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?

   The baby is post term and concern for the last baby being so big

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

   It helps with cervical ripening because cervix is firm and at -2 station

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

   Cervical examination

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

   Start slow and monitor fetal heart rate. Piggy-back on its own pump in the first port on the tubing

CASE STUDY - Diabetes in Pregnancy

A 30-year-old, G2, P1, is in her 10th 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.
   Preeclampsia, ketoacidosis, higher incidence of UTI's and yeast infections, hyper/hypoglycemia, preterm labor

2. Discuss fetal-neonatal risks associated with diabetes and pregnancy.
   Excessive birth weight, congenital malformations, cardiac defects, hypoglycemia, LGA

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

   Healthy diet, lifestyle changes, accuchecks, s/s of hypo/hyperglycemia

4. What classification (SGA, AGA, LGA) will this patient's baby most likely be classified as? Discuss your answer.
   LGA, because of mother's excess sugar that is being passed through the placenta to the baby.

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? Preeclampsia, as evidenced by hypertension, proteinuria, edema, weight gain
2. What in the patient's history places her at risk for Pregnancy-Induced Hypertension? This is her first pregnancy and her age place her at risk

3. Describe how Pregnancy-Induced Hypertension affects each organ and how these effects are manifested. Cardiovascular system, increased vascular constriction leading to hypertension, decreased perfusion to kidney's leads to retention of fluid, neurologically they are at risk for seizures, liver is not filtering correctly

4. What will the patient's treatment consist of? Bed rest, better nutrition, antihypertensives, hospitalize, seizure precautions

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

6. What are the Nursing considerations when administering the drug of choice? (Side effects & medication administration guidelines) Watch for CNS depression (decreased respiration, decreased LOC, decreased BP), vital signs, I&O's, decreased deep tendon reflexes