

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?

**PT is 41 weeks
or post term**

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

Helps dilate the cervix and get the body prepared for labor

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

GBS Test
Vaginal Exam
Leopolds Maneuver
Birth plan
Fetal Heart Rate

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

Always run as a secondary with its own channel and in the closest proximal port.

- Assess Fetal Heart Rate, monitor for tachysystole
- Start slow and titrate up

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.

Short term:	Delivery:
Preeclampsia	Prolonged Labor
	Infection
Long Term:	Maternal Hemorrhage
Type 2 diabetes	Surgical Complications
Cardiovascular disease	
Metabolic syndrome	
Obesity	

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

- Macrosomia
- LGA
- Shoulder Dystocia
- Hypoglycemia
- Higher Body Fat

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

- Adequate nutrition and eliminating sugars/processed foods
- ACHS Blood sugar checks
- Proper Insulin Admin
- Carb Counting
- Exercise
- S/S of hypoglycemia and hyperglycemia

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

□ **CASE STUDY - Pregnancy Induced Hypertension**

LGA because the baby is in a continuous hyperglycemic state which causes the pancreas to produce more insulin. This leads to an excess in energy which then leads to it being stored as excess fat.

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?

Hypertensive Crisis, BP 160/110, pitting 3+, headache, blurred vision, weight gain of 5 lbs

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

Her age and being young, noncompliance with prenatal care, inadequate daily nutrition, stress

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

Decreased blood flow to the organs and the fetus. This puts the fetus and organs at high risk for hypoxemia or death. Cardiac output will increase as well as kidney function will go into overdrive. Left untreated mom can experience seizures or even death.

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

ACES, Beta-Blockers, Calcium Channel Blockers, Diuretics, Diet (low sodium, possible fluid restriction), acetaminophen

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

Labetalol, Methylidopa (#1), Nifedipine, Hydralazine

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

Signs of allergic reaction, headache, muscle spasms, enlarged heart, loss of appetite, dark urine, pale/yellow skin, drowsiness, weakness, light-headedness