

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-term, Patient is going past the 41-week gestation mark.

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

To help promote cervical ripening and induce uterine contractions

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

Bishop score, Maternal age, estimated fetal weight. Obtain consent.

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

Fetal station, Use the infusion port closest to the patient. Monitor maternal blood pressure, pulse, and respirations. Monitor FHR and contraction patterns every 15 minutes. Assess fluid intake and urinary output.

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.

Hypertension, Obesity, pre-eclampsia, preterm labor, polyhydramnios,

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

Macrosomia, birth trauma, neonatal hypoglycemia, infections, electrolyte imbalances

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

Daily kick counts, adhere to appropriate diet. If on insulin educate that during different trimesters the amount of insulin she needs will change.

4. What classification (SGA, AGA, LGA) will this patient's baby most likely be classified as? Discuss your answer. LGA. Diabetes during pregnancy causes the mother's elevated sugar to circulate to the baby, in response the baby makes insulin. All the extra sugar and insulin production lead to a larger baby.

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 from gestational hypertension. Patient's blood pressure is elevated, severe headache, proteinuria, visual disturbances. Patient has peripheral edema and hyperreflexia.

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

Patients age, first pregnancy

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

Liver involvement with elevated liver enzymes and abdominal pain. Kidney failure with increased protein in urine and creatinine. Blood flow obstruction to other organs affected are the brain and placenta. Patient will have headaches, blurry vision, pitting edema, periorbital, facial, and hand edema.

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

Obtain daily weights, monitor urinary output, vitals, and deep tendon reflexes. Medication with antihypertensive and anticonvulsants

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

Magnesium Sulfate to depress CNS. Antihypertensive such as Nifedipine. Calcium gluconate for Mag Antidote

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

Monitor vital signs, deep tendon reflexes, urinary output. Monitor for presence of headache, visual disturbance, uterine contraction, and fetal heart rate activity. Fluid restriction. Monitor for Mag Toxicity.

Initial feelings of flushing, heat, sedation, diaphoresis and burning at IV site with magnesium sulfate.