

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?

Indications for induction of labor are that she is 41 weeks' gestation (last baby was only 40 weeks and already weighed 9lb).

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

To help ripen the cervix.

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

Bishop score

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

When oxytocin is being administered, we need to be watching the FHR along with the frequency, strength and contractions. Stop if the contractions are too frequent tachysystole is occurring. Document the start time, end time, dose and any changes made during administration.

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.

Maternal complications of diabetes in pregnancy include obstetric complications like pre-eclampsia, preterm labour, polyhydramnios, increased operative delivery and infective morbidity.

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

Preterm birth, macrosomia, neonatal respiratory distress, hypoglycemia and polycythemia.

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

How to control her gestational diabetes. Diabetic diet, risk to mom and baby and insulin amounts throughout pregnancy.

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

LGA because the baby is receiving an excessive amount of 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. She has severe headache, facial edema, weight gain, BP of 160/110, DTR are 3+ with 2 beat clonus, blurred vision and 3+ proteinuria.

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

17 years old, unhealthy diet (high sodium diet), late prenatal care and first time mom.

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

Pregnancy induced hypertension affects each organ because there is an increase in the resistance of blood vessels; less blood is flowing to these organs. This hinders blood flow to the liver, kidneys, brain, uterus and placenta. A stroke, heart attack, kidney failure, and neonatal birth weight is low.

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

Giving birth as soon as possible. Bedrest and magnesium sulfate.

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

Anti-hypertensives like Methyldopa. Magnesium sulfate to reduce a seizure.

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

Magnesium sulfate decreases the changes of getting a seizure for eclamptic patients. Monitor respirations HOLD if 12>, check DTR and monitor heart. Side effects include hypothermia, pulmonary edema, poor reflexes, low blood pressure and breathing difficulties.