

Nursing Care Of Woman With Complications During Pregnancy

- Assessment Of Fetal Health
 - Testing
 - Ultrasound
 - MRI
 - Doppler Studies
 - Alpha Fetoprotein
 - Amniocentesis
 - Nonstress test

Hyperemesis Gravidarum

- Manifestations
 - Unable to retain food because of severe n/v.
- Treatment
 - Correct dehydration and electrolyte imbalance.
- Nursing Care
 - Avoid foods that cause nausea.

Bleeding Disorders Of Early Pregnancy

- Abortion
- Spontaneous
 - Nonintentional – threatened, inevitable, incomplete misses, and recurrent.
- Induced
 - Therapeutic – preserve the health care of the mother. Elective.

Abortions

- Treatment
 - All efforts to keep the fetus in utero until age of viability.
 - Cerclage – suturing a cervix that is incompetent to have the fetus remain in utero.

Abortions

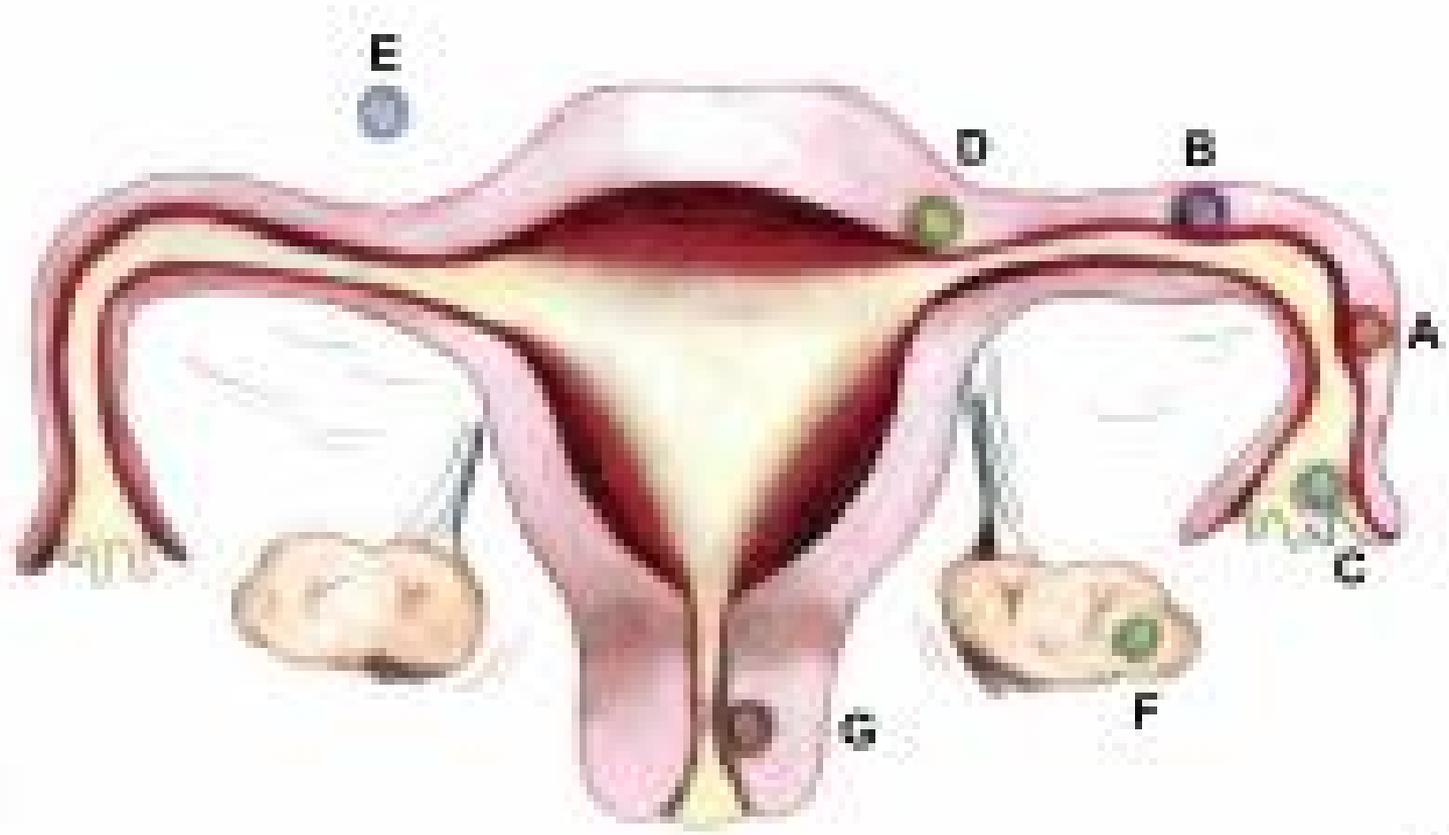
- Preterm – termination of pregnancy after 20 weeks gestation.
- Counseling is important.
- Oxytocin is given after curettage.
- Rho Gam is given to the mother who is Rh negative to prevent antibodies from developing.

Bleeding Disorders Of Early Pregnancy

- Ectopic Pregnancy
 - Definition
 - Fertilized ovum or zygote is implanted outside the uterine cavity.
 - Causes
 - Intrauterine device for contraceptive, causes inflammation within the uterus.
 - Symptoms
 - Lower back pain with light bleeding.
 - Tube ruptures – severe abd pain, vaginal bleeding, and hypovolemic shock.
 - Shoulder pain indicates that bleeding is in the abd.

Ectopic Pregnancy

- Treatment
 - hCG – to see if women is pregnant.
 - Transvaginal US – see if embryo is growing in the uterine cavity.
 - Lap – to check for any damage to the tubes. Try to preserve the tubes for future pregnancies.
 - Priority – control blood loss.
 - May need blood transfusion.



Hydatidiform Mole

- Definition
 - Known as molar pregnancy.
 - Occurs when chorionic villi abnormally increase and develop vesicles (small sacs)
 - That resemble tiny grapes.
- Manifestations
 - Bleeding – spotting to profuse bleeding.
 - Rapid uterine growth and uterine size.
 - Failure to detect fetal heart activity.
 - Hyperemesis.
 - Early pregnancy induced hypertension.
 - Higher than expected levels of hCG.

Hydatidiform Mole

- Treatment
 - Uterus is evacuated by vacuum aspiration and D&C.
 - Levels of hCG is tested until it is undetectable.
 - Levels are followed for at least one yrs.
- Nursing Care
 - Observe for bleeding and shock.
 - Care is similar to that with spontaneous abortion and ectopic pregnancy.

Bleeding Disorders Of Late Pregnancy

- Placenta Previa
 - Occurs when the placenta develops in the lower part of uterus instead of in the upper part.
 - Types or degrees
 - Marginal – reaches within 2 to 3 cm of cervical opening.
 - Total – completely covers cervical opening.
 - Low lying placenta – implanted near cervix but does not cover any of the opening.

Bleeding Disorders Of Late Pregnancy

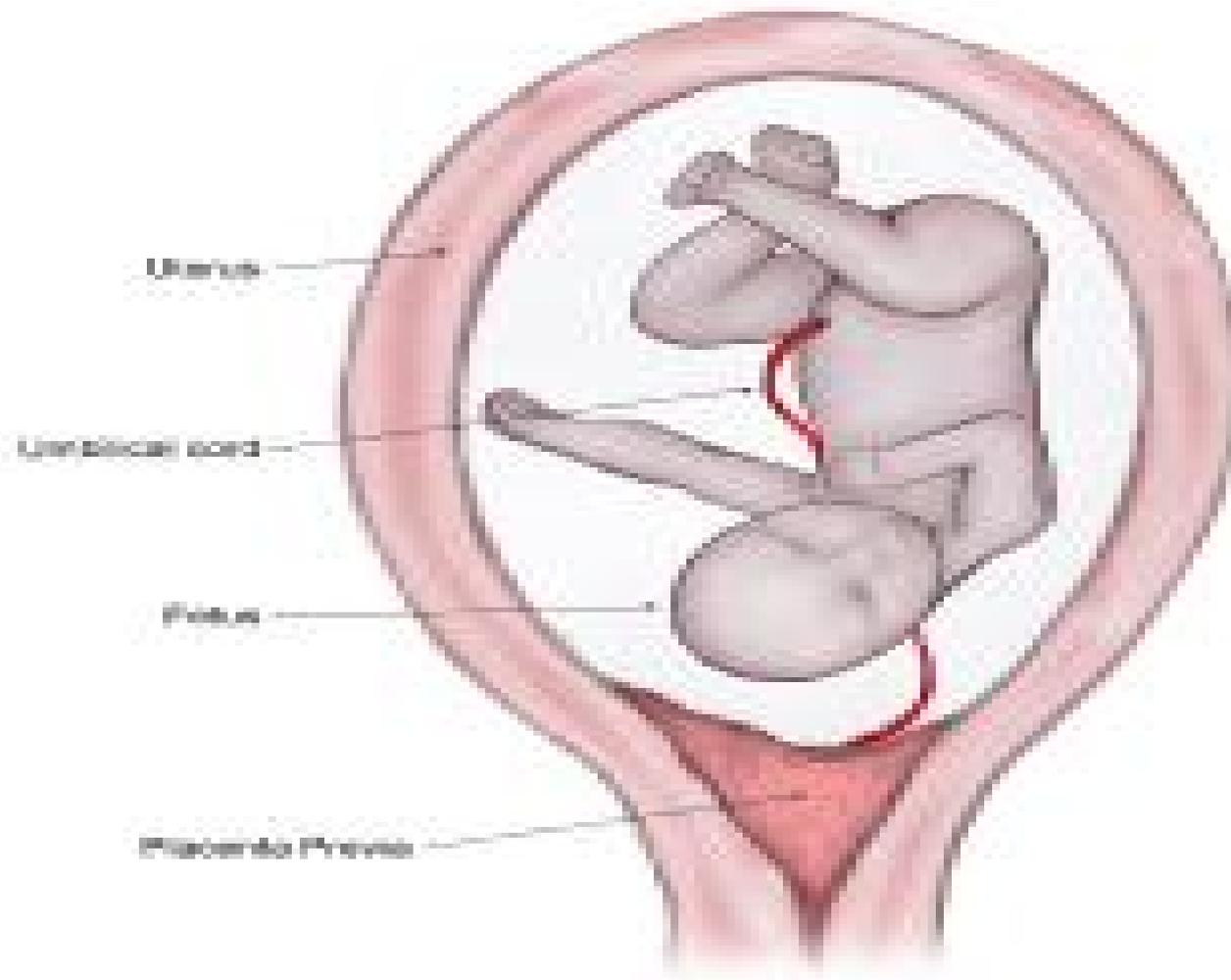
- Symptoms
 - PAINLESS vaginal, bright red bleeding.
 - Fetus shows abnormal presentation.
 - Fetus may have anemia or hypovolemic shock due to loss of fetal blood.
 - Woman may experience an infection or hemorrhage after birth due to
 - Vaginal organisms being able to reach placenta.
 - Hemorrhage due to lower segment of uterus where placenta is attached has fewer muscle fibers.

Bleeding Disorders Of Late Pregnancy

- Treatment
 - Maintain pregnancy until lungs are mature.
 - Will deliver if bleeding is sufficient to jeopardize mother or fetus.
 - Lie on side or have pillow under one hip to avoid supine hypotension.
 - Bleeding occurs, C section will be done.

Bleeding Disorders Of Late Pregnancy

- Nursing Care
 - Observe for vaginal bleeding.
 - Shock
 - Never do vaginal exam – cause bleeding if placenta is not attached.
 - Fetal heart rates taken continuously.





Bleeding Disorders In Late Pregnancy

- Abruptio Placentae

- Premature separation of placenta that is normally implanted.

- Factors

- Cocaine or alcohol, smoking, poor nutrition, accident or battering, history of abruptio, and folate deficiency.

Bleeding Disorders In Late Pregnancy

- Abruptio Placentae
 - Types
 - Partial or total
 - Marginal – separating at the edges.
 - Central – separating in the middle.

Bleeding Disorders In Late Pregnancy

- Abruptio Placentae

- Symptoms

- Bleeding WITH abd.
 - Low back pain
 - Bleeding concealed behind placenta.
 - Uterus is tender and unusually firm – blood leaks into muscle fibers.
 - Frequent, cramplike uterine contractions.
 - Postpartum hemorrhage.
 - Infection – damaged tissue is more likely to have microorganisms form.

Bleeding Disorders In Late Pregnancy

- Abruptio Placentae
 - Treatment
 - Immed C Section.
 - May need to have blood transfusion or clotting factor replacement.
 - After birth, clotting action returns.

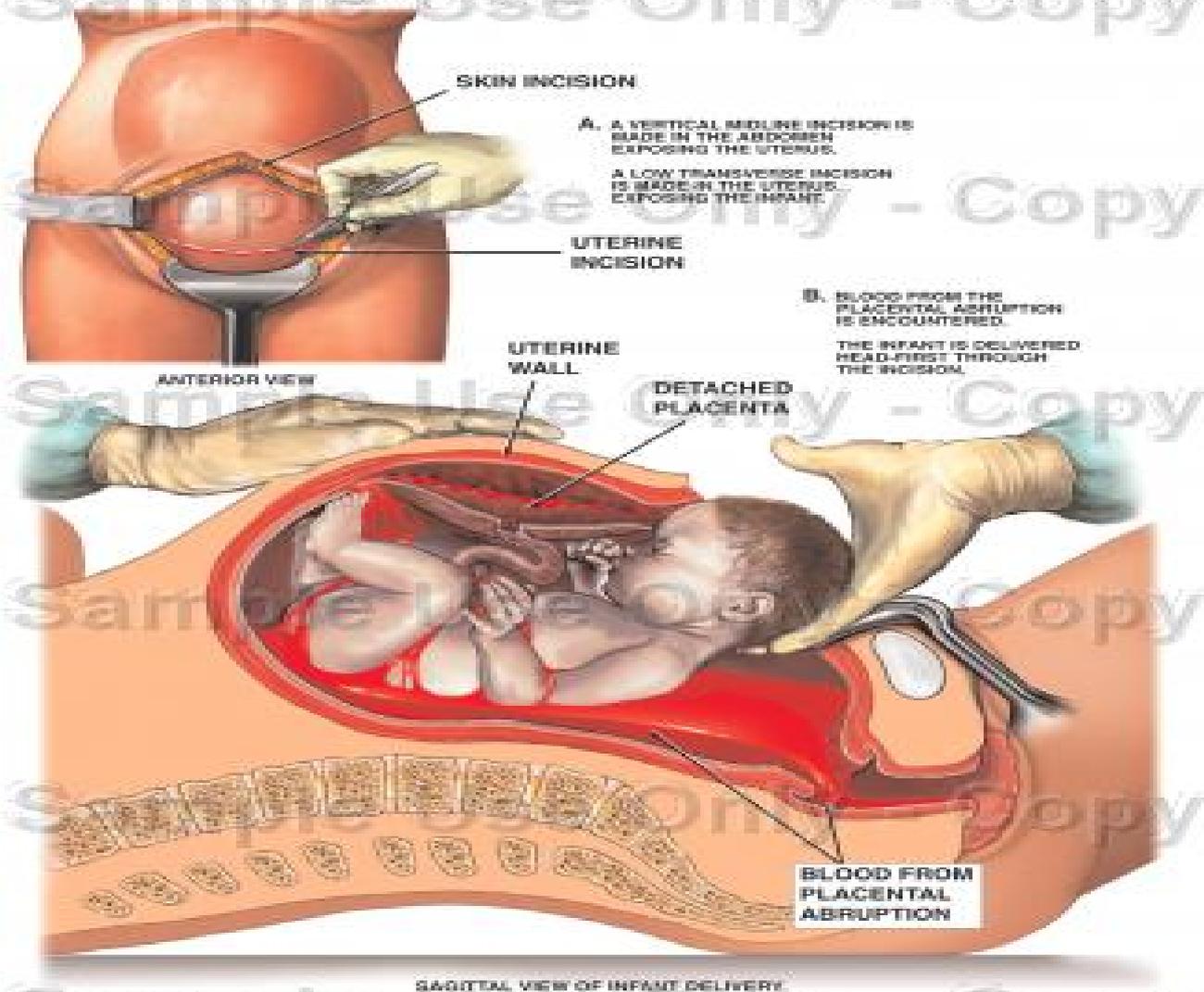
Bleeding Disorders In late Pregnancy

- Abruptio Placentae

- Nursing Care

- C Section
 - Observe for shock.
 - Assess fetal heart tones.
 - Observe for bleeding.
 - Sometimes the fetus dies before birth.

Emergency Cesarean Section with Placental Abruption



Hypertension During Pregnancy

- Symptoms
 - Edema – fluid leaves blood vessels and enters tissue.
 - Pitting – need to watch woman.
 - Proteinuria – protein leaks into urine.
 - CNS – severe headaches.
 - Eyes – blurred or double vision – edema around retina or arterial spasm.
 - Respiratory system – pulmonary edema.
 - Urinary system – decrease blood flow to kidneys.
 - GI and liver – epigastric pain or nausea along with elevated liver enzymes.
 - Blood clotting – HELLP Syndrome – hemolysis which breakdown of erythrocytes, elevated liver enzymes and low platelets.
 - Hepatic blood flow causes liver enzyme levels to become elevated.
 - Low platelet levels cause abnormal clotting.

Hypertension During Pregnancy

- Treatment
 - Improving diet
 - Good family history.
 - Regular prenatal history.
- Management
 - Maintain blood flow to woman's vital organs and placenta.
 - Prevent convulsions.

Hypertension During Pregnancy

- Drug Therapy
 - Mag Sulfate – anticonvulsant.
 - Should be given at least 12 to 24 hrs after birth due to high risk of seizures.
 - Excessive mag can cause loss of deep tendon reflexes.
 - Mag Sulfate – inhibits contractions so may need oxytocin to strengthen contractions.
 - Nursery nurses need to know it was used because it may cause paralysis to newborn – given Kantrx or neomycin.
- Calcium gluconate – reverses effects of mag and should be available when mag sulfate is given.

Hypertension During Pregnancy

- Nursing care
 - D Wts.
 - Bedsrest on left side to promote fetal oxygenation.
 - Quiet environment to reduce seizures.
 - Visitors limited.
 - Preventive injury and restore oxygenation to mother and fetus.
 - Breathing can stop during seizure.
 - Aspiration of secretions during seizure.
 - Face mask may be needed

Blood Incompatibility Between The Woman And The Fetus

- Rh positive may inherit two Rh positive genes or may have one Rh positive or one Rh negative genes.
- Incompatibility occurs when woman is negative and fetus is positive.
- Rh negative person is not born with antibodies against the Rh factor.
- Exposure to Rh positive blood causes person to produce antibodies to destroy Rh positive

Blood Incompatibility Between The Woman And The Infant

- Fetal Rh positive blood leaks into mother's circulation, the body responding by making antibodies to destroy the Rh positive erythrocytes. This is known as isoimmunization.
 - Leakage usually occurs at birth so first Rh positive child is not usually affected.
 - Each time she is exposed to Rh positive blood, she develops more antibodies.
 - Antibodies against Rh positive blood cross placenta and destroy the fetal Rh positive erythrocytes before infant is born. This is known

Blood Incompatibility Between The Woman And The Infant

- Symptoms
 - Rising antibody titers in lab tests.
- Treatment and Nursing Care
 - RhoGam – given to Rh negative woman at 28 wks gestation and 72 hrs afterbirth to a Rh positive infant. Also given if an abortion.
 - If don't know blood type of fetus, Rh (D) immune globin is given to Rh negative mother.
 - Tests used utero
 - Coomb's test
 - Amniocentesis
 - Percutaneous umbilical blood sampling.

Nursing Care Of Woman With Complications During Pregnancy

- Assessment Of Fetal Health
 - Testing
 - Ultrasound
 - MRI
 - Doppler Studies
 - Alpha Fetoprotein
 - Amniocentesis
 - Nonstress test

Hyperemesis Gravidarum

- Manifestations
 - Unable to retain food because of severe n/v.
- Treatment
 - Correct dehydration and electrolyte imbalance.
- Nursing Care
 - Avoid foods that cause nausea.

Bleeding Disorders Of Early Pregnancy

- Abortion
- Spontaneous
 - Nonintentional – threatened, inevitable, incomplete misses, and recurrent.
- Induced
 - Therapeutic – preserve the health care of the mother. Elective.

Abortions

- Treatment
 - All efforts to keep the fetus in utero until age of viability.
 - Cerclage – suturing a cervix that is incompetent to have the fetus remain in utero.

Abortions

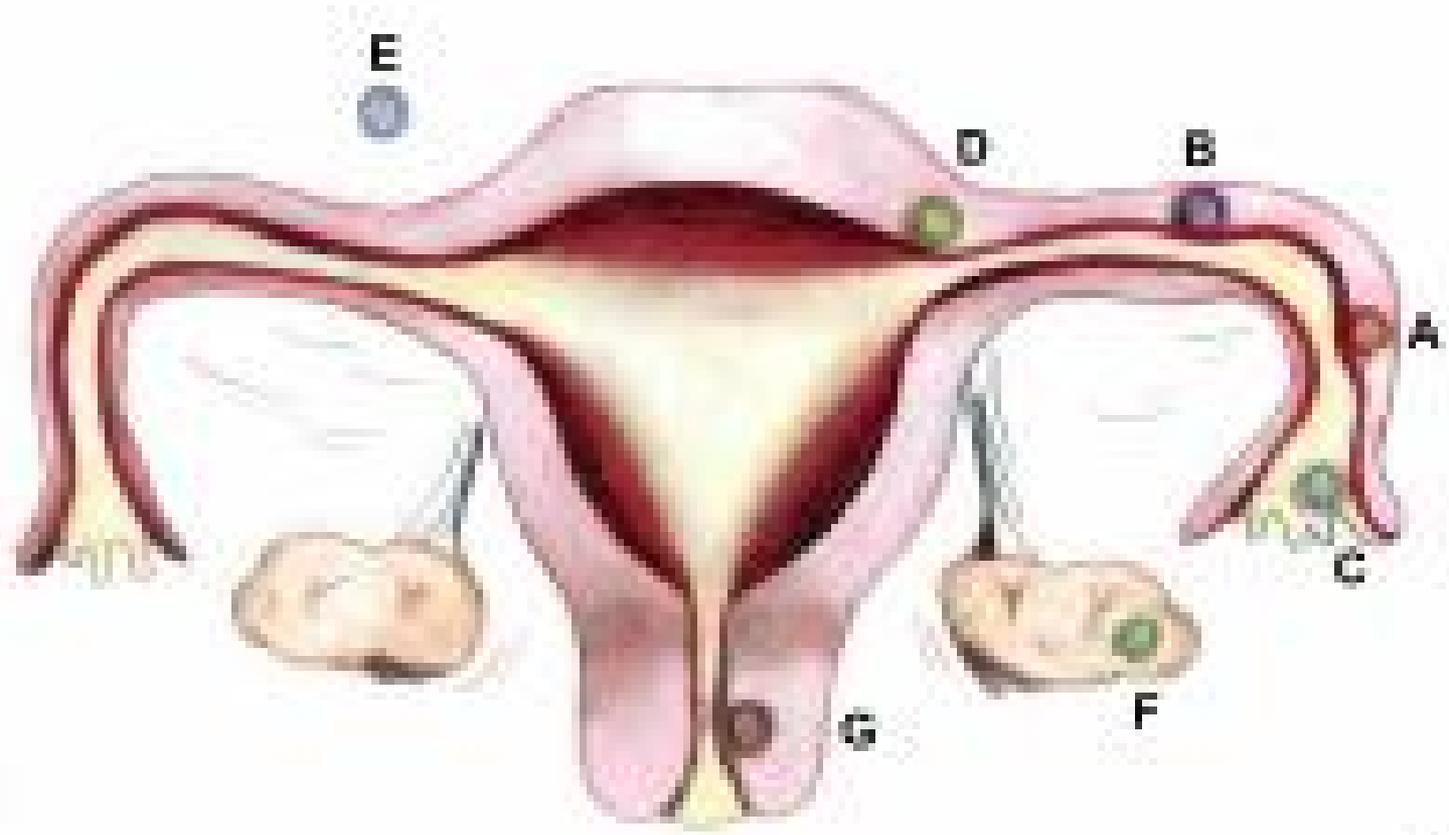
- Preterm – termination of pregnancy after 20 weeks gestation.
- Counseling is important.
- Oxytocin is given after curettage.
- Rho Gam is given to the mother who is Rh negative to prevent antibodies from developing.

Bleeding Disorders Of Early Pregnancy

- Ectopic Pregnancy
 - Definition
 - Fertilized ovum or zygote is implanted outside the uterine cavity.
 - Causes
 - Intrauterine device for contraceptive, causes inflammation within the uterus.
 - Symptoms
 - Lower back pain with light bleeding.
 - Tube ruptures – severe abd pain, vaginal bleeding, and hypovolemic shock.
 - Shoulder pain indicates that bleeding is in the abd.

Ectopic Pregnancy

- Treatment
 - hCG – to see if women is pregnant.
 - Transvaginal US – see if embryo is growing in the uterine cavity.
 - Lap – to check for any damage to the tubes. Try to preserve the tubes for future pregnancies.
 - Priority – control blood loss.
 - May need blood transfusion.



Hydatidiform Mole

- Definition
 - Known as molar pregnancy.
 - Occurs when chorionic villi abnormally increase and develop vesicles (small sacs)
 - That resemble tiny grapes.
- Manifestations
 - Bleeding – spotting to profuse bleeding.
 - Rapid uterine growth and uterine size.
 - Failure to detect fetal heart activity.
 - Hyperemesis.
 - Early pregnancy induced hypertension.
 - Higher than expected levels of hCG.

Hydatidiform Mole

- Treatment
 - Uterus is evacuated by vacuum aspiration and D&C.
 - Levels of hCG is tested until it is undetectable.
 - Levels are followed for at least one yrs.
- Nursing Care
 - Observe for bleeding and shock.
 - Care is similar to that with spontaneous abortion and ectopic pregnancy.

Bleeding Disorders Of Late Pregnancy

- Placenta Previa
 - Occurs when the placenta develops in the lower part of uterus instead of in the upper part.
 - Types or degrees
 - Marginal – reaches within 2 to 3 cm of cervical opening.
 - Total – completely covers cervical opening.
 - Low lying placenta – implanted near cervix but does not cover any of the opening.

Bleeding Disorders Of Late Pregnancy

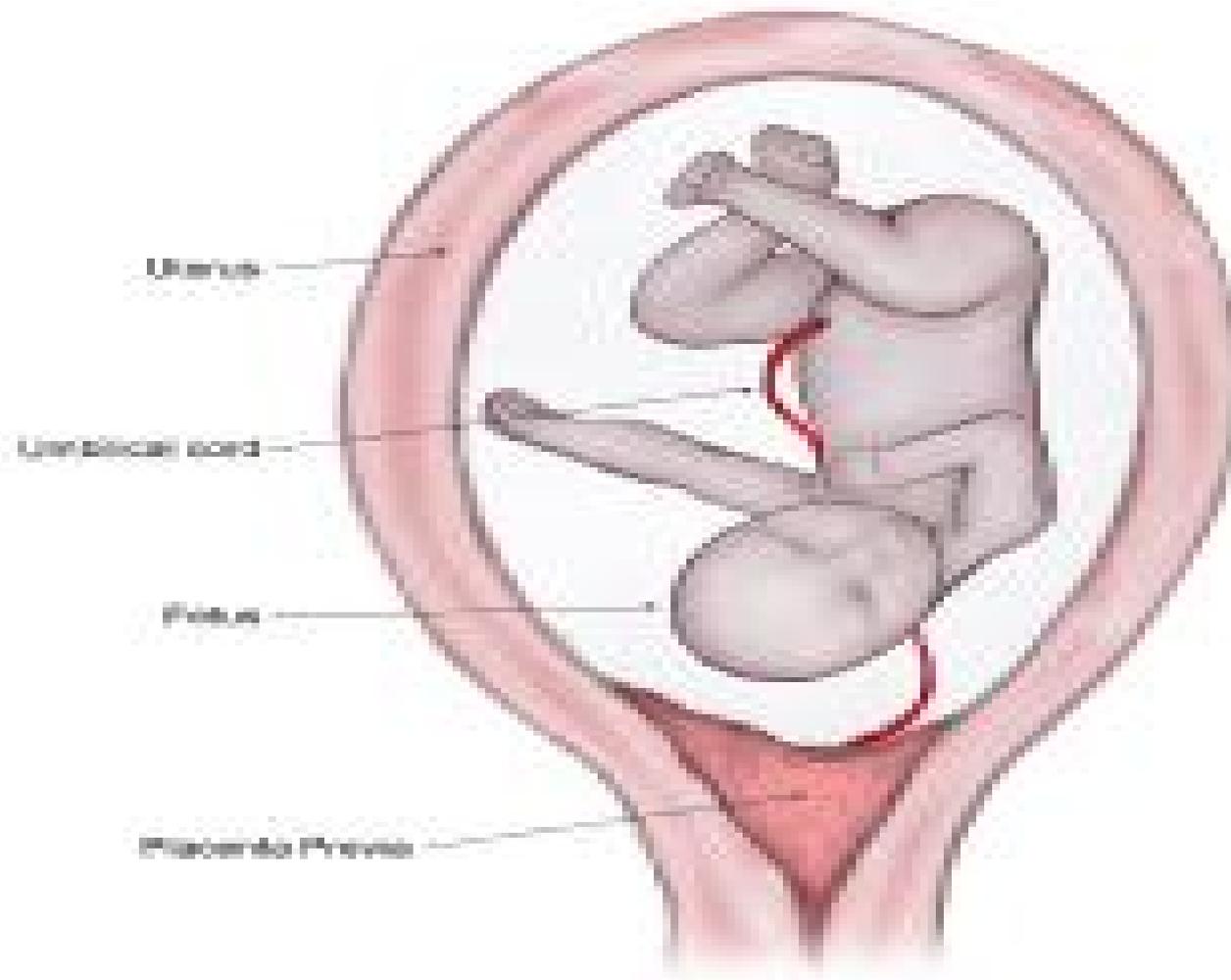
- Symptoms
 - PAINLESS vaginal, bright red bleeding.
 - Fetus shows abnormal presentation.
 - Fetus may have anemia or hypovolemic shock due to loss of fetal blood.
 - Woman may experience an infection or hemorrhage after birth due to
 - Vaginal organisms being able to reach placenta.
 - Hemorrhage due to lower segment of uterus where placenta is attached has fewer muscle fibers.

Bleeding Disorders Of Late Pregnancy

- Treatment
 - Maintain pregnancy until lungs are mature.
 - Will deliver if bleeding is sufficient to jeopardize mother or fetus.
 - Lie on side or have pillow under one hip to avoid supine hypotension.
 - Bleeding occurs, C section will be done.

Bleeding Disorders Of Late Pregnancy

- Nursing Care
 - Observe for vaginal bleeding.
 - Shock
 - Never do vaginal exam – cause bleeding if placenta is not attached.
 - Fetal heart rates taken continuously.





Bleeding Disorders In Late Pregnancy

- Abruptio Placentae

- Premature separation of placenta that is normally implanted.

- Factors

- Cocaine or alcohol, smoking, poor nutrition, accident or battering, history of abruptio, and folate deficiency.

Bleeding Disorders In Late Pregnancy

- Abruptio Placentae
 - Types
 - Partial or total
 - Marginal – separating at the edges.
 - Central – separating in the middle.

Bleeding Disorders In Late Pregnancy

- Abruptio Placentae

- Symptoms

- Bleeding WITH abd.
 - Low back pain
 - Bleeding concealed behind placenta.
 - Uterus is tender and unusually firm – blood leaks into muscle fibers.
 - Frequent, cramplike uterine contractions.
 - Postpartum hemorrhage.
 - Infection – damaged tissue is more likely to have microorganisms form.

Bleeding Disorders In Late Pregnancy

- Abruptio Placentae
 - Treatment
 - Immed C Section.
 - May need to have blood transfusion or clotting factor replacement.
 - After birth, clotting action returns.

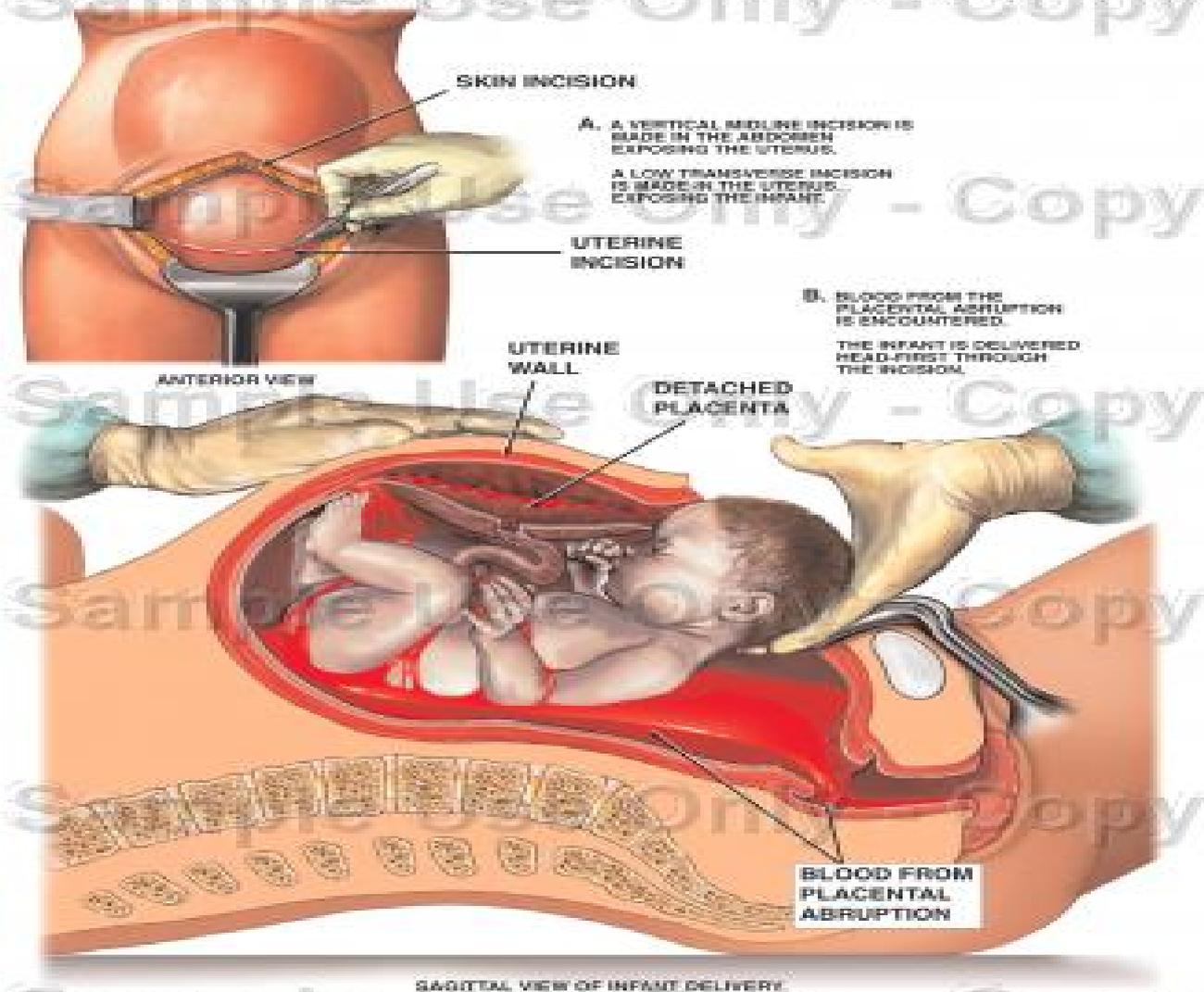
Bleeding Disorders In late Pregnancy

- Abruptio Placentae

- Nursing Care

- C Section
 - Observe for shock.
 - Assess fetal heart tones.
 - Observe for bleeding.
 - Sometimes the fetus dies before birth.

Emergency Cesarean Section with Placental Abruption



Hypertension During Pregnancy

- Symptoms
 - Edema – fld leaves bld vessels and enter tissue.
 - Pitting – nedd to watch woman.
 - Protenuria – protein leaks into urine.
 - CNS – severe headaches.
 - Eyes – blurred or double vision – edema around retina or arterial spasm.
 - Resp system – pulmonary edema.
 - Urinary system – decrease blood flow to kidneys.
 - GI and liver – epigastric pain or nausea along with elevated liver enzymes.
 - Blood clotting – HELLP Syndrome –hemolysis which breakdown of erythrocytes, elevated liver enzymes and low plateletes.
 - Hepatitc blood flow causes livr enzyme levels to become elevated.
 - Low platelet levels cause abnormal clotting.

Hypertension During Pregnancy

- Treatment
 - Improving diet
 - Good family history.
 - Regular prenatal history.
- Management
 - Maintain blood flow to woman's vital organs and placenta.
 - Prevent convulsions.

Hypertension During Pregnancy

- Drug Therapy
 - Mag Sulfate – anticonvulsant.
 - Should be given at least 12 to 24 hrs after birth due to high risk of seizures.
 - Excessive mag can cause loss of deep tendon reflexes.
 - Mag Sulfate – inhibits contractions so may need oxytocin to strengthen contractions.
 - Nursery nurses need to know it was used because it may cause paralysis to newborn – given Kantrx or neomycin.
- Calcium gluconate – reverses effects of mag and should be available when mag sulfate is given.

Hypertension During Pregnancy

- Nursing care
 - D Wts.
 - Bedsrest on left side to promote fetal oxygenation.
 - Quiet environment to reduce seizures.
 - Visitors limited.
 - Preventive injury and restore oxygenation to mother and fetus.
 - Breathing can stop during seizure.
 - Aspiration of secretions during seizure.
 - Face mask may be needed

Blood Incompatibility Between The Woman And The Fetus

- Rh positive may inherit two Rh positive genes or may have one Rh positive or one Rh negative genes.
- Incompatibility occurs when woman is negative and fetus is positive.
- Rh negative person is not born with antibodies against the Rh factor.
- Exposure to Rh positive blood causes person to produce antibodies to destroy Rh positive erythrocytes.

Blood Incompatibility Between The Woman And The Infant

- Fetal Rh positive blood leaks into mother's circulation, her body responding by making antibodies to destroy the Rh positive erythrocytes. This is known as isoimmunization.
 - Leakage usually occurs at birth so first Rh positive child is not usually affected.
 - Each time she is exposed to Rh positive blood, she develops more antibodies.
 - Antibodies against Rh positive blood cross placenta and destroy the fetal Rh positive erythrocytes before infant is born. This is known as erythroblastosis fetalis.

Blood Incompatibility Between The Woman And The Infant

- Symptoms
 - Rising antibody titers in lab tests.
- Treatment and Nursing Care
 - RhoGam – given to Rh negative woman at 28 wks gestation and 72 hrs afterbirth to a Rh positive infant. Also given if an abortion.
 - If don't know blood type of fetus, Rh (D) immune globin is given to Rh negative mother.
 - Tests used utero
 - Coomb's test
 - Amniocentesis
 - Percutaneous umbilical blood sampling.