

Nursing 1008  
Chapter 9  
Case Study

**Instructions: Read the Case Study and answer the questions that follow.**

High Risk Obstetrics Consultation Report

**Reason for Consultation:** High-risk pregnancy with late-term bleeding.

**History of Present Illness:** Patient is 23 years old. She is currently estimated to be at 30 weeks gestation. She has had a 23-lb weight gain with this pregnancy. Amniocentesis at 20 weeks indicated a male fetus with no evidence of genetic or developmental disorders. She noticed a moderate degree of vaginal bleeding this morning but denies any cramping or pelvic pain. She immediately saw her obstetrician who referred her for high-risk evaluation.

**Past Medical History:** This patient is gravida 4 para 0, with three early miscarriages without obvious cause. She was diagnosed with cancer of the left ovary 4 years ago. It was treated with a left oophorectomy and chemotherapy. She continues to undergo full-body CT scan every 6 months, and there has been no evidence of metastasis since that time. Menstrual history includes menarche at age 13 and menorrhagia resulting in chronic anemia.

**Results of Physical Examination:** Patient appears well nourished and abdominal girth appears consistent with length of gestation. She is understandably quite anxious regarding the sudden spotting. Pelvic ultrasound indicates placenta previa with placenta almost completely overlying cervix. However, there is no evidence of abruptio placentae at this time. Fetal size estimate is consistent with 30 weeks of gestation. The fetus is turned head down and the umbilical cord is not around the neck. The fetal heart tones are strong with a rate of 130 beats/minute. There is no evidence of cervical effacement or dilation at this time.

**Recommendations:** Fetus appears to be developing well and in no distress at this time. The placenta appears to be well attached on ultrasound, but the bleeding is cause for concern. With the extremely low position of the placenta, this patient is at very high risk for abruptio placentae when cervix begins effacement and dilation. She may require early delivery by cesarean section at that time. She will definitely require C-section at onset of labor. At this time, recommend bed rest with bathroom privileges. She is to return every other day for 2 weeks and every day after that for nonstress evaluation of cervix and fetal condition. She is to call immediately if she notes any further bleeding or change in activity level of the fetus.

Name \_\_\_\_\_

## Questions

1. a) What treatment did this patient received for her ovarian cancer.  
  
b) What procedure does she continue to have every 6 months?
2. Describe this patient's menstrual history and the medical problem it caused.
  - a.
  - b.
  - c.
3. Which of the following choices describes this patient (choose all that apply)?
  - a. She has never been pregnant.
  - b. She has several live children.
  - c. She has no live children.
  - d. She has been pregnant several times.
4. This patient has placenta previa. What is placenta previa & why is the physician concerned?
5. The doctor also mentions abruption placentae. What is abruptio placentae?
6. Describe the results of pelvic ultrasound (condition of the fetus)
  - a.
  - b.
  - c.
  - d.
7. The following terms are found in the case study, what are the abbreviation for these terms?
  - a. Cesarean section \_\_\_\_\_
  - b. Bedrest with bathroom privileges\_\_\_\_\_
  - c. Obstetrician\_\_\_\_\_
  - d. Cancer\_\_\_\_\_