

ANTEPARTUM PATIENT MANAGEMENT

PURPOSE: To outline the management of the patient with pregnancy-related complications.

SUPPORTIVE DATA: Patients that have/develop pregnancy-related complications require close observation to:

- Detect maternal and fetal complications;
- Provide early intervention; and
- Provide psychosocial support to the patient and family

Common complications include premature rupture of membranes, vaginal bleeding, preterm labor and hyperemesis gravidarum.

ASSESSMENT:

1. Assess the following upon admission and a minimum of every 4 hours or as ordered by physician:
 - Fetal heart rate (FHR) via doptones (if >14 weeks) or FHR tracing (if >23 weeks)
 - Fetal movement (greater than 20 weeks)
 - Vital signs
 - Every hour L&D and ICU
 - Monitor uterine activity
 - Frequency
 - Intensity
 - Duration
 - Presence of low back pain
 - Abdominal cramps
 - Vaginal bleeding
 - Rupture of membranes or leakage of fluid

POSITIONING: 2. Encourage lateral position

ONGOING ASSESSMENT & TREATMENT OF SPECIFIC CONDITIONS:

PREMATURE RUPTURE OF MEMBRANES

3. Assess and treat the patient presenting with possible/confirmed Premature Rupture of Membranes:
 - Note time of rupture
 - Assess amount, color and odor of fluid at time of rupture
Review the medical record for documentation of ferning/pooling/positive nitrazine test (L&D only)
 - Assess temperature as follows:
 - Every 2 hours
 - Every hour if greater than or equal 38° C (100.4° F) or FHR greater than or equal 160
 - Assess for signs/symptoms of infection (e.g. chills, fever, and uterine tenderness)
 - Place patient on strict bed rest unless otherwise ordered
 - Decrease potential for ascending infection by:
 - Limiting vaginal examinations
 - Providing peri-care every 4 hours and prn
 - Maintaining dry bed linens

VAGINAL BLEEDING/PLACENTA PREVIA

4. Assess and treat the patient presenting with Vaginal Bleeding/Placenta Previa:
 - Assess amount and color of vaginal bleeding every 4 hours
 - Assess frequency of peri- pad changes
 - Implement strict bed rest with progressive ambulation as ordered
 - Obtain type and screen or type and cross match every 72 hours as ordered

PRETERM LABOR

5. Assess and treat the patient at risk for or presenting with Preterm Labor:
 - Assess uterine contractions

- Continuously (L&D only)
- Every 4 hours (Antepartum)
- Fluids
 - Continuous IV fluids if NPO (L&D only)
 - Encourage (Antepartum)
- Implement bed rest with bathroom privileges and progressive ambulation as ordered

HYPEREMESIS GRAVIDARUM

6. Assess and treat the patient presenting with Hyperemesis Gravidarum:

- Maintain strict intake and output
- Assess color and amount of each emesis
- Maintain diet as ordered
- Obtain daily weight

SAFETY:

7. Ensure oxygen and suction equipment are available
 8. Ensure delivery pack is available

PATIENT/FAMILY
TEACHING:

9. Instruct patient to notify the nurse if the patient has any of the following:
- Uterine contractions/tenderness/low back pain
 - Decreased or absent fetal movement
 - Presence of increased vaginal bleeding or fluid
 - Fever, chills, foul smelling vaginal discharge

REPORTABLE
CONDITIONS:

10. Notify the physician of the following:
- Category II or III FHR tracing
 - Decreased or absent fetal movement
 - Maternal tachycardia (heart rate greater than 20 beats above baseline)
 - Presence or increased vaginal bleeding, vaginal fluids, vaginal discharge
 - Rupture of membranes
 - Uterine tenderness
 - Onset of uterine contractions or increased to greater than 6 per hour
 - Temperature greater than 38° C (100.4°F)
 - Urine output less than 30 ml per hour

ADDITIONAL
PROTOCOLS:

11. Refer to the following protocols as indicated:
- Blood and Blood Products
 - Electronic Fetal Monitoring
 - Intravenous Therapy
 - Pain Management
 - Pregnancy Induced Hypertension

DOCUMENTATION:

12. Document in accordance with documentation standards.

Initial date approved: 06/00	Reviewed and approved by: Professional Practice Committee Nurse Executive Council Attending Staff Association Executive Committee	Revision Date: 11/94, 06/01, 03/02, 08/02, 03/05, 03/15, 08/17
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