Learning Targets introduce you to the major concepts and important information in each chapter.

PICO(T) Questions (population • intervention or issue • comparison of interest • outcome • timeframe) emphasize the importance of evidence-based practice and how it relates to the content in the chapter.
PREPARE FOR THE REAL WORLD OF NURSING PRACTICE.

“What to say” — When asked about sexual activity during pregnancy

Couples have many questions regarding sexual activity during pregnancy. These questions relate to the safety of sexual intercourse, potential complications, when to stop having intercourse, and sexual positions that facilitate comfort. It is important for the health-care provider to address sexual activity early in the pregnancy in an honest, open manner and to encourage the couple to communicate with each other. The nurse can address the couple’s concerns with the following statements:

- “Let’s talk about sexual activity during pregnancy. It’s important to discuss this early in the pregnancy to ensure a comfortable and healthy experience.”
- “What to Say” develops your communication skills through examples and helpful hints.

Optimizing Outcomes show you how to establish the course of action that achieves the best possible outcomes for your patient.

Evidence-Based Practice

Previous studies have found that physical inactivity predisposes to reduced fitness and increased fetal and maternal risks during pregnancy. Maternal fitness and several aspects of fetal and maternal health have previously been found to improve through the use of low- to moderate-intensity exercise during pregnancy. The purpose of this study was to describe the progression of supervised, low- to moderate-intensity strength training program implemented among a sample of pregnant women. A further purpose was to explore the incidence of associated musculoskeletal injuries, lumbar endurance, blood pressure changes, and the occurrence of problematic symptoms, e.g., swelling in hands or feet, headaches or visual disturbances, chest, pelvic, or abdominal pain; irregular heartbeats or dizziness; and unexpected vaginal bleeding or leaking.

The sample was composed of 32 healthy pregnant women who were primarily recruited through midwives and obstetricians. The participants were between 21 and 25 weeks of gestation and their ages ranged from 18 to 38 years of age. They were at low risk for any pregnancy-related complications and free from back pain or a history of back pain. Women who reported use of regular strength training and those who reported uncontrolled psychiatric conditions and orthopedic or cardiovascular limitations were excluded.

Prior to initiating the exercise program, experienced trainers taught and supervised participants on the use of strength training and specific types of exercises. The participants were then expected to implement strength training twice a week for a 12-week period. Data recorded included blood pressure, extension endurance exercise test, and report of symptoms or musculoskeletal injuries. Participants were instructed to complete a warm-up that included 5 minutes of walking on a treadmill. Following the warm-up, participants performed six resistance exercises: dual leg extension, dual leg press, dual arm lat pull, dual leg curl, lumbar extensions, and a transverse abdominis muscle (abdominal) exercise. The Universal Gym and Cyber Eagle for the first five exercises, the number of sets and repetitions were constant throughout the training at a low to moderate velocity with scheduled rest periods between exercises. Participants were instructed to rate exercise intensity using a rated perceived exertion (RPE) scale. A rating of 13 represented moderate intensity, 11 represented fair light, and ratings of 10 or less represented low intensity. External load was progressively increased based on RPE responses to each exercise. Participants usually performed the abdominal exercise from a standing position and were asked to draw in their abdominal muscles as if trying to reach the spine. Repetitions were held at 8 throughout the training. Five minutes after completing the training, blood pressures were measured, and participants were asked about potential problematic symptoms and back pain.

The researchers stated that no musculoskeletal injuries were reported for women at risk for low back pain. No chest palpitations or chest pains were reported. Symptoms were reported 13 times and included dizziness (8/13) and abdominal/pelvic pain (4/13). One person reported a headache. Most symptoms were reported within the first 3 weeks of the study. The percentage of increase in the maternal load across the 12 weeks was found to be statistically significant and reported as follows: leg presses (36%), leg curl (39%), lat pull down (39%), lumbar extension (41%), and leg extension (56%). The researchers reported that exercises were performed at a low to moderate perceived intensity with a mean RPE of 10.5 to 12.3, which did not change significantly throughout the 12-week period. A 14% increase in lumbar endurance was reported. No significant changes in blood pressure were reported during and at the conclusion of the 12-week training. The researchers concluded that use of supervised, low- to moderate-intensity strength training during pregnancy is safe and efficacious.

1. “How is this information useful to clinical nursing practice?”
2. “Based on these findings, what are implications for further research?”

See Suggested Responses for Evidence-Based Practice on DavisPlus.

Evidence-Based Practice Boxes and Questions highlight current research and encourage you to think about how you can incorporate evidence-based findings into your practice.

Optimizing Outcomes — Teaching patients to avoid bone meal supplements

Bone meal, sometimes used as a calcium source, should be avoided during pregnancy. This supplement is frequently contaminated with lead, a toxin that readily crosses the placenta and can result in high levels in the fetus.
**Focus on Safety** highlights important protective measures to keep mothers and children out of harm’s way.

**Review Questions**

**Multiple Choice**

1. The pediatric nurse assesses the toddler's fine motor skills by observing which task?
   - A. Buttoning a shirt
   - B. Writing with a pencil
   - C. Holding a spoon to eat
   - D. Using the pincer grasp

2. According to Piaget, an infant uses his or her senses to learn and explore the environment. Which action is the most appropriate for the nurse to implement to determine object permanence?
   - A. Playing the game of peek-a-boo
   - B. Encouraging the infant to shake a rattle
   - C. Pushing a button on an overhead mobile
   - D. Placing the child in a stroller and going for a walk

**NCLEX-Style Review Questions** at the end of each chapter help you identify your areas of strength/weakness and prepare you for course tests and national licensure examination.

**Nursing Care Plan** Delayed Growth and Development

**Nursing Diagnosis:** Delayed growth and development, related to chronic illness

**Measurable Short-term Outcome:** Child will maintain current weight and participate in age-appropriate activities, as possible.

**Measurable Long-term Outcome:** Child will reach age-appropriate growth and developmental milestones.

**NIC Interventions:**
- Nutrition Management (1100)
- Developmental Enhancement: Child (8274)
- Normalization Promotion (7200)
- Activity Therapy (4310)

**NURSING INTERVENTIONS:**

1. Build a trusting, supportive relationship with child and caregivers by taking time, actively listening to concerns, and offering information and encouragement.
   **RATIONALE:** A trusting relationship facilitates implementation of developmental interventions.

2. Monitor child’s height and weight (specify frequency) and record on a continuous flow sheet.
   **RATIONALE:** A flow sheet provides a continuous record of the child’s growth over time.
In order to maintain optimum nutrition using a feeding tube that is passed through the mouth or nares and into the stomach, it is necessary to consider the patient's nutritional needs, the type of feeding tube, and the care required during the process. This involves understanding the risks associated with the procedure and ensuring that safety measures are in place to prevent complications.

**Procedure 21-1 Inserting an Oro- or Nasogastric Tube**

**Purpose**
To maintain optimum nutrition using a feeding tube that is passed through the mouth or nares and into the stomach.

**Equipment**
- Oro- or nasogastric tube
- Tap water or a water-soluble lubricant
- Syringe
- pH indicator paper

**Steps**
1. Wash hands and don gloves.
2. Determine tube length required by measuring from the nose to the earlobe and to the midpoint between the end of the xiphoid process and the umbilicus (Fig. 21-19).
3. Note the measurement by finding the xiphoid process and the umbilicus.
4. Lubricate the tube with tap water or a water-soluble lubricant. Follow manufacturer guidelines.
5. Using the dominant hand, gently direct the tube toward the back of the throat or, if using the nose, toward the occiput.

**Rationale:**
Proper measurement determines the distance that the catheter is inserted.

- **Bowel formation:**
- **Stomach contents:**
- **Rectal temperature:**
- **Cough reflex:**

**Procedure Boxes** provide step-by-step instructions (and rationales) for performing common procedures.
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