

## iron-deficiency anemia

**Causes:** Inadequate iron stores and/or insufficient consumption of iron-rich foods.

**Signs & Symptoms:** Fatigue, pallor, SOB, low Hb/H (HGB <11 mg/dL, HCT <33%), pica (Consume food cravings).

**Medic:** Ferrous sulfate - take on empty stomach.

**Vitamin C increases absorption.** Increase fluid and fiber intake to prevent constipation.

**Nursing Care:**

Encourage increased intake of iron-rich foods (meat, green leafy vegetables, fruit, beans).

Ge

Underlying iron deficiency can become problematic

2022

Score: PROBABLY MODERATE >3+, I PROBABLY, HIGH RISK OF DECOM

ADVERSE, ASH-4 METABOLISM, NEED VITAMIN C

## Spontaneous Abortion

Termination of pregnancy before 20 weeks gestation.

**Types:**

**Threatened:** Spotting, no tissue passed, closed cervix.  
**Inevitable:** Mild to severe bleeding, no tissue passed, dilated cervix with tissue bulging.  
**Incomplete:** Severe bleeding, partial fetal tissue passed, dilated cervix.  
**Complete:** Minimal bleeding, complete uterine contents passed, closed cervix.

**Procedure:**

Dilation & curettage (D&C) or administration of prostaglandins and aspirin for inevitable or incomplete abortion (to completely remove uterine contents).



## GESTATIONAL DIABETES

IMPAIRED GLUCOSE TOLERANCE DURING PREGNANCY. NORMAL GLUCOSE LEVEL - 90-100 mg/dL.

**Risks:** Preeclampsia, infections, pre-term rupture of membranes, pre-term labor, hypotension, macrosomia, birth trauma, hypoglycemia, hyperglycemia, increased risk of developing diabetes following pregnancy.

**Signs & Symptoms:** Frequent urination, excessive thirst, fatigue, blurred vision, slow wound healing, recurrent infections.

**What is it?** Glucose intolerance during pregnancy, usually develops between 24-28 weeks gestation.

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**Risk factors:** Obesity, maternal age, hypertension, gestational diabetes, previous history of diabetes, previous history of macrosomia.

**Signs:** Test vaginal secretions for presence of glucose.

## Preterm Labor

**What is it?** Glucose intolerance during pregnancy, usually develops between 24-28 weeks gestation.

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**Signs:** Test vaginal secretions for presence of glucose.

## ECTOPIC PREGNANCY

is an implantation of the fertilized ovum in the fallopian tube (vs. uterus). Patients at risk for tubal rupture and fatal hemorrhaging.

**Signs:**

vaginal spotting/bleeding, or sensation of discomfort in pelvic area.



**Signs & Symptoms:**

Unilateral stabbing pain in LLQ or RLQ of abdomen, vaginal spotting/bleeding, referred shoulder pain with tubal rupture, signs of shock or hemorrhage (hypotension, tachycardia, pallor).

**Signs & Symptoms:** Dark brown bleeding that resembles prune juice, nausea/vomiting, abnormally high hCG levels.

**Diagnosis:** Ultrasound.

**Treatment:** Excision of tube (via salpingectomy), chemotherapy for choriocarcinoma.

**Diagnosis:** 1 hour glucose tolerance test: 1 sensation, no fasting required, 1 corrected, 3 hour test.

**3 hour test:** Overriding insulin, 12 hours prior to test, fasting 8 hours, measuring at 1, 2, 3 hours glucose.

**TREATMENT:** Insulin is usually used, medications are costly.

## Maternal Newborn

ANTEPARTUM CARE

INP

AMT

OB G

MAGNESIUM SULFATE

uterine output <30 cc/hr, respiratory depression, decreased fetal movement.

not appropriate.



What is it?

3 types

Signs & Symptoms

Diagnosis

## GTPAL

G = Gravida (total # of times pregnant)  
T = Term births (at least 37 weeks or more)  
A = Aborted (miscarriage or <37 weeks)  
P = # of Abortions/Miscarriages  
L = Full-Lung children

Gravida refers to the total number of pregnancies (even if aborted). If a woman is pregnant with twins it still counts as one pregnancy.

## DECREased PHYSIOLOGICAL CHANGES during pregnancy

**Cardiovascular changes:** Increased blood volume, increased heart rate, increased stroke volume.

**Respiratory changes:** Increased tidal volume, increased minute volume, increased oxygen consumption.

**Renal changes:** Increased glomerular filtration rate, increased renal plasma flow, increased creatinine clearance.

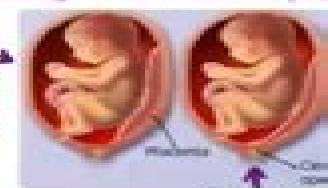
**Endocrine changes:** Increased progesterone, increased estrogen, increased prolactin.



Lower Placenta

## Placenta Previa

What is it? Placenta implants near (or over) the cervical os - can bleed during the third trimester of preg.



Incompetent

2 types

not

2x 2x

## NURSING CARE:

Do not perform vaginal exam (or digital exam).  
Monitor for signs and symptoms of hemorrhage.  
Educate patient on need for bed rest.  
Monitor consciousness to promote fetal.

## Signs of Pregnancy

**Signs:**

missed menses, breast tenderness, fatigue, nausea, vomiting, increased urination.

**Probable signs:**

breast tenderness, uterine enlargement, positive pregnancy test, increased urination.

**Positive signs:**

hearing fetal heart, seeing fetal movement, ultrasound of fetus or ultrasound.

## Calculating due date

add 280 days (1 year from last menstrual period)

## Fundal Height

15-20 cm (from symphysis pubis to the top of the uterus)

18-22 weeks gestation, 24-34 weeks gestation, 34-40 weeks gestation.



# Obgyn Study Guide

**Guillaume Favre**

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the author's name.

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McPhee, Nathaniel Gleason, Gene R. Quinn, 2016-10-17 SAVE WHEN YOU BUY THE CMDT VALUE PACK AND TAP INTO THE EXPERTISE OF THE 1 ANNUAL BOOK IN INTERNAL MEDICINE This dollar saving package includes CURRENT Medical Diagnosis Treatment 2017 CMDT is the most successful annual book covering the field of internal medicine and has been acclaimed for its comprehensive coverage of current inpatient and outpatient care diagnostic tools relevant to day to day practice and full review of all primary care topics In addition to its use as a reference text CMDT is outstanding as a core clinical textbook for medical students and nurse practitioner and physician assistant students to study for a variety of exams in a variety of medical and health related markets CURRENT Medical Diagnosis Treatment Study Guide 2nd edition The study guide is organized according the Core Curriculum of the Clerkship Directors in Internal Medicine The 30 core topics include essentials conditions presentations and diseases seen by general practitioners in the inpatient and outpatient setting The Second Edition study guide has been extensively updated and covers the essential issues a third year medical student must know for the clerkship shelf exam in Internal Medicine The study guide utilizes content from CMDT Quick Answers and LANGE Pathophysiology of Disease to provide case based content that tests key concepts in clinical reasoning clinical problem solving and recognition of essential clinical facts Each topic includes Learning Objectives An expanded list of questions to evoke case analysis Detailed discussion of Signs and Symptoms Lab Findings Imaging Studies Medications Discussions of Therapeutic Procedures and Outcomes eg Follow up and Complications References for each topic **First Aid for the OB/GYN Clerkship, Fifth Edition** Sarah K. Dotters-Katz, Latha Ganti, Matthew S. Kaufman, Shireen Madani Sims, 2022-03-11 The best selling resource for the OB GYN clerkship Excel on your rotation impress on the wards and score your highest on the shelf exams with this best selling reference This new edition of First Aid for the OB GYN Clerkship has been updated with the latest clinical perspectives and research Ask just about any student who has been through their OB

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Laughlin-Tommaso, 2020-05-21 This book is a thorough and easy to use guide to gynecology for residents preparing for their CREOG and board examinations Books available for gynecology residents are generally either clinically directed or academically based The books in the first group are usually brief suitable as handbooks for residents to use during daily practice These books however do not provide adequate background information to prepare for CREOG or ABOG board examinations The more academically focused books provide detailed background but do not offer simple and quick assistance during daily practice or studying This book aims to provide the most beneficial parts of both products Throughout the material is simplified and well organized to provide an excellent resource for clinical practice with ample use of bullets and key points The content is also comprehensive providing the appropriate background knowledge and a systematic approach that makes it an excellent source for the board examination Topics are divided into four sections general gynecology urogynecology reproductive endocrinology and infertility and gynecology oncology Chapters then cover all major topics in each area including uterine fibroids polycystic ovary syndrome and genital infections Each chapter additionally includes multiple choice questions for residents to test their knowledge of the material This is an ideal guide for residents in OBGYN and practicing gynecologists looking for a refresher and quick reference **Contemporary Ob/gyn**, 1987 **Obstetrics and Gynecology: Principles for Practice Study Guide** Frank W. Ling, Patrick Duff, 2002 This is a study guide to accompany the textbook Obstetrics and Gynecology Principles for Practice with the questions and answers based on the

parent text and the answers referenced by chapter

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OB/GYN Peds Notes Brenda Walters Holloway, Cheryl Moredich, 2016-10-05 Here s the essential clinical information you need to care for obstetric gynecological newborn and pediatric patients in any setting The 3rd Edition of this popular pocket guide has been thoroughly revised and updated to reflect nursing practice today



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