

Take home case study: adolescent pregnancy

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Some of the symptoms of pregnancy include tenderness of the breasts, nausea or vomiting or both, weight gain, missing a period, frequent urination, darkening of the nipples, enlargement of the breasts and perception of fetal movements (in later stages).

In Shantell, signs which point to pregnancy are missing of periods, abdominal bloating, nausea and vomiting and tenderness of the breasts. The most commonly used method for confirming pregnancy is urine hCG test. The test can be performed by using a pregnancy kit which is easily available in any pharmaceutical store.

The test is usually positive soon after the period is missed. Other tests which can be employed to confirm pregnancy are blood hCG test, trans-abdominal ultrasound and transvaginal ultrasound (Trupin, 2007).

2. One you confirm pregnancy, how would you proceed in history taking? What are the complications of pregnancy is Shantell at risk to develop?

Since the nurse is dealing with a case of adolescent pregnancy, it becomes important for the nurse to assess the following areas during history taking (Davidson, London and Ladewig, 2008):

1. Medical history: History of fever, urine infection, any medical illness in the present and past.

2. Family and personal health history. Any family history of diabetes, hypertension and asthma and family history of pregnancy related complications like eclampsia and preclampsia and multiple gestations must be taken. Also details of personal health like vaginal discharge must be enquired. Continuation of sexual activity and the type of sexual activity also

must be ascertained. Diet and nutrition status must also be checked. General health habits must also be looked into.

3. Menstrual history: The age of attainment of puberty, the regularity of menstrual cycles and duration of bleeding during each cycle must be enquired.

4. Substance abuse history: Since substance abuse can harm both the mother and the fetus and substance abuse is common in adolescent pregnancy, it is important to ascertain and evaluate substance abuse.

5. Obstetric and gynecology history: The patient must be asked about history of previous pregnancies and abortions if any, last menstrual period, nausea and vomiting, vaginal discharge and vaginal bleeding. Any other problems related to obstetric and gynecology in the past must be enquired into.

The complications which Shantell is at risk are abortion, preeclampsia, poor maternal weight gain, anemia, sexually transmitted diseases, prematurity and low-birth weight of the baby. Shantell is at risk of certain psychosocial complications too like school interruption, separation from child's father, limited vocational opportunities and persistent poverty (Klein, 2005).

3. What tests should this client undergo? What referrals should be made?

The tests which Shantell to undergo are complete blood count, blood group and Rh-typing, thyroid test, urine culture, tests for syphilis, HIV and Hepatitis B and Quad Screen test. Since the client is 14 weeks of gestation trans abdominal ultrasound has to be done looking for the viability of the fetus, nuchal translucency and early detection of fetal abnormalities (Truptin, 2007).

Appropriate referrals include physician consultation for looking into the general health status of the patient, dietician consultation for proper diet and nutrition, obstetrician consultation for antenatal check ups and psychologist consultation for psychological support and counseling.

4. List the psychological influences on the client. What are the developmental tasks the client is addressing and how will pregnancy affect them?

The psychological influences on the client include fear of rejection from parents, family members and friends, loss of self-esteem, depression and anxiety. The main developmental tasks the client is addressing are pregnancy confirmation, seeking early prenatal care, evaluation of diet and other general health habits and supportive partner (Davidson et al, 2008).

Pregnancy can affect the developmental tasks. The client may delay the process of confirmation of pregnancy until the end of first trimester or even later. This delay can be either due to lack of awareness of pregnancy or fear of confiding in anyone. The client may suffer embarrassment due to rapid enlargement of breasts and also sensitivity of breasts. The client may also fear family turmoil (Davidson et al, 2008).

5. Give 2 nursing diagnoses that relate to the client and how you came up with the diagnoses. What is your goal for this client and what nursing interventions would you plan to reach the goal?

The 2 nursing diagnosis I came up with the client is urinary tract infection and anxiety. As soon as the pregnancy was confirmed, I performed certain routine tests which included urine culture and that test revealed E. Coli

infection in the urinary tract. My interaction with the patient during history taking and examination made me arrive at the diagnosis of anxiety.

The goal I would set for this client is safe pregnancy, motherhood and safe baby. Through a nursing plan and implementation, I will try to achieve the goal. The suitable plan I propose is:

1. Issues of confidentiality and taking consent for care: The adolescent is entitled for respect and confidentiality in dealing with matters pertaining to pregnancy. Thus parents and other adults can be included in the communications only after her consent (Davidson et al, 2008).

2. Development of trust with the client: This is important as the patient may be suffering from anxiety and nervousness due to the situation and also the exposure to health care system. Pelvic examinations can also be anxiety-provoking situations.

Thus it is critical to develop a trusting relationship by showing respect, honesty and caring attitude. These aspects not only bring down the anxiety levels, they also promote self-esteem (Davidson et al, 2008).

3. Promotion of self-esteem and problem solving skills: This is important because the client needs to progress with the developmental tasks and also assume responsibility for herself and also the baby (Davidson et al, 2008).

4. Physical well-being: Weight gain and blood pressure measurements must be ascertained in each visit as they give a good estimate of overall health. Also, since there is family history of preclampsia, early detection of this condition though blood pressure assessment is critical. Diet and nutrition also must be assessed (Davidson et al, 2008).

5. Family adaptation promotion: The situation of the family should be ascertained in the first prenatal visit itself. Sensitive issues like daughter-mother relationships should be handled with care. Partner and other friends and family members also must be involved in the care (Davidson et al, 2008).

6. Prenatal classes: The client must be encouraged to attend prenatal classes where she will be taught about handling pregnancy. The client will also be prepared for labor and child birth. In the classes, problems and issues of teenage pregnancy will be raised and attempted to solve. The classes will also aim to increase self-esteem, provide information pertaining to community services and also help in the development of suitable cognitive skills (Davidson et al, 2008).