

Mom & Baby Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Nursing Management
Methylergonovine Maleate	Stimulates uterus' smooth muscle contractions to lower postpartum bleeding.	- HTN, N/V, headache, dizziness, cramping - Contraindicated w/ HTN, preeclampsia, cardiac disease.	• monitor BP closely before admin • Assess uterine tone, vaginal bleeding, fundal height. • Admin IV after delivery, IV emergency situation
Prenatal Vitamin	Provides essential vitamins & minerals (iron, folic, calcium, etc) to support maternal health & fetal growth.	• usually well tolerated • may cause nausea, constipation, dark stools.	• pt should take w/ food to reduce GI upset. • Encourage high fiber & water to reduce constipation • Importance of folic acid ↓ neural tube defects,
Hydromorphone (Dilaudid)	Opioid agonist. Alters perception of and response to pain.	• respiratory depression • sedation, dizziness, hypotension, N/V, constipation • may cause neonatal respiratory depression.	• monitor maternal respiratory rate, BP, sedation • Assess fetal HR if given intrapartum • keep Naloxone as antidote nearby • Educate pt on fall precautions.
Ketorolac (Toradol)	NSAID, helps ↓ inflammation & pain.	• GI upset, bleeding risk, renal impairment • Contraindicated in labor	• monitor for bleeding, especially postpartum hemorrhage risk • Assess renal function, GI • Avoid in pts w/ bleeding disorders, PUD, renal disease.
Colace (Docusate Sodium)	Stool softener, ↓ surface tension of stool by mixing water & fat.	• mild cramping, diarrhea (rare)	• Encourage hydration, high fiber diet, ambulation • use especially w/ pts w/ lacerations, hemorrhoids to avoid straining.

Hydralazine	Direct arteriolar vasodilator, ↓ BP relaxing vascular smooth muscle	<ul style="list-style-type: none"> • Reflex tachycardia, palpitations, nausea, headache, flushing 	<ul style="list-style-type: none"> • monitor BP & HR closely • orthostatic hypotension • often used in IV, hypertensive emergencies (preeclampsia) • Educate pt on dizziness, safety
Labetolol	↓ BP by decreasing systemic vascular resistance w/o decreasing maternal HR, cardiac output.	<ul style="list-style-type: none"> • Hypotension, bradycardia, dizziness, fatigue 	<ul style="list-style-type: none"> • monitor BP, HR, fetal well being • teach pt to change positions slowly • Assess for bronchospasm in asthmatic pts.

Student Name: Jailene Gonzalez

Date: Sept 9, 2025

<p>Situation: Patient Room #: <u>404</u> Allergies: <u>mitrex, sulfa abx, clafactor</u> ^{NSAIDS} Delivery Date & Time: <u>9/8/25 0933</u> NSVD <input checked="" type="checkbox"/> PC/S <input type="checkbox"/> RC/S Indication for C/S: <u>Wound care</u> QBL: _____ BTL: _____ LMP: <u>12/8/24</u> Est. Due Date: _____ Prenatal Care: <28 wks <input checked="" type="checkbox"/> LPNC <u>9/1/25</u> Anesthesia: None <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input checked="" type="checkbox"/> General <input type="checkbox"/> Duramorph/PCA <input type="checkbox"/></p>	<p>VS: <u>Q4hr</u> Q8hr <u>Q2map</u> 0800: <u>BP 109/68</u>, Temp <u>98.1</u>, HR <u>89</u> Resp: <u>16</u>, <u>02: 97</u> 1200: <u>BP: 113/79</u>, Temp: <u>97.3</u>, HR: <u>100</u> Resp: <u>16</u>, <u>02: 97</u> Diet: <u>Regular</u> Pain Level: <u>5/10</u> Activity: <u>Abdomen, lower back</u> Newborn: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Feeding: <input checked="" type="checkbox"/> Breast <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Bottle Formula: <u>Similac</u> <u>Neosure</u> <u>Sensitive</u> Apgar: 1min <u>8</u> 5min <u>8</u> 10 min <u>8</u> Wt: <u>7</u> lbs <u>9.2</u> oz Ht: <u>20</u> inches</p>	<p>MD: Mom- <u>Blann</u> Baby- <u>Dalton</u> Consults: _____ Social Services: _____ Psych: _____ Lactation: <u>09/08</u> Case Mgmt: _____ Nutritional: _____</p>
<p>Background: Patient Age: <u>22</u> y/o Gravida: <u>2</u> Para: <u>1</u> Living: <u>1</u> Gestational Age: <u>39</u> weeks Hemorrhage Risk: Low <input type="checkbox"/> <u>Medium</u> <input type="checkbox"/> High Prenatal Risk Factors/Complications: <u>Asthma, anemia, arrhythmia,</u> <u>brad PSKD, ectma, osteopenia,</u> <u>immunur, stills disease arthritis &</u> <u>fracture, anxiety, absent seizures, isab</u> NB Complications: _____ _____ _____</p>	<p>Maternal Lab Values: Blood Type & Rh <u>O+</u> Rhogham @ 28 wks: Yes <input type="checkbox"/> <u>No</u> Rubella: <u>Immune</u> Non-immune RPR: R / <u>NR</u> HbSAG: <u>+/-</u> HIV: <u>+</u> <u>-</u> GBS: <u>+</u> <u>-</u> Treated: _____ X H&H on admission: _____ hgb / _____ hct Newborn Lab Values: Blood Type & Rh <u>O+</u> POC Glucose: _____ Coombs: <u>+</u> / - Q12hr Q24hr AC Glucose: _____ Bilirubin (Tcb/Tsb): _____ CCHD O2 Sat: _____ Pre-ductal _____% Post-ductal _____% Other Labs: _____</p>	<p>Vaccines/Procedures: Maternal: MMR consent _____ Date given: _____ Tdap: Date given <u>6/11/25</u> Refused Rhogham given PP: Yes No Newborn: Hearing Screen: <u>Pass</u> Retest Refer Circumcision: Procedure Date _____ Plastibell Gomco Voided: Y / N Bath: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused</p>

Student Name: Jailene Gonzalez

Date: 9/9/25

<p>Assessment (Bubblehep): Neuro: <u>WNL</u> Headache Blurred Vision Respiratory: <u>WNL</u> <u>Clear</u> Crackles RR <u>16</u> bpm Cardiac: <u>WNL</u> Murmur B/P <u>109</u> / <u>68</u> Pulse <u>89</u> bpm Cap. Refill: <u></= 3 sec</u> >3 sec Psychosocial: Edinburgh Score _____</p>	<p>Breast: <u>Engorgement</u> Flat/Inverted Nipple <u>Not N/SK</u> Uterus: Fundal Ht 2U 1U <u>JU</u> U1 U2 U3 <u>Midline</u> Left Right Lochia: Heavy Mod Light <u>Scant</u> None Odor: Y / <u>N</u> Bladder: <u>Voiding QS</u> Catheter DTV Bowel: Date of Last BM <u>9/8/25</u> Passing Gas: <u>Y</u> / N Bowel sounds: WNL <u>Hypoactive</u></p>	<p>Episiotomy/Laceration: <u>n/a</u> WNL Swelling Ecchymosis Incision: <u>WNL</u> Drainage: Y / <u>N</u> Dressing type: <u>Surgical dressing</u> Staples <u>DermaBond</u> Steri-strips Hemorrhoids: Yes <u>No</u> Ice Packs Tucks Proctofoam Dermaplast Bonding: Responds to infant cues ✓ Needs encouragement</p>
<p>Treatments/Procedures: Incentive Spirometry: Y / <u>N</u> PP H&H: _____ hgb _____ hct HTN Orders: Call > 160/110 VSQ4hr Hydralazine protocol Labetolol BID/TID</p>	<p>IV Fluids: Oxytocin LR NS <u>n/a</u> Rate: _____ / Hour IV Site: <u>18</u> gauge Location: <u>R Forearm</u> Magnesium given: Y / N Dc'd: _____ @ _____ am/ pm</p>	<p>Antibiotics: _____ Frequency: _____ _____ _____ _____</p>
<p>Recommendation: <u>Lactation</u> <u>Amputation</u></p>		

Labor & Delivery Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Fetal Effects	Nursing Management
Oxytocin	• Stimulates uterine muscles producing contractions, to help dilate cervix, progress labor	<ul style="list-style-type: none"> • hypotension • Antidiuretic effects • Reduces pain during labor & promotes baby/mom bond • uterine contractions • tachysystole 	<ul style="list-style-type: none"> • may cause ↓ blood & oxygen supply by the prolonged contractions. • Fetal acidosis • Fetal distress 	<ul style="list-style-type: none"> • monitor: maternal & fetal sign • Titrate slowly to avoid excessive uterine contractions • monitor water intoxication • STOP: if fetal HR ↓, mom's BP ↓
Misoprostol	• Helps w/ cervical ripening, breaks down collagen, softens cervix & causes uterine contractions, binds to prostaglandin receptors	<ul style="list-style-type: none"> • can cause hyperstimulation of uterus • Uterine rupture • maternal hemorrhage • Need for emergency C-section • amniotic fluid embolism 	<ul style="list-style-type: none"> • Fetal distress (due to strong/frequent contractions) • ↓ oxygen supply • meconium staining • ↓ HR • brain injuries • (low oxygen/blood flow) 	<ul style="list-style-type: none"> • closely monitor fetal HR, mom/Baby, VS • prevent NSAID induced gastric ulcers • monitor bleeding, may need treatment for postpartum hemorrhage.
Turbutaline	Acts on smooth muscle to cause relaxation in the airways & uterus airway (bronchodilator, ↓ inflammation) uterus (↓ temperature labor)	<ul style="list-style-type: none"> • inadequate blood supply to heart (arrhythmias, tachy) • Pulmonary edema (excess fluid) • Nervousness & tremors • Hypokalemia 	<ul style="list-style-type: none"> • Fetal tachycardia, arrhythmias • neonatal hypoglycemia • myocardial ischemia • Hyperinsulinemia 	<ul style="list-style-type: none"> • monitor for hypokalemia, hyperglycemia • closely monitor mom/baby's BP, HR, O2 levels • Don't admin if mom has cardiac disease, uncontrolled diabetes * monitor Blood Sugar
Magnesium Sulfate	Tocolytic effect; Inhibits contractions delays pre term birth may have vasodilatory effects on uterine blood vessels	<ul style="list-style-type: none"> • muscle weakness • Flushing • Respiratory depression • Hypotension • Prousinens • irregular/slow HR 	<ul style="list-style-type: none"> • Hypocalcemia • skeletal demineralization • Increased risk of fractures 	<ul style="list-style-type: none"> • Continuously monitor BP, RR, HR (mom/Baby) • Assess deep tendon reflexes • Cardiac monitoring • (100) ↓ mg = toxic • monitor CNS depression * Monitor mag resp. in fetus * have calcium gluconate available & on standby for mag. toxicity

*prevents seizures
*acts as neuro protection for fetus

<p>Carboprost Tromethamine</p>	<p>stimulates uterine contractions, mimicks effects of prostaglandins</p> <p>Increases tone & helps stop bleeding to prevent clots</p>	<ul style="list-style-type: none"> • GI distress (N/V) • Pelvic pain • may ↑ BP, ↑ HR • Bronchoconstriction • Uterine rupture • Pulmonary edema 	<ul style="list-style-type: none"> • During pregnancy (placental blood flow restriction) • Fetal distress due to reduced placental blood flow (hypoxia, ↓ HR) 	<ul style="list-style-type: none"> • prophylactic use of antiemetics • monitor uterine response, eval bleeding • Verify if pt (mom) has not responded to oxytocin/fundal massage (1st line tx)
<p>Dinoprostone</p>	<ul style="list-style-type: none"> • Induces labor by acting on smooth muscles in cervix & uterus • Prepares cervix for delivery by softening, thinning (efface) & dilate. 	<ul style="list-style-type: none"> • uterine hyperstimulation, hypertonicity, rupture • amniotic fluid embolism • ↑ uterine bleeding • Abd cramps, back pain, N/V 	<ul style="list-style-type: none"> • Fetal bradycardia • low APGAR scores • Fetal hypoxemia • Reduce oxygen supply to baby potentially leading to fetal distress 	<ul style="list-style-type: none"> • Continuous fetal status (HR) • uterine activity (frequency, duration, intensity) • Assess cervix for effacement & dilation for labor progression

Complete this during your labor and delivery experience and turn it in with your paperwork. Ask your instructor or TPC nurse to check over your findings

Situation:

Date/Time 9/10 Age: mom 28, baby 37w
 Cervix: Dilatation: - Effacement: - Station: - CIS
 Membranes: Intact: - AROM: / SROM: - Color: -
 Medications (type, dose, route, time):
Pitocin
 Epidural (time placed): n/a, spinal @ 0738

Background:

Maternal HX: type 1 diabetes, rectovaginal fistula, postpartum hemorrhage hx.
 Gest. Wks: 37 Gravida: 2 Para: 1 Living: 1 Induction / Spontaneous
 GBS status: + 10

Assessment (Interpret the FHR strip-pick any moment in time):

Maternal VS: T: 98.1 P: 56 R: 11 BP: 100/63
 Contractions: Frequency: - Duration: -
 Fetal Heart Rate: Baseline: 148 bpm
 Variability: Absent: - Minimal: / Moderate: / Marked: -
 Type of Variables: Early Decels: - Variable Decels: - Accels: - Late Decels: -
 Category: - (I, II, III)

Pattern	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		Cord Compression	Discontinue oxytocin Change maternal position Administer oxygen at 10 L/min by nonrebreather face mask. Notify provider Vaginal or speculum examination to assess for cord prolapse. Amnioinfusion Assist with birth if pattern cannot be corrected.	Relieve Cord Compression
Early Decelerations		Head Compression	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Accelerations		These are OK!	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Late Decelerations		Poor Placental Perfusion	Discontinue oxytocin Assist woman to lateral (side-lying) position. Administer oxygen Correct maternal hypotension Increase rate of intravenous solution. Palpate uterus to assess for tachysystole. Notify provider Consider internal monitoring Assist with birth if pattern cannot be corrected.	Maximize Oxygenation Increased Perfusion to Placenta

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed: Complications; Hemorrhage risk, Type 1 diabetes, polyhydramnios, spinal admin due to polyhydramnios
Continue fundal massage, educate pt on blood clot size, continue to monitor BG.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

• NG, CPAP.

Delivery:

Method of Delivery: C/S Operative Assist: - Infant Apgar: 8 / 8 QBL: 800ml
 Infant weight: 10 lbs 10 oz

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent & Important DO</p> <p>It was urgent & important to do fundal massages q15min post op & monitor for clots to prevent postpartum hemorrhage, especially w/hx of this.</p>	<p>Not Urgent but Important PLAN</p> <p>Due to mom's type-4 diagnostic, continuous blood glucose is important for pre & post op, and throughout c/s.</p>
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <p>• After the birth of the baby, I was delegated to take pictures of the baby through mom's phone.</p>	<p>Not Urgent and Not Important ELIMINATE</p> <p>Based on mom's preference, it not important/urgent to receive visitors in room if, since she she was nervous/stressed, this may have added more stimuli, worsening her stress.</p>

Education Topics & Patient Response:

Patient was educated on the importance of fundal massages after C-section, especially since they're at high risk of a hemorrhage, and hx of this during her first labor. She was also informed to keep an eye for clots larger than a golf ball/egg, pt was understanding & demonstrated comprehension.

IM6 Critical Thinking Worksheet

Student Name: Jailene Gonzalez	Nursing Intervention #1: Frequent feeding/ pumping	Date: 9/9/25
Priority Nursing Problem: Postast <ul style="list-style-type: none"> • Engorgement • ast 	Evidence Based Practice: Goal 1570 regulate milk supply rather than over-stimulate it. BF baby at least 8-12x in a 24 hr period.	Patient Teaching (specific to Nursing Diagnosis): <ol style="list-style-type: none"> 1. Inform mom of alternate feeding positions & on demand feedings 2. Patient should wear a comfortable supportive bra
	Nursing Intervention #2: Cool compresses briefly	
Related to (r/t): Delayed pumping, delayed feeding As Evidenced by (aeb): (S/S) Postast become larger, firm, warm, tender, throbbing pain	Evidence Based Practice: This helps ↓ pain & swelling, relief of this can help baby latch better for more effective milk removal.	<ol style="list-style-type: none"> 3. Educate pt on proper latching, warm compresses, & breast massage to prevent/ help w/ discomfort.
	Nursing Intervention #3: Chilled cabbage leaves to breast (20 min. b/w feeding x 2 days)	
	Evidence Based Practice: This is an effective, low cost method to ↓ engorgement & pain in postpartum. The leaves help absorb fluid, ↓ swelling & discomfort.	
Desired Patient Outcome (SMART goal): Goal is for reduced swelling and discomfort, monitor pain q 2 hr & encourage pumping/feeding, & comfort care.	Discharge Planning/Community Resources: <ol style="list-style-type: none"> 1. Lactation Consultant 2. Educate pt on highly rated/efficient breast pumps 3. WIC - in the case mom decides to bottle feed, to receive assistance for formula. 	

Covenant School of Nursing Reflective Practice

Name: Janelene Gonzalez

Instructional Module: Le

Date submitted: Sept 10, 2025

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

<p>Step 1 Description</p> <p>Pt (mom) was scheduled for a C/S this morning (9/10) at 0730. Spinal anesthesia was admin, urinary catheter was then placed after pt educ. was given. HCP professionals involved; surg tech, RN, CRNA, anesthesiology, mid, OBGYN. Baby C/S low transverse, baby delivered at 802, placenta out 0803. Suture complete at 0838.</p>	<p>Step 4 Analysis</p> <p>Based on my previous knowledge, a pt w/ hx of hemorrhage (post partum) is at risk for this occurring again. Therefore fundus/blood monitor q15min is crucial for prevention. Also, was anticipating a LGA since mom mom has Type 1 Diabetes, baby was 10lbs, 6oz. mom also has hx from recto fistula, therefore C/S was scheduled.</p>
<p>Step 2 Feelings</p> <p>I was a bit nervous, since this was my first time witnessing a C/S delivery. I was mostly concerned of emergency/critical interventions occurring. However I was excited & full of joy when baby was delivered, and empathetic towards mom since she was nervous during the spinal admin.</p>	<p>Step 5 Conclusion</p> <p>I believe the team responded accordingly and considered mom's background. They did react well to a polyhydramnios case, facilitating mom to ergonomically move back/legs to facilitate spinal admin.</p>
<p>Step 3 Evaluation</p> <p>The team collaboration among the team, and the pt educ. was good during the event. The OB RN also used therapeutic communication while she was prepping for procedure, pt's body language was tense/unrelaxed, the RN holding her hands seemed to help mom.</p>	<p>Step 6 Action Plan</p> <p>This experience was very unique & exciting to witness. Next time I may have asked the RN I was shadowing if they could let me do/practice more skills, ex: urinary cath insertion, blood draw. However, there was a time pressure & IV team was considered so it may not be the best pts to practice on today. I will appreciate this exposure, since it exposed me to many nursing skills.</p>

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Adopted: August 2016

IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.	Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.	Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.	Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.	Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.

Safety & Quality:

9/10 Clinical Judgment: 6/5

mother was positive MGBS (bacteria mom has built immunity), however therefore penicillin is admin prophylactically to prevent infection to baby (low immune system), worst case scenario (sepsis).

Patient Centered Care:

Professionalism:

Communication & Collaboration:

9/9 I observed the collaboration among the pediatrician, lactation consultant and mcb nurse stress on the importance of 92-3 ml for feedings to avoid breast engorgement/have sufficient milk supply.