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 dates pregnancy, large previous baby

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

   Cervix is firm w/ minimal effacement/dilation – low bishop's score

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

   NST/BPP, cardiac/respiratory assessment, Leopold's,

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

Continuous fetal monitoring-assess strip for s/s fetal hypoxia-report cat 3 FHR, tachysystole and decels, maternal positioning, assess for decreased fetal movement, presence of meconium if membranes rupture, assess maternal VS, I&O, maternal discomfort/pain management

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.

Infection, PIH/preeclampsia, polyhydramnios, DKA, hypoglycemia, hyperglycemia

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

IUFD, IUGR (T1), macrosomia (T2), RDS, hypoglycemia, prematurity, cardiac issues, psychiatric d/o later, congenital defects

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

Diet management/counting carbs, checking blood sugar-how to/how often, if insulin needed-calculating how much is needed, when needs might increase, logging foods/blood sugar levels/insulin admin, increased fetal monitoring, plan for L&D, monitoring urine ketones, s/s of hypoglycemia and be prepared, daily kick counts,

4. What classification (SGA, AGA, LGA) will this patient's baby most likely be classified as? Discuss your answer.
   LGA-high glucose levels from mom lead to high insulin levels in fetus causing large fat deposits to form.

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?

   Severe Preeclampsia- BP, proteinuria, CNS symptoms, hyperreflexia,

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

   Teenage pregnancy, late and inconsistent prenatal care, unhealthy diet

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

   Kidneys: poor renal perfusion-decreased urination, renal failure, impaired drug excretion
   Liver: elevated liver enzymes, hepatic rupture, impaired drug metabolism
   lungs: pulmonary edema, CHF,
   Heart: 2x lifetime risk of heart disease, decreased intravascular volume
   Eyes: tunnel vision, double vision, blurred vision
   Placenta: poor perfusion, fetal hypoxia, hemolysis
   Brain: stroke, seizures 2x risk of stroke for lifetime, confusion, cerebral edema

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

   Bed rest, anti-HTN meds, mag sulfate, low stimulation environment, seizure precautions, corticosteroids, keep in lateral position, 2 large bore IVs, I&O/urine protein every hour, BP Q15-30min. PP: VS Q4, quantify blood loss/shock,

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

   Magnesium sulfate. Labetalol, hydralazine

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

Deliver via pump to most proximal port of IV insertion site. Assess for toxicity: RR less than 12, chest pain, mental confusion/slurred speech, depressed or absent deep tendon reflexes, flushing/sweating/hypotension. Have calcium gluconate on hand, resuscitation equipment in room