

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 indication for induction of labor is the patient being 41 weeks gestation.

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

Prostaglandin is used to cause cervical ripening. We want the patient's cervix to be able to tolerate labor, so prostaglandin is used to ensure vaginal delivery is possible.

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

Fetal heart rate should be assessed, leopold's maneuver, a vaginal exam, or both should be performed to ensure cephalic presentation of the fetus.

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

The nurse decides when to start, change, or stop oxytocin. The nurse must observe the fetal response and observe the mother's response to the drug.

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.

Maternal risks associated with diabetes and pregnancy include hypoglycemia, hyperglycemia, ketosis, spontaneous abortions, fetal malformations, hypertension, pre-eclampsia, UTIs, hydramnios, macrosomia, cesarean birth, and postpartum hemorrhage.

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

Fetal-neonatal risks associated with diabetes and pregnancy include congenital malformation, variation in fetal size, hypoglycemia, hypocalcemia, hyperbilirubinemia, and respiratory distress syndrome.

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

Women should be taught about exercise, diet, blood glucose monitoring, following their pharmacologic treatment, and fetal surveillance techniques.

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

Babies are most likely going to be large for gestational age. Macrosomia is a risk associated with diabetes in pregnancy because extra glucose in the fetus is stored as body fat, causing large babies.

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?

This patient is exhibiting pre-eclampsia. She is past 20 weeks of pregnancy, has hypertension, and exhibits protein in the urine.

2. What in the patient's history places her at risk for Pregnancy-Induced Hypertension?

Adolescents are higher risk for pregnancy-induced hypertension.

3. Describe how Pregnancy-Induced Hypertension affects each organ and how these effects are manifested.

PIH affects the cardiovascular system which manifests as hypertension, affects the liver by impairing function, can cause shortness of breath due to fluid in lungs, headaches or change in vision due to hypertension, kidneys affected shown by proteinuria and decreased urine output. There can also be thrombocytopenia, abdominal pain, and nausea or vomiting.

4. What will the patient's treatment consist of?

Activity restrictions, blood pressure monitoring, weight monitoring, urinalysis, fetal assessment, and diet. May also consist of pharmacologic treatment.

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

Labetalol is first choice when it comes to PIH. Hydralazine and nifedipine may also be prescribed.

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

Nursing considerations for administering blood pressure medications are to monitor blood pressure, assist patient to change positions slowly, administer at the same time each day, and monitor other vital signs.