Jessica Longoria – IM 6 Week 5 L&D

Labor & Delivery Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Fetal Effects	Nursing Managment
Oxytocin	Increases intracellular calcium in uterine smooth muscle, which causes uterine muscle contraction.	Stimulates uterine contractions during labor, control bleeding post labor, trigger milk release, reduce anxiety, water intoxication	Indirect effects - strong or prolonged contractions may reduce blood flow and oxygen to fetus, can lead to fetal distress.	Continuous monitoring of uterine contractions, fetal heart rate, maternal VS, and cervical status.
Misoprostol	Synthetic prostaglandin; reduces stomach acid and helps protect the stomach lining from damage that can be caused by taking aspirin or NSAIDs.; cervical ripening and uterine contractions.	Stimulates uterine contractions, softening of the cervix, diarrhea, stomach pain. Severe: stomach discomfort, dizziness, confusion, thirsty and decreased urination.	Indirect effects: strong or prolonged Uterine contractions can lead to disruption of blood supply to fetus that may result in congenital malformations; defects of the skull, face, limbs (mobius syndrome).	Continuous monitoring of uterine contractions and fetal HR, assess for N/V/D, abdominal pain, and for signs of hemorrhage or infection. Report signs of severe pain or bleeding.
Terbutaline	Tocolytics; Beta-2 adrenergic agonist; relaxes muscles; used to inhibit uterine contractions to delay preterm labor.	Relaxes uterine; fast HR, nervousness, tremor drowsiness. Severe: chest pain, fast HR, light headed feelings, seizures, tremors, headache	Increased fetal heart rate or changes in fetal heart activity, potential neurodevelopmental issues	Baseline assessment for patients cardiac status, monitor VS, respiratory status, continuously monitor contractions and fetal & maternal HR, use only short term.

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Magnesium Sulfate	Laxative to relieve occasional constipation; relaxing the uterine muscles, blocks the release of calcium into the uterine muscles, can help to slow down and regulate contractions.	Relaxes uterine muscles, diarrhea or upset stomach. Flushing, increased warmth, sweating due to peripheral vasodilatory effects, N/V, HA, blurred vision	Short term use: protect the fetus from conditions like cerebral palsy. If taken for longer than 5-7 days may lead to skeletal abnormalities and low calcium levels in newborn, temporary side effects like poor muscle tone, lower Apgar scores and increased HR.	Drink plenty of liquids, monitor I&Os, monitor for toxicity (hypotension, absent reflexes, respiratory depression, oliguria, slurred speech, muscle weakness), fetal HR monitoring.
Carboprost Tromethamine	Synthetic prostaglandin analogue used primarily in obstetrics to induce uterine contractions; treating severe postpartum hemorrhage and medical absorption.	Uterine contraction. Gastrointestinal issues (NV), fever, chills. Severe: pelvic pain, cramping, or vaginal bleeding, SOB, light headed feeling, high BP, headache	Can cause abortion – given by injection to cause abortion (oxytocic).	Continuous monitoring of fetal HR and uterus contractions, monitor for N/V/D or fever, monitor for signs of hemorrhage (increased bleeding, hypotension, pallor, tachycardia) , monitor for uterine ruture
Dinoprostone	Prostaglandin: Topical used to relax the muscles of the cervix in preparation for inducing labor.	Cervical ripening. N/V/D, stomach or abdominal cramps/pain, vaginal feeling of warmth or irritation, headache, flushing. Severe: uterine tachysystole or hyperstimulation.	Potential for fetal distress due to changes in heart rate due to uterine hyperstimulation.	Continuous maternal and fetal monitoring and cervical changes, monitor for tachysystole or hypertonicity or uterine rupture (sudden abdominal pain, increased bleeding)

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