Medication	Mechanism of Action/Use	Nursing considerations
Methotrexate	**MOC:** Inhibits dihydrofolate reductase which sets off a chain of events that leads to nitric oxide synthase uncoupling and increased sensitivity T cells to apoptosis which diminishes immune responses. **Use:** A folate antagonist that treats ectopic pregnancy. Interrupts growth and division of a fertilized egg by diminishing human chorionic gonadotropin (hCG) to the fertilized egg which needs that to grow.	Monitor CBC, chest x-ray, liver, and renal function (urinalysis). Administer Subcutaneously in the pt's thigh or abdomen Assess pt for bleeding and infection. Leucovorin should be kept available as antidote. Avoid skin contact if parenteral form.
Mifepristone	**MOC:** Blocks progesterone activity which is needed for pregnancy to continue. **Use:** A prostaglandin E1 analogue that blocks progesterone activity. Used to cause an abortion early in the pregnancy.	Use cautiously in patient's with inflammatory bowel disease. Take with meals and at bedtime. Use cautiously in patients with epilepsy, coronary artery disease, or cerebrovascular disease.
Rhogam	**MOC:** Suppresses the immune response of Rh- to Rh positive red blood cells. **Use:** Immune globulin that suppresses the immune response.	Type and antibody screening of mother's blood and blood type of child from the cord to determine need. Mom must be Rh- and negative for Rh antibodies. The newborn must be Rh+. IM administration into the deltoid of the mother is most common.
Promethazine	**MOC:** Acts on the medullary chemoreceptive trigger zone, decreasing vestibular stimulation in the inner ear. **Use:** A phenothiazine that prevents or treats nausea and vomiting.	Monitor respiratory function of pt. Monitor pt for neuroleptic malignant syndrome. Avoid intra-arterial injections of this drug. Rotate sites for IM. Give I.V. injection at no more than 25

Medication	Mechanism of Action/Use	Nursing considerations
		mg/min.
Pyridoxine and Doxylamine	**MOC:** Inhibits bacterial protein synthesis by binding to 30S ribosomal subunit. Use: Tetracyclines used to treat nausea and vomiting.	Monitor for jaundice, fatigue, elevated hepatic enzymes, and loss of appetite. Perform liver enzyme tests.
Ondansetron	**MOC:** Blocks serotonin receptors which reduces nausea and vomiting. **Use:** Antiemetic that is used to prevent nausea and vomiting.	Monitor pt's electrocardiogram. Monitor pt for serotonin syndrome (chills, confusion, diaphoresis, agitation, fever, tremor, and restlessness). Dilute drug in 50 mL of D5W or normal saline when given IV.
Betamethasone	**MOC:** Binds to glucocorticoid receptors and suppresses inflammatory and immune responses. **Use:** Glucocorticoid that causes immunosuppression. Used for severe inflammation.	Baseline ophthalmologic examination before starting therapy. Monitor ECG. Assess for signs of adrenal insufficiency/suppression such as fatigue and hypotension. Deliver with antacid or H2 blocker. Monitor Electrolytes.
Indomethacin	**MOC:** Inhibits prostaglandin synthesis. Inhibits synthesis of the COX enzyme. **Use:** Analgesic used to treat hemodynamically significant patent ductus arteriosus in premature infants.	Shake suspension form before administration. Reconstitute IV form. Withhold if anuria or significant decrease in neonate urine output. 2nd course of three more doses if patent ductus arteriosus doesn't close or reopens.
Magnesium Sulfate	**MOC:** Trigger cerebral vasodilation by blocking the entry of calcium into synaptic endings.	Monitor magnesium, calcium, and potassium. Assess DTRs.

Medication	Mechanism of Action/Use	Nursing considerations
	Use: An electrolyte supplement used to treat pre-eclampsia and eclampsia.	Monitor fetal HR. Monitor maternal uterine activity.
Terbutaline Sulfate	**MOC:** Creates relaxation of the uterus. **Use:** A betamimetic that helps prevent and slow contractions of the uterus.	Monitor respiratory rate Assess Heart Rate. Monitor ECG
Glyburide	**MOC:** Stimulates insulin release from beta cells in the pancreas. **Use:** An antidiabetic that is used to help control blood glucose in type 2 diabetic patients.	Give as single dose before first meal of the day. Monitor fasting blood glucose Higher risk of hypoglycemia. Monitor Pt for sulfonamide allergy. Administer insulin as needed.
Insulin	**MOC: L**owers blood glucose by regulating movement of glucose from blood into cells. **Use:** Human insulin given to help control diabetes.	Monitor for Hypoglycemia. Monitor for Hyperglycemia. Monitor for possible DKA.
Hydralazine hydrochloride	**MOC:** Exerts vasodilating effect on vascular smooth muscle. **Use:** Antihypertensive used to manage essential hypertension.	Monitor CBC. Monitor blood pressure. Discontinue if patient has lupus like symptoms. Monitor for hypotension.
Labetalol	**MOC:** Block alpha 1 and beta 2 receptors in vascular smooth muscle and receptors in the heart. **Use:** Antihypertensive used to manage hypertension.	Monitor blood pressure. Keep pt in supine position for 3 hours after IV administration. Masks signs of shock. Check blood glucose if diabetic.
Nifedipine	**MOC:** Slows movement of calcium into myocardial and vascular smooth muscles. This inhibits cell contraction.	Is the patient intolerant to galactose? Monitor blood pressure.

Medication	Mechanism of Action/Use	Nursing considerations
	Use: Antianginal used to manage hypertension and angina.	Good oral hygiene should be emphasized. Do not take within 1 hour of a high-fat meal or with grapefruit.
Calcium gluconate	**MOC:** Takes up same receptors as magnesium sulfate. **Use:** Electrolyte and Antidote for magnesium sulfate toxicity.	Do not administer IM or SQ because it will cause significant tissue necrosis.
Misoprostol	**MOC:** Increases gastric acid mucous production and mucosal bicarbonate secretion. **Use:** Antiulcer used to dilate the cervix, cause uterine contraction, and pushes pregnancy tissue out during birth.	Use cautiously in patient's with inflammatory bowel disease. Take with meals and at bedtime. Use cautiously in patients with epilepsy, coronary artery disease, or cerebrovascular disease.
Cervidil	**MOC:** **Use:** Prostaglandin that assists in dilating the cervix during birth.	Not used to induce labor, only to prepare for labor. Not given to woman who have had 6+ children. Monitor uterine activity and fetal status. Monitor the progression of cervical dilation and effacement. Remove the insert upon onset of active labor or 12 hours after insertion.
Penicillin G	**MOC:** Inhibits final stage of bacterial wall synthesis which leads to cell wall lysis. **Use:** Antibiotic used to treat systemic infections.	IM injection and never IV. IM is absorbed slowly. Monitor serum sodium levels. Additional form of contraceptive. Obtain body tissues and fluids for culture.
Methylergonovine	**MOC**: Increases tone, rate, and	Can cause hypertension, cramps,

Medication	Mechanism of Action/Use	Nursing considerations
	amplitude of rhythmic contractions of the uterus. **Use:** Ergot alkaloid used to help deliver the palcenta, control bleeding, and improve muscle tone in the uterus after childbirth.	nausea, and vomiting. Oxytocic. Monitor blood pressure, heart rate, and uterine response. Monitor uterine bleeding. Assess calcium levels.
Nalbuphine (Nubain)	**MOC:** Binds and stimulates opiate receptors in the spinal cord. **Use:** Opioid analgesic used to treat pain after childbirth.	Can cause neonatal opioid withdrawal syndrome with chronic maternal use. Only use with benzodiazepine therapy if other treatment options are inadequate. Keep naloxone ready Stool softener may be given for constipation caused by this drug.
Naloxone--	**MOC:** Takes up the opioid receptors in the CNS and inhibit opioid analgesics. **Use:** Opioid antagonist given to help return breathing to normal. Can put the mother into withdrawal if they were using opioids.	Assess blood pressure. Assess heart rate, ECG, and heart sounds. Have patient report GI problems such as nausea and vomiting.
Fentanyl	**MOC:** Binds to opioid receptor in the CNS to alter the perception of pain. **Use:** Opioid analgesic given for pain management during labor.	Use cautiously in patients at risk for opioid abuse (past use). Never apply transdermal patch if the seal has been broken or the patch has been cut or damaged. Monitor patients respiratory status.
Ibuprofen	**MOC:** Inhibits prostaglandin synthesis which reduces the perception of pain.	Monitor renal function. Avoid alcohol.

Medication	Mechanism of Action/Use	Nursing considerations
	Use: NSAID used for postpartum pain.	Monitor for signs of bleeding Monitor for anaphylaxis.
acetaminophen	**MOC:** Inhibits COX-1 and COX-2, decreasing pain. **Use:** antipyretic/analgesic that is the most common treatment used for pain and fever by pregnant women.	Monitor for signs of liver toxicity Do not give if pt has sever hepatic impairment.
oxycodone	**MOC:** Neurotransmitters are blocked which alters the perception of pain. **Use:** Opioid analgesic used for the treatment of pain.	Chronic maternal use can cause neonate opioid withdrawal syndrome. Monitor for respiratory depression.
hydrocodone	**MOC:** Binds to opioid receptors in the CNS to produce pain relief. **Use:** opioid analgesic used to relieve severe pain.	Should not be given to the patient while pregnant, in labor, or breast feeding. Monitor for respiratory depression Monitor for hypotension.
Ketorolac	**MOC:** Reduces pain and swelling by blocking cyclooxygenase. **Use:** NSAID given for pain.	IM injection into a large muscle. IV given over 15 seconds. Monitor for fluid retention Monitor for edema Can cause premature closure of the fetal ductus arteriosus.
Hepatitis B vaccine	**MOC:** Stimulates the immune system to produce anti-HBs without exposing the patient to risks of active infection. **Use:** Vaccine given to prevent a neonate from getting hepatis B.	Stick to a vaccination schedule. Monitor for anaphylaxis.
Erythromycin eye ointment	**MOC:** stops the growth of bacteria. **Use:** Macrolide antibiotic Given to prevent eye infections in the neonate.	Do not rinse away ointment after administering. Clean the eye prior to administration.

Medication	Mechanism of Action/Use	Nursing considerations
		Start from the inner canthus to the outer canthus.
Phytonadione	**MOC:** Promotes the hepatic biosynthesis of vitamin K-dependent clotting factors. **Use:** used to treat newborn deficiency of vitamin K and prevent bleeding.	Monitor for bleeding. Give to neonates before circumcision.
Prenatal vitamins	**MOC:** Ingredients such as folic acid, calcium, and iron help the baby's brain develop as well as deliver oxygen throughout the body. **Use:** Supplement started as soon as pregnancy is achieved to give the mother proper nutrition.	Calcium can deplete during pregnancy and prenatal vitamins help boost these levels. Client can become constipate. Encourage good hydration and a high fiber diet.
MMR vaccine	**MOC:** Stimulates the immune system to produce antibodies. **Use:** Vaccine combination that protects against measles, mumps, and rubella.	Give in the mid upper thigh area. Give at 12 months and age 5.
Tetanus & reduced diptheria toxoids/acellular pertussis vaccine	**MOC:** The body receives antibodies that fight against diphtheria, tetanus, and pertussis. **Use:** Vaccine given in order to give the baby immunity.	Stick to a vaccine schedule approved by the CDC. Tdap should only be given once to women 27-36 weeks.
Lidocaine mucosal gel	**MOC:** Inhibits ionic fluxes that pain impulses require. **Use:** Local anesthetic that decreases pain at a particular mucosal site (vagina).	Use the smallest amount possible and increase as needed.

Medications Commonly used in Maternal Newborn Kenny Johnson

Medication	Mechanism of Action/Use	Nursing considerations

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