

## **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 lasted more than 40 weeks (more than her due date)

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

- To open the cervix more, helping the induction of labor

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

- FHM, vaginal exam, contractions frequency and intensity

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

- Avoiding excessive stimulation to the uterus
- Avoiding fetal harm

## **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.

- Miscarriage/stillbirth
- Preeclampsia
- Polyhydramnios
- Pre-term labor
- Hyperglycemia

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

- Hypoglycemia
- Birth defects
- LGA
- hypoglycemia

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

- Blood sugar monitoring
- Exercise
- Continue to take meds
- Keep a carbohydrate on you/in your purse just in case

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

- LGA, because the blood glucose are transferred to the fetus during pregnancy.

## **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 Pre-eclampsia; the high blood pressure, DTRs 3+, 3+ pitting edema, facial edema, severe HA, blurred vision, 3+ proteinuria
2. What in the patient's history places her at risk for Pregnancy-Induced Hypertension?
  - Her age, she's not eating well, and she's been missing prenatal appointments
3. Describe how Pregnancy-Induced Hypertension affects each organ and how these effects are manifested.

Kidney damage

Liver damage

Brain damage:
4. What will the patient's treatment consist of?
  - Monitor continuously: I&Os, B/P q 15-30mins, large bore IV access, FHM
  - Antihypertensive meds
  - Magnesium sulfate

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

- Labetalol, Hydralazine, Nifedipine
- Magnesium Sulfate: prevent seizures

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

- FHM and intensity/frequency of contractions
- Signs of Magnesium toxicity:
  - o Respiratory distress
  - o Chest pain
  - o Mental confusion, slurred speech
  - o Decreased DTRs
  - o Flushing, sweating, lethargy
  - o Hypotension
- STOP THE MAGNESIUM
  - o RR <12
  - o ABSENT DTRs
  - o OUTPUT <30 mL
  - o Mag serum level <8mg/dl