

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
Methotrexate	Interferes with folic acid metabolism. Result is inhibition of DNA synthesis and cell reproduction/Death of rapidly replicating cells, particularly malignant ones, and immunosuppression	Monitor for bone marrow depression. Assess for bleeding and avoid IM injections and taking rectal temperatures if platelet count is low. Apply pressure to venipuncture sites for 10 min. Assess for signs of infection during neutropenia. Anemia may occur. Monitor for increased fatigue, dyspnea, and orthostatic hypotension
Mifepristone	Medical termination of intrauterine pregnancy up to day 70 of pregnancy Antagonizes endometrial and myometrial effects of progesterone Termination of pregnancy. Improved control of blood glucose	Assess amount of bleeding and cramping during treatment Monitor for signs and symptoms of adrenal insufficiency
Rhogam	Prevent production of anti-Rh _o (D) antibodies in Rh _o (D)-negative patients who were exposed to Rh _o (D)-positive blood	Monitor patient for signs and symptoms of intravascular hemolysis
Promethazine	Blocks the effects of histamine Relief of symptoms of histamine excess usually seen in allergic conditions. Diminished nausea or vomiting	Monitor for development of neuroleptic malignant syndrome If administered IV, assess for burning and pain at IV site; may cause severe tissue injury. Avoid IV administration, if possible.

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Pyridoxine and Doxylamine	Treatment of nausea and vomiting during pregnancy that has not responded to conservative management. Combination of an antihistamine and a vitamin B ₆ analog	Assess for frequency and amount of emesis daily during therapy Monitor hydration status to prevent dehydration
Ondansetron	Prevention of nausea and vomiting Blocks the effects of serotonin at 5-HT ₃ receptor sites located in vagal nerve terminals and the chemoreceptor trigger zone in the CNS	Monitor ECG in patients with hypokalemia, hypomagnesemia, HF, bradyarrhythmias, or patients taking concomitant medications Monitor for signs and symptoms of serotonin syndrome Assess for rash periodically during therapy. May cause Stevens-Johnson syndrome or toxic epidermal necrolysis
Betamethasone	Management of adrenocortical insufficiency suppresses inflammation and the normal immune response	Monitor intake and output ratios and daily weights Children should have periodic growth evaluations
Indomethacin	Inflammatory disorders including Alternative to surgery in the management of patent ductus arteriosus (PDA) in premature neonates Inhibits prostaglandin synthesis	Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions Assess patient for skin rash frequently during therapy
Magnesium Sulfate	Prevention and treatment of seizures associated	Monitor neurologic status before and throughout therapy

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	with severe eclampsia or pre-eclampsia	Monitor newborn for hypotension, hyporeflexia, and respiratory depression
Terbutaline Sulfate	Management of reversible airway disease due to asthma or COPD Results in the accumulation of cyclic adenosine monophosphate	Monitor maternal pulse and BP, frequency and duration of contractions Monitor pulmonary function tests Assess lung sounds, respiratory pattern, pulse, and BP
Glyburide	Control of blood sugar in type 2 diabetes mellitus Lowers blood sugar by stimulating the release of insulin from the pancreas and increasing the sensitivity to insulin	Observe for signs and symptoms of hypoglycemic reactions
Insulin	Control of hyperglycemia in patients with type 1 or type 2 diabetes mellitus Lower blood glucose by stimulating glucose uptake in skeletal muscle and fat and inhibiting hepatic glucose production	Assess for symptoms of hypoglycemia Monitor body weight periodically
Hydralazine hydrochloride	Moderate to severe hypertension Direct-acting peripheral arteriolar vasodilator	Monitor BP and pulse frequently during initial dose adjustment and periodically during therapy
Labetalol	Blocks stimulation of beta ₁ (myocardial)- and beta ₂ (pulmonary, vascular, and uterine)-adrenergic receptor sites Hypertension	Monitor BP and pulse frequently during dose adjustment and periodically during therapy Monitor intake and output ratios and daily weight.

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Nifedipine	Hypertension Angina pectoris Vasospastic angina Inhibits calcium transport into myocardial and vascular smooth muscle cells, resulting in inhibition of excitation-contraction coupling and subsequent contraction	Assess patient routinely for evidence of fluid overload Monitor intake and output ratios and daily weight. Assess for signs of HF Assess for rash periodically during therapy Monitor ECG periodically
Calcium gluconate	Treatment and prevention of hypocalcemia Act as an activator in the transmission of nerve impulses and contraction of cardiac, skeletal, and smooth muscle	Monitor BP, pulse, and ECG frequently
Misoprostol	Prevention of gastric mucosal injury from NSAIDs Acts as a prostaglandin analogue, decreasing gastric acid secretion With mifepristone for termination of pregnancy Cervical ripening and labor induction	Assess patient routinely for epigastric or abdominal pain Monitor uterine cramping and bleeding during therapy
Cervidil	Used to "ripen" the cervix in pregnancy at or near term when induction of labor is indicated Produces contractions similar to those occurring during labor at term by stimulating the myometrium	Monitor uterine activity, fetal status, and dilation and effacement of cervix

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Penicillin G	Treatment of enterococcal infections Bind to bacterial cell wall, resulting in cell death	Observe patient for signs and symptoms of anaphylaxis
Methylergonovine	Prevention and treatment of postpartum or postabortion hemorrhage caused by uterine atony or subinvolution Directly stimulates uterine and vascular smooth muscle	Monitor BP, heart rate, and uterine response frequently Assess for signs of ergotism
Nalbuphine (Nubain)	Moderate to severe pain. Supplement to balanced anesthesia. Pain control during labor	Assess risk for opioid addiction, abuse, or misuse prior to administration
Naloxone--	Reversal of CNS depression and respiratory depression because of suspected opioid overdose Competitively blocks the effects of opioids	Monitor respiratory rate, rhythm, and depth; pulse, ECG, BP; and level of consciousness frequently
Fentanyl	Management of breakthrough pain Binds to opioid receptors in the CNS, altering the response to and perception of pain	Assess BP, pulse, and respirations before and periodically
Ibuprofen	Mild to moderate pain, Fever Inflammatory disorders Inhibits prostaglandin synthesis	Assess for rhinitis, asthma, and urticaria Assess patient for skin rash frequently during therapy

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acetaminophen	Mild to moderate pain, Moderate to severe pain with opioid analgesics, Fever Inhibits synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS	Assess overall health status and alcohol Assess amount, frequency, and type of drugs taken in patients self-medicating Assess for rash periodically during therapy
oxycodone	Moderate to severe pain Binds to opiate receptors in the CNS	Assess BP, pulse, and respirations before and periodically Assess risk for opioid addiction, abuse, or misuse prior to administration
hydrocodone	Management of pain that is severe enough to warrant daily activities Bind to opiate receptors in the CNS	Assess BP, pulse, and respirations before and periodically Assess risk for opioid addiction, abuse, or misuse prior to administration
ketorolac	Short-term management of pain Inhibits prostaglandin synthesis	Assess for rhinitis, asthma, and urticaria Assess for rash periodically during therapy
Hepatitis B vaccine	Prevents hepatitis B infection in patients who are known to have been exposed, including neonates An immune gamma-globulin fraction containing high titers of antibodies to the hepatitis B surface antigen	Assess patient for signs of anaphylaxis Hepatitis B immune globulin should be administered preferably within 24 hr but not later than 7 days after exposure to hepatitis B
Erythromycin eye ointment	Suppresses protein synthesis at the level of	Monitor bowel function. Diarrhea, abdominal

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	<p>the 50S bacterial ribosome</p> <p>Infections caused by susceptible organisms</p>	<p>cramping, fever, and bloody stools</p>
Phytonadione	<p>Prevention and treatment of hypoprothrombinemia</p> <p>Prevention and treatment of vitamin K-deficiency bleeding in neonates</p> <p>Required for hepatic synthesis of blood coagulation factors II (prothrombin), VII, IX, and X</p>	<p>Monitor for frank and occult bleeding</p> <p>Monitor for side effects and adverse reactions</p>
Prenatal vitamins	<p>Treatment and prevention of vitamin deficiencies</p>	<p>Assess patient for signs of nutritional deficiency before and throughout therapy</p>
MMR vaccine	<p>Adults born in or after 1957 with unreliable documentation of previous vaccination (unless have laboratory evidence of immunity to all 3 diseases); health care workers born before 1957 who do not have laboratory evidence of immunity to measles, mumps, or rubella</p>	<p>If unusual reactions occur, individual components may be given as separate injections</p>
Tetanus & reduced diphtheria toxoids/acellular pertussis vaccine	<p>All adults who lack written documentation of a primary series consisting of ≥ 3 doses of tetanus- and diphtheria-toxoid-containing vaccine; booster dose should be given to all adults every 10 yr</p>	<p>Individual components may be given as separate injections if unusual reactions occur. The same product should be used for all doses when possible. Do not give to children ≥ 7 yr</p>

