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? Post-term pregnancy

2. Why did the physician order prostaglandins the evening before the induction? To help ripen the cervix.

3. What tests or evaluation should be performed prior to the induction? Bishop's Scoring to determine if the cervix is favorable for labor.

4. What are the nursing considerations when administering an Oxytocin infusion? It needs to be on a pump on its own channel, continuous FHR monitor r/t tachysystole- stop if occurs w. category 1 or 2, insert proximal to IV catheter, before administering want a 20-minute reactive strip.

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.

Increase incidence of spontaneous abortions or major fetal malformations. HTN & preeclampsia are more likely to happen if woman has pre-existing diabetes. UTI's are more common.

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

C-sections r/t LGA, hypoglycemia

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

Insulin administrations, importance of nutrition, signs or hyper/hypoglycemia

4. What classification (SGA, AGA, LGA) will this patient's baby most likely be classified as? Discuss your answer. LGA r/t mothers' excesses glucose production that's transferred to the fetus which causes fetus produce insulin which causes excess 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? HTN & possible pre-eclampsia – the blood pressure, edema, HA & spilling of protein

2. What in the patient's history places her at risk for Pregnancy-Induced Hypertension? Adolescent, poor nutrition , inadequate weight gain, socioeconomic status – stress, altered sleep patterns

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

   CV: decreased intravascular volume Pulmonary: hypoxemia. Renal: Oliguria Hematologic: hemolysis, decreased oxygen carrying capacity Neurologic: Seizures, cerebral edema, stroke Hepatic: hepatic rupture, hypoglycemia Uteroplacental: abruption, decreased perfusion

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

   Bed rest, fetal monitoring, antihypertensive meds

5. What is the drug of choice for this condition? What other medication(s) might be ordered for this patient? Labetalol. Hydralazine, Nifedipine. Mag sulfate to prevent seizures

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

   Contraindicated in patients with asthma, heart disease, or CHF. Caution when administering with magnesium sulfate because hypotension may result, reducing placental perfusion