Caring for the Pregnant Patient in Perianesthesia: a 2 for 1 Deal!

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Outline
I. Physical Alterations of pregnancy
   A. Cardiovascular
   B. Hematological
   C. Respiratory
   D. GI/GU
   E. The Fetus
      1. Development
      2. FHT/monitoring

II. Surgery on a pregnant woman?
   A. Ovarian torsion
   B. Appendicitis
   C. Stents, cerclage, and more...

III. Why a Cesarean Birth?
   A. Prior cesarean delivery
   B. Dystocia
   C. Non-reassuring fetal heart tracing
   D. Malpresentation
   E. Placental abnormalities
   F. Prior Cesarean

IV. Pre-anesthesia considerations
   A. History and physical examination
   B. Be aware of normal physiological alterations of pregnancy
   C. Be alert for risk factors for complications
   D. Your second patient
      Fetal heart monitoring
   E. Pre-anesthesia history
   F. Gravida and para
   G. Allergies (drug, food, and latex)
   H. Medications
   I. Prenatal lab results
      These may affect immediate infant care in the delivery room.
   J. Significant history of pulmonary, cardiac, or coagulation problems
   K. Document and communicate to the anesthesiologist & CRNA
   L. Time of last oral intake
   M. Complications of this pregnancy or previous pregnancies.
   N. Left or right lateral tilt
   O. Placement of an 18 gauge intravenous catheter
   P. Preoperative blood work
   Q. Antacid to reduce the acidity of stomach contents.
   R. Patient teaching/Any other patient or family concerns

V. Immediate Post-anesthesia Care
   A. Post non-obstetric surgery- who's your buddy?
   B. Post-cesarean delivery
   C. Complications
D. Comfort
   1. Shivering
   2. PONV
   3. Pain management

V. Postpartum hemorrhage
   A. Oxytocin (Pitocin®)
   B. Methylergonovine (Methergine®)
   C. Carboprost (Hemabate®)
   D. Misoprostol (Cytotec®)
   E. Nursing considerations
      1. If the obstetrician requests a CBC, consider DIC, T & S, and placing a second large bore IV
   F. Risk factors/Causes
      1. Uterine atony
         - Boggy fundus & free flowing lochia
         - Large baby or multiples (twins, triplets, or more)
         - Prolonged labor/Very rapid labor
         - Receiving magnesium sulfate during labor
         - Large dose of oxytocin during labor
         - General anesthesia (halogenated agents)
         - History of postpartum hemorrhage
   G. Nursing Interventions
      - External massage
      - Breastfeeding
      - Reassess VS/uterus/bleeding
      - Contact OB
   H. Invasive interventions
      A. evacuation/bimanual massage
      B. B-Lynch stitch
      C. Ligation of uterine artery
      D. Angiographic pelvic embolization
      E. Tamponade
      F. Hysterectomy
   I. Retained placenta
      - Boggy or rising fundus/heavy lochia
      - Internal exam/Return to OR for D & C
   J. Placenta accreta
      - Placenta grows into uterine wall/Does not separate
      - Rare (1 in 2500 deliveries) but incidence rising
      - High probability of hysterectomy due to late diagnosis and significant blood loss

Selected References


