

## 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?

She is 41 weeks, has started dilating, and the doctor has given prostaglandin for cervical ripening, and she is almost to 50% effacement and her membranes have not been broken.

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

To increase cervical ripening.

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

Maternal heart rate and fetal heart rate along with cervical exam to check dilation.

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

Assess FHR 20 minutes before induction, perform Leopold's maneuver, check for UA and presentation of baby, continue monitoring FHR.

## **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.

Can increase risk of spontaneous abortion, fetal malformation, hypertension, preeclampsia, UTI increase, death, hydramnios, and more,

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

Macrosomia, shoulder dystocia, hypoglycemia, hypocalcemia, various fetal size, RDS, and hyperbilirubinemia.

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

Glucose monitoring, increased insulin intake for hyperglycemia, diet consideration, allowing to go to 39 weeks or longer if possible.

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

LGA because of excess sugar which then causes hypoglycemia once out of utero.

## **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? Pregnancy induced hypertension. BP is high.

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

Young, single, missed appointments, late prenatal care, does not eat appropriately for a pregnancy, long days due to work and school, lots of stress.

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

Inc vascular resistance, cardiac output and stroke volume, increases blood pressure. Proteinuria increased protein in urine. Hepatic dysfunction caused elevation on liver function tests. CNS can be affected by cerebral edema. Thrombocytopenia risk inc.

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

Change of diet, lower stress levels if possible, BP monitoring, decrease activity, and anti-hypertensive meds.

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

Mag sulfate to prevent seizures, labetalol, hydralazine, and nifedipine for the hypertension

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

Monitor Blood pressure often, may experience dizziness so be cautious of that, or nausea vomiting constipation and information when to call the doctor.