Medication	Mechanism of Action/ Use	Nursing Considerations
Methotrexate	MOA: competitive inhibition of folate-dependent steps in nucleic acid synthesis, effectively kills the rapidly dividing ectopic trophoblast Use in OB: stops the growth of the fertilized egg before a rupture occurs	Monitor for toxicity, frequent blood counts, and liver function testing; chest x-ray should be done prior to the first dose
Mifepristone	MOA: an antagonist of glucocorticoid and progesterone receptors Use in OB: blocks the hormone progesterone, terminating a pregnancy	Uterine bleeding, uterine cramping, ruptured ectopic pregnancy, pelvic pain, and abdominal pain
Rhogam	MOA: suppressing the immune response of Rh-negative individuals to Rh-positive red blood cells Use in OB: t is suggested that Rho immune globulin predominantly prevents the antibody response during incompatible pregnancy by accelerating the phagocytosis of RBC's and clearance from the circulation before the recognition by the immune system	Type and antibody screening of the mother's blood and cord blood type of the newborn must be performed to determine the need for the medication

Betamethasone	MOA: adrenocortical steroid that controls the rate of protein synthesis, depresses the migration of polymorphonuclear leukocytes and fibroblasts, reduces capillary permeability, and prevents or controls inflammation Use in OB: frequently administered to pregnant women at risk of premature labor to accelerate fetal lung maturation	Administer cautiously, topical corticosteroids have caused teratogenic effects and can be absorbed from the systemic site. Use caution when using occlusive dressings or tight diapers covering the affected area which can increase systemic absorption of the drug. Do not get in eyes/mouth, do not swallow.
Indomethacin	MOA: Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local vasodilation, pain, and swelling. By blocking cyclooxygenase and inhibiting prostaglandins, this NSAID reduces inflammatory symptoms and helps relieve pain. Use: Used during preterm labor.	-Caution pregnant patient not to take NSAIDs such as indomethacin during last trimester because they may cause premature closure of the ductus arteriosus. -Drug should be avoided in pregnant women starting at 30 weeks of gestation and onward. -Drug may delay or prevent rupture of ovarian follicles, which has been associated with reversible infertility in some women.
Magnesium Sulfate	MOA: Assists all enzymes involved in phosphate transfer reactions that use ATP. Magnesium is required for normal function of the ATP-dependent	-It is not known if drug causes fetal harm for some forms of magnesium. -Magnesium sulfate may cause fetal harm if administered continuously beyond 5 to 7

	sodium-potassium pump in muscle membranes. Use: Stops contractions and reducing the incidence of cerebral palsy in babies during preterm labor.	days to pregnant women causing hypocalcemia and bone abnormalities in the developing fetus. -Use with caution only if benefit to mother outweighs potential risk to fetus.
Terbutaline Sulfate	MOA: Stimulates beta-adrenergic receptors in the lungs, which is believed to increase production of cAMP. The increase cAMP level relaxes bronchial smooth muscles, thereby increasing bronchial arflow and relieving bronchospasm. Use: Helps to prevent and slow contractions in the uterus, can help delay birth for several hours or days.	-
Hydralazine hydrochloride	MOA: May act in a manner that resembles organic nitrates and sodium nitroprusside, except that hydralazine is selective for arteries. It dilates arteries, not veins, which minimizes orthostatic hypotension and increases cardiac output and cerebral blood flow; exerts direct vasodilating effect on vascular smooth muscle; interferes with calcium movement in vascular smooth muscle by altering cellular calcium	-Should be avoided during first two trimesters of pregnancy -Not recommended in third trimester unless the benefit outweighgts the risk of the fetus. -Assess blood pressure, pulse, and respirations before and periodically during administration. -Assess previous analgesic history.

	metabolism; causes reflex autonomic response that increases, cardiac output, heart rate, and left ventricular. Use: Given during labor if a patient becomes hypertensive, can also be given for pain during labor.	
Labetalol hydrochloride	MOA: Labetalol works by slowing the heart rate and opening up the blood vessels to improve the blood flow and lower the overall blood pressure. Use: Labetalol is used to treat high blood pressure and chest pain.	*WARNING! Be aware that labetalol masks common signs of shock!* -Labetalol passes into breast milk in tiny amounts, but it's unlikely to cause any side effects in your baby. It's important to check with the provider before breastfeeding. -Use with caution only if the benefits to the mother outweigh the potential risk to the fetus. -It is not known if the drug causes fetal harm. However, bradycardia, hypoglycemia, hypotension, and respiratory depression have occurred in infants of mothers who were treated with the drug for hypertension during pregnancy.
Nifedipine	MOA: Nifedipine blocks the slow calcium channels, by then preventing the flow of calcium ions into the	-Nifedipine gets into the breast milk in small amounts, which means the amounts ingested by the infant are also small.

	cell. Use: Nifedipine is used to treat high blood pressure and chest pain. Sometimes it is used to stop labor before 37 weeks of pregnancy (preterm delivery).	No adverse effects have been reported in babies exposed to nifedipine while nursing. -Use with caution only if the benefit to the mother outweighs the potential risk to the fetus.
Calcium gluconate	MOA: Calcium works by increasing the level in the blood or by binding to excess potassium or magnesium in the blood. Calcium is essential for the maintenance of the functional integrity of the nervous, muscular, and skeletal systems. Use: Calcium supplementation may reduce the risk of pre-eclampsia, and may help to prevent preterm birth. In newborns with symptoms such as tetany (muscular spasms), calcium gluconate is administered by slow infusion under cardiac monitoring for the acute treatment of hypocalcemia.	-It is not known if the drug can cause fetal harm. -Be aware that pregnancy may alter the dosage needs of the mother. -Use with caution only if the benefit to the mother outweighs the potential risk to the fetus. -Drug is present in breast milk. Patients should check with the prescriber before breastfeeding. The dosage needs of the mother may change if breastfeeding. -Observe the IV site closely. Tissue irritation may occur, and possibly even necrosis. -Monitor for hypocalcemia and hypercalcemia.
Misoprostol	MOA: Acts as a prostaglandin analogue, decreasing gastric acid secretion (antisecretory effect) and increasing the production of protective mucus (cytoprotective effect); causes uterine	- Take the full course. - May have diarrhea. Notify the doctor if it lasts longer than a week.

	contractions; prevention of gastric ulceration from NSAIDs; with mifepristone terminates pregnancy of less than 49 days. Use: prevention of gastric mucosal injury from NSAIDs, including aspirin, in high-risk patients (geriatric patients, debilitated patients, or those with a history of ulcers); with mifepristone for termination of pregnancy; treatment of duodenal ulcers or cervical ripening and labor induction.	
Cervidil	MOA: Produces contractions similar to those occurring during labor at term by stimulating the myometrium; initiates softening, effacement, and dilation of the cervix; also stimulates GI smooth muscle. Use: Initiation of labor	- Monitor uterine activity, fetal status, and dilation and effacement of cervix continuously throughout therapy. - Assess for hypertonus, sustained uterine contractility, and fetal distress. Insert should be removed at the onset of active labor.
Methylergonovine	MOA: Stimulates the uterus to prevent and treat postpartum hemorrhage due to atony or subinvolution. Use: Uterine contractions.	- Monitor BP, HR, and uterine response frequently during medication administration. - Notify HCP promptly if uterine relaxation becomes prolonged or if the character of vaginal bleeding changes. - Assess for signs of

		ergotism (cold, numb fingers and toes, chest pain, N/V, headache, muscle pain, weakness)
Hepatitis B vaccine	MOA: An immune gamma-globulin fraction containing high titers of antibodies to the hepatitis B surface antigen. Confers passive immunity to hepatitis B infection. Use: Prevention of hepatitis B infection.	- For passive immunity, determine the date of exposure to infection. Hepatitis B immune globulin should be administered preferably within 24 hours but not later than 7 days after exposure to hepatitis B. - Assess patients for signs of anaphylaxis (hypotension, flushing, chest tightness, wheezing, fever, dizziness, N/V, diaphoresis) after administration. Epinephrine and antihistamines should be available for treatment of anaphylactic reactions.
Erythromycin eye ointment	MOA: Eye ointment is given to newborns as soon as they are born to treat bacterial eye infections like bacterial conjunctivitis.	The ointment should not be washed out of the baby's eyes.
Phytonadione	MOA: Phytonadione is used to prevent bleeding. It is given to newborn babies at birth to prevent them from hemorrhaging.	Watch for allergic reactions from the injection on babies.
Prenatal vitamins	MOA: Prenatals contain folic acid, which helps prevent neural tube defects and gives your body the extra iron that	Drinking plenty of fluids and including more fiber in your diet to prevent constipation from the prenatals.

	is needed when pregnant.	
MMR Vaccine	MOA: A vaccine given as a single injection to prevent measles, mumps, and rubella. The first dose is given at 12 to 15 months of age and the second is given at 4 to 6 years of age.	Pregnant women should not get the vaccine, or people with a weakened immune system due to a disease.