Chapter 68

High-Risk Pregnancy and Childbirth
Tests to Assess Fetal Status

- Amniocentesis
- Ultrasound scan
- Oxytocin challenge test (OCT)
- Nonstress test (NST)
- Fetal biophysical profile (FBP)
- Percutaneous umbilical blood sampling (PUBS)
- Chorionic villus sampling (CVS)
- Maternal serum α-fetoprotein (MSAFP)
Interrupted Pregnancy

- Abortion (AB)
  - Natural or artificial termination of a pregnancy
- Spontaneous abortion: Caused by fetal abnormalities
  - Threatened abortion, complete abortion, septic abortion, recurrent spontaneous abortion, inevitable abortion, incomplete abortion
- Induced abortion: Medical intervention
  - Therapeutic abortion, criminal or illegal abortion
Question

Is the following statement true or false?
Performing an abortion in unsanitary conditions can be fatal.
Answer

True

Untreated, postabortion sepsis can be fatal. Sterility is another common result.

Therefore, maintaining surgical asepsis and removing all the products of conception from the uterus are vitally important.

Also, when the placenta separates from the uterus, large blood vessels are exposed, which can lead to severe infection or hemorrhage.
Ectopic Pregnancy
Gestational Trophoblastic Disease

- Gestational trophoblastic disease or hydatidiform mole
  - The embryo dies in utero and the chorionic villi degenerate, forming grape-like clusters of vesicles.
- After diagnosis is certain, a physician usually performs a careful D&C.
Maternal Complications During Pregnancy

- Hyperemesis gravidarum or pernicious vomiting
- Pregnancy-induced hypertension (PIH)
  - Preeclampsia
    - Mild preeclampsia and severe preeclampsia
  - Eclampsia
Question

Is the following statement true or false?

A client with severe preeclampsia should lie on her back as much as possible.
Answer

False

The woman should lie on her left side as much as possible, as this helps to facilitate renal circulation in the woman and placental circulation for the fetus.
Existing Conditions Complicating Pregnancy

- Diabetes mellitus
  - Fetal death, macrosomia, a fetus with a respiratory disorder, difficult labor, preeclampsia or eclampsia, polyhydramnios, and congenital malformations

- Cardiac disorders
  - During labor, the client should be assessed for dyspnea, chest pain, and pulmonary edema.

- Chemical dependency
  - Stillbirth, spontaneous abortion, abruptio placentae, and numerous congenital defects
Disorders Affecting the Fetus

- Infection
  - Viral pneumonia, rubella, STIs
- Rh sensitization
  - Erythroblastosis fetalis
- ABO incompatibility
  - Hemolytic disease of the newborn
**Placental and Amniotic Disorders**

- Placenta previa
  - Low implantation
  - Partial placenta previa
  - Total placenta previa
- Abruptio placentae
  - Abrupt premature separation of the normally implanted placenta from the uterine wall
Placental and Amniotic Disorders (cont’d)

- Polyhydramnios or hydramnios
  - Excessive amount of amniotic fluid leading to dyspnea and difficulty with movement, striae gravidarum, or dystocia and failure of the uterus to contract following childbirth

- Placenta accreta or retained placenta
  - When the placenta that fails to separate, fails to be expelled within 20 to 30 minutes after delivery, or leaves remnants in the uterus
Question

Is the following statement true or false?

Abruptio placentae may require immediate cesarean delivery.
Answer

True

Abruptio placentae is an emergency that may require immediate cesarean delivery. Report vaginal bleeding, signs of shock, or a rising uterus immediately, as blood may be trapped inside the uterus.
Other High-Risk Pregnancies

- Prolonged pregnancy
- Multiple pregnancy
- Adolescent pregnancy
- Pregnancy in the woman older than 40 years
Complications of Labor and Delivery

- Maternal hemorrhage
- Premature rupture of membranes
- Preterm labor
- Precipitate labor and delivery
- Uterine rupture
- Maternal dystocia
  - Uterine inertia
Complications of Labor and Delivery (cont’d)

• Dystocia caused by the fetus
  – Cephalopelvic disproportion
  – Fetal positions and presentations
  – Abnormal fetal presentations
    • Posterior positions
    • Transverse position
    • Face-brow presentation
    • Breech presentations
Question

In postpartum hemorrhage, which of these is not reported to the birth attendant?

a. Copious vaginal bleeding
b. Boggy uterus
c. Uterine contractions
d. Uterus high in the abdomen
e. Signs of maternal shock
c. Uterine contractions

Postpartum hemorrhage may occur quickly. A nurse must take action and report any of the following to the birth attendant:

- Copious vaginal bleeding
- Boggy uterus (massage first and then report)
- Uterus high in the abdomen
- Signs of maternal shock
Umbilical Cord Complications

- Prolapsed cord
  - The umbilical cord precedes the baby. The cord may protrude from the cervix or may drop as low as the vulva.

- Nuchal cord
  - As the fetus moves within the uterus, the umbilical cord may become wrapped around the neck.
Induction of Labor

The start of labor by medical interventions is called induction.

- Drugs
  - Amniotomy

Important medications
- Oxytocin (Pitocin, Syntocinon)
Emergency Delivery

- Never delay delivery.
- During a precipitous or emergency delivery, a laceration or tear into the perineal tissue and anus may occur.
  - First degree: Perineal skin, vaginal mucous membranes
  - Second degree: Muscles of the perineal body
  - Third degree: Anal sphincter
  - Fourth degree: Extends to the anal canal
Operative Obstetrics

- Version is used to turn the fetus to a more desirable presentation.
  - External version and internal version
- Birth assisted with delivery forceps
- Birth assisted with vacuum extraction
- Cesarean delivery is a surgical procedure used to deliver the baby through an incision in the abdomen and the uterus.
  - Preoperative care, anesthesia, postoperative care, newborn care
Postpartal or Puerperal Complications

- Postpartum hematoma: Bleeding into the subcutaneous tissue in the perineal area
- Postpartum hemorrhage: Blood loss from the uterus between 500 and 1,000 mL within 24 hours
  - Uterine atony
- Thrombophlebitis: Clot in a blood vessel, with resultant inflammation
- Puerperal infection: Infection in any part of the reproductive tract following childbirth
Postpartum or Puerperal Complications (cont’d)

• Cystitis: Inflammation of the bladder
• Mastitis: Breast infection
• Postpartum blues: Mild depression 3 to 10 days after delivery
• Postpartum depression: More serious than “the blues”
• Postpartum psychosis: Suspected if the woman exhibits manic-depressive behaviors
Risk Factors for Depression

- Psychological risk factors
- Social risk factors
- Physical risk factors
- Infant risk factors
- Employment risk factors
Question

Is the following statement true or false?

It is necessary to carefully observe the woman with thrombophlebitis and monitor her temperature.
Answer

True

If the clot breaks away, it can enter the circulation as an embolism and cause death.

Suspect infection if the woman’s temperature elevates to 100.4°F (38°C) orally on any 2 successive days during the first 10 postpartum days.
End of Presentation