Essentials of Inpatient Obstetric Nursing Care 2.0
Program Overview

• Our Essentials of Inpatient Obstetric Nursing Care program is ideal for both new and experienced nursing professionals to introduce and reinforce the essentials of inpatient obstetric nursing.

• This program is designed to orient nurses to the perinatal unit and provide the most current and comprehensive education for more experienced staff, allowing educators to reinforce knowledge and establish consistent care across the unit.

• This series will help reduce risk and errors, increase efficiency and patient care, reinforce and document staff competency, and grow the knowledge and skills of the nurses in your unit.

• The series is eligible for 50.0 CNE Contact Hours, including 17.5 Pharmacology Contact Hours.
Course Overview:

• Course 1: *Physiologic and Psychosocial Changes in Pregnancy*
• Course 2: *Care of the Intrapartum Patient*
• Course 3: *Physiologic and Psychosocial Changes in the Postpartum Period*
• Course 4: *Care of the Postpartum Woman*
• Course 5: *Complications of Pregnancy*
• Course 6: *Perinatal Loss*
Course 1: *Physiologic and Psychosocial Changes in Pregnancy*

- **Learning Outcomes:**
  - Discuss the physiologic changes associated with pregnancy and how these changes affect physical assessments.
  - Describe how physiologic changes associated with pregnancy ensure fetal development.
  - Describe how physiologic changes that occur during pregnancy impact laboratory values.
  - Discuss three tasks of psychosocial adaptation to pregnancy.

- Eligible for 4.0 CNE Contact Hours.
Online Course Preview: Course 1

Psychosocial Adaptation to Pregnancy

There are three tasks that the pregnant woman must complete to successfully prepare for parenthood. These include (Tudiver and Tudiver, 1982):

- **First Task (conception to quickening):** Accept the fetus as a part of herself.
- **Second Task:** Through increased concentration on herself, the pregnant woman is able to come to terms with her role changes and changes in familiar patterns.
- **Third Task:** This task is marked by feelings of ambivalence even in a desired pregnancy.

Review Questions

This task is marked by feelings of ambivalence.

- A. First task
- B. Second task
- C. Third task

Post Test

Please refer to the following case presentation for the first four questions of this post test.

M.K. is a 35-year-old, G1 P000 woman who is seen in your labor and delivery triage at 32 weeks' gestation. M.K. is complaining of a variety of symptoms but denies uterine contractions, vaginal bleeding, amniotic membrane rupture, and decreased fetal movement. M.K. states that she has some shortness of breath, fatigue, and right upper quadrant pain. She admits to some nausea related to the right upper quadrant pain but has been able to drink fluids without a problem. She denies any recent illness.

**Post Test Question Example**

1. The blood pressure you obtained on your assessment is significantly lower that M.K.'s baseline blood pressure. You surmise that:
   - A. M.K.'s blood pressure is reflective of the presence of some cardiovascular compromise and is concerning.
   - B. M.K.'s blood pressure is reflective of a normal response due to decreased peripheral vascular resistance.
   - C. M.K.'s blood pressure is suggestive of preeclampsia.

Check My Answer
Course 2: *Care of the Intrapartum Patient*

- Learning Outcomes:
  - Describe maternal and fetal physiologic changes that occur in the reproductive system in preparation for labor.
  - Identify the four stages of labor.
  - Discuss normal progress in labor and factors that influence its progress.
  - List various methods of labor pain relief.
  - Describe options available for cervical ripening and induction/augmentation of labor.
  - List indications for labor induction.
  - Discuss advantages and disadvantages of various methods of cervical ripening.
  - Discuss indications for assisted vaginal delivery.
Course 2: *Care of the Intrapartum Patient*

• Learning Outcomes: Continued
  • List risk factors for shoulder dystocia.
  • Discuss maneuvers used for delivery during a shoulder dystocia.
  • Discuss indications for a cesarean section delivery.
  • Describe the care of the preoperative and intraoperative patient for a cesarean delivery.
  • Discuss risk factors for postpartum hemorrhage.
  • Describe interventions for the patient experiencing a postpartum hemorrhage.

• Eligible for 15.0 CNE Contact Hours (7.5 Pharmacology Contact Hours)
Online Course Preview: Course 2

Course 2

Content Example

False vs. True Labor

<table>
<thead>
<tr>
<th>False Labor</th>
<th>True Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular contractions</td>
<td>Regular contractions</td>
</tr>
<tr>
<td>Decrease in the frequency and intensity</td>
<td>Progressive increase in the frequency and intensity</td>
</tr>
<tr>
<td>Lower abdomen and groin discomfort</td>
<td>Discomfort in back that radiates to the abdomen</td>
</tr>
<tr>
<td>Activity doesn’t increase the frequency or intensity—may decrease.</td>
<td>Activity increases contractions</td>
</tr>
<tr>
<td>Contractions continue when sleeping</td>
<td></td>
</tr>
<tr>
<td>No cervical change</td>
<td>Progressive cervical change</td>
</tr>
<tr>
<td>Sedation decreases or stops contractions</td>
<td>Sedation does not stop contractions</td>
</tr>
<tr>
<td>Bloody show usually is present</td>
<td></td>
</tr>
</tbody>
</table>

Simpson and O’Brien-Abel, 2014

Review Questions

- Signs of true labor include:
  - A. a decrease in the frequency and intensity of contractions during activity.
  - B. regular contractions.
  - C. bloody show.
  - D. lower abdomen and groin discomfort.
  - E. all of the above.
  - F. B and C only.
  - G. A and D only.

Check My Answer

Post Test

Clinical Case Example

M.S. is a 24-year-old, G1 P0000 woman who is admitted to your labor and delivery unit at 39 weeks gestation complaining of regular, painful contractions. Upon questioning, she admits to bloody show and active fetal movement. A review of M.S.’s prenatal record reveals an uncomplicated pregnancy with no risk factors.

You admit M.S. and obtain a set of vital signs (temperature 97°F, pulse 80 bpm, respirations 20 rpm, blood pressure 124/76 mm Hg, and a pain rating of 6 out of 10). You apply the electronic fetal monitor to assess fetal status.

Post Test Question Example

10. You know that M.S.’s phase of labor now is in the:
- A. latent phase.
- B. active phase.
- C. transition phase.

Check My Answer
Course 3: *Physiologic and Psychosocial Changes in the Postpartum Period*

• Learning Outcomes:
  • Discuss the physiologic changes associated with each organ system in the postpartum period.
  • List the three components of Rubin’s Psychosocial Adaptation to Parenthood.
  • Describe the changes to the breast during pregnancy and the postpartum period.

• Eligible for 6.0 CNE Contact Hours
Online Course Preview: Course 3

Course 3

Content Example

Review Question Example

Post Test Question Example

Post Test

1. You are assessing the uterine fundus of a postpartum patient who delivered vaginally two days ago. You would expect to find the level of the uterine fundus to be:

   - A. at the umbilicus.
   - B. 2 cm above the umbilicus.
   - C. 4 cm below the umbilicus.
   - D. 2 cm below the umbilicus.

   Check My Answer
Course 4: Care of the Postpartum Woman

• Learning Outcomes:
  • Define the time frame for the postpartum period.
  • Describe the postpartum assessment components for the mnemonic BUBBLE.
  • Describe additional postpartum assessments and their impact on the woman’s recovery.
  • Discuss each stage of the Psychosocial Adaptation to Parenthood model that the postpartum woman experiences.
  • Discuss the importance of maternal-newborn bonding.
  • Describe the importance of discharge instructions for the postpartum woman.
  • Discuss four potential postpartum complications and the appropriate nursing interventions for each.
  • Discuss postpartum “blues,” postpartum depression, and postpartum psychosis.

• Eligible for 7.0 CNE Contact Hours (2.0 Pharmacology Contact Hours)
Online Course Preview: Course 4

Course 4: Care of the Postpartum Woman

Postpartum

Assessment of the postpartum woman.

When assessing the postpartum woman, the use of the mnemonic BUBBLE is used. This represents:

- B - Breasts
- U - Uterus (includes fundal height, placement, and tone)
- B - Bowels and gastrointestinal tract
- L - Bladder
- L - Lochia (includes lochia color, odor, amount, and consistency)
- E - Episiotomy/laceration/incision

Post Test

27. Your patient has been diagnosed with endometritis. When performing an assessment you note the following:

- Heart rate 120 bpm
- Blood pressure 88/50 mmHg, baseline blood pressure 124/76 mmHg
- Respiration rate 24 rpm
- Confusion as to time and place, and
- Urinary output is less than 30 mL/hr

You suspect your patient is demonstrating signs of:

- A. worsening endometritis
- B. septic pelvic thrombosis
- C. sepsis
- D. urinary tract infection

Review Questions

When providing breastfeeding instruction to the new mother, key points to be stressed include:

- A. Importance of using different nursing positions
- B. What constitutes a good latch-on
- C. Importance of good hygiene
- D. What to do for sore nipples and breast engorgement
- E. All of the above
- F. A, B, and C only

Check My Answer
Course 5: *Complications of Pregnancy*

• Learning Outcomes:
  • List complications seen in pregnancy.
    1. Hypertensive Disorders of Pregnancy
    2. Fetal Growth Restriction
    3. Preterm Birth
    4. Bleeding in Pregnancy
    5. Obesity
    6. Diabetes Mellitus
    7. Multiple Gestation
    8. Hyperemesis Gravidarum
    9. Deep Vein Thrombosis
   10. Pyelonephritis
   11. Amniotic Fluid Embolism
   12. Cardiopulmonary Resuscitation
Course 5: *Complications of Pregnancy*

• Learning Outcomes: Continued
  • Describe physiologic changes of pregnancy that contribute to the development of pregnancy complications.
  • Determine the impact that pregnancy complications have on the development of the fetus.
  • Describe management strategies for each of the identified pregnancy complications.
  • Develop nursing plans of care for each of the identified complications of pregnancy.

• Eligible for 16.0 CNE Contact Hours (8.0 Pharmacology Contact Hours)
Online Course Preview: Course 5

Course 5

Fetal Growth Restriction

<table>
<thead>
<tr>
<th>Maternal</th>
<th>Fetal</th>
<th>Placenta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular disease</td>
<td>Multiple gestation</td>
<td>Confined placental mesomosis</td>
</tr>
<tr>
<td>Antiphospholipid antibody</td>
<td>Genetic disorders</td>
<td>Single umbilical artery</td>
</tr>
<tr>
<td>Cyanotic heart disease</td>
<td>Congenital anomalies</td>
<td>Abnormal/placental</td>
</tr>
<tr>
<td>Restrictive lung disease</td>
<td>Infection</td>
<td>Abnormal cord insertion</td>
</tr>
<tr>
<td>Hemoglobinopathies</td>
<td>Chronic aspiration</td>
<td>Circumvallate placenta</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Inadequate nutrition</td>
<td>Hemangioma</td>
</tr>
<tr>
<td>High altitudes</td>
<td>Assisted reproductive technologies</td>
<td></td>
</tr>
</tbody>
</table>

Review Questions:
Risk factors for preclampsia include:
- A. primigravida
- B. chronic hypertension
- C. gestational diabetes
- D. advanced maternal age
- E. all of the above
- F. A, B, and D only

Post Test

77. G.C., a 36-year-old, G1P000 woman who is admitted to your labor and delivery unit for induction of labor at 39 + 2/7 weeks' gestation for preclampsia. On admission, her blood pressure is 160/100 mmHg, her lower extremity edema is 2+ and pitting, her deep tendon reflexes are 2+ bilaterally, and she complains of a headache. G.C.'s labor is induced with an oxytocin infusion. She now is dilated 8 cm and has an epidural in place for pain control.

- A. transition stage of labor
- B. an eclamptic seizure
- C. amniotic fluid embolism
- D. hypotensive episode resulting from the epidural anesthesia

Post Test Clinical Case Example

Post Test Question Example
Course 6: *Perinatal Loss*

- **Learning Outcomes:**
  - List the three stages of grief.
  - Identify strategies to assist the grieving parents through this difficult time in their lives.
  - Describe five nursing interventions that will promote lasting memories for the parents.

- Eligible for 2.0 CNE Contact Hours
Online Course Preview: Course 6

Course 6

ESSENTIALS OF INPATIENT OBSTETRIC NURSING CARE

Course 6: Perinatal Loss

Perinatal Loss

Actions to Take During and After the Death of a Baby

- Assure parents that it is normal to feel uncomfortable at this time.
- Make repeated offers for holding the baby.
- Provide privacy, but do not abandon the parents.
- Name the baby.
- Reassure the parents that nothing more could have been done.
- Ensure that spiritual support is available.
- Explain the need for an autopsy.
- Allow parents as much time as they need with their baby.

- Warn about gaping and muscle contractions.
- Encourage relatives and friends to see the baby, according to the parents' wishes.
- Reassure the parents that their baby is not alone, not afraid, and not in pain at the time of death.
- Provide mementos to create memories.
- Explain options and procedures for memorial services.
- Take pictures.

Post Test

6. When caring for the family experiencing a perinatal loss, it is important to assess:
   A. the circumstances surrounding the loss.
   B. the parents' social network.
   C. the parents' response to the loss.
   D. the meaning of the pregnancy and the infant to the parents as well as other losses.
   E. all of the above.
   F. A, B, and C only.

Check My Answer
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