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?

   41-week gestation

   -2 station

   Firm cervix and dilated 2cm

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

   Promotes cervix to open up by softening and stretching and begins the onset of labor

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

   FHR

   Cervix effacement

   Bishop Score

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

   Uterine tachysystole, uterine rupture, amniotic fluid embolism, hyponatremia

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.

   increased risk of developing type II diabetes, stillborn, elevated glucose, operative delivery and trauma, preeclampsia

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

   Still birth, Congenital Anomalies, CNS defects, cardiac defects, macrosomia, hypoglycemia, RDS, hyperbilirubinemia

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

   Diet
   Exercise
   Glucose levels

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

   LGA - a large amount of sugar glucose crosses the placenta which results in high levels of glucose in the fetus's blood.

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?

   Preeclampsia because of the high blood pressure, edema, proteinuria, weight gain, blurred vison

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

   Age and her home environment

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

   High blood pressure increases in the resistance of blood vessels. Which hinders blood flow in these different organ systems.

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

   Bedrest, fetal monitoring, hospitalization, lab testing

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

   Corticosteroids and magnesium sulfate

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

   Respiratory depression for magnesium sulfate