

Nursing care during Obstetrical Operation

Episiotomy

Definition: Is an incision made in the perineum to enlarge the vaginal outlet and to shorten the second stage of labor during the last part of the second stage of labor or delivery

Advantages:

- Prevent laceration of the perineum and the posterior wall of the vagina
- shorten the second stage of labor
- Release pressure on the fetal head with birth
- Repaired more easily than a tear and heals faster

Disadvantages:

- Increase perianal pain during post -partum recovery.
- May interfere with maternal–neonatal bonding if discomfort is severe
- Creates a potential site of infection
- May make the client hesitant to void or have a bowel movement
- Slight loss of blood
- Perineal Hematoma

Types of episiotomy: 1. Midline episiotomy 2. Medio-lateral episiotomy

Nursing management (teach the woman about the following):

1. Apply ice packs in the first 24 hours after birth that reducing pain and promoting healing and comfort.
2. Use sitz baths 3-4 times a day for a maximum of 20 minutes each time.
3. Change the pads every 2 to 4 hours.
4. Keep the area around the stitches clean and dry by washing the area from front to back, and the dry with a clean towel after urinate or have a bowel movement.
5. Drink lots of water and eat foods with plenty of fiber this will prevent constipation.
6. Explain that these sutures usually dissolve within 10 days
7. Inspect the perineum for redness, sloughing of sutures, pus formation, drainage at the suture, and if the pain gets worse.

Forceps Delivery

Forceps may be used to apply traction to the fetal head or to provide a method of rotating the fetal head during birth.

The indications for the use of forceps delivery are:

- A prolonged second stage of labor
- A distressed FHR pattern
- Failure of the presenting part to fully rotate and descend in the pelvis
- Limited sensation and inability to push effectively due to the effects of regional anesthesia
- Maternal heart disease, Acute pulmonary edema or infection.

Risk of tissue trauma to the mother and the newborn.

Maternal trauma may include :

- Lacerations of the cervix, vagina, or perineum
- Hematoma
- Extension of the episiotomy incision into the anus
- Hemorrhage
- Infection.

Newborn trauma includes:

- Ecchymoses
- Facial and scalp lacerations
- Facial nerve injury
- Cephalhematoma
- Caput succedaneum

Nursing Management

1. Explains the procedure briefly to the woman.
2. Encourages woman to avoid pushing during application of the forceps
3. Monitors contractions and advises the physician when one is present because traction is applied only with a contraction.
4. The newborn is assessed for facial edema and any sign of cerebral edema.
5. In 4th stage, the nurse assesses the woman for perineal swelling, hematoma, excessive bleeding, and hemorrhage.
6. Assess for signs of infection if lacerations occurred during the procedure
7. The nurse provides reassurance to the woman and her family.

Caesarean Section: Definition: is the delivery of the fetus through an incision in the abdomen and uterus

Types of Caesarean Section incision:

A classic (vertical): used when adhesion from previous caesarean, when the fetus is in a transverse lie, and anteriorly placenta

Transverse incision: is more common incision , Decrease incidence of postoperative adhesions, Easier to repair, Minimal blood loss.

Maternal indications

1. Previous cesarean birth
2. Breech presentation
3. Dystocia, and fetal distress.
4. Genital herpes
5. Fetal macrosomia
6. Cephalopelvic disproportion
7. Prolapsed umbilical cord
8. Placental abnormality (placenta previa or abruptio placentae)
9. Gestational hypertension, diabetes

Fetal indications include:

1. Mal presentation and malposition
2. Congenital anomalies (fetal neural tube defects, hydrocephalus, abdominal wall defects)
3. Fetal distress

Complications of caesarean section:

- Infection
- Hemorrhage
- Aspiration, pulmonary embolism
- Urinary tract trauma
- Thrombophlebitis
- paralytic ileus
- Fetal injury

Nursing Management

Pre-operative:

- Assess the woman's knowledge and provide essential teaching to reduce the woman's fears and anxiety.
- Assist with obtaining diagnostic tests & ensure that the woman has signed an informed consent
- Ask the woman about the time she last had anything to eat or drink.
- Throughout the preparation preparing the surgical site, Starting an I.V fluid, and inserting an (Foley) catheter

Postoperative Care include:

- Assess vital signs and lochia flow every 15 minutes for the first hour, then every 30 minutes for the next hour, and then every 4 hours if stable.
- Assess uterine firmness.
- Assess of abdominal distention and auscultate bowel sounds.
- Assist with early ambulation to prevent respiratory problems
- Monitor intake and output

- Administer analgesics as ordered.
 - Assist with breast-feeding initiation
 - Teach the woman about adequate rest, activity restrictions such as lifting, and signs and symptoms of infection.
-

Induction and Augmentation of Labor

Induction of labor: refers to Labor that is artificially started

Augmentation of labor: refers to assisting labor that has started spontaneously to be more effective.

Reasons for inducing labor (indication)

- Prolonged gestation.
- PROM
- Gestational hypertension, cardiac disease, renal disease
- Chorioamnionitis
- Dystocia
- Isoimmunization

Contraindications to labor induction

- Placenta abnormalities (abruption placenta, placenta previa)
- invasive cervical cancer
- active genital herpes infection
- Transverse fetal lie
- prolapsed umbilical Cord
- a prior classic uterine incision
- pelvic structure abnormality
- vaginal bleeding with unknown cause
- Abnormal FHR patterns (Fetal distress)

Method of labor induction

1. Induction via Amniotomy

Is Artificial rupture of membrane (AROM) that involves inserting a cervical hook (Amniohook) through the cervical os to deliberately rupture the membranes.

Risks associated with these procedures include:

- Umbilical cord prolapse or compression
- Maternal or neonatal infection
- FHR deceleration
- Bleeding, and client discomfort

Nursing Management for AROM procedure:

- Explain to the woman what will be done.
- Assess fetal heart rate (FHR)
- Place several under pads under the woman's buttocks to absorb the fluid.
- Prepare instrument used in procedure
- Reassess the FHR and pattern.
- Assess the color, consistency, and odor of the fluid.
- Evaluate the woman for signs and symptoms of infection.
- Documentation each intervention

2. Induction via Oxytocin

Oxytocin is a hormone produced in the posterior pituitary gland that stimulates uterine contractions and aids in milk let-down. Pitocin is a synthetic form of this hormone.

Indications: Oxytocin is used primarily for labor induction and augmentation. It is also used to control postpartum bleeding

Adverse Effects

- Uterine hyper tonicity
- Uterine rupture
- Unnecessary cesarean birth caused by abnormal FHR and patterns
- Postpartum hemorrhage, infection, and death from water intoxication (e.G., Severe hyponatremia).
- Fetal adverse effects resulting in abnormal FHR and patterns

Nursing Considerations

- Inform Patient regarding reasons for use of oxytocin
- Assessment contraction pattern and fetal status.
- Monitor woman vital signs every 30 to 60 minutes
- Assess intake and output
- Perform vaginal examination as indicated.
- Monitor side effects, including nausea, vomiting, headache, and hypotension.
- Observe emotional responses of woman
- Documentation the time the oxytocin infusion, interventions for uterine hyper tonicity, and abnormal FHR and patterns

Augmentation of labor: Is the stimulation of uterine contractions after labor has started spontaneously but progress is unsatisfactory.

Augmentation is usually implemented for the management of hypotonic uterine dysfunction, resulting in a slowing of the labor process (protracted active phase).

Common augmentation methods include:

- Oxytocin infusion and amniotomy.
- Noninvasive methods such as : (Emptying the bladder, Ambulation and position changes, and Relaxation measures)

Nursing assessment of the woman who is undergoing labor induction or augmentation.

- History and physical examination.
- Review the woman's history for relative indications for induction or augmentation
- Assist with determining the accurate dating of the gestational age
- A vaginal examination to evaluate the cervix for dilation and effacement
- Assess the FHR and contraction patterns
- An ultrasound to evaluate fetal size, position, and The fetus is in longitudinal lie
- Complete blood count and urinalysis to rule out infection
- A presenting part is engaged

Nursing Management

- Explain to the woman about the induction or augmentation procedure
- Ensure that an informed consent has been signed
- Accurately monitor contractions for frequency, duration, and intensity.
- Provide client with frequent reassurance of maternal and fetal status to minimize anxiety.

REFERENCES:

Perry, S. E., Hockenberry, M. J., Lowdermilk, D. L., Wilson, D., Sams, C. A., & Keenan-Lindsay, L. (2014). Maternal Child Nursing Care, 5th edition. Elsevier Health Sciences.pp, 465-467

Pillitteri, A. (2013). Maternal & child health nursing: care of the childbearing & childrearing family. Lippincott Williams & Wilkins.

Ricci, S., S. (2013). Essentials of maternity, newborn, & women's health nursing. Wolters Kluwer Health, Lippincott Williams & Wilkins.pp: 740-742

Michele R. Davidson, Marcia L. London, Patricia A.Wieland Ladewig. (2012).Olds' maternal-newborn nursing and women's health across the lifespan.9th edition. Pp: 745