

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 - Large baby

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

To help with cervical ripening.

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

Maternal VS

FHR

UA

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

Monitor frequency and length of contractions and monitor FHR.

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.

HTN, preeclampsia, UTIs, ketoacidosis, labor dystocia, c-section, uterine atony w/ hemorrhage, hematoma, lacerations.

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

Congenital anomalies, perinatal death, macrosomia, IUFG, premature labor, premature rupture of membranes, preterm birth, birth injury, hypoglycemia, polycythemia, hyperbilirubinemia, RDS

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

Prenatal vitamins, healthy diet, monitoring glucose, insulin therapy, kick counts in later pregnancy

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

LGA – elevated levels of glucose stimulate excessive production of fetal insulin which acts a growth hormone.

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 – the BP, protein and edema

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

She is 17 years old

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

Lungs – pulmonary edema, hypoxemia or acidemia
Kidneys- renal failure, oliguria, impaired drug metabolism
Neuro- seizures, hemorrhage, stroke, visual disturbances
Liver – hepatic rupture, coagulation defects, hypoglycemia
Uteroplacental – abruption and decreased perfusion

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

Bed rest, monitoring BP, daily weight, kick counts, antihypertensive meds, antepartum management

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

Magnesium Sulfate

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

Assess for toxicity - <12 breath/min, DTRs, BP and calcium gluconate readily available

