Prenatal care and pregnancy complications

Dating and T-P-A-L, tests by week, warning signs, bleeding, preeclampsia, magnesium, preterm labor

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1 AT A GLANCE

Prenatal care catches problems early. Warning signs need care now, not at the next visit.

Dating the pregnancy

	Means
Gestational age	Weeks from the **first day of the last menstrual period**, not from conception
★ **Due date, 28-day cycle**	**Last period's first day + 7 days – 3 months + 1 year**; ultrasound dating when indicated. May 10 gives February 17
★ **Term**	Preterm: before 37 weeks. Early term: 37 and 38. **Full term: 39 weeks through 40 weeks 6 days.** Late term: 41
Stillbirth (U.S.)	A loss at 20 weeks or later; before 20 weeks, a miscarriage. Other places draw the line differently

Gravida, para and T-P-A-L

	Counts
★ **Gravida**	Pregnancies, **including the current one**
Para	Births at 20 weeks or later
T, term	Births at 37 weeks or later
P, preterm	Births from 20 weeks up to 37
A, abortions	Pregnancies that ended before 20 weeks, from miscarriage or abortion
L, living	Children living now

Example: Pregnant now, one birth at 39 weeks, one miscarriage at 8 weeks: gravida 3, para 1; T-P-A-L 1, 0, 1, 1.

Visits and tests by timing

When	Test, and what it means
First visit	History, blood work, pelvic exam, Pap test, cultures. Blood count, blood type and Rh, rubella immunity, hepatitis, syphilis, HIV, urine culture. Heartbeat usually can't be heard or seen until at least 6 to 7 weeks
★ **Every visit**	Weight, blood pressure, fetal heart, urine for sugar or protein. **Sugar or protein in the urine needs evaluation; it isn't a diagnosis**: sugar can be normal in pregnancy, and preeclampsia can occur without protein
First trimester	Neck ultrasound and a blood test estimate Down syndrome risk. Chorionic villus sampling can detect it from about 10 weeks
★ **15 to 22 weeks**	Quad screen (maternal blood): **screens, doesn't diagnose.** Amniocentesis can diagnose
★ **24 to 28 weeks**	1-hour glucose screen over the set cutoff, often **140 mg/dL**, leads to a longer test
Around 28 weeks	Rho(D) immune globulin for an Rh-negative client with a negative antibody screen
About 36 to 37 weeks	Group B strep swab, vagina and rectum. Carrier: IV antibiotics in labor; one exception is a cesarean before labor with intact membranes

Visit schedule: Traditionally monthly to 28 weeks, every 2 weeks to 36, then weekly. Today, visits are tailored to each person's risks and needs.

Healthy habits

- Anyone who could become pregnant: 400 to 800 micrograms of folic acid a day; in pregnancy, at least 600.
- ★ **No known safe amount of alcohol**, and no safe time to drink. Only medicines the provider says are safe, including over-the-counter ones.
- Healthy weight: gain about 25 to 35 lb. Eating for two: no extra calories in the first trimester, then about 340, then 450 a day.
- Listeria: heat deli meats and hot dogs until steaming; avoid unpasteurized milk and cheeses.
- Tdap in every pregnancy, at 27 to 36 weeks; flu shot in season; **no live vaccines like MMR**.

Common discomfort or warning sign?

	Teach
Common	Morning sickness to about 14 to 16 weeks. Late in pregnancy: heartburn, constipation, leg cramps
★ **Care right away, in pregnancy or the year after**	**Headache that won't go away or gets worse**, vision changes, dizziness or fainting. Extreme swelling of the hands or face, trouble breathing, chest pain, a racing heart. Fever, severe belly pain, severe vomiting. Vaginal bleeding or leaking fluid. A swollen, painful leg, thoughts of self-harm, overwhelming tiredness
★ **Baby moving less**	**Contact the maternity team right away**, rather than waiting to try a snack or lying down

Early pregnancy

	Signs, and what to do
Hyperemesis gravidarum	Persistent vomiting; can't keep enough down; may lose more than 5% of her weight; dark urine, dizziness, low blood pressure. **IV fluids and antinausea medicine**
Miscarriage, before 20 weeks	Bleeding with or without cramps, passing tissue or clots. Ask her to save any tissue. Rho(D) immune globulin isn't routine before 12 weeks: follow local guidance. Fever, foul discharge or bleeding that won't stop: care right away
★ **Ectopic pregnancy**	Missed period, abnormal bleeding, one-sided pelvic pain. **Rupture: sudden sharp lower belly pain, shoulder pain, fainting, low blood pressure. An emergency**: IV fluids, blood, oxygen, warmth, surgery

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1 AT A GLANCE, CONTINUED

Late bleeding: previa or abruption

	Placenta previa	Placental abruption
What	Placenta lies low, over all or part of the cervix	Placenta pulls away from the uterine wall before birth
★ **Signs**	Sudden bright bleeding; some have cramps	Bleeding with **painful contractions and a tender belly**; blood can hide behind the placenta
★ **Nursing**	**Nothing in the vagina**: no exams, sex, tampons or douching. Nearly all need a C-section	Watch the fetal heart and her blood loss. **A normal ultrasound doesn't rule it out**
Risks	Prior C-section, many pregnancies, twins, smoking	High blood pressure, preeclampsia, belly trauma, cocaine, smoking

Both: May need a transfusion; a severe abruption means delivery right away. Rho(D) if she's Rh-negative and not already sensitized.

Preeclampsia, eclampsia, HELLP

	Signs and care
★ **Preeclampsia**	**New high blood pressure after 20 weeks, with protein in the urine or signs of organ damage.** Pressure is 140 systolic or 90 diastolic mmHg or higher, twice, at least 4 hours apart. Many feel well, so every blood pressure and urine check matters
Warning	Swelling of the hands and face, or a gain of over 2 lb in a week. Ankle swelling alone is common
★ **Severe features**	Headache that won't go away, vision changes, right upper belly pain; pressure of 160 systolic or 110 diastolic mmHg or higher; trouble breathing; low platelets; abnormal liver or kidney tests. Delivery is usually advised once stable at 34 weeks or later
After birth	Delivery is the cure, but the risk doesn't end at once: it can start after birth, usually within 48 hours, up to 6 weeks
Eclampsia	New seizures or coma in a client with preeclampsia: anticonvulsant, blood pressure control, delivery
HELLP	Hemolysis, elevated liver enzymes, low platelets: a severe variant. Delivery as soon as possible, even if the baby is premature

Magnesium sulfate

- ★ Prevents seizures. Per protocol: **knee reflex present, breathing about 16 or more a minute, urine 100 mL per 4 hours**.
- ★ Toxicity weakens reflexes and slows breathing: **stop the infusion, escalate urgently, and give IV calcium gluconate per protocol**.
- Leaves through the kidneys: urine under 100 mL in 4 hours means stopping, per protocol. Use beyond 5 to 7 days isn't recommended.

Preterm labor and ruptured membranes

- ★ **Regular contractions with cervical change before 37 weeks.** No contraction count diagnoses it; signs need prompt assessment.
- Oral terbutaline isn't recommended; injections are short-term, for selected inpatients, never prolonged or at home.
- Clear, sweet-smelling fluid suggests ruptured membranes: **come in right away**.

2 PRIORITY AND SAFETY CALLS

★ Suspected previa with sudden bright red bleeding: **question an order for a vaginal exam**.

A headache that won't go away, with vision changes, is an urgent warning sign and can signal preeclampsia.

On magnesium, no knee reflexes and breathing 10 times a minute: stop the infusion and call the provider urgently.

Mother had gestational diabetes: watch the newborn for low blood sugar in the first days.

3 EXAM ANCHORS

1. Expect due-date math, gravida and para, the visit schedule, and which test comes when.
2. Traps: calling a lasting headache normal, calling the quad screen diagnostic, and 'a little wine is fine.'
3. Previa: nothing in the vagina. Abruption: pain, and bleeding can hide.
4. Preeclampsia: new pressure with protein or organ signs; delivery cures, but watch after birth.
5. Traps: a vaginal exam with late bleeding, reassuring a lasting headache, confusing ankle and facial swelling.

4 SELF-QUIZ

1. With 28-day cycles, a last period starting May 10 gives a due date of _____.
2. The glucose screen is done at 24 to _____ weeks.
3. Preeclampsia is new high blood pressure after _____ weeks, with protein in the urine or signs of organ damage.
4. Magnesium toxicity: stop the infusion and give IV calcium _____ per protocol.

ANSWER KEY 1. February 17 · 2. 28 · 3. 20 · 4. gluconate

5 SOURCES

1. NICHD (NCMHEP), Know your terms: gestational age designations. nichd.nih.gov/ncmhep/initiatives/know-your-terms/…
2. CDC Hear Her campaign, Urgent maternal warning signs. cdc.gov/hearher/maternal-warning-signs/inde…
3. MedlinePlus, Preeclampsia. medlineplus.gov/ency/article/000898.htm
4. DailyMed, Magnesium Sulfate in 5% Dextrose (Baxter). dailymed.nlm.nih.gov/dailymed/drugInfo.cfm

Built from RN PocketPal course lessons: Prenatal care (c17-l01); Complications of pregnancy (c17-l02). Every line on this sheet comes from those lesson scripts.

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