

N432-Focus Sheet Unit 3—2021—Complications of Pregnancy, Labor, and Delivery

Ricci, Kyle & Carman Ch 19, 20 & 21 (Ch 22-pp 809-810); ATI Ch 7-10 & Ch 20 pp139-140

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.

The section on Postpartum hemorrhage is from RKC Ch 22 pp 809-810) and ATI Ch 20 pp 139-140. It is included in this unit as well as in Unit 4 but in this unit it is specifically directed to the first few hours after birth i.e. immediate postpartum, while the client is still in labor and delivery.

Don't forget about med math

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

1. Define abortion, miscarriage, and stillbirth.
2. Define threatened abortion, inevitable abortion, incomplete abortion, complete abortion, missed abortion and habitual abortion. P 689
3. 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
4. Describe the following for ectopic pregnancy:

| | |
|---------------------------------------|--|
| Pathophysiology | |
| Nursing Assessment/signs and symptoms | |
| Testing | |
| Management | |
| Patient education needs | |

5. Describe the following for Gestational Trophoblastic Disease ie Hydatidiform mole/molar pregnancy.
 - a. When would you anticipate that Methotrexate would be prescribed?

| | |
|-------------------------|--|
| Pathophysiology | |
| Nursing Assessment | |
| Testing | |
| Management | |
| Patient education needs | |

6. Describe the following for Cervical Insufficiency:

| | |
|-------------------------|--|
| Pathophysiology | |
| Nursing Assessment | |
| Testing | |
| Management | |
| Patient education needs | |

7. Describe the following for Placenta Previa:

- a. Why is it important to know if a woman who is presenting to labor and delivery has a placenta previa?
- b. How could this be confirmed?
 - i. How would her care be altered?

| | |
|---------------------------------------|--|
| Pathophysiology | |
| Nursing Assessment | |
| Testing | |
| Management | |
| Patient education needs/what to avoid | |

8. Describe the following for Abruptio placentae (Abruptio):

| | |
|---------------------------------------|--|
| Pathophysiology | |
| Risk factors | |
| Nursing Assessment/signs and symptoms | |
| Testing | |
| Management | |
| Patient education needs | |

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

- a. What factors are associated with an increased risk for dystocia?
- b. What maneuvers are used to attempt a vaginal delivery when a shoulder dystocia is noted? Describe each.

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

- a. List s/s of DIC

11. Describe the following for Hyperemesis Gravidarum

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

| | |
|-------------------------|-------|
| Pathophysiology | |
| Nursing Assessment | |
| Testing | Labs- |
| Management | |
| Patient education needs | |

12. Please fill in the table below:

| | Mild Preeclampsia | Severe Preeclampsia | Eclampsia |
|--|-------------------|---------------------|-----------|
| Blood pressure | | | |
| proteinuria | | | |
| Seizures/coma | | | |
| hyperreflexia | | | |
| Other signs or symptoms ie RUQ pain, headache, etc | | | |
| Treatment/ management | | | |

13. 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) | | | |

14. What are the signs of Magnesium toxicity?

- a. What is the therapeutic level for magnesium sulfate?
- b. What drug should always be at the bedside of a patient who has Magnesium sulfate infusing?
- c. When thinking about how magnesium can make a client feel, how can you make her more comfortable?

- d. Normal vs abnormal vital signs with magnesium infusion
 - i. How often are you assessing the client?
- e. Normal vs abnormal assessment findings?
 - i. How often are you assessing the client?

15. When grading a deep tendon reflex, does the grading scale of 0-4 state no movement is graded as a 0 or a 4?

16. What does clonus evaluate and what does a positive clonus look like?

17. What does HELLP stand for?

18. What is Rh factor incompatibility?
- a. When is RhoGAM administered?
 - b. Who is at risk if it is not given?

19. Describe the following for Premature rupture of membranes:

| | |
|-------------------------|--|
| Pathophysiology | |
| Nursing Assessment | |
| Testing | |
| Management | |
| Patient education needs | |

20. Describe the following for dystocia

| | |
|-------------------------|--|
| Pathophysiology!!!! | |
| Nursing Assessment | |
| Testing | |
| Management/meds | |
| Patient education needs | |

21. Describe the following for Postpartum hemorrhage (PPH)

- a. How does uterine atony play into PPH?
- b. What do you do if you have a boggy uterus?
- c. Why is it important to monitor the bowel and bladder status during labor?
- d. Risk factors for PPH?

| | |
|--------------------------|--|
| Pathophysiology | |
| Nursing Assessment | |
| Testing | |
| Management/Interventions | |
| Meds | Pitocin (oxytocin) Hemabate (carboprost tromethamine) |

| | |
|-------------------------|---|
| | Methergine(methylergonovine) Cytotec (misoprostol) |
| Patient education needs | |

RKC Ch 20; ATI Ch 9

22. Discuss each of the following for Gestational Diabetes:

- a. What effects can uncontrolled gestational diabetes have on the fetus/newborn?

| | |
|-------------------------|--|
| Pathophysiology!!!! | |
| Nursing Assessment | |
| Testing | |
| Management/meds | |
| Patient education needs | |

-Think about how often the client should check their blood sugar, what should their diet consist of, should they exercise, lose weight, snack, etc?

23. Define preterm labor

- a. List risks for Preterm labor (PTL)
- b. 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?
- c. Name subtle symptoms of preterm labor.

24. List tocolytics (Some of these are listed on the Unit II Focus sheet and the Medications and Pain Management in Labor and Delivery PPT)

- a. When are tocolytics used?
- b. What type of client would need a tocolytic?

25. What does VBAC stand for? What does TOLAC stand for?

26. What would you do if you encounter an umbilical cord prolapse?

27. What is a typical sign of uterine rupture?

28. What are indications for cesarean birth?

- a. When can you NOT VBAC?

29. Interventions for fetal distress

- a. When would you anticipate fetal distress?
 - i. Meds?

ii. Interventions?

30. Discuss GBS

- a. When is the woman tested for it?
- b. What is the treatment?
- c. What can it put the woman at risk for?
- d. Are there potential consequences for the fetus?

31. Fetal Heart tones (FHT)-define

- a. Variability
- b. Acceleration
- c. Deceleration—causes, implications in terms of severity, nursing interventions, medical treatments
 - i. Variables
 - ii. Earlys
 - iii. Lates
- d. Reactive vs nonreactive