NCLEX infographic on the presumptive, probable, and positive signs of pregnancy, including pathophysiology, nursing interventions, test traps, and memory aids.

Signs of Pregnancy: The 3 P's

Maternity / Obstetrics · NCLEX 2026 Test Plan · High-Yield Review

OB Nursing

Overview — Why This Matters

- Pregnancy signs are categorized into **3 levels of diagnostic certainty**: Presumptive, Probable, Positive.
- Only **POSITIVE signs** confirm pregnancy — all others can have alternative causes.
- NCLEX frequently tests your ability to **classify a finding** into the correct category.

Pathophysiology (Simplified)

Fertilization → Implantation → hCG rises → ↑ Estrogen & Progesterone → Maternal & Uterine changes

These hormonal and anatomical changes produce the signs grouped into the 3 P's below.

The 3 P's — Signs & Symptoms

PRESUMPTIVE

"I think I'm pregnant"

Subjective · felt by the patient · least reliable

- Amenorrhea
- Nausea & vomiting (morning sickness)
- Breast tenderness / tingling
- Fatigue
- Urinary frequency
- Quickening (16–20 wks)
- Uterine enlargement (felt)

PROBABLE

"You might be pregnant"

Objective · examiner observes · still not definitive

- **Goodell's** sign (cervix softens, 6–8 wks)
- **Chadwick's** sign (bluish/purple cervix & vagina, 6–8 wks)
- **Hegar's** sign (lower uterine segment softens, 6–12 wks)
- Ballottement (16–28 wks)
- Braxton Hicks contractions
- Positive pregnancy test (hCG) ⚠️
- Abdominal/uterine enlargement
- Skin changes: linea nigra, chloasma, striae

POSITIVE

"You ARE pregnant"

Definitive · only attributable to the fetus

- Fetal heartbeat heard by examiner
  - Doppler: 10–12 wks
  - Fetoscope: 18–20 wks
- Fetus visualized on **ultrasound**
- Fetal movement **palpated by examiner** (NOT by mother)

RED FLAGS (report immediately): vaginal bleeding, severe abdominal pain, severe persistent vomiting (hyperemesis), absence of fetal movement after quickening established, BP ≥140/90.

Priority Nursing Interventions (ABCs & Safety)

- **Assess** — obtain thorough history: LMP, menstrual pattern, sexual history, prior pregnancies (GTPAL).
- **Confirm** — assist with pelvic exam; obtain serum hCG (more specific than urine) and ultrasound to move from *probable* → *positive*.
- **Monitor** — vital signs, weight, fundal height, fetal heart tones once detectable.
- **Educate** — prenatal care schedule, nutrition, danger signs.
- **Administer** — prenatal vitamins with folic acid; Rh immune globulin (RhoGAM) if Rh-negative (given at 28 wks & within 72 hr postpartum).
- **Document** — accurately distinguish subjective (patient reports) vs objective (examiner finds) signs.

Pharmacology

Folic Acid (Folate)

Dose: 400–800 mcg/day (≥4 mg if prior NTD)
Mechanism: DNA synthesis & neural tube formation
Nursing: start **before conception** & through 1st trimester to prevent neural tube defects.

Prenatal Vitamins + Iron

Mechanism: supports ↑ RBC production & fetal development
Side effects: constipation, dark stools, nausea
Teach: take with vitamin C (↑ absorption); avoid with antacids/milk.

⚠ **AVOID teratogens:** isotretinoin (Accutane), warfarin, ACE inhibitors, ARBs, methotrexate, lithium, valproic acid, tetracyclines, alcohol, tobacco.

⚠ NCLEX Test Traps

Trap 1: A **positive home pregnancy test** is *PROBABLE*, not positive — false positives occur with certain tumors & medications.

Trap 2: Quickening (mom feels fetus) = *PRESUMPTIVE*. Fetal movement **palpated by nurse** = *POSITIVE*. Same event, different observer = different category.

Trap 3: Braxton Hicks contractions = *PROBABLE*, not positive, and NOT true labor. Teach patients to distinguish from true labor.

Trap 4: Fetal heart tones heard by examiner = *POSITIVE*. Don't confuse with uterine souffle (maternal blood flow) which is probable.

Trap 5: Goodell, Chadwick, Hegar all occur 6–12 wks — know the **location & finding** for each.

📖 Patient Education

- Begin **prenatal care early** — first visit ideally by 8–12 weeks.
- Take **folic acid daily**; eat a balanced diet with iron & calcium.
- **Avoid** alcohol, tobacco, recreational drugs, raw fish/meat, unpasteurized dairy, high-mercury fish, and cat litter (toxoplasmosis).
- **Limit caffeine** to <200 mg/day.
- Report immediately: **bleeding, severe cramping, severe headache, visual changes, facial swelling, decreased fetal movement**.
- Attend **all prenatal visits** — frequency increases in 3rd trimester.
- Clarify that a home pregnancy test should be **confirmed** by the provider.

💡 Memory Boosters

The 3 P's (Who Confirms What?)

P **Presumptive** = **Patient** feels it ("I think…")
P **Probable** = **Practitioner** sees it ("You might…")
P **Positive** = **Proof** of fetus ("You ARE!")

Probable Signs — C-G-H (by Location, Cervix → Up)

Chadwick = **C**olor change (bluish cervix/vagina)
Goodell = **G**ooey cervix (softening)
Hegar = **H**alfway up (lower uterine segment softens)

Presumptive Signs — "NAUSEA"

Nausea & vomiting · **A**menorrhea · **U**rinary frequency · **S**ore breasts · **E**nlarged uterus (felt) · **A**chy fatigue

Positive Signs — The "3 F's"

Fetal heart tones (examiner) · **F**etus on ultrasound · **F**etal movement palpated (examiner)