- Antepartum/Intrapartum Management:
  - When the condition changes to severe
  - Increased risk of seizure development
  - Goal is to improve placental blood flow
  - Anticipate delivery of infant
  - Activity restrictions: bedrest & dark, quiet environment
  - Assessment:
    - Frequent blood pressure checks, daily weight, edema, DTR’s (hyperreflexia), urine output (24-hour urine collection) & blood work daily
    - Visual disturbances & headache
    - Fetal assessment: continuous EFM, US, BPP’s
- Medication Management: antihypertensive medications are administered
  - Labetalol (beta-blocker) or nifedipine (calcium channel blocker)
    - Administered PO
  - Anticonvulsive medications:
    - Magnesium sulfate to reduce vasoconstriction
    - Administered IV (high risk med placed on own IV line)
    - Foley insertion (at least >30ml/hour)
  - Assessment completed every hour for magnesium sulfate toxicity
    - BURP
      - B: decreased blood pressure
      - U: decreased urine output (less than 30ml/hr)
      - R: decreased respirations (less than 12 rr/min)
      - P: decreased/absent patella deep tendon reflex
    - Therapeutic Magnesium levels: 4 – 8 mg/dL
- Effects of Pre-eclampsia on the fetus:
  - Decreased placental circulation infarctions to the placenta
  - Stillborn
  - Preterm infants
  - IUGR or SGA
  - Hypoxemia & acidosis to the fetus
  - Long term developmental delays & health issues
- Postpartum Management:
Spontaneous Abortions/Miscarriages:

- What is it
- Types
- S&S

Preterm Labor:

- The onset of labor after the 20th week of gestation but before the 37th week
- No greater risks to the other (unless infection is involved), but the threat is to the infant if delivered earlier than 32 weeks, this infant if delivered earlier than 32 weeks this infant may or may not be ready for extrauterine life
- Adverse effects: cerebral palsy, developmental delay, vision and hearing impairment
- S/S:
  - Can sometimes be vague early in preterm
  - Uterine contractions that may or may not be painful or felt
  - A sensation that the baby is balling up
  - Cramps that resemble menstrual cramps
  - Constant low back ache or intermittent back pain
  - Sensation of pelvic pressure
  - Pain discomfort, pressure in the vagina, vulva
  - Increased vaginal discharge
  - Abdominal cramps within or without diarrhea
  - A sense of feeling bad

Predicting Preterm Birth:

- Cervical length: can be measured a short cervix will measure <25mm, this will place the patient at risk for infection and quicker dilatation and effacement
- pPROM in previous births: predisposed weak amniotic membrane structure
- Fetal Fibronectin: protein present in fetal tissues, it normally is present in the cervical and vaginal secretions form 16-20 weeks and then right at term…
- Infection: increase for ROM and preterm labor (UTI are common)

Management:

- Identify underlying cause
- Evaluate GA of the patient; weight the risk & the benefits of delivery vs management
- Limit activity
- Hydration (oral or IV)
- Medications:
  - Tocolytics: will help delay preterm birth (most effective if given < 3 cm dilated)
  - Antibiotics: treat any underlying infections (chorioamnionitis, GBS)
Dysfunctional Labor: Problems with the Powers, Passenger, & Passage

- **Shoulder Dystocia**
  - Delayed or difficult birth of the shoulders because they become impacted above the public symphysis
  - **Signs**: “turtle sign”, LGA babies, diabetic moms
  - An **URGENT** situation—call for help
  - **AVOID** fundal pressure to prevent the shoulders from getting wedged further, evaluate need for episiotomy
  - Actions to take: follow direction of the MD and use McRoberts maneuver and suprapubic pressure to release the shoulders
  - Get infant delivered and assessed

Dysfunctional Labor: Problems with the Powers, Passenger, & Passage

- **Problems of the Passage:**
  - **Problems with the maternal pelvis:**
    - A small or abnormally shaped pelvis may retard labor & obstruct the fetal passage
    - May experience poor contractions, slow dilatation, slow fetal descent, & a long labor
  - **Soft tissue obstruction:**
    - Distended bladder

Dysfunctional Labor: Abnormal Duration

- **Precipitous Delivery**: Labor less than 3 hours in length
  - Often occurs when there is no medical attendant during the birth—car, home, office, hospital, birth center, etc., pr at risk for hemorrhage
  - If you make it on time:
  - When arrive to the scene REMAIN CALM: have Mom pant when head crowns
  - Apply gentle pressure to fetal head & check for a cord…reduce if needed or possible
  - Bulb suction mouth & nose, wipe mucus
  - Dry and keep warm on Mom’s stomach
  - Clamp/cut umbilical cord if possible
  - **DO NOT PULL ON CORD!!**
  - Massage fundus, breast feed baby