Premature Dilation of the Cervix (Incompetent/Dysfunctional Cervix)

Premature dilation of the cervix often occurs in the 4th or 5th mo and is associated with repeated second-trimester spontaneous abortions accounting for 15%–20% of second-trimester pregnancy losses.

CLIENT ASSESSMENT DATA BASE

Ego Integrity

Feelings of failure at a life event; expressions of shame/guilt
Expressions/manifestations of anxiety and/or fear

Elimination

Urinary frequency/urgency

Pain/Discomfort

Absence of pain, although lower abdominal pressure may be noted

Safety

May present with premature rupture of membranes (PROM) during second trimester

Sexuality

History of repeated, relatively painless, bloodless, second-trimester fetal loss (habitual spontaneous aborter).
Premature shortening, effacement, and dilation of cervix during current pregnancy.
Cervical trauma associated with previous deliveries with D & C, conization, cauterization, abortions (therapeutic, elective), or cervical lacerations.
Sterile vaginal examination reveals dilation, cervical effacement.
Membranes may be felt or seen protruding though cervical os.

Social Interaction

Concern about response of others; report of conflicted relationship with mother (e.g., especially if she used diethylstilbestrol [DES]).

Teaching/Learning

Reported previous occurrence of spontaneous abortion
Family history of DES use by mother

DIAGNOSTIC STUDIES

Diagnosis is usually made on basis of history of repeated second-trimester abortions.
Serial Ultrasonography: Beginning at 6–8 weeks' gestation can detect cervical shortening and premature dilation and aid in diagnosis, especially in women without clear-cut history of cervical dysfunction.
Nitrazine and/or Fern Test: Detects presence of amniotic fluid, indicating ruptured membranes.

NURSING PRIORITIES

1. Evaluate client/fetal status.
2. Assist with efforts to maintain the pregnancy, if possible.
3. Provide emotional support.
4. Provide appropriate instruction/information.

DISCHARGE GOALS

1. Client/fetal condition stable following procedure
2. Uterine contractions absent
3. Therapeutic needs and concerns understood

NURSING DIAGNOSIS:	**Anxiety [specify level]**
May Be Related To:	Situational crisis, threat of death/fetal loss
Possibly Evidenced By:	Increased tension, apprehension, feelings of inadequacy, sympathetic stimulation, and repetitive questioning
DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT/COUPLE WILL:	Verbalize fears and concerns.
	Report anxiety is reduced to a manageable level. Use individually appropriate coping mechanisms to deal with the short- and long-term outcomes of the situation.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Provide primary nurse, if possible.	Facilitates continuity of care and increases client's/couple's confidence in care providers.
Review obstetric history.	The degree of anxiety depends on the nature of the situation, the history of fetal loss, the client's understanding of the events and proposed interventions, and the client's coping behaviors, both past and present.
Identify client's perception of the threat represented by this occurrence.	The ambiguity of the outcome can aggravate anxiety.
Determine availability of support systems and psychological response to event.	Establishes data base and plan of care. Degree of negative response and lack of/inadequate support contributes to heightened levels of anxiety, possibly to the point of affecting overall outcome.
Assess physiological indicators of anxiety: BP, pulse, respiratory rate, and diaphoresis.	Physiological changes in vital signs may have psychological origin.
Remain with couple. Explain what is happening and what can be expected. Provide factual information about causes, implications, and proposed treatment.	May reduce anxiety by increasing awareness of the circumstance.
Provide information on an ongoing basis.	Can allay anxiety.

Collaborative

Refer to other sources for support or counseling if anxiety is excessive or support systems are inadequate.	May aid in long-term adjustment to situation.

NURSING DIAGNOSIS:	**Injury, risk for maternal**
Risk Factors May Include:	Surgical intervention, use of tocolytic drugs
Possibly Evidenced By:	[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]
DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:	Carry pregnancy to stage of fetal viability. Be free of complications.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Assess for presence of contraindications for cerclage procedure.	The procedure is not done if vaginal bleeding or cramping is present, if membranes are ruptured, if cervical dilation greater than 3 cm occurs, or if the diagnosis of cervical dysfunction is in question because situation has progressed and spontaneous abortion is inevitable.
Review implication of cerclage procedure on outcome of delivery at term.	A cesarean birth may be planned if the suture is left intact, or the suture may be removed, allowing a vaginal delivery. Note: Scar tissue may interfere with normal intrapartal cervical dilation and effacement.
Note presence of vaginal bleeding, leaking amniotic fluid, or uterine contractions after surgery.	Vaginal bleeding other than slight spotting may be sign of cervical dilatation. Leaking membranes may herald impending delivery and place client at greater risk for infection. Client may experience mild cramping after surgery, but strong uterine contractions may be indication of labor.
Monitor vital signs closely.	Changes in vital signs (e.g., elevated temperature or pulse, decreasing BP) may indicate infection or shock.
Notify physician of abnormal findings or signs of labor.	Prompt intervention lessens likelihood of complications.
Monitor for side effects of drugs used to prevent labor. Provide information to client.	A common side effect is maternal/fetal tachycardia; rare side effects include flushing, pulmonary edema, and congestive heart failure.
Collaborative	
Prepare for cerclage procedure (Shirodkar-Barter or McDonald's modification), if indicated. Review information.	Between 14 and 18 weeks' gestation, insertion of a purse-string suture into the cervix may prolong the pregnancy.

Ensure continued bedrest in supine or Trendelenburg position for 24–48 hr after surgery.	Reduces pressure of presenting part on cervix.
Administer tocolytics as indicated. (Refer to CP: Preterm Labor/Prevention of Delivery.)	Reduces uterine irritability by relaxing smooth muscle.
Avoid contraction stress tests (CST or OCT) for duration of the pregnancy.	CST is contraindicated because it may result in trauma to the uterus and cervical sutures.

NURSING DIAGNOSIS:	**Injury, risk for fetal**
Risk Factors May Include:	Premature delivery, surgical procedure
Possibly Evidenced By:	[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]
DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:	Maintain pregnancy until fetal viability is assured.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Auscultate and report FHTs, noting strength, regularity, and rate. Note any changes in fetal movement. Note EDB and fundal height.	Indicates fetal well-being. EDB provides rough estimate of fetal age to help determine chance of viability.
Assess maternal condition and presence of uterine contractions or other signs of impending delivery. (Refer to CP: Spontaneous Termination.)	If advanced cervical dilation (4 cm or more) or regular uterine contractions occur, likelihood of preserving pregnancy is small.
Collaborative	
Prepare mother for surgical procedure, as indicated. (Refer to ND: Injury, risk for maternal.)	Placement of cervical suture may preserve pregnancy until fetus reaches stage of viability.
Assist with ultrasonography, if indicated.	Provides more accurate picture of fetal maturity and gestational age.

NURSING DIAGNOSIS:	**Grieving, anticipatory**
May Be Related To:	Perceived potential fetal loss
Possibly Evidenced By:	Expression of distress, guilt, anger, and choked feelings
DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT/COUPLE WILL:	Identify and express feelings.
	Demonstrate effective coping behaviors to adjust to situation.
	Maintain positive self-esteem.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Assess client's/couple's emotional response to situation.	The client who has been diagnosed as having premature dilation of cervix may have previously experienced fetal loss. Should delivery occur at this time, fetal survival is extremely doubtful. Previous loss may have left the couple grief-stricken, with feelings of guilt.
Note presence of support systems.	Support from family, friends, and others can assist with adjustment to situation.
Encourage client/couple to verbalize feelings surrounding previous/current event.	Opens lines of communication and facilitates progress toward successful resolution of feelings.
Discuss normalcy of individual feelings/ grief reaction.	Client may suffer loss of self-esteem related to her difficulty in carrying a pregnancy to term. Feelings of inadequacy and role failure are frequently present and can have a negative impact on client's future and couple's relationship.
Review information about event, and discuss possibility for future pregnancies.	May lessen feelings of guilt and promote future adaptation to situation.
Provide information about community support groups.	Participation in group activities with others who have been through similar experiences may help client/couple successfully work through grief process.

NURSING DIAGNOSIS:	**Knowledge deficit [Learning Need], regarding nature of condition, self care needs**
May Be Related To:	Lack of exposure/recall or misinterpretation of information
Possibly Evidenced By:	Request for information, statement of misconception, inappropriate or exaggerated behaviors
DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:	Verbalize understanding of her own circumstances and treatment. Demonstrate self-care behavior to maintain the pregnancy.

ACTIONS/INTERVENTIONS	RATIONALE
Independent	
Determine level of client's knowledge.	Provides opportunity to clarify what has been learned previously, to identify cultural myths, and to correct misconceptions.
Assess degree of anxiety.	Anxiety can interfere with learning process.
Involve significant other(s) in discussions.	Helps to reinforce understanding of all individuals involved.
Provide information about future expectations.	Client may experience concern about whether difficulties may be encountered.

Identify signs/symptoms to be reported to the healthcare provider. (Refer to CP: The High-Risk Pregnancy.)	Prompt evaluation/intervention may prevent or limit complications.
Refer to other resources, such as counseling, group therapy, and childbirth education.	May need additional help to deal with individual concerns.