

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 patient is 41 weeks gestation, and the prior baby was of LGA

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

To ripen the cervix

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

The bishop score, the maternal vitals, the Leopold's maneuver

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

Review the patient's medical history, have fetal monitoring in place, have primary IV running, ensure you know the frequency of contractions- decelerations.

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.

Risks associated with gestational diabetes are large gestational age, preeclampsia, preterm labor, increase risk of C section, and increased risk of fetus death.

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

Cardiac disorders, birth trauma, C Section, Macrosomia, hypertension

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

Healthy eating habits, physical activity, taking medication as prescribed, checking blood glucose, helping mother understand the impact of diabetes with pregnancy.

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

LGA due to the excess amount of blood glucose that is transferred to the fetus during pregnancy. The increase in glucose causes an increase in insulin which effects the tissue and fat deposits.

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?

This patient is experiencing preeclampsia. Along with the reported the symptoms her blood pressure would be elevated.

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

The patient is a risk for pregnancy induced hypertension due to her teen pregnancy status, eating habits and lack of prenatal care.

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

There is a risk of the placenta detaching from the womb, fetal morbidity, cerebrovascular events, damage to the kidneys, liver, and brain. They are at risk for heart disease even after the birth of their child. There is also a risk of seizure or coma due to the negative impact on the brain.

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

Medications often prescribed are Labetalol, Nifedipine, and Methyldopa. There are also nonpharmacological treatments such as lying on the left lateral side, increased prenatal checkups, decrease in salt intake, drinking more water, and changes to the diet to include more protein.

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

Labetalol, Nifedipine, and Methyldopa are common choices for pregnancy hypertension. Possible other medications are magnesium sulfate and corticosteroids.

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

Educate the patient about possible side effects to these medications, discuss lifestyle modifications, prevention of complications and discuss the importance of adherence to the medication regimen.

Some side effects can include effects to the fetus growth, dizziness, headaches, abdominal discomfort, hypotension, circulatory depression, respiratory paralysis, etc.