Elizabeth Orosco

# 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 gestation is considered term and is getting close to post term. Also, the cervix dilation is in the latent phase of 2 cm. The patient's previous baby was born at 40 weeks as well.

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

-The physician ordered it because the cervix is firm and it needs to be ripened to get ready for induction and to deliver the baby. Prostaglandins also help the cervix dilate and helps contractions to happen.

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

   -The bishop score should be performed to see if vaginal delivery will be successful. Fetal heart rate monitoring and uterine contraction monitoring as well. Cervical exam should be performed. Perform a complete physical and psychosocial assessment.

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

   -Dilute it in an isotonic solution and give as a secondary infusion just in case you need to stop it. It is also inserted to the most proximal port. Start slow and titrate gradually. Always use the pump to administer it. Make sure to monitor fetal heart rate and uterine activity continuously.

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# 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 is a risk associated with diabetes and pregnancy. It also raises the risk of high blood pressure. Both of these can threaten the lives of both the baby and mother. Preterm labor is another risk along with death.

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

   -Baby is at a risk of being 9 pounds or more and causing the delivery to be difficult. Blood vessel damage can occur in the placenta causing low oxygen harming the baby. Baby is also exposed to high blood sugar levels. When delivered, breathing can be difficult due to less mature lungs. Can also cause death.

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

   -Make healthy eating choices and exercising. Also, educating on insulin. Education on what adverse signs and symptoms to look out for.

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

- LGA. Because most infants of diabetic mothers tend to be larger compared to other infants.

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# 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?

   -S/S of pregnancy induced hypertension. In the assessment her blood pressure supports my concern along with the edema, headache, proteinuria and blurred vision.

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

   -Mothers age is young and it is her first pregnancy. Also her bp is higher than it should be. Her protein in the urine, pitting edema, and facial edema also places her at risk. Lastly, her weight and blurred vision as well.

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

   -Vascular bed- increased cellular fibronectin, thrombus formation, capillary permeability, pulmonary emboli

   -Cardiovascular and pulmonary: increased blood pressure, pulmonary edema

   -Renal: proteinuria, increased serum uric acid, decreased creatinine clearance, increased BUN

   -Hepatic: Increased hepatic artery resistant, fibrin deposits, possible elevations in bilirubin, signs of liver failure

   -Hematologic: increased platelet destruction, increased platelet aggregation, decreased platelet life span, increased risk for hemorrhage.

   -CNS: seizures, increased intracranial pressures, edema, headache, blurred vision

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

   -Bedrest, hospitalization, magnesium sulfate, fetal monitoring, lab testing of urine and blood.

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

   -Magnesium sulfate. Antihypertensive medications, and corticosteroids

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

- May cause decreased respiratory rate, arrythmias, hypotension. Use caution with renal insufficiency, monitor Mg levels. Also, calcium gluconate is the antidote.