Achievable

NCLEX-RN DUMP SHEET

Maternity: labor and postpartum

Labor

- **Stage 1 dilation** — latent (0—5 cm, teach and ambulate) → active (6—7 cm, epidural often placed, continuous monitoring) → transition (8—10 cm, intense q2—3 min, nausea and shaking, coach against premature pushing)
- **Stage 2** birth — monitor FHR q5—15 min, open-glottis pushing, Apgar at 1 and 5 minutes
- **Stage 3** placenta, usually 5—30 minutes — gush of blood, cord lengthens, uterus firm and globular. Inspect the placenta, give oxytocin, fundal massage
- **Stage 4** first 1—2 hours — fundus, lochia, vitals **q15 min**, watch for hemorrhage

Fetal heart rate

- **Baseline 110—160 bpm. Variability is the most important indicator of oxygenation** — absent (ominous), minimal <5, **moderate 6—25 (normal)**, marked >25
- **Accelerations** — 15 bpm × 15 seconds, reassuring
- **Early decelerations = head compression = benign** (mirror the contraction)
- **Variable decelerations = cord compression** — reposition, stop oxytocin, oxygen
- **Late decelerations = uteroplacental insufficiency** — after the contraction peak. In order: **reposition left side → stop oxytocin → oxygen 8—10 L/min → IV fluids → notify provider**
- **Category I** normal · **II** indeterminate, monitor closely · **III** absent variability with recurrent lates/variables or bradycardia — **immediate intervention, possible emergency birth**
- **Tachysystole** — more than 5 contractions in 10 minutes averaged over 30 minutes → **stop oxytocin**

Obstetric emergencies

- **Shoulder dystocia** (turtle sign) — **McRoberts maneuver** (hyperflex thighs) and suprapubic pressure. **Never fundal pressure**
- **Cord prolapse** — call for help, **elevate the presenting part with a gloved hand**, knee-chest or Trendelenburg, emergency C-section
- **Uterine rupture** — sudden pain, loss of fetal station, fetal distress. Risk with VBAC, high parity, obstructed labor
- **Amniotic fluid embolism** — sudden dyspnea → cardiac collapse. Oxygen, CPR, emergency response
- **Postpartum hemorrhage** — cumulative blood loss **≥1000 mL** or blood loss with signs of hypovolemia within 24 hours, any delivery route

Postpartum

- **BUBBLE-HE** — **B**reasts, **U**terus, **B**ladder, **B**owels, **L**ochia, **E**pisiotomy, **H**omans (replaced by DVT assessment), **E**motional status
- **Fundus** firm and midline, at the umbilicus after birth, descends **1 cm/day**, nonpalpable by ~2 weeks
- **Boggy and high = atony. Firm but high and deviated right = full bladder** — have her void or straight-cath
- **Lochia** — **rubra** days 1—3 (dark red) → **serosa** days 4—10 (pink/brown) → **alba** day 11 to 6 weeks (white/yellow). Abnormal: **saturating >1 pad/hour**, foul odor, large clots, return to bright red
- **PPH four Ts** — **T**one (atony, most common) · **T**rauma (laceration, hematoma) · **T**issue (retained placenta) · **T**hrombin (coagulopathy)
- **Bleeding with a firm fundus = laceration.** Actions: fundal massage, oxytocin, empty the bladder, oxygen, notify, prepare methylergonovine or carboprost
- **Perineum** — ice first 24 hours, **sitz bath after 24 hours**. Severe unilateral pain with minimal lochia = **hematoma — never massage it**
- **Mastitis** — unilateral wedge-shaped redness, fever, flu-like symptoms. **Continue breastfeeding or pumping** unless a purulent abscess is present
- **Endometritis** — fever >100.4 °F after the first 24 hours, uterine tenderness, **foul-smelling lochia**, ↑WBC, tachycardia
- **DVT** — unilateral calf pain, redness, warmth, swelling. Report immediately, **never massage the leg**
- **Blues** days 2—5, resolve by day 10—14 · **depression** any time in the first 12 months, needs treatment · **psychosis** first 2 weeks, **medical emergency** (hallucinations, delusions, paranoia)
- **Call the provider** for heavy bleeding, fever >100.4 °F, severe abdominal pain, red swollen leg, foul lochia, severe headache or vision change, difficulty breathing, chest pain