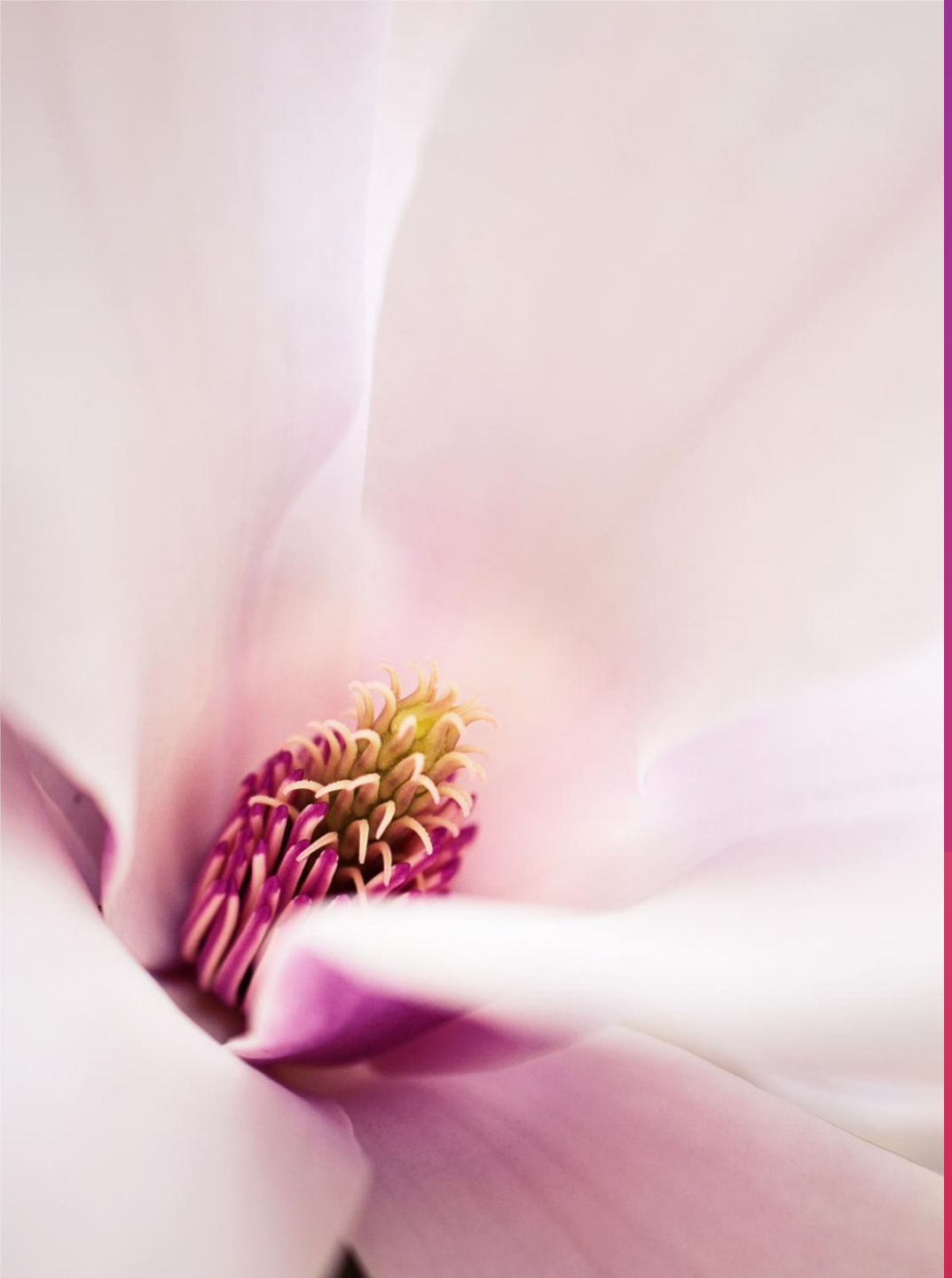

OB LEGACY PROJECT

BY: KIMBRA RODRIGUEZ & CRYSTAL PENA

INTRAUTERINE RESUSCITATION / 4 TURNS

1. *TURN PATIE*NT
2. TURN OXYTOCIN OFF
3. TURN IV FLUID UP
4. TURN O2 ON

TURN MOM

We turn mom on to left lateral side lying position to relieve pressure on major blood vessels (inferior Vena cava and abdominal aorta)

This is the first thing to do

TURN OFF OXYTOCIN

1. During a contraction, blood flow to the placenta is naturally restricted. If contractions are too frequent or intense (often due to oxytocin), the fetus may not receive enough oxygen, leading to late decelerations. For this reason we will TURN off the oxytocin.

TURN IV FLUID UP

•Insert an IV catheter if not in place

- Increase rate of IV fluids
- IV fluid bolus –500 mL NS or RL

Why?

- To increase maternal blood volume
- Increase uteroplacental perfusion: The delivery of maternal blood to the uterus and placenta
- Fixing this will increase fetal oxygenation

TURN UP THE OXYGEN

1. Increasing Maternal Oxygen Saturation: Providing a high concentration of oxygen at 10 L/min for 15-30 minutes with a non-rebreather increases the amount of oxygen in the mother's blood, which in turn increases the amount available to cross the placenta.
2. Improving Fetal Oxygenation: By maximizing the oxygen gradient between maternal and fetal blood, more oxygen reaches the fetus to help resolve the decelerations and prevent fetal hypoxia

LET'S RECAP ON TYPES OF DECELERATIONS AND WHAT THEY MEAN


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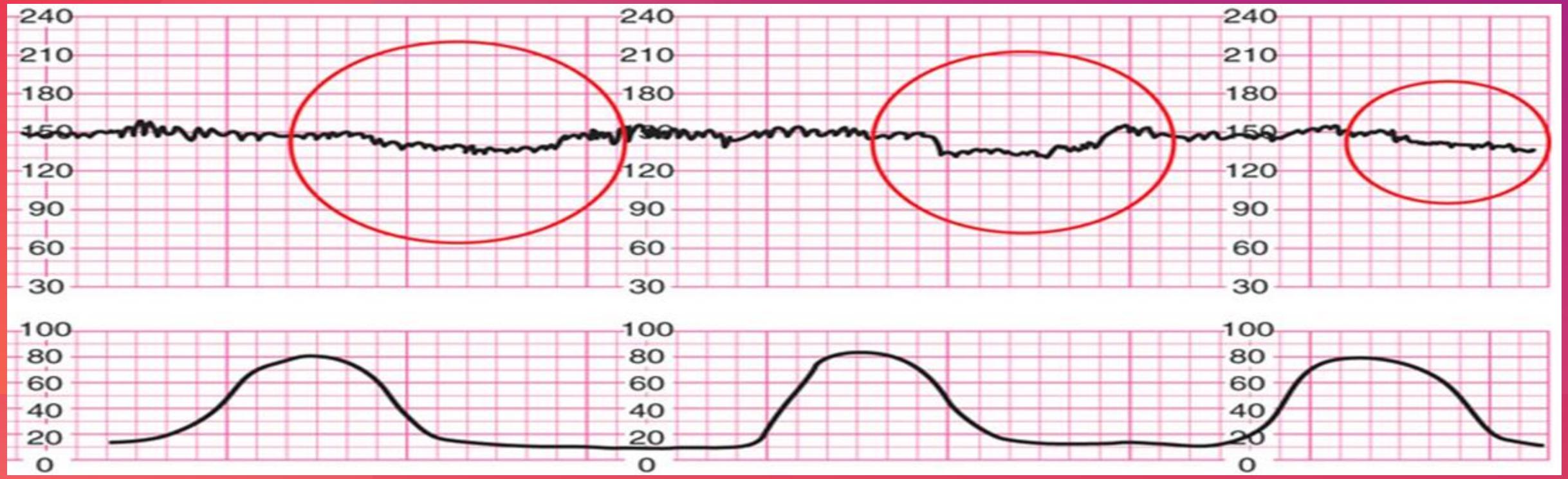
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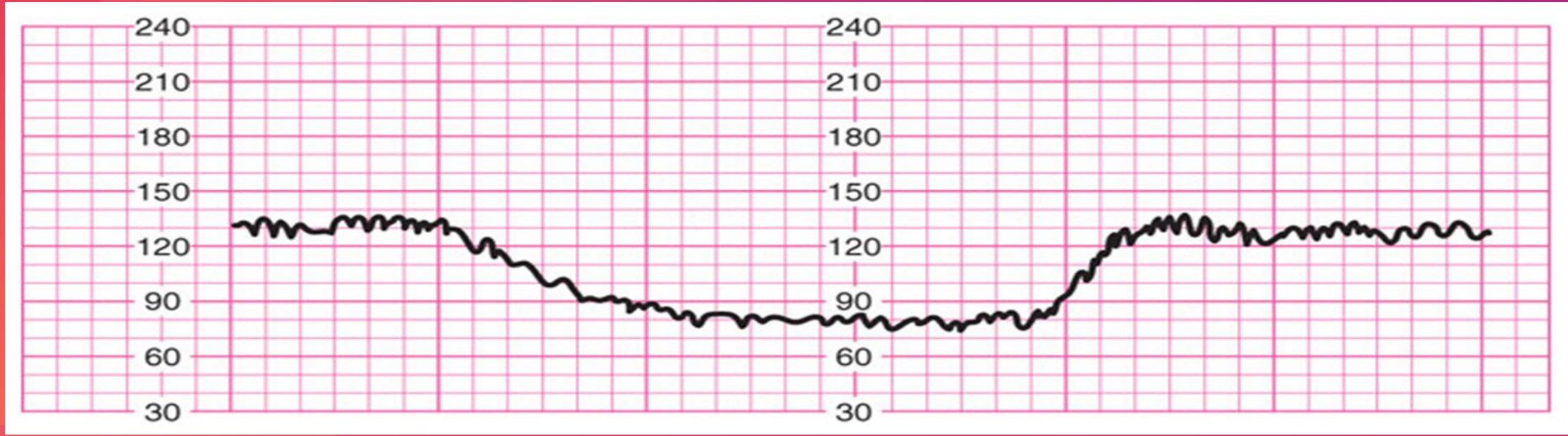
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WHAT ARE THE NURSING INTERVENTIONS FOR THESE TYPES OF DECELERATIONS?

A final thought:

By executing these "4 Turns" systematically, the nursing team can effectively stabilize the fetal heart rate and lessen the risks associated with uteroplacental insufficiency.