CONTENTS

UNIT I
Maternal and Child Health Nursing Practice  1

CHAPTER 1
A Framework for Maternal and Child Health Nursing  3
GOALS AND PHILOSOPHIES OF MATERNAL AND CHILD HEALTH NURSING  4
STANDARDS OF MATERNAL AND CHILD HEALTH NURSING PRACTICE  5
A FRAMEWORK FOR MATERNAL AND CHILD HEALTH NURSING CARE  5
MATERNAL AND CHILD HEALTH NURSING TODAY  8
ADVANCED-PRACTICE ROLES FOR NURSES IN MATERNAL AND CHILD HEALTH  22
LEGAL CONSIDERATIONS OF MATERNAL-CHILD PRACTICE  23
ETHICAL CONSIDERATIONS OF PRACTICE  24

CHAPTER 2
The Childbearing and Childrearing Family and Community  26
Nursing Process Overview for Promotion of Family Health  27
THE FAMILY  28
FAMILY FUNCTIONS AND ROLES  32
ASSESSMENT OF FAMILY STRUCTURE AND FUNCTION  39
THE FAMILY AS PART OF A COMMUNITY  41

CHAPTER 3
Sociocultural Aspects of Maternal and Child Health Nursing  49
Nursing Process Overview That Respects Sociocultural Aspects of Care  50
SOCIOCULTURAL DIFFERENCES AND THEIR IMPLICATIONS FOR MATERNAL AND CHILD HEALTH NURSING  52

UNIT II
The Nursing Role in Preparing Families for Childbearing and Childrearing  63

CHAPTER 4
Reproductive and Sexual Health  65
Nursing Process Overview for Promotion of Reproductive and Sexual Health  66
REPRODUCTIVE DEVELOPMENT  68
ANATOMY AND PHYSIOLOGY OF THE REPRODUCTIVE SYSTEM  69
MENSTRUATION  83
SEXUALITY AND SEXUAL IDENTITY  87
HUMAN SEXUAL RESPONSE  93
SEXUAL HARASSMENT  98
DISORDERS OF SEXUAL FUNCTIONING  98

CHAPTER 5
Reproductive Life Planning  102
Nursing Process Overview for Reproductive Health  104
CONTRACEPTIVES  105
THE COUPLE WITH A PHYSICAL OR COGNITIVE CHALLENGE  124
FUTURE TRENDS IN CONTRACEPTION  125
ELECTIVE TERMINATION OF PREGNANCY (INDUCED ABORTION)  125

CHAPTER 6
The Infertile Couple  133
Nursing Process Overview for the Couple With Infertility  134
INFERTILITY  136
FERTILITY ASSESSMENT  139
INFERTILITY MANAGEMENT  146
ALTERNATIVES TO CHILDBIRTH  151

UNIT III
The Nursing Role in Caring for the Pregnant Family  155

CHAPTER 7
Genetic Assessment and Counseling  157
Nursing Process Overview for Genetic Assessment and Counseling  158
GENETIC DISORDERS  159
GENETIC COUNSELING  167
COMMON CHROMOSOMAL DISORDERS RESULTING IN PHYSICAL OR COGNITIVE DEVELOPMENTAL DISORDERS  176

CHAPTER 8
The Growing Fetus  181
Nursing Process Overview to Help Ensure Fetal Health  182
STAGES OF FETAL DEVELOPMENT  182
EMBRYONIC AND FETAL STRUCTURES  184
ORIGIN AND DEVELOPMENT OF ORGAN SYSTEMS  189
ASSESSMENT OF FETAL GROWTH AND DEVELOPMENT  197

CHAPTER 9
Psychological and Physiologic Changes of Pregnancy  212
Nursing Process Overview for Healthy Adaptation to Pregnancy  213
PSYCHOLOGICAL CHANGES OF PREGNANCY  214
THE PSYCHOLOGICAL TASKS OF PREGNANCY  215
CHAPTER 19
Providing Comfort During Labor and Birth  542
Nursing Process Overview for Pain Relief During Childbirth  543
EXPERIENCE OF PAIN DURING CHILDBIRTH  544
COMFORT AND PAIN RELIEF MEASURES  546
NURSING CARE TO PROMOTE THE COMFORT OF A WOMAN DURING LABOR  556

CHAPTER 20
Cesarean Birth  564
Nursing Process Overview for a Woman Having a Cesarean Birth  565
CESAREAN BIRTH  566
NURSING CARE OF A WOMAN ANTICIPATING A CESAREAN BIRTH  568
NURSING CARE OF A WOMAN HAVING AN EMERGENCY CESAREAN BIRTH  572
INTRAOPERATIVE CARE MEASURES  573
POSTPARTAL CARE MEASURES  577

CHAPTER 21
The Woman Who Develops a Complication During Labor and Birth  588
Nursing Process Overview for a Woman With a Labor or Birth Complication  589
COMPLICATIONS WITH THE POWER (THE FORCE OF LABOR)  590
PROBLEMS WITH THE PASSENGER  598
PROBLEMS WITH THE PASSAGE  606
THERAPEUTIC MANAGEMENT OF PROBLEMS OR POTENTIAL PROBLEMS IN LABOR AND BIRTH  607
ANOMALIES OF THE PLACENTA AND CORD  615

UNIT V
The Nursing Role in Caring for the Family During the Postpartal Period  619

CHAPTER 22
Nursing Care of a Postpartal Woman and Family  621
Nursing Process Overview for a Postpartal Woman and Family  622
PSYCHOLOGICAL CHANGES OF THE POSTPARTAL PERIOD  623
PHYSIOLOGIC CHANGES OF THE POSTPARTAL PERIOD  627
NURSING CARE OF A WOMAN AND FAMILY DURING THE FIRST 24 HOURS AFTER BIRTH  633
NURSING CARE OF A WOMAN AND FAMILY IN PREPARATION FOR DISCHARGE  647
NURSING CARE OF A WOMAN AND FAMILY AFTER DISCHARGE  648
NURSING CARE OF A POSTPARTAL WOMAN AND FAMILY WITH UNIQUE NEEDS  650

CHAPTER 23
Nursing Care of a Woman and Family Experiencing a Postpartal Complication  654
Nursing Process Overview for a Woman Experiencing a Postpartal Complication  655
POSTPARTAL HEMORRHAGE  656
PUERPERAL INFECTION  663
THROMBOPHLEBITIS  667
MASTITIS  670
URINARY SYSTEM DISORDERS  670
CARDIOVASCULAR SYSTEM DISORDERS  674
REPRODUCTIVE SYSTEM DISORDERS  674
EMOTIONAL AND PSYCHOLOGICAL COMPLICATIONS OF THE PUERPERIUM  674

CHAPTER 24
Nursing Care of a Newborn and Family  679
Nursing Process Overview for Health Promotion of the Term Newborn  680
PROFILE OF A NEWBORN  681
APPEARANCE OF A NEWBORN  689
ASSESSMENT FOR WELL-BEING  700
CARE OF A NEWBORN AT BIRTH  707
NURSING CARE OF A NEWBORN AND FAMILY IN THE POSTPARTAL PERIOD  713
ASSESSMENT OF FAMILY’S READINESS TO CARE FOR A NEWBORN AT HOME  715

CHAPTER 25
Nutritional Needs of a Newborn  722
Nursing Process Overview for Promoting Nutritional Health in a Newborn  723
NUTRITIONAL ALLOWANCES FOR A NEWBORN  724
BREAST-FEEDING  726
FORMULA-FEEDING  741
DISCHARGE PLANNING  744

CHAPTER 26
Nursing Care of the High-Risk Newborn and Family  747
Nursing Process Overview for the Family of a High-Risk Newborn  748
NEWBORN PRIORITIES IN FIRST DAYS OF LIFE  749
THE NEWBORN AT RISK BECAUSE OF ALTERED GESTATIONAL AGE OR BIRTHWEIGHT  757
ILLNESS IN THE NEWBORN  777
THE NEWBORN AT RISK BECAUSE OF MATERNAL INFECTION OR ILLNESS  789

UNIT VI
The Nursing Role in Health Promotion for a Childrearing Family  797

CHAPTER 27
Principles of Growth and Development  799
Nursing Process Overview for Promotion of Normal Growth and Development  800
IMPORTANCE OF KNOWLEDGE ABOUT GROWTH AND DEVELOPMENT TO THE ROLE OF THE NURSE  801
PRINCIPLES OF GROWTH AND DEVELOPMENT  802
CHAPTER 37
Nursing Care of the Child Undergoing Medication Administration and Intravenous Therapy 1139
Nursing Process Overview for a Child Needing Medication/Intravenous Therapy 1140
MEDICATION ADMINISTRATION 1141
INTRAVENOUS THERAPY 1150

CHAPTER 38
Pain Management in Children 1159
Nursing Process Overview for a Child in Pain 1160
PHYSIOLOGY OF PAIN 1161
ASSESSING TYPE AND DEGREE OF PAIN 1162
PAIN ASSESSMENT 1163
PAIN MANAGEMENT 1167
NONPHARMACOLOGIC PAIN MANAGEMENT 1168
PHARMACOLOGIC PAIN RELIEF 1173
ONGOING PAIN RELIEF 1176

UNIT VIII
The Nursing Role in Restoring and Maintaining the Health of Children and Families With Physiologic Disorders 1179

CHAPTER 39
Nursing Care of the Child Born With a Physical or Developmental Challenge 1181
Nursing Process Overview for Care of a Physically or Developmentally Challenged Child 1182
RESPONSIBILITIES OF THE NURSE AT THE BIRTH OF AN INFANT BORN PHYSICALLY OR DEVELOPMENTALLY CHALLENGED 1183
GASTROINTESTINAL SYSTEM PHYSICAL AND DEVELOPMENTAL DISORDERS 1184
NERVOUS SYSTEM PHYSICAL AND DEVELOPMENTAL DISORDERS 1198
SKELETAL PHYSICAL AND DEVELOPMENTAL DISORDERS 1211
COMMON CHROMOSOMAL DISORDERS THAT RESULT IN PHYSICAL OR COGNITIVE DEVELOPMENTAL DISORDERS 1218

CHAPTER 40
Nursing Care of a Child With a Respiratory Disorder 1223
Nursing Process Overview for a Child With a Respiratory Disorder 1224
ANATOMY AND PHYSIOLOGY OF THE RESPIRATORY SYSTEM 1225
ASSESSING RESPIRATORY ILLNESS IN CHILDREN 1226
HEALTH PROMOTION AND RISK MANAGEMENT 1233
THERAPEUTIC TECHNIQUES USED IN THE TREATMENT OF RESPIRATORY ILLNESS IN CHILDREN 1233
DISORDERS OF THE UPPER RESPIRATORY TRACT 1244
DISORDERS OF THE LOWER RESPIRATORY TRACT 1257

CHAPTER 41
Nursing Care of the Child With a Cardiovascular Disorder 1277
Nursing Process Overview for Care of the Child With a Cardiovascular Disorder 1278
THE CARDIOVASCULAR SYSTEM 1279
ASSESSMENT OF HEART DISORDERS IN CHILDREN 1279
HEALTH PROMOTION AND RISK MANAGEMENT 1284
NURSING CARE OF THE CHILD WITH A CARDIAC DISORDER 1285
CONGENITAL HEART DISORDERS 1296
ACQUIRED HEART DISEASE 1305
CARDIOPULMONARY ARREST 1316

CHAPTER 42
Nursing Care of the Child With an Immune Disorder 1321
Nursing Process Overview for a Child With an Immune Disorder 1322
THE IMMUNE SYSTEM 1323
HEALTH PROMOTION AND RISK MANAGEMENT 1325
IMMUNODEFICIENCY DISORDERS 1327
ALLERGY 1331
COMMON IMMUNE REACTIONS 1336
ATOPIC DISORDERS 1338
DRUG AND FOOD ALLERGIES 1344
STINGING INSECT HYPERSENSITIVITY 1345
CONTACT DERMATITIS 1345

CHAPTER 43
Nursing Care of the Child With an Infectious Disorder 1348
Nursing Process Overview for a Child With an Infectious Disorder 1349
THE INFECTIOUS PROCESS 1350
HEALTH PROMOTION AND RISK MANAGEMENT 1353
CARING FOR THE CHILD WITH AN INFECTIOUS DISEASE 1353
VIRAL INFECTIONS 1356
BACTERIAL INFECTIONS 1366
OTHER INFECTIOUS PATHOGENS 1374

CHAPTER 44
Nursing Care of the Child With a Hematologic Disorder 1380
Nursing Process Overview for the Child With a Hematologic Disorder 1381
STRUCTURE AND FUNCTION OF BLOOD 1382
ASSESSMENT OF AND THERAPEUTIC TECHNIQUES FOR HEMATOLOGIC DISORDERS 1384
HEALTH PROMOTION AND RISK MANAGEMENT 1389
DISORDERS OF THE RED BLOOD CELLS 1389
DISORDERS OF THE WHITE BLOOD CELLS 1403
DISORDERS OF BLOOD COAGULATION 1404

CHAPTER 45
Nursing Care of the Child With a Gastrointestinal Disorder 1411
Nursing Process Overview for a Child With a Gastrointestinal Disorder 1412
ANATOMY AND PHYSIOLOGY OF THE GASTROINTESTINAL SYSTEM 1412
Nursing Process Overview: Each chapter begins with a review of nursing process in which specific suggestions, such as examples of nursing diagnoses and outcome criteria, are helpful to modifying care in the area under discussion, are presented. These reviews are designed to improve students’ preparation in clinical areas so they can focus their care planning and apply principles to practice.

Nursing Outcomes and Related Interventions: Because nurses rarely work in isolation, but rather as a member of a health care team or unit, Multidisciplinary Care Maps written for specific clients are included throughout the text to demonstrate the use of the nursing process, provide examples of critical thinking, and clarify nursing care for specific client needs. Multidisciplinary care maps not only demonstrate nursing process but also accentuate the increasingly important role of the nurse as a coordinator of client care.

• Nursing Diagnoses and Related Interventions: A consistent format highlights the nursing diagnoses and related interventions throughout the text. A special heading draws the students’ attention to these sections where individual nursing diagnoses and outcome evaluation are detailed for the major conditions and disorders discussed.

Nursing Outcomes and Related Interventions for a Woman With a Labor or Birth Complication

Assessment
One of the major assessments used to detect deviations from normal in labor and birth is fetal and uterine monitoring. Working with such apparatus involves explaining its importance to parents, winning their cooperation, and using judgment in reading the various patterns. Typically, monitoring women in labor entails problems not found in other high-risk areas such as an intensive care unit (ICU). In an ICU, the person being monitored has been admitted to the unit because he or she is seriously ill. The person lies still to prevent artifacts on the tracing. However, a woman in labor, who is well except for the complication of labor, may be less accepting of technologic or pharmacologic intervention. She moves about rather than lying still, because she is in pain. Her movement causes artifacts on tracings, requiring frequent adjustment of equipment to achieve a clear tracing. Understanding that this is a normal consequence of labor is essential for effective assessment and continued care.

Nursing Process Overview
For a Woman With a Labor or Birth Complication

• Assessment
  One of the major assessments used to detect deviations from normal in labor and birth is fetal and uterine monitoring. Working with such apparatus involves explaining its importance to parents, winning their cooperation, and using judgment in reading the various patterns. Typically, monitoring women in labor entails problems not found in other high-risk areas such as an intensive care unit (ICU). In an ICU, the person being monitored has been admitted to the unit because he or she is seriously ill. The person lies still to prevent artifacts on the tracing. However, a woman in labor, who is well except for the complication of labor, may be less accepting of technologic or pharmacologic intervention. She moves about rather than lying still, because she is in pain. Her movement causes artifacts on tracings, requiring frequent adjustment of equipment to achieve a clear tracing. Understanding that this is a normal consequence of labor is essential for effective assessment and continued care.

• Nursing Diagnoses and Related Interventions: A consistent format highlights the nursing diagnoses and related interventions throughout the text. A special heading draws the students’ attention to these sections where individual nursing diagnoses and outcome evaluation are detailed for the major conditions and disorders discussed.

Nursing Outcomes and Related Interventions

A Multidisciplinary Care Map for a Woman Experiencing Dysfunctional Labor

Rosanna Bigalow, a 28-year-old woman about to give birth to her first baby, is admitted to a birthing room. She states she feels more pain in her back than in her abdomen. “Like my spine is tearing apart.” A nursegram shows her baby is above average in weight and in an occiput posterior position. Her husband tells you he has heard that large babies deliver more slowly than average-size ones. He asks you if the posterior position is what is making his wife’s labor so long.

Family Assessment
Client has been married for 2 years. Present pregnancy planned. Husband, 34 years old, owns a car dealership. Client works as an enterpreneur in dealership. Finances rated as “no problem.”

Client Assessment
Client G6P0 at latest stage of labor. Membrane ruptured approximately 1 hour ago. Cervix dilated 4 cm, 80% effaced. Internal electronic fetal monitor in place. Contractions every 5 minutes, with peak strength at 20–25 mm Hg and a duration of 20 seconds. FHR at 130 to 140 bpm with beat-to-beat variability present. Client and partner visibly apprehensive, watching monitor intently.

Client vital signs within normal parameters. Ringer’s lactate IV solution infusing at 120 ml/hr. Client feels “lightheaded” and requests fluid. Client NNC, asking for analgesia to “help keep this strength.” Police ultrasound reveals tense in occiput posterior position. Oxytocin ordered at 1400/hour; increase 0.5 units/hour at 30-minute intervals.

Nursing Diagnosis
Risk for injury (maternal and fetal) related to prolonged labor with ineffective contractions and requiring oxytocin.

Outcome Criteria
Client’s vital signs remain within acceptable parameters; FHR and fetal heart patterns within acceptable limit; contractions increase after oxytocin administration without becoming hypertonic; labor progresses without signs and symptoms of maternal or fetal distress. Urine output is at least 30 mL/hour; urine specific gravity 1.000–1.030.

NURSING DIAGNOSES AND RELATED INTERVENTIONS FOR DYSFUNCTIONAL LABOR

It is impossible to prevent all dysfunctional labor, just as it is impossible to predict the functioning of any woman’s hormonal system or individual response to labor. However, a number of nursing interventions can contribute to the progression of normal labor and help change a dysfunctional labor to a functional one.

Nursing Diagnosis: Fatigue and anxiety related to prolonged labor

Interventions using terminology identified by the Nursing Outcomes Classification and Nursing Interventions Classification (NOC and NIC).
**Focus on National Health Goals:** To emphasize the nursing role in accomplishing the health care goals of our nation, these displays state specific ways in which maternal and child health nursing can provide better outcomes for both mother and child. They help the student to appreciate the importance of national health planning and the influence that nurses can have in creating a healthier nation.

**Focus on Evidence-Based Practice:** These displays summarize research on topics related to maternal and child health nursing. They appear throughout the text to accentuate the use of evidence-based practice as the basis for nursing care.

**Focus on Communication:** This feature presents case examples of less effective communication and more effective communication, illustrating for the student how an awareness of communication can improve the patient’s understanding and positively impact outcomes.

**Focus on Diversity of Care:** These displays serve to broaden the student’s perspective on the many specific cultural influences that can affect the goals and interventions that nurses provide in the maternal and child health setting. They stress the need for nursing care to be modified to meet individualized needs.

---

**BOX 21.7 FOCUS ON . . .**

**COMMUNICATION**

Roseann Bigalow is having her first baby. Her physician tells her she has a borderline pelvis, which may contribute to a prolonged labor.

**Less Effective Communication**

- Nurse: Hello, Roseann. Is it all right if I attach a fetal heart rate and uterine contraction monitor so we can observe you closely during labor?
- Roseann: Sure. Although I don’t intend to be in labor much longer. It’s already been 10 hours.
- Nurse: I thought I heard your doctor say he’s thinking of this as a trial labor.
- Roseann: Whatever. I told him anything but surgery would be all right.
- Nurse: I’m glad you have a positive outlook. That always makes labor seem to go faster.

**More Effective Communication**

- Nurse: Hello, Roseann. Is it all right if I attach a fetal heart rate and uterine contraction monitor so we can observe you closely during labor?
- Roseann: Sure. Although I don’t intend to be in labor much longer. It’s already been 10 hours.
- Nurse: I thought I heard your doctor say he’s thinking of this as a trial labor.
- Roseann: Whatever. I told him anything but surgery would be all right.
- Nurse: I’m glad you have a positive outlook. That always makes labor seem to go faster.

---

**BOX 21.1 FOCUS ON . . .**

**NATIONAL HEALTH GOALS**

A number of National Health Goals speak directly to complications of labor (DHHS, 2000).

- Reduce the number of cesarean births among low-risk women to no more than 15 per 100,000 births, from a baseline of 18 per 100,000.
- Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births, from a baseline of 7.1 per 100,000.
- Reduce the rate of maternal complications during hospitalized labor and birth to no more than 1 per 10 births, from a baseline of 31.2 per 10 births.

Nurses can help the nation achieve these goals by helping identify women in labor who are developing a complication; by assisting with cesarean births and uterine monitoring; and by being alert to the preliminary symptoms of uterine rupture, which accounts for a substantial number of maternal deaths during labor. Further nursing research is needed to explore whether breech and occipitoposterior positions can be effectively prevented by position changes during pregnancy.

---

**BOX 21.3 FOCUS ON . . .**

**EVIDENCE-BASED PRACTICE**

Do some women perceive labor contractions better than others?

Some women report that they have been in labor for hours when their contractions finally reach a 5-minute interval and they are admitted to a birthing unit; others report a much shorter time interval before contractions become regular and spaced close to each other. To see if the reason for these different types of history could be that some women perceive uterine contractions better or earlier than others, researchers tested 7,808 women with singleton pregnancies to determine how many uterine contractions they perceived during a set period. Women’s perceptions of the number of contractions that occurred were then compared with...
• **Focus on Family Teaching:** These boxes present detailed health teaching information for the family, emphasizing the importance of a partnership between nurses and clients in the management of health and illness.

• **Focus on Pharmacology:** These boxes provide quick reference for medications that are commonly used for the health problems described in the text. They give the drug name (brand and generic, if applicable), dosage, pregnancy category, side effects, and nursing implications.

• **Nursing Procedures:** Techniques of procedures specific to maternal and child health care are boxed in an easy-to-follow two-column format, often enhanced with color figures.

---

**BOX 21.12 FOCUS ON . . .**

**FAMILY TEACHING**

**Understanding Augmentation of Labor**

Q. Roseann Bigalow says to you, “My doctor said she’s going to augment my labor. What did she mean by that?”

A. Augmentation of labor is used when labor contractions are ineffective. It can shorten labor and avoid the necessity of cesarean birth. The drug used is oxytocin, a synthetic form of the hormone naturally released by your body during labor. It is administered intravenously. Once labor contractions begin by this method, they are the same as naturally occurring contractions. You will be able to use your prepared breathing exercises with them.

---

**BOX 18.12 FOCUS ON . . .**

**PHARMACOLOGY**

**Oxytocin (Pitocin)**

**Action:** A synthetic form of the hormone produced by the hypothalamus and stored in the posterior pituitary. An oxytocin, it stimulates the uterus to contract to control postpartum hemorrhage.

**Pregnancy Category:** X

**Dosage:** Add 10–40 units to 1,000 mL of a nonhydrating intravenous solution, or administer 10 units intramuscularly after delivery of the placenta.

**Possible Adverse Effects:** Hypertension, excessive uterine contractility.

**Nursing Implications**

- Do not administer after delivery of the placenta until the physician or nurse-midwife approves the drug’s use.
- Monitor the woman for blood pressure, because hypertension can occur.

---

**BOX 18.11 ASSESSMENT**

**Assessing the Pregnant Woman for Danger Signs of Oxytocin Administration**

- Nausea and vomiting
- Fatigue
- Hypotension
- Hypertonic contractions
- Decreased urine output
- Tachycardia
- Bradycardia or tachycardia

---

**BOX 18.9 NURSING PROCEDURE**

**Vaginal Examination**

**Purpose:** Determines cervical readiness and fetal position and presentation.

**PROCEDURE**

1. Wash your hands; explain procedure to client. Provide privacy.
2. Assess client status and adjust plan to individual client need.
3. Assemble equipment: sterile examining gloves, sterile lubricant, antiseptic solution. Ask the woman to turn onto her back with knees flexed (a dorsal recumbent position). Put on sterile examining gloves.
4. Discard one drop of clean lubricant solution and drop an ample supply on tips of gloved fingers.
5. Place nondominant hand on the outer edges of the woman’s vulva and spread her labia while inspecting the external genitalia for lesions. Look for red, irritated, clustered, pinpoint vesicles; open, ulcerated sores; and other color figures.
6. Look for escaping amniotic fluid or the presence of umbilical cord or bleeding.
7. If there is no bleeding or cord visible, introduce your index and middle fingers of dominant hand gently into the vagina, directing them toward the posterior vaginal wall.
8. If there is no bleeding or cord visible, introduce your index and middle fingers of dominant hand gently into the vagina, directing them toward the posterior vaginal wall.

**PRINCIPLE**

1. Handwashing helps prevent spread of microorganisms; explanations ensure client cooperation and compliance. Privacy enhances self-esteem.
2. Care is always individualized according to a client’s needs.
4. Discarding the first drop ensures that quantity used will not be contaminated.
5. This prevents the spread of organisms from perineum to birth canal.
6. Positioning hands in this way allows for good visualization. Presence of any lesions may indicate an infection and possibly preclude vaginal birth.
7. Anoxic fluid implies membranes have ruptured and umbilical cord may have prolapsed. Bleeding may be a sign of placenta previa. Do not do a vaginal examination if a possible placenta previa is present.
8. The posterior vaginal wall is less sensitive than the anterior wall. Stabilize the uterus by placing your nondominant hand on the woman’s abdomen.