

MFM Clinical Observation Experience

Kayonna Pinto

Lakeview College of Nursing

Professor Lammert

November 2, 2022

MFM Clinical Observation Experience

The nurse read the My Carle messages accumulated over the weekend and reviewed the patients' blood sugar logs. A 24-year-old patient with a history of Type 1 Diabetes Mellitus (T1DM) expressed concern with her insulin dosage. She had recently started taking NPH and discontinued Levemir following her first visit with Maternal Fetal Medicine (MFM). The patient felt that her NPH dosage was too low and not adequately controlling her blood glucose levels. The nurse explained to the student that patients with T1DM are accustomed to adjusting their insulin dosages and that they relinquish some of their autonomy when they are MFM patients. The MFM nurses and nutritionists work closely with diabetic patients to promote patient independence to the greatest extent. The nutritionist educates the patients on how to make appropriate food choices for themselves. The nurse explained to the patient that cutting carbohydrates can harm the fetus because it can put the patient into ketosis. The nurse encouraged the patient to follow the nutritionist's guidelines and check her urine for ketones using an at-home test.

The nursing student accompanied the nurse to the examination room for a non-stress test (NST). The patient was at thirty-six weeks and six days gestation. The patient had a history of hypertension and morbid obesity with a BMI of 52.33 kg/m². The patient stated that she was experiencing contractions. The nurse immediately conducted a targeted assessment. She stated that her intermittent cramping started the night before. The patient rated her pain an eight out of ten, but she did not display any outward signs of discomfort. Through a series of questions, the patient interview revealed that she had done "a lot of walking" and had sexual intercourse that evening. The nurse also determined that the patient was adequately hydrated.

The nurse proceeded with the NST because the toco would reveal the presence of uterine contractions. After 25 minutes, the NST was reactive and showed that the FHR baseline was 140 bpm with moderate variability. Accelerations were present, and decelerations were absent. The nurse was pleased and said this was a “textbook example of what we want.” However, no contractions were detected. The nurse documented her findings and sent a message to the patient’s OB team. When finishing the appointment, the nurse informed the patient that she was not currently experiencing contractions and told her that she had sent a message to her OB team on her behalf. The nurse also encouraged the patient to contact her OB team independently. The patient agreed to this.

The patient was not in late preterm labor and was not experiencing contractions during the NST. The uterine contractions the patient felt were likely the result of her physical activity and sexual intercourse (Barlow et al., 2019). Activity restriction and avoiding sexual intercourse are nursing interventions implemented to stop uterine contractions (Barlow et al., 2019). The increased blood flow to the uterus can stimulate uterine activity (Barlow et al., 2019). The nurse also assessed the patient’s hydration status. Dehydration encourages the release of antidiuretic hormone and oxytocin from the pituitary gland. Oxytocin stimulates uterine contractions, ensuring hydration can prevent contractions (Barlow et al., 2019).

References

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). *ATI: RN maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.