Week 3 Exam

1. I think I would first listen to her interpretation of the information she received. I might ask her more questions about the information she received and ask what she thinks the information means for her/her pregnancy or how the information makes her feel. Validate how they feel about this information, agreeing that it feels scary/uncertain/whatever other emotion they might offer. After I feel like they have communicated everything about the situation they felt like they wanted to express, I might ask them what steps their care provider has offered them or suggested to do next and work from there to establish a “plan” of sorts for their next few days or weeks. I don’t think I would suggest they do anything outside of their care teams suggestions nor would I offer anything regarding loss at this point, but I might provide some information regarding hcg fluctuations during pregnancy as well as ask if their care provider suggested a series of blood draws for monitoring & if not perhaps ask their care provider if that was something they would discuss further with the client.
2. I would listen to this clients interpretation of what her care provider told them, I would validate her feelings of grief / worry / uncertainty, and then I might ask some questions about what information her provider gave her or what next steps they suggested and see if there are any areas that I could provide information (such as if the provider suggested any procedures or further tests). I also feel like I would want to provide something specifically for comfort / the emotional needs of this client and not just information of action steps, though I am not entirely sure what I would provide for that other than an empathetic listening ear. I would want to make sure she had a support person or people in her life to comfort her though, and maybe if I had resources available to suggest a support group for people who have similar experiences I would provide that information to this client as well.

I am not positive I would ask how this news makes her feel or what her interpretation of the information is because the wording of the question makes me believe that that information would be presented straight away / at the start of the conversation by the client & it would feel to me like I didn’t actually listen to what she had to say if I asked those questions again after she provided the information already. I might also provide education specific information regarding ultrasound scans / their scope – but I do feel torn on that step because it feels somewhat more “forced hopeful”, but on the other hand I do feel like providing knowledge can ease some of the feelings that come with such received information. I do not think I would provide information specific to loss at this point.

1. Magnesium Sulfate - Magnesium sulfate is given as an intravenous infusion or intramuscular injection in the hospital over 12 to 48 hours. It relaxes smooth muscle tissues, which helps to prevent seizures and slow uterine contractions. Research shows that magnesium sulfate, like other tocolytics, doesn't work very well to actually prevent preterm birth, but it may help stall labor for a short time. Doctors may treat preterm labor with 48 hours of magnesium sulfate, hoping to buy enough time to complete a course of steroids to help the baby's lungs develop.
2. For some, a pelvic exam can be a helpful and minimally invasive procedure for their labor experience. For others, it could be an intrusion in an otherwise uninterrupted labor experience & could even be jarring and traumatic for others.
3. Forceps, Vacuum Extraction, Episiotomy. For all of these options, once the decision was made to go with that form of delivery, I would support by offering relaxation options and encouragement
4. Asking for a hand-held Doppler unit, Asking for intermittent monitoring (every 15-30 minutes) – live birth, Asking for no monitoring if baby’s heart may stop during birth
5. Pitocin IV - unnaturally strong and frequent contractions – I would support first with relaxation and non-medical pain management (if the client had indicated that’s what they wanted to try first), If the pain management and relaxation wasn’t working then I would encourage the client to ask for medical pain management options and then help encourage them and eliminate fear-based tension.
6. Demerol – vomiting – I would support first with affirmations to aid in the mental acceptance of the process + reassure them (only if they were worried) that sometimes Demerol can cause nausea/vomiting and it is a “normal” side effect. From there I would suggest some natural options if they wished or I would encourage them to ask the medical team about nausea/vomiting medication options.

Extra Credit:

I will use a scenario I have seen happen before. Birther was very afraid of tearing during delivery, provider only offered an episiotomy. This is an insufficient approach because there was nothing else offered to the client in terms of education, alternatives, or even pros/cons and general information about episiotomies. I think the provider should of spent some time talking to the client about their fears or could have referred them to a childbirth class, a doula, or a specialist of some kind if they didn’t know how to address this with the client.