

ATI OB REMEDIATION

Management of Care

Medical Conditions: Priority Finding That Requires Further Assessment

- For cervical insufficiency (premature cervical dilation) report findings of preterm labor, rupture of membranes, infection, strong contractions less than 5 minutes apart, severe perineal pressure, and the urge to push to the provider.
- With hyperemesis gravidarum, monitor chemistry profile such as sodium, potassium, and chloride because of reduced from low intake which may reveal electrolyte imbalances.
- For gestational diabetes mellitus, a biophysical profile is to ascertain fetal well-being if nonstress test is nonreactive.

Health Promotion and Maintenance

Ante/Intra/Postpartum and Newborn Care

- Immediately following the rupture of membranes, a nurse should assess the FHR for abrupt decelerations, which are indicative of fetal distress to rule out umbilical cord prolapse.
- Measure fundal height starting in the second trimester. From weeks 18-30, the fundal height in centimeters is approximately the same as the number of weeks gestation.
- All Rh-negative patients who have newborns who are Rh-positive must be given Rho(D) immune globin administered IM within 72 hours of the newborn being born to suppress antibody formation in the mother.

Health Promotion/Disease Prevention

- For hyperbilirubinemia, assess maternal and newborn blood type to determine whether there is ABO incompatibility. This occurs if the newborn has blood type A or B, and the parent is type O.
- Nursing care for neonatal abstinence syndrome: monitor newborn's fluids and electrolytes with skin turgor, mucous membranes, fontanelles, daily weights, and I&O.
- A healthy term newborn's blood glucose should be between 40 and 60 mg/dL.

Health Screening

- Normal temperature range for newborn is 36.5 C to 37.5 C (97.7 F to 99.5 F), with 37 C (98.6 F) being average.
- Nevus flammeus (port wine stain) is a capillary angioma below the surface of the skin that is purple or red, varies in size and shape, is commonly seen on the face, and does not blanch or disappear.
- Expected hemoglobin values should be 14 to 24 g/dL.

Basic Care and Comfort

Non-Pharmacological Comfort Interventions

- Effleurage is using light, gentle circular stroking of the patient's abdomen with the fingertips in rhythm with breathing during contractions.
- Sacral counterpressure is consistent pressure that is applied by the support person using the heel of the hand or fist against the patient's sacral area to counteract pain in the lower back.
- Hydrotherapy with the whirlpool or shower increases maternal endorphin levels.

Nutrition and Oral Hydration

- Major sources of calcium include dairy, broccoli, kale, and fortified grains.
- Findings of calcium deficiency: tetany, positive Chvostek's and Trousseau's signs, ECG changes, osteoporosis in adults, and poor growth in children.
- Nursing actions for calcium deficiency: monitor ECG and respiratory status and give PO tablets with vitamin D.

Pharmacological and Parenteral Therapies

Adverse Effects/Contraindications/Side Effects/Interventions

- For infertility, ovarian stimulation-medications are prescribed such as Clomiphene citrate to stimulate the ovary to produce follicles.
- Hysterosalpingography is a radiological procedure in which dye is used to assess the patency of the fallopian tubes. Assessing for history of allergies to iodine and seafood prior to beginning the procedure.
- Postcoital test evaluates coital technique and mucus secretions.

Medication Administration

- Labor induction using Oxytocin, initiate no sooner than 4 hours after the administration of misoprostol, and 6 to 12 hours after dinoprostone gel instillation or removal of a dinoprostone insert.
- With Terbutaline, notify the provider of heart rate greater than 130/min, chest pain, cardiac arrhythmias, myocardial infarction, blood pressure less than 90/60 mm Hg, or pulmonary edema.
- Administer Terbutaline 0.25 mg subcutaneously every 4 hr, for up to 24 hr.

Reduction of Risk Potential

Changes/Abnormalities in Vital Signs

- Nursing action for hypothermia, if the newborn is unstable, place the newborn in a radiant warmer, and maintain skin temperature approximately 36.5 C (97.7 F) and assess temperature every hour until stable.
- Normal heart rate ranges from 110 to 160/min with brief fluctuations above and below this range depending on activity level (crying and sleeping).
- Airway obstruction related to mucus: suction mouth and then nose with a bulb syringe. Mouth should be suctioned first to prevent aspiration as the nose is suctioned.

Diagnostic Tests

- Glucose levels should be measured in newborns who have risk factors or manifestations of hypoglycemia, obtain a laboratory specimen to verify a bedside glucose finding less than 45 mg/dL.
- A nonstress test allows a nurse to assess the FHR in relationship to the fetal movement.
- The nonstress test rules out the risk for fetal death in patients who have diabetes mellitus and is used twice a week starting at 28 to 32 weeks gestation.

Potential for Complications of Diagnostic Tests/Treatments/Procedures

- Following an epidural there can be a decrease or loss of FHR variability, nursing interventions include stimulating the fetal scalp, assisting the provider with application of scalp electrode, and placing the patient in left-lateral position.
- Anesthetic medications can cause fetal bradycardia (FHR less than 110/min for 10 min or more), nursing interventions include, discontinuing oxytocin if being administered, assist patient in side-lying position, administer oxygen at 10/L via nonrebreather face mask, insert an IV catheter, administer a tocolytic medication, and notify the provider.
- Vaginal exams can cause early deceleration of FHR which is slowing of FHR at the start of contraction with return of FHR to baseline at the end of contraction, there is no intervention that is required.

Laboratory Values

- Preeclampsia is gestational hypertension with the addition of proteinuria of greater than or equal to +1.
- Gestational hypertension expected laboratory findings include elevated liver enzymes, increased creatinine, increased plasma uric acid, thrombocytopenia, and hyperbilirubinemia.
- With gestational diabetes mellitus, the presence of ketones in urine assess the severity of ketoacidosis.

Physiological Adaptation

Unexpected Responses to Therapies

- Following an epidural, maternal hypotension may be an adverse effect, nursing actions include, institute safety precautions, assess for nausea and administer antiemetics, monitor maternal vital signs, monitor for allergic reaction, and continue FHR pattern monitoring.
- Nursing interventions for late decelerations of FHR: place patient in side-lying position, insert IV catheter and increase rate of IV fluid, discontinue oxytocin if being infused, administer oxygen at 8-10 L/min via nonrebreather face mask, elevate patients' legs, and notify provider.
- Leopold maneuvers for breech presentation: fetal heart tones should be assessed above the patient's umbilicus in either the right or left upper quadrant of the abdomen.

Alterations in Body Systems

- All HIV positive infected patient should be treated with combination therapy and should be taken as soon as possible throughout pregnancy and before the onset of labor or cesarean birth.
- Expected findings of trichomoniasis in females include: yellow-green, frothy vaginal discharge with foul odor, dyspareunia and vaginal itching, and dysuria.
- Necrotizing enterocolitis is an inflammatory disease of the gastrointestinal mucosa due to ischemia.