus will demand calcium and create an even greater deficiency.
 7. Vitamin D is important for the role it plays in calcium metabolism.
 - G. Only take vitamin supplements as ordered by physician. Do not take megadoses of vitamins or supplements. This can be dangerous to the fetus.
 - H. Avoid empty calories, such as candy, cakes, soda, and so forth.
- II. The client/caregiver can list measures for exercise and rest.**
- A. Avoid becoming overly tired. Get adequate sleep at night and rest periods or naps in the afternoon. Avoid exercise during high heat or humidity.
 - B. Exercise daily (walking or swimming is beneficial).
 - C. Limit exercise periods to 30 to 45 minutes.
 - D. After the fourth month of pregnancy, do not exercise in the supine position (on your back).
 - E. Perform warm-up and cool-down exercises before and after exercising.
 - F. Stop exercise immediately if any faintness, shortness of breath, excessively fast heart rate, or chest pain occurs.
 - G. Kegel exercises (exercises using pelvic floor muscles) can be used.
- III. The client/caregiver can list other general care measures during pregnancy.**
- A. Practice good hygiene measures
 1. Bathe daily.
 2. Tub baths may be taken until membranes rupture.
 3. Use safety precautions if using tub baths in late pregnancy to prevent falls.
 4. Avoid douching.

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- B. Learn danger signs for each trimester of pregnancy that should be reported to physician immediately.
- C. Avoid over-the-counter medications unless permitted by physician.
- D. Keep appointments with physician and obtain laboratory studies as ordered.
- E. Travel should allow for rest stops at least every two hours. Proper use and placement of seat belts should be taught. Lap belt should be snug and low across the hip bones. The shoulder belt rides above the pregnant uterus and rests between the breasts.
- F. Clothing should not be constrictive.
- G. Saunas, hot tubs, and steam rooms should be avoided during pregnancy.
- H. Toxoplasmosis is an infection caused by a parasite harmful to the unborn baby. Avoid eating undercooked meat and handling cat litter. Wear gloves when gardening.

IV. The client/caregiver can list the dangers of smoking, alcohol, and drugs.

- A. Avoid smoking because it restricts blood vessels, causing a decreased oxygen level to the infant. Cigarette smoking during pregnancy can result in low-weight babies.
- B. Avoid alcohol and drugs because of possible premature delivery, fetal abnormalities, and low birth weight.
- C. Avoid all medications while pregnant unless specifically ordered by physician.

V. The client/caregiver understands the need for good breast care.

- A. Wear a well-fitting brassiere to relieve discomfort and to prevent sagging after childbirth.
- B. Wash breasts with soap and water, rinse, and dry to cleanse secretion of colostrum.
- C. If planning to breast feed, nipples should be prepared by rubbing with a rough towel several times a day during the last trimester.

VI. The client/caregiver is aware of measures to prevent complications.

- A. Backache
 - 1. Use good body mechanics (“body mechanics” teaching guide).
 - 2. Use good posture.
 - 3. Use side-lying position for rest.
 - 4. Wear low heeled, well-fitting shoes.

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- B. Constipation
 - 1. Eat high-fiber food (i.e., fresh fruits and vegetables).
 - 2. Drink at least 8 to 10 glasses of fluid per day unless contraindicated.
 - 3. Exercise regularly.
- C. Hemorrhoids
 - 1. Avoid constipation.
 - 2. Witch hazel compresses to the rectal area, or sitz baths may help.
 - 3. Use analgesic ointments or suppositories only with physician approval.
- D. Leg cramps
 - 1. Wear loose-fitting clothing to prevent leg cramps.
 - 2. Practice gentle stretching; do not massage.
- E. Nausea and vomiting
 - 1. Eat bland, dry foods.
 - 2. Eat small, frequent meals.
 - 3. Avoid fried, spicy foods.
- F. Heartburn
 - 1. Avoid lying flat after eating.
 - 2. Use antacids only with physician approval.
 - 3. Follow the same suggestions as for nausea and vomiting.
- G. Urinary frequency
 - 1. Decrease fluids at bedtime.
- H. Varicose veins
 - 1. Wear support hose.
 - 2. Avoid long periods of standing or sitting with legs crossed.
- I. Swelling of extremities
 - 1. Elevate feet.
 - 2. Limit sodium intake.
- J. Fatigue
 - 1. Get a good night’s sleep.
 - 2. Take naps during the day. Elevate legs.

VII. The client/caregiver is aware of danger signals to be reported immediately.

- A. Vaginal spotting or bleeding at any time
- B. Leaking of fluid from vagina
- C. Unusual abdominal pain, cramping, pelvic pressure, or persistent backache
- D. Persistent nausea or vomiting, especially into the second and third trimester
- E. Marked swelling of ankles, face, or hands
- F. Persistent headache or changes in vision
- G. Chills and fever
- H. Muscular irritability or convulsions

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- I. Blood in urine, painful or burning urination, or decreased urine output
- J. Decreased or absence of fetal movement in third trimester of pregnancy
- K. Foul-smelling vaginal discharge
- L. Signs of preeclampsia (i.e., rapid weight gain, hypertension, and protein in urine)

VIII. The client/caregiver can list possible complications during pregnancy.

- A. Abruptio placentae
- B. Cephalopelvic disproportion
- C. Cervical insufficiency
- D. Gestational diabetes
- E. Ectopic pregnancy
- F. Gestational hypertension
- G. Hyperemesis gravidarum
- H. Isoimmunization
- I. Multiple gestation
- J. Placenta previa
- K. Premature labor
- L. Prolapsed umbilical cord
- M. Spontaneous abortion

IX. The client/caregiver can list laboratory tests that may be used during pregnancy.

- A. Maternal Serum-Alpha-Fetoprotein (MSAFP). This test is done between week 16 and 18. Screen for neural tube defects or for Down syndrome.
- B. Hemoglobin and hematocrit. This is used to screen for iron or folic acid deficiencies.
- C. Blood glucose screening. This can screen for diabetes during pregnancy.
- D. Antibody titers. This will screen the pregnant client for serious isoimmune condition that is a threat to the life of the fetus.

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- E. Tests for sexually transmitted diseases. These tests will screen for syphilis, gonorrhea, HIV, and genital herpes.
- F. Group B streptococcus. An initial test followed by a test at 35 to 37 weeks gestation will indicate whether there is a need for treatment before delivery. Identification and treatment of this organism can prevent exposing the newborn to overwhelming infection and possibly death.

RESOURCES

National Institutes of Health: National Institute of Child Health and Human Development
www.nichd.nih.gov/health/topics/pregnancy.cfm

U.S. Food & Drug Administration
www.cfsan.fda.gov/~pregnant/ataglanc.html

U.S. Department of Health and Human Services (Office on Women's Health)—The National Women's Health Information Center
<http://womenshealth.gov/pregnancy/>

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