Achievable

NCLEX-RN DUMP SHEET

Maternity: antepartum care

Prenatal care

- **Visit schedule** — every 4 weeks to 28 weeks → every 2 weeks 28—36 weeks → weekly from 36 weeks
- **Every visit** — weight, BP, fundal height, fetal heart tones, fetal movement, urine dip for protein and glucose, edema/headache/visual changes, contractions/bleeding/discharge
- **First visit labs** — CBC, blood type and Rh, antibody screen, rubella titer, HBsAg, HIV, syphilis, urine culture, Pap if due, gonorrhea/chlamydia, TB if high risk
- **24—28 weeks** — 1-hour glucose tolerance test, CBC for anemia, **RhoGAM at 28 weeks if Rh negative**
- **35—37 weeks** — group B strep culture
- **Vaccines** — inactivated influenza; **Tdap at 27—36 weeks, every pregnancy. No live vaccines** (MMR, varicella)
- **Fundal height** in centimeters equals weeks of gestation ± 2 cm after 20 weeks. **Quickening** 16—20 weeks

Normal physiologic changes

- **Cardiovascular** — blood volume ↑40—50%, heart rate ↑10—15 bpm, BP dips slightly in the second trimester, physiologic anemia from hemodilution
- **Respiratory** — ↑O_2 consumption, mild dyspnea normal, elevated diaphragm
- **GI** — nausea, constipation (progesterone slows motility), heartburn. **Renal** — ↑GFR, ↑UTI risk, frequency
- **Musculoskeletal** — lordosis, round ligament pain, relaxin softens pelvic ligaments
- **Skin** — linea nigra, chloasma, striae gravidarum

Fetal well-being

- **Kick counts** — left side, **10 movements in 2 hours.** Decreased movement is urgent, never “normal”
- **NST** — **reactive = 2 accelerations in 20 minutes** (good); nonreactive needs a BPP
- **BPP** — 5 components scored 0—2 (breathing, tone, movement, amniotic fluid, NST). **8—10 reassuring • ≤4 possible emergency delivery**
- **Nonreactive NST + oligohydramnios = high risk of fetal compromise** — notify the provider immediately

High-risk conditions

- **Preeclampsia** — BP ≥140/90 after 20 weeks plus proteinuria or end-organ damage. Red flags: severe headache, visual changes, **RUQ pain**, sudden facial/hand swelling, hyperreflexia or clonus. Seizure precautions, monitor BP and urine protein, **magnesium sulfate**, prepare for early delivery
- **Placenta previa** — **painless, bright red bleeding. No vaginal exams ever**, bed rest, plan C-section
- **Placental abruption** — **painful bleeding**, rigid abdomen, fetal distress. Emergency, prepare for delivery
- **Gestational diabetes** — macrosomia, newborn hypoglycemia, preeclampsia. Glucose monitoring, diet, possible insulin, growth monitoring
- **Preterm labor (<37 weeks)** — contractions plus cervical change. Hydration, **tocolytics** (nifedipine), **betamethasone** for fetal lung maturity, GBS prophylaxis