

Medications Commonly used in Maternal Newborn

| Medication                | Mechanism of Action/Use  | Nursing considerations  |
|---------------------------|--|---|
| Methotrexate              | Ectopic pregnancy, inhibits cell division and embryo enlargement, dissolving the pregnancy.                          | Tell the patient to avoid vitamins containing folic acid to prevent a toxic response to the medication. Obtain serum hCG and progesterone levels, liver and renal function studies, CBC, and type and Rh.   |
| Mifepristone              | Abortion, the medication blocks the hormone progesterone.  | Ensure to take into consideration the patient's emotions and to educate the patient about the medication.   |
| Rhogam                    | For women who are Rh-negative. Prevents antibodies from destroying the baby's blood cells.                           | Report to the provider if experiencing fever, chills, leakage of fluid, vaginal bleeding, uterine contractions etc.   |
| Promethazine              | Nausea and vomiting in pregnancy.  | Assess dizziness and drowsiness. Give IM injections, do not administer intra-arterially.  |
| Pyridoxine and Doxylamine | Nausea and vomiting in pregnancy.  | Not recommended for women who are breastfeeding. May cause irritability and sedation in infants. Take on an empty stomach by mouth.   |
| Ondansetron               | Nausea and vomiting in pregnancy.  | Not recommended for the first trimester because it may cause cleft lip or any other defects in infants.   |
| Betamethasone             | Promote fetal lung maturation if early delivery is anticipated. (C-section).   | Adhere to bed rest and do not insert anything into the vagina because it can worsen bleeding.   |
| Indomethacin              | Suppresses preterm labor by blocking the production of prostaglandins. Suppresses uterine contractions.              | Monitor the client closely. Treatment should not exceed 48 hours and should only be used if gestational age is less than 32 weeks. Notify the provider if the client reports blurred vision, headache, nausea, vomiting, or difficulty breathing. |
| Magnesium Sulfate         | Central nervous system depressant and relaxes smooth muscles, inhibits uterine activity by suppressing contractions. | Monitor for magnesium sulfate toxicity and discontinue if any adverse effects are present. The antidote is calcium chloride.  |
| Terbutaline Sulfate       | Relaxes smooth muscles and inhibits uterine activity.  | Monitor for chest discomfort, palpitations, tachycardia, tremors, nervousness, vomiting, hypokalemia, hyperglycemia, and  |

Medications Commonly used in Maternal Newborn

| Medication                | Mechanism of Action/Use   | Nursing considerations   |
|---------------------------|---|--|
|                           |   | hypotension.   |
| Glyburide                 | Gestational diabetes  | Adhere to the appropriate diet, including a standard diabetic diet and restricted carb intake. Maintain testing blood glucose levels.  |
| Insulin                   | Gestational diabetes  | Use insulin when blood glucose levels are high, should be used before an oral agent.   |
| Hydralazine hydrochloride | Used to treat hypertension during pregnancy, pre-eclampsia, or eclampsia.   | Avoid ACE inhibitors and angiotensin II receptor blockers. Should monitor vital signs and the fetal heart rate pattern because of the potential of hypotension.                      |
| Labetalol                 | Used to treat hypertension during pregnancy.  | Should be used cautiously in nursing mothers because of the risk that the infant may develop a slow heart rate. Assess heart rate, ECG, and heart sounds.                            |
| Nifedipine                | Calcium channel blocker that is used to suppress contractions by inhibiting calcium from entering smooth muscles. | Monitor for headache, flushing, dizziness, and nausea. May cause orthostatic hypotension.  |
| Calcium gluconate         | Antidote for magnesium toxicity.  | Blurred vision, headache, nausea, vomiting, or difficulty breathing.   |
| Misoprostol               | Uterine stimulant controls postpartum hemorrhage.   | Assess uterine tone and vaginal bleeding.  |
| Cervidil                  | Used to soften the cervix but not induce labor directly. Normally used for women near their delivery due date.    | Monitor the patient for any abnormal bleeding vaginally. Monitor the baby's heart rate and well being.   |
| Penicillin G              | GBS infection   | Notify the labor and delivery nurse of GBS status, decreased the neonatal risks by being screened for GBS at 35 to 38 weeks of gestation.  |
| Methylergonovine          | Uterine stimulant controls postpartum hemorrhage  | Assess uterine tone and vaginal bleeding. Do not administer to patients who have hypertension. Monitor for adverse reactions including hypertension, nausea, vomiting, and headache. |
| Nalbuphine (Nubain)       | Pain relief without causing significant respiratory depression in the mother or fetus.                            | Perform a vaginal exam, monitor maternal vital signs, uterine contraction pattern, and continuous FHR monitoring. Be prepared to administer antidotes.                               |
| Naloxone--                | Opioid antagonist, reversal of  | The medication will cause  |

Medications Commonly used in Maternal Newborn

| Medication                | Mechanism of Action/Use   | Nursing considerations  |
|---------------------------|---|---|
|                           | opioid-induced respiratory depression.                              | drowsiness, request assistance with ambulation.   |
| Fentanyl                  | Analgesic most used with epidural is used in the patient.           | Monitor for respiratory depression and blood pressure. Evaluate the oxygen saturations and assess for signs of adverse reactions.   |
| Ibuprofen                 | Analgesic, nonsteroidal anti-inflammatory.                          | Black box warning, be aware of GI bleeding. Take on a full stomach to reduce an upset stomach.  |
| acetaminophen             | Analgesic, nonopioid  | May cause liver damage.   |
| oxycodone                 | To manage moderate to severe pain, analgesic                        | Opioids cross the placental barrier and may produce respiratory depression and psychophysiological effects in the neonate. Monitor neonate closely for signs of excess sedation and respiratory depression. |
| hydrocodone               | To manage severe pain, analgesic                                    | Prolonged use of drug during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening.  |
| ketorolac                 | To manage moderate to severe pain, analgesic, NSAID                 | Drug may affect fetal circulation and inhibit uterine contractions. Increases the risk of premature closure of the fetal ductus arteritis if given during the third trimester.                              |
| Hepatitis B vaccine       | Provides protection against hepatitis B.                            | Recommended to be administered to all newborns. Informed consent must be obtained. Recommended dosage schedule is at birth, 1 month, and 6 months. DO NOT give vitamin K at the same time.                  |
| Erythromycin eye ointment | Antibiotic ointment into the eyes to prevent ophthalmia neonatorum. | A possible side effect is chemical conjunctivitis, reassure the parents that this will resolve on its own. Application can be delayed for 1 hour after birth.   |
| Phytonadione              | Vitamin K, administered to prevent hemorrhagic disorders.           | Administer 0.5 to 1 mg IM into the vastus lateralis soon after birth.   |
| Prenatal vitamins         | Supports the development of the placenta and fetus.                 | Continue to educate your patient that prenatal vitamins should be taken until 6 weeks following birth.  |
| MMR vaccine               | Protection against measles, mumps, and rubella.                     | Infants 6 through 11 months of age should receive one dose of MMR vaccine.  |
| Tetanus & reduced         | Protection against tetanus  | Recommended for clients who have  |



