NCLEX-RN 2026 · MATERNAL-NEWBORN · CLINICAL JUDGMENT

Signs of Pregnancy *& True vs. False Labor*

Presumptive · Probable · Positive — and the cardinal differences between real and prodromal labor.

OB / Maternity | Reproductive System | Clinical Judgment | Assessment | Health Promotion

1 DEFINITION · OVERVIEW
What These Findings Mean & Why They Matter

PREGNANCY SIGNS

Pregnancy produces three categories of findings that differ by **who detects them** and **how reliable** they are for confirming gestation.

- **Presumptive** — *subjective*, reported by the woman; could be caused by other conditions.
- **Probable** — *objective*, observed by the examiner; still not definitive.
- **Positive** — only **direct evidence of the fetus** confirms pregnancy.

LABOR ONSET

Distinguishing true labor from false labor (prodromal / Braxton Hicks) is a **priority assessment** that determines whether the client is admitted, sent home, or further monitored.

- **True labor** = progressive cervical change.
- **False labor** = contractions *without* cervical change.
- Misclassification → unnecessary admission **or** missed labor → unsafe delivery.

2 PATHOPHYSIOLOGY · SIMPLIFIED
From Implantation to Labor — Step by Step

PREGNANCY CASCADE

1. **Fertilization & implantation** → trophoblast secretes hCG (~day 8–10).
2. ↑ hCG → maintains corpus luteum → continued progesterone & estrogen.
3. ↑ **Estrogen/progesterone** → breast changes, uterine growth, vaginal/cervical engorgement (Chadwick, Goodell, Hegar).
4. ↑ **Blood volume + pelvic pressure** → urinary frequency, fatigue, N/V (presumptive signs).
5. **Fetal growth** → fundal height ↑, quickening (16–20 wk), audible FHT, visible movement (positive signs).

LABOR ONSET CASCADE

A. ↓ **Progesterone / ↑ Estrogen** ratio shifts near term.

B. ↑ **Prostaglandins** → cervical ripening (softens, effaces).

C. ↑ **Oxytocin receptors** in myometrium → uterus more responsive.

D. **Ferguson reflex:** fetal head presses on cervix → ↑ oxytocin → ↑ contractions → cervix dilates → cycle continues.

HORMONAL KEY PLAYERS

hCG confirms pregnancy · **Progesterone** maintains pregnancy · **Estrogen** grows uterus · **Prostaglandins** ripen cervix · **Oxytocin** drives contractions.

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SIGNS & SYMPTOMS · THE HEART OF THE TOPIC

Three Tiers of Pregnancy Signs + Labor Comparison

Presumptive

SUBJECTIVE · PATIENT REPORTS

Least Reliable

PRESUMPTIVE (PATIENT)

- **Amenorrhea** (4 wk)
- **Nausea & vomiting** — morning sickness (4–12 wk)
- **Breast tenderness**, enlargement (3–4 wk)
- **Urinary frequency** (6–12 wk)
- **Fatigue** (12 wk)
- **Quickening** — mom feels movement (16–20 wk)
- Skin changes: linea nigra, chloasma, striae

Probable

OBJECTIVE · EXAMINER SEES

More Reliable

PROBABLE (EXAMINER)

- **Goodell's sign** — softening of *cervix* (6–8 wk)
- **Chadwick's sign** — bluish-purple *cervix/vagina/vulva* (6–8 wk)
- **Hegar's sign** — softening of *lower uterine segment* (6–12 wk)
- **Positive urine/serum hCG**
- **Braxton Hicks** contractions (16+ wk)
- **Ballottement** — examiner taps cervix, fetus rebounds (16–28 wk)
- Uterine & abdominal enlargement

Positive

DIRECT · FETUS DETECTED

Diagnostic

POSITIVE (PROOF)

- **Fetal heart tones**
  - Doppler 10–12 wk
  - Fetoscope 18–20 wk
- **Visualization of fetus** on ultrasound (5–6 wk)
- **Examiner palpates** fetal movement (~20 wk)

Rule: Only positive signs *diagnose* pregnancy — everything else is suggestive.

TRUE VS. FALSE LABOR — CARDINAL DIFFERENCES

Feature	TRUE Labor ✓	FALSE Labor (Braxton Hicks)
CONTRACTIONS	**Regular**; ↑ frequency, duration, intensity over time	Irregular; do not progress in pattern
LOCATION OF PAIN	Starts in **back** → radiates to abdomen	Felt in **abdomen / lower belly** only
EFFECT OF WALKING	Intensifies contractions	Relieves contractions
REST / HYDRATION / POSITION CHANGE	No relief	Contractions stop or ease
CERVICAL CHANGE	**YES** — progressive dilation & effacement 🔑	**NO** change in cervix
BLOODY SHOW	Often present	Usually absent
PROGRESSION	Progressive → delivery	Self-limiting

🚨 RED FLAGS — Notify Provider Immediately

- **Rupture of membranes** (gush/leak) — note *T.A.C.O.*
- **Vaginal bleeding** (more than spotting / bloody show)
- **Decreased fetal movement** < 10 kicks in 2 hrs
- **Severe headache, vision changes, RUQ pain** → preeclampsia
- **Continuous abdominal pain** between contractions → abruption/rupture
- **Contractions before 37 weeks** → preterm labor

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PRIORITY NURSING INTERVENTIONS · ABCS & SAFETY

What the Nurse Does — In Order of Priority

WHEN CLIENT PRESENTS WITH POSSIBLE LABOR

- **Assess fetal heart rate FIRST** (baseline 110–160; check before maternal VS if FHR is unknown).
- **Assess contractions:** frequency, duration, intensity, resting tone.
- **Maternal vitals:** BP, HR, RR, temp, pain.
- **Cervical exam** (sterile, by provider/RN trained): dilation, effacement, station.
- **Ask:** ROM? Bloody show? Fetal movement? Last meal? Gravida/para?
- **Verify gestational age** (term vs. preterm changes plan).
- **Continuous EFM** if high-risk; intermittent if low-risk per protocol.

PRENATAL VISIT — CONFIRMING PREGNANCY

- **Confirm with quantitative serum hCG** + ultrasound (positive signs).
- Calculate **EDD with Nägele's Rule** (LMP − 3 mo + 7 d + 1 yr).
- Establish **GTPAL** obstetric history.
- Baseline labs: CBC, blood type/Rh, antibody screen, rubella, HIV, syphilis, hep B, UA.
- Teach **warning signs** requiring call to provider.
- Schedule prenatal visits: q4 wk to 28 wk → q2 wk to 36 wk → q1 wk to delivery.

5–1–1

WHEN TO GO TO HOSPITAL

Contractions every 5 min, lasting **1 min**, for **1 hour** (term, low-risk). *4–1–1* may be used for multiparas or per provider.

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PHARMACOLOGY · RELATED AGENTS

Drugs Encountered Around Labor Onset

Oxytocin (Pitocin)

CLASS · UTERINE STIMULANT

MOA: Stimulates uterine smooth muscle → contractions; used for *induction/augmentation*.

SIDE EFFECTS: Tachysystole, uterine rupture, fetal distress, water intoxication.

NURSING: Continuous EFM; **STOP infusion** if >5 contractions/10 min, late decels, or contraction >90 sec.

Terbutaline

CLASS · BETA-2 AGONIST (TOCOLYTIC)

MOA: Relaxes uterine smooth muscle to stop preterm contractions.

SIDE EFFECTS: Maternal tachycardia, tremor, hyperglycemia; pulmonary edema with prolonged use.

NURSING: Hold if HR >120; monitor lung sounds & glucose; **NOT FOR ROUTINE PROLONGED USE** (FDA boxed warning).

Misoprostol (Cytotec)

CLASS · PROSTAGLANDIN E1

MOA: Ripens cervix & induces contractions.

SIDE EFFECTS: Tachysystole, N/V, diarrhea, fever.

NURSING: **Contraindicated** in previous cesarean / uterine surgery (rupture risk); continuous FHR monitoring.

6 NCLEX TEST TRAPS · THE DISTRACTOR DECODER
Where Students Get Tripped Up ⚠

Goodell vs Chadwick vs Hegar
Goodell = soft cer**v**ix · **C**hadwick = bluish **c**olor · **H**egar = soft lower uterine segment. All *probable* (examiner finds them).

Quickening vs Ballottement
Quickening = the *mother* feels movement (presumptive). **Ballottement** = the *examiner* feels rebound (probable).

Positive hCG = Positive Sign?
NO. A positive pregnancy test is **probable**, not positive — hCG can result from molar pregnancy, certain tumors, or testing errors.

Walking Stops Contractions = ?
FALSE labor. If walking *intensifies* contractions → true labor. NCLEX classic.

Bloody Show vs Hemorrhage
Bloody show = **scant, mucus-tinged pink/brown**, normal sign of impending labor. **Bright-red bleeding ≠ bloody show** → notify provider (abruption / previa concern).

"Rupture of Membranes — Now What?"
First action: **assess FHR** (rule out cord prolapse). Then note *TACO* — Time, Amount, Color, Odor. Meconium-stained or foul odor = notify provider.

Braxton Hicks vs. True Labor
The single best discriminator is cervical change. Without it, contractions are *not* labor — no matter how regular they feel.

Lightening Means Labor Is Imminent?
Not exactly — lightening (fetal descent) typically occurs **2 weeks before** labor in primigravidas; in multiparas it may occur with labor itself.

7 PATIENT EDUCATION · EMPOWERING SELF-CARE
Teaching Points for the Pregnant Client

IF YOU THINK YOU'RE IN LABOR

- Time contractions: **5-1-1 rule** for term, low-risk pregnancy.
- **Try rest, hydration, position change, or walking** — if contractions stop, it's likely false labor.
- **Come in immediately** for: water breaking, bright-red bleeding, decreased fetal movement, severe pain, or contractions before 37 weeks.
- Do not eat heavy meals once true labor begins (in case of cesarean).
- Bring prenatal record, ID, and your birth plan.

THROUGHOUT PREGNANCY — CALL PROVIDER IF…

- Vaginal **bleeding** (more than spotting)
- **Gush or leakage** of fluid from vagina
- **Severe / persistent headache**, blurred vision, "spots"
- **Epigastric or RUQ pain**
- **Sudden swelling** of face/hands
- **Decreased fetal movement** (after quickening)
- **Burning with urination** / signs of UTI
- **Fever > 100.4°F (38°C)**
- **Persistent vomiting** (unable to keep fluids down)

Daily Fetal Movement Counts (after ~28 wk)
Lie on left side at the same time each day (often after a meal). Count distinct fetal movements until you reach 10. Expect **≥ 10 movements within 2 hours**. Fewer than 10 → notify provider for nonstress test.

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MEMORY BOOSTERS · MNEMONICS & PATTERNS

Lock It In Before Test Day

"P-P-P" — The 3 Tiers of Pregnancy Signs

P **Presumptive** = *Patient* reports (subjective)

P **Probable** = *Practitioner* observes (objective)

P **Positive** = *Proof* of fetus (diagnostic)

"G-C-H" — Probable Sign Order (head → toe)

G **Goodell** = soft cervix (think: *"good" feels soft*)

C **Chadwick** = bluish color (think: *"Chad" wears blue*)

H **Hegar** = soft lower uterine segment (*"Hegar = he-low"*)

"TRUE" — Real Labor

T **T**iming regular & progressing

R **R**adiates from back to abdomen

U **U**p in intensity with walking

E **E**ffacement & dilation occur

"FALSE" — Not Real Labor

F **F**elt in front (abdomen only)

A **A**bates with activity/rest

L **L**ight & irregular

S **S**top with hydration/position change

E **E**ffacement absent — no cervical change

"TACO" — When Membranes Rupture, Document…

T **T**ime of rupture

A **A**mount of fluid

C **C**olor (clear vs. meconium-stained)

O **O**dor (foul = infection)

"5–1–1" — Go to Hospital

5 Contractions every **5 minutes**

1 Each lasting **1 minute**

1 For at least **1 hour** straight

"Premonitory Signs" — Labor is Near

Lightening · Bloody show · Loss of mucus plug · ROM · Nesting energy burst · 1–3 lb weight loss · ↑ Braxton Hicks · Backache · Diarrhea

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