Nurses Content
Downloaded from nursescontent.com

# High-Risk Pregnancy

**Midwifery & Obstetrical Nursing**

Definition, risk factors, identification and management of high-risk pregnancy; teenage pregnancy, advanced maternal age, multiple pregnancy, anaemia, hypertension, diabetes and Rh incompatibility.

**For educational purposes only.**

## CHAPTER 09 / MIDWIFERY AND OBSTETRICAL NURSING 09. High-Risk Pregnancy

## 1. Definition and assessment

A high-risk pregnancy is one with increased likelihood of adverse maternal, fetal or newborn outcome owing to medical, obstetric, fetal or social factors. Risk may develop at any gestation; normal booking does not guarantee later low risk. Assess previous complications/caesarean, chronic illness, extremes of age, multiple gestation, socioeconomic or access barriers, examination, tests and fetal growth.

### Adolescent pregnancy and advanced maternal age

Definition and pathophysiology: Adolescent pregnancy may involve nutritional, social, safeguarding and obstetric risks; age >= 35 at expected birth is a commonly used advanced age marker, with increasing chromosomal and medical risks as age rises.

Clinical features and investigations: Assess nutrition, BP, diabetes, support, consent/safeguarding and fetal evaluation; individual risk varies.

Management and nursing care: Provide nonjudgmental care, age-appropriate information, nutrition and specialist review/screening choices; plan delivery and follow-up.

### Multiple pregnancy

Definition and pathophysiology: More than one fetus; chorionicity and amnionicity influence risks.

Clinical features and investigations: Uterine size, ultrasound; increased preterm birth, hypertensive disease, growth discordance; monochorionic-specific complications.

Management and nursing care: Early ultrasound, specialist surveillance, symptom education, anaemia/nutrition assessment and planned delivery in suitable facility.

### Anaemia

Definition and pathophysiology: Reduced Hb from iron deficiency, other nutrient deficiency, haemoglobinopathy or disease; pregnancy thresholds depend on trimester/guideline.

Clinical features and investigations: Pallor, fatigue, breathlessness or asymptomatic; Hb and cause evaluation.

Management and nursing care: Prescribed iron/other treatment according to cause and severity, nutrition, follow-up Hb; severe symptomatic anaemia needs urgent specialist care and delivery planning.

### Hypertensive disorders

Definition and pathophysiology: Chronic hypertension, gestational hypertension, pre-eclampsia/eclampsia and superimposed disease.

Nurses Content
Downloaded from nursescontent.com

Clinical features and investigations: BP elevation; severe headache, visual change, epigastric pain, proteinuria or organ dysfunction; fetal growth risks.

Management and nursing care: Repeat accurate BP, evaluate labs/protein/fetal well-being; prescribed antihypertensives, magnesium sulfate for indicated severe disease/eclampsia, urgent referral and delivery plan.

### Diabetes in pregnancy

Definition and pathophysiology: Pre-existing diabetes or GDM causes maternal/fetal risks including macrosomia, neonatal hypoglycaemia and other complications.

NURSE'S CONTENT / MIDWIFERY AND OBSTETRICAL NURSING 16

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Clinical features and investigations: Screen glucose per protocol, assess control, growth and comorbidities.

Management and nursing care: Dietary education, monitoring, prescribed medication/insulin, specialist follow-up, delivery plan and newborn glucose assessment; postpartum diabetes testing for GDM.

### Rh incompatibility and alloimmunization

Definition and pathophysiology: RhD-negative woman may develop antibodies against fetal RhD-positive cells, causing haemolytic disease; other antibodies also important.

Clinical features and investigations: Blood group, antibody screen and fetal monitoring if sensitized.

Management and nursing care: Anti-D immunoglobulin prophylaxis for eligible unsensitized women at indicated gestations/events/postpartum per protocol; sensitized cases require specialist monitoring. Verify product and documentation.

## 2. High-risk tracking and referral

Classify risk, communicate to woman/family with consent, ensure indicated investigations and timely obstetric assessment. Link PMSMA/e-PMSMA tracking, arrange nearest appropriate higher-level facility and transport. Record findings, actions, referral completion and safety plan; emergencies bypass routine appointments.

## 3. Important Examination Questions

### Long Answer Questions

1. 1. Define high-risk pregnancy and explain assessment and management of major risk factors.

### Short Answer Questions

1. 1. Discuss Rh incompatibility
2. 2. describe GDM and multiple pregnancy risks
3. 3. explain high-risk referral.

### Very Short Answer Questions (with answers)

1. 1. What is alloimmunization? - Antibody formation against foreign blood group antigens.
2. 2. Can high risk arise after normal booking? - Yes.

Nurses Content
Downloaded from nursescontent.com

## 4. Quick Revision

- Risk assessment is repeated.
- Anti-D is prophylaxis for eligible unsensitized patients.
- Refer early with documented findings.

## 5. Conclusion

Risk assessment is repeated. Anti-D is prophylaxis for eligible unsensitized patients. Refer early with documented findings.

NURSE'S CONTENT / MIDWIFERY AND OBSTETRICAL NURSING 17

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

## Practice questions

Choose one best answer. The answer key and explanations follow the questions.

**1. Why must pregnancy risk assessment be repeated after a normal booking visit?**

A. A normal booking permanently excludes later risk
B. Only age-related risk can change
C. Risk classification depends only on previous pregnancies
D. New risks may develop at any gestation

**2. Which pair is especially important for risk assessment in multiple pregnancy?**

A. Chorionicity and amnionicity
B. LMP date and cycle length alone
C. Fundal height and maternal weight alone
D. Gravida and parity alone

**3. Which maternal group is eligible for anti-D prophylaxis when otherwise indicated?**

A. Already sensitized RhD-negative women as a cure for antibodies
B. Unsensitized RhD-negative women
C. RhD-positive women with a negative antibody screen
D. RhD-positive women with iron-deficiency anaemia

**4. A pregnant patient has a seizure with severe hypertension. Which response has priority?**

A. Complete the obstetric history before calling for assistance
B. Call for emergency help, protect the patient from injury and support airway and breathing
C. Obtain a urine specimen before supporting breathing
D. Prioritise routine fetal assessment before maternal stabilisation

Nurses Content
Downloaded from nursescontent.com

## Answer key and explanations

**1. D - New risks may develop at any gestation**

A reassuring initial assessment does not guarantee continued low risk.

**2. A - Chorionicity and amnionicity**

Placental and amniotic arrangements affect multiple-pregnancy risks.

**3. B - Unsensitized RhD-negative women**

Anti-D prophylaxis is intended for eligible unsensitized women.

**4. B - Call for emergency help, protect the patient from injury and support airway and breathing**

Suspected eclampsia is an obstetric emergency. Protect from injury, support airway and breathing and activate urgent protocol-directed management.

## Source and attribution

Online chapter: https://nursescontent.com/learn/midwifery-obstetrical-nursing/unit-09-high-risk-pregnancy/

Downloaded from Nurses Content. Branding identifies the delivery website. Original author credits, third-party licences and applicable rights remain unchanged.