

Mom & Baby Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Nursing Management
Methylergonovine Maleate	Stimulates uterine smooth muscle for sustained uterine contraction	Decrease PP bleeding, uterine cramping, HTN crisis (if preeclamptic or hypertensive), HA, chest pain	<ul style="list-style-type: none"> -Assess BP before each dose (hold if >140/90) -Monitor bleeding/lochia, fundal tone -Monitor for HTN/angina -Avoid in preeclampsia/eclampsia
Prenatal Vitamin	Provide essential vitamins and minerals like folic acid, iron, calcium, to support maternal health and fetal development	Improved maternal nutrition, constipation -For iron, it will make the stool dark and will cause nausea	<ul style="list-style-type: none"> -Educate to take with food to decrease nausea feeling -Encourage fluids/fiber for constipation -Take separately from antacids and milk for iron absorption -Stress the importance of adherence
Hydromorphone	Binds to opioid receptors in CNS - alters pain perception and response	-Pain relief, sedation, respiratory depression, constipation, N/V, hypotension, urinary retention	<ul style="list-style-type: none"> -Assess pain, RR, and sedation -Monitor O2 sat, hold if <12 -Implement fall precaution -Have naloxone available -Monitor for constipation and encourage fluids/fiber
Keterolac	NSAID; inhibits prostaglandin synthesis - decrease inflammation, pain, and fever	Analgesia, GI irritation/bleeding, renal impairment - increased bleeding risk, dizziness	<ul style="list-style-type: none"> -Give with food -Monitor renal function (BUN/Cr) -Monitor for bleeding -Limit use to less or equal than 5 days -Avoid in postpartum hemorrhage risk pts

Colace	Stool softener - lowers surface tension of stool = water and fat penetration = softer stool	Relieves constipation, mild cramping, diarrhea	-Encourage fluids and fiber -Monitor bowel function -Assess for need and effectiveness -Safe in pregnancy/postpartum
Hydralazine	Direct arteriolar vasodilator = decreased systemic vascular resistance = decreased BP	Hypotension, reflex, tachycardia, HA, flushing, palpitations, fluid retention	-Monitor BP/HR closely -Watch for orthostatic hypotension -Monitor for lupus-like symptoms with long-term use -Use cautiously with other hypertensives
Labetolol	Nonselective B-blocker plus selective alpha1 blocker = decreased HR, cardiac output, vasodilation = decreased BP	Hypotension, dizziness, fatigue, bradycardia, bronchospasm (caution in asthma), orthostatic hypotension	-Monitor BP/HR -Assess for orthostatic changes -Teach to change positions slowly -Hold if HR <60 or SBP <100 -Avoid abrupt withdrawal = rebound HTN -Masks hypoglycemia symptoms = caution for diabetics

