OB MEDICATIONS

DRUG CLASS	INDICATION	NURSING CONSIDERATIONS
Tocolytics	Prevent premature labor by suppressing uterine contractions	Left side-lying is bestFetal monitoringMonitor hemodynamics
Corticosteroids	Accelerate fetal lung maturity and decrease respiratory distress	Monitor blood glucoseMonitor for infectionMonitor lung sounds
Magnesium Sulfate	Used as an anticonvulsant in the pregnant patient to prevent eclampsia	 Monitor muscular reflexes Monitor magnesium levels Antidote = calcium gluconate
Opioid Analgesics	Acute pain relief during labor and delivery	Monitor pain levelsMonitor respiratory statusAntidote = naloxone
Prostaglandins	Cervical ripening, Stimulate uterine contractions	Contraindicated with any bleedingNot given with c-sectionBedrest for 30 minutes
Uterine Stimulants	Uterine stimulant to induce labor	Severe crampingFetal monitoringMonitor hemodynamics
Meds for PPH	Uterine stimulant to stop postpar- tum hemorrhage	May increase blood pressureMonitor hemodynamicsMonitor bleeding
Rh Immune Globulin	Given to prevent erythroblastosis fetalis from blood incompatibility	Given to O- (Rh negative) mothersAt 28 weeks and 72 hours after delivery
Lung Surfactant	Given to newborns to replenish lung surface tension & prevent distress	Caution in volume overloadNewborn will have ET TubeMonitor respiratory status
Eye Prophylaxis for Newborn	Given to protect from neonatal conjunctivitis	Clean eyes firstDo not wipe or flush eyesGive within 1 hour after birth
Phytonadione	Correct Vitamin K deficiency to prevent bleeding complications	 IM injection in newborn's thigh Monitor for hyperbilirubinemia Given shortly after birth
Hep B Vaccine	Given to provide immunity from Hepatitis B Virus	Give within 12 hours after birthGive immune globulin if mother has HBVDocument refusal per policies

