

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
Methotrexate	<p>Mechanism of Action/Uses:</p> <p>Binds reversibly to dihydrofolate reductase to prevent folic acid from being reduced to tetrahydrofolate, a cofactor required to produce purines, proteins, and DNA (Nursing Drug Handbook, 2022).</p>	<p>This drug has the potential to be extremely harmful. This drug can cause bone marrow suppression, infections, toxicities, or sensitivities related to the kidneys, gastrointestinal tract, lungs, or skin. This drug should have its dosage adjusted or stopped if any of these side effects occur (Nursing Drug Handbook, 2022).</p> <p>Therapy must be stopped for diarrhea and ulcerative stomatitis; bleeding enteritis and intestinal perforation death are possible outcomes (Nursing Drug Handbook, 2022).</p>
Mifepristone	<p>Mechanism of Action/Uses:</p> <p>Mifepristone is used to treat persons with Cushing's syndrome who also have glucose intolerance or type 2 diabetes mellitus (hyperglycemia) (Drugs.com).</p>	<p>Numerous medications can interact and have harmful effects. Mifepristone and certain medications shouldn't be taken simultaneously (Drugs.com).</p> <p>A result from a negative pregnancy test will be required preceding commencing treatment of mifepristone (Drugs.com).</p> <p>Hormonal birth control methods such as pills, injections, implants, skin patches, and vaginal rings may become less effective when combined with mifepristone. To prevent pregnancy while using mifepristone, use a barrier type of birth control: condom, diaphragm, cervical cap, or contraceptive sponge (Drugs.com).</p>
Rhogam	<p>Mechanism of Action/Uses:</p> <p>RhoGAM is used to prevent an immune response to Rh positive blood in people with an Rh negative blood type. This medicine may also be used in the treatment of immune</p>	<p>The patient needs to disclose to the doctor if she is a Rh-negative woman who has become pregnant and if she has ever come into contact with Rh-positive blood. This covers exposure resulting from an incompatible blood transfusion or exposure while the patient was</p>

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	<p>thrombocytopenic purpura (ITP).</p> <p>RhoGAM may also be used for purposes not listed in this medication guide (Drugs.com).</p>	<p>pregnant for the first time. Every pregnancy the patient has will be greatly influenced by their past exposure to and treatment from drugs (Drugs.com).</p> <p>Human plasma, a portion of the blood that may include viruses and other infectious organisms, is used to make RhoGAM. Although donated plasma is examined and processed to lessen the likelihood that it contains infectious organisms, there is always a chance that disease could be spread. Talk with the doctor about the risks and advantages of using this drug (Drugs.com).</p> <p>Suppose the patient is receiving this drug to treat a mismatched blood transfusion. In that case, it's important to inform the healthcare provider if the patient is pregnant or if the patient ever intends to become pregnant (Drugs.com).</p>
Promethazine	<p>Mechanism of Action/Uses:</p> <p>A derivative of phenothiazine that fights histamine for effector cell H1-receptor sites. It does not counteract the effects of histamine; rather, it inhibits them. At large dosages, the drug has local anesthetic effects (Nursing Medication Handbook, 2022).</p>	<p>Accidental intra-atrial injections, perivascular extravasation, and intraneuronal or perineuronal drug infiltration can all result in irritation and tissue damage. Reverse reactions can include thrombophilia, tissue necrosis, burning, discomfort, and gangrene (Nursing Medication Handbook, 2022).</p>
Pyridoxine and Doxylamine	<p>Mechanism of Action/Uses:</p> <p>A combination medication called pyridoxine and doxylamine is used to treat morning sickness, or nausea and vomiting that occurs during pregnancy (Drugs.com).</p>	<p>If the patient has taken an MAO inhibitor within the last 14 days, do not administer pyridoxine and doxylamine. There may be a risky medication interaction. Isocarboxazid, linezolid, methylene blue injection, phenelzine, rasagiline, selegiline, tranlycypromine, and other medications are examples of MAO</p>

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Ondansetron	<p>Mechanism of Action:</p> <p>May hinder 5-HT₃ in the CNS in the chemoreceptor trigger zone and in the peripheral nervous system on nerve terminals of the vagus nerve (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>To avoid vomiting and nausea following surgery (Nursing Medication Handbook, 2022).</p> <p>To avoid radiation treatment-induced nausea and vomiting in patients undergoing complete body irradiation, either daily fractionated radiation therapy to the abdomen or a single high dose fraction radiation therapy to the abdomen (Nursing Medication Handbook, 2022).</p> <p>To avoid the highly emetogenic treatment from causing nausea and vomiting (Nursing Medication Handbook, 2022).</p>	<p>inhibitors (Drugs.com).</p> <p>The patient is advised not to breastfeed while utilizing doxylamine and pyridoxine (Drugs.com).</p> <p>It is not authorized for anyone under the age of 18 to take pyridoxine with doxylamine (Drugs.com).</p> <p>The patient may be at risk for a potentially deadly cardiac rhythm and a prolonged QT interval due to the drug. Monitor ECG in patients with congenital long QT syndrome, in those with HF or bradyarrhythmias, and in those on various drugs that potentially prolong the QT interval (Nursing Medication Handbook, 2022).</p> <p>Before administering this infusion medication, treat electrolyte disorders such as hypokalemia and hypomagnesemia (Nursing Medication Handbook, 2022).</p>
Betamethasone	<p>Mechanism of Action:</p> <p>Unclear, it is distributed across cell membranes to form complexes with receptors. This drug has vasoconstrictive, antiproliferative, anti-inflammatory, and antipruritic</p>	<p>The likelihood of systemic absorption increases with extended or thorough body surface treatment. Be alert for signs of hyperglycemia, glycosuria, Cushing syndrome, and suppression of the HPA axis. If HPA axis suppression happens, try stopping the</p>

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	<p>properties. Considered a medium-potency to very-high-potency medication (depending on the product), according to vasoconstrictive qualities (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Corticosteroid-responsive dermatoses causing inflammation and itching (Nursing Medication Handbook, 2022).</p> <p>Corticosteroid-responsive dermatoses of the scalp causing inflammation and itching (valerate exclusively) (Nursing Medication Handbook, 2022).</p> <p>Plaque psoriasis, mild to moderate (Nursing Medication Handbook, 2022).</p>	<p>medication or switching to a steroid that isn't as strong. Withdraw gradually (Handbook of Nursing Medication, 2022).</p> <p>Stop using corticosteroids until the infection is under control if an antifungal or antibiotic in combination with them does not show results right away (Nursing Medication Handbook, 2022).</p> <p>Medication may make glaucoma and posterior subcapsular cataracts more likely. If symptoms appear, think about being referred to an ophthalmologist for assessment (Nursing Medication Handbook, 2022).</p>
Indomethacin	<p>Mechanism of Action:</p> <p>May decrease prostaglandin synthesis, thereby generating anti-inflammatory, analgesic, and antipyretic properties (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>In premature infants, to seal a hemodynamically important patent ductus (Nursing Medication Handbook, 2022).</p> <p>Acute discomfort that is mild to severe (Nursing Medication Handbook, 2022).</p> <p>Gouty arthritis with an acute flare-up (Nursing Medication Handbook, 2022).</p>	<p>Watch for bleeding in patients receiving anticoagulants, people with coagulation deficiencies and neonates (Nursing Medication Handbook, 2022).</p> <p>Watch for and immediately examine signs and symptoms of heart attack (chest discomfort, shortness of breath or problems breathing) or stroke (weakness in one area or side of the body, slurred speech) (Nursing Medication Handbook, 2022).</p> <p>Keep an eye out for respiratory distress and rash in the patient, as these could be signs of a hypersensitivity reaction (Nursing Medication Handbook, 2022).</p>

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Magnesium Sulfate	<p>Mechanism of Action:</p> <p>Replaces magnesium and sustains magnesium level; as an anticonvulsant, inhibits muscular spasms by interfering with release of acetylcholine of myoneural junction (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Seizures and preeclampsia or eclampsia (Nursing Medication Handbook, 2022).</p> <p>Magnesium supplementation in TPN (Nursing Medication Handbook, 2022).</p> <p>Symptomatic severe hypomagnesemia, with magnesium level of 0.8 mEq/L or below (Nursing Medication Handbook, 2022).</p>	<p>Aluminum may be present in the drug. Due to their undeveloped renal function, premature neonates are more susceptible to aluminum poisoning. A daily exposure to aluminum over 4 to 5 mcg/kg is linked to toxicity to the central nervous system and bones (Nursing Medication Handbook, 2022).</p> <p>Check magnesium levels following multiple dosages. In patients with severe hypomagnesemia, check levels every hour. 1.5–2.5 mEq/L is the normal range for plasma magnesium (Nursing Medication Handbook, 2022).</p> <p>To reverse magnesium poisoning, keep intravenous calcium accessible (Nursing Medication Handbook, 2022).</p>
Terbutaline Sulfate	<p>Mechanism of Action:</p> <p>Stimulates beta 2 receptors, which relaxes bronchial smooth muscle (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Prevention and reversal of bronchospasm in patients with asthma and reversible bronchospasm associated with bronchitis and emphysema (Nursing Medication Handbook, 2022).</p>	<p>In pregnant patients, monitor blood pressure, potassium and glucose levels, lung function, and cardiovascular effects (heart rate, blood pressure, electrocardiogram, QTc-interval lengthening) (Nursing Medication Handbook, 2022).</p>
Glyburide	<p>Mechanism of Action:</p> <p>Unknown. Probably stimulates insulin release from pancreatic beta cells, reduces glucose output by the liver, and</p>	<p>An insulin therapy phase may be necessary for the patient during times of heightened stress, such as infections, fevers, surgeries, or trauma. In these circumstances, closely monitor the patient for</p>

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	<p>increases peripheral sensitivity to insulin (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Supplement to diet in patients with type 2 diabetes to reduce blood sugar levels (Nursing Medication Handbook, 2022).</p> <p>To replace insulin therapy (Nursing Medication Handbook, 2022).</p>	<p>hyperglycemia (Nursing Medication Handbook, 2022).</p> <p>Before meals, patients transferring from insulin therapy to oral antibiotics should check their blood sugar at least three times a day. Patient may need hospitalization throughout transition (Nursing Medication Handbook, 2022).</p> <p>It is a sulfonylurea of the second generation. Compared to first-generation medications like chlorpropamide, adverse effects are less common with second-generation pharmaceuticals (Nursing Medication Handbook, 2022).</p>
<p>Insulin</p>	<p>Mechanism of Action:</p> <p>Reduces blood sugar by promoting the absorption of glucose by skeletal muscle and fat in the periphery and by preventing the synthesis of glucose in the liver. Furthermore promotes protein synthesis, suppresses adipocyte lipolysis, and suppresses proteolysis (Nurse's Drug Handbook, 2023)</p> <p>Uses:</p> <p>Adults not using insulin at the moment (Nurse's Drug Handbook, 2023)</p> <p>Moving adults from subcutaneous insulin used during meals (prandial) (Nurse's Drug Handbook, 2023)</p> <p>Adult switching from subcutaneous insulin premixed (Nurse's Drug Handbook, 2023)</p>	<p>Note that in patients with type 1 diabetes mellitus, inhaled insulin must be taken in conjunction with long acting insulin; it is not a replacement for the latter (Nurse's Drug Handbook, 2023)</p> <p>Be aware that patients who smoke or who have just quit smoking should not use inhaled insulin to treat diabetic ketoacidosis. Additionally, be aware that although lung cancer is uncommon, non-smokers who have been taken inhaled insulin have developed lung cancer; therefore, the medicine is not advised for patients with active lung cancer, a history of lung cancer, or risk factors for lung cancer (Nurse's medicine Handbook, 2023)</p> <p>Before starting inhaled insulin therapy, make sure the patient has had a thorough medical history, physical examination, and spirometry to rule out any lung diseases. This is because the medication shouldn't be given to</p>

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		<p>people who already have chronic lung illness. Following the first six months of treatment, spirometry should be performed again, then once a year after that. If the patient's pulmonary function declines by 20% or more, the medicine should be stopped (Nurse's medicine Handbook, 2023)</p> <p>Keep a close eye on the patient's blood glucose level to see whether the prescribed dosage has to be adjusted. Anticipate dosage modifications during acute illness or in response to changes in the patient's hepatic or renal function, eating habits, and physical activities (Nurse's Drug Handbook, 2023)</p> <p>Patients at risk for hypokalemia, such as those taking medications sensitive to serum potassium concentrations, receiving insulin intravenously, or taking potassium-lowering medications, should have their serum potassium levels monitored throughout inhaled insulin therapy (Nurse's Drug Handbook, 2023)</p>
Hydralazine hydrochloride	<p>Mechanism of Action:</p> <p>Not fully understood. Arteriolar smooth muscle is relaxed by a direct acting peripheral vasodilator (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Hypertension (Nursing Medication Handbook, 2022).</p> <p>Hypertensive emergency (Nursing Medication Handbook, 2022).</p>	<p>Elderly individuals may be more vulnerable to the medicine's hypotensive effects (Nursing Medication Handbook, 2022).</p> <p>Keep a cautious eye out for any indications or symptoms of lupus, such as fever, rash, sore throat, and muscle and joint aches, and report them to the prescriber right once. It might be required to use long-term steroid therapy (Nursing Medication Handbook, 2022).</p> <p>Regularly check patients' blood pressure, heart rate, and body weight when they are seated,</p>

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	Decreased ejection fraction heart failure (Nursing Medication Handbook, 2022).	standing, or lying down. Drug may be taken alongside diuretics and beta blockers to lower salt retention and tachycardia and to avoid angina attacks (Nursing Medication Handbook, 2022).
Labetalol	<p>Mechanism of Action:</p> <p>May be associated to lower peripheral vascular resistance, as a result of alpha and beta blocking (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Hypertension (Nursing Medication Handbook, 2022).</p> <p>Hypertensive situations and severe hypertension (Nursing Medication Handbook, 2022).</p>	<p>Regularly check your blood pressure. Drug conceals typical shock symptoms and indicators (Nursing Medication Handbook, 2022).</p> <p>While the patient is getting IV therapy, keep them in a supine position. Before permitting the patient to walk, closely check their blood pressure (Nursing Medication Handbook, 2022).</p> <p>Before surgery, don't usually stop using long-term beta blocker medication (Nursing Medication Handbook, 2022).</p>
Nifedipine	<p>Mechanism of Action:</p> <p>Thought to reduce contractility and oxygen demand by blocking calcium ion influx across cardiac and smooth muscle cells. Additionally, the drug may dilate arterioles and coronary arteries (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Vasospastic angina (Prinzmetal or variant angina), classic chronic stable angina pectoris (Nursing Medication Handbook, 2022).</p> <p>Hypertension (Nursing Medication Handbook, 2022).</p> <p>Raynaud phenomenon (Nursing Medication Handbook, 2022).</p>	<p>Particularly for patients on beta blockers or antihypertensives, routinely check blood pressure and heart rate (Nursing Medication Handbook, 2022).</p> <p>Be aware of heart failure signs (Nursing Medication Handbook, 2022).</p> <p>Peripheral edema is the most frequent side effect, and it usually appears two to three weeks after medication begins (Nursing Medication Handbook, 2022).</p> <p>Give no immediate-release capsules in ACS patients or within a week of acute MI (Nursing Medication Handbook, 2022).</p>

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Calcium gluconate	<p>Mechanism of Action:</p> <p>Keeps the calcium level stable and replenishes it (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Conjunctive treatment of magnesium intoxication (Nursing Medication Handbook, 2022).</p> <p>Hypophosphatemia (Nursing Medication Handbook, 2022).</p> <p>Secondary cardiac toxicity due to hyperkalemia (Nursing Medication Handbook, 2022).</p> <p>Dietary supplement (Nursing Medication Handbook, 2022).</p> <p>During exchange transfusions (Nursing Medication Handbook, 2022).</p>	<p>When treating patients who are digitalized, have sarcoidosis, renal or cardiac disease, or have electrolyte abnormalities, use all calcium products very carefully. Use calcium chloride sparingly in patients with cor pulmonale, respiratory acidosis, or respiratory failure (Nursing Medication Handbook, 2022).</p> <p>Verify again that the calcium you're given is the right kind; a resuscitation cart may have both calcium chloride and calcium gluconate (Nursing Medication Handbook, 2022).</p> <p>Check calcium levels often. Large doses may cause hypercalcemia, which can lead to chronic renal failure. Report anomalies (Nursing Medication Handbook, 2022).</p>
Misoprostol	<p>Mechanism of Action/Uses:</p> <p>Misoprostol lowers stomach acid and guards against aspirin and nonsteroidal anti-inflammatory drug (NSAID)-induced stomach lining damage (Drugs.com).</p> <p>Synthetic prostaglandin misoprostol functions by "replacing" prostaglandins whose synthesis is inhibited by NSAIDs or aspirin. It is intended to stop stomach ulcers from forming while taking an NSAID or aspirin. NSAIDs include, among others, meloxicam, celecoxib, diclofenac, indomethacin, naproxen (Aleve), and ibuprofen (Advil, Motrin) (Drugs.com).</p>	<p>Might result in birth abnormalities. If the patient is pregnant, do not use unless misoprostol is being used for symptoms related to pregnancy. While using misoprostol and for at least a month following their last dosage, the patient is required to use an effective birth control method. Tell the doctor if the patient becomes pregnant (Drugs.com).</p>

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	<p>Misoprostol is used in hospitals to treat severe postpartum bleeding, induce labor in women whose membranes have ruptured prematurely, and induce cervical ripening (Drugs.com).</p> <p>Misoprostol is also used for abortions, either by itself or in conjunction with methotrexate or mifepristone (Drugs.com).</p>	
Cervidil	<p>Mechanism of Action/Uses:</p> <p>Cervidil is a prostaglandin, which is an endogenous hormone that is spontaneously produced by bodily tissues (Drugs.com).</p> <p>In order to prepare a pregnant woman for inducing labor near the conclusion of her pregnancy, Cervidil is used to relax the muscles of the cervix, or opening of the uterus (Drugs.com).</p>	<p>When used to induce labor, cervidil is not anticipated to be detrimental to the fetus (Drugs.com).</p> <p>It is not recommended for the patient to breastfeed while using Cervidil (Drugs.com).</p>
Penicillin G	<p>Mechanism of Action:</p> <p>Inhibits cell-wall production during bacterial proliferation (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Endocarditis or pericarditis brought on by streptococcus bovis and viridans streptococci that are susceptible to penicillin (Nursing Medication Handbook, 2022).</p> <p>Rat bite fever; Haverhill fever with streptobacillus moniliformis-induced endocarditis (Nursing Medication Handbook, 2022).</p>	<p>Drugs may change the healthy gut flora. Keep an eye out for diarrhea in the patient and start treatment as necessary. Stopping the drug can be necessary (Nursing Medication Handbook, 2022).</p> <p>Keep a watchful eye on the patient. In patients who are elderly, disabled, or immunocompromised, excessive doses and prolonged therapy may result in bacterial or fungal super-infection (Nursing Medication Handbook, 2022).</p> <p>The overgrowth of non-susceptible organisms (super-infections) can result from the usage of antibiotics. Keep an eye out for infections in the patient (Nursing Medication Handbook, 2022).</p>

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	<p>Clostridial infections (Nursing Medication Handbook, 2022).</p> <p>Anthrax (Nursing Medication Handbook, 2022).</p>	
Methylergonovine	<p>Mechanism of Action/Uses:</p> <p>Methylergonovine is used immediately after a baby is born, to help deliver the placenta (sometimes called the "afterbirth"). Additionally, it is used to enhance uterine muscle tone following childbirth and assist in controlling bleeding (drugs.com).</p>	<p>Methylergonovine should not be used by the patient when she is pregnant. Methylergonovine should only be taken following childbirth (Drugs.com).</p> <p>Within 12 hours of taking methylergonovine, avoid breastfeeding (drugs.com).</p>
Nalbuphine (Nubain)	<p>Mechanism of Action:</p> <p>Not sure. Changes how an emotional reaction to pain is perceived by binding with opioid receptors in the central nervous system (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Patients who are not opioid-tolerant and experience moderate to severe pain (Nursing Medication Handbook, 2022).</p> <p>Preoperative and postoperative analgesia; obstetric analgesia during labor and delivery; adjunct to balanced anesthesia (Nursing Medication Handbook, 2022).</p>	<p>After parenteral delivery, reevaluate the patient's pain threshold at least 15 and 30 minutes later (Nursing Medication Handbook, 2022).</p> <p>Keep a close eye on all patients receiving opioids, especially those getting IV medications, including those administered postoperatively, in terms of their vital signs, pain level, respiratory status, and degree of drowsiness (Nursing Medication Handbook, 2022).</p> <p>Assess the patient's risk of opioid abuse, misuse, and addiction prior to initiating medication. Keep an eye out for these conditions or behaviors in the patient on a regular basis (Nursing Medication Handbook, 2022).</p>
Naloxone--	<p>Mechanism of Action:</p> <p>May displace opioid analgesics from their receptors (competitive antagonism); medication has no pharmacologic effect of its own (Nursing Medication Handbook,</p>	<p>Patients should be properly monitored as post-operative reversal of opioid depression may have serious cardiovascular effects (Nursing Medication Handbook, 2022).</p> <p>Large dosages of naloxone are</p>

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	<p>2022).</p> <p>Uses:</p> <p>Respiratory depression brought on by opioids that are known or suspected, including butorphanol, pentazocine, methadone, and nalbuphine (Nursing Medication Handbook, 2022).</p> <p>Opioid depression following surgery (Nursing Medication Handbook, 2022).</p> <p>Emergency care for opioid overdoses that are suspected or confirmed (Nursing Medication Handbook, 2022).</p>	<p>necessary to antagonize buprenorphine; reversal effects have a slow onset (Nursing Medication Handbook, 2022).</p> <p>In a few of minutes, the respiratory rate rises (Nursing Medication Handbook, 2022).</p> <p>The medication is only useful in treating opioid-induced respiratory depression; it has no effect on respiratory depression brought on by other drugs, such as benzodiazepines (Nursing Medication Handbook, 2022).</p> <p>Keep an eye out for any indications or symptoms of opioid withdrawal in the patient, particularly in newborns under 4 weeks old (Nursing Medication Handbook, 2022).</p>
Fentanyl	<p>Mechanism of Action: Alters the experience of and emotional reaction to pain by binding with opioid receptors in the central nervous system (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>To treat patients who require continuous, round-the-clock opioid analgesics for a lengthy period of time, as well as those with moderate to severe chronic pain (Nursing Medication Handbook, 2022).</p> <p>To treat cancer patients' breakthrough pain who are already using and tolerant of opioids (Nursing Medication Handbook, 2022).</p>	<p>Keep an eye out for signs of opioid addiction, abuse, and misuse in your patients on a regular basis (Nursing Medication Handbook, 2022).</p> <p>There is a chance of respiratory depression that is severe, lethal, or both. Carefully monitor the patient, particularly in the first 24 to 72 hours after starting the medication and following a dosage increase (Nursing Medication Handbook, 2022).</p> <p>Even with proper usage and no abuse or misuse, transdermal drugs can cause respiratory depression or even death. Medication should only be prescribed by medical professionals who are experienced in managing chronic pain with strong opioids. Drug is contraindicated usage in conditions in which the risk of life-threatening</p>

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	Breathing difficulties (tachypnea) emergency delirium, restlessness, and discomfort during surgery (Nursing Medication Handbook, 2022).	respiratory depression is greatly elevated. Only in hospitals may transdermal patches be used (Nursing Medication Handbook, 2022).
Ibuprofen	<p>Mechanism of Action:</p> <p>Possible side effects include anti-inflammatory, analgesic, and antipyretic effects due to inhibition of prostaglandin synthesis (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Reduced temperature in children; mild to moderate pain; moderate to severe pain in addition to opioid analgesics (Nursing Medication Handbook, 2022).</p> <p>High temperature and mild to severe pain (Nursing Medication Handbook, 2022)</p> <p>Alleviation of juvenile arthritis symptoms and indicators (Nursing Medication Handbook, 2022).</p>	<p>When patients are on long-term therapy, check their liver and kidney function on a regular basis. If any abnormalities arise, cease taking the medication and let the physician know (Nursing Medication Handbook, 2022).</p> <p>It is important to monitor blood pressure as certain medications have the potential to create new hypertension or exacerbate pre-existing hypertension, both of which may raise the risk of cardiovascular events (CV events) (Nursing Medication Handbook, 2022).</p> <p>Changes in color vision and blurred or decreased vision are possible (Nursing Medication Handbook, 2022).</p> <p>NSAIDs may conceal infection signs and symptoms due to their antipyretic and anti-inflammatory properties (Nursing Medication Handbook, 2022).</p>
acetaminophen	<p>Mechanism of Action:</p> <p>It is believed to cause analgesia by blocking prostaglandin and other chemicals that irritate pain receptors. The drug may reduce fever through central action in the hypothalamus heat-regulating center (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Mild to moderate pain; mild to</p>	<p>In patients with hepatic or renal impairment, think about decreasing the total daily dose and extending the intervals between doses (Nursing Medication Handbook, 2022).</p> <p>When prescribing, preparing, and giving IV acetaminophen, exercise caution to prevent dosage errors that could result in an unintentional overdose and death. Take care to avoid confusing the dosage in milliliters with the dosage in</p>

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	<p>moderate pain with supplementary opioid analgesics; fever (Nursing Medication Handbook, 2022).</p> <p>Mild pain or fever (Nursing Medication Handbook, 2022).</p>	<p>milligrams. For patients under 50 kg, make sure the infusion pump is properly programmed, base the dosage on weight, and make sure the total daily dose of acetaminophen from all sources does not exceed the maximum daily limit (Nursing Medication Handbook, 2022).</p> <p>When calculating the total daily dosage, keep in mind that acetaminophen is a common ingredient in both OTC and prescription medicines (Nursing Medication Handbook, 2022).</p>
<p>oxycodone</p>	<p>Mechanism of Action:</p> <p>Not sure. changes how painkillers are perceived emotionally by binding with opioid receptors in the central nervous system (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Pain ranging from mild to severe (Nursing Medication Handbook, 2022).</p> <p>Patients with mild to serious pain who are not now on opioids and require a continuous, round-the-clock analgesic for a prolonged period of time (Nursing Medication Handbook, 2022).</p>	<p>When prescribing and giving oxycodone concentrated oral solution, exercise caution to prevent dosing errors that could result in an unintentional overdose and death. These errors could be caused by confusion between milligrams and milliliters as well as between different concentrations of oxycodone solutions. Make careful to convey and provide the appropriate dosage (Nursing Medication Handbook, 2022).</p> <p>There is a chance of respiratory depression that is severe, lethal, or both. Monitor patient closely, especially within initial 24 to 72 hours of starting medicine and following a dosage increase (Nursing Medication Handbook, 2022).</p> <p>Check for indications of abuse, addiction, and misuse of opioids on a regular basis for all patients receiving them (Nursing Medication Handbook, 2022).</p> <p>Drug overdoses can be deadly even if they are accidentally consumed, especially by young children</p>

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Medication	Mechanism of Action/Use	Nursing considerations (Nursing Medication Handbook, 2022).
hydrocodone	<p>Mechanism of Action:</p> <p>Acts as a complete agonist predominantly at the mu opioid receptor, binding to and activating opioid receptors at different places in the CNS to generate analgesia (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Management of pain sufficiently severe to necessitate long-term, daily opioid medication when other options are insufficient (Nursing Medication Handbook, 2022).</p>	<p>Drugs are susceptible to misuse, theft, and diversion (Nursing Medication Handbook, 2022).</p> <p>Keep an eye out for respiratory depression in patients, particularly in the first 24 to 72 hours after starting a medication or following a dosage increase. Serious, life-threatening, or deadly respiratory depression can develop (Nursing Medication Handbook, 2022).</p> <p>Patients who have a personal or family history of substance abuse should be closely watched for drug abuse or misuse (drug or alcohol addiction or abuse, mental illness). Patients should be advised about the dangers and appropriate use of medications (Nursing Medication Handbook, 2022).</p>
ketorolac	<p>Mechanism of Action:</p> <p>May decrease prostaglandin synthesis to generate anti-inflammatory, analgesic, and antipyretic effects (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Single-dose therapy for the short-term management of moderately severe acute pain (Nursing Medication Handbook, 2022).</p> <p>Temporary therapy for moderately severe, acute pain with various doses of treatment (Nursing Medication Handbook, 2022).</p> <p>Short-term management of</p>	<p>Prior to administering medication, treat hypovolemia (Nursing Medication Handbook, 2022).</p> <p>Keep a close eye on those using anticoagulants and those with coagulopathies. The medication can cause bleeding to last longer by inhibiting platelet aggregation (Nursing Medication Handbook, 2022).</p> <p>NSAIDs may hide signs and symptoms of infection because of their antipyretic and anti-inflammatory activities (Nursing Medication Handbook, 2022).</p> <p>Ketalar and ketorolac are not the same thing but can be confused (Nursing Medication Handbook, 2022).</p>

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Medication	Mechanism of Action/Use	Nursing considerations
	<p>moderately severe, acute pain during the transition from parenteral to oral medication delivery (oral medication should never be administered without the patient having first received parenteral therapy; oral medication is only indicated as a continuation of parenterally given drug (Nursing Medication Handbook, 2022).</p>	
<p>Hepatitis B vaccine</p>	<p>Mechanism of Action/Uses:</p> <p>It is used to prevent hepatitis B infection (Drugs.com).</p>	<p>Inform the physician and pharmacist of all prescribed and over-the-counter medications, natural supplements, vitamins, and health issues the patient may be experiencing. The patient needs to confirm that taking the recombinant hepatitis B vaccine is safe in light of all of their medications and medical conditions. Consult your doctor before beginning, stopping, or altering any medication's dosage (Drugs.com).</p>
<p>Erythromycin eye ointment</p>	<p>Mechanism of Action:</p> <p>inhibit the synthesis of proteins; often bacteriostatic, although at large quantities or when applied to extremely vulnerable species, bactericidal effects are possible (Nursing Medication Handbook, 2022).</p> <p>Uses:</p> <p>Acute and chronic conjunctivitis, various eye infections (ophthalmic ointment) (Nursing Medication Handbook, 2022).</p> <p>To avoid neonatal ophthalmia triggered by Neisseria gonorrhoeae or Chlamydia trachomatis (ophthalmic ointment) (Nursing Medication Handbook, 2022).</p>	<p>The purpose of ointment and pads is to treat inflammatory acne exclusively; they are not meant to treat superficial skin infections (Nursing Medication Handbook, 2022).</p> <p>Keep topical medications away from heat sources and flames as they may catch fire (Nursing Medication Handbook, 2022).</p> <p>Ophthalmic drugs should be kept in tightly closed, light-resistant containers at room temperature (Nursing Medication Handbook, 2022).</p>

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
	<p>Topical gel, topical pads, and topical solution for inflammatory acne vulgaris (Nursing Medication Handbook, 2022).</p>	
Phytonadione	<p>Mechanism of Action/Uses:</p> <p>Phytonadione is used to address vitamin K insufficiency as well as certain bleeding or blood-clotting issues brought on by particular illnesses or medications (Drugs.com).</p>	<p>It is unknown if this medication will be harmful to a fetus. Tell the doctor if you are pregnant or intend to become pregnant (Drugs.com).</p> <p>Breastfeeding a child while the patient is on this medication might not be safe. Find out about any hazards from the doctor (Drugs.com).</p> <p>A component in phytonadione injections may have the potential to induce fatal adverse effects in very young or preterm newborns. Do not give young children any phytonadione without first seeing a doctor (Drugs.com).</p>
Prenatal vitamins	<p>Mechanism of Action/Uses:</p> <p>It is used to support the growth and healthy development of the infant (Drugs.com).</p>	<p>Inform the physician and pharmacist of all prescribed and over-the-counter medications, natural supplements, vitamins, and health issues the patient may be experiencing. The patient needs to confirm that taking these vitamins in addition to all of their medications and medical conditions is safe. Consult the doctor before beginning, stopping, or altering any medication's dosage (Drugs.com).</p>
MMR vaccine	<p>Mechanism of Action/Uses:</p> <p>People 12 months of age and older who have never gotten the vaccine or have had the diseases are eligible to receive the MMR vaccine (Drugs.com).</p> <p>By making the body immune to the illness, the measles, mumps, and rubella (MMR) vaccine helps prevent these illnesses. An</p>	<p>If the patient is pregnant, the patient shouldn't have the MMR vaccine. Wait until after the child is born to receive the immunization (Drugs.com).</p> <p>Consult a physician regarding the safety of breastfeeding after receiving the measles, mumps, and rubella (MMR) vaccine (Drugs.com).</p>

Medications Commonly used in Maternal Newborn

Medication	Mechanism of Action/Use	Nursing considerations
	<p>active infection that has already taken hold in the body cannot be treated by this vaccine (Drugs.com).</p>	
<p>Tetanus & reduced diphtheria toxoids/acellular pertussis vaccine</p>	<p>Mechanism of Action/Uses:</p> <p>Adults aged 10 to 64 can benefit from tetanus, diphtheria, and acellular pertussis vaccine (Tdap) to help avoid these illnesses (Drugs.com).</p>	<p>The Tdap vaccine requirement should be assessed by the patient's physician or immunization provider if the patient is pregnant or nursing (Drugs.com).</p> <p>To monitor the impact of this vaccination on the unborn child, the patient's name might be added to a pregnancy registry if they are expecting (Drugs.com).</p> <p>It is not recommended to administer the Adacel, Boostrix vaccine to anyone younger than ten years old. For children under the age of ten, there is an additional vaccine that can be administered (Drugs.com).</p>
<p>Lidocaine mucosal gel</p>	<p>Mechanism of Action/Uses:</p> <p>Pain is stopped using it (Drugs.com).</p> <p>It is applied to reduce skin irritation pain (Drugs.com).</p>	<p>If the patient is allergic to lidocaine or any other component of the gel, do not administer (Drugs.com).</p> <p>If the patient has open sores or damaged skin where the medication will be applied, do not administer (Drugs.com).</p> <p>If the patient exhibits numbness, swollen skin, or lacks pain perception at the site of administration, do not provide the medication (Drugs.com).</p>

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Medication	Mechanism of Action/Use	Nursing considerations
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