

Mild vs. Severe Preeclampsia:

Is categorized by its severity, and the characteristics between mild and severe preeclampsia are important because the management strategies are different.

Mild preeclampsia:

- Pregnancy is greater than 20 weeks
- BP is greater than 140 systolic or 90 diastolic
- 0.3g of protein is collected in a 24-hour urine sample or persistent 1 protein measurement on urine dipstick
- There are no other signs of problems with the mother or the baby

Severe preeclampsia:

- It requires the basic features of mild preeclampsia plus indication of additional problems with either the mother or the baby.
- Signs of central nervous system problems (a severe headache, blurry vision, altered mental status)
 - Signs of liver problems (nausea and/or vomiting with abdominal pain)
 - At least twice the normal measurements of certain liver enzymes on blood test
 - Very high blood pressure (greater than 160 systolic or 110 diastolic)
 - Thrombocytopenia (low platelet count)
 - Greater than 5g of protein in a 24-hour sample
 - Very low urine output (less than 500mL in 24 hours)
 - Signs of respiratory problems (pulmonary edema, bluish tint to the skin)
 - Severe fetal growth restriction

Sources:

Hockenberry, M. J., Olshansky, E. F., & Perry, S. E. (2018). Maternal child nursing care. St. Louis, MO: Elsevier.

Website. (n.d.). About Preeclampsia.

Retrieved from

<http://www.preeclampsia.org/health-information/about-preeclampsia>

Preeclampsia: Multiple approaches for a multifactorial disease. (n.d.). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3255538/>

Pictures:

<https://www.osmosis.org>

Mild vs Severe Preeclampsia vs Eclampsia

ALEJANDRO MEDINA



Preeclampsia:

Is a pregnancy-related disorder that can be dangerous for both the pregnant woman and her unborn baby. The disorder is not very common and affect about 5 to 8% of all pregnancies. Is a disorder of widespread vascular endothelial malfunction and vasospasm that occurs after 20 weeks' gestation and can present as late as 4-6 weeks postpartum. However, it can progress rapidly, and lead to serious complications and even death for both a mother and her unborn baby.

MATERNAL NEWBORN TEACHING ASSIGNMENT: Q 4, 2018

1. Create a teaching brochure on assigned Maternal Newborn topic.
2. Brochure should be colorful and include definition, description, purpose, procedure and possible complications for assigned topic.
3. If your topic is a test or procedure, include why it is done, when during the pregnancy it is performed, and what follow-up is indicated if results are not within normal limits. If it is a condition, include causes, risks and treatment.
4. **BROCHURE MUST BE SUITABLE FOR USE IN PRESENTATION OF YOUR TOPIC TO YOUR PEERS; this is NOT a teaching brochure for pregnant women.**
5. **A Reference List is required.** Minimum references: 2, one of which must be your text books. **NO BLOGS or EDITORIALS.** Use professional journal articles.
6. **You MUST USE APA format for all References, including Web sites.**
7. See Rubric for grading criteria; you must attach the Grading Rubric when submitted.

TOPIC	STUDENT
1. Compare and Contrast postpartum blues, Postpartum Depression and Postpartum Depression with Psychosis. Include signs and symptoms, incidence, treatment differences and nursing care	
2. THE FOUR STAGES OF LABOR with PHASES of EACH; include durations, descriptions, physical changes; nursing care in each	
3. CARE OF THE PATIENT AFTER A VAGINAL BIRTH. Include teaching, breast feeding support, safety, post-partum assessment; nursing care	
4. GBS (GROUP B STREPTOCOCCUS) testing: WHEN AND WHY IS IT DONE? How does GBS put baby at risk? What is the treatment if GBS positive? Include nursing care for mother and newborn	me
5. SEPSIS AND THE NEWBORN. Include signs and symptoms, medical and nursing treatment and care, common causes, risk factors	
6. PRETERM LABOR: HOW to RECOGNIZE AND WHAT TO DO IF IT OCCURS; include treatment for both mother and baby. Include tocolytics and steroids; nursing care	
7. PITOCIN FOR INDUCTION /AUGMENTATION OF LABOR: RISKS/ADVANTAGES; nursing care; indications for induction, augmentation	
8. RISK FACTORS FOR PRETERM PROM AND PROM: WHAT RISKS CAN BE CONTROLLED? WHAT RISKS CANNOT? Include identification, definition, compare/contrast each; treatment, outcome, nursing care and teaching	
9. WHAT CHANGES HAPPEN IN A WOMAN'S BODY WITHIN 48 HOURS OF GIVING BIRTH, AND WHEN DO THE SYSTEMS GO BACK TO NORMAL/PREPREGNANT STATE? Include all pertinent system changes that occur after birth and the first 6 weeks; the "4 th trimester"	
10. HYPERBILIRUBEMIA vs PHYSIOLOGIC JAUNDICE: Compare and contrast; include how diagnosed including lab values; treatment and consequence if untreated: Kernicterus (definition, treatment)	
11. INCOMPETENT CERVIX: signs/symptoms, causes, treatment, nursing care before and after; risks	

RUBRIC: MATERNAL/NEWBORN TEACHING PROJECT: TEACHING BROCHURE

NAME: _____ CLASS DAY/TIME: _____
 TOPIC: _____

Note: if student fails to present project, grade is "0." NO late submissions accepted.

COMPONENT	PTS	PARTIALLY COMPLETE	PTS	PTS
CONTENT	60	Partial explanation of procedure or condition, including risks, rationale, treatment. • 2 missing: (definition, risks, description, treatment, results (tests), procedure description)	40	MINIMAL Minimal explanation of procedure or condition • Several aspect missing: (definition, risks, description, treatment, results (tests), procedure description)
APPEARANCE	30	1 element missing	25	2 + elements missing
REFERENCES	10	1 References in APA format OR 2 References NOT in correct format	5	Not in APA format Or No Reference List
	YOUR POINTS:		YOUR POINTS:	
GRADE: _____				

PLEASE ATTACH THIS RUBRIC TO YOUR PROJECT WHEN IT IS SUBMITTED.

REFERENCES MUST BE PRINTED ON BACK OF BROCHURE

nursing interventions
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