ASSESSMENT TESTS FOR
FETAL WELL-BEING

* BIOPHYSICAL PROFILE *

A. Amniocentesis
B. L/S Ratio (2:1)
C. Oxytocin Test
D. Non-Stress Test
E. Estriol Level

Choice for Follow Up Fetal Evaluations

A. Fetal Breathing Movements -
   1 episode of 30 sec. in 30 min.
B. Fetal Tone - At least 1 episode
   of extremity extension and flexion
C. Body Movement - 3 episodes
   over 30 min.
D. Amniotic Fluid Volume -
   More than 1 pocket > 1cm
   in 2 planes
E. Non-Stress Test - Reactive -
   FHR ↑ with activity.
   Each has a possible score of 2

Max Score = 10

EVALUATION OF
EPISIOSTOMY HEALING

R. Redness
E. Edema
E. Ecchymosis
D. Discharge, Drainage
A. Approximation
O.B. NON-STRESS TEST

3 Negatives in a row to interpret results of non-stress test

N  Non- Reactive
N  Non- Stress is
N  Not Good

POSTPARTUM ASSESSMENT

B  Breasts
U  Uterus
B  Bowels
B  Bladder
L  Lochia
E  Episiotomy/Laceration/C-Section Incision
HELLP Syndrome
(Preeclampsia with Liver Involvement)

Hemolysis
Elevated Liver Function Tests
Low Platelet Count

CEPHALHEMATOMA / CAPUT SUCCEDANEUM

Cephalhematoma: Collection of blood between surface of a cranial bone and the periosteum membrane. Does not cross suture lines.

Caput Succedaneum: Collection of fluid due to pressure of presenting part against cervix. This crosses suture lines.

From: Delores Graceffa, R.N., MS
CLEFT LIP - POST OP CARE

C
Choking
L
Lie on Back
E
Evaluate Airway
F
Feed Slowly
T
Teaching

L
Larger Nipple Opening
I
Incidence ↑ Males
P
Prevent Crust Formation
Prevent Aspiration

DEVELOPMENTAL DYSPLASIA OF THE HIP

Malformation of the hip due to imperfect development of the femoral head, acetabulum, or both. (Most often assessed at birth.)

Ortolani’s Sign
When infant’s spine and knees are flexed and hips are abducted, a click is heard or felt.

Click
Asymmetrical gluteal and thigh folds.
(Affected side)
Shortening of leg.

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**TEMPERATURE**
- Minimize Cold Stress.
- Maintain Skin Temp. 36.1° - 36.7°C (96.8° - 97.7°F)
- Continuously Monitor Temp.
- Prevent Rapid Warming or Cooling.
- Use A Cap To Prevent Heat Loss From Head.

**FOOD & FLUIDS**
- Monitor For Hypoglycemia.
- Assess Tolerance Of Oral Or Tube Feedings.
- Monitor Hydration Closely.
- Assess For Gastric Residual, Bowel Sounds, Change In Stool Pattern, Abdominal Girth.
- Monitor Weight Gain Or Lose.

**APGAR SCORES**
- Each Item Scores 0 to 2

**Circulatory System:**
- Blood flow from umbilical vessels & placenta stops at birth.
- Ductus Arteriosus
- Femoral Artery
- Ductus Venosus
- Pulmonary Circulation
- Transitory Murmure
- Handed & Feet - Acrocyanosis
- Heart Rate 120 to 140 Beats/Min

**Temperature**
- Heat Loss Due To:
  - Evaporation: Moisture from skin & lungs.
  - Convection: Body heat to cool air flow.
  - Conduction: Body heat to blankets, etc.
  - Radiation: Heat loss to cool temps.

**RESPIRATORY SYSTEM**
- Lung Maturation
  - Respiratory Rate
  - Respiratory Effort

**General Characteristics:**
- 48 cm. to 53cm.
- Average Length: 19 in. to 21 in.
- 3,400 grams (Average) or 7lbs. 8oz.
  - Usually 9 to 10% will lose 10% few days.
  - Regained within 10-14 days.
- Molding - Elongated
- Caput Succedaneum - Edema
- Head Circumference
  - (Head = 2 to 3 cm > than chest circ.)
- Fontanel Bulging? or Sunk?

**Extremes in Size May Indicate**
- Microcephaly, Hydrocephaly or ICP

**Umbilical Cord**
- 2 Arteries & 1 Vein
  - Obtain cord blood sample in delivery room.

**Resp Function**
- Position 102 - Semiprone/Side Lying
- Maintain Resp Tract Patency
- Stimulate ➔ Remind to Breathe
- Monitor 102 Therapy
- Assess Resp Effort
  - Grunting
  - Nasal Flaring
  - Cyanosis
  - Apnea

**Newborn Assessment**
- Sleeps 16-20 hours a day the first 2 weeks.

**Chilling**
- 102 Consumption
- Utilization of Glucose (Hypoglycemia < 45mg%) & Brown Fat
- Need for Calories
- Risk Metabolic Acidosis
- Surfactant Production

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**CAPUT SUCCEDEANEUM**

- Boggy edematous swelling of the fetal scalp.
- Disappears without treatment.
- No pathological significance.

**CLUE TO CONTRACTIONS**

Can You Figure Out The

D - Duration
I - Intensity
F - Frequency
EARLY & LATE DECELERATIONS

It’s okay to be early for dinner...

But don’t be late!

(Late Decelerations Indicate Uteroplacental Insufficiency)

FETAL STATION

(Relationship of Fetal Head to Mother’s Pelvis)

I’m At Zero... From Here It’s All Positive... I’m On My Way Out!!!
**PHENYLKETONURIA (PKU)** - Inherited Error in Metabolism

Toxic levels of Phenylalanine (common protein amino acid) due to inability of body to convert.

**Can Cause...**
- Mental Retardation
- Convulsions
- Behavior Problems
- Skin Rash
- Musty Body Odor

**Babies Are Tested...**
A minimum of 24 hrs after beginning milk.
Retest in 7-10 days to catch earlier false negatives.

**NO**
- Meat
- Dairy Products
- Dry Beans
- Nuts
- Eggs

* Cereals, Fruits & Vegetables in Moderation *
+4 STATION AND DELIVERY

Nurse, why didn’t you tell me she was so close to delivery?

I told you 15 minutes ago she was at +3!!!

(Plus Four Is On The Floor!)