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# Chapter 1

# Maternity

1) The nurse assesses 2 client who is 2 days postoperative breast reconstruction surgery. The client has 2 closed-suction Jackson Pratt bulb drains in place. There is approximately 10 mL of serosanguineous fluid in each one. One hour later, the nurse notices the bulbs are full of bright red drainage and measures a total output of 200 mL. What is the nurse's **priority** action?

- 1. Notify the health care provider (HCP)
- 2. Open the collection bulb to release excessive negative pressure
- 3. Record the amount in the output record as wound drainage
- 4. Reposition the client on the right side

#### ✓Answer: 1

A closed-wound drainage system device (e.g. lackson-Pratt, Hemovac) consists of fenestrated drainage tubing connected to a flexible, vacuum (self-suction) reservoir unit. The distal end lies within the wound and can be sutured to the skin. It is usually inserted near the surgical site through a small puncture wound rather than in the surgical incision. The purpose of the drain is to **prevent fluid buildup** (eg, blood, serous fluid) **in a closed space**.

Although it depends on the client and type of surgical procedure, about 80-120 mL of serosanguineous or sanguineous drainage per hour during the first 24 hours after surgery can be expected. The priority action is to **notify the HCP** due to the change in type and amount of drainage after the first 24 hours

**3.** "I can still spread the infection, even if I do not have any of the symptoms."

**4.** "I should have screening yearly for chlamydia even if I do not have symptoms."

**5.** "I will make sure my partner gets checked and treated to prevent reinfection."

#### ✓ Answer: 1, 3, 4, 5

**Chlamydia** is the **most common sexually transmitted infection** and is diagnosed frequently among women, adolescents, and those with multiple sexual partners. Many clients are **asymptomatic** or have minor symptoms (eg, spotting after sex, dystaria, abnormal vaginal discharge) but can still transmit the infection **(Option 3)** 

Therefore, all sexually active women age <25 and any client age ≥25 at high risk (eg, new or several sexual parmers) are **screened annually** for chlamydia and gonorrhea (**Option 4**). The client's **cexual partners** should also **receive treatment** to prevent transmission and reinfection (**Option 5**).

If not treated appropriately, chlamydia can ascend the female genital tract, producing serious complications such as price inflammatory disease and infertility (Option 1). Clients should also be instructed in general safe sex practices (eg, using condoms, avoiding multiple partners) to help prevent transmission of sexually transmitted infections.

Clients should be taught to **abstain from sexual intercourse** for **7 days after initiation** of drug therapy (eg, single dose of azithromycin, 7 days of doxycycline). This client received treatment today and therefore must wait 7 days before resuming intercourse **(Option 2)**.

## Educational objective:

Clients with a chlamydial infection may be asymptomatic or experience minor symptoms (eg, spotting after sex, dysuria, abnormal vaginal discharge). Clients should abstain from sexual intercourse for 7 days after antibiotic treatment is initiated and until all sexual partners have completed treatment to prevent transmission and serious complications. Sexually active clients age <25 or those age  $\geq 25$  at high risk should be screened annually.

**4)** After six months of unprotected intercourse and failing to conceive, a 37-year-old female client reports feeling anxious and depressed because of her situation. Which response by the nurse is **most** appropriate?

**1.** "It is recommended to try to conceive for one year before undergoing a fertility evaluation.

**2.** "Let's review how you are timing intercourse, as optimal timing will increase your chances."

**3.** "Reflecting on positive things in your life may help alleviate your anxiety and depression."

**4.** "Tell me more about how mis has affected you and your family in the last six months."

### ✓Answer: 4

Infertility is diagnosed when a couple sails to conceive after 12 months (women age < 35) or 6 months (women  $ag_{22} < 35$ ) of frequent, unprotected intercourse. Difficulty achieving pregnancy may affect a couple's social, financial, and intimate relationships. Therefore, clients may benefit from a holistic approach to care. The nurse should be alert for signs of psychosocial distress such as expressions of guilt, denial, anger, or isolation.

Anxiety and depression are common among couples with infertility concerns and require further evaluation of the client's emotions. Active listening and open-ended questions may help clients speak more openly and honestly about their feelings (Option 4).

**(Option 1)** Women age  $\geq$  35 and couples with certain medical indications (eg, endometriosis, history of male subfertility) should generally seek fertility evaluation after 6 months of regular, unprotected intercourse.

**(Option 2)** Assessing intercourse timing helps the nurse discuss awareness of fertility and natural conception methods. However, the nurse should prioritize the client's psychosocial needs before providing this type of education.

(**Option 3**) Encouraging the client to focus on the positive aspects of life does not address the client's emotional concerns, places the client's feelings on hold, and invalidates the client's feelings.

# Educational objective:

When caring for clients with infertility concerns, the nurse should be alert for signs of psychosocial distress and expressions of guilt, denial, anger, isolation, anxiety, or depression. Evaluation of the client's emotions using active listening and open-ended questions is the primary intervention.

**5)** The nurse is providing teaching about contraception to a group of clients. Which statement by the nurse is appropriate to include?

**1.** "Backup contraception is required for the first 3 months after initiation of oral contraceptives."

**2.** "Diaphragm contraceptive devices, when used with spermicide, also provide protection from HIV infection."

**3.** "Over-the-counter emergency contraceptives should be taken within 3 days of unprotected intercourse."

**4.** "Use of an intrauterine device should be avoided in sexually active adolescent clients."

✓ Answer: 3