MATCHING KEY TERMS

Match the term with the correct definition.

1. _______ chignon
   a. Newborn scalp edema caused by a vacuum extractor
2. _______ dystocia
   b. Abnormally small quantity of amniotic fluid
3. _______ iatrogenic
   c. Difficult or prolonged labor
4. _______ oligohydramnios
   d. Adverse condition resulting from treatment

KEY CONCEPTS

1. List the potential complications of amniotomy.

2. List nursing considerations necessary before and after an amniotomy.

3. List three nursing measures following use of prostaglandin E₂ to ripen the cervix and the rationale for each.

4. Describe fetal and maternal nursing assessments associated with oxytocin infusion. What are signs of problems?

5. List nursing interventions if fetal or maternal assessments are not reassuring when oxytocin induction or augmentation of labor is being done.

6. Explain the purpose of each aspect of care for the woman having external version.
   a. Nonstress test
   b. Ultrasound
   c. Tocolytic drug
d. Rh immune globulin

e. Fetal heart rate (FHR) monitoring

f. Uterine activity monitoring

7. Describe nursing care associated with a forceps- or vacuum extractor–assisted birth. What is the rationale for each?

8. Describe techniques that may reduce the need for an episiotomy.

9. Explain why cesarean birth is not necessarily easy for the newborn.

10. Explain the rationale for each intervention associated with cesarean birth.
   a. Medication such as famotidine administered

   b. Placing a wedge under one hip

   c. Complete blood cell count, coagulation studies, blood type, and crossmatch

   d. Antibiotic

   e. Indwelling catheter

CRITICAL THINKING EXERCISES

1. Observe a cesarean birth and compare the sequence of events with those of vaginal birth. What are the similarities and differences?
2. What measures do you see the nursing staff taking to keep the emphasis on the birth experience rather than on surgery when a woman has cesarean birth?

3. Write a simply worded explanation that you might give to a woman immediately after birth about why you are placing a cold pack on her perineal area. How would you explain the change to warm packs the next day?

4. A woman gave birth to her first baby, a 9-pound boy. Low forceps with a mediolateral episiotomy were required. List three nursing diagnoses or collaborative problems that would be expected during the first 12 hours postpartum and appropriate nursing measures for each.

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CASE STUDY

Linda is a gravida 3, para 2, at 42 weeks of gestation. She is scheduled for oxytocin induction of labor. Her first two pregnancies ended at 39 and 40 weeks, and the babies weighed 8 pounds 13 ounces, and 9 pounds 11 ounces.

1. What is the probable reason for Linda’s induction?

2. What tests might be performed before her induction?

   Linda’s initial assessments are normal and the FHR is reassuring. She is having an occasional light contraction, but no regular contractions.

3. How should the nurse set up the oxytocin infusion? What is the rationale for these precautions?

   After 3 hours, Linda’s cervix is dilated to 3 cm, effacement is 80%, and the fetal station is −1. Contractions are every 4 to 5 minutes, lasting 45 seconds, and of moderate intensity. The FHR is 132 to 148 bpm. The physician decides to perform an amniotomy.

4. What nursing measures are appropriate before and after the amniotomy?
5. Should there be any change in the oxytocin infusion at this time? Why or why not?

Linda’s labor progresses and she is having contractions every 2 to 3 minutes, 75 to 90 seconds’ duration, and firm. FHR is 130 to 140 bpm. She is dilated to 7 cm, effacement is 90%, and fetal station is −1.

6. Should there be any change in her oxytocin infusion at this time? Why or why not?

Despite adequate contractions, Linda’s cervical dilation does not progress beyond 7 cm and she will have a cesarean birth.

7. What nursing measures are appropriate for the planned birth?

Linda delivers a 10-pound 3-ounce girl by low transverse cesarean birth.

8. What nursing care is appropriate for Linda while in the recovery phase?

**REVIEW QUESTIONS**

Choose the correct answer.

1. After the physician performs an amniotomy, the fluid is dark green with a mild odor and the FHR is 130-140 bpm. The most appropriate nursing care is to
   a. take the woman’s temperature hourly until delivery.
   b. monitor the fetus more closely for nonreassuring signs.
   c. tell the woman that she cannot have anything by mouth.
   d. observe the woman closely for hypotension.

2. Choose the correct setup for oxytocin induction of labor.
   a. Oxytocin is mixed with an electrolyte solution and delivered as a single infusion
   b. Oxytocin is mixed with normal saline to equal 10 ml and given slow intravenous (IV) push
   c. Oxytocin is begun at a rapid rate; its rate is decreased as labor progresses
   d. Oxytocin is given as a secondary infusion and is controlled by an infusion pump

3. A method to prepare the cervix for induction of labor the following day is
   a. prostaglandin preparations.
   b. fetal fibronectin.
   c. oral oxytocin tablets.
   d. amniotomy.

4. Choose the nursing assessment finding that is most likely to occur with hypertonic uterine contractions.
   a. Foul-smelling amniotic fluid
   b. Contraction interval of 90 seconds
   c. Fetal heart rate of 80 to 100 bpm
   d. Maternal pulse of 80 to 90 bpm

5. A woman has external version to change her fetus’ position from breech to cephalic. Choose the postprocedure nursing observation that would indicate she should not be released to go home.
   a. FHR is 135 to 145 bpm with average variability
   b. Occasional mild, brief contractions occur
   c. Maternal temperature is 99.2°F and pulse is 90 bpm
   d. Vaginal discharge is a pale and watery fluid

6. Parents of a newborn born with a forceps-assisted vaginal birth ask about small reddened areas on the infant’s cheeks. The nurse should tell them that the areas
   a. are temporary and will disappear.
   b. are typical of all vaginal births.
   c. will be reported to the physician.
   d. may lead to a serious infection.
7. A urinary catheter should be readily available when a woman has a forceps-assisted birth because
   a. emergency cesarean birth may be required.
   b. edema reduces the woman’s sensation to void after birth.
   c. a full bladder reduces available room in the pelvis.
   d. a large median or mediolateral episiotomy is likely.

8. During the recovery period after low forceps birth with a median episiotomy, the nurse should
   a. assess for purulent drainage from the episiotomy.
   b. apply cold packs to the perineal area promptly.
   c. expect a larger quantity of lochia rubra drainage.
   d. limit oral intake to ice chips until transfer to a room.

9. Choose correct preoperative teaching before planned cesarean birth.
   a. Oral intake will be limited to clear fluids for 12 hours before surgery.
   b. IV fluids are usually continued for 2 days after birth.
   c. The woman will be asked to take deep breaths and cough regularly after birth.
   d. The nurse will help her ambulate to the restroom to urinate within 4 hours of birth.

10. The best method to prevent hemorrhage after cesarean birth is to
    a. provide regular analgesia to enhance urination.
    b. reposition the woman from side to side.
    c. observe vital signs for falling blood pressure.
    d. assess the uterine fundus regularly for firmness.
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