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Keywords
Bariatric
Morbid obesity

**Obstetric
Poster Presentation**

body mass index (BMI) that was greater than 35. The need to improve nursing care for this patient population was identified.

Case

The case involved a 32-year-old, gravida 5, para 1 woman, with a BMI of 61 at time of hospital admission. Her pregnancy was complicated by poorly controlled type II diabetes, severe preeclampsia, and macrosomia of the fetus. Before admission to the hospital for the birth process, the woman had multiple triage visits and a stay on the antepartum unit. It was difficult for nurses to find fetal heart tones due to the woman's obesity, and she was noncompliant with diet orders. She signed a waiver that she was aware of the risks, including death, if she ate when "nothing by mouth" was ordered and an emergency cesarean was performed. The neonate was born at 35 weeks and 3 days and was admitted to the NICU and intubated for respiratory distress. During the postpartum course, the patient required regular and neutral protamine Hagedorn insulin before

meals, insulin aspart sliding scale for postmeal coverage during the hospital stay, as well as magnesium sulfate administration postdelivery. Blood sugars ranged from 254–252 mg/dl, and the highest blood pressure recorded was 176/94. Because of time-consuming comorbidities of this patient, the nurse providing postpartum care found it difficult to provide the same level of care to other patients in the assignment. Physical therapy and the diabetic nurse educator were used to assist in care of this patient.

Implications for Nursing Practice

Nurses who care for bariatric patients should be aware of the potential for injuries, the resources needed and available for this population, and the potential complications that can arise. Staffing assignments should be adjusted so that the nurse may provide adequate care for this complicated patient population. A resource binder has since been developed to assist in caring for this patient population.

Multiple Sclerosis in Pregnant and Postpartum Women

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Background

This case study involves a patient with multiple sclerosis (MS) and her care during the postpartum period. MS is a chronic disease of the central nervous system. A common feature is that the body's immune system starts attacking healthy tissue by mistake. Specifically, the body attacks the myelin sheath that protects nerve cells.

Case

In 2017, a 29-year-old gravida 5, para 5 woman, while participating in a MS medication trial, was found to be pregnant. During her stay in the hospital, she received gabapentin for MS and was scheduled to have a rituximab infusion before discharge.

Implications for Nursing Practice

Many women with MS will have an exacerbation of symptoms during the postpartum period. In this case, after coordinating care among postpartum, neurology, management, obstetric providers, and staff, we were able to transport the patient to our high-risk unit on Postpartum Day 4 for rituximab infusion. A neurological assessment,

mobility, and pain assessment were performed by nursing and neurology staff on arrival in the unit. The woman was alert and knew who she was, where she was, and the approximate time (i.e., oriented $\times 3$); a 10/10 headache was noted, and decreased strength-sensation was noted in the extremities. The patient was placed on cardiac monitoring and premedicated 30 min before the administration of rituximab. A hydrocortisone injection was ordered to have at bedside in case of an adverse reaction. Medication titration was based on the patient's toleration to treatment. The infusion rate was started at 50 mg/hr and increased by 50 mg/hr every 30 min. The patient started to feel "flu like" symptoms at a rate of 100 mg/hr, so dosing was held there. When infusion completed, the patient reported increased mobility and decreased pain. She was transferred back to the postpartum unit for discharge to home. The patient was educated on hand washing and infection prevention, advised to avoid walking while holding her newborn when she felt unsteady, and informed of the need of assistive devices for walking at home if need be. Contact information for neurology and transfusion center follow-up information were provided.