

### Labor & Delivery Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Fetal Effects	Nursing Management
<b>Oxytocin</b>	Stimulates smooth muscle of the uterus to contract	Creates stronger and more coordinated contractions, controls postpartum hemorrhage by contracting the uterus, uterine hyperstimulation, hypotension, water intoxication	Can cause fetal distress due to reduced oxygen supply,	Obtain maternal VS and FHR prior to administration, check contraction pattern and cervical readiness, titrate dosage carefully, continuous fetal monitoring, monitor uterine activity
<b>Misoprostol</b>	Softens and dilates the cervix by stimulating the release of prostaglandins	Cervical ripening, manages postpartum hemorrhage, uterine tachysystole, uterine rupture, fever, chills, nausea, vomiting, diarrhea	Effective induction of labor, fetal distress from decreased oxygenation, abnormal FHR patterns such as bradycardia or late decelerations	Assess for contraindications before administration, baseline maternal VS, FHR, and contraction pattern, continuous fetal monitoring, monitor uterine activity, after delivery: monitor fundal tone and lochia
<b>Turbutaline</b>	Relaxes smooth muscles of the uterus and suppress premature contractions	Slows preterm labor, used short-term to manage uterine tachysystole, tachycardia, palpitations, hypotension, hyperglycemia, hypokalemia, tremors, nervousness, HA	Improves placental blood flow when uterine contractions are reduced, fetal tachycardia, neonatal hypoglycemia	Obtain baseline maternal VS, FHR, and uterine activity, assess maternal cardiac history, monitor maternal HR, BP, resp status, blood glucose, and potassium levels during admin, continuous fetal monitoring
<b>Magnesium Sulfate</b>	Competes with calcium at smooth muscle binding sites which decreases calcium uptake in cells. This results in smooth muscle relaxation and CNS depression	Prevents and controls seizures in pre-eclampsia Signs of magnesium toxicity: flushing, sweating, nausea, drowsiness, hypotension, bradycardia, resp depression, decreased or absent DTRs, decreased urine output	Provides neuroprotection, decreased FHR variability, neonatal resp depression if high maternal levels at delivery, hypotonia, lethargy, poor suck reflex in newborn	Obtain baseline maternal VS, DTR, urine output, lung sounds, monitor maternal VS during admin, monitor serum magnesium levels, keep calcium gluconate at bedside (antidote for toxicity), assess newborn resp status, tone, and reflexes

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<p><b>Carboprost Tromethamine</b></p>	<p>Binds to prostaglandin receptors in uterine smooth muscle which can cause intense uterine contractions. Can also cause vasoconstriction and bronchoconstriction because of smooth muscle stimulation</p>	<p>Treats postpartum hemorrhage, nausea, vomiting, diarrhea, fever, chills hypertension, flushing, bronchospasm, wheezing</p>	<p>Abortion, embryotoxicity and fetal risk, potential for harm in failed abortion</p>	<p>Contraindications: asthma, active cardiac/pulmonary/renal/hepatic disease Obtain baseline VS, breath sounds, bleeding amount, monitor uterine tone and vaginal bleeding, monitor VS esp BP and resp status during admin</p>
<p><b>Dinoprostone</b></p>	<p>Stimulates the smooth muscle of the myometrium which leads to increase in intracellular calcium. This activates the muscle to contract</p>	<p>Causes uterine contractions, nausea, vomiting, diarrhea, fever, chills, uterine hyperstimulation</p>	<p>Fetal distress, heart rate abnormalities such as bradycardia and decelerations, hypoxia</p>	<p>Baseline FHR and maternal VS before admin, continuously monitor FHR and uterine activity, provide support</p>