

## Clarissa Martinez

### 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?

**This patient needs to be induced because she is already 41 weeks, her water has not broken, and she has only dilated 2cm, so she needs a little help.**

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

**The physician ordered prostaglandins to start stimulating contractions, prostaglandin can induce labor.**

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

**Assess fetal heart rate, vaginal exam, and calculate a bishop score.**

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

**Allergies, fetal distress, arrhythmias, meconium discharge, decreased or absent fetal movement, decreased fetal heart rate, and if mom is tachysystole.**

## **CASE STUDY - Diabetes in Pregnancy**

A 30-year-old, G2, P1, is in her 10<sup>th</sup> 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.

**Mother could develop preeclampsia, can have a preterm birth, can have a still born, have a big baby (macrosomia), postpartum depression, and higher risk for a c-section.**

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

**Baby can be large, hypoglycemic, RDS, jaundice, obesity later in life, and more common to develop diabetes later in life.**

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

**Teach patient to eat a healthier diet and avoid sugars and carbs. Example would be a high protein low carb diet (keto diet). Teach patient how to check her blood sugar, be active, and adhere to medication regimen if physician prescribes.**

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

**LGA**

## **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, her elevated blood pressure, her edema, and the protein in her urine supports my concern.**

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

**Her poor prenatal care, her poor diet, and her headaches.**

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

**With pregnancy induced hypertension there is an increase of resistance in blood flow which affects the organs. It makes your heart overwork which leads to damage, it can lead to kidney disease because not enough blood flow can be pumped to them, it can cause a stroke because the blood flow is altered to the brain, and hypertension even plays an impact to your vision.**

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

**Avoid sodium, avoid stress, exercise, and antihypertension drugs.**

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

**Hydralazine & Labetalol**

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

**Blurred vision, labored breathing (respiratory assessment), dizziness (get up slowly)(high fall risk), monitor FHR, monitor patient's blood pressure**