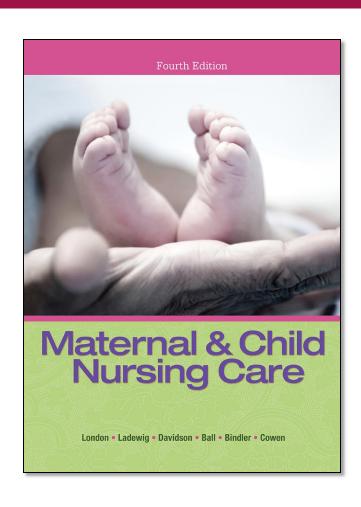
MATERNAL & CHILD NURSING CARE

FOURTH EDITION



CHAPTER 11

The Expectant
Family: Needs and
Care (Discomforts
during pregnancy &
Nursing care

Learning Outcome 11-2, 11-3, & 11-4

Explain the causes of the common discomforts of pregnancy in each of the three trimesters.

Summarize appropriate relief measures and interventions to alleviate the common discomforts of pregnancy.

Describe self-care measures that a pregnant woman can take to maintain and promote her well-being during pregnancy.

Causes of Discomforts of Pregnancy: First Trimester & Appropriate Relief Measures

Causes of Discomforts of Pregnancy: First Trimester

- Nausea and vomiting: Multifactorial
 - Common, 60-80% of women
 - Start after missing the period & stops around 12 weeks
 - Elevated human chorionic gonadotropin (hCG) level→ decrease the motility of the intestines. changes in metabolism & fatigue
 - Changes in carbohydrate metabolism
 - Emotional factors

Nausea and vomiting advice:

[Home work]

Causes of Discomforts of Pregnancy: First Trimester

- Urinary frequency
 - Enlarging uterus puts pressure on bladder
- Fatigue
 - May be caused by urinary frequency at night

Urinary frequency advice:

- Increase fluid intake during day
- Decrease fluid intake in the evening
- If signs of infection i.e pain, burning or blood, the woman should tell the physician
- Encourage empty her bladder frequently
- Never restrict fluid intake
- Fatigue
 - Plan rest periods & ask for help from family or support persons

Causes of Discomforts of Pregnancy: First Trimester

- Increased estrogen and progesterone levels causes:
 - Nasal stuffiness and epistaxis
 - Breast tenderness
 - Increased vaginal discharge (Leukorrhea)
 - Cervical hyperplasia
 - Increased production of mucus by endocervical gland

- Nasal stuffiness and epistaxis
 - Use cool mist vaporizer
- Increased vaginal discharge
 - Bathe daily & wear cotton underwear
 - Personal hygiene
 - Keep dry
- Breast tenderness
 - Wear well-supporting bra

Causes of Discomforts of Pregnancy: Second and Third Trimesters & Appropriate Relief Measures

- Heartburn
 - Increasing levels of progesterone
 - Decreased gastric motility
 - Regurgitation of acidic gastric contents into the esophagus → creates a burning sensation in the esophagus & may leave bad taste in the mouth.

Heartburn

[Home work]

- Ankle edema: commonly occur during last trimester of pregnancy
 - Slow venous return
 - Increased capillary permeability
 - Increased levels of sodium
 - Prolonged standing, sitting or poor posture
 - lack of exercise, constrictive clothing or hot weather
 - Serious if accompanied by: proteinuria or hypertension

Ankle edema Advice:

- Elevate legs while sitting or standing
- Take lots of fluids
- Avoid constricting stocking
- Avoid standing or sitting for long time
- Sleeping on side & elevating the legs
- Decreasing salt intake
- wear support stockings
- Dorsiflex feet frequently

Discomfort	Influencing Factors	Self-Care Measures
	First Trimeste	r
Nausea and vomiting	Increased levels of human chorionic gonadotropin Changes in carbohydrate metabolism Emotional factors Fatigue	Avoid odors or causative factors. Eat dry crackers or toast before arising in morning. Have small but frequent meals. Avoid greasy or highly seasoned foods. Take dry meals with fluids between meals. Drink carbonated beverages.
Urinary frequency	Pressure of uterus on bladder in both first and third trimesters	Void when urge is felt. Increase fluid intake during the day. Decrease fluid intake only in the evening to decrease nocturia.
Fatigue	Specific causative factors unknown May be aggravated by nocturia due to urinary frequency	Plan time for a nap or rest period daily. Go to bed earlier. Seek family support and assistance with responsibilities so that more time is available to rest.
Breast tenderness	Increased levels of estrogen and progesterone	Wear well-fitting, supportive bra.
Increased vaginal discharge	Hyperplasia of vaginal mucosa and increased production of mucus by the endocervical glands due to the increase in estrogen levels	Promote cleanliness by daily bathing. Avoid douching, nylon underpants, and pantyhose; cotton underpants are more absorbent; powder can be used to maintain dryness if not allowed to cake.

(continued)

Self-Care Measures for Common Discomforts of Pregnancy—continued				
Discomfort		Influencing Factors	Self-Care Measures	
		First Trimester		
Nasal stuffiness nosebleed (epist		Elevated estrogen levels	May be unresponsive, but cool air vaporizer may help; avoid use of nasal sprays and decongestants.	
Ptyalism (excess bitter salivation)		Specific causative factors unknown	Use astringent mouthwashes, chew gum, or suck hard candy.	
		Second and Third Trimes	sters	
Heartburn (pyros	sis)	Increased production of progesterone, decreasing gastrointestinal motility and increasing relaxation of cardiac sphincter, displacement of stomach by enlarging uterus, thus regurgitation of acidic gastric contents into the esophagus	Eat small and more frequent meals. Use low-sodium antacids. Avoid overeating, fatty and fried foods, lying down after eating, and sodium bicarbonate.	
Ankle edema		Prolonged standing or sitting Increased levels of sodium due to hormonal influences Circulatory congestion of lower extremities Increased capillary permeability Varicose veins	Practice frequent dorsiflexion of feet when prolonged sitting or standing is necessary. Elevate legs when sitting or resting. Avoid tight garters or restrictive bands around legs.	

Table 11-2 (continued) Self-Care Measures for Common Discomforts of Pregnancy

- Varicose veins
 - Venous congestion and weight gain
 - Relaxation of veins as a result of hormones effect
 - weakening of walls of veins due to pressure from uterus to pelvis veins
 - poor circulation
 - Prolonged standing or sitting





Varicose veins advise

[Home work]

- Hemorrhoids
 - Constipation & slow venous return of blood
 - Straining due to constipation
 - uterine pressure on the pelvis

Advice: [Home work]

- Backache
 - Increased lumbosacral vertebrae curve due to enlarging uterus

- Use good body mechanics
- Practice pelvic tilt exercises
- Maintain body balance when carrying up things (hold object close to body)
- Low heal shoes
- Local heat
- At night sleeping with a pillow between the legs to improve hip/knee alignment.

Figure 11-4 Body mechanics in pregnancy. When picking up objects from floor level or lifting objects, the pregnant woman must use proper body mechanics.

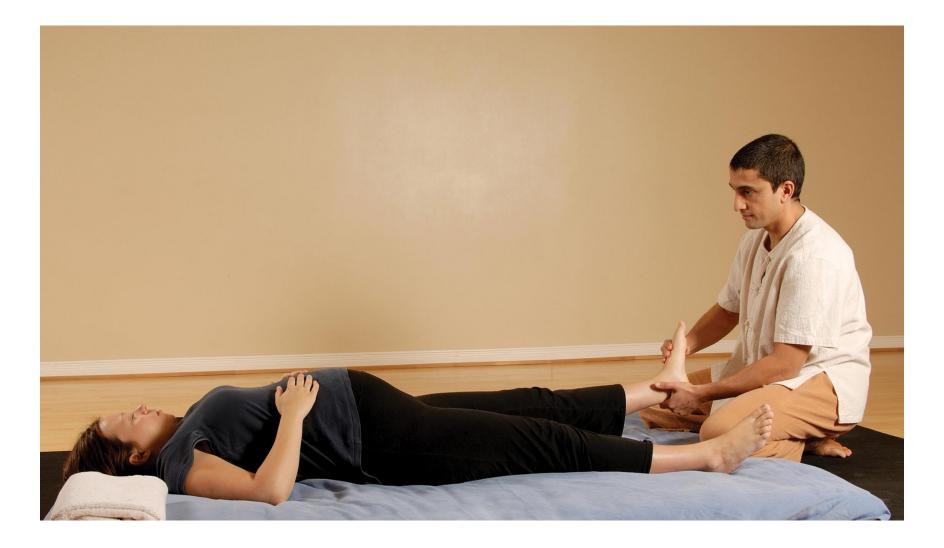


- Leg cramp
 - Imbalance of calcium and phosphorus
 - pressure of uterus on nerves & blood veins or poor periphral circulation

 Fatigue and poor lower extremity circulation

- Diet rich in calcium & phosphorous may help
- Apply heat to affected muscles and dorsiflex feet
- Stretching may help
- Massage if Homan's sign is negative

Figure 11-5 Leg cramp relief. The expectant father can help relieve the woman's painful leg cramps by flexing her foot and straightening her leg. *Source: Yanik Chauvin/Fotolia*



- Trimester flatulence
 - Decreased gastric motility and air swallowing
- Faintness
 - Sudden change of position, which precipitates postural hypotension
- Dyspnea
 - Decreased vital capacity due to increasing size of uterus (upward pressure of growing uterus on diaphragm)

- Flatulence
 - Chew food completely and avoid gasforming foods
- Dyspnea
 - [Home work]

Constipation and Faintness

[Home work]

Carpal tunnel syndrome

[Home work]

Advice:

[Home work]

Table 11–2	Self-Care Measures for Common Discomforts of Pregnancy—continued		
Discomfort	Influencing Factors	Self-Care Measures	
	Second and Third Trime	esters	
Varicose veins	Venous congestion in the lower veins that increases with pregnancy Hereditary factors (weakening of walls of veins, faulty valves) Increased age and weight gain	Elevate legs frequently. Wear supportive hose. Avoid crossing legs at the knees, standing for long periods, garters, and hosiery with constrictive bands.	
Hemorrhoids	Constipation (see following discussion) Increased pressure from gravid uterus on hemorrhoidal veins	Avoid constipation. Apply ice packs, topical ointments, anesthetic agents, warm soaks, or sitz baths; gently reinsert into rectum as necessary.	
Constipation	Increased levels of progesterone, which cause general bowel sluggishness Pressure of enlarging uterus on intestine Iron supplements Diet, lack of exercise, and decreased fluids	Increase fluid intake, fiber in the diet, and exercise. Develop regular bowel habits. Use stool softeners as recommended by physician.	
Backache	Increased curvature of the lumbosacral vertebrae as the uterus enlarges Increased levels of hormones, which cause softening of cartilage in body joints Fatigue Poor body mechanics	Use proper body mechanics. Practice the pelvic tilt exercise. Avoid uncomfortable working heights, high-heeled shoes, lifting of heavy loads, and fatigue.	

Table 11-2 (continued) Self-Care Measures for Common Discomforts of Pregnancy

Discomfort	Influencing Factors	Self-Care Measures
	Second and Third Trimes	sters
Leg cramps	Imbalance of calcium/phosphorus ratio Increased pressure of uterus on nerves Fatigue Poor circulation to lower extremities Pointing the toes	Practice dorsiflexion of feet to stretch affected muscle. Evaluate diet. Apply heat to affected muscles. Rise slowly from resting position.
Faintness	Postural hypotension Sudden change of position causing venous pooling in dependent veins Standing for long periods in warm area Anemia	Avoid prolonged standing in warm or stuffy environments. Evaluate hematocrit and hemoglobin.
Dyspnea	Decreased vital capacity from pressure of enlarging uterus on the diaphragm	Use proper posture when sitting and standing. Sleep propped up with pillows for relief if problem occurs at night.
Flatulence	Decreased gastrointestinal motility leading to delayed emptying time Pressure of growing uterus on large intestine Air swallowing	Avoid gas-forming foods. Chew food thoroughly. Get regular daily exercise. Maintain normal bowel habits.
Carpal tunnel syndrome	Compression of median nerve in carpal tunnel of wrist Aggravated by repetitive hand movements	Avoid aggravating hand movements. Use splint as prescribed. Elevate affected arm.

Table 11-2 (continued) Self-Care Measures for Common Discomforts of Pregnancy

Fetal Activity Monitoring

- Cardiff Counting Method
 - Focus on counting fetal movements and keeping a record
 - Client should feel at least 10 fetal movements in 3 hours
 - Vigorous activity generally provides reassurance of fetal well-being
 - Decrease or cessation of movement may signal a problem

- Breast care:
 - Wear bra with good support and fit
 - If breastfeeding, avoid soap on breasts
- Clothing
 - Comfortable
- Shoes
 - Low heeled
- Bathing
 - Be aware of cultural norms and avoid falls

- Employment
 - No complications, work until labor
 - Assess for fetotoxic hazards
- Travel
 - Complicated pregnancy, avoid travel
 - If flying, stay well hydrated and avoid prolonged sitting
- Dental Care
 - Maintain regular dental checkups

- Immunizations
 - Avoid live virus vaccines
- Activity and Rest
 - Regular exercise in uncomplicated pregnancy
 - Rest periods
- Exercises to prepare for childbirth
 - Pelvic tilt

Figure 11-7 When the pelvic tilt is done on hands and knees, the starting position is back flat and parallel to the floor, hands below the head, and knees directly below the buttocks. *A*, For the first part of the tilt, head is up, neck is long and separated from the shoulders, buttocks are up, and pelvis is thrust back, allowing the back to drop and release on an inhaled breath. *Source*: *Bubbles Photolibrary/Alamy*.



Α

Figure 11-7 (continued) When the pelvic tilt is done on hands and knees, the starting position is back flat and parallel to the floor, hands below the head, and knees directly below the buttocks. *B*, The next part of the tilt is done on a long exhalation, allowing the pregnant woman to arch her back, drop her head loosely, push away from her hands, and draw in the muscles of her abdomen to strengthen them. Note that in this position the pelvis and buttocks are tucked under, and the buttock muscles are tightened. *Source: Bubbles Photolibrary/Alamy*.



В

- Perineal exercises
 - Kegel [Home work]

- Inner thigh exercises
- Sexual activity
 - Consider alternative positions for intercourse
 - Communication
 - Healthy pregnancy
 - No reason to limit sexual activity

Accurate Information About Sex During Pregnancy

- Information
 - Complicated pregnancy
 - Limit sexual activity
- Contraindicated for sexual activity
 - Threatened miscarriage
 - Risk of preterm labor

Concerns and Information About Sexual Activity

- Avoid
 - Medications not prescribed, alcohol, tobacco, and illicit drugs
- Risks and benefits of homeopathic remedies and herbs

Learning Objective 11-6

Discuss the medical risks and special concerns of expectant woman older than age 35.

Medical Risks

- Fetal death risk is increased for all women older than 35
- Mother is more likely to have chronic medical conditions
- Chronic medical conditions could pose a risk to the fetus
- Increased risk for cesarean section

Medical Risks

- Increased risk for Down syndrome
- Increased risk for autosomal dominant inherited disorders

END