

N432-Focus Sheet Unit 3—2020—Complications of Pregnancy, Labor, and Delivery

Ricci, Kyle & Carman Ch 19, 20 & 21; ATI Ch 7-10

Some of the problems which cause complications of Pregnancy as well as Labor and Delivery were discussed during Unit 1 e.g. some of the infections, and during Unit 2 on labor and delivery. So be sure and look at this information from Unit 1 & 2 as you work through this focus sheet. The information will be used to compare and analyze the normal versus the abnormal occurrences in order to make decision for nursing interventions. So, even while you fill out the focus sheet, be thinking about assessments and actions you “as a nurse” can make in the midst of these complications.

Bleeding during ; Medical Conditions; Early Onset of Labor

RKC Ch 19; ATI Ch 7, 9, 10 (Bleeding)

1. List 5 factors that can place a woman at risk during pregnancy.
2. Define abortion, miscarriage, and stillbirth.
3. Describe the following for spontaneous abortion: p687-689

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

4. Define threatened abortion, inevitable abortion, incomplete abortion, complete abortion, missed abortion and habitual abortion. P 689
5. What are the actions and implications of the use of Cytotec, Cervidil (dinoprostone)/Prepidil(Gel), Rh Immunoglobulin Rhogam related to abortions (elective or spontaneous)? Chart p 690

6. Describe the following for ectopic pregnancy:

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

7. Describe the following for Gestational Trophoblastic Disease.

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

When would you anticipate that Methotrexate would be prescribed?

8. Describe the following for Cervical Insufficiency:

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

9. Describe the following for Placenta Previa:

Pathophysiology	
Nursing Assessment	
Testing	

Management	
Patient education needs	

10. Why is it important to know if a woman who is presenting to labor and delivery has a placental previa?

How would her care be altered?

11. Describe the following for Abruptio Placentae (Abruptio):

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

12. Describe shoulder dystocia **RKC Ch 13 p 464 Ch 21 p 797 & 806**

13. In your own words describe Disseminated intravascular coagulation (DIC).

14. Describe the following for Hyperemesis Gravidarum

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

15. What three medications are commonly used for hyperemesis gravidarum? What nursing considerations should be addressed for each of these?

16. What is the difference between chronic and gestational hypertension?

17. Please fill in the table below:

	Mild Preeclampsia	Severe Preeclampsia	Eclampsia
Blood pressure			
proteinuria			
Seizures/coma			
hyperreflexia			
Other signs or symptoms			
Treatment/management			

18. We will discuss in class the protein/creatinine (P/C) ratio. This is not in your text. Here is a

Urine protein tests detect and/or measure **protein** being released into the urine. Normal urine protein elimination is less than 150 mg/day and less than 30 mg of albumin/day. Elevated levels may be seen temporarily with conditions such as **infections**, stress, **pregnancy**, diet, cold exposure, or heavy exercise. Persistent protein in the urine suggests possible kidney damage or some other condition that requires additional testing to determine the cause.

19. Medications used with preeclampsia and eclampsia

Medication	Indications (why is this needed for THIS patient?)	Nursing Implications (what are you watching for?)	Dose
Magnesium Sulfate			
Hydralazine hydrochloride (Apresoline)			
Labetalol hydrochloride (Normodyne)			
Nifedipine (Procardia)			

20. What are the signs of Magnesium toxicity? What is the therapeutic level for magnesium sulfate? What drug should always be at the bedside of a patient who has Magnesium sulfate infusing? (**Look back at Focus sheet #2 as well in terms of the drugs. Most of what you had there also fits here.**)

21. When grading a deep tendon reflex, does the grading scale of 0-4 state no movement is graded as a 0 or a 4? (**This is also in your Adult Health II textbook-but we now utilize it for a specific metabolic problem associated specifically with pregnancy and the treatment of that phenomena.**)

22. What does clonus evaluate and what does a positive clonus look like?
23. What does HELLP stand for?
24. Describe the following for HELLP syndrome

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

25. What is Rh factor incompatibility? When is RhoGAM administered? Who is at risk if it is not given?
26. What fetal risks are associated with polyhydramnios and oligohydramnios?
27. Define multiple gestation and explain why it may be concerning for the mother/fetus.
28. What do monozygotic and dizygotic mean?
29. Describe the following for Premature rupture of membranes:

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

RKC Ch 20; ATI Ch 9

1. Discuss each of the following for Gestational Diabetes:

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

2. What effects can uncontrolled gestational diabetes have on the fetus/newborn?
3. What cardiovascular changes are noted during pregnancy?

Why might these put a woman at risk for cardiovascular disease?

4. Discuss each of the following for iron deficiency anemia.

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

5. After reading about adolescence and pregnancy, discuss how you as the nurse would care for this patient. What would you do differently?

How would you approach topics?

Would you focus more on the support people?

6. What changes would you incorporate in the nursing care of the advanced maternal age (AMA) woman?
7. Define teratogen.

8. Fill in the following table.

Substance	Effects on pregnancy and fetus/newborn
Alcohol	
caffeine	
nicotine	
cocaine	
marijuana	
Opiates/narcotics	
methamphetamine s	

9. List five possible characteristics of Fetal Alcohol Spectrum Disorder.

RKC Chapter 21

1. Why is the term “failure to progress” often used?
2. What factors are associated with an increased risk for dystocia?
3. Familiarize yourself with the common Diagnosis and management of common problems associated with dystocia, their therapeutic management and nursing management i.e.what does this mean for the care delivered by the nurse (p799-804)
4. Define the following:
 - Hypertonic uterine dysfunction:
 - Hypotonic uterine dysfunction:
 - Uterine Atony:
 - Precipitate labor:
5. Why is persistent occipital posterior positioning of the fetus an issue during labor and delivery?
6. What risks increase with a persistent breech presentation?

7. What is a shoulder dystocia? What maneuvers are used to attempt a vaginal delivery when a shoulder dystocia is noted? Describe each.
8. Macrosomia is defined as a newborn who weighs ____ to ____ grams.
9. Why is it important to monitor the bowel and bladder status during labor?
10. What are 3 ways you can empower, inform and advocate for your patient?
11. Define preterm labor and list 3 risks that are associated with the infant due to preterm labor/birth.
12. What factors influence the decision to intervene when a woman present with preterm labor i.e. do we try to stop the labor or do we let it progress?
13. When are tocolytics used? (Some of these are listed on the Unit II Focus sheet and the Medications and Pain Management in Labor and Delivery PPT)
14. Name 5 subtle symptoms of preterm labor.
15. What does a fetal fibronectin test determine?
16. Define prolonged pregnancy.
17. What is the difference between labor induction and labor augmentation? (This was also in Unit II but we look at it again as we talk about complications that may require one of these techniques.)
18. What is the most common adverse effect of oxytocin? (See the Medications you looked up for Unit II)
19. When administering oxytocin what are the primary assessments that need to be made? (See the Medications you looked up for Unit II)
20. What does VBAC stand for?

21. What would you do if you encounter an umbilical cord prolapse? (Carry over from Unit II)
22. What is a typical sign of uterine rupture?
23. Why might an amnioinfusion be done?
24. What are the indications for use of forceps or vacuum extractor?
25. What are the leading indications for cesarean birth?