N432-Focus Sheet Unit 3—2022—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.

Don't forget about med math

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

1. Define abortion, miscarriage, and stillbirth.

2. Define and identify treatments for threatened abortion, inevitable abortion, incomplete abortion, complete abortion, missed abortion and habitual abortion, and molar pregnancy.

3. What are the actions and implications of the use of Cytotec (misoprostol), Cervidil (dinoprostone)/Prepidil(Gel), Rh Immunolglobulin 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 Cervical Insufficiency:

Pathophysiology	
Nursing Assessment	
Testing	
Management	
Patient education needs	

6. 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	

7. Describe the following for Abruptio placentae (Abruption):

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

8. 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.

9. Describe uterine atony

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 the her more comfortable?
    d. Normal vs abnormal vital signs with magnesium infusion
        i. How often are you assessing vs 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 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 -contraindications	Pitocin- Hemabate- Methergine- Cytotec-
Patient education needs	

RKC Ch 20; ATI Ch 9

21. 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?

22. Define preterm labor
    a. List risks for 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.
    d. What medications may be given?

23. 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?

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

25. What is a typical sign of uterine rupture?

26. What are indications for cesarean birth?

    a. What does VBAC stand for?

    b. When can you NOT VBAC?

27. Interventions for fetal distress

    a. When would you anticipate fetal distress?
        i. Meds?
        ii. Interventions?

28. 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?
29. Fetal Heart tones (FHT)-define
    a. Acceleration
    b. Deceleration
        i. Variables
        ii. Earlys
        iii. Lates
    c. Reactive vs nonreactive
    d. Categories