Thomas Pilip

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?

   Prostaglandin is A drug That may be used To cause cervical Ripening

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

   Fetal Heart Rate and A U A should be monitord continuously For A Period of 30 mins TO 2 hrs

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

   Assess The FHR For AT least 20 mins before Induction TO identify Fetal well Being
   Perform leopolds maneuvers
   Observe UA For establishment OF effective labor pattern
   Observe FHR During labor
   Observe Uterus For Firmness

Thomas Pilip

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.

HTN, Preeclampsia, - increase even without Renal/vascular impairment
UTI - increased bacterial growth in nutrient-Rich urine
Ketoacidosis - uncontrolled Hyperglycemia or infection (Type 1)
labor dystocia, c-section, Hemorrhage - uterus is over stretched
Birth injury to maternal Tissues - Fetal macrosomia causing difficult Birth.

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

congenital Anomalies - maternal Hyperglycemia during organ Formation in First Trimester
Perinatal Death - Poor placental perfusion because of maternal vascular impairment (Type 1)
macrosomia - Fetal Hyperglycemia stimulating production of insulin
Intrauterine Fetal growth Restriction - maternal vascular impairment
Birth injury - large Fetal size

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

self-monitoring of Blood glucose level
Insulin Administration
continous SQ insulin infusion
Dietary management
S/S of Hypoglycemia + Hyperglycemia

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

SGA - Due to a condition called intrauterine growth Restriction
Impaired placenta perfusion decreases suplies of Glucose
And O2 delivered to the Fetus