hosa notes

-anatomy and physiology of prgnancy

         fallopian tube extends from each ovary and acts as a path for the egg to reach the uterus.

         cervix is the neck of the uterus, the lower portion where it enters the vagina.

         uterus is a pear-shaped muscular organ that houses the unborn infant.

         vagina is the birth canal

         perineum is the area between the vaginal opening and the anus.

         embryo first 8 weeks of pregnancy

         after 8 weeks until birth the embryo is called a **fetus.**

         the fetus grows and develops in the uterus and is linked to the mother via the **placenta.**

         oxygen and nutrients from the mothers blood pass through the placenta and enter the circulatory system of the fetus through the **umbilical cord.**

         during pregnancy the fetus is surrounded by the **amniotic sac.**

         the process that occurs when a woman is preparing to give birth is called **labor.**

-first stage

         the first stage of labor begins with the first **contraction** and ends when the cervix is fully dilated. a contrcation is the hardening and tightening of thr uterus or a muscular movement of the uterus.

         contraction time is the time when contractions are usually timed from the onset of the contraction until relaxation occurs.

         interval time is the time between contractions.

-second stage of labor begins with the full dilation of the cervix and ends with the dilivery of the baby.

         the part of the infant that appears first at the vaginal opening is called **presenting time.**

-third stage of labor starts after the baby is delivered and ends after the placenta is exspelled from the mothers body.

-supplies for delivery

         gloves, gown, mask, and eye protection.

         clean, absorbent materials including sheets and towels

         blankets

         bald syringe

         sanitary napkin or bulky trauma dressings

         scissors

         gauze pads

         rolled gauze, umbilical clamps

         red plastic "medical waste" bags for soiled linen and disposable supplies

         container for placenta

-delivery procedure

         when crowning occurs apply gentle pressure to the infants head

         examine the infants neck for the presence of a looped umbilical cord

         support the infants head as it rotates

         guide the infants head downward to deliver the anterior shoulder

         guide the infants head upward to release the posterior shoulder

-postdelivery vaginal bleeding

         control bleeding by massaging the lower abdomen over the uterus

         treat for shock

         encourage breast feeding

-postdelivery core of the mother

         continue to moniter mothers breathing and pulse

         make the mother comfortable and moniter her bleeding by replacing blood-soaked sheets blankets and pads with clean dry ones

         maintain contact the mother while awaiting her transport to the hospital

-intial care of the newborn

         dry the baby

         clear the airway

         check for breathing

         check circulation

-complications

         miscarriage or spontaneous abortion

         multiple births

         prolapsed cord

         a presenting part other than the babys head

-miscarriage

         support the mothers airway circulation and breathing

         save any passed blood or tissue to be taken to the hospital

         provide oxygen if it is available and you are tained to use it

         arrange for transport

         provide psychological support

-multiple births

         the mother is often not at full term when she goesinto labor.

         labor may not last long

         the babys often are smaller than a full-term baby typically 5.5 lbs each or less

-breech birth

         support the babys head on your forearm

         do not pull on the baby to deliver the head

         using the same hand that is supporting the baby's body slide two gloved fingers into the mothers vagina and place them on each side of the baby's mouth. rest your fingertips on each side of the baby's nose and bend your fingers slightly to create an air space as it tries to breathe. if oxygen is available and you are trained to use it, enrich the delivery area with blow-by owygen. you may also help the mother by giving her oxygen.