

## CASE STUDY - INDUCTION OF LABOR

A G3, P2 patient at 41 weeks gestation is admitted for induction of labor. Assessment data reveals: cervix dilated 2 cm, 40% effaced, -2 station, cervix firm, and membranes intact. The patient's last baby was delivered at 40 weeks and weighed 9 pounds. The physician has ordered Prostaglandin administration the evening before Oxytocin in the morning.

1. What is the indication for induction of labor?

MOTHER IS 41 WEEKS AND IT IS A POST TERM PREGNANCY

2. Why did the physician order prostaglandins the evening before the induction?

IT IS USED TO CAUSE CERVICAL RIPENING SINCE PATIENT IS ONLY DILATED 2CM

3. What tests or evaluation should be performed prior to the induction?

CERVICAL ASSESSMENT AND A BISHOP SCORE

4. What are the nursing considerations when administering an Oxytocin infusion?

OXYTOCIN IS DILUTED IN ISOTONIC SOLUTION

THE IV LINE IS INSERTED TO PRIMARY IV LINE, PROXIMAL PORT

IT IS STARTED SLOWLY AND INCREASED GRADUALLY ON A PUMP

MONITOR FETAL HEART RATES AND MOM BP

## **CASE STUDY - Diabetes in Pregnancy**

A 30-year-old, G2, P1, is in her 10<sup>th</sup> week of pregnancy. Her first baby was stillborn at 32 weeks, so she is very worried about this pregnancy. Initial lab work obtained two weeks ago included testing for diabetes, due to the patient's history a stillborn. The physician explains during the first prenatal visit there is a concern for diabetes due to an elevated glucose level. The nurse realizes patient education regarding diabetes, the effects of diabetes on both the patient and baby and how to manage diabetes it is essential.

1. Discuss maternal risks associated with diabetes and pregnancy.

THERE IS INCREASE RISK FOR HYPERTENSION, PRECLAMPSIA, UTI AND HYDRAMNIOUS

2. Discuss fetal-neonatal risks associated with diabetes and pregnancy.

THERE IS AN INCREASED RISK FOR MAJOR CONGENITAL MALFORMATINS, CESARIAN BIRTH, SHOULDER DYSTOCIA, OLIGOHYDRAMIOUS, HYPOGLYCEMIA, HYPOCALCEMIA AND RDS

3. What educational topics should be covered to assist the patient in managing her diabetes?

EDUCATE THE PATIEN TO REDUCE BLOOD GLUCOSE LEVEL BEFORE AND DURING PREGNANCY. PATIENT SHOULD MONITOR BLOOD GLUCOSE REGULARLY. PT SHOULD BE TAUGHT ON IMPORTANCE OF TAKIG FOLIC ACID AND HEALTHY DIET.

4. What classification (SGA, AGA, LGA) will this patient's baby most likely be classified as? Discuss your answer.

LGA , MOTHERS EXCESS GLUCOSE IS TRANSFERRED TO FETUS LEADING TO INCREASE TISSUE AND FAT DEPOSITS

## **CASE STUDY - Pregnancy Induced Hypertension**

A single 17-year-old patient Gr 1 Pr 0 at 34 weeks gestation comes to the physician's office for her regular prenatal visit. The patient's assessment reveals BP 160/110, DTR's are 3+ with 2 beats clonus, weight gain of 5 pounds, 3+ pitting edema, facial edema, severe headache, blurred vision, and 3 + proteinuria.

Patient's history – single, lives with her parents, attending high school, works at local grocery store in the evenings as a cashier, began prenatal care at 18 weeks, has missed two of her regularly scheduled appointments for prenatal care, never eats breakfast, snacks for lunch and eats dinner after she gets off work at 10:00 pm.

1. What disease process is this patient exhibiting? What in the assessment supports your concern? THE PATIENT IS MANIFESTING PRECLAMPSIA. ASSESSMENT FINDING OF EDEMA, INCREASED BLOOD PRESSURE, BLURRED VISION AND PROTEINURIA.
2. What in the patient's history places her at risk for Pregnancy-Induced Hypertension?  
  
THE PATIENT IS YOUNG PREGNANT WOMAN AND THAT INCREASES HER RISK
3. Describe how Pregnancy-Induced Hypertension affects each organ and how these effects are manifested. CNS-  
  
HEADACHE, DROWSINESS, CONFUSION  
  
VISUAL DISTURBANCE-BLURRED OR DOUBLE VISION OR SPOTS  
  
NEUROMUSCULAR- NUMBNESS OR TINGLING OF HANDS OR FEET.  
  
GI- EPIGASTRIC PAIN  
  
GU- DECREASES URINARY OUTPUT
4. What will the patient's treatment consist of?

PATIENT NEED REST, DO DAILY WEIGHT, MONITOR BLOOD PRESSURE,  
INCREASED CALORIES AND ANTIHYPERTENSIVE MEDICATION

5. What is the drug of choice for this condition? What other medication(s) might be ordered for this patient?

BP MEDICATION, HEALTHY DIET, REDUCE SODIUM

6. What are the Nursing considerations when administering the drug of choice? (Side effects & medication administration guidelines)

MONITOR WEIGHT CLOSELY FOR EDEMA  
ASSESS FOR HA  
MONITOR VISUAL CHANGES  
MONITOR URINE OUTPUT  
NAUSEA AND VOMITING