

NURSING CARE OF THE MOTHER WITH VAGINAL BLEEDING IN PREGNANCY.

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Out line.

- Introduction
- Goals
- Quick assessment of maternal and fetal condition.
- Nursing care.

Count.

- **KEY;**
- APH –hemorrhage
- I.V -Intravenous Line. Antepartum
- S.V.D -Spontaneous vaginal delivery.
- L.NMP.-Last normal menstrual period.

Introduction.

Is any bleeding from or into birth canal which occurs during pregnancy and labor.

Goals;

- To prevent maternal morbidity and mortality.
- To prevent foetal morbidity and mortality.
- Reduce on the further complications that may result from excessive bleeding.
- Find out the underlying cause.
- Managing the underlying cause.
- Allay anxiety

Cont.

Assessment of maternal and fetal condition.

This involve subjective and objective data.

- **Subjective data.**
- The midwife will take quick history of the presenting complaint from the mother or the care taker.
- Gravidity, LNMP and EDD.
- Medical history if any.
- History of bleeding in the previous pregnancy.

Cont.

- Surgical history
- History of accident.
- Change in physical work.

Objective data.

- Perform a quick physical examination from head to toe.
- A quick review of all the systems.;i.e
 - The Central nervous system.
 - Sensory system.

Cont.

Central nervous system.

Respiratory system.

GIT.

Mss.

Abdominal examination.

Vaginal Examination.

Gut.

Count.

Assess the client's reproductive history;

A review of the menstrual history and prior ultrasonography can help establish gestational dating and determine whether the pregnancy location is known.

- **Assess the client's psychological stress and emotional response to an event.** eg headaches, nausea, vomiting, altered mental status, confusion, coma, seizure.

Plan.

- Obtain informed consent from the patient.
- Call for help.
- Consider ABC approach.
- Inform doctor on call and the obstetrician..
- Continuous vital observation
- Establish iv line and give iv fluids.
- Carry out investigations.

Count.

- To put mother on oxygen if required.
- Book blood products preferably packed cells, whole blood, platelets and fresh frozen plasma.
- Prepare to manage PPH.

Implementation

- It's always an obstetric emergency and ABC approach must be considered.
- Management depends on the cause, gestation age, maternal or fetal condition, and severity of the bleeding.
- Re assure the mother to allay anxiety.
- Ensure that mother signs consent form for admission.
- Perform quick general physical examination from head to toe.
- Inform doctor on call and the obstetric team.

Cont.

- Continuous vital observations
- Establish IV access and give iv fluids.
- Take off blood sample for grouping, complete blood count and cross match
- Book blood product; i.e. packed cell, whole blood, platelets and fresh frozen plasma.
- Do urinalysis.
- ultrasound scan.
- Treat the underlying cause of bleeding.
- Monitor fetal heart rate.

Cont.

- Offer oxygen therapy if recommended.
- Monitor bleeding by count the number of pad used.
- Transfuse the mother who present with signs of shock.
- Position the mother to prevent excessive blood loss.
- Provide supportive care such as pain relief and comfort, give antibiotic as prescribed.
- Consider conservative management for mothers with threatening abortion, placenta previa, and preterm labor for mothers who are hemodynamically stable.
- Monitor labor progress.

Cont.

- Prepare mother for surgery if recommended.
- Prepare for neonatal resuscitation.
- Inform the theatre and the NICU team.
- Prepare for D&C for mothers with incomplete abortion and molar pregnancy
- Prevent injury
- Give healthy education talk.
- Ensure documentation.

Implementation

At Healthy Centre.

Consider ABC approach while managing mother with vaginal bleeding in pregnancy.

- All mothers with PV bleeding must be managed from the well established healthy facility.
- **Pre-referral Care;-**
- Vital observation
- Establish an iv line and give iv fluids, that's to say normal saline and lingers lactate.
Abdominal examination.
- Inspect the vulva but do not do vaginal examination.

Count.

- Reassure the mother and family members.
- Refer the mother urgently.
- Ensure documentation.

Precaution in APH management

- Don't do the following.
- Digital vaginal examination., bladder catheterization, rectal examination and enema.

WHEN TO DELIVER

- Term baby
- Dead foetus
- Mother in labor.
- Unstable mother and Torrential vaginal bleeding.

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THE END.

THANK YOU
Questions????