

1. Discuss maternal risks associated with diabetes and pregnancy.

↑ babies risk of birth defects, stillbirth, and preterm birth

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

congenital heart defects, high bilirubin level
macrosomia, neonatal hypoglycemia, shoulder dystocia
birth trauma, stillbirth

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

understanding diabetes + treatment

healthy eating

being physically active

taking medicine regularly

checking your blood sugar

reduce your risk for other health problems

learning to cope w/ stress, depression, and other concerns

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

your answer: excessive wt. gain can ↑ fetal wt. ↑ blood glucose sugar to circulate to the baby
receiving a lot of nutrients) fat

□ **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, 160/110, wt. gain 5 lbs, 3+ pitting edema

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

late prenatal care, never eats breakfast, late dinners, she missed 2 appointments and is single.

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

GU - protein in urine, urinating small amounts
Integumentary - edema / sudden wt. gain
vision changes as blurred or double vision
GI - Nausea, vomiting, right upper abd. pain
changes in liver or kidney fxn tests

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

bedrest, hospitalization, magnesium sulfate

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

methyldopa, IV hydralazine, labetalol, + oral nifedipine

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

S/E
HA

muscle weakness

swollen ankles or feet

upset stomach

V/D, gas, dry mouth

have pt, call before fall

med passes thru breast milk unlikely to harm infant

monitor RBC (CBC) and liver fxn

raises BP 30 min during IV infusion

and assess adequacy of urinary output