

OB

FIRST PRENATAL VISIT

Estimated Time: 30 minutes • Debriefing Time: 30 minutes



Scan to Begin



Patient Name: Olivia Brooks

SCENARIO OVERVIEW

Olivia Brooks is 28-year-old female presenting to clinic for first prenatal visit at 8 weeks 3 days gestational age. She is happy and excited about her pregnancy. See the learning objectives for specific tasks that can be completed during this scenario.

This scenario can be used for high- or low-fidelity simulation. In high-fidelity simulation, the patient videos and tabbed chart content can be used to augment the reality of the simulation. In low-fidelity simulation, the instructor can use role play, in association with the scenario content, to stimulate student critical thinking and discussion about prenatal care topics.

Note: Facilitator should calculate LMP date to use prior to the scenario so that gestational age is 8 weeks 3 days.

LEARNING OBJECTIVES

1. Obtain patient OB/GYN history for initial prenatal visit
2. Recognize signs of pregnancy
3. Calculate estimated date of delivery
4. Compare immunization record to CDC recommendations
5. Screen for genetic risk factors
6. Perform medication reconciliation
7. Identify prenatal risk factors
8. Provide patient education and counseling

CURRICULUM MAPPING

WTCS NURSING PROGRAM OUTCOMES

- Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving professional identity as a nurse committed to evidence-based practice, caring, advocacy and quality care
- Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making
- Provide patient centered care by utilizing the nursing process across diverse populations and health care settings
- Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness
- Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan
- Use information and technology to communicate, manage data, mitigate error, and support decision-making

NURSING FUNDAMENTALS

- Maintain a safe, effective care environment for adults of all ages
- Use appropriate communication techniques
- Use the nursing process
- Adapt nursing practice to meet the needs of diverse patients in a variety of settings

NURSING HEALTH PROMOTIONS

- Use principles of teaching/learning when reinforcing teaching plans
- Apply principles of family dynamics to nursing care
- Plan nursing care for a healthy pregnant woman
- Encourage healthy lifestyle behaviors in patients

SIMULATION LEARNING ENVIRONMENT & SET-UP

ENVIRONMENT

Inside room: Vital signs equipment

Inside or outside room: Sanitizer or sink for hand hygiene

PATIENT PROFILE

Name: Olivia Brooks

Preterm: 0

DOB: 01/29/19XX

Number living: 0

Age: 28

LMP: X/X/20XX

MR#: 12919

EDC: X/X/20XX

Gender: Female

Gestational Age: 8w3d

Height: 162.5 cm (5ft 5in)

Blood Type: A neg

Weight: 70.9 kg (156 lbs)

Code Status: Full code

Allergies: NKDA

Ethnicity: Caucasian

Gravida: 2

Spiritual Practice: Lutheran

Para: 0

Primary Language: English

AB: 1

Facilitator Note: Before scenario, create the LMP and EDC based on current date so that gestational age is 8 weeks and 3 days. You may use the EDC calculator tab within the scenario to assist in your calculations.

EQUIPMENT/SUPPLIES/SETTINGS

Patient

- Wearing street clothes

Monitor Settings

- No monitor; vital signs equipment available
- Vital signs are: 110/64, HR 72, RR 16, Temp 37 C, O2 sat 100%

Supplies

- Medications (QR codes will display medication bottles with labels for student to obtain information for medication reconciliation.)
 - Fluoxetine 20 mg PO take two caps by mouth once daily for depression
 - Loratadine 10 mg PO take one tablet by mouth once daily for allergies
 - Homeopathic Sciatica PO dissolve two tablets under tongue as needed for back pain
 - Homeopathic Melatonin PO spray twice under tongue prior to bedtime for insomnia
 - Acetaminophen 500 mg PO take two caplets every 4 hours as needed for pain

QR CODES

<p>START</p> 	<p>PATIENT</p> 	<p>REPORT</p> 	<p>FACILITATOR</p> 
<p>FLUOXETINE PO</p> 	<p>LORATADINE PO</p> 	<p>HOMEOPATHIC SCIATICA PO</p> 	<p>HOMEOPATHIC MELATONIN</p> 
<p>ACETAMINOPHEN PO</p> 			

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR Code: “Scan to Begin”** while students are in Prebrief.
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment including:
 - Explain how to use the iPad scanner and QR codes. Remind students that there are multiple QR codes in the simulation, but they should only scan them if they think it will provide data necessary for their assessment and evaluation of the patient.
 - Medication Hyperlinks – Medications are hyperlinked to DailyMed, which is a medication reference housed by the National Library of Medicine. Students can click on these links during the simulation for up-to-date medication content, labels, and package insert information.
 - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
 - Level – This tab “tells” the content in the iPad to change to what is needed for the next state of a simulation.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials
- View “Report” on iPad
 - Possible Facilitator Question
 - What assessments and lab work are expected to be performed during the first prenatal visit in a clinic setting?
- View patient video
 - Possible Facilitator Question

- What patient education do you anticipate providing at the first prenatal visit?
 - Facilitator should allow time for students to browse through the iPad tabbed content. Suggested facilitator questions are listed under each tab.

PATIENT PROFILE

Patient demographic information is displayed here

OB VISIT CHECKLISTS

Task List is displayed for the initial prenatal visit:

Initial Visit	Completed
Weight and BMI	<input type="checkbox"/>
VS: BP, temp, RR, HR, O2 sat	<input type="checkbox"/>
Health history	<input type="checkbox"/>
Medication Reconciliation	<input type="checkbox"/>
Obtain LMP and calculate EDC	<input type="checkbox"/>
Genetics Screening	<input type="checkbox"/>
Immunizations Review	<input type="checkbox"/>
Patient Education: <ul style="list-style-type: none"> ○ Prenatal Vitamins ○ Diet ○ Exercise ○ Stress Management 	<input type="checkbox"/>
Schedule U/S for dates	<input type="checkbox"/>
Initial prenatal labwork: <ul style="list-style-type: none"> ○ ABO Group ○ Rh Typing ○ Antibody Screen ○ RPR ○ Rubella ○ Hepatitis B Surface Ag ○ WBC ○ RBC ○ Hemoglobin ○ Hematocrit 	<input type="checkbox"/>

<ul style="list-style-type: none"> ○ Platelet ○ MCV ○ Chlamydia/GC ○ HIV ○ HSV 1 and 2 by PCR ○ PAP ○ Urine Pregnancy ○ Urine culture 	
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EDC CALCULATOR

LMP can be entered to calculate EDC

Note: facilitator may use this calculator before the scenario to determine LMP date to use during this scenario so that gestational age is 8 weeks 3 days.

- Suggested Facilitator Question: How is Naegele's rule utilized to calculate EDC?

OB/GYN HISTORY

Empty form is provided to prompt student to gather relevant OB/GYN history.

Facilitator note: Suggested responses are listed under State 1 technician prompts.

PAST MEDICAL HISTORY:

SURGICAL HISTORY:

FAMILY HISTORY:

SOCIAL HISTORY:

TOBACCO USE:

ALCOHOL USE:

DRUG USE:

EDUCATION:

EMPLOYMENT HISTORY:

MENSTRUAL HISTORY:

ONSET: age: ___ yrs **CYCLE:** ___ days **DURATION:** ___ days

LMP:

PAST PREGNANCY HISTORY:

Date	Weeks Gest.	Length Labor	Type Delivery	Anesth.	Weight	Remarks

- Suggested Facilitator Question: What are your next steps when a patient admits to substance abuse while pregnant?

MEDICAL PROBLEMS LIST

Currently Known Medical Problem(s)

1. Genital Herpes
2. Miscarriage
3. Mixed Anxiety Depressive Disorder
4. Chronic Back Pain
5. Gastroesophageal Reflux
6. Allergies, seasonal
7. Insomnia

- Suggested Facilitator Question: How might Olivia's existing medical problems impact her care during pregnancy?

CURRENT MEDICATIONS LIST

This is an enterable form for students to enter the patient's current medications. Medication QR codes should be scanned, which display medication bottles that the patient brought to the visit. Tapping the "Medication" box will display a drop-down list of medications. The student should tap on the appropriate medication and dosage twice, then enter the instructions for how the patient uses the medication under the "Notes" section, and tap "Submit." The medication will then display on the current medication list, with a link provided to the DailyMed website. Students may read more information about the medication at the DailyMed website, including "Use in Specific Populations" to read about Pregnancy Category information. Additionally,

under the “Safety” section on the DailyMed website, students can click on “Presence in breastmilk” to view LACTMED information on this medication.

After entering medication on this form, the student may also click on “Discontinue” to remove any medications from the list.

Medication	<input type="text"/>	Notes	<input type="text"/>	<input type="button" value="Submit"/>
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Current Medication	DailyMed Link	Notes	Edit
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Facilitator Notes:

- QR Codes displaying the following information on medication bottles are available:
 - Fluoxetine 20 mg PO take two caps by mouth once daily for depression
 - Loratadine 10 mg PO take one tablet by mouth once daily for allergies
 - Homeopathic Sciatica PO dissolve two tablets under tongue as needed for back pain
 - Homeopathic Melatonin PO spray twice under tongue prior to bedtime for insomnia
 - Acetaminophen 500 mg PO take two caplets every 4 hours as needed for pain
- Facilitator must check accuracy of student entry of medications.
- Suggested Facilitator Questions:
 - Are Olivia’s current medications safe for use during pregnancy? During lactation?

IMMUNIZATIONS

The patient’s immunization record displays, with a link provided to the CDC Guidelines for Vaccinating Pregnant Women.

Immunization Record	Date Received
Hepatitis A	Never
Hepatitis B	1/30/1990, 3/2/1990, 7/5/1990
Haemophilus influenzae type b4 (Hib)	3/2/1990, 5/7/1990, 2/1/1991

HPV	Never
Influenza	12/14/2016
Measles, mumps, rubella (MMR)	2/1/1991
Pneumococcal	Never
IPV – Inactivated Polio	3/2/1990, 5/7/1990, 2/1/1991
Diphtheria, tetanus, & acellular pertussis (DTaP)	3/2/1990, 5/7/1990, 7/5/1990
Td booster	11/14/2000, 9/9/2010
Varicella Vaccine or had Chicken Pox	Reported chicken pox 8/1995

- Suggested Facilitator Questions:
 - Review Olivia's Immunization History and the CDC recommendations for vaccines during pregnancy. Does Olivia need any immunizations at this time? Will she need any immunizations during her pregnancy? What immunizations are safe during pregnancy?

OB VISIT PROGRESS NOTES

OB Visit Progress Notes

Date	Today	16 wk	20 wk	24 wk	28 wk	32 wk	36 wk	38 wk
Weeks Gestation	8w3d							
Weight	156 lb							
BP	110/64							
Fundal height								
Position/Presentation	---							
Station	---							
FHT								
Edema								
Urine glucose & protein								
Contractions	---							
Fetal Activity								
Non-stress test								
Provider	BB							

Progress Notes

Date/Time	Note
Today/Now	First prenatal visit; no complaints, excited regarding pregnancy. --- BB

- Suggested facilitator questions:
 - Calculate BMI based on patient's current weight
 - Review roles of health care team: what information is obtained by the Medical Assistant? The RN? The provider

GENETICS SCREENING

Empty form is provided to prompt student to gather relevant Genetic Screening information:

Genetics Screening	Response		Family Member
	Yes	No	
Patient Age > 35 years?	<input type="checkbox"/>	<input type="checkbox"/>	
Italian, Greek, Mediterranean, Oriental Background (if MCV<80)	<input type="checkbox"/>	<input type="checkbox"/>	
Jewish background (Tay Sachs)	<input type="checkbox"/>	<input type="checkbox"/>	
History of Neural Tube Defect?	<input type="checkbox"/>	<input type="checkbox"/>	
History of Down's Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
History of Sickle Cell Disease or Trait?	<input type="checkbox"/>	<input type="checkbox"/>	
History of Hemophilia?	<input type="checkbox"/>	<input type="checkbox"/>	
History of Cystic Fibrosis?	<input type="checkbox"/>	<input type="checkbox"/>	
History of Congenital Heart Disease?	<input type="checkbox"/>	<input type="checkbox"/>	
History of Muscular Dystrophy?	<input type="checkbox"/>	<input type="checkbox"/>	
History of Huntington Chorea?	<input type="checkbox"/>	<input type="checkbox"/>	
Patient had child with birth defect not listed above, >3 first trimester abortions, or stillbirths?	<input type="checkbox"/>	<input type="checkbox"/>	
Baby's father had child with birth defect not listed above, >3 first trimester abortions, or stillbirths?	<input type="checkbox"/>	<input type="checkbox"/>	

Medications or street drugs since LMP?	<input type="checkbox"/>	<input type="checkbox"/>	
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LABS

No reports available.

DIAGNOSTICS

No reports available.

PATIENT EDUCATION

Several patient education handouts are available under this tab for students' use during this visit: "Having a Healthy Pregnancy," "Helping During Labor" and "Managing Labor Pain." Printable versions of these handouts are also available in Appendix A, B, and C.

- Suggested Facilitator Questions:
 - "Outline key topics to review during the initial prenatal visit."

EMERGENCY CONTACT INFORMATION

Contact	Contact Information
Husband: Joe Brooks	Phone: 555-555-0166 Address: 303 North Main Street Anytown, WI

LEVEL

The State Level is displayed here.

SCANNER

Use this tab to scan QR codes.

EXIT

When tapped the iPad displays the message, “Are you sure you want to exit? All data will be lost?”

- If “Yes,” the iPad advances to an embedded survey.
- If “No,” the iPad returns to the home screen.

STATE 1

PATIENT ASSESSMENT

- Patient Overview
 - Students obtain OB/GYN history and genetics screening, perform medication reconciliation and review immunization history for a patient's first 8-week prenatal visit.
- Expected Student Behaviors
 - Provide appropriate hand hygiene throughout scenario
 - Introduce themselves to the patient
 - Verify patient identity with name and date of birth
 - View "OB Visit Checklists" on iPad for expected tasks to perform during this visit
 - May provide patient education using the handout provided under "Patient Education" tab
- Technician Prompts
 - Suggested answers for when students ask questions for OB/GYN history:
 - Past Medical History
 - Genital Herpes ("no breakouts for several months")
 - Miscarriage ("happened last year; about 12 weeks pregnant")
 - Anxiety and Depression ("take Prozac")
 - Chronic Back Pain ("take an herbal supplement for pain")
 - Acid Reflux ("take TUMS sometimes")
 - Allergies ("take Claritin")
 - Insomnia ("take herbal supplements to help sleep")
 - Surgical History: ("Tonsillectomy when I was 12; Wisdom teeth removed when I was 18; had a D&C after miscarriage")
 - Family History: ("Father has high blood pressure; mother has diabetes, grandmother had breast cancer - "mom's mom")

- Social History: (“I live in Anytown, WI with my husband and 2 cats.”)
- Tobacco use: (“I smoked until discovered was pregnant.” How much? “About a pack a day.”)
- Alcohol Use: (“On weekends I liked to go out and drink before I found out I was pregnant.” How much alcohol a day? “During the week, a glass of wine at night. On weekends, usually a six pack of beer.”)
- Drug use: (“I tried weed in college but nothing since then.”)
- Education: (“I graduated from high school here in town. I went to college for a year, then got my C.N.A.”)
- Employment History: (“I work as a C.N.A. at the local nursing home. I transfer patients and do a lot of lifting. Will that be OK while I’m pregnant?”)
- Menstrual History: (“My period started when I was in 6th grade... I think I was 12?” “My period usually comes every 32 days and lasts about 5 days. Some days I have really heavy flow and bad cramps. I’m glad I won’t have that for a while!”)
- LMP: Facilitator must create the LMP date so that patient is 8 weeks and 3 days pregnant
- Past Pregnancy History: (“I had a miscarriage last year when I was about 12 weeks pregnant. I had to have a D&C because the flow was so heavy afterwards and didn’t want to stop.”)
- Suggested answers for Genetics Screening:
 - Italian background – (“Yes.”)
 - History of Down’s Syndrome – (“my husband’s uncle”)
 - History of Congenital Heart Disease: - (“my sister’s baby had to have surgery for a heart defect.”)
 - History of medications since last LMP: (“Yes.”)
- Suggested Facilitator Questions
 - Calculate the patient’s EDC based on her LMP.

- What are Olivia’s “signs of pregnancy?” (Review possible, probable and positive signs of pregnancy.)
- After the student obtains OB/GYN History and Genetics Screening: What prenatal risk factors do Olivia and her baby have?
- Review Olivia’s Immunization History and the CDC recommendations for vaccines during pregnancy. Does Olivia need any immunizations at this time? Will she need any immunizations during her pregnancy? What immunizations are safe during pregnancy? What titers are required to establish that the patient is immune? Why?
- After medication reconciliation is performed: Describe the pregnancy category for each of Olivia’s current medications. Are they safe to take during pregnancy? Describe Pregnancy Categories A, B, C, D, and X.
- Review the “Having a Healthy Pregnancy” patient education handout together. Discuss key topics to include at first prenatal visit.
- When should Olivia schedule her next prenatal visit?
- Review the lab work that will be ordered during today’s visit under the Prenatal Visit Checklist. Review each lab: what is it and what is the purpose?

EXIT

After the **QR Code: Facilitator** code is scanned, indicating that all student expected behaviors have been met, the message will read, “You have been approved to proceed.” Students may then tap on Exit and view the message, “Scenario objectives have been met. Are you sure you want to exit the game? Yes/No.”

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How did you feel this scenario went?
2. Review the learning objectives at the beginning of the scenario and verify understanding of each:
 - a. Obtain patient OB/GYN history for initial prenatal visit
 - i. What prenatal risk factors did you identify while gathering the OB/GYN history?
 - b. Recognize signs of pregnancy
 - i. What signs of pregnancy did Olivia demonstrate
 - c. Calculate estimated date of delivery
 - i. Describe how the EDC is calculated
 - d. Compare immunization record to CDC recommendations
 - i. What immunizations are recommended during pregnancy?
 - e. Screen for genetic risk factors
 - i. What prenatal risk factors did you identify from the genetic screening?
 - f. Perform medication reconciliation
 - i. Did you identify any medications that are not safe during pregnancy?
 - g. Identify prenatal risk factors
 - i. Summarize the overall prenatal risk factors you identified during this visit.
 - h. Provide patient education and counseling
 - i. Outline important patient education to discuss during the initial prenatal visit.
3. Tie this scenario to the nursing process:
 - a. Identify 3 priority nursing problems you identified.
 - b. Create a patient centered goal for each nursing problem you identified.

- c. Discuss focused assessments for each nursing problem.
 - d. Discuss nursing interventions for each nursing diagnosis.
 - e. Re-evaluate the simulation in terms of the nursing process; what was actually accomplished? What could be improved in the future?
4. Summarize/Take Away Points: “In this scenario you care for a patient coming to a clinical setting for her first prenatal visit. What is one thing you learned from participating in this scenario that you will take into your nursing practice?” (Ask each student to share something unique from what the other students share.)

NOTE: Debriefing technique is based on INASCL Standard for Debriefing and NLN Theory-Based Debriefing by Dreifuerst.

APPENDIX A: HAVING A HEALTHY PREGNANCY PATIENT EDUCATION HANDOUT

HAVING A HEALTHY PREGNANCY

Staying healthy while pregnant is important not only for your physical and mental well-being, but also for your growing baby. Health is a combination of a number of things, including making lifestyle changes, getting proper nutrition, exercising regularly, and avoiding unhealthy/dangerous activities. By making changes to be as healthy as possible, you'll also make your baby grow to be as healthy as possible.



WHAT IS PRENATAL CARE? Prenatal care describes the medical care women get during their pregnancy. As part of your prenatal care, the doctor or midwife will:

- Figure out when your baby is due
- Talk to you about nutrition, physical activity, work, and common pregnancy complaints, such as morning sickness, heartburn, and backache
- Monitor your health to watch for problems
- Monitor your baby's health to check that he or she is growing well
- Talk with you about pregnancy, labor, and delivery, and make a plan for your labor and delivery
- Talk with you about taking care of yourself and your baby after the birth
- Do tests to check you and your baby for different health conditions

WHAT HAPPENS AT MY FIRST PRENATAL VISIT?

Your doctor or midwife will ask about your health and medical history, and figure out when your baby is due. He or she will also do a pelvic exam to can check your ovaries and the size of your uterus, as well as obtain a PAP smear and screening for STDs like gonorrhea, chlamydia, syphilis and HIV.

Other tests include:

- Urine test
- Blood tests – to check your general health and to check for specific conditions that could cause problems for you or your baby.

WHAT WILL HAPPEN AT EACH PRENATAL VISIT?

- Ask about your symptoms and answer any questions you have
- Check your blood pressure – Having high blood pressure can lead to problems, including a serious condition called "preeclampsia."
- Check your weight
- Measure the size of your uterus – Your uterus will get bigger as your pregnancy progresses.
- Listen for your baby's heartbeat starting at about 12 weeks of pregnancy.
- Test your urine to check for sugar or protein – Having sugar or protein in your urine might be a sign of a more serious problem.
- Ask about your baby's movements – Women start feeling their baby move at different times. Most women feel their baby move by 20 to 25 weeks of pregnancy.
- Check your baby's position in your uterus by feeling through your abdomen – In the last 3 months of pregnancy, the doctor or midwife will check your baby's position at each visit.

WHAT OTHER TESTS ARE PART OF PRENATAL CARE?

Your doctor or midwife will order other tests during your pregnancy such as:

- A test to check for diabetes (high blood sugar) – This involves having nothing to eat overnight, then drinking a sugary drink at the office and having your blood drawn.

- Blood tests to check for certain conditions or infections based on your history and health.
- An ultrasound – This test checks your placenta, the fluid around your baby, how your baby is growing, and how your baby's organs are developing.
- Tests to check for birth defects or problems babies can be born with
- Tests on your vaginal discharge (the fluid that leaks from your vagina) to check for an infection or if your “water has broken.”

HOW OFTEN WILL I SEE MY DOCTOR OR MIDWIFE DURING PREGNANCY?

Your visits to your doctor or midwife will get more frequent as your pregnancy progresses. One common schedule of visits is the following:

- Every 4 weeks until you are about 28 weeks pregnant
- Then every 2 to 3 weeks until you are about 36 weeks pregnant
- Then every week until delivery

Women with certain medical conditions (including conditions they had before they got pregnant) might need to see their doctor or midwife more often. They might also need other tests to follow their medical condition during pregnancy.

HOW TO MAINTAIN GOOD HEALTH DURING PREGNANCY

1. Take Prenatal Vitamins

Prenatal vitamins contain vitamins and a combination of high levels of folic acid and iron, both of which are responsible for early development of the baby and reducing the risk of complications and defects such as spina bifida and premature birth. Take your prenatal vitamin every day. If you are feeling nauseated, some women find it helpful to take them after their evening meal.



- 2. Keep an eye on your weight.** Healthy weight gain will depend on how much you weigh to begin with. Your doctor or nurse will tell you how much weight gain is right for you. In general, a woman who is a healthy weight should gain 25 to 35 pounds during her pregnancy. A woman who is overweight or obese should gain less weight. If you start to lose weight, for example, because you have severe morning sickness, call your doctor or nurse.



- 3. Eat a healthy diet**

Eating the right foods will help your baby's development. Your baby will need nutrients from these foods to form normally and grow. The best diet for you and your baby will include lots of fresh fruits, vegetables, and whole grains, some low-fat dairy products, and a few sources of protein, such as meat, fish, eggs, or dried peas or beans. If you do not eat dairy foods, you will need to get calcium from other sources.

You need to be extra careful about avoiding germs in your food. Getting an infection while you are pregnant can cause serious problems. Here's what you should do to avoid germs in your food:

- Wash your hands well with soap and water before you handle food.
- Make sure to fully cook fish, chicken, beef, eggs, and other meats.
- Rinse fresh fruits and vegetables under lots of running water before you eat them.
- When you are done preparing food, wash your hands and anything that touched raw meat or deli meats with hot soapy water. This includes countertops, cutting boards, and knives and spoons.

Which foods should I avoid? — You should avoid certain types of fish and all forms of alcohol. You should also limit the amount of caffeine in your diet, and check with your doctor before taking herbal products.

- **Fish** — You should not eat types of fish that could have a lot of mercury in them. These include shark, swordfish, king mackerel, and tilefish. Mercury is a metal that can keep the baby's brain from developing normally.

You can eat types of fish that do not have a lot of mercury, but not more than 2 times a week. The types of fish and other seafood that are safe to eat 1 or 2 times a week include shrimp, canned light tuna, salmon, pollock, and catfish. Tuna steaks are also OK to eat, but you should have that only 1 time a week.

Check with your doctor or nurse about the safety of fish caught in local rivers and lakes.

- **Caffeine** — Limit the amount of caffeine in your diet by not drinking more than 1 or 2 cups of coffee each day. Tea and cola also have caffeine, but not as much as coffee.
- **Herbal products** — Check with your doctor or nurse before using herbal products. Some herbal teas might not be safe.

- **Alcohol** – You should avoid alcohol completely. Even small amounts of alcohol could harm a baby.



- 4. Never smoke while pregnant and avoid passive smoking as far as possible.** It's generally recommended that smoking of any sort be avoided, as it is very damaging to the lungs. This is especially true for pregnant women, because whatever you smoke, your baby smokes as well. Nicotine and tobacco in the blood stream is absorbed by the child, increasing the likelihood of stillbirth, miscarriage, and a low birth weight.. Cut out all smoking in your life, including cigarettes, e-cigs, cigars, and marijuana.



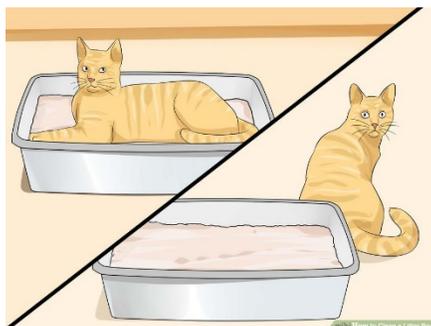
- 5. Stay away from illicit drugs**

Drugs of any sort - particularly 'street' drugs - are incredibly dangerous for a developing child. Recreational drugs almost guarantee your child will suffer from a birth defect or complication. Further, mothers who are addicted to drugs and continue to use them while pregnant can actually pass on their addiction to their child. The newborn baby is then addicted to drugs and will suffer withdrawal symptoms when born, just like an adult does. If you're a user of recreational drugs or are addicted, get help from a

psychologist or group therapy, to protect the health of your growing baby.



- 6. Don't change a cat's litter box.** A dangerous infection known as toxoplasmosis can be found in cat litter boxes, and can quickly spread to pregnant women. The illness may have no recognizable symptoms in the mother and will pass to the baby undetected, causing serious brain and eye damage to the growing baby. If you have a litter box, steer clear of it and have a friend or relative take over control of cleaning it regularly.



- 7. Ask if the medicines you take are safe** — If you take any medicines, supplements, or herbal drugs, ask your doctor or midwife if it is safe to keep taking them while you are pregnant or trying to get pregnant. Your doctor and nurse might need to slowly get you off some medicines because it could harm you to stop them all of a sudden.



- 8. Get vaccinated during pregnancy** – Women who are pregnant should get the following vaccines. Check with your doctor or nurse about what other vaccines are recommended as some should be postponed until after pregnancy due to risk to the baby.

Influenza (flu) – Pregnant women are at especially high risk of developing complications of the flu. Vaccination against the seasonal flu is recommended for **all** women who are or will be pregnant during influenza season. Influenza vaccine injection (flu shot) during pregnancy has no known harmful effects on the unborn baby, and can help protect the baby from influenza in the first six months after birth, before the baby is eligible for the flu vaccine. The nasal spray influenza vaccine should be avoided because it is made from a live virus.

Tetanus, diphtheria, and pertussis – The tetanus, diphtheria, acellular pertussis (Tdap) vaccine is recommended for pregnant women in each pregnancy, and ideally should be given between 27 and 36 weeks of gestation, to help protect the newborn from pertussis infection.



- 9. Wear your seat belt and keep the airbags on** – Pregnant women should continue wearing three-point seat belts during pregnancy. The lap belt is placed across the hips

and below the uterus; the shoulder belt goes between the breasts and lateral to the uterus.



- 10. Avoid travel to Zika prone areas** - Pregnant women are advised to consider postponing travel to areas with ongoing mosquito transmission of Zika virus. Women who must travel are advised to take precautions against mosquito bites including wearing long-sleeved shirts and pants, staying in places with air conditioning, sleeping under a mosquito net, and using approved insect repellent. In addition, pregnant women whose male partners have travelled to affected regions should abstain from sexual activity (vaginal, anal, and oral sex) or use condoms for the duration of the pregnancy.



- 11. Keep active by exercising regularly.** Carrying around extra mid-body weight, morning sickness, and aching muscles can all combine to make exercise sound incredibly unappealing. However, keeping active while you are pregnant will ensure not only your health, but your baby's as well. Regular exercise can make delivery less difficult, make losing your baby weight easier, aid in post-birth physical recovery, and encourage healthy fetal growth. Aim to do thirty minutes of low-impact exercise such as swimming, riding a bicycle, lifting weights, or yoga a day. Walking is a good option too

- Don't participate in any high-impact exercises (workout classes, long runs) or contact sports (soccer, rugby, football), as these put you at a high risk for injury.
- Always stretch before you exercise while pregnant; a hormone called 'relaxin' is released to prepare your body for labor, but this can weaken your muscles and joints. Without stretching, you increase your risk for muscle or joint injury.
- Avoid activities or stretches that require you to lie down on your back, because this puts pressure on a major vein that reduces blood flow to the uterus, which may make you feel dizzy and lightheaded.
- Overheating can be dangerous to your baby, so make sure you always keep cool by having a fan and cold water at the ready



By making these efforts to be as healthy as possible during your pregnancy, you'll also help your baby to grow to be as healthy as possible. If you have any questions, be sure to ask your doctor or nurse.

Credits:

Lockwood, C and Magriples, U. Initial Prenatal Assessment and First Trimester Prenatal Care. In: UptoDate, Ramen SM (Ed), UptoDate, Waltham, MA (Accessed on January 19, 2017.)

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APPENDIX B: HELPING DURING LABOR PATIENT EDUCATION HANDOUT

HELPING DURING LABOR AND AFTER THE BIRTH OF A BABY



BE CALM

This is the best thing you can do. If you are calm, this will help your partner remain calm.



BE YOUR PARTNER'S ADVOCATE

This is your main job. Talk with the nurse and ask questions if you are unclear about anything. Your nurse is your advocate too and is there to assist you. Assisting with contractions by timing them and assisting the laboring woman to be relaxed between contractions. Giving her ice chips, holding her hand or giving her a cool pack in between contractions can help. Tell her what a great job she is doing.

The Acronym **SUPPORT** can assist.

This will make it easy to recall all the things you can do to help your wife. Each of these can make a big difference in her comfort levels and the over-all positivity of the birthing experience. Take the time to memorize these helpful points.

- S – Support emotionally. Giving positive emotional support is crucial during labor. Listen actively, validate her emotions, ask questions, and reassure your wife to help her feel more comfortable.
- U – Urination, at least once an hour. Remind her to go to the bathroom. This will get her moving, which can aid during these stages.
- P – Position changes, often.
- P – Praise and encouragement, not sympathy, is needed to help her get through this.
- O – Out of bed (walk/shower) is better than laying down.
- R – Relaxation is key.
- T – Touch: pressure and massage.

HELPING AFTER LABOR



Be attentive to her mood. Both baby blues and postpartum depression are very real. Baby-blues are fairly normal, but be careful for signs of postpartum depression. These can be signals of a serious problem that may require professional help.

- Signs of baby blues:
- Mood swings
- Anxiety
- Sadness
- Irritability

- Feeling overwhelmed
- Crying
- Reduced concentration
- Appetite problems
- Trouble sleeping
- Signs of postpartum depression:
- Depression or severe mood swings
- Excessive crying
- Difficulty bonding with the baby
- Withdrawing from family and friends
- Loss of appetite or sudden, excessive eating
- Insomnia or hypersomnia (lack of sleep or excessive sleep)
- Overwhelming fatigue
- Intense irritability and anger
- Feelings of worthlessness, shame, guilt or inadequacy
- Diminished ability to think clearly, concentrate or make decision



CELEBRATE, TOGETHER

You may want to have everyone you know over to see the baby. Just make sure that you're not over-doing it. A new baby is stressful enough, without all the added chaos from celebrations. Clean up. Shoo people home before it gets too late. A 10 minute visit is great plenty. Visitors that do laundry, vacuum, grocery shop and make meals for you can stay for a longer visit.



GO TEAM

Parenting is a team activity. Make sure you do your part, but don't go overboard. By becoming an equal partner in your relationship, you can make the time after labor more positive. Especially in the first few weeks after the birth, a new mom may need a lot of time to recover. She may need frequent naps, be sore, and generally fatigued. You will be tired too. Enlist the help of family and friends with offers to help in the first few weeks and beyond if needed.

- Try to be as involved with the baby as possible. The mother shouldn't be the only one getting up with the baby all night – support person's need to assist



Treat her well, but make sure you take care of yourself, too. Partners sometimes have such a strong need to help out, they forget to take care of themselves. Make sure you are rested and content, so that you can be there for your wife. Don't burn yourself out.

Images from [wikihow.com](http://www.wikihow.com) and content adapted from: Widarsson, M., Kerstis, B., Sundquist, K., Engström, G., & Sarkadi, A. (2012). Support Needs of Expectant Mothers and Fathers: A Qualitative Study. *The Journal of Perinatal Education*, 21(1), 36–44. <http://doi.org/10.1891/1058-1243.21.1.36>

APPENDIX C: MANAGING LABOR PAIN PATIENT EDUCATION HANDOUT

MANAGING LABOR PAIN

Dealing with labor pain is something that most women fear a great deal, because of stories they read or hear, but the experience of labor is highly individual and can even be totally different for each person and with each birth. There are various options for easing labor pain and making the experience as comfortable as possible. Having a birthing plan created ahead of time is a great idea, but you should also learn about alternatives in case your plan has to be altered during labor. Ideally, you should learn about multiple options to be as prepared as possible when labor starts.



BREATHING TECHNIQUES

Try focused breathing during contractions. Pay attention to your breathing while repeating the word “relax” in your head. Think “re-“ as you breathe in through your nose and “-lax” as you exhale through your lips. Let go of the tension in your body when your exhale also. Another technique is to focus on the cool air you feel as you breathe in through your nose and the warm air as you breathe out through your mouth. Think of blowing the tension away with your breath.

- Don't worry about the speed or depth of your breaths, as long as you establish a rhythm and your inhale is shorter than your exhale.
- Focused breathing helps relieve pain and allows you to conserve energy for later stages of labor.

VISUALIZATION TECHNIQUES



Focus your attention on something that makes you happy and imagine it in your head during intense pain. It could be your favorite object or your partner's face, or anything that gives you pleasure when you see it. Imagining you are in a relaxing place can also help you forget about the pain for a few minutes. Think of your favorite vacation spot or imagine sitting in your most comfortable chair at home.

- If you could be anywhere, would you be sitting on a beach in the sun, listening to the wave's crash and seagulls? Maybe you would prefer a cabin in the woods with a rocking chair out front and listening to songbirds and insects.
- The more fully you can imagine the scene, the better doing so will distract you from any pain. Use all of your senses to make your image seem more real. Try to feel the sun on your skin or the breeze blowing by.

RELAXATION TECHNIQUES



Include soft music, candles, comfortable pillows for your bed or chair, or whatever you typically use as tools for relaxation time. Spend the minute's in-between contractions enjoying your surroundings in the moment, instead of anticipating the next contraction or thinking about the last one. This will help you get through contractions one at a time, instead of them having a cumulative effect.^[10]

- Include an object from home that you love and has personal value for you. Concentrate on it and think about what it represents or how it makes you feel to see it.
- Try using your favorite small thing you bought for the baby to remind you of why all the pain is worth it.
- Ask your partner to massage your feet, hands, or back to help you relax more. For some women, the counter pressure of massaging sore areas can relieve some of the pain.^[11]

MOVEMENT



If you can, get up and take a short walk, even if it is in your room.

If not, change positions where you are as frequently as you feel the need. Sit on the bed on your hands and knees, squat down, lean over the bed or counter, roll on a birthing ball, move from the bed to a chair, etc. Moving your body helps labor along by taking advantage of gravity, and it also gives your mind something to concentrate on instead of the pain.

- If in the hospital and hooked up to monitors and IVs, change your position in bed any time the pain starts worsening. Try sitting on the side of the bed with your feet on the floor, or getting up on your knees, if it is comfortable to do so. Ask your partner to support your torso with their weight.
- Make sure someone is with you while walking around in case you get a contraction and need support or someone to lean on for a moment.
- Keep your walk short and go more than once if you like, rather than walking for too long and tiring your body out before the late stages of labor.
- A birthing ball is similar to an exercise ball, often used in yoga. Bouncing and using it to rock your hips back and forth can help ease pain.
- **ASK YOUR LABOR NURSE FOR ASSISTANCE IN THESE TECHNIQUES**

WATER THERAPY



If you are at home or at a birthing center, you likely have a bathtub nearby. Fill it up with warm water (100 degrees F) and soak. Have your partner use a cup to pour water over your shoulders too. Or, take a hot shower instead. The streams of water can feel like a massage and relax you even more.

MEDICATION OPTIONS



- **An epidural** is a regional anesthetic administered through a needle into your spine. A low dose of medicine is delivered continuously through a pump, with a button to self-administer more when you need it. It might add about an hour to your labor time, but make all of the hours much more manageable. This anesthetic is injected directly into an area in your back, bypassing your bloodstream. This makes it safer for your baby and ensures you receive quick pain relief. Though it can take 15 minutes or longer to kick in, epidurals can be administered as soon as you request it, even if you are not dilated to a certain amount. The anesthesia will numb your entire lower body, including the nerves of your uterus, thereby numbing the pain of your contractions.
- HEALTH CARE PROVIDERS can administer an epidural even in later stages of labor, but it takes 10-20 minutes to start working.
- If you prefer not to use drugs for pain, you may want to ask your doctor to keep an epidural on your back-up plan in case cannot manage the pain on your own.

ANALGESIA

Some women cannot get an epidural for medical reasons, and may need a narcotic pain reliever, such as stadol, nubain, morphine, or fentanyl. Opioids also relieve pain during labor and are usually administered as a single shot usually given in a vein. Nubain is a pain-relief drug that is administered via IV. It is a synthetic opioid that does not numb the body but can reduce pain and anxiety

- They may cause drowsiness in both mother and baby, since they affect the entire body.
- All pain medications offered to ease labor discomfort are safe for the mother and her baby. Going over pros and cons of each one can help you make the best personal choice.

Images adapted from: www.wikihow.com

CREDITS

Content in “Having a Healthy Pregnancy” handout is adapted from Lockwood, C and Magriples, U. Initial Prenatal Assessment and First Trimester Prenatal Care. In: UptoDate, Ramen SM (Ed), UptoDate, Waltham, MA (Accessed on January 19, 2017.)

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