Dakota Clayton

Medication	**Mechanism of Action/Use in OB**	**Nursing Considerations**
Methotrexate	**MoA:** medication acts as a folic acid antagonist and inhibits cell division in the developing embryo. **Use in OB:** used in ectopic pregnancies that are caught early.	The mother needs to be sufficiently educated on the risks, benefits, and adverse effects of methotrexate. Common adverse effects are nausea, vomiting, diarrhea, stomatitis, abdominal pain, and dizziness.
Mifepristone	**MoA:** medication acts as a progesterone antagonist, which provides stimulation for uterine contraction. **Use in OB:** medication chemically induces abortion by blocking receptors necessary for pregnancy maintenance.	Mifepristone is often given in combination with misoprostol. Common adverse effects are headache, nausea, vomiting, diarrhea, and cramping. Prophylactic medications include antiemetics and analgesics.
Rhogam	**MoA:** medication suppresses the body's immune response in non-sensitized Rh-negative patients who are exposed to Rh-positive blood. **Use in OB:** medication is used to prevent isoimmunization in Rh-negative women exposed to Rh-positive blood.	Rhogam is considered a blood product and this should be communicated to the patient. Educate patient that they will need the medication again with later pregnancies.
Betamethasone	**MoA:** medication stimulates surfactant production in newborns. **Use in OB:** medication is used to reduce respiratory distress and intraventricular hemorrhage in preterm and full-term newborns.	Medication is administered intramuscularly. Assess maternal lungs sounds and monitor for signs of infection. Educate parents on benefits of medication therapy.
Indomethacin	**MoA:** medication works a prostaglandin antagonist – inhibits uterine contractions. **Use in OB:** inhibits activity in the uterus to stop pre-term labor.	Vital signs, fetal heart rate, and uterine activity should be continually monitored. Oral form should be used to decrease GI irritation and medication should not be given to mother's with peptic ulcer disease. Medication is contraindicated for use in gestation greater than 32 weeks.

Magnesium Sulfate	**MoA:** medication blocks neuromuscular function and promotes vasodilation. **Use in OB:** medication used in the prevention and treatment of eclamptic seizures.	Monitor for signs of magnesium toxicity, including respiratory depression and decreased deep tendon reflexes. Have calcium gluconate (antidote) available when using the medication.
Terbutaline Sulfate	**MoA:** medication causes the accumulation of cyclic-AMP and beta-adrenergic receptors. **Use in OB:** unlabeled use in management of preterm labor – FDA has recommended against this use.	Maternal vital signs and fetal heart rate should be continually monitored. Notify provider if contractions continue to increase in frequency. Monitor mother and neonate for signs and symptoms of hypoglycemia.
Hydralazine hydrochloride	**MoA:** medication relaxes vascular smooth muscle and improves profusion to vital organs. **Use in OB:** medication used in the treatment and management of preeclampsia and eclampsia.	Common adverse effects include heart palpitations, headache, tachycardia, nausea, vomiting, and diarrhea. Patient should be weaned off medication to prevent rebound hypertension.
Labetalol	**MoA:** medication blocks alpha-1 and beta adrenergic receptors. **Use in OB:** medication used in the treatment and management of preeclampsia and eclampsia.	Medication will lower blood pressure without decreasing maternal heart rate or cardiac output. Monitor blood pressure regularly. Common adverse effects include dizziness, vertigo, fatigue, and flatulence.
Nifedipine	**MoA:** medication acts as a calcium channel blocker and promotes dilation of coronary arteries and peripheral arterioles. **Use in OB:** medication used in the treatment and management of preeclampsia and eclampsia, and in the stoppage of preterm labor.	Common adverse effects include dizziness, angina, diarrhea, nasal congestion, and cough.
Calcium gluconate	**MoA:** Medication used in emergency treatment of hypermagnesemia. **Use in OB:** Antidote for magnesium toxicity when using magnesium sulfate.	Medication should be readily available bedside for use in magnesium overdose and toxicity.
	MoA: Medication stimulates uterine	Common adverse effects include

Misoprostol	contraction(s). **Use in OB:** medication used in pregnancy termination to empty the uterus, and has use in labor induction.	nausea, vomiting, diarrhea, abdominal pain, and indigestion. Monitor for vaginal bleeding and report increased bleeding to the provider. Monitor patient for early manifestations of shock.
Cervidil	**MoA:** Medication stimulates contraction of uterus and dilation of the cervix. **Use in OB:** Medication used in cervical ripening & use in medical abortion.	Administer medication with pain medication as needed when used in a medical abortion. Assess and monitor maternal vital signs and fetal heart rate. Common adverse effects include nausea, vomiting, diarrhea, and headache.
Methylergonovine	**MoA:** medication stimulates uterus. **Use in OB:** medication is used in treatment and prevention of postpartum hemorrhage.	Assess baseline bleeding and uterine tone and monitor for changes. Assess vital signs every 15 minutes. Educate mother and family about postpartum hemorrhage and treatment being used.
Hepatitis B vaccine	**MoA:** recombinant vaccine used to prevent hepatitis B transmission. **Use in OB:** Hepatitis B vaccination is recommended at birth.	Series of 3 vaccine – given at birth, 1-2 months and 6-18 months. Mother and family should be educated on risks of hepatitis B.
Erythromycin eye ointment	**MoA:** medication used for bacteriostatic and bactericidal prevention of eye infections. **Use in OB:** Medication used to prevent common eye infections in newborns.	Medication administered into conjunctival sac from inner canthus of eye. Close eye of newborn to ensure medication is absorbed. Remove excess medication after 1 minute.
Phytonadione	**MoA:** provides means for the production of vitamin K in a newborn. **Use in OB:** Given during first week after birth to prevent vitamin K deficiency	Medication should be administered 1-2 hours after birth. Medication given as an intramuscular injection. Monitor for bleeding after

		administration._
Prenatal vitamins	**MoA:** medication(s) provide vitamin and mineral supplementation for increased requirements in a pregnancy mother. **Use in OB:** Prevent vitamin and mineral deficiencies including iron and folic acid in pregnant women.	Prenatal vitamins are universally prescribed in the United States. Medication should generally be taken once daily, every day._ Monitor adherence to medication regimen at prenatal appointments.
MMR vaccine	**MoA:** live, attenuated combination vaccine to prevent measles, mumps, and rubella. **Use in OB:** Vaccine given in toddlers and early childhood.	Vaccination is a two dose series. Vaccine can be given with other live virus vaccines. Individuals with egg allergies can receive the vaccine.

Reference:

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