

Student Name: ___Taylor Hill___

Date: ___08/23/2023___

Instructional Module 6: Antepartum Clinical

Adopted: August 2016, revised October 2018

Patient Data: G3 P1 L1/ EDC: 09/16/ KNDA/ NST BID/ ADA Diet/ blood type: A- (Rhogam @ 6/26)

Last two digits of Patient's room number: ___22___ **Age:** ___28___ **Diagnosis:** amnion-chorion separation, renal pelvis dilation, gestational diabetes, cholestasis

Gestational Age: ___36 weeks and 3 days___

Collect the following information by chart review, patient, and nurse interview:

- **What factors placed her pregnancy in the high-risk category?**
 - Her diagnoses of amnion-chorion separation and gestational diabetes put her pregnancy in the high-risk category.

- **What are the physical and psychosocial stressors the patient has identified as a result of her high-risk situation and what are the impacts to her and her family?**
 - The patient has had high blood sugar because of stress and her gestational diabetes.
 - The patient was overall stressed because of this unwanted complication that spontaneously happened.
 - The patient had to take off work and has to stay in the hospital for continuous monitoring.
 - The patient and her partner are happy to have help during this complicated time and are grateful for the medical care they have received so far.

- **What type of antepartum testing has she experienced and how do she and her family feel about the tests?**
 - The patient has had a Biophysical Profile performed, several NSTs, bloodwork for blood type and making sure there is no underlying infection, ultrasounds, Leopold's maneuvers, and daily blood sugar testing.
 - The patient and her partner felt the test were very helpful for them because it was the ultrasound that showed the physician her amnion-chorion separation and all the other tests have helped confirm that the baby is okay.

- **What supportive measures have helped the patient and her family cope with the situation?**
 - To help cope, the patient and her partner have been building puzzles, talking to family on the phone, and spending time together.
 - All the tests have helped ease their mind that their baby is okay.

- **Are there any additional measures that she and her family feel would help make her experience better?**
 - Yes, because the patient has gestational diabetes, she has to watch what she eats to make sure her blood sugar stays within normal range. But dietary has been putting things with high sugar content, such as orange juice, on her trays and it has been hard to avoid consuming those things.

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- **What impact does her high-risk status have on her fetus?**
 - With the patient's diagnosis of the amnion-chorion separation, she is going to have to deliver her baby early at 37 weeks. With her having to deliver early, the baby could have signs and symptoms of a preterm infant and may have to be admitted into the NICU.
 - Some of the risks with amnion-chorion separation are spontaneous preterm labor, amniotic bands, umbilical cord compromise, and intrauterine fetal demise.

- **Has she and her family toured the NICU? How does she feel about the possibility of her infant being admitted to the NICU?**
 - The patient and her partner have not been to the NICU but have expressed interest in touring the unit just in case their baby has to stay there.
 - The patient would rather not have her baby be admitted to the NICU but would like to know where things are and how things work just in case.

- **What is the plan of care for the patient and her infant?**
 - The plan for the patient is to keep the baby inside until 27 weeks and then have a c-section.
 - For the time being, the plan is to keep mom, baby, and support person comfortable and happy, as well as keep vital signs and blood sugar within normal ranges.