MODULE TWO: **PRENATAL CARE, PART 1**

Please finish all assignments and answer all items. Work that is either incomplete or incorrect will be returned to you for completion/correction.

***LEARNING OBJECTIVES***

***To understand essential components of initial prenatal caregiving:***

1. Cite key components of personal presentation and hygiene for the midwife
2. Identify basic structures of female reproductive anatomy
3. Identify landmarks of the female pelvis
4. Know characteristics of, and how to identify, the four basic pelvic types
5. Know the crucial components of initial interview
6. Cite appropriate methods of estimating due date
7. Give rationale for prenatal assessments of maternal urine, blood pressure, pulse, and weight gain/loss
8. List risk factors in pregnancy, including teratogens
9. Name preexisting disease conditions that can complicate pregnancy
10. Learn how to take, review and interpret medical, family, menstrual, obstetric, gynecological, sexual and contraceptive histories
11. List routine lab tests in pregnancy, citing normal/abnormal findings, significance and appropriate response

***LEARNING ACTIVITIES***

1. Read Heart & Hands, Chapter 8, “General Presentability and Personal Hygiene,” and Chapter 2
2. Read Myles Textbook for Midwives (all topics in learning objectives)
3. Watch videos on the female pelvis and pelvimetry (available in the Online Resources section for this module, located in the NMI Student Portal):
	1. Female Bony Pelvis: 1 – Relevant Osteology
	2. Female Bony Pelvis: 3 - Pelvemitry
4. Do work sheet, Pelvimetry
5. Utilize risk factor information in Heart & Hands, Chapter 2, to determine relevance of questions on medical/health history form (Appendix C)

6) Journal work: explore how personal biases (identified in Module 1) might influence your style of practice

***OPTIONAL LEARNING ACTIVITIES***

1. Perform three complete pelvimetry assessments, noting pelvic characteristics, type and size
2. Practice taking blood pressure and pulse on at least three people, noting and interpreting results
3. Practice taking, and testing with chemstrip, a clean catch urine sample
4. Journal work:

A. Write briefly on your experience of practicing pelvimetry, noting any technical difficulties, emotional responses, or personal revelations

## SUBMIT

1. Work sheet, Pelvimetry
2. List of medical history items on which you have questions re: relevance to midwifery practice
3. Completed module post-test
4. Any questions or concerns arising from optional learning activities
5. Module Evaluation Sheet

WORK SHEET

# PELVIMETRY

1. The most common pelvic type is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. The second most common type is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pelvic types have reduced inlet dimensions.

4. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_pelvis has a narrow pubic arch of less than \_\_\_\_\_\_\_\_\_\_\_\_degrees.

5. Which type has prominent, close-set ischial spines? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Which type has a flat sacrum? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Which type has a wide transverse diameter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Which pelvic type is deeper than it is wide? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Which pelvic type is wider than it is deep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Which type encourages the baby to engage in posterior positions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Which types are most apt to hinder engagement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Name the four pelvic joints:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. What is the difference between the diagonal conjugate and the obstetrical conjugate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Which dimensions of the pelvis are most likely to expand during pregnancy?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. What is the line of demarcation between the false pelvis and true pelvis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are the two differentiated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. What would you recommend for a mother/gestational parent with small pelvis/large baby near term, to help her *prepare* for labor? (Think Three Ps)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MODULE TWO: **PRENATAL CARE, PART 1,** POST-TEST

***Please respond to these items as concisely as possible:***

1. Cite key components of personal presentation and hygiene for the midwife
2. List the most crucial components of initial interview
3. Cite appropriate methods of estimating due date (include utilization of PMP, Naegele’s Rule, and Nichols’ Rule)
4. Give technique, normal parameters and rationale for prenatal assessments of maternal urine, blood pressure, pulse, and weight gain/loss
5. List eight common teratogens (may be environmental or pharmaceutical)
6. List preexisting disease conditions that can complicate pregnancy
7. *Briefly* cite the significance, with regard to pregnancy, of the following menstrual, obstetric, gynecological, sexual and contraceptive history findings:
	* 1. Recurrent UTIs
		2. Long-term oral contraceptive use immediately before conception
		3. RH- blood type
		4. Hypothyroidism
		5. Pelvic inflammatory disease/post-abortion sepsis
		6. Bleeding problems (predating pregnancy)
		7. Uterine fibroids
		8. Vomiting this pregnancy
		9. Infections this pregnancy
		10. Sexual or physical abuse
8. List routine lab tests in pregnancy, citing their significance and appropriate response to abnormal findings

###### **MODULE EVALUATION SHEET**

1. What did you like about this module?
2. Were there any surprises for you in this module?
3. Was there anything in his module that was particularly challenging for you?
4. Do you feel you met this module’s stated learning objectives?
5. Did the learning activities enable you to meet the learning objectives?
6. Were the suggested learning resources (books and materials) adequate to meet the learning objectives? Did you utilize additional resources?
7. Any comments/suggestions for improving the module?