

OB Case Study

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NURS 333 - Mrs. Jessica Dalrymple

Date: July 23, 2025

The patient I chose to do my case study on is a female, A.S., who is G3P3T3A0L2 after the delivery of her baby girl on July 22, 2025, at 38 weeks 6 days of gestation. She is twenty-five years old, has no reported allergies, and was accompanied in the hospital by her current boyfriend of three years. She was my patient on the following day after her cesarean section. She currently does not work and is living in a two-bedroom apartment with her boyfriend and her other daughter, who is five. Unfortunately, her eldest child passed away in 2024 at the age of 7 from a rare birth defect of the brain called schizencephaly. This condition is defined as “a rare congenital neuronal migration disorder characterized by a cleft lined by heterotopic gray matter, which connects the surface of the cerebral hemisphere to the lateral ventricle” (Veerapaneni et al. 2023). My patient also has a long psychosocial history of anxiety, depression, PTSD, and bipolar disorder. She is currently a nicotine smoker and has been smoking for almost four years, and she tested positive for marijuana upon admission. Upon assessment of the patient, her eyes were very puffy and inflamed, and she reported having been crying and vomiting all night. I chose this patient due to her psychosocial history, presentation in the hospital, and because I felt she would benefit the most from education and interventions. In this assignment, I will give a brief overview of my assessment findings, interventions, nursing diagnosis, and analyze this patient.

A.S. was brought into the hospital on July 22, 2025, for a planned cesarean section due to fetal intolerance. Due to her lack of financial resources and late pregnancy finding this patient did not receive adequate prenatal care until about 23 weeks into her pregnancy. During her pregnancy, she reported having hyperemesis, which was not present in her last two pregnancies. This patient has undergone two major surgeries (cesarean sections) with her previous children. Also reported an eye surgery that she reported having in 2021. She received a spinal epidural before her cesarean section. Some significant lab values for this patient are as follows: Blood

type: O-, HIV: NR, HepB: Neg, RPR: NR, Rubella: Imm., GC: Neg, WBC: 12.3, RBC: 4.19, Hct: 11.2, Hgb: 34.7, Platelets: 225. Other significant lab values, such as Syphilis, glucose screening, liver enzymes, and uric acid, were not reported in the patient's chart. The patient did have an 18-gauge IV in her right hand, and I was able to give her medications such as Toradol through the IV for her pain. Her IV was flushed prior to giving the medication and after. I also gave her PO medications such as Roxicodone, prenatal, Colace, and Pepcid. The educational teachings that were given to this patient by my nurse and I were on smoking cessation and assessment findings that should be reported after taking certain medications. This patient had a telepsych consult due to her psychosocial history and was prescribed Zoloft, which can have some undesirable side effects. It was important for us to educate the mom and her partner on what these side effects may look like and what should be reported.

The babies' FHR upon assessment was 116. APGAR score was eight after one minute of birth and nine after five minutes. Her birth weight was 6 lbs 7 oz and 2930 grams. She is being breastfed by her mom. Her Coombs test came back negative, and her blood type is A-. She was given her Vitamin K shot, and I was able to give her the HepB shot. She was born with a congenital disorder of the skin called aplasia cutis congenita. This is defined as “a rare congenital skin defect characterized by a focal or extensive absence of the epidermis, dermis, and occasionally subcutaneous tissue” (Brakenrich & Brown 2023). This added to the mom’s reported sadness because of her child's passing due to a defect.

I was able to assess the mom’s fundus, and upon assessment, it was firm. The patient’s perineum was intact due to cesarean section, and she was given Dermabond as the skin adhesive for her wound. Her focused postpartum assessment was all within desired limits with no abnormalities and no signs of PPH. Her estimated blood loss during her cesarean section was

about 398. She was voiding independently and was very active and hands-on with her baby. She had breastfed with her last baby, so she already understood the technique, and the newborn was latching and feeding well. She reported bonding well with the baby, but had postpartum blues because of the loss of her son the previous year. Upon analyzing my patient and her situation, I found that the care she received conformed to the current standards of care. The patient and her support person were provided with compassionate, high-quality, and individualized care, creating a safe and healing environment for both the patient and her newborn. The client verbalized that her needs were met and that all members of the health care team had been very supportive and helpful.

The priority nursing diagnosis I would give to this patient is Grief (Sump & Snyder 2023). I concluded with this diagnosis because of the trauma and depression she had developed after the loss of her son. She verbalized still grieving him every day since he passed. The first intervention I used on this patient was assessing her coping mechanisms and support systems. The second intervention I used was to encourage a meeting with a psychiatrist following her discharge from the hospital to assist with her grief. The third intervention I used was encouraging her to verbalize her emotions and feelings about the passing of her son. A nursing article titled “Nursing Grief and Loss” emphasized the importance of nurses to “support their patients during grief and loss and to verbalize their feelings regarding the loss because they are more likely to identify their strengths and weaknesses” (Oates & Maani-Fogelman 2022). The desired outcome I had for this patient was to verbalize her feelings and consider making an appointment to seek mental counseling. Upon evaluation, the patient expressed her feelings very minimally, but she did schedule a meeting two weeks from now with a psychiatrist. The second nursing diagnosis that I would give to this patient would be Difficulty Coping (Sump & Snyder 2023). The reason I

chose this is because she verbalizes depression due to the passing of her son last year and the postpartum blues. She reported staying up the previous night crying, and due to the puffiness and redness of her eyes, I believe she had been crying a lot. She verbalized that it was challenging having this child because of what she went through with her son, and because they both had been born with some type of defect. The first intervention based on my nursing diagnosis was identifying effective coping mechanisms that she had used previously in times of sadness. She verbalizes enjoying listening to music, cooking, and spending time with her oldest daughter. The second intervention, based on the nursing diagnosis, was helping her identify a support person whom she identified as her current boyfriend. My final intervention was establishing a therapeutic relationship with her so that she felt comfortable enough to express her feelings whenever she needed. The desired outcome I had for this patient based on this diagnosis was to have her verbalize her feelings and have effective coping mechanisms before my shift ended, and after evaluation, the patient verbalized being able to do both. The final nursing diagnosis for this patient is Acute Pain (Sump & Snyder 2023). I chose this nursing diagnosis because my patient complained of a 7/10 pain in her cesarean section scar and slight pain when walking. My first intervention was to get my patient to verbalize her pain on the pain scale (0-10) and describe the type of pain she was feeling. My second intervention was administering her Roxicodone for her pain. My final intervention was educating the patient on early ambulation to help with her pain. A nursing research journal article titled “Early Versus Conventional Ambulation on Postoperative Pain Among Women with Lower Segment Cesarean Section” found that “early ambulation was significantly effective in reducing postoperative pain scores among the mothers after cesarean section” (Negi et al. 2023). The desired outcome I had for this patient was pain

reduction and comfort, and after my three interventions, the patient reported pain of 4/10 at the incision site.

The biggest risk factor I would choose for this patient is Risk for Postpartum Depression. I chose this because my patient has a history of postpartum depression with her last two pregnancies, she has an extensive psychosocial history with reports of feeling depressed, and her EPDS score was a 10. This could impact her ability to care for herself, her newborn, and her other daughter. The pathophysiology of postpartum depression is “a combination of depressed mood, loss of interest, anhedonia, sleep and appetite disturbance, impaired concentration, psychomotor disturbance, fatigue, feelings of guilt or worthlessness, and suicidal thoughts, which are present during the same two-week period and are a change from previous functioning. These symptoms must cause clinically significant distress or impaired functioning that are not attributable to a substance or to another medical condition. PPD symptoms also include mood lability, anxiety, irritability, feeling overwhelmed, and obsessional worries or preoccupation” (Stewart and Vigod 2019). The presenting symptoms in this client are her reports of sadness and depression, EDPS score at 10, and a history of PTSD, anxiety, bipolar disorder, and depression. Her greatest risk factor is that she has had PPD twice before in both of her pregnancies.

A few nursing treatments for the patients were giving scheduled/ordered medications and patient education on side effects, care of the cesarean scar, and signs of worsening condition. The nurse also recommended the patient with a telehealth consult, which the patient agreed to, and the patient was ordered medications for her anxiety that she had not been prescribed. The nurse educated the patient on the importance of telling the telehealth consultant that she was breastfeeding and the importance of that information based on the medications that she may have been prescribed.

Bibliography

AWHONN's clinical issues in perinatal and women's health nursing. (1993). Philadelphia

:Published by AWHONN through J.B. Lippincott Co.

Brackenrich J, Brown A. Aplasia Cutis Congenita. [Updated 2023 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535403/>

Negi, Versha; Mohanta, Bijaya¹; Pareek, Shatrughan². Early Versus Conventional Ambulation on Postoperative Pain among Women with Lower Segment Cesarean Section. Journal of Datta Meghe Institute of Medical Sciences University 18(3):p 455-459, Jul–Sep 2023. | DOI: 10.4103/jdmimsu.jdmimsu_61_23

Oates JR, Maani-Fogelman PA. Nursing Grief and Loss. [Updated 2022 Sep 18]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK518989/>

Stewart, D. E., & Vigod, S. N. (2019, January). Postpartum depression: Pathophysiology, treatment, and emerging therapeutics | annual reviews. <https://www.annualreviews.org/content/journals/10.1146/annurev-med-041217-011106>

Snyder, J. S., & Sump, C. (1972). Swearingen's All-in-One Nursing Care Planning Resource (6th ed.). Elsevier - Evolve. <https://pageburstls.elsevier.com/books/9780323825382>

Veerapaneni P, Veerapaneni KD, Yadala S. Schizencephaly. [Updated 2023 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560913/>

CASE STUDY CLIENT ASSESSMENT

Attach to Case Study as an appendix

Prenatal Course History	Patient is 25 years old.
Age:	
Ethnicity/Cultural Background	Caucasian/White with no cultural background
Single/Married/Committed Relationship/Sexual Preference	In a committed relationship with the baby's father, the sexual preference is male
Educational Level	Completed high school with no college
Occupation	Currently unemployed, but stay at home mom
GTPAL	G3T3P3A0L2
Past Pregnancies	Currently has a 5 year old daughter and 7 year old son passed away in 2024 from schizencephaly
Dates of Delivery Outcomes (SVD or C/S) Risk factors Current Status of children	Cesarean section due to fetal intolerance, risk factors is she currently is a tobacco smoker and smokes with vapes as well, oldest daughter is in good health, second child (son) passed away last year. Other risk factor is PPD
LMP/EDC (EDD) Planned pregnancy?	EDC is 07/30/2025, was not a planned pregnancy
Prenatal Care (Where, when started, number of visits) Number of ultrasounds/significant findings Other testing	Prenatal care started at about 23 weeks at the Virginia Center for Women. Only reports about 5 visits. No significant findings besides gender
Nutrition/Vitamins (any changes with pregnancy)	Slightly unhealthy diet consisting mostly of fast food and snacks, only vitamin she reported taking was a OTC prenatal, no diet changes with pregnancy unless "specific food combinations" would upset her stomach
Gynecological History	Onset of menarche was 11 and she was getting them frequently for about 5 days prior to this pregnancy. Gets Pap smears annually or every other year. Reports about 10-12 sexual partners with no

Menarche (onset, duration and frequency), PAP smears, (problems or procedures?), sexual partners, history of rape or abuse. Birth control use.	history of rape or abuse. Was not on birth control prior to pregnancy and hasn't been for about 6 years
Medical or Surgical History	Reported surgeries were her two prior c sections with her other two children and eye surgery in 2021. No reported traumas or childhood diseases
Any traumas? Surgeries Normal childhood diseases?	
Psychological History	Has a history of anxiety, depression, PTSD, and bipolar disorder. Reported having PPD in both previous pregnancies. Seems to be bonding well with her baby and reports bonding well with the others
History of psychological illnesses? History of Postpartum Depression? Evidence of Bonding?	
Social/Cultural Factors	Currently with Anthem. Lives with her oldest daughter and boyfriend in a two-bedroom apartment. No reported religious or spiritual beliefs. Support systems are her boyfriend, mother, and father. She reports community resources such as food banks.
Health insurance Living quarters Religious or spiritual beliefs Support System Community Resources	
Intrapartal Course	
Initial Assessment Vital signs SVE/SROM/Bleeding/Problems	BP: 116/60 mmHg P: 61 beats per minute Temp: 97.9 F Pain: 5/10 (incisional site) Respirations: 18 breaths per minute O2 Saturation: 100% Fundus firm wth no signs of PPH or infection
Fetal Monitoring External or Internal or Both FHR Baseline Reactive/Nonreactive Accels Early/Late/Variable Decels?	External fetal monitoring Baseline at 116 Normal decels Risk factors with this pregnancy is tobacco use and high risk for postpartum depression

Risk factors associated with this pregnancy?	
Neonatal Course	
Delivery Summary Gestational age at delivery SVD or C/S Forceps or Vacuum	Patient had a low transverse c-section. Gestational age at delivery was 38 weeks and 6 days. No use of forceps or vacuum. Sex is female. 6 lbs 7 oz. 2930 g. No resuscitation. APGAR was 8 and 9
Sex, Length/Weight Apgar score Resuscitation (Blow by Oxygen/stimulation/ chest compressions?)	
Risk Factors: Risks factors are PPD and tobacco use	

Laboratory Findings	Pregnancy	Postpartum
Blood type	O-	
Rubella titer	Has immunity	
VDRL/RPR (Syphilis)	Negative	
HBsAg (Hep B)	Negative	
GBS (Group B Strep)	Neg	
HIV	NR	
Chlamydia	Negative	
GC (Gonorrhea)	Negative	

Glucose Screening	NR	
Liver Enzymes (PIH)	NR	
Uric Acid (PIH)	NR	
WBC		12.3
RBC		4.19
Hct		34.8
Hgb		11.1
Urinalysis	NR	
Medications/Dosage/Route		
Docusate Sodium (COLACE)	100 mg twice daily PO	Purpose: prevent/manage constipation Side effects: GI upset, stomach cramps, diarrhea
Famotidine(PEPCID)	20 mg twice daily PO	Purpose: For heartburn Side effects: headache, dizziness, GI upset
oxyCODONE (ROXICODONE)	5 mg Q4HRS PRN PO	Purpose: Treats moderate/severe pain Side effects: constipation, itchiness, confusion, stomach discomfort, dizziness
Sertraline (Zoloft)	20 mg twice daily PO	Purpose: Inhibits the reuptake of serotonin Side effects: tremor, increased sweating, worsening mental status

Prenatal-U (PRENATAL)	1 capsule daily PO	Purpose: Support healthy fetal and maternal development Side effects: nausea, constipation, cramping
Ketorolac (Toradol)	30 mg Q6HRS IV	Purpose: Pain management/reducer Side effects: digestive problems, heartburn, stomach pain, GI upset

Postpartum Assessment

Student Name: Kristyn Watkins

Date: 07/23/25

Physical Assessment	Variations and possible causes	Findings
GTPAL: G3T3P3A0L2 LMP: 10/23/24 EDC: 07/30/2025 GA: 38w6d	Prenatal Care : Virginia center for women Marital Status: Single Religious Pref: None Occupation: Stay at home mom Ethnicity/Race: Caucasion/white	Date Admitted: 07/22/25 From: (home or OB's office): home Reason for Admission: fetal intolerance Complications of this Pregnancy: Hyperemesis
	Possible Findings	Your Assessment
Vital Signs		
Blood Pressure—should remain consistent with baseline during pregnancy.	<i>High BP (preeclampsia, essential hypertension, renal disease, anxiety). Drop in BP (may be normal; uterine hemorrhage).</i>	116/80 bpm
Pulses—(50-90bpm)—Maybe bradycardia of 50-70bpm.	<i>Tachycardia (difficult labor and birth, hemorrhage).</i>	61 bpm
Temperature— (36.6-38C or 98-100.4F).	<i>After first 24 hours temperature of 38C (100.4F) or above suggests infection.</i>	97.7F
Breasts		
General Appearance—Smooth, even pigmentation, changes of pregnancy still apparent; one may appear larger.	<i>Reddened area (mastitis).</i>	Smooth with slight engorgement, left bigger than right before feeding
Palpation—Depending on postpartal day, may be soft, filling, full, or engorged.	<i>Palpable mass (caked breast, mastitis). Engorgement (venous stasis). Tenderness, heat, edema (engorgement, caked breast, mastitis).</i>	No palpable mass, engorgement
Nipples—Supple, pigmented, intact; become erect when stimulated.	<i>Fissures, cracks, soreness (problems with breastfeeding), not erectile with stimulation (inverted nipples).</i>	No problems with breast feeding, intact nipples

Abdomen		
Musculature—Abdomen may be soft, have a “doughy” texture; rectus muscle intact.	<i>Separation in musculature (diastasis recti abdominis).</i>	Soft abdomen
Fundus—Firm, midline; following expected process of involution	<i>Boggy (full bladder, uterine bleeding).</i>	Firm fundus at midline
Cesarean incisional site	<i>Incision intact, redness, drainage</i>	Intact with no signs of infection
May be tender when palpated	<i>Constant tenderness (infection)</i>	Tender upon palpation
Lochia		
Scant to moderate amount, earthy odor; no clots.	<i>Large amount, clots (hemorrhage). Foul-smelling lochia (infection).</i>	Very minimal clots/bleeding, with earthy odor
Normal progression: First 1-3 days: rubra. Following rubra: Days 3-10 serosa (alba seldom seen in hospital).	<i>Failure to progress normally or return to rubra from serosa (subinvolution).</i>	Rubra seen with no signs of regression
Perineum		
Slight edema and bruising in intact perineum.	<i>Marked fullness, bruising, pain (vulvar hematoma).</i>	No bruising and intact
Episiotomy—No redness, edema, ecchymosis, or discharge; edges well approximated.	<i>Redness, edema, ecchymosis, discharge, or gaping stitches (infection).</i>	No episiotomy
Hemorrhoids—None present; if present, should be small and nontender.	<i>Full, tender, inflamed hemorrhoids.</i>	None present
Costovertebral Angle (CVA) Tenderness		
None	<i>Present (kidney infection).</i>	None reported
Lower Extremities		
No pain with palpation; negative Homan’s sign (if used in your facility, often not reliable).	<i>Positive findings (thrombophlebitis).</i>	No pain upon palpation
Elimination		
Urinary output—voiding in sufficient quantities at least	<i>Inability to void (urinary retention). Symptoms of urgency, frequency, dysuria (UTI).</i>	Voiding sufficiently, independently, and no complications

every 4-6 hours; bladder not palpable.		
Bowel elimination—should have normal bowel movement by second or third day after birth.	<i>Inability to pass feces (constipation due to fear of pain from episiotomy, hemorrhoids, perineal trauma).</i>	Normal bowel movement and elimination
Cultural Assessment		
Determine customs and practices regarding postpartum care. (Fluids, foods, temperature, alone, company)		No customs or practices reported
Psychosocial Assessment		
Bonding, Support?		Patient bonding with newborn, support is boyfriend and mom, reports feelings of sadness
Psychologic Adaptation		
During first 24 hours—Passive; preoccupied with own needs; may talk about her labor and birth experience; may be talkative, elated or very quiet.	<i>Very quiet and passive; sleeps frequently (fatigue from long labor, feelings of disappointment about some aspect of the experience; may be following cultural expectation).</i>	Patient is talkative, but not preoccupied with her needs. Focused on baby
By 12 hours—Beginning to assume responsibility; some women eager to learn; easily feels overwhelmed.	<i>Excessive weepiness, mood swings, pronounced irritability (postpartum blues, feelings of inadequacy; culturally proscribed behavior).</i>	Has assumed full responsibility and eager to learn more
Attachment		
En face position; hold baby close; cuddles and soothes; calls by name; identifies characteristics of family members in infant; may be awkward in providing care	<i>Continued expressions of disappointment in sex, appearance of infant; refusal to care for infant; derogatory comments; lack of bonding behaviors (difficulty in attachment, following expectations of cultural/ethnic group).</i>	Holds baby very often, performs skin to skin often, calls baby by name, and seems to be attached to baby

Initially may express disappointment over sex or appearance of infant but within 1-2 days demonstrated attachment behaviors.		No disappointed expressed about sex
<i>Client Education</i>		
Has basic understanding of self-care activities and infant care needs; can identify signs of complications that should be reported	<i>Unable to demonstrate basic self-care and infant care activities (knowledge deficit; postpartum blues; following prescribed cultural behavior and will be cared for by grandmother or other family member).</i>	Has basic understanding of infants needs and self-care activities to leave the hospital but struggles with prioritizing some of her mental health needs. She is able to identify complications that should be reported.