

## OB REMENDIATION

### I. MANGEMENT CARE

#### Cervical insufficiency (premature cervical dilatation)

##### **Risk factors**

- History of cervical trauma (previous tear, excessive dilations, curettage), short labors, pregnancy loss in early gestation.
- Congenital structural defect of the uterus or cervix

##### **Expected findings**

- Pink-stained vaginal discharge or bleeding
- Gush of fluids
- Uterine contraction with expulsion of the fetus
- Rupture of membrane

##### **Nursing care**

- Assess vaginal discharge
- Monitor vital signs
- Monitor patient's contractions

### II. SAFETY AND INFECTION CONTROL

#### **Assessment of family readiness for home care of the newborn**

- Previous newborn experience and knowledge
- Parent-newborn attachment
- Social support
- Sibling rivalry issue
- Parents lifestyle's accommodation to their newborn
- Parents need of educations/teaching

#### **Patient education about crying baby**

- Newborns can cry when they are hungry, overstimulated, cold, hot, tired, bored, or they need to be burped.
- Do not the newborn every time when they cry. Overfeeding can lead to stomach aches and diarrhea.
- Newborn often have a fussy time of day when they cry for no reason.

#### **Quieting techniques**

- Swaddling
- Close skin contact
- Sucking with pacifier
- Movement (car ride, vibrating chair, infant swing, rocking newborn)

#### **Basic ways to hold a newborn**

- Cradle hold
- Upright position
- Football hold

#### **Manifestations of illness to report**

- Jaundice
- Cyanosis
- Lethargy
- Decrease urination
- Forceful or frequent vomiting
- Poor feeding
- Elevated body temperature

### **III. HEALTH PROMOTION AND MAINTENANCE**

#### **Initial prenatal visit**

- Determine the estimated date of birth based on the menstrual period
- Obtain medical and nursing history
- Perform a physical assessment, including weight, VS, and pelvic examination
- Obtain laboratory tests, including Hgb, Hct, blood type and Rh, rubella titer, Pap test, cervical culture, HIV, hepatitis B.

#### **Health promotion**

- Avoid all OTC medications, supplement unless recommended by the doctor
- Alcohol and tobacco are contraindication during pregnancy
- Exercise during pregnancy is recommended
- Avoid the use of hot tubs or saunas
- Drink more water at least 8-10 glasses per day.

#### **Common discomforts during pregnancy**

- Nausea and vomiting: encourage patient to drink fluids between meals, avoid having an empty stomach and eating a spicy, greasy foods.
- Breast tenderness: wear a bra that provide adequate support
- Urinary frequency: use Kegel exercises, advice patient to empty the bladder frequently, decrease fluid intake before bedtime, and she can use a perineal pad

### **IV. BASIC CARE AND COMFORT**

#### **Sources of pain during labor**

##### **First semester**

- Dilation, effacement. And stretching of the cervix
- Distention of the lower segment of the uterus
- Contractions of the uterus with resultant uterine ischemia

##### **Second stage**

- Pressure and distention of the vagina and perineum
- Pulling on the pelvic structures (ligaments, fallopian tubes, ovaries, bladder, and peritoneum).

- Lacerations of soft tissues (cervix, vagina, and perineum).

Third stage

- Uterine contraction
- Pressure and pulling of pelvic structures

#### **Fourth stage**

Pain is caused by distention and stretching of the vagina and perineum with splitting, burning, and tearing sensation.

#### **Pharmacological pain management**

- Sedatives (Barbiturates)
- Opioid (meperidine hydrochloride, fentanyl)

#### **Epidural and spinal regional analgesia**

##### **Adverse effects**

- Hypotension
- Respiratory depression
- Bradycardia or tachycardia
- Inhibition of bowel and bladder elimination sensations
- Decrease gastric emptying resulting in nausea and vomiting.
- Allergic reaction and pruritus

#### **Nonpharmacological pain management**

- Aromatherapy
- Breathing techniques
- Imagery
- Music
- Effleurage
- Sacral counterpressure
- Walking

## **V. PHARMACOLOGICAL AND PARENTERAL THERAPIES**

### **Infertility**

#### **Female**

- Age: greater than 35
- Duration: more than 1 year coitus without contraceptives
- Surgical history: pelvic and abdominal procedures
- Medical history: endocrine disorder, atypical secondary sexual characteristic
- Substance use: alcohol, tobacco, heroin, methadone
- Nutrition status: overweight, anorexia

#### **Male**

- Medical history: mumps, endocrine disorder, genetic disorder
- Sexual history: intercourse frequency, history of sexually transmitted infections
- Substance use: alcohol, tobacco, heroin, methadone
- Occupational/ environmental exposure risk assessment: exposure to teratogenic materials

### **Therapeutic procedures**

- Nutritional and dietary changes
- Exercise and stress management
- Acupuncture

### **Medical therapy**

- Ovarian stimulation medications (Clomiphene citrate and Letrozole)

### **Nursing interventions**

- Encourage couples to express and discuss their feelings
- Monitor for side effects associated with medications to treat infertility
- Make referrals to a support group

## **VI. REDUCTION OF RISK POTENTIAL**

### **Neonatal substance withdrawal**

#### **Long-term complications**

- Feeding problems
- Central nervous system dysfunction (cognitive impairment, cerebral palsy)
- Attention deficit disorder
- Language abnormalities
- Microcephaly

### **Heroin withdrawal**

- Low birth weight
- Small gestational birth (SGA)
- Increase risk of sudden infant death syndrome

### **Fetal alcohol syndrome**

- Facial anomalies: small eyes, flat midface, thin upper lip, eyes with a wide-spaced appearance, poor suck, small teeth, cleft lip or palate
- Sleep disturbance
- Developmental delays and neurologic abnormalities
- Many vital organ anomalies, such as heart defect including atrial and ventricular septal

### **Tobacco**

- Prematurity
- Low birth weight
- Increase risk for SIDS
- Increase risk of bronchitis, pneumonia, and development delays.

### **Laboratory tests**

- CBC, Blood glucose, TSH, thyroxine
- Drug screen of urine or meconium to reveal the substance used by the parent
- Hair analysis

### **Risk Factors for preterm newborn**

- Maternal gestational hypertension
- Lack of prenatal care

- Placenta previa
- Maternal substance use, smoking
- Preterm premature rupture of membranes
- Abnormalities of the uterus

## **VII. PHYSIOLOGICAL ADAPTATION**

### **Positions**

Frequent maternal position changes help to promote relaxation and relieve pain:

- Semi-sitting
- Squatting
- Kneeling
- Rocking back and forth
- Supine position only with the placement of wedge under one of the patient's hips to tilt the uterus and avoid supine hypotension syndrome

### **Client education**

Perform patterned breathing, progressive relaxation exercises to promote pain management

### **Nursing Actions after general anesthesia.**

- Assess maternal VS
- Monitor FHR patterns
- Client remains NPO
- IV infusion in place
- Administer famotidine to decrease gastric acid production
- Maintain an open airway and cardiopulmonary function
- Assess uterine tone