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 placenta is at a greater chance of not working after 40 weeks of gestation.

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

It helps the cervix to dilate and start to contract so that the labor process can begin.

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

   Bishop score,group B strep, H&H,UA, CBC, RPR, type and screen.

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

Continuous monitoring of fetal heart rate, it baby shows signs of distress stop infusion.

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.

Shoulder dystocia, birth injuries, high blood pressure, preeclampsia, preterm birth, stillbirth, c-section.

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

Macrosomia, hypoglycemia, jaundice, diabetes later in life

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

Ask the patient about what she eats in a day.Then discuss how she can change her diet.

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

Large for gestational age (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, high blood pressure, edema, proteinuria, blurred vision, 3+ clonus

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

   The patients young age.

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

Hypertension can affect the fetus by having vasospasms, which lead to poor perfusion to fetus. Hypertension affects other organs such as the kidneys by putting so much pressure on the little arteries that supply the kidneys, which in turn leads to poor perfusion to this organ.

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

   bed rest, constant blood pressure checks

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

   Magnesium sulfate, labatelol, hydralazine, nifedipine

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

Magnesium toxicity- decreased CNS, respiratory depression, decreased reflexes, slurred speech, chest pain,