

Canva



NURSING ZONE
Helping to Build a strong base of knowledge in nursing

Canva

OBESTATRIC

INTERNSHIP NURSING EDUCATION



NURSING_ZONE39



اللهم إني أسألك الهدى والتقى والعفاف والغنى. اللهم إني أسألك
خير المسألة، وخير الدعاء، وخير النجاح، وخير العمل، وخير الثواب،
وخير الحياة، وخير الممات، وثبّتي، وثقّل موازيني، وحقق إيماني،
وارفع درجاتي، وتقبّل صلاتي، واغفر خطيئتي، وأسألك الدرجات
العُلى من الجنة.

Nursing Abbreviation

EGA estimated gestational age

EFW estimated fetal weight

ELF elective low forceps

LMP last menstrual period

LNMP last normal menstrual period

PMP previous menstrual period

ROM rupture of membranes

RBOW rupture of bag of water

AROM artificial rupture of membranes

SROM spontaneous rupture of membranes

PROM premature rupture of membranes

FHT fetal heart tones

GFM good fetal movement

IUGR intrauterine growth retardation

IUFD/FDIU intrauterine fetal demise/fetal death in utero

SVD spontaneous vaginal delivery

PIH pregnancy induced hypertension

CST contraction stress test

NST non-stress test

OCT oxytocin challenge test

C/S cesarean section

U/S ultra sound

PP postpartum

General Objectives for Nursing in Obstetric unit

1. Provide pre-and post op teaching to OB/Gyne Patient
2. Participate in diabetic teaching
3. Participate in discharge planning / teaching
4. Assist/ instruct mothers with breast care and breast feeding
5. Prepare patient for diagnostic / therapeutic procedures/ e.g. (Amniocentesis, U/S)
6. Insert / maintain catheter, straight and indwelling
7. Administer blood and blood product
8. Maintain I.V. using infusion control devices
9. Initiate current infection control techniques including isolation
10. Perform venipuncture for blood sampling
11. Detect fetal heart using sonic aid or cardiographic monitor (CTG)
Or Doppler
12. Care of post critical patients
13. Promote infant / parent' bonding
14. Perform fetal monitoring techniques
15. Assessment and management of the newborn
16. Perform Apgar scoring of the newborn
17. Apply emergency resuscitation of the newborn.
18. Management of initial critical newborn.

Disease and abnormalities

postpartum haemorrhage (pph)

> it's a cumulative blood loss after delivery SVD > 500 ml / CS > 1000 ml occur within 24 hr after birth

management:

- 1- Assess:- characters, amount, site, count of pads, clots, lochia, location of uterus, additional risk factors, VS , vaginal hematoma.
- 2- measures of intake and output
- 3-Report prenatal pain, vaginal fullness, apply pressure on laceration
- 4-measures hemodynamic parameters (central venous pressure)
- 5-massage boggy uterus by one hand
- 6-ice pack on hematoma if indicated
- 7-Extreme cautions when performing examinations
- 8- Bed rest with elevated legs 20-30 , changing position slowly
- 9-monitor hemoglobins , platelets, APTT, fibrin products
- 10- administer blood as ordered, review blood type
- 11- uterotonic (oxytocin, methergine,proton)
- 12-antibiotics if culture is clear
- 13- Foley catheter

2- Preeclampsia

> Pregnancy Specific hypertension start after 20 weeks of gestation systolic >140 diastolic >90

>Symptoms:-

Proteinuria

high liver enzymes

low Platelets

Shortness of breathing

headaches

change of vision

pain of upper belly

nausea and Vomiting

>Causes:

problems with how blood circulating to placenta affect mother

> management

- 1- Assess ,, All organs in Symptoms for changes
- 2- monitor : urine output, 24 hr proteinuria
- 3 - Restrict activity and provide bed rest with elevating legs
- 4- monitor: Bp and instruct to measures at home
- 5- monitor hemodynamic (Co) as needed
- 6- Aspirin low-dose as prescribed , antihypertensive
- 7 - prepare For SVD if stable or CS if unstable

3 – Eclampsia

when Seizure activity onset with preeclampsia pt.

4-Incompetent cervix

< when woman's Cervix weak She more likely to have a baby born prematurely because Shortness or open too early

> Causeg:-

- previous cervix Surgery
- Damage during a difficult birth
- Birth defect
- D and C like miscarriage
- Diethylstilbestrol exposure

> management:

- 1-Regular prenatal care
- 2-Healthy diet
3. Gain weight wisely
- 4- Avoid risky substance
- 5- Cervix cerclage and removed between 36-38 weeks

5- placenta previa

> Occur during pregnancy when the placenta completely or partial Covers the cervix

>Symptoms= Bright red bleeding, after. 20 weeks , maybe with pain prelabor and expurating during expimination and sexual intercourse happen with unknown cause

> management :

- 1- Assess Fetal heart sound to assure mother, bleeding spots.
- 2-Allow mother to ask and express feeling
- 3- Engage the mother in NCP making

6-placental abruption

> placenta Separates from the Inner wall of uterus before birth and deprive baby's Oxygen and nutrients causing heavy bleeding, early delivery if needed

> Causes:- unknown

may occurring due to trauma or abdominal injury.

> Symptoms.:

- bleeding
- abdominal and back pain
- uterine rigidity
- Tenderness

> management -

1-Assess!

- Signs of shock
- time of began of bleeding, quality of pain ,bleeding force, contractions if bleeding starts during labor.
- Obtains blood Sample to test Hb level, baseline Vs
- place mother on lateral position to avoid pressure on vena cava

4- monitor> maternal V.S, Fetal heart rate

5- Avoid vaginal and abdorminal exsamination

7- Premature Repture cf Membran (PROM)

> water break before beginning of labor, it's occur prior to 37 weeks' gestation

> Causes: unknown

, amniotic infection, chronic disease, abdominal trauma

nutritionally deficiencies , Smoking, placental abruption, multi pregnancy

>Assess.Sings of infection ,vaginal examinealion, history of complication

2. Fetal monitoring

3-Iv medication prophylctic, antibiotic, corticosteroids magnis

4- IOL

5- Education about rest, Avoid temperature intercourse

Shower is ok