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- A high-risk pregnancy is defined as one in which the health of the mother or fetus is in jeopardy. The woman should be teaching to notify her health care provider if any of these danger signs occur. The nurse can provide the psychosocial support that will allay or reduce parental anxiety. The future of fetal assessment lies in the continued development of new ultrasound technologies and hand-held receivers.
- Hyperemesis gravidarum differs from “morning sickness" of pregnancy in one or more of the following ways. The condition is self-limiting in most women, although it is quite distressing to the woman and her family. The woman should avoid food odors, which may abound in meal preparation areas and tray carts if she is hospitalized. The nurse should not assume that every woman with this complication is adjusting poorly to her pregnancy. Several bleeding disorders can complicate early pregnancy, including spontaneous abortion.
- Maternal blood loss decreases the oxygen-carrying capacity of the blood, resulting in fetal hypoxia. Cerclage, or suturing an incompetent cervix that opens when the growing fetus presses against it, is successful in most cases. Rh (D) immune globulin (RhoGAM) is given to Rh-negative women after any abortion to prevent the development of antibodies that might harm the fetus during a subsequent pregnancy. Most women are discharged directly from the recovery unit to their home after curettage.
- Spiritual support of the family’s choice and community support groups may help the family work through the grief.
- A zygote that is implanted in a fallopian tube cannot survive for long because the blood supply and size of the tube are inadequate. If the tube ruptures, the woman may have sudden severe lower abdominal pain, vaginal bleeding, and signs of hypovolemic shock.The priority medical treatment is to control blood loss. Blood transfusion may be required for massive hemorrhage. A sensitive pregnancy test for hCG is done to determine if the woman is pregnant. Transvaginal ultrasound examination determines whether the embryo is growing within the uterine cavity.
- Hydatidiform mole (gestational trophoblastic disease; also known as a molar pregnancy) occurs when chorionic villi (fringe-like structures that form the placenta) increase abnormally. The mole may result in hemorrhage, clotting abnormalities, hypertension, and a possibility of later development of cancer (choriocarcinoma) The woman should delay conceiving until follow-up care is complete because a new pregnancy would confuse tests for hCG. Rh (D) immune globulin is prescribed for the Rh-negative woman.
- Placenta previa occurs when the placenta develops in the lower part of the uterus rather than the upper part. A low-lying placenta is implanted near the cervix but does not cover any of the opening. It may or may not be accompanied by bleeding. Postpartum hemorrhage may occur because the lower uterus has fewer muscle fibers. The fetus or neonate may have anemia or hypovolemic shock because some of the blood lost may be fetal blood.
- Abruptio placentae is the premature separation of a placenta that is normally implanted. The fetus may or may not have problems, depending on how much placental surface is disrupted. Blood and clotting factor replacement may be needed because of DIC. The mother’s clotting action quickly returns to normal after birth because the source of the abnormality is removed. The treatment of choice, immediate cesarean delivery, is performed because of the risk for maternal shock, clotting disorders, and fetal death.
- Hypertension may exist before pregnancy; this is known as chronic hypertension. When hypertension develops as a complication during pregnancy, it is called gestational hypertension (GH) GH is a transient form of hypertension during pregnancy but can become chronic hypertension later in life. The cause of GH is unknown, but birth is its cure. The patient should be instructed to report symptoms such as headaches or visual changes.
- GH is closely related to the development of complications such as abruptio placentae, fetal growth restriction, preeclampsia, prematurity, and stillbirth. Severe GH can also affect the central nervous system, eyes, urinary tract, liver, gastrointestinal system, and blood clotting function. GH is associated with an increased risk of type 2 diabetes mellitus in the offspring as an adult. The U.S. Preventive Services Task Force (USPSTF) recommends blood pressure screening at each visit during pregnancy.
- HELLP syndrome is a variant of GH that involves hemolysis (breakage of erythrocytes), elevated liver enzymes, and low platelets. Epigastric pain or nausea occurs because of liver edema, ischemia, and necrosis and often precedes a convulsion. HELLP syndrome can also develop postpartum, and all patients with hypertension should be closely monitored during the postpartum period. Treatment of preeclampsia depends on the severity of hypertension and the maturity of the fetus.

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- Birth is the cure for preeclampsia. If the fetus is mature, pregnancy is ended by labor induction or cesarean birth. The fetus is often in greater danger from being in the uterus than from being born prematurely. Conservative treatment, whether at home or in the hospital, includes the following: Activity restriction to allow blood that would be circulated to skeletal muscles to be conserved for circulation to the mother's vital organs and the placenta. Blood pressure monitoring two to four times per day in the same arm and in the same position.
- Magnesium inhibits uterine contractions. Most women receiving the drug during labor must also receive oxytocin to strengthen labor contractions. These women are at increased risk for postpartum hemorrhage because the uterus does not contract firmly on bleeding vessels afterbirth. This contraction-inhibiting effect of magnesium makes it useful to stop preterm labor. Hydralazine and labetalol are the drugs most often used to reduce blood pressure when it reaches a level that might cause bleeding.
- Preeclampsia is of concern to the prenatal patient and the fetus and continues to be a threat in the postpartum period. Women with chronic hypertension are at risk for pulmonary edema, renal failure, and convulsions. Close monitoring for 48 hours after delivery is essential. Women requiring antihypertensive drugs postpartum who are breastfeeding are usually given methyldopa or Labetalol. Other antihypertensive drugs may have adverse effects on the breastfeeding infant.
- Antibodies against Rh-positive blood cross the placenta and destroy the fetal Rh-positive erythrocytes before the infant is born. A similar response occurs with ABO incompatibility when the mother is type O and the infant's blood type is type A or type B. Rh (D) immune globulin has greatly decreased the incidence of infants with Rh-incompatibility problems. Some women are still sensitized, usually because they did not receive Rh (D) after childbirth or abortion.
- Pregnancy affects a woman's metabolism (whether or not she has diabetes mellitus) to make ample glucose available to the growing fetus. Hormones (estrogen and progesterone) produced by the placenta and increased prolactin levels have two effects: Increased resistance of cells to insulin and Increased speed of insulin breakdown. Women who are diabetic before pregnancy must alter the management of their condition. With careful management, most diabetic women can have successful pregnancies and healthy babies.
- A nonpregnant woman with diabetes mellitus is treated with a balance of insulin or an oral hypoglycemic drug (agent that reduces blood glucose level), diet, and exercise. People with mild diabetes do not need drugs and control their condition by diet and exercise alone. Medical therapy during pregnancy includes identification of GDM, diet modifications, monitoring of blood glucose levels, insulin, exercise, and selected fetal assessments throughout pregnancy. The pregnant diabetic woman monitors her blood glucose levels several times a day as directed by the health care provider.
- Insulin is often administered on a sliding scale, in which the woman varies her dose of insulin based on each blood glucose level. Insulins aspart and lispro are fast-acting insulins that are highly effective if given before meals. Glargine insulin is not recommended for use during pregnancy because of variations in the basal insulin needs during pregnancy. The use of an insulin pump has proved of great value for glucose control in pregnant and nonpregnant patients with diabetes mellitus.
- Pregnant women with diabetes mellitus often find that living with glucose monitoring, diet control, and frequent insulin administration is bothersome. Maintaining glycemic control during pregnancy is essential to prevent later complications such as macrosomia. Follow-up care is important, as patients with GDM have an increased risk of developing type 2 diabetes up to 10 years after delivery. Breastfeeding should be encouraged if the newborn does not have perinatal complications related to maternal diabetes mellitus.
- Heart disease affects a small percentage of pregnant women. Cardiac failure can occur during labor or in the postpartum period. Blood glucose levels of newborns are monitored closely in the first 24 hours of life. Breastfeeding uses glucose reserves in the mother, and glucose monitoring of the mother after breastfeeding is important. Taking in fluids or food before or during breastfeeding may be desirable. A progestin-only oral contraceptive may be preferred for women with GDM.
- A woman with heart disease may already be familiar with its management. She should be taught about any necessary changes, such as the change from warfarin anticoagulants to subcutaneous heparin. The nurse should discuss stressors in the woman's life and help her to identify ways to reduce them. Postpartum bradycardia (slowed heart rate) should be reported to the health care provider. Anemia is the reduced ability of the blood to carry oxygen to the cells.

- Iron should not be taken with milk or antacids because calcium impairs absorption. Folic acid deficiency has been associated with neural tube defects in the newborn. People with sickle-cell disease have abnormal hemoglobin that causes their erythrocytes to become distorted into a crescent-shape during hypoxia or acidosis. The main risk to the fetus is occlusion of vessels that supply the placenta, leading to preterm birth, growth restriction, and fetal death.
- The nurse should teach all women appropriate food sources for iron and folic acid. The woman with sickle-cell disease requires close medical and nursing care. The obese woman who is pregnant has a high risk for developing complications during pregnancy, such as GDM, hypertension, cardiac problems, preeclampsia, and respiratory problems. In some patients following gastric bypass surgery, consumption of simple sugars can lead to a condition known as dumping syndrome.
- An infant born to a mother with an active viral infection, such as rubeola or varicella, must be placed on airborne and contact isolation. An infected infant may have some of the following serious problems: Intellectual impairment, Seizures, Blindness, Deafness, Dental abnormalities, Cardiac defects, and IUGR. Antiviral drugs such as acyclovir or valganciclovir hold promise in improving the developmental outcome in newborns.
- Blood, saliva, vaginal secretions, semen, and breast milk can transmit the virus that causes hepatitis B infection. Infected newborns may receive acyclovir and are followed closely after birth. Clovir may be given orally during pregnancy to reduce the occurrence of active lesions at the time of birth. The Centers for Disease Control and Prevention recommends routine immunization with hepatitis B vaccine for all newborns at birth and at ages 1 to 2 months and 6 to 18 months. immunization during pregnancy is not contraindicated.
- Pregnant women should be assessed for Zika virus exposure during each prenatal visit. The high estrogen levels present during pregnancy thicken the vaginal mucosa and increase secretions that have a high glycogen content. Consistent use of a latex condom, including the female condom, helps to reduce the sexual spread of STIs. HIV infection is acquired in one of the following four ways: Unprotected sexual contact, Sharing a needle with an infected person, Mucous membrane exposure to infected body fluids, Perinatal exposure.
- The nurse should wear protective equipment, such as gloves, with every potential exposure to a patient’s body secretions. The nurse should help the mother cope with the anxiety that is almost certain to occur about whether the neonate is infected. Nurses can teach women the following measures to reduce the likelihood of acquiring the infection: Cook all meat thoroughly. Wash hands and all kitchen surfaces after handling raw meat. Avoid uncooked eggs and unpasteurized milk. Wash fresh fruits and vegetables well. Avoid materials contaminated with cat feces.
- Pregnant women are screened for pulmonary tuberculosis by either a tuberculin skin test or a serum Interferon GammaRelease Assay. Any GBS-positive urine culture is considered a cause for antibiotic treatment during pregnancy. Urinary tract infections (UTIs) are common in pregnant women because of the short urethra and the ease of contamination from the vagina during sexual activity. The asymptomatic infection may eventually cause cystitis (bladder infection) or pyelonephritis (kidney infection)
- Pregnant women should be taught the signs and symptoms of cystitis and pyelonephritis so that they will know to seek treatment at once. Urinating before intercourse reduces irritation; urinating afterward flushes urine from the bladder. Drinking at least eight glasses of liquid per day and excluding caffeine-containing beverages help to flush urine through the urinary tract regularly. The four main teratogens of concern during pregnancy are drugs, chemicals, infectious agents, and radiation. Even diseases not normally transmitted by airborne means can be altered to make them transmissible by air.
- The approach to the care of a pregnant patient who is a victim of a bioterrorist attack may follow protocols similar to those presented in this section of general trauma during pregnancy. The use of illicit or recreational drugs during pregnancy has an adverse effect on both the mother and the fetus. Administration of available vaccines to the pregnant patient can adversely affect the fetus and must be carefully evaluated, and informed consent must be obtained. The Association for Women’s Health and Neonatal Nurses recommends that families who are pregnant keep on hand an emergency birth kit that includes ready-to-feed formula and a basic disaster supply kit.

- There is no safe amount of alcohol that can be consumed during pregnancy. A single episode of consuming two alcoholic drinks during pregnancy can lead to the loss of some fetal brain cells. A trusting, therapeutic nurse–patient relationship makes it more likely that a woman will be truthful about the use of legal and illicit substances. The nurse who collects data must use a nonjudgmental approach and treat the issue as a health problem rather than a moral problem. A multidisciplinary approach is needed to plan for the care of a mother and newborn that includes referral to community agencies.
- Unintentional injury, suicide, and homicide are the three leading causes of traumatic death. Physical abuse against women (battering) is a significant cause of trauma during pregnancy. Women abused during pregnancy are more likely to have miscarriages, stillbirths, and low-birth-weight infants. Emotional abuse makes leaving the relationship especially difficult because it lowers the woman's self-esteem and isolates her from sources of help. The time of greatest danger to the abused woman occurs when she leaves her abuser.
- If a woman confides that she is being abused during pregnancy, this information must be kept absolutely confidential. Her life may be in danger if her abuser learns that she has told anyone. The decision about whether to end the relationship rests with the woman. Abuse of children must be reported to appropriate authorities. The nurse should understand the changes in anatomy and physiology that normally occur during pregnancy and should ensure that the pregnant woman is not positioned on her back to prevent supine hypotensive syndrome.
- Blunt abdominal trauma could result in 'abruptio placentae' that could occur up to 48 hours after the injury. The use of tocolytics to delay labor may be contraindicated in some types of trauma. Electrical shock injuries can be more serious to the fetus. It is important for the nurse to understand and relate the physiology of pregnancy to help the mother and fetus who are victims of trauma in the emergency department.
- Parents exhibit mourning behaviors associated with the various stages of the grieving process. Health care providers must address these aspects of the mourning process as they work with the parents through interventions. Many new noninvasive technologies have been developed to detect problem pregnancies and to enable early diagnosis and treatment including intrauterine surgery. The most important prevention of complications during pregnancy is early preconception care followed by prenatal care and surveillance.
- Gestational diabetes mellitus first occurs during pregnancy and resolves after pregnancy. Rh (D) immune globulin (RhoGAM) can be administered to an Rh-negative mother to prevent blood incompatibilities between the mother and a Rh-positive fetus. Drugs and alcohol consumed by the mother can cross the placenta and adversely affect the developing fetus. Urinary tract infections are more common during pregnancy because compression and dilation of the ureters result in urine stasis. Preterm labor is more likely to occur if a woman has pyelonephritis.