

D. Third trimester

1. Physiologic changes with resulting discomforts
 - a. Dyspnea
 - b. Leg and foot cramps
 - c. Constipation
 - d. Indigestion, heartburn
 - e. Pedal edema
 - f. Fatigue
 - g. Vaginal discharge
 - h. Urinary frequency
 - i. Braxton Hicks contractions
2. Warning signs that should be reported
 - a. Visual disturbance
 - b. Headache
 - c. Hand and facial edema
 - d. Fever
 - e. Vaginal bleeding
 - f. Abdominal pain; uterine contractions
 - g. Premature rupture of membranes
 - h. Decreased or lack of fetal movement
3. Health teaching
 - a. Signs and symptoms of labor/preterm labor
 - b. When to call the health care provider; when to go to the hospital or birthing place
 - c. Comfort measures for trimester-related discomforts
 - d. Anticipatory guidance regarding duration of present discomforts
 - e. Reinforcement and reiteration of previous teaching

CASE STUDIES AND STUDY QUESTIONS

Ms. L. is a 26-year-old who has registered at the clinic for prenatal care. She reports fatigue, nausea, and constipation. Her last normal menstrual period was 8 weeks ago, and the home pregnancy test result was positive. This is her first pregnancy.

1. Presumptive signs of pregnancy include:
 - a. Ballottement
 - b. Braxton Hicks contractions
 - c. Breast changes
 - d. Positive pregnancy test results
 2. The bluish discoloration of the vagina is known as:
 - a. Chadwick's sign
 - b. Hegar's sign
 - c. Goodell's sign
 - d. Braxton's sign
 3. A normal physiologic change associated with the first trimester of pregnancy is:
 - a. Increased respirations
 - b. Increased peristalsis
 - c. Increased resistance to infection
 - d. Increased cardiac output
 4. Health teaching of particular importance at this early stage of pregnancy includes:
 - a. Comfort measures for trimester-related discomforts
 - b. Choices of prenatal education classes
 - c. Signs and symptoms of labor
 - d. Infant feeding techniques
- Ms. T., at 27 weeks' gestation, comes to the clinic for a routine prenatal visit. This is her fourth pregnancy, and she has four living children (with one set of twins).
5. How would her obstetric history be recorded?
 6. Routine laboratory tests that should be repeated at this visit include:
 - a. hCG level
 - b. Rubella titer
 - c. Antibody screen
 - d. Complete blood count with differential smear
 7. She reports feeling fatigued and is bothered by constipation. These symptoms are related to the hormone:
 - a. Estrogen
 - b. hCG
 - c. Thyroxine
 - d. Relaxin
 8. Her hemoglobin value is 11.7 g/dL. Which factor explains this finding?
 - a. The trimester of pregnancy

- b. Hemodilution of pregnancy
- c. The presence of iron deficiency anemia
- d. Greater-than-expected weight gain

Ms. S., age 16, is a finicky eater. She is very weight conscious and has tried several fad diets in the past. Ms. S. rarely eats breakfast; when she does, it consists of a glass of orange juice and a piece of toast. At noon she usually eats an apple or an orange. After school she is famished and snacks on cookies, soda, and ice cream. Frequently her evening meal consists of pizza, or a milkshake and a hamburger. She has just learned that she is pregnant, and she is horrified that she might become fat. Her medical history includes anemia. Present weight is 50.9 kg (112 pounds) and height is 1.86 m (5 feet, 7 inches).

9. How much weight should she gain to ensure a healthy pregnancy?
 - a. 28 to 40 pounds
 - b. 25 to 35 pounds
 - c. More than 55 pounds
 - d. 15 to 22 pounds
10. The RDA for energy includes an extra _____ kilocalories to support needs associated with the second and third trimesters of pregnancy.
 - a. 200
 - b. 250
 - c. 300
 - d. 350
11. When assessing the nutritional status of Ms. S., one of the best methods for obtaining dietary information is to:
 - a. Consult with family members
 - b. Ask her where she usually eats
 - c. Ask her how many meals she eats
 - d. Obtain a verbal and written 24-dietary recall
12. Which of the following factors is not a nutritional risk at the onset of pregnancy or during pregnancy?
 - a. Low hemoglobin or hematocrit
 - b. BMI within 90% to 110% of standard prepregnancy BMI
 - c. Inadequate weight gain
 - d. Poverty

ADDITIONAL STUDY QUESTIONS

13. The increase in uterine size during pregnancy is primarily the result of which of the following factors?
 - a. Growth of the fetus
 - b. Formation of new muscle fibers
 - c. Increase in blood circulation to the uterus
 - d. Growth of existing myometrial cells and muscle fibers
14. The primary source of the hormones estrogen and progesterone during early pregnancy is the:
 - a. Placenta
 - b. Anterior lobe of the pituitary gland
 - c. Corpus luteum
 - d. Adrenal cortex
15. The expected height of the fundus at 20 weeks' gestation is:
 - a. At the xiphoid process
 - b. At the umbilicus
 - c. Halfway between the symphysis pubis and umbilicus
 - d. At the symphysis pubis
16. A pregnant woman should immediately report which of the following symptoms to her health care provider?
 - a. Leg cramps
 - b. Abdominal pain
 - c. Dyspnea
 - d. Heartburn
17. Normal physiologic responses to pregnancy include:
 - a. Increased cardiac output
 - b. Increased peristalsis
 - c. Increased respirations
 - d. Increased blood pressure

ANSWERS TO STUDY QUESTIONS

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|-----------|-------|-------|-------|
| 1. c | 6. c | 11. d | 16. b |
| 2. a | 7. d | 12. b | 17. a |
| 3. d | 8. b | 13. d | |
| 4. a | 9. a | 14. c | |
| 5. G4, P3 | 10. c | 15. b | |

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