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 past due (41 weeks) and has had previous children. Having previous children and being past her due date would indicate delivery soon. The patient is dilated 2 cm and is 40% effacement and is also at -2 station which is telling us she is going to have her baby.

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

For cervix ripening is what the medication is used for.

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

   We should check vitals before and after the induction to get a baseline and monitor throughout. We should also have a fetal heart monitor on patient to check for any changes that could be negative or positive. We will use the bishop score to check for cervix for a vaginal delivery.

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

   Use pump and monitor the fetal heart patterns. We should watch for tachysystole or any negative changes for the baby’s heart.

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.

In the second and third trimester the patient will have to increase insulin intake. We would need to watch for severe hypertension.

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

Respiratory distress syndrome, hyperbilliruben, cardiac issues, and large baby, also fetal death if not taking care of self

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

The requirements for insulin increase through the pregnancy. Diet for mom and glucose checks. Also signs and symptoms of hyperglycemia and hypoglycemia.

4. What classification (SGA, AGA, LGA) will this patient's baby most likely be classified as? Discuss your answer.
   LGA- the baby will possibly come out large. The baby's glucose could drop after the PCP cuts the umbilical cord so we would have to monitor baby's glucose.

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- B/P, edema, weight gain, facial edema, severe headache, 3+ protenuria

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

   Age, just starting prenatal care.

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

   High blood pressure will increase the resistance of blood vessels. This will hinder blood flow in many different organ systems in the mother including liver, kidneys, brain, uterus, and placenta.

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

   Lateral position, decrease stimulation, large bore IV maybe two, check B/P, I&Os, medication for hypertension, and also magnesium sulfate to prevent seizures.

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

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

Check B/P and lungs, assess for SOB, edema, weight gain, check for pulmonary edema.