

Risks of preterm labour delivery



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Preterm labor, when a pregnant woman is going into labor before the full pregnancy term is completed. A normal full term pregnancy is 38 to 40 weeks. An infant that is delivered at 37 weeks and under are considered to be preterm deliveries. There has not yet been determined a specific cause of preterm labor/delivery but there are certain factors that play a part in the onset of early labor/delivery. The factors of preterm labor/labor are patients that have recurring bladder and kidney infections, vaginal infection, sexually transmitted diseases such as gonorrhea, trichinosis, bacterial vaginosis, and syphilis. Women who are also at risk for preterm labor/delivery are women who have vaginal bleeding after 20 weeks gestation, hypertension, more than two first trimester abortions and thrombophilia (clotting disorder). Some women will experience these risk factors but it may not turn over into preterm labor/delivery. Pregnant women or women that are planning to become pregnant should that their lifestyles play apart in preterm labor/delivery. Doctors and nurses will go over this risk, which are smoking, drinking, alcohol, using drugs, working and standing long periods of time, and being highly stressed. Studies done by the (Center Disease Control and Prevention) “ show that ethic disparities play apart in the preterm birth, the preterm birth among African American women (13%) was about 50% higher than the rate of preterm births in white women (9%)”(Mayo Clinic, 2005).

When is born before the full pregnancy term is completed (38-40 weeks) it puts the baby at risk for multiple disabilities, deformities, and or death.

When the baby full gestation, the baby's lungs, brain, and liver are not fully developed or functioning properly and this will cause the baby to have difficulty breathing and can cause death. When the brain does not fully develop this will cause the baby to be at risk for vision problem, the inability to move extremities and maintain balance (cerebral palsy). Preterm babies are at risk for impairment in physical doings, learning, speech, behavior ad hearing. Usually before the complication and defects arise there are symptoms the pregnant women will experience. If these symptoms are detected at the early stages then preterm birth can be avoided. It is very important as a care provider to provide expecting mothers with the information on premature labors/deliveries that include signs and symptoms. Pregnant women that are not educated on the symptoms and signs are more at risk due to the fact that they are unaware of the risk factors and signs and symptoms so nothing gets reported. By the time the caregiver detects the signs and symptoms it is more than likely to be reversed. Pregnant women should be seen by a doctor immediately if she is experiencing persistent pressure in the pelvis, cramps and aches in the thighs and lower back. These signs should be talked over and checked out by the physician. Having unexplained bleeding and cramps may get the patient an order for bed rest for a certain amount time to make sure everything is okay. After being monitored for preterm labor the mother will be examined by a physician for pulse, temperature, and respiration. A vaginal smear test will be done to check for sexually transmitted diseases as well as blood and urine test. If an STD is present, doctors can treat the transmitted disease so that it does not

affect the baby during delivery. A vaginal exam will let the doctors know if contractions are starting to open and efface the cervix. The mother is hooked to electronic fetal monitor that monitors the fetal heart rate and ultrasound is performed to see placement of the fetus. Depending on the circumstance the baby can be delivered vaginally or by Cesarean section. Before delivery in 24-32 weeks of gestation, the physician will give the pregnant women medications to temporarily cease the preterm contractions and mature the fetus lungs. Corticosteroids and magnesium sulfate is given to the pregnant women to prevent infant brain damage (cerebral palsy). After the baby is born, the baby will be taken to the NICU until the new born lungs and organs are developed fully and are beginning to function properly. Parents are allowed to visit the baby and at some point will be able to hold their newborn. When the discharge day comes the mother and father of the premature baby will be given a teaching on how to do premature infant care parents are educated and are required to demonstrate and verbally expel in a manner that the physician will know that the teaching was effect and the parents fully understand the care their newborn needs. Some of the teaching will cover (1) CPR, (2) how to identify certain problems with apnea and feedings, (3) how to maintain and monitor body temperature. There will be discharge paper work that will need the mother and father signature and copies will be administered to both parents. Within the discharge papers there will be a list of resources and phone numbers and names of providers that can do follow up appointments of the mother and baby. The infant should be taken into a physician's office once every one or two weeks until the desired weight is gained and measurements are normal. Upon leaving the hospital, the nurse will make sure that the parents have the appropriate

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car seat for the newborn; the car seat has to be appropriate in size and affective. The car seat is part of the teaching nursing staff will show the parents how to place the seat in the car. The car seat should be placed with the feet pointing towards the back seat and visual to the person in the front passenger seat and seat belted in.

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