



حقيبة تعليمية

لمادة تمريض النسائية

إعداد

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دكتوراه تمريض / صحة الام والوليد

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المقدمة

هذا المقرر يخص تمريض النسائية للمرحلة الثالثة الكورس الاول و يقدم للطالب المهارات والمعرفة اللازمة لتوفير الرعاية التمريضية الشاملة الكافية للمريضات والمراجعات من النساء الحوامل والوالدات والاطفال حديثي الولادة. المقرر يساعد في اعداد طلاب ذو كفاءات ومهارات في مختلف الاجراءات التمريضية المطلوب تقديمها لرعاية المريضات والمراجعات على اسس علمية وعملية مع التاكيد على الجوانب الإنسانية المختلفة مثل الاحتياجات النفسية والاجتماعية والاقتصادية والفسولوجية والروحية للمريضات

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2	رمز المقرر التعليمي	NUR301
3	اسم التدريسي	الدكتور ازهار حسين علي
4	مدة المقرر	(15) اسبوعا بواقع (3) ساعة اسبوعيا نظري و(12) ساعة تدريب سريري و(2) مختبر
5	عدد الساعات الكلية	(255) ساعة
6	الفئة المستهدفة من المقرر	طلبة المرحلة الثالثة / قسم التمريض
7	اسم الجهة المشرفة على التنفيذ	كلية الرشيد الجامعة
8	تاريخ اعداد المقرر	2022 /9/27
9	الهدف العام للمقرر	<p>● ان يكون الطالب في نهاية العام الدراسي قادراً على :</p> <p>1- تزويد طلاب التمريض بمبادئ ومفاهيم التمريض للام وحديثي الولادة</p> <p>2- شرح تركيبية العائلة وتكوينها ووظيفتها ودورها</p> <p>3- وصف تركيب ووظيفة الجهاز التناسلي الانثوي والذكري</p> <p>4- تشرح مراحل الدورة الشهرية</p> <p>5- معرفة مراحل التكوين الجنيني وتطور الجنين</p> <p>6- وصف مراحل النمو والنماء للجنين في مراحل تاريخ الحمل</p>
10	اهداف المقرر التفصيلية	<p>يتوقع من الطالب في نهاية البرنامج أن يكون قادراً على:</p> <p>وصف العلامات والأعراض للأمراض النسائية التي تتعرض لها الام النساء .</p> <p>إلمساهمه في اعطاء المشورة المتعلقة بتحسين الصحة وتعزيز صحة المرأة والعائلة (مثل مراكز تنظيم الاسرة ومراكز الرعاية الصحية الاولى)</p> <p>معرفة التدابير التمريضية في معالجة الامراض النسائية</p> <p>وصف التغيرات النفسية والفسولوجية التي تظهر طبيعياً في فترة النفاس</p> <p>شرح انواع ومداخلات وفوائد ومخاطر الحمل ومضاعفات العمليات (شق العجان والسحب والعمليات القيصرية وفجر السائل السلي ومخاطر المخاض والولادة)</p> <p>امعرفة مضاعفات الحمل والولادة</p> <p>التمييز بين العلامات الحقيقية والكاذبة للولادة</p>

ارشادات للطلبة

- الرغبة والحماس للتعليم
- كن مشاركاً في جميع الأنشطة
- احترم أفكار المدرس والزملاء
- أنقد أفكار المدرس والزملاء بأدب إن كانت هناك حاجة.
- احرص على استثمار الوقت
- تقبل الدور الذي يسند إليك في المجموعة
- حفز أفراد مجموعتك في المشاركة في النشاطات
- احرص على بناء علاقات طيبة مع المدرس والزملاء أثناء المحاضرة
- احرص على ما تعلمته في المحاضرة وطبقه في الميدان .
- ركز ذهنك بالتعليم و احرص على التطبيق المباشر
- تغلق الموبايل قبل الشروع بالمحاضرة

الوحدة الأولى - المحاضرة الأولى - الزمن:120.... دقيقة

Introduction to maternal and neonatal nursing

اهداف المحاضرة الاولى:

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

1. Introduction to maternal and neonatal nursing
2. Philosophy of Maternal and Neonatal Health Nursing
3. Goals of Maternal and Neonatal Health Nursing
4. Definition of Maternal and Neonatal Nursing
5. Family Concepts and Types of Family
6. Family-centered Care
7. Family Centered Maternity Care
8. Care of family as part of community
9. Ethics and Standards of Practice Issues
10. Evidence-based Nursing Practice
11. Major Health Issues for

موضوعات المحاضرة الاولى:

- Clinical Manifestations
- Physical Examination
- Diagnostic Tests

الأساليب والأنشطة والوسائل التعليمية

الوسائل التعليمية	الأساليب والأنشطة التعليمية	م
جهاز حاسوب جهاز عرض سبورة اوراق واقلام	محاضرة مناقشة سؤال وجواب	1

خطة إجراءات تنفيذ المحاضرة الاولى

الزمن بالدقيقة	الإجراءات	المحاضرة	الوحدة
120 دقيقة	الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها Introduction to maternal and neonatal nursing		الاولى
	Clinical Manifestations & Diagnosis of maternal and neonatal nursing	الأولى	

المادة العلمية:

Introduction to maternal and neonatal nursing

1. Introduction to maternal and neonatal nursing

Maternal and child health nursing focuses on providing evidence-based, case managed care to the client within the context of the family. This care involves the implementation of an interdisciplinary plan in a collaborative manner to ensure continuity of care that is cost-effective, quality-oriented, and outcome focused. In planning for discharge and providing care in the community, maternal and neonate nurses also collaborate with other sectors such as education, social work, and justice.

2. Philosophy of Maternal and Neonatal Health Nursing

The care of childbearing and childrearing families is a major focus of nursing practice, because to have healthy adults must have healthy children. To have healthy children, it is important to promote the health of the childbearing woman and her family from the time before children are born until they reach adulthood. That makes both preconception and prenatal care essential contributions to the health of a woman and fetus and to a family's emotional preparation for childbearing and childrearing. As children grow, families need continued health supervision and support. As children reach maturity and plan for their own families, a new cycle begins and new support becomes

necessary. The nurse's role in all these phases focuses on promoting healthy growth and development of the child and family in both health and illness. Although the field of nursing typically divides its concerns for families during childbearing and childrearing into two separate entities, maternity care and child health care.

Maternal and child health nursing is family centered; assessment must include both family and individual assessment data.

- Maternal and child health nursing is community centered; the health of families depends on and influences the health of communities.
- Maternal and child health nursing is evidence based, because this is the means whereby critical knowledge increases
- A maternal and child health nurse serves as an advocate to protect the rights of all family members, including the fetus.
- Maternal and child health nursing includes a high degree of independent nursing functions, because teaching and counseling are major interventions
- Promoting health and disease prevention are important nursing roles because these protect the health of the next generation.
- Maternal and child health nurses serve as important resources for families during childbearing and childrearing as these can be extremely stressful times in a life cycle.
- Personal, cultural, and religious attitudes and beliefs influence the meaning and impact of childbearing and childrearing on families.
- Circumstances such as illness or pregnancy are meaningful only in the context of a total life.
- Maternal and child health nursing is a challenging role for nurses and a major factor in keeping families well and optimally functioning.

3. Goals of Maternal and Neonatal Health Nursing

The primary goal of maternal and child health nursing care can be stated simply as the promotion and maintenance of optimal family health to ensure cycles of optimal childbearing and childrearing. The goals of maternal and child health nursing care are necessarily broad because the scope of practice is so broad.

The range of services and care provided by a nurse based on state requirements it includes:

1. Preconception health care
2. Care of women during three trimesters of pregnancy and the puerperium
Care of infants during the perinatal period (6 weeks before conception to 6 weeks after birth)
3. Care of children from birth through adolescence
4. Care in settings as varied as the birthing room.

4. Definition of Maternal and Neonatal Nursing

Is a program that prepares registered nurses to provide prenatal care to pregnant women and to mothers and their newborn infants. Includes instruction in perinatal and newborn health assessment, stabilization, and care; pathophysiology of pregnancy, fetuses, and the newborn; clinical management of high-risk pregnancies and newborns; perinatal and neonatal technology and clinical procedures; and patient education.

5. Family Concepts and Types of Family

Recognizing different family structures can help to focus on family-centered care or provide a family-friendly environment for health care.

A family is defined as “a group of people related by blood, marriage, or adoption living together.” some families are made up of unrelated couples, and at certain points in life not all family members may live together. another defines **the family** in a much broader context as “two or more people who live in the same household share a common emotional bond, and perform certain interrelated social tasks.”

Family Types

Many types or structures of families exist, and family structures change over time as they are affected by birth, work, death, divorce, and the growth of family members. For the purposes of assessing families in maternal and child health nursing, two basic family types can be described:

1-Family of orientation (the family one is born into; or oneself, mother, father, and siblings)

2-Family of procreation (a family one establishes; or oneself, spouse or significant other, and children). Specific descriptions of family types vary greatly depending on family roles, generational issues, means of family support, and sociocultural influences.

3-The Dyad Family

A dyad family consists of two people living together, usually a woman and a man, without children. Newly married couples, as an example, are dyad families. Dyad families are generally viewed as temporary arrangements, but if the couple chooses childfree living, this can also be a lifetime arrangement.

4-The Cohabitation Family

Cohabitation families are composed of heterosexual couples, and perhaps children, who live together but remain unmarried. Many couples choose cohabitation as a way of getting to know a potential life partner better before marriage as it seems as if this might make their eventual marriage stronger. an effective cohabitation arrangement offers psychological comfort and financial security similar to marriage. Long-term cohabitation unions of this type are growing in number. The increasing numbers to adhere

monogamous relationship through cohabitation could help contribute to decreasing sexually transmitted infections and decrease the financial burdens on the cohabiters.

5-The Nuclear Family

Nuclear family structure is composed of a husband, wife, and children. however, the number of nuclear families has declined to about 49% of families. This is because of the increase in divorce, acceptance of single parenthood, and the greater acceptance of alternative lifestyles. An advantage of a nuclear family is its ability to provide support to family members, because, with its small size, people know each other well and can feel genuine affection for each other. Helping nuclear families locate and reach out to support people during a crisis can be an important nursing responsibility

6-The Polygamous Family

polygamy (a marriage with one man multiple wives) such marriages are not that unusual an arrangement worldwide. Polygyny is occurring where women have low social status or are not valued for their individual talents. It can be attractive for men as it allows for sexual variety. It can serve as the mark of a wealthy man as wives cost money. With more than one wife having children, it also increases the chance that the marriage will produce a male heir. Advantages to women are that women in polygyny marriages are able to have fewer children than if they were a lone wife so it lowers their chance of dying in childbirth. If differences in wealth are great, women may prefer polygyny to being the wife of a poor man. Problems that can arise are jealousy and rivalry between wives because of perceived favoritism.

7-The Extended (Multigenerational) Family

An extended family includes not only the nuclear family but also other family members such as grandmothers, grandfathers, aunts, uncles, cousins, and grandchildren. An advantage of such a family is that it contains more people to serve as resources during crises and provides more role models for behavior or values. A possible disadvantage of an extended family is that family resources, both financial and psychological, must be stretched to accommodate all members. The grandmother or an aunt or another sibling, for example, may provide the largest amount of support or child care.

8-The Single-Parent Family

A health problem in a single-parent family is almost always compounded. If the parent is ill, there is no back-up person for child care. If a child is ill, there is no close support person to give reassurance or a second opinion on whether the child's health is worsening or improving. Low income is often an additional problem encountered by single-parent families, because the parent is most often a woman. Single parent fathers may have difficulty with home management or child care if they had little experience with these roles before the separation.

9-The Blended Family (remarriage or reconstituted family)

is a divorced or widowed person with children marries someone who also has children. Advantages of blended families include increased security and resources for the new family. Another benefit is that the children of blended families are exposed to different customs or culture and may become more adaptable to new situations. Childrearing problems may arise in this type of family from rivalry among the children for the attention of a parent. Children may not welcome a stepparent because they have not yet resolved their feelings about the separation of their biologic parents (through either divorce or death); the stepparent may differ from the biologic parent, particularly in terms of discipline and caregiving; or they may believe that the stepparent threatens their relationship with their biologic parent. They also may have heard so many stories about evil stepparents that they come to the new family prejudiced against their new parent. They may become extremely distressed at seeing their other biologic parent move into another home and become a stepparent to other children. Although blended families usually lessen financial difficulties, finances can be severely limited, especially if one or both parents are obligated to pay child support for children from a previous marriage while supporting the children of the current marriage.

10-The Communal Family

Communes are formed by groups of people who choose to live together as an extended family. Their relationship to each other is motivated by social or religious values rather than kinship. The values of commune members may be more oriented toward freedom and free choice than those of a traditional family. People living in a commune may have difficulty following traditional health care regimens, preferring instead to use complementary or alternative therapies.

11-The Gay or Lesbian Family

In homosexual unions, individuals of the same sex live together as partners for companionship, financial security, and sexual fulfillment. Such a relationship offers support in times of crisis comparable to that offered by a nuclear or cohabitation family. Some lesbian and gay families include children from previous heterosexual marriages or through the use of artificial insemination, adoption, or surrogate motherhood.

12-The Foster Family

Children whose parents can no longer care for them may be placed in a foster or substitute home by a child protection agency. Foster parents may or may not have children of their own. They receive remuneration for their care of the foster child. Foster home placement is theoretically temporary until children can be returned to their own parents. If return is impossible or is not imminent, children, unfortunately, may be raised to adulthood in foster care. Such children can experience almost constant insecurity, concerned that soon they

will have to move again.

13-The Adoptive Family

Many types of families (nuclear, extended, cohabitation, single-parent, gay and lesbian) adopt children today. No matter what the family structure, adopting brings several challenges to the adopting parents and the child, as well as to any other children in the family.

6. Family-centered Care

Family-centered care :refers to the collaborative partnership among the individual, family, and caregivers that exists to determine goals, share information, offer support, and formulate plans for health care. It is generally understood to be an approach in which clients and their families are considered integral components of the health care decision-making and delivery processes.

Nursing support of the family are informational support is Designed to provide supportive communication by making available Understandable information to the family about their member's condition, treatment, development, and care; about their behavioral and emotional Responses and needs; and about what to expect regarding their condition.

Emotional support :includes listening, exhibiting caring behaviors, and being concerned in ways that help the family cope with their member's illness and the other aspects of their lives that are impacted by the illness. Appraisal support, also called esteem support, is conceptualized as enhancing, reinforcing, and supporting the family role.

The philosophy of family-centered care: recognizes the family as the constant: the health of all the family members and their functional abilities influence the health of the client and other members of the family. The core concepts of family-centered care include providing dignity and respect for the client and family choices; sharing health care information that is meaningful and accurate; encouraging clients and their families to participate in decisions about their care; and collaborating with clients, families, and other health care providers in the delivery of care.

Family-centered care works: well in all arenas of health care, from preventive care to long-term care. Family-centered care enhances the confidence of all those involved about their skills and helps to prepare individuals for assuming responsibility for their own health care needs. It is vital for the nurse to assess how much knowledge the family already has about the client's health or illness.

Using a family-centered approach is associated with positive outcomes such as decreased anxiety, improved pain management, shorter recovery times, and enhanced confidence and problem-solving skills. Communication between the health care team and the family is

also improved, leading to greater satisfaction for both health care providers and health care consumers(families). It is important for nurses to remain neutral to all they hear and see in order to enhance trust and maintain open communication lines with all family members. Nurses need to remember that the client is an expert about his or her own health; thus, nurses should work within the client's framework when planning health promotion interventions.

Community-Based Nursing Interventions

- **Health screening**—detecting unrecognized or preclinical illness among individuals so they can be referred for definitive diagnosis and treatment (e.g., mammogram or Pap smear, vision and hearing checks)
- **Health education programs**—assisting clients in making health-related decisions about self-care, use of health resources, and social health issues such as smoking bans and motorcycle helmet laws (e.g., childbirth education or breast self-examination, drug awareness programs)
- **Medication administration**—preparing, giving, and evaluating the effectiveness of prescription and over-the-counter drugs (e.g., hormone therapy in menopausal women)
- **Telephone consultation**—identifying the problem to be addressed; listening and providing support, information, or instruction; documenting advice/ instructions given to concerns raised by caller (e.g., consultation for a mother with a newborn with colic, interaction with a parent whose child has a fever or is vomiting)
- **Health system referral**—passing along information about the location, services offered, and ways to contact agencies (e.g., referring a woman for a breast prosthesis after a mastectomy)
- **Instructional**—teaching an individual or a group about a medication, disease process, lifestyle changes, community resources, or research findings concerning their environment (e.g., childbirth education class, basic life support classes for parents)
- **Nutritional counseling**—demonstrating the direct relationship between nutrition and illness while focusing on the need for diet modification to promote wellness (e.g., Women, Infants, and Children program; counselor interviewing a pregnant woman who has anemia)
- **Risk identification**—recognizing personal or group characteristics that predispose people to develop a specific health problem, and modifying or eliminating them (e.g., genetic counseling of an older pregnant woman at risk for a Down syndrome infant; genetic screening of family members for cystic fibrosis or Huntington's disease)

7. Family Centered Maternity Care (FCMC)

family centered care: is an attitude, not simply a list of protocols. In an atmosphere of FCMC, a woman will

1. Choose the caregiver and place of birth that is most beneficial.

2. Work in collaboration with healthcare providers and other advisers.
3. Have the support people she desires present whenever she wishes.
4. Move around and use whatever position she feels is beneficial during labor.
5. Refuse routine procedures that are not evidence based.
6. Practice uninterrupted skin-to-skin contact and breastfeeding immediately after birth.
7. Have access to a variety of support groups including those for breastfeeding, postpartum emotional health, and parenting.

Facilities that promote FCMC will provide education for their staff that includes:

1. information and training in communication skills
2. labor support
- 3 non-pharmacologic forms of pain relief
3. breastfeeding support
4. perinatal mood disorders.

8. Care of family as part of community

A community can be defined refer to a limited geographic area in which the residents relate to and interact among. When asked what community they are from, people may mention an entire city, a school district, a geographic district.

Community assessment can reveal if there are aspects about a community that contributed to an illness and determine whether the person will be able to return to the community without extra help and counseling after recovering from an illness. Knowing the individual aspects of families or a community can help to understand why some people reach the illness level they do before they come for health care (e.g., a woman has no transportation available to her until her husband comes home from work so this prevents her from coming for daytime prenatal care; a 5-year-old child develops measles because there are no free immunization services in the community).

Community assessment consists of examining the various systems that are present in almost all communities to see whether they are functioning adequately as well as features that are unique to a client's community. It is easier for nurse to prepare a woman or child for return to a community after childbirth or a hospital stay if, for example, nurse know the specific features of their community. Different communities may or may not have resources for families with special needs such as home physical therapists or occupational therapists to assist children whose growth or development is delayed.

9. Ethics and Standards of Practice Issues

Some of the most difficult ethical quandaries in health care today are those that involve children and their families. Are:

- **Conception issues**, especially those related to in vitro fertilization, embryo transfer, ownership of frozen oocytes or sperm, cloning, stem cell research.
- **Abortion**, particularly partial-birth abortions
- **Fetal rights** versus rights of the mother
- **Use of fetal tissue** for research
- **Resuscitation** (for how long should it be continued?)
- **Number of procedures** or degree of pain that a child should be asked to endure to achieve a degree of better health
- **Balance between modern technology and quality of life** Legal and ethical aspects of issues are often intertwined, which makes the decision-making process complex. It is not unusual for the values of a client not to match those of a health care provider. For example, if a pregnancy causes a woman to develop a serious illness, the family must make a decision either to terminate the pregnancy and lose the child or to keep the pregnancy and work to support the mother through the crisis. If the fetus is also at risk from the illness, the decision may be easier to make; however, the circumstances usually are not clear cut, and the decisions that need to be made are difficult. These and other issues are bound to emerge during the course of practice.

Nurses can help clients who are facing such difficult decisions by providing factual information and supportive listening and helping the family clarify their values.

the legal implication pertinent to maternal and child health are:

- a. Informed consent is rarely needed as children are unable to understand this.
- b. All adolescents over age 14 are able to sign consent for their own health care.
- c. Children who feel they have been wronged can sue years into the future.
- d. Pregnant women are not legally mandated to protect the health of their fetus.

10. Evidence-based Nursing Practice

Focus on Evidence- Based Practice What environmental factors would best encourage urban teenagers to increase their level of physical exercise. More children are obese than ever before. An important component to reducing this obesity epidemic is encouraging adolescents to participate more in physical exercise.

the encouraged physical activity, both boys and girls rated highest the following items:

1. places for activities,
2. friends with whom can be physically active,
3. physical activity or sports programs outside of school,
4. open fields or free space in the neighborhood,
5. siblings encouraging you to be active.

6. violence, sexual offenders, drugs and drug dealers, gangs, and dark outside when get home from school.

11. Major Health Issues for Women

Women's Health Issues (WHI) it is dedicated to improving the health and health care of all women throughout the lifespan and in diverse communities. Here are ten of the main issues regarding women's health that keep me awake at night:

Cancer: the most common cancers affecting women are breast and cervical cancers.

Detecting both these cancers early is key to keeping women alive and healthy. a million women die from cervical cancer and half a million from breast cancer each year. The vast majority of these deaths occur in low and middle income countries where screening, prevention and treatment are almost non-existent, and where vaccination against human papilloma virus needs to take hold.

Reproductive health: Sexual and reproductive health problems are responsible for one third of health issues for women between the ages of 15 and 44 years.

Maternal health: Many women are now benefitting from massive improvements in care during pregnancy and childbirth introduced in the last century. the women died from complications in pregnancy and childbirth. Most of these deaths could have been prevented, had access to family planning and to some quite basic services been in place.

HIV: Three decades into the AIDS epidemic, it is young women who bear the brunt of new HIV infections. Too many young women still struggle to protect themselves against sexual transmission of HIV and to get the treatment they require.

Sexually transmitted infections: I've already mentioned the importance of protecting against HIV and human papillomavirus (HPV) infection (the world's most common STI). But it is also vital to do a better job of preventing and treating diseases like gonorrhoea, chlamydia and syphilis

Violence against women: Women can be subject to a range of different forms of violence, but physical and sexual violence – either by a partner or someone else – is particularly invidious. violence which affects their physical and mental health in the short and long-term.

Mental health: Evidence suggests that women are more prone than men to experience anxiety, depression, and somatic complaints – physical symptoms that cannot be explained medically. Depression is the most common mental health problem for women and suicide a leading cause of death for women under 60.

Noncommunicable diseases: some women died from Noncommunicable diseases before they reached the age of 70 —most of them in low- and middle-income countries. They died as a result of road traffic accidents, harmful use of tobacco, abuse of alcohol, drugs

and substances, and obesity. Being young: Adolescent girls face a number of sexual and reproductive health challenges: STIs, HIV, and pregnancy. adolescent girls (under 20) give birth every year. Complications from those pregnancies and childbirth are a leading cause of death for those young mothers. Many suffer the consequences of unsafe abortion. **Getting older:** Having often worked in the home, older women may have fewer pensions and benefits, less access to health care and social services than their male counterparts. Combine the greater risk of poverty with other conditions of old age, like dementia, and older women also have a higher risk of abuse and generally, poor health.

الوحدة الأولى - المحاضرة الثانية - الزمن:120.... دقيقة Reproductive system

أهداف المحاضرة الثانية:

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

1. Anatomy and physiology of the female and male reproductive system
2. The organs of each system
3. How this organs is work
4. The functions of each organ in the system

موضوعات المحاضرة الثانية

- Revision of anatomy & physiology of reproductive system (male & female)
- Menstrual cycle

الأساليب والأنشطة والوسائل التعليمية

الوسائل التعليمية	الأساليب والأنشطة التعليمية	م
جهاز حاسوب جهاز عرض سبورة اوراق واقلام	محاضرة مناقشة سؤال وجواب	2

خطة إجراءات تنفيذ المحاضرة الثانية

الزمن بالدقيقة	الإجراءات	المحاضرة	الوحدة
120 دقيقة	الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها Reproductive system		الاولى
	Menstrual cycle	الثانية	

المادة العلمية:

Reproductive System

Human reproduction is a complex and fascinating process .The male and female reproductive system functioning together produce a new life.

Female Reproductive System

External Genitalia:

1. Vulva

The female external reproductive organs consist of the mons pubic, which is covered with pubic hair; two folds of tissue, called the labia majora and labia minora , which surround a space called vestibule .

2. Mons Pubis

The mons pubis is formed at the upper margin of the symphysis pubis and is shaped like an inverted triangle. It is located over the two pubic bones of the pelvic. This structure is composed of fatty tissue lying beneath the skin and from puberty on, is covered with varying amount of hair. The mons pubis surrounds delicate tissue and protects it from injury.

3. Labia Majora and Labia Minora

The labia majora : are two folds of fatty tissue that form the lateral boundaries of the vulva. They are covered with coarse skin and pubic hair on the outer aspect and are smooth and moist on the inner aspect , where the openings of numerous small glands are found.

The labia minora :are soft folds of skin that are rich in sebaceous glands. The labia minora are moist and are composed of erectile tissue containing loose connective tissue , blood vessels, and involuntary muscles. The functions of the labia minora

are to lubricant and waterproof the vulvar skin and to provide bactericidal secretion that help prevent infections.

4. Clitoris

The clitoris is a small, sensitive structure that, like the penis, is composed of erectile tissue, nerves, and blood vessels; it is covered at the tip with very sensitive tissue. It exists primarily for female sexual enjoyment.

5. Vaginal Vestibule

The vaginal vestibule is a boat shaped depression enclosed by the labia minora and is visible when the labia minora are separated. The vestibule contains the vaginal opening (introitus) , which is located between the external and internal genitalia. The vestibule contains the openings of five structures that drain into it the ureteral meatus, skene's ducts, and the ducts from Bartholin;s glands that are located on each side of the vagina. The vestibule ends with the formation of the fourchette.

6. Urethra

The opening to the urethra is just below the clitoris. Although it is not related to sex or reproduction, it is included in the vulva. The urethra is actually used for the passage of urine. The urethra is connected to the bladder. In females the urethra is 1.5 inches long, compared to males whose urethra is 8 inches long.

7. Hymen

The hymen is a thin, elastic, mucous membrane that partially covers the vagina in young females. Does not seem to have a specific physiological function or purpose. Many shapes are possible. Normal variations of the hymen range from thin and stretchy to thick and somewhat rigid; or it may also be completely absent

8. Perineum

The perineum is the short stretch of skin starting at the bottom of the vulva and extending to the anus. It is a diamond shaped area between the symphysis pubis and the coccyx. This area forms the floor of the pelvis and contains the external sex organs and the anal opening. The perineum in some women may tear during the birth of an infant and this is apparently natural. Some physicians may cut the perineum preemptively on the grounds that the "tearing" may be more harmful than a precise cut by a scalpel. If a physician decides the cut is necessary, they will perform it. The cut is called an episiotomy.

Internal Reproductive Organs

1. Vagina

The vagina is a curved tube leading from the uterus to the external opening at the vestibule. It lies between the urinary bladder and the rectum. Because it meets at a right angle with the cervix, the interior wall is about 2.5cm(1inch) shorter than posterior wall, which varies from 7-10cm (approximately 2.8 to 4 inches).it consist

of muscle and connective tissue and is lined with epithelial tissue , which contains folds called rugae. These folds allow the vagina to stretch considerably during childbirth. The epithelial cells lining the vagina show cyclic changes related to estrogens, progestins, and androgens. Doderlein's bacilli, which are normally present in the vagina, act on glycogen from the epithelial cells to produce lactic acid. This maintains the acidity of the vagina and is the reason that the vagina is resistant to most infection .a change in the PH of the vagina , which can be caused by frequent douching , antimicrobial therapy, or deodorant tampons, can increase the vagina's susceptibility to invading pathogens.

Purposes of the Vagina

- Receives a males erect penis and semen during sexual intercourse.
- Pathway through a woman's body for the baby to take during childbirth.
- Provides the route for the menstrual blood (menses) from the uterus, to leave the body.
- May hold forms of birth control, such as a diaphragm or female condom.

2. Cervix

The cervix consist of a cervical canal with an internal opening near the uterine corpus called the internal os and an opening in to the vagina called external os the mucosal lining of the cervix has four functions:

1. Providing lubrication for the vagina
2. Acting as bacteriostatic agent
3. Providing an alkaline environment to shelter the sperm from the acidic vagina
4. Producing a mucous plug in the cervical canal during pregnancy

3. Uterus

The uterus (womb) is a hollow, pear-shaped, muscular organ. It is approximately 2.5 cm (1 inch) thick, 5cm (2inch) wide, and 7.5cm (3inch) long. During pregnancy, the uterus can stretch and enlarge considerably. the weight of the non-pregnant uterus is approximately 75g ; it increase to approximately 907 g during pregnancy, the uterus increase in vascularity , which allows sufficient blood supply for its growth , and can stretch and enlarge to a considerable size . After pregnancy, it returns almost entirely to its former weight, size, and shape. The uterus lies between the bladder and the rectum. It is supported by two important pairs of ligaments, the round and broad ligaments. The uterus divided into three parts : fundus (upper portion) , the corpus (body), the cervix . The uterus have three layers (perimetrium ,myometrium , endometrium).

The following three functions of the uterus:

1. Menstruation: the uterus sloughs off of the endometrium or lining of the uterus.
2. Pregnancy: the uterus supports the fetus and allows fetus to grow.

3. Labor and birth: the uterine muscle contract and the cervix dilates during labor to expel the fetus

4. Fallopian Tube

The fallopian tubes extend laterally from the uterus, one to each ovary. They are small, narrow and approximately 10cm (4inch) long. The tubes carry the ovum from the ovary to the uterus by the contraction of the cilia: hair like projections found in the lining of the tubes. Extending from the ends of the fallopian tubes are small, fingerlike projection called fimbriae. Their movement sweeps the ovum in to the tube, after which the ovum travels to the uterus. It takes approximately 5 days for the ovum to travel the 10cm from the ovary to the uterus. Fertilization of the ovum with sperm normally takes place in the outer third of the fallopian tube.

The four functions of the fallopian tube:

1. A passageway in which sperm meet the ovum
2. A site of fertilization
3. A safe nourishing environment for the ovum or zygote (fertilized ovum)
4. A means of transport ting the ovum or zygotes to the corpus of the uterus

5. Ovaries

The ovaries in the female and the testes in the male are similar in embryologic origin. The ovaries are two small, almond shaped organs located on each gland. Approximately 2 million ova are present at birth. Many ova degenerate until puberty, when a few thousand remain. During the course of a women's reproductive life, only about 400 ova mature enough to be fertilized. During each menstrual cycle one follicle matures into what is called a graafin follicle, which contains the ovum that is released each month during ovulation. Estrogen released by the ovary stimulates the development of secondary sexual characteristics such as the breasts. Progesterone is responsible for preparing and maintaining the lining of the uterus for implantation of the ovum.

The ovaries have two functions:

1. The development and maturation of and later expulsion of the ovum (ovulation)
2. The secretion of hormones (estrogen & progesterone)

The Normal Menstrual Cycle

The menstrual cycle is a predictable event normally occurs monthly. The typical monthly menstrual cycle is influenced by ovarian follicle maturation, ovulation and corpus luteum formation and ends with menstrual bleeding. The changes that occur depend on the changes occurring simultaneously in the ovaries. The development of endometrium occurs at the precise time of the month that the release of a mature ovum occurs. Ovulation occurs 14 days before the beginning of the next menstrual cycle. And the ovum remains fertile for

24 hours. The sperm can survive up to 5 days. Fertilization most often occurs in the first few hours after ovulation.

Breasts

The breast is composed of glandular, ductal, connective, and adipose tissue. Embedded in the fibrous tissue are fat and lobules which make up the mammary glands, accessories to reproduction in women, but rudimentary and functionless in men. In men, little fat is present in the breast, and the glandular system normally does not develop. In women, the breasts are the most prominent superficial structure on the anterior thoracic wall, and the amount of fat in the glandular tissue determines the size of the breasts. A small part of the mammary gland often extends into the axilla, forming the axillary tail of Spence.

The mammary glands are modified sweat glands and are composed of 15-20 lobules, each drained by a lactiferous duct. Each lactiferous duct independently drains on the nipple and is preceded by a small dilated portion known as the lactiferous sinus. It is in the sinus that milk collects during nursing and is "let down" by the suckling action of the infant the process is called lactation the nipple in the center of breasts is surrounding by pigmented areola, which darkens during pregnancy . Each breast consists of 10-20 lobes each lobe divided in to 20 to 40 lobules each lobule divided into 20-80 alveoli.

During pregnancy high level of estrogen and progesterone produced by the placenta inhibit milk secretion after the expulsion of the placenta there is abrupt change in estrogen and progesterone levels. This allows a hormone called prolactin to be released from the anterior pituitary gland when the infant sucks. Prolactin stimulate produce the milk infant sucking also stimulate releasing oxytocin hormone from the posterior pituitary gland that causes eject the milk from the alveoli in to the ductal system. The size of breast depends on the amount of fatty tissue in the breast.

Pelvis

The composition of hip bone

The hip bone is made up of the three parts – the ilium, pubis and ischium. The superior part of the hip bone is formed by the ilium, the widest and largest of the three parts. The pubis is the most anterior portion of the hip bone. The posterioinferior part of the hip bone is formed by the ischium. The pelvic cavity is divided into sections, the false and true pelvic, the two ilia form the upper part of the pelvic known as the false pelvic. The ischial spines sharp projections that for the posterior border of the ischium are important landmarks and represent the shortest distance of the pelvic cavity. The true pelvic (lower part) consist of inlet, pelvic cavity and outlet and is most important during birth.

Pelvic measurements

Types of the pelvis

The pelvis is divided into four types:

1. Gynaecoid (50%) : normal female –type pelvis which is round
2. Anthropoid (20%) : which has a long anteroposterior outlet
3. Android (20%) : male –type pelvis which has heart shaped outlet
4. Platypelloid (5%): which has a wide transverse outlet and not favorable to a vaginal delivery.

Male reproductive system

External male Genitalia

1. Penis

The penis is the male organ for sexual intercourse. It has three parts: the root, which attaches to the wall of the abdomen; the body, or shaft; and the glans which is the cone-shaped end of the penis. The glans, which also is called the head of the penis, is covered with a loose layer of skin called foreskin. (This skin is sometimes removed in a procedure called circumcision.) The opening of the urethra, the tube that transports semen and urine, is at the tip of the glans penis. The penis also contains a number of sensitive nerve endings. The body of the penis is cylindrical in shape and consists of three internal chambers. These chambers are made up of special, sponge-like erectile tissue. This tissue contains thousands of large spaces that fill with blood when the man is sexually aroused. As the penis fills with blood, it becomes rigid and erect, which allows for penetration during sexual intercourse. The skin of the penis is loose and elastic to allow for changes in penis size during an erection.

2. Semen

Semen is a fluid which contains sperm, is expelled (ejaculated) through the end of the penis when the man reaches sexual climax (orgasm). When the penis is erect, the flow of urine is blocked from the urethra, allowing only semen to be ejaculated at orgasm.

3. Scrotum

The scrotum is the loose pouch-like sac of skin that hangs behind the penis. It contains the testicles (also called testes), as well as many nerves and blood vessels. The scrotum has a protective function and acts as a climate control system for the testes. For normal sperm development, the testes must be at a temperature slightly cooler than the body temperature. Special muscles in the wall of the scrotum allow it to contract (tighten) and relax, moving the testicles closer to the body for warmth and protection or farther away from the body to cool the temperature.

4. Testicles (testes)

The testes are oval glands about the size of 5cm long and 2.5cm wide that lie in the scrotum, secured at either end by a structure called the spermatic cord. The testes are responsible for making testosterone, the primary male sex hormone, and for producing sperm. Within the testes are coiled masses of tubes called seminiferous tubules. These tubules are responsible for producing the sperm cells through a process called spermatogenesis.

The internal male reproductive organs (accessory organs)

1. Epididymis

The epididymis is a long, coiled tube that rests on the backside of each testicle. It functions in the carrying and storage of the sperm cells that are produced in the testes. It also is the job of the epididymis to bring the sperm to maturity, since the sperm that emerge from the testes are immature and incapable of fertilization. During sexual arousal, contractions force the sperm into the vas deferens.

3. Vas deferens

The vas deferens is a tube 45cm long, that travels from the epididymis into the pelvic cavity, to just behind the bladder. The vas deferens transports mature sperm to the urethra in preparation for ejaculation.

4. Ejaculatory ducts

These are formed by the fusion of the vas deferens and the seminal vesicles. The ejaculatory ducts empty into the urethra.

5. Urethra

The urethra is the tube that carries urine from the bladder to outside of the body. In males, it has the additional function of expelling (ejaculating) semen when the man reaches orgasm. When the penis is erect during sex, the flow of urine is blocked from the urethra, allowing only semen to be ejaculated at orgasm.

6. Seminal vesicles

The seminal vesicles are sac-like pouches that attach to the vas deferens near the base of the bladder. The seminal vesicles produce a sugar-rich fluid (fructose) that provides sperm with a source of energy and helps with the sperms' motility (ability to move). The fluid of the seminal vesicles makes up most of the volume of a man's ejaculatory fluid, or ejaculate.

7. Prostate gland

The prostate gland is a walnut-sized structure that is located below the urinary bladder in front of the rectum. The prostate gland contributes additional fluid to the ejaculate. Prostate fluids also help to nourish the sperm. The urethra, which carries the ejaculate to be expelled during orgasm, runs through the center of the prostate gland.

8. Bulbourethral glands

The bulbourethral glands, or Cowper's glands, are pea-sized structures located on the sides of the urethra just below the prostate gland. These glands produce a clear, slippery fluid that empties directly into the urethra. This fluid serves to lubricate the urethra and to neutralize any acidity that may be present due to residual drops of urine in the urethra.

Endocrine system and male reproduction

The entire male reproductive system is dependent on hormones, which are chemicals that stimulate or regulate the activity of cells or organs. The primary hormones involved in the functioning of the male reproductive system are follicle stimulating hormone (FSH), luteinizing hormone (LH) and testosterone.

FSH and LH are produced by the pituitary gland located at the base of the brain. FSH is necessary for sperm production (spermatogenesis), and LH stimulates the production of testosterone, which is necessary to continue the process of spermatogenesis. Testosterone also is important in the development of male characteristics, including muscle mass and strength, fat distribution, bone mass and sex drive.

It is the formation of sperm process begins at puberty and continues during the male's life. A sperm's fertile life is 5 days after ejaculation. Sperm are much smaller than ova. Sperm cells resemble tadpoles in shape with oval heads and long tails. During each ejaculation approximately 300 million sperm are deposited in to the vagina .only few reach the ova and just one sperm penetrates and fertilizes the ovum.

الوحدة الأولى - المحاضرة الثالثة - الزمن:120.... دقيقة

Normal pregnancy

أهداف المحاضرة الثالثة:

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

1. Distinguish the normal pregnancy.
2. Describe the development and physiology of fetus
3. Explain how to prenatal care

موضوعات المحاضرة الثالثة:

- Development and physiology of fetus
- Physiological and psychological change
- Prenatal care

الأساليب والأنشطة والوسائل التعليمية

الوسائل التعليمية	الأساليب والأنشطة التعليمية	م
جهاز حاسوب جهاز عرض سبورة اوراق واقلام	محاضرة مناقشة سؤال وجواب	3

خطة إجراءات تنفيذ المحاضرة الثالثة

الزمن بالدقيقة	الإجراءات	المحاضرة	الوحدة
120 دقيقة	الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها Normal pregnancy		الاولى
	Stages of pregnancy	الثالثة	

المادة العلمية:

Normal pregnancy:

desidua :- it's change of the endometrium the placenta .

function :-

- 1- Act as barrier
- 2- Secret HCG hormone .

Placenta 15-20 cm in diameter

1\2 kg weight

Function

- 1- nutrition
- 2- O2 and CO2 exchange .
- 3- Help fetus indigestion .

4- Transfer of heat .

Umbilical cord

50 cm length .

1-2 cm width

Contain 2 arteries and one vein

Fetal membrane amnion and chorine

Amniotic fluid normal amount 500-1500 cc contain K^+ , Ca^{++} , Na protein , estrogen .

Function

1- Protect fetus

2- Easy movement of fetus

3- Keep fetus at mean temperature

4- Help in dilatation of cervix during labor

Size and development of the fetus:

Ovum – fertilized ova the first 2 weeks .

Embryo – from 2nd to the 5th wks .

Fetus – after 5th weeks to the time of birth .

1st month (4 week) – nervous system gen. to- urinary system , skin , bones , lungs are formed , arm and legs begin to form , eyes ears and nose appear .

2nd month (8 week) – head enlarged , sex differentiation begins .

3rd month – fingers and toes are distinct placenta is complete , fetal circulation .

4th month – fetal movements are felt by mother heart sounds by auscultation.

5th month – skin appears , vernix caseosa .

6th month – appears , eyebrows and finger nails develop

7th month – skin is red

8th month – eye lids open , fetal movement

9th month – amniotic fluid decreases .

Post-test put a circle in front of right sentence

1- the following statements are true except :-

a- the normal amount of amniotic fluid is 500-1500 cc .

b- amniotic fluid contain K^+ , Ca^{++} , Na .

c- amniotic fluid help fetus indigestion .

2- the function of placenta is :-

a-nutrition

b- O_2 and CO_2 exchange .

c-Transfer of heat .

d-All of these

3- Fertilized ova within the first 2 weeks is called :-

- a- embryo
- b- ovum
- c- fetus

1- The contents of the umbilical cord are :-

- a- two umbilical arteries only
- b- two veins and one umbilical artery
- c- one vein and two umbilical arteries

2- the approximate weight of the placenta is :-

- a- 1\2 kg
- b- 1 kg
- c- 1 1\2 kg

Antenatal care : refers to the medical and nursing care given to the pregnant women during the period between conception and the onset of labor .

It includes :-

1- History :-

- a- Personal H.
- b- Family H.

2- Past history (medical & surgical H.).

3- Obstetrical history :-

- G.P.A.
- L.M.P. & EDD

4- Laboratory test :-

- Urine exam \ for albumin and sugar
- Blood exam \ Blood group , Rh , Hb %

5- Physical examination – chest , abdomen , vaginal exam , fetal exam (fetal heart , fetal part and position)

6- Antenatal visits :-

- 1-6 month \ once per month
- 7-8 month \ every 2 weeks
- 9 month \ every per week

Each visit will be exam the general condition , B\P , weight , fetal growth and monitor any changes or signs or symptoms such as bleeding , edema , pain , fever and headache .

• In last visit will exam the pelvis and fetal size and position .

7- Vaccination :-

4th month

5th month

1st after 6 month tetanus

2nd after year

3rd after year

Antenatal advices

- Rest , relaxation and sleep – rest for a half hour every morning with afternoon and at least 9 hrs sleep should be obtained every night .
- Exercise – such as walking in the fresh air avoid holding heavy objects .
- Breast care – must need clean to prevent infection .
- Alcohol and smoking – should be avoided , effect to cardiac output the CO₂ & O₂
- Care of the teeth – protect from any infection and must be treated .
- Diet – need adequate and food to growth and development of fetus , to prevent complication to maintained mother health , to successful lactation , for active with physical strength during labor . she need protein , CHO , minerals , Iron , vitamins and decrease tea and coffee .

الوحدة الأولى - المحاضرة الرابعة - الزمن:120.... دقيقة Complication of pregnancy

أهداف المحاضرة الرابعة:

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

- Describe the Nursing care during (antpartum hemorrhage ,pregnancy induce hypertension ,gestational diabetes ,urinary tract infection , anemia)

موضوعات المحاضرة اربعة:

- Nursing care during (antpartum hemorrhage ,pregnancy induce hypertension ,gestational diabetes ,urinary tract infection , anemia)

الأساليب والأنشطة والوسائل التعليمية

الوسائل التعليمية	الأساليب والأنشطة التعليمية	م
جهاز حاسوب جهاز عرض سبورة اوراق واقلام	محاضرة مناقشة سؤال وجواب	4

خطة إجراءات تنفيذ المحاضرة الرابعة

الزمن بالدقيقة	الإجراءات	المحاضرة	الوحدة
120دقيقة	التعريف بالوحدة وأهدافها وأهميتها Complication of pregnancy		الاولى
	Sings and symptoms of Nursing management to complication of pregnancy	الرابعة	

المادة العلمية:

General problems during pregnancy

Signs & symptoms :-

- 1- Recurrent vomiting
- 2- Dry mouth
- 3- Tacky cardiac
- 4- Decrease weight
- 5- Acetone breathing
- 6- Dark urine
- 7- Constipation

Causes :-

- 1- Psychological
- 2- Hormonal – decrease peristalsis of intestine

3- Other causes

- Appendicitis
- Ovarian cyst
- Peptic ulcer

Treatment and nursing care :-

- Admission to hospital
- Nothing by mouth for 24 hr. IV. Fluid
- Antiemetic – B6
- Psychological support
- Complete bed rest
- Call doctor if :-
 - a- Pulse rate > 100 \min
 - b- Temperature > 37 c
 - c- Jaundice
 - d- Protein & urobilinogen
 - e- Signs of amnesia , delusions , diplopia , fainting

Test 1\ Enumerate the signs & symptoms of hyperemesis gravidarum

Management and nursing care :-

- 1- Stop fatty food .
- 2- Small frequent meals .
- 3- Pillow under head .
- 4- Encourage milk intake .

Treatment and nursing care :-

- 1- Avoid constipation .
- 2- Use cold sponging on area .
- 3- Do massage using ointment .

- 1- normal reduction of proteins in pregnancy which tend to draw fluid into the tissues .
- 2- venous pressure due to enlarged uterus .
- 3- wearing constricting bands .
- 4- standing for long time .

Treatment :-

- 1- Pt. may have to stay in bed and take rest .

2- elevate legs .

Test 2\ Define hemorrhoids , edema

Causes :-

- 1- Diminishing peristalsis movement of the intestine .
- 2- Pressure of the enlarged uterus .

Treatment :-

- 1- Good bowel habits
- 2- Take adequate fluid
- 3- Exercise
- 4- Cascara by doctor order .
- 5- Varicose veins – it's enlargement in the diameter of a vein due to :-
 - 1- Increase of progesterone .
 - 2- Physical and hormonal changes .
 - 3- Uterus pressure on the lower extremities .
 - 4- Prolonged standing .
 - 5- Multigravida .

Signs and symptoms :-

- 1- Pain in legs .
- 2- Engorgement of superficial veins .
- 3- Edema .

Treatment :-

- 1- Avoid long periods of standing .
- 2- Sit with her feet raised on stool .
- 3- Lie down for an hour with her feet higher than her head .
- 4- Avoid tight cloths .

Test 3\ Enumerate the signs and symptoms of varicose vein .

Post-test put a circle in front of right sentence

- 1- The severe form of morning sickness is called :-
 - A- hyperemesis gravidarum
 - B- nausea and vomiting
 - C- heart burn
- 2- Swelling of the lower extremities during pregnancy called :-
 - A- edema
 - B- varicose vein
 - C- hemorrhoid
- 3- Varicose of lower part of rectum and anus during pregnancy called:-

- A- edema
B- hemorrhoid
C- varicose vein
4- The main causes of hyperemesis gravidarum are :-
A- psychological
b- hormonal
c- ovarian cyst
D- all of these
5- Enlargement in the diameter of vein during pregnancy called :-
A- hemorrhoid
B- edema
C- varicose vein

الوحدة الأولى - المحاضرة الخامسة - الزمن:120.... دقيقة Labor and delivery

أهداف المحاضرة الخامسة:

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

1. Distinguish the theory and signs of labor
2. Distinguish the stages of labor

موضوعات المحاضرة الخامسة:

Stages of labor and nursing management during each stage.

الأساليب والأنشطة والوسائل التعليمية

الوسائل التعليمية	الأساليب والأنشطة التعليمية	م
<ul style="list-style-type: none">• جهاز حاسوب• جهاز عرض• سبورة• اوراق واقلام	<ul style="list-style-type: none">• محاضرة• مناقشة• سؤال وجواب	5

خطة إجراءات تنفيذ المحاضرة الخامسة

الزمن بالدقيقة	الإجراءات	المحاضرة	الوحدة
120 دقيقة	الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها Labor and delivery (normal)		الاولى
	Nursing management during complicated labor and delivery	الخامسة	

المادة العلمية:

Labor:-The expulsion of the fetus , placenta , membranes .and cord from the uterus via the birth canal .

Delivery :- The actual birth of the baby .

The onset of labor :-

- sensitivity of the uterus to oxytocic drugs .
- progesterone suddenly drops down before labor .
- prostaglandin synthesis which lead to increase muscle contraction .

Signs of true labor

- 1- Show-- expulsion of blood mixed with mucus from the cervix
- 2- Effacement--Thinning the cervix (3 cm to zero)
- 3- Dilatation - The degree of opening of the cervical os (10 cm or 4 fingers
- 4- Uterine contractions

Characteristics of contractions

A- Phases:

1. Increment: the building-up phase and longest phase.
2. Acme: the peak of the contraction.
3. Decrement: the letting-up phase (the period of diminishing intensity).

Duration

1. Is measured from the beginning of the increment to the end of the decrement
Averages 30 second in early labor and 60 seconds in later labor.

B- Frequency

1. Is measured from the beginning of one contraction to the beginning of the next
2. Averages 5 – 30 min a part in early labor and 2-3 minutes apart in later labor.

C-Intensity

1. Is measured during the acme phase.
 2. Can be measured with intrauterine catheter or by palpation.
 - The intensity may be mild , moderate , or strong.
 - a. Mild : uterine muscle become somewhat tense.
 - b. Moderate: uterine muscle become moderately firm.
- C-Strong: the uterus become so firm that it has the feel of woods harness and high contraction.

* Interval(rest) between contraction 10-15 min (1st stage)
2-3 min (2nd stage)

Artificial rupture of membrane (A.R.M.) OR Amniotomy used to induced labor

in the beginning of the 2nd stage of labor .**45**

Distinguishing between True and False labor:

True labor

False labor

1. Contractions regular
1. Irregular contractions.
2. Back discomfort that spread to the abdomen.
2. Discomfort that is localize in the abdomen
3. Progressive cervical dilatation and effacement.
3. No cervical change.
4. Gradually shortened intervals between contraction.
4. No changes or irregular changes
5. Increase intensity of contractions with ambulation.
5. No changes in contractions with ambulation.
6. Contraction increase in duration and intensity.
6. Usually no changes in contract.
7. Show usually present
7. None

The process of labor divided into

First stage :- Is measured from the onset of true labor to complete dilatation of the cervix (dilating stage) .

This stage divided in to 3 phases :-

1. Latent phase 0-3 cm D.
2. Active phase 4-7 cm D.

3. Transitional phase 8-10 D

Nursing care during 1st stage of labor

- Taking information .
- Do physical and obstetrical examination .
- Check vital signs and FHR .
- Do urine and blood test .
- Take advising about diet and fluid intake .
- Do perineal care .
- Checking the drops of pitocin .
- Checking uterine contraction .
- Advising about walking and warm bath .

Second stage: - It extends from full or complete dilatation of the cervix until the delivery of the baby

Nursing care during 2nd stage of labor

- prepare the delivery room .
-sterile equipment (cord set , episiotomy set , damps)
- Preparation the baby clothes .
- Teaching mother about deep breathing .
- Check F.H.B. every 5 / min & B \ P .
- Check cervical dilatation by vaginal examination

Third stage: -It extends from delivery the baby to expulsion of the placenta.

Nursing Management during Third Stage of labor

Nursing care during this stage primarily focuses on immediate new born care and assist with the delivery of placenta and inspecting if for intactness .

Nursing intervention during the third stage of labor include:

1. Describing the process of placental separation to the couple.
2. Instructing the women to push when signs of separation of placenta are apparent which include:
 - a. Firmly contracting uterus.
 - b. Change in uterine shape from discoid to globular ovoid.
 - c. Sudden gush of dark blood from vaginal opening.
 - d. Lengthening of umbilical cord protruding from vagina
3. Administering an oxytocin in ordered and indicated after placental expulsion.
4. Providing support and information about episiotomy and / or laceration.
5. Cleaning and assisting client into a comfortable position after birth.

6. Providing a warmth by replacing warmed blankets over the woman.
7. Applying an ice pack to the perineal area to provide comfort to episiotomy in indicated.
8. Monitoring maternal physical status by assessing:
 - a. Vaginal bleeding : amount , consistency and color.
 - b. Vital signs: blood pressure, pulse , and respirations taken every 14 minutes.
 - c. Uterine fundus, which should be firm , in the midline , and at the level of the umbilicus.
9. Documenting birthing event and care giver's signature.

4- Fourth stage:

1. The fourth stage is the first 2 hours after delivery.
2. The primary focus or activity is promotion of maternal neonatal bonding.

Approximate length of time for each stage

Fourth stage: - Is the first hours after delivery of placenta

post partum care :

- See the uterus :** well contracted In the midline at the level of umbilical .If not so doing massage but gently to avoid bleeding and give methargin or pitocin by injection.
- See the laceration :** Check the vagina or birth canal of the blood is cloth it's from uterus , if fresh that mean the blood from vagina

Perineal care

The purpose

- 1-To prevent infection .
- 2-For mother comfort .
- 3-To promote healing .

Nursing care

- Cover the women and keep her warm .
- Check vital signs .
- Take warm fluid and rest .

الوحدة الأولى - المحاضرة السادسة - الزمن:120.... دقيقة Obstetrical operation

أهداف المحاضرة السادسة:

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

Nursing care during Obstetrical operation

موضوعات المحاضرة السادسة

- Describe of episiotomy ,forceps delivery ,C\S, induction and augmentation

الأساليب والأنشطة والوسائل التعليمية

م	الأساليب والأنشطة التعليمية	الوسائل التعليمية
6	محاضرة مناقشة سؤال وجواب	جهاز حاسوب جهاز عرض سبورة اوراق واقلام

خطة إجراءات تنفيذ المحاضرة السادسة

الوحدة	المحاضرة	الإجراءات	الزمن بالدقيقة
الأولى		الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها Obstetrical operation	120 دقيقة
	السادسة	Nursing care during obstetrical operation	

المادة العلمية:

Induction of labor :It is artificial beginning onset of labor after the period of viability .

Used for some complication associated with pregnancy such as :-

1. P.E.T.
2. DM & HD
3. Rh. Incomp .
4. Post mature
5. Primgravida over 30 yr.
6. A.P.H.

Methods of Induction

- 1- Administration of enema .
- 2- Administration of oxytocin by Iv. Drip .
- 3- Observe the number of drops \ min the rate of administration should be increased gradually.
- 4- Observe the uterine contraction .
- 5- FH. Counted & recorded .

Artificial rupture of membrane (A.R.M.) OR **Amniotomy** used to induced labor in the beginning of the 2nd stage of labor .

Test 2\ What is (A.R.M.) ?

Forceps Indications

- 1- Delay in the 2nd stage of labor .
- 2- Malposition of the fetus head .
- 3- Maternal and fetal distress .
- 4- Large head and post mature .
- 5- Severe P.E.T. & HD.

Condition which should be satisfied before the application of forceps :-

1. 1Cervix full dilated .
2. When have pelvic contraction .
3. Bladder should be empty .
4. Membrane rupture .

Complication of forceps

- For mother**
- 1- damage the soft tissues of the pelvis .
 - 2- Laceration or tear of the vagina , cervix , and perineum
 - 3- bladder or rectum injury .
 - 4- P.P.H.

5- Incontinence of urine

For fetus

- 1- Intracranial hemorrhage .
- 2- Injuries .
- 3- Facial palsy .

Mechanism of delivery of the baby

There are seven classical steps in the normal mechanism of labor. They are:

- 1-Engagment.the fetus head is engaged when the biparital passes the pelvic inlet
- 1-Descent.movementof the presenting part through the pelvic
- 2-Flexion.the head flexes
- 3-Internal rotation of the head to pass through the ischial spines
- 4-Extension.extention of the head as it pass under the symphysis pubis
- 5-External Rotation: the head rotated and the shoulder to the position in the pelvic
- 6-Expulsion of the baby

Episiotomy : It is making incision into the perineum to in large the vaginal os .

Indication:- 1- Fetal distress in the 2nd stage .

- 2- prolapsed cord in the 2nd stage .
- 3- preterm baby to avoid intracranial .
- 4- P.J.T. or cardiac dis .
- 5- Previous 3rd degree tear .

Types 1- Medo lateral .

2- Medium .

Advantages of medium

1. Less bleeding .
2. Rapid healing .
3. Less pain .

Disadvantages of medolateral

- 1- More bleeding .
- 2- Difficult healing .
- 3- Discomfort to mother .
- 4- Pain is more common .

Nursing care

- 1- Perineal clean .
- 2- Warm stiz bath .
- 3- Give antibiotic .
- 4- Good diet .

Version

Internal version (in case of shoulder P.)

External version

Vaccum used in case of

- 1- complete dilatation .
- 2- uterine dysfunction .
- 3- multi para .

Danger of version

- 1- Fetal distress .
- 2- Rupture of uterus .
- 3- Premature separation of placenta .

Cesarean section :Is the removal of the baby from the uterus through an incision made in the abdominal wall and the uterus .

Indications

- 1- Cephalo-pelvic disproportion .
- 2- Previous C\S .
- 3- P.E.T.
- 4- Placenta previa (A.P.H.)
- 5- Fetal and mother distress .
- 6- Heart disease .
- 7- Primgravid and old mother 35 yr .
- 8- Prolonged labor .

Types

- 1- Classical C\S (transverse lie) .
- 2- Lower segment C\S .
- 3- Extra peritoneal C\S .

Advantages of L.S. C\S

- 1- Less blood loss .
- 2- Easy to repair .
- 3- Less area of activity .
- 4- Less infection .
- 5- More comfort to the mother .

Contraindication

- 1- Fetal anomalies .
- 2- Still birth .
- 3- DM .
- 4- Peritonitis .

الوحدة الاولى - المحاضرة الثامنة - الزمن:240.... دقيقة

puerperium

أهداف المحاضرة

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

1. Identify Physiologic and psychological changes during puerperium .
2. Nursing management during normal puerperium .
- 3- Nursing management during complicated puerperium

الأساليب والأنشطة والوسائل التعليمية

م	الأساليب والأنشطة التعليمية	الوسائل التعليمية
1	محاضرة مناقشة سؤال وجواب	جهاز حاسوب جهاز عرض سبورة اوراق واقلام

خطة إجراءات تنفيذ المحاضرة السابعة

الوحدة	المحاضرة	الإجراءات	الزمن بالدقيقة
الثانية		الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها puerperium	120 دقيقة
	السابعة	تقديم وعرض ومناقشة -Clinical Manifestations Diagnostic Tests -Nursing management during normal puerperium . -Nursing management during complicated puerperium	

المادة العلمية:

Puerperium : The time between delivery until the reproductive organs have returned to their pre pregnant state (6 weeks) .

Involution : It is the process of returns of the uterus to its normal size .

Change in Cervix, vagina and perineum

The cervix remains soft after birth. The vagina contracts and begins to return to the size before pregnancy. For four to six weeks of the postpartum period the vagina will discharge lochia, a discharge containing blood, mucus, and uterine tissue

Lochia : It's uterine discharge consists blood with a small amount of mucous

Types

- 1-Lochia rubra(lasts about 3 days red in color)
- 2-Lochia serosa(lasts 7 days pinkish in color)
- 3-Lochia alba (whitecolorless)

Nursing care

- 1.Mother needs physical examination and palpation the fundus .
- 2.Perineal care (observe the color , amount and order) and teaching her about the perineal self care to promote healing) .
- 3.Check vital signs .
- 4.Advice about good diet for lactation .
- 5.Provide rest and sleep .
- 6.Early ambulation to prevent thrombosis constipation and to stimulates circulation .
- 7.Breast care

Immediate care at birth

1) Prevention of heat loss

- Maintain delivery room temperature in the range of 23–25°C.
- Avoid cold air from a fan.
- Dry the baby at birth with pre-warmed bedding.
- Dry the head first to prevent heat loss.
- Ensure early skin-to-skin contact. This assists conductive heat transfer from mother to baby.

2) Immediate assessment

- Evaluate the condition of the newborn while simultaneously drying the infant. Is the baby breathing or crying , Is there good muscle tone ,Does the baby appear to be at term
- Provide normal care accordingly or proceed to resuscitation .

3) APGAR scoring

Used to assess baby's general condition and is taken at 1, 5, and 10 minutes after birth. Important for further management of resuscitation but should not delay immediate steps of resuscitation, if needed The meaning of the APGAR acronym is as follows:

A Appearance (colour)

P Pulse (heart rate)

G Grimace (response to stimuli, also called reflex irritability)

A Active (tone)

R Respirations (breathing)

4) Cutting the cord

- Securely clamp the cord before cutting.
- Delay cord clamping and cutting until baby's respiration are established and cord pulsation has ceased. This ensures that baby receives a placental transfusion.

5) Initiate breastfeeding

- Early and exclusive breastfeeding should be encouraged within 1 hour of birth.
- Baby receives immunological advantages of colostrum from early feeding.
- Sucking reflex is the most intense 45 minutes through 2nd hour after birth.
- Early feeding at the breast stimulates digestive system, promoting elimination of byproducts and hemoglobin breakdown.
- Jaundice is most likely to occur when breastfeeding is delayed.
- Baby's nutritional needs can be completely met by breast milk. No supplements are required, not even water!
- Both small and big babies are at risk for hypoglycemia, and require immediate and frequent feedings.

Breastfeeding stimulates uterus contractibility. Women breastfeed for a longer duration if feeding is initiated early

الوحدة الاولى - المحاضرة التاسعة - الزمن:240.... دقيقة

Neonatal nursing care

أهداف المحاضرة

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

1. Distinguish the physiological changes and adaptation to extra uterine environment
2. Identify immediate and daily neonatal care .

موضوعات المحاضرة

- Nursing management and assessment of high risk neonate
- Regulation of birth and death certificate for newborn and its importance

الأساليب والأنشطة والوسائل التعليمية

م	الأساليب والأنشطة التعليمية	الوسائل التعليمية
1	محاضرة مناقشة سؤال وجواب	جهاز حاسوب جهاز عرض سبورة اوراق واقلام

خطة إجراءات تنفيذ المحاضرة التاسعة

الوحدة	المحاضرة	الإجراءات	الزمن بالدقيقة
الاولى		الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها Neonatal nursing care	120 دقيقة
	التاسعة	تقديم و عرض ومناقشة Nursing care and management	

المادة العلمية:

Presentation :- It is part that is felt by the examiner's hand when doing the vaginal examination .

Types

brown

1. Fetal head or cephalic presentation vertex Most common 97 % face
- 2- presentation 3 %
- 3- Shoulder presentation .

Position

- 1- Longitudinal lie .
- 2- Transverse lie .
- 3- Oblique lie .

Causes of abnormal presentation

- 1- Unknown .
- 2- Multiparity .
- 3- Premature labor the fetus is mobile
- 4- Polyhydraminos can move freely
- 5- Hydrocephalic .
- 6- Multiple pregnancy (Twin) .
- 7- Placenta previa prevent the head from entering the pelvic
- 8- Fibroid & tumors brim
- 9- Contracted pelvis .
- 10- Head high not engaged .

Diagnosis

- 1- By abdominal examination
 - Palpate mass in the fundus breech P.
 - The fundus is low shoulder p.
- 2- By auscultation
 - FH. Above the level of the umbilical
 - FH. Is heard below the umbilical
- 3- By sonar .

Danger of breech P.

For mother :-

- 1- perineal trauma .
- 2- Prolonged labor .

For baby :-

- 1- Intracranial hemorrhage .
- 2- Anoxia .
- 3- Injuries .
- 4- Death .
- 5- Cord prolapsed .

Dystocia or difficult labor

Involving the following problems :-

1-powers The uterine contractions may not be sufficiently strong .

management

- 1- give Iv. Oxytocin 0.5 with Iv. Fluid 5% glucose (induction of labor).
- 2- Forceps delivery when there is complete dilatation of cervix and C\S when there is cervical dilatation slow .
- 3- Relieve pain by pithedin 100 mg .

2-Problems with the passage way

- 1- Contracted pelvis .
- 2- Variation in pelvic shape .
- 3- Cephalopelvic disproportion .

3- problem with the passenger

- 1- Malpresentation .
- 2- big baby .
- 3- hydrocephalus .

Hemorrhagic complications: post partum hemorrhage P.P.H.

It is loss of more than 500 ml of blood during the first 24 hours after giving birth .

Causes

- 1- Uterine atony .
- 2- Laceration of the perineum , vagina , and cervix . more
- 3- Retained placenta . common
- 4- Rupture of the uterus . less
- 5- Inversion of the uterus . common

1-Uterine atony It is relaxation of uterine muscle after labor .

Treatment and nursing care

- 1- Grasp the uterus and massage it .
- 2- Avoid over massage of the uterus to prevent muscle fatigue .
- 3- Check the size and high of uterus frequently .
- 4- Empty the bladder .

- 5- Check vital signs every 5-15 \min
- 6- Give ergomaterine .
- 7- Blood transfusion as needed .
- 8- Treat the shock .
- 9- Hysterectomy .

2- Lacerations bright red arterial bleeding in the presence of a hard and firmly contracted uterus .

Treatment :- After determination the location of source of bleeding and repairs the laceration .

3- Retained placenta

- 1- Treat shock .
- 2- Remove the placenta manually .

4- Inversion The uterus turns out side after the birth of baby .

Causes

- 1- Uterine atony .
- 2- Pressure on the fundus .
- 3- Pulling the umbilical cord or placenta .

Treatment

- 1- Treat shock
- 2- Repositioning the uterus manually .

5- Rupture of uterus

Causes

- 1- Weak C\S scar or other operation .
- 2- Traumatic delivery such as forceps .
- 3- Over dose of oxytocin .
- 4- Commonly in multipara .
- 5- Abnormal presentation .

Treatment

- 1- Treat shock .
- 2- Blood transfusion .
- 3- Give sedative & antibiotic .
- 4- Hysterectomy .

Puerperal infection:- Is an infection of genital tract by organisms occurring during labor or puerperium .

Predisposing factors

1. Anemia .

2. Prolonged labor .
3. Hemorrhage more than 1000 cc .
4. Retained placenta .

Test 1\ Define the puerperal infection

Signs and symptoms fever , tachycardia , pain , pulse rate over 120/min

Nursing care and prevention

1. Good general hygiene .
2. Avoid tub bath .
3. Protect the women from communicable disease .
4. used a septic technique in delivery room .
5. Episiotomy and laceration should be checked twice daily .
6. Perineal care .
7. Give antibiotic according to the C&S .
8. Give sedative to reduce pain .
9. Check vital signs every 4\hr .

Endometritis It is localized infection of the uterus .

Signs & symptoms fever 38 c , rapid pulse , headache , chilling , and loss of appetite

Test 2\ Define endometritis ?

Treatment and nursing care

1. Give antibiotic .
2. Give good diet with iron , vitamin and protein .
3. Give sedative to relieve pain & fever .
4. Isolation .
5. Sleep and rest .

3- Thrombophlebitis It is an infection of the vascular endothelium

Signs and symptoms fever , pain , edema , redness , chill .

Nursing care and treatment

- 1- Bed rest and elevate the bed .
- 2- Give sedative to relieve pain .
- 3- Give heparin to prevent cloth formation .

Incontinence of urine Dribbling of urine during coughing and sneezing .

Test 3 \ What are the nursing care and treatment of thrombophlebitis ?

Breast feeding problems

Types of nipple

- 1- Depressed nipple .
- 2- Flat nipple .

Nursing care : mother needs daily exercise of the breast .

1- Engorgement milk build up in the breast and cause edema .

Signs and symptoms fever , pain , breast are full , heavy and hard .

Nursing care :

1. Check the position of the baby .
2. The baby should feed on demand .
3. Give sedative to relieve pain .

2- mastitis :- Is inflammation of the breast occur due to :-

1. Position not well .
2. Not feed him on demand .

Test 1 \ Explain the nursing care of breast engorgement ?

Signs and symptoms : painful ,warm and tender , chills and fever , redness .

Treatment and nursing care

- 1- Feed your baby in the effected side .
- 2- Put the baby on right position .
- 3- Try expressing milk by breast pump .
- 4- Take hot fluid and eat well .
- 5- Give antibiotic and sedative .

3- breast abscess

Signs and symptoms :-

- 1- Discharge of pus .
- 2- Fever with chills .
- 3- Breast swelling .
- 4- Painful .
- 5- Redness .

If mastitis not treated abscess nipple damage

infection entering breast so will need surgery and put drainage under G.A.

Prevention put the baby on right position .

Position of baby on breast need three things :

- 1- Mother posture .
- 2- How mother hold the baby .
- 3- How the baby take the breast .

Test 2 \ what are the signs and symptoms of breast abscess ?

الوحدة الاولى - المحاضرة العاشرة - الزمن:240.... دقيقة

Gynecological disorders

أهداف المحاضرة الاولى:

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

1- Describe of menstrual disorder

موضوعات المحاضرة :

1-nursing care for common gynecological disorders

2-Prolapsed of the genital tract

3-Benign and malignancy of genital tract

4-Menstrual disorders

5-infertility

الأساليب والأنشطة والوسائل التعليمية

الوسائل التعليمية	الأساليب والأنشطة التعليمية	م
جهاز حاسوب جهاز عرض سبورة اوراق واقلام	محاضرة مناقشة سؤال وجواب	1

خطة اجراءات تنفيذ المحاضرة

الوحدة	المحاضرة	الإجراءات	الزمن بالدقيقة
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240 دقيقة	الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها Gynecologic disorders		الرابعة
	Menstrual disorders and infertility	تقديم و عرض ومناقشة الأولى	

المادة العلمية:

Prolapsed of uterus

Causes :-

- 1- Multi para
- 2- Trauma during child birth .
- 3- Constipation .
- 4- Industrial work .
- 5- Used forceps in labor .
- 6- Chronic cough .
- 7- Congenital weakness of pelvic muscle .

Uterine prolapsed divided to

- 1 st degree cervix still inside vagina .
- 2 nd degree cervix appears outside .
- 3 rd degree complete prolapsed .

Test 1 \ mention the degrees of U.prolapse ?

Signs and symptoms :

- Difficulty in walking .
- Frequent urination .
- Cystitis .
- Backache .
- Unable to empty the bladder .

Treatment

- Vaginal hysterectomy .
- Abdominal hysterectomy .
- Ring .

Nursing care

- Perineal care twice daily .
- Observe bleeding .
- Give Iv. fluid .

- Check vital signs .
- Give sedative .
- Catheter for urine .
- Check intake & output .

Cancer of uterus

- Adeno carcinoma .
- Sarcoma .
- Chorio-cacinoma .
- Polyps .

Treatment surgical treatment .

Carcinoma of cervix

Symptoms

- Irregular vaginal bleeding .
- Pain .
- Vaginal discharge .

Effect on pregnancy

- Abortion .
- Premature .
- Rupture of uterus .

Test 2 \ What are the effects of ca.cervix on pregnancy ?

Causes

- Age 45-55 yrs .
- In lower income .

Diagnosis by biopsy & radiology .

Treatment

- Chemotherapy .
- Hysterectomy .

Myoma or fibroid

Causes

- Mostly 35-45 yrs .
- Multi para .
- Hormonal effect (excessive oestrogen)

Symptoms

- Menstrual absent or heavy and prolong .
- Abdominal enlargement .
- Infertility .

- Pain .
- Anemia .
- Vaginal discharge .

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Effect on pregnancy

- Sterility .
- Abortion .
- Premature labor .
- Difficult labor .
- Malposition of the fetus .

Treatment

- Myomectomy .
- Correct anemia .
- Vaginal or abdominal hysterectomy .
- Polypectomy .

Ovarian cysts simple cysts

Cystic tumor

Signs & symptoms

- Backache .
- Frequency of urination .
- Enlargement of abdomen .

Diagnosis by sonar , laparoscopy

Treatment surgical – ovarian cystectomy or total hysterectomy .

Test 3 \ Enumerate the signs and symptoms of ovarian cyst ?

Types of hysterectomy according to extension of procedure:

1-Subtotal hysterectomy:-

Surgical Removal of the uterus only and leave the cervix.

2-Total hysterectomy:-

Surgical Removal of the uterus and cervix.

3-Radical hysterectomy (Wertheim's operation):-

Surgical Removal of the uterus, cervix, Upper 1/3 of vagina and draining lymph node

Type of hysterectomy according to approach:-

1-Abdominal hysterectomy:- It is a removal of uterus through abdominal incision.

2-Vaginal hysterectomy:- It is a removal of uterus through vagina.

Abdominal hysterectomy:

Indications:-

1-malignancy of uterus, cervix, ovaries and fallopian tubes.

2-Uterine fibroid more than 14 cm in size. 3-Gross pelvic inflammatory diseases such as endometriosis.

4-When expect adhesions of bladder or bowel following previous operation

Complications:-

- 1-Primary and secondary hemorrhage.
- 2-Damage to urinary bladder, ureter, or bowel.

Vaginal hysterectomy:-

-This procedure has less morbidity and post operative discomfort.

Indications:-

-2 nd and 3rd degree uterine prolapse.

Complications:-

- 1-Hemorrhage.
- 2-Vault hematoma.
- 3-Persistent pyrexia.
- 4-UTI.

Post operative care:-

- 1-same as any operation of laparotomy.
- 2-observe vaginal bleeding.
- 3-keep urinary catheter if there is vaginal pack in case of Vaginal hysterectomy.
- 4-advice and instructions about intercourse (after one month)
But after checking incision and vaginal vault

(Genital prolapsed)

Definition:-

It is a descent of some of pelvic organs from their normal position and may herniated through the vaginal opening and it occurs when there is damage to or weakness of the **structures that support the pelvic organs.**

1-Vaginal wall prolapsed:-

a-Cystocele:-

prolapse of urinary bladder with anterior vaginal wall through vaginal opening

b-Rectocele:- prolapse of rectum with posterior vaginal wall through vaginal opening and usually accompanied by deficiency of perineal body.

2-Uterine prolapse:-

Prolapse of uterus usually accompanied by descent or inversion of vaginal vault.

*There are three degrees of uterine prolapse:-

1 st degree:-

When the uterus retroverted and descend into the vagina but the cervix does not reach the interior.

2 nd degree:- When the cervix appears at the interior but only protrudes through it on straining.

3 rd degree:- When whole uterus lies outside the vagina and this is the complete form also called (prolapsed).

Test(1):-Define genital prolapse and classify it?

Causes:-

1-Obstetric factors:

- overstretching of vagina.
- pushing down before full dilatation.
- tearing and overstretching of perineal body.
- prolonged second stage of labor.
- forceps delivery.

2-Post menopausal atrophy.

3-post operative prolapse-after hysterectomy.

4-Lifting heavy weights.

Test(2):-Enumerate causes of genital prolapse?

Symptoms:-

1-Local discomfort.

2-Backache.

3-Urinary symptoms (with Cystocele):-

- frequency.
- stress incontinence.
- urge incontinence.

4-Bowel symptoms (With rectocele).

-difficulty in defecation.

5-Dyspareunia or unsatisfactory sex.

6-Ulceration and bleeding(in prolapsed).

Diagnosis:-

- 1-may be obvious on inspection.
- 2-lying on back and strain down.
- 3-speculum exam on left lateral position.

Treatment:-

1-Prevention:-

- support perineum during delivery.
- Perform episiotomy when needed.

- Prevent lifting heavy weights.
 - 2-Pelvic floor exercise-for mild cases.
 - 3-Esrogen replacement therapy-for menopausal atrophy.
 - 4-Vaginal ring used for patient who:-
 - want to have more babies.
 - are unfitted for surgery(too old or too ill).
 - refuse surgery.
 - 5-surgery:-
 - Hysterectomy- menopause or near menopause.
- Test(3):-Discuss the treatment of genital prolapse?

Infertility

Infertility:- It is a failure of a couple to achieve pregnancy after one year of trying.

Causes:-

A-ovulatory failure:-

- 1-Hypothalamus (as in stress condition).
- 2-Phtuitary disease or dysfunction (FSH,LH,Prolactin).
- 3-Thyroid (Hypothyroidism).
- 4-Adrenal dysfunction (Cushing syndrome).
- 5-Primary ovarian dysfunction such as:-

- Absent ovary or ovarian dysgenesis.
- Premature menopause.

B-Failure Of oocyte or embryo transport:-

- Tubal blockage.
- Endometriosis.
- Liomyomas (uterine fibroid).

C-Cervical mucus hostility.

Test(1):-Define infertility and enumerate causes of infertility?

Investigations:-

- 1-Semen analysis.
- 2-Tests for ovulation:-
 - Luteal phase progesterone analysis(21 day of cycle).
 - LH surge (at mid cycle).
 - Follicle tracking by ultrasound.
 - Changes in cervical mucus.
- 3-Tests for tubal patency:-
 - Laparoscopy and dye insufflation.
 - Hysterosalpingography (HSG).

4-Postcoital test (PCT):-

-Should be done within 12 hours after intercourse at mid-cycle.

Test (2):- what investigations that are necessary for diagnosis of infertility?

Treatment:-

1-treatment of ovarian failure:

2-Treatment of tubal disease:-

* Tubal surgery which include:-

- Salpingolysis.

-Salpingostomy.

-Tubal reanastomosis and reimplantation.

3-Assisted conception procedures:-

(A)-Intra-Uterine Insemination(IUI):-

(B)-In vitro fertilization (IVF):-

(C)-Gametes Intra-f=Fallopian Transfer (GIFT):-

(D)-Zygote Intra-Fallopian Transfer (ZIFT):-

prolapse

Definition:-

It is a descent of some of pelvic organs from their normal position and may herniated through the vaginal opening and it occurs when there is damage to or weakness of the structures that support the pelvic organs.

1-Vaginal wall prolapsed:-

a-Cystocele:-

prolapse of urinary bladder with anterior vaginal wall through vaginal opening

b-Rectocele:-

prolapse of rectum with posterior vaginal wall through vaginal opening and usually accompanied by deficiency of perineal body.

2-Uterine prolapse:-

Prolapse of uterus usually accompanied by descent or inversion of vaginal vault.

*There are three degrees of uterine prolapse:-

1 stdegree:-

When the uterus retroverted and descend into the vagina but the cervix does not reach the interiotus.

2 nd degree:- When the cervix appears at the interiotus but only protrudes through it on straining.

3 rd degree:- When whole uterus lies outside the vagina and this is the complete form also called (procidientia).

Test(1):-Define genital prolapse and classify it?

Causes:-

1-Obstetric factors:

- overstretching of vagina.
- pushing down before full dilatation.
- tearing and overstretching of perineal body.
- prolonged second stage of labor.
- forceps delivery.

2-Post menopausal atrophy.

3-post operative prolapse-after hysterectomy.

4-Lifting heavy weights.

Test(2):-Enumerate causes of genital prolapse?

Symptoms:-

1-Local discomfort.

2-Backache.

3-Urinary symptoms (with Cystocele):-

- frequency.
- stress incontinence.
- urge incontinence.

4-Bowell symptoms (With rectocele).

-difficulty in defecation.

5-Dyspareunia or unsatisfactory sex.

6-Ulceration and bleeding(in procidentia).

Diagnosis:-

1-may be obvious on inspection.

2-lying on back and strain down.

3-speculum exam on left lateral position.

Treatment:-

1-Prevention:-

- support perineum during delivery.
- Perform episiotomy when needed.
- Prevent lifting heavy weights.

2-Pelvic floor exercise-for mild cases.

3-Esrogen replacement therapy-for menopausal atrophy.

4-Vaginal ring used for patient who:-

- want to have more babies.
- are unfitted for surgery(too old or too ill).
- refuse surgery.

5-surgery:-

-Hysterectomy- menopause or near menopause.

Test(3):-Discuss the treatment of genital prolapse?

Infertility

Infertility:- It is a failure of a couple to achieve pregnancy after one year of trying

Causes:-

A-ovulatory failure:-

1-Hypothalamus (as in stress condition).

2-Pituitary disease or dysfunction (FSH,LH,Prolactin).

3-Thyroid (Hypothyroidism).

4-Adrenal dysfunction (Cushing syndrome).

5-Primary ovarian dysfunction such as:-

-Absent ovary or ovarian dysgenesis.

-Premature menopause.

B-Failure Of oocyte or embryo transport:-

-Tubal blockage.

-Endometriosis.

-Leiomyomas (uterine fibroid).

C-Cervical mucus hostility.

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الوحدة الاولى - المحاضرة الحادية عشر- الزمن:240.... دقيقة

Family planning

أهداف المحاضرة

يتوقع في نهاية الجلسة أن يكون الطالب قادراً على:

1. Distinguish of objectives of family planning in Iraq
2. Types of contraceptive in Iraq
3. Describe of advantage and dis advantage of each method
4. Role of nurse in family planning in primary health care centers and hospitals including health education and counseling
5. Discuss the general preoperative and postoperative care of patients undergoing surgery of the eye.

موضوعات المحاضرة

Types of contraceptive in Iraq

Describe of advantage and dis advantage of each method

Role of nurse in family planning in primary health care centers and hospitals including health education and counseling

الأساليب والأنشطة والوسائل التعليمية

الوسائل التعليمية	الأساليب والأنشطة التعليمية	م
جهاز حاسوب جهاز عرض سبورة اوراق واقلام	محاضرة مناقشة سؤال وجواب	11

خطة إجراءات تنفيذ المحاضرة

الزمن بالدقيقة	الإجراءات	المحاضرة	الوحدة
240 دقيقة	الترحيب بالطلبة التعريف بالوحدة وأهدافها وأهميتها Family planning		الاولى
	تقديم وعرض ومناقشة Types of family planning Role of nurse in family planning	الحادية عشر	

المادة العلمية:

FAMILY PLANNING

Methods of Contraception

- ▶ Behavioral
- ▶ Hormonal
- ▶ Barrier
- Spermicides
- ▶ Long-Term / Permanent

Behavioral Methods

- ▶ Predicting fertility: Basal Body Temperature & Calendar method
- ▶ Withdrawal/Pullout
- ▶ Abstinence**
- The *only* 100% effective way to prevent pregnancy, STIs, HIV/AIDS

A. Basal Body Temp

- ▶ lowest temp of the body at rest
- ▶ Ovulation raises body temp ½ degree Celsius, and temp will drop if fertilization does not occur

B. Calendar

- ▶ Predicting fertility based on menstrual cycles
- ▶ Women chart previous menstrual cycles to predict the days they are fertile

and infertile

C. Withdrawal/Pullout

- ▶ A pill taken orally every day at about the same time
- ▶ Notes: There are many different brands. The doctor prescribes the right pills for contraception.

Menstrual period can occur monthly, every 3 months, or not at all.

- ▶ Access: Prescription needed
- ▶ Effectiveness: 91-99.7%

Hormonal Methods

- ▶ The Pill
- ▶ The Patch
- ▶ Vaginal Ring
- ▶ The Shot
- ▶ Implant
- ▶ IUD
- ▶ Emergency Contraception
- ▶ These methods add chemicals similar to hormones to stop the release of an egg and weaken the sperm.
- ▶ The hormones change the cervical mucus and uterine lining, slow sperm, and reduce ability of fertilized egg to implant into uterine wall.

The Pill

- ▶ A pill taken orally every day at about the same time
- ▶ Notes: There are many different brands. The doctor prescribes the right pills for contraception.

Menstrual period can occur monthly, every 3 months, or not at all.

- ▶ Access: Prescription needed
- ▶ Effectiveness: 91-99.7%
- ▶ A bandage-like patch that sticks to woman skin
- ▶ Changed weekly, no patch on 4th week. Hormones are absorbed through the skin
- ▶ Notes: Less effective if woman weigh over 90 Kg. May cause skin irritation.
- ▶ Access: Prescription needed
- ▶ Effectiveness: 91-99.7%

Vaginal Ring

- ▶ What? A clear, soft, flexible 2 inch circle worn in the vagina
- ▶ How? The body absorbs hormones from the ring through vaginal wall. The ring is inserted and left in the vagina for 3 weeks.

Notes: One size fits all The Shot

- ▶ A long acting hormone injection

How? Female is given a shot one time every 3 months

- ▶ Notes: Not reversible- once the injection occurs, the hormones are in the woman for at least 3 months. It may take a long time to get pregnant after the shot.
- ▶ More chance of weight gain than any other method
- ▶ Access: Clinic / doctor visit needed

every 3 months

The Implant

- ▶ A soft rod 3.8 Cm long placed under the skin in woman upper arm
- ▶ How? Slowly releases hormones into system
- ▶ Notes: Prevents pregnancy for 3 years, but can be taken out at any time
- ▶ Access: Clinic / doctor visit needed

every 3 years

- ▶ Effectiveness: 99.95%

Intra Uterine Device (IUD)

- ▶ A small plastic “T” with a string inserted into the uterus
- ▶ How? Releases synthetic progestin hormone that changes cervical mucus, fallopian tubes and the uterine lining. Stops or slows sperm and egg
- ▶ Notes: Lasts 5 years. IUD Copper (10 years). Insertion can cause a few minutes of pain, but removal is fast and easy
- ▶ Access: Clinic / doctor visit needed

for insertion & removal

- ▶ Effectiveness: 99.8%

Emergency Contraception Pills

- ▶ A pill or combination of pills taken *after* sex to prevent pregnancy
- ▶ Contains a higher dosage of the same hormones found in regular birth control
- ▶ Notes: Won't stop an existing pregnancy
- ▶ Access: Available at pharmacy
- ▶ Effectiveness: Approx 95% if taken within first 24 hours of unprotected sex

Barrier Methods

- ▶ Male condom
- ▶ Female condom

Male Condom

- ▶ A thin covering that open over an erect penis. Made of latex, polyurethane, or animal membrane (don't protect against STIs).
- ▶ How? Put on before any genital contact.

▶ Notes: May decrease the sensation for men. Access: Easy to buy in a store or online. Inexpensive. Usually offered for free at a health clinic.

▶ Effectiveness: 82-98%

Female Condom

▶ A soft, loose pouch that is inserted in the vagina. Flexible rings at each end hold it in place. Can be put in up to 8 hours before sex.

▶ How? Insert the small ring in vagina, large ring stays outside partially covering labia.

▶ Notes: Can be used if woman is allergic to latex (made of nitrile). Men usually feel no reduction in sensation.

▶ Access: Available at many pharmacies, clinics, and online

▶ Effectiveness: 79-95%

Long-Term / Permanent

▶ Female- Tubal ligation

A small incision is made in the abdomen to access the fallopian tubes.

Fallopian tubes are blocked, burned, or clipped shut to prevent the egg from traveling through the tubes

Recovery usually takes 4-6 days.

▶ Male- Vasectomy

A small incision is made to access the vas deferens, the tube the sperm travels

from the testicle to the penis, and is sealed, tied, or cut After a vasectomy, a male will still ejaculate, but there won't be any sperm present

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