

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 patient is being induced because she is a post term pregnancy.**
2. Why did the physician order prostaglandins the evening before the induction? **Prostaglandin causes cervical ripening and will help induce labor.**
3. What tests or evaluation should be performed prior to the induction? **Assess fetal heart rate for at least 20 minutes before induction. Perform Leopold's maneuver, a vaginal exam or both to verify cephalic fetal presentation.**
4. What are the nursing considerations when administering an Oxytocin infusion? **It is to be administered via pump and given as a piggyback. Insert into the IV line closest to the vein. Start infusion slowly and increase gradually. UA, FHR and heart patterns are monitored before induction for a baseline, when started and throughout labor.**

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. **During the first trimester, hypoglycemia, hyperglycemia and ketosis may lead to spontaneous abortion or major fetal malformations. Hypertension can occur. UTI's are more common. Hydramnios, macrosomia and shoulder dystocia may occur.**
2. Discuss fetal-neonatal risks associated with diabetes and pregnancy. **The risks associated with the fetal neonate are congenital malformations, variations in size, hypoglycemia, hypocalcemia, hyperbilirubinemia and respiratory distress syndrome.**
3. What educational topics should be covered to assist the patient in managing her diabetes? **Preconception care, diet, self-monitoring of blood glucose and insulin.**
4. What classification (SGA, AGA, LGA) will this patient's baby most likely be classified as? Discuss your answer. **The baby will most likely be classified as a LGA baby. The combination of high blood glucose from the mother, and high insulin levels in the fetus results in large deposits of fat which causes the fetus to grow larger.**

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 has pregnancy induced hypertension. Her systolic is >140 and diastolic >90 and 3+ proteinuria.**
2. What in the patient's history places her at risk for Pregnancy-Induced Hypertension? **The patient received late prenatal care, missed appointments, and does not follow a healthy diet.**
3. Describe how Pregnancy-Induced Hypertension affects each organ and how these effects are manifested. **Cardiovascular: CHF, future cardiac disease. Pulmonary: pulmonary edema, hypoxemia. Renal: oliguria, acute renal failure, impaired drug metabolism. Uteroplacental: abruption and decreased perfusion. Neuro: seizures, cerebral edema, stroke. Hematologic: hemolysis, coagulation defects.**
4. What will the patient's treatment consist of? **Home care with activity restrictions, blood pressure monitoring, daily weights, urinalysis and fetal assessments.**
5. What is the drug of choice for this condition? What other medication(s) might be ordered for this patient? **Magnesium sulfate—they may also give labetalol, hydralazine or nifedipine.**

6. What are the Nursing considerations when administering the drug of choice? (Side effects & medication administration guidelines) **Caution with using antihypertensive medications because hypotension may result. Side effects of overdose may include flushing, sweating, hypotension, depressed DTR's and CNS depression.**