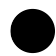

Nursing Care During Obstetric Procedures

4235 8-08

Learning Objectives

Identify clinical situations in which obstetric procedures are appropriate

Explain risks, precautions and contraindications for each procedure

Identify nursing considerations for each procedure

Identify methods to provide effective emotional support to the woman having an obstetric procedure

Concepts

Oxygenation/Perfusion

Safety

Communication

Introduction

Sometimes special procedures needed to help mother or fetus

Are performed by doctor or CNM

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com

- Amniotomy (AROM)
- Risks
  - Prolapse of umbilical cord
  - Infection
- Nursing considerations
  - Assist – obtain supplies, pad under client buttocks
  - Assess FHR for 60 sec
  - Assess color, odor and amount of fluid
  - Assess temperature q 2 hours or if elevated higher than 100.4 F
  - Comfort – change underpad regularly

- Induction and Augmentation of Labor
- Use of artificial methods to stimulate contractions
  - What is difference between induction and augmentation?
  - Nursing care is same
- Induction considered if delivery benefits both mother and fetus and is regarded as safe
  - Common reasons for induction
- Contraindication examples
  - Previa, transverse fetal lie, umbilical cord prolapse, classical cesarean

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com

- Risks
  - Uterine hyperstimulation
  - Uterine rupture
  - Maternal water intoxication
- Methods of cervical ripening/induction
  - Prostaglandin E2 gels/insert
    - Must be done where fetal monitoring and emergency care available
    - Given cautiously to women with asthma, glaucoma, ischemic heart disease, pulmonary, hepatic or renal disease
    - Major adverse reaction is hyperstimulation
  - Mechanical
    - Placement of hydrophilic insert into cervix
      - Absorbs water, gradually stretches cervix
- Methods of induction
  - Oxytocin
    - Diluted and given as piggy back via infusion pump
      - Insert as close to venipuncture site
    - Start slowly, increase gradually
    - Uterine activity and fetal heart rate and patterns monitored continuously
    - May be able to discontinue when in active phase of labor
    - See drug guide on page 447
- Nursing considerations
  - Nurse responsible within protocols and orders when to start, increase or stop oxytocin, therefore requires critical thinking skills

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com

- Nurse must observe fetal response
  - Document q 15 min in first stage, q 5 min in second stage
  - Look for bradycardia, tachycardia, late decels, decreased variability
- Nurse must observe maternal response
  - Assess contractions
  - Assess BP, pulse q 30 min or with each increase in dose
  - Record I & O
    - Observe for water intoxication: H/A, blurred vision, increased BP and resp, decreased pulse, rales, wheezing, coughing
  - Observe for hemorrhage after birth, uterus tired

- Signs of Hypertonic Uterine Activity
- Contraction longer than 90 seconds
- Contractions occurring less than 2 minutes apart or relaxation of less than 30 seconds between contractions
- Uterine resting tone about 20 mm Hg
- Peak pressure higher than 80 mm Hg during first-stage labor
- Fetal heart rate pattern of late decelerations

- Nursing Actions for Hypertonic Uterine Activity
- Reduce or stop oxytocin infusion
- Increase rate of primary non-additive infusion

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com

- Keep laboring woman in a lateral position
- Give oxygen by snug face mask,
  8 to 10 ml/min
- Notify physician or nurse-midwife
  - May receive order to give Terbutaline or $MgSO_4$

- Operative Vaginal Birth
- Uses traction applied to fetal head during birth with vacuum extractor to help woman while she pushes
  - Uses suction to grasp fetal head only
  - Indications
    - If second stage should be shortened for well being of mother or fetus or both
      - Exhaustion, inability to push well, cardiac/pulmonary disease
  - Risks
    - Trauma to maternal or fetal tissues
- Nursing considerations
  - Empty maternal bladder before vacuum used
  - Observe mother and newborn for trauma
- Birth Assisted with a Vacuum Extractor

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com

- Episiotomy
- Indications
  - Shoulder dystocia
  - Breech vaginal delivery
  - Birth with fetus sunny side up
  - Obvious risk for serious tear
  - Routine use controversial
- Risk
  - Infection, pain, increased blood loss, poor sexual satisfaction
- Technique
  - Done when head crowned to diameter of 3-4 cm
  - Types
    - Midline or median
    - Mediolateral
- Nursing considerations
  - After delivery, observe for edema, hematoma
  - Apply ice x 12 hours, then heat if needed

- Cesarean Birth
- High section rate in U.S.
  - Several reasons/factors

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com

    - More women having first baby
    - High repeat rate
    - Elderly primes
    - Fetal monitoring
    - Preference if breech
    - Litigation threat
    - Inductions coupled with un-ripe cervix
- Indications are many
- Risks are low, but still higher than with vaginal birth
  - Infection
  - Hemorrhage
  - Thrombophlebitis/thromboembolism
  - Paralytic ileus
- Fetal risks
  - TTN
  - Trauma
  - Inadvertent preterm birth
- Preparation
  - CBC, type and cross match, clotting studies
  - Regional anesthesia
  - Med to reduce gastric acidity (Pepcid, Bicitra)
  - Wedge hip
  - Insert Foley
  - Bovie ground

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com

- Check heart tones last thing before skin prep

- Nursing considerations
  - Provide emotional support
    - Emergency frightening
  - Teach
    - Explain procedures, what to expect, include partner
  - Promote safety
    - Assess last food intake
    - Safety strap
- Provide post-op care
  - Assess like postpartum client q 15 min x 4, then q 30
    - VS, fundus, lochia
  - Assess O2 saturation
  - Assess LOC
  - Assess Abd dressing
  - Assess urine output
  - Assess need for pain relief
  - Assess return of sensation, motion
- Vaginal Birth After Cesarean (VBAC)
- Risks
- Uterine rupture

Candidates for VBAC

PDF Creator - PDF4Free v2.0 http://www.pdf4free.com