



Case Report

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Experience in Tocolysis Care for Pregnant Women After Cerclage Surgery for Incomplete Cervical Atresia

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Summary

This article describes a primigravida who conceived naturally with singletons at 23+3 days of pregnancy. Peripheral factor cervix Nursing experience for patients with atresia insufficiency who were admitted to the hospital for tocolysis after cervical cerclage. During the nursing period, 2022 Year 04 Month 17 until 2022 Year 04 Month 20 On this day, the author uses Gordon Eleven items of health Functional patterns are assessment tools through direct care of patients, physical assessments, interviews, and observations. Methods are used to collect data and establish that the main nursing issues of the case are: 1. Anxiety / related to worry about surgery and fetal health; 2. Constipation / related to changes in the environment and reduced activity; 3. Sleep pattern disorders / related to unfamiliar environments, etc. health issues. Establish a good nursing relationship with the patient during the abortion period, provide surgery and abortion-related health education, and also provide care according to the patient's preferences. Choose music, aromatherapy, etc. to relieve anxiety; for individual cases caused by inability to stay in bed during pregnancy Sense of control, providing individualized care by teaching bedpan posture and dietary hygiene Wait to improve constipation; create a comfortable sleeping environment and use sleep aids to help you sleep. Due to limited clinical space, caregivers' worries are easily ignored. Improper care may have adverse effects. It is recommended to provide a separate space to facilitate the caregiver. To express their inner feelings and help cases and their families establish a solid support system, the author hopes to use This article allows nursing staff to provide psychological support and accompany pregnant women in caring for pregnant women who have to undergo abortion. Can go through the process of hospitalization for abortion.

Keywords: Cervical insufficiency; Cervical cerclage surgery; Tocolysis

Preface

Pregnancy is a special process for women. It should be a happy thing. However, Premature birth without warning causes pregnant women to feel anxious and uncertain [1]. According to the National Health Service of the Ministry of Health and Welfare 2020 The annual birth statistics report shows that in recent years, an average of about 160,000 newborns are born in Taiwan every year, of which

premature babies account for 10.53% [2]. The birth of premature infants will not only be complicated by many complications, such as retinopathy, respiratory distress, chronic lung disease, etc., but may be fatal in severe cases. All conditions will cause severe psychological trauma to pregnant women. However, cervical insufficiency is one of the factors leading to premature birth, and the incidence rate among pregnant women with premature

birth is as high as 75%. [3], clinically, in order to avoid premature birth, cervical cerclage surgery is mostly performed to extend the number of weeks of pregnancy. The relative surgical procedure is accompanied by high risk factors, such as post-operative infection and water rupture during the surgery [4]. Therefore, what follows after the operation is admission to the hospital for tocolysis treatment. During the hospitalization, absolute bed rest is required. At this time, the pregnant woman will be under great physical and mental pressure. Whether it is about her own health or the health of the fetus, the pregnant woman will be extremely anxious, at this time, the support of spouse and family is very critical [5].

The cases in this article are 28 I got pregnant for the first time at the age of 23. I had regular prenatal checkups and no abnormalities. This time I was 23+2. During the weekly prenatal check-up, it was found that the cervix was incomplete, and the length of the cervix was about 1.77 Centimeters later, arrangements were made for admission to the hospital the next day for cervical cerclage and fetal anesthesia observation. This was the first time the patient was hospitalized. During the hospitalization, he felt very frustrated due to the change in living environment, being absolutely bedridden, and worrying about premature birth. At the same time, he had to rely on the assistance of his caregivers in daily life. He lost his sense of self-control and disrupted his original routine.

This motivated the author, hoping to increase his self-esteem by providing individual care during the care period. The sense of control relieves the patient's anxiety and creates a comfortable environment to help the patient overcome the difficulties faced during the abortion period. Physical and mental pressure, and provide nursing staff with reference for future care, thereby improving the quality of care.

Literature Review

Introduction to cervical atresia and postoperative care after cervical cerclage

Cervical atresia is one of the causes of premature birth in the second trimester. The current pathological cause is Still unclear, usually associated with a shortened cervix and characterized primarily by the absence of any uterine retraction contraction, causing spontaneous dilation of the cervix [6]. In the face of cervical insufficiency, cervical cerclage surgery is one of the most commonly used methods. and removal are relatively easy, so it is more widely used [4]. Usually recommended at 24 months of pregnancy Surgery was performed before 36-38 weeks of pregnancy. When the cerclage is removed, it maintains the structural integrity of the cervix and prolongs pregnancy [6], and the accompanying tocolysis methods after surgery include bed rest and antibiotics to reduce infections caused by invasive treatments and the use of tocolysis drugs, so as to prevent uterine contractions after surgery [1].

The physiological impact of tocolysis on pregnant women and their care

The main goal of tocolysis is to prolong the number of weeks of pregnancy, and bed rest is often used as a treatment method. It can increase placental blood flow and reduce fetal pressure on

the cervix. However, long-term bed rest Pregnancy causes the gastrointestinal motility of pregnant women to slow down, which can easily cause abdominal distension and constipation [7]. The nursing measures that can be provided for this problem can be divided into non-drug treatment and drug treatment. (1) Non-drug treatment: 1. Improve your diet. It is recommended to eat small amounts with frequent meals, choose easily digestible foods, and avoid intake of gas-producing foods, such as beans, milk, etc., and consume more fiber-rich vegetables. With fruits, such as spinach, sweet potato leaves, bananas, etc., adults are recommended to consume 25-30g per day. and increase water intake at least daily 2000ML [8]; 2. Change living habits, because most absolutely bedridden pregnant women have never used a bedpan. The correct way to use the bedpan can be taught, and a private environment and a fixed defecation time can be provided. The reflex usually occurs half an hour to an hour after a meal, so it is recommended that setting the defecation time after a meal and raising the head of the bed after three meals can reduce the occurrence of gastroesophageal reflux and flatulence [9]. In addition, if you are worried about the odor after using the toilet in bed, you can choose your favorite aromatic spray or perfume and spray an appropriate amount to improve the odor after using the toilet; 3. Increase your activities. Since the number of activities in bed is limited, inform the extent of activities you can do in bed, such as: turning over frequently to change postures and limb joint movements, etc., to increase intestinal peristalsis and help exhaust gas [10]. (2) In terms of drug treatment, if the flatulence is uncomfortable, you can provide peppermint oil for wiping. If necessary, give stool softeners and probiotic supplements as directed by the doctor. The probiotics contain fructooligosaccharides to help the growth and utilization of beneficial bacteria, which can promote gastrointestinal motility and defecation [11].

During in-hospital tocolysis, various noises in an unfamiliar environment will affect the tocolysis process of pregnant women. Sleep quality. Poor sleep quality will have adverse effects on the body, health, and mood [12]. Therefore, appropriate nursing measures can be provided, including opening the curtains in the ward during the day to allow sunlight to shine in and fade away the sleep quality. Melanin secretion can increase the overall sleep time [13]; during nighttime collection and care, medical staff should reduce unnecessary conversations. In addition to lowering the warning sound of medical equipment and adjusting the lights on the aisle, they can also Family members can be invited Prepare eye masks and earplugs to reduce sleep disturbance factors and bring your usual bedding products at home to create a familiar sleep environment [14]; at the same time, teach relaxation techniques, such as listening to listen to soft music, use aromatherapy, massage and warm foot soaks to improve sleep comfort, and We teach you to avoid drinking caffeinated drinks such as coffee and tea before going to bed to improve the quality of your sleep at night [5]. In addition, modern people use mobile phones frequently and like to finish swiping before going to bed. If you don't fall asleep after using a mobile phone and use your mobile phone in a dark environment, the blue light emitted by the screen will stimulate your brain. It partially interferes with the secretion of melatonin and affects the

body's biological clock, thereby delaying sleep time. Therefore, it is recommended to turn off your mobile phone or use the do not disturb mode one hour before going to bed to reduce the urge to think about messages when you see them. The situation of reply [15].

The psychological impact of tocolysis on pregnant women and their care

During pregnancy, pregnant women will face four psychological tasks, which are usually directly or indirectly cause psychological stress to pregnant women, the main reason is usually "to ensure the safety of mother and baby", and anxiety is a common emotional manifestation of human beings when facing stress. If the state of anxiety remains unchanged for a long time, Kindness will seriously affect physical and mental health [8]. Therefore, caregivers can Consider the visual analog scale to understand the level of perceived anxiety among pregnant women undergoing tocolysis, with a score of 0 to 10 Divide, divide the higher the number, the greater the anxiety. It is very important that early detection and appropriate intervention can be provided during care. What is important [12] is to first establish good therapeutic interpersonal relationships with the case and conduct regular follow-up visits. Provide companionship according to individual cases, encourage them to express their inner feelings, listen and clarify the sources of anxiety, and provide appropriate Provide relevant information and care measures and encourage family members to participate in the abortion care process to create a supportive environment [16]; however, when pregnant women are worried about the uncertainty of surgery and tocolysis, not only Can provide relevant health education and manuals, such as : preoperative health education including process and environment, postoperative related photos care, precautions for signs of premature labor and perineal flushing to increase awareness of tocolysis [17], and can also teach relaxation and distraction techniques, such as reading books, deep breathing techniques, and listening to your favorite music to maintain a happy mood [18] or optional Using lavender scented aromatherapy not only relieves anxiety, but also helps relax muscles. sleep and other functions [19]; in addition, when the fetal heart sound measured with Doppler is related to the device When using the contraction monitor, proactively inform the patient of the current fetal heartbeat and uterine contractions, as well as when the doctor

makes rounds Remind doctors to explain the current fetal safety situation and ultrasound examination results to pregnant women, so that pregnant women can be more aware Understand your own miscarriage status [5].

Nursing Process

Case introduction

Miss Lu, 28 Years old, college graduate, married, working as a housewife, with a well-to-do family economy, accustomed to speaking Mandarin, religious beliefs as common folk beliefs, no past medical history, or allergies, Currently, she lives with the patient's parents and husband, and she is taken care of by the patient's husband during the hospitalization period.

Maternity and childbirth history

The case's first menstrual period was approximately 11 Years old, regular menstrual cycle is about 27 days, each menstrual period is about 7-8 days, normal menstrual flow, occasional menstrual pain, pregnancy, and childbirth history G1P0, expected delivery date is 2022 Year 08 Month 11 On this day, this fetus is pregnant with 23+3 Weekly pregnancy of singletons naturally.

Medical treatment process

After the pregnancy, this fetus occasionally experienced uterine contractions and was depressed. She did not take any tocolytic drugs and was delivered regularly. There was no abnormality in the inspection. in 2022 Year, 4 Month 16 A cervix was found during vaginal ultrasound during the Japanese obstetric examination insufficiency of atresia and cervical length 1.77 Centimeters, due to the small gestational age, it is scheduled for 2022 Year 4 Month 17 After hospitalization on the morning of the same day, cervical cerclage surgery was performed, and the fetus was observed.

Nursing Assessment

Nursing period from 2022 Year 4 Month 17 until 2022 Year 4 Month 20 On that day, the author served as the main nurse during the abortion period of the case. During the care, I used observation, interview skills, physical assessment, etc. method to collect data and use Gordon Eleven functional health types, data collection and analysis are as follows:

1. Health Cognition and Health Processing Style

The 4/17 case stated that "she is usually in good health and has no hospitalization experience in the past. If she feels unwell, she will take the initiative to seek medical treatment." She has no past medical history, food or drug allergies, and this is a planned pregnancy. She has regular prenatal check-ups and prenatal check-ups. Data blood and urine tests were normal. Take vaginal ultrasound during prenatal check-up at 23+3 weeks of pregnancy. The ultrasound revealed that the cervix was incompetent, and the cervix length was 1.77 cm, so we were admitted to the hospital to arrange for surgery and abortion. During the tocolysis period, they were able to cooperate with the tocolysis medical treatment. They would also proactively ask about the tocolysis treatment and discuss it with the medical staff. They just hoped that the operation would be successful and the tocolysis process would go smoothly. After the evaluation, there would be no such health problems.

2. Nutritional metabolic pattern

The patient's height was 153 cm, her pre-pregnancy weight was 58 kg, her current admission weight was 62.2 kg, and her BMI was 26.7 kg/m². Calculating the patient's weight based on the weeks of pregnancy, the patient's 4 kg increase was within a reasonable range. The skin was plump and elastic, and there was no limb edema. Morning sickness occasionally occurs in the early stages of pregnancy. Case studies indicate that eating small and frequent meals can improve nausea and vomiting without affecting appetite. 4/17 The patient under observation had three meals purchased from the food court by the patient during the hospitalization. He had a good appetite. He would eat some snacks and drink milk between meals, and he would take health food supplements. Calcium and multivitamins, no such health problems after evaluation.

3. Excretion pattern

The patient said that he usually urinates about 6-7 times a day, and the urine is smooth, and the urine volume is medium and light yellow in color. Approximately once every 2-3 days, the front end is granular, and the rear end is formed. During the period of tocolysis, there is an intravenous drip, about urinate once every 2-3 hours. 4/17 cases said, "I am afraid that I have to go to the toilet all the time and trouble my husband all the time, so I dare not drink too much water." It was observed that the daily water intake is about 1000-1200ML. Due to the safety of the hospital, The fetus needs absolute bed rest, and the bedpan is used for defecation and defecation. 4/17 cases said, "It's hard to get used to using the bedpan to defecate. It feels so strange." It will make them smell it and they will hold back." "Will someone suddenly come in while going to the toilet? It feels so embarrassing." 4/18 cases said, "I didn't have a bowel movement for two days before being hospitalized. , and it became more difficult to have a bowel movement after being hospitalized. It seemed that I didn't have a bowel movement on the fourth day. My stomach was really bloated and uncomfortable." It would open, so I gave up trying." After observing that the patient had no bowel movements for 2 days after admission, he was given a physical assessment and observed a drum sound when percussing the abdomen. Therefore, it was assessed that this nursing problem was constipation/related to changes in the environment and reduced activity.

4. Activities and sports patterns

The patient's musculoskeletal mobility and function were normal. The patient said that before hospitalization, he and the patient would regularly go out to walk the dog after meals and take a walk for about an hour every day. During the hospitalization period, absolute bed rest was required, and the range of activities was limited to bed exercises. The patient said that he would sometimes raise his legs and stretch. During the hospitalization, he would chat with his husband, watch videos, read books, and video chat with his family and pets to pass the time. The patient would help with bathing on the bed and perineal irrigation was performed and there were no such health problems after evaluation.

5. Sleep rest patterns

The patient usually sleeps about 7 hours a day to 8 Hours, sleep quality is good, no sleeping pills used, I don't feel tired after waking up, I occasionally take a nap, and I usually have the habit of drinking tea. During hospitalization 4/17 The patient said, "I'm not used to sleeping on the hospital bed and pillows. My back hurts when I sleep on it. It's so uncomfortable no matter how I lie down.", 4/18 The patient said, "When a nurse is doing treatment in the middle of the night, sometimes the sound is loud, and I wake up." "Someone speaks loudly at night, so I can't sleep well and sleep intermittently.", "If someone presses the button in the middle of the night, I will wake up." I would be woken up by the nurse ringing the bell, and it would be difficult to fall back asleep afterwards.", "The family member in the next bed goes to bed late every day and plays with the phone so loudly that I can't sleep." and "I am woken up at night. When I can't fall asleep, I scroll on my phone until I'm tired and then continue to sleep." The patient complained that the total number of sleep hours during hospitalization was approximately 4 About hours. Because tocolysis drugs need to be given regularly during hospitalization and fetal heart sounds need to be monitored with Doppler, as a result, the patient's sleep was interrupted. The patient was observed to be depressed during the day and kept yawning. During the day shift, the nursing staff observed that the patient often closed his eyes to rest but would automatically open his eyes when he came closer. Therefore, this care was evaluated. The problem is sleeping pattern disorder / related to strange environment.

6. Cognitive Feeling Type

The patient has clear consciousness, no abnormality in judgment and sense of orientation. Except for myopia, which is 650 degrees and wears glasses, and the corrected vision is 1.0, the other senses of hearing, smell, touch and taste are normal. If you have any questions during the abortion period, you will take the initiative to ask medical staff can also actively cooperate with medical treatment, and after evaluation, the case has no such health problems.

7. Self-feeling type

The patient said that he has a cheerful and optimistic personality and likes to make friends and chat. If there are any major events, he will discuss them with the patient's husband and mother. When talking to the medical staff during the hospitalization, he often asks questions about surgery and miscarriage, and worries about the fetus, the patient was observed to be nervous and restless, and the result measured by the Anxiety Visual Analogue Scale was 8 According to 4/17 cases, "There are rules for prenatal check-ups every time. There were no problems before, so why did something suddenly happen this time?", "I saw my friends getting pregnant and giving birth smoothly, why did I have this problem? ", " Or is it because I hug 6 at home? Does a dog weighing more than 1kg cause the cervix to open? ", "I see that many pregnant women have their water break after surgery. Will my water break after the surgery? I'm really worried! ", " How long will I have to stay in the hospital after the surgery before I can return? Home? ", 4/17 The patient asked, "What are the risks of the operation? I'm so worried about my wife and children." "After the operation, my wife felt a tightness in her stomach. She felt very uncomfortable. What should I do? ", 4/18 The patient asked "When will I need another ultrasound examination to confirm the condition of my cervix? ", "I'm so worried about whether my baby's heartbeat is normal? ", "Can the baby be placed in my belly?" How long will it take, and will I have a premature birth? I'm so scared!" Therefore, this nursing issue is evaluated as anxiety / related to worry about surgery and fetal health.

8. Roles and Relationship Types

The case belongs to adulthood in the Erickson stage of development, the development tasks are the intimacy and loneliness stages, and the first role is 28 Year-old female, the secondary role is mother, wife, daughter, daughter-in-law and housewife, the third role is patient, the patient's family is well-off, the patient's parents and the patient's husband currently live together, and interact well with family members, the patient's husband is the main caregiver during hospitalization The patient's husband fully showed his caring attitude towards the case, interacted closely with him, and occasionally had a video chat with the patient's mother to care about each other, 4/17 The patient said, "Although I was very worried about having to have an abortion suddenly, fortunately my family comforted me and told me not to think too much." "My friends also encouraged me and called me whenever they were free to care about me, which made me feel better. "In fact, it is relatively stable." After the evaluation, there was no such health problem.

9. Sexuality and reproductive patterns

The patient's first menstrual period was around 11 years old, and the regular menstrual cycle was around 27 days, each menstrual period is about 7-8 Today, the amount of menstrual blood is normal, with occasional menstrual pain, and there is no broken skin, redness, swelling or discharge in the perineum. Pregnancy during normal sexual intercourse without contraception for one year after marriage means that the couple has a normal sexual life. This is the first pregnancy. The case said on 4/17 "I discussed this issue with my husband because I was worried about affecting the baby. Don't have any for now
"Sexual behavior", this fetus did not have sexual intercourse after pregnancy, and there was no such health problem after evaluation.

10. Coping and stress tolerance patterns

The case stated that the main supporter was the patient's husband, and the family members got along well with each other. The patient usually had less stressful events and no financial pressure. However, after becoming pregnant, he would be particularly worried about the situation during the pregnancy. If he encountered something unsatisfactory, he would discuss it with the patient's husband. And solve problems together, and when facing hospitalization and surgery, the case husband will accompany the individual I faced the case together, and after evaluation, there was no such health problem.

11. Values and Belief Types

The patient has a general folk belief. When he encounters a physical condition, the patient and his family will go to the temple to worship and pray. To seek peace, but not to be superstitious, the patient's mother went to the temple to pray for a peace charm and gave it to the patient to keep. Pray to God to bless the patient with successful surgery and miscarriage, and no such health problems after the evaluation.

Establish the Problem

via Gordon After eleven functional health assessments, the cases identified were "anxiety / related to worry about surgery and fetal health", "constipation / related to changes in environment and reduced activity level" "Related", "Sleep pattern disorder / related to unfamiliar environment", and targeted at the above three health

issues an in-depth discussion of the topic and nursing plan are as follows:

Nursing measures

1. Anxiety / related to worry about surgery and fetal health (2022/4/17-2022/4/20)

Subjective and Objective Data

S1:4/17 "There are rules for prenatal check-ups every time. There were no problems before. Why did something suddenly happen this time?" S2:4/17 "It's because I always hold 6 babies at home. Does a dog weighing more than 1kg cause the cervix to open?" S3:4/17 "I see that my friends are having successful pregnancies and giving birth, so why am I the only one who has this problem?" S4:4/17 "I have seen that many pregnant women have had their water break after surgery. Will my water break after the operation? I'm really worried!" S5:4/17 "How long do I have to stay in the hospital for abortion after the operation before I can go home?"
S6:4/17 "What are the risks of surgery? I'm so worried about my wife and children!"
S7:4/17 "After the operation, my wife felt a tightness in her stomach. She felt very uncomfortable. What should I do?"
S8:4/18 "I'm so worried about whether my baby's heartbeat is normal?"
S9:4/18 "How long can the baby stay in my belly? I'm so scared whether I will be born prematurely!" S10:4/18 "When will I need another ultrasound to confirm the length of my cervix?" O1:4/17 The patient was observed to be nervous and restless during the admission process.
O2:4/17 Observe that the patient's eyes were filled with tears and his hands were tightly holding the patient's husband before the operation.
O3:4/17 The patient was given a score of 8 on the Visual Analog Scale for Anxiety Measurement .
O4:4/18 When the doctor makes rounds, the patient and her husband will ask many questions about the surgery and miscarriage.

Nursing goals

1.4/19 The client can use at least three methods to relieve anxiety.
2.4/20 The patient was able to actively express her feelings about miscarriage and expressed that her anxiety level had dropped to less than four points.

Nursing measures

1. Take the initiative to introduce yourself to the patient during care, help solve any problems during the abortion period, build trust and a good nurse-patient relationship, and provide non-verbal companionship.
2. Provide an abortion and health education manual and provide health education to the cases and their families. Based on the circumstances of the case, the key points that are consistent with the case will be noted with a fluorescent pen, such as: related signs of premature birth, such as contractions, bleeding, or water rupture, you need to consult the medical staff. Informing the patient can increase the patient's knowledge of abortion and give him a sense of control over the abortion process.
3. Before performing any treatment, the purpose and process must be informed. For example: when giving tocolytic drugs, proactively inform the drug of its effects. (suppressing uterine contractions), side effects (hot flashes, dizziness, etc.) and medication taking period (take one pill every four hours) to reduce the patient's uncertainty about treatment.
4. Provide the client with ways to reduce anxiety, and jointly choose things that the client is interested in, such as listening to music (pop music and light music), watching movies (Korean dramas), or going online to take pictures, etc., to divert attention.
5. Discuss with the patient how to relax. The patient said that he has the habit of using essential oils and aromatherapy machines. After the discussion, you can ask your family members to bring lavender essential oil for use, drop it into the aromatherapy machine, and use the aromatherapy machine to release the aroma of the essential oils and use deep breathing relaxation techniques, helpful for relieving tension.
6. When using Doppler to measure the fetal heart sound, the patient can actively inform the current value of the fetal heart sound and turn up the volume to invite the patient and their family members to listen to the fetal heart sound to increase their sense of security.
7. Listen and encourage the patient to express their inner feelings, clarify the source of anxiety, accompany family members and the patient, discuss concerns with the patient and write them down, and guide the patient to express their inner uncertainty when the attending physician makes rounds.
8. Accompany the patient and their family members to listen to the attending physician explain the cervical cerclage surgery method and process (success rate, risks), and provide preoperative precautions, postoperative care methods, etc. In addition, if the patient is unfamiliar with the operating room environment, pictures can be presented instead of text. To enhance familiarity and clarify patients' doubts about tocolysis and surgery. 9. During daily ward rounds, the attending physician will explain the current tocolysis situation to the case explanation. If an ultrasound is taken, the current change in cervical length can be informed, so as to increase the patient's sense of participation.
10. Use the Anxiety Visual Analogue Scale to assess the patient's anxiety level daily.

Nursing evaluation

1.4/19 The patient would play music to relax, use an aromatherapy machine, and watch Korean dramas on a tablet to divert his attention when he was emotionally stressed.

2.4/20 The patient said, "Your nurses would often come to care about me and educate me on a lot of information about fetal safety. The attending physician would also tell me about the current situation of fetal safety during ward rounds, which made me more aware of the matter of fetal safety, and I gradually became less concerned about it." Nervous", and the perceived anxiety score dropped to two points.

Follow-up : 4/20 The attending physician assessed that the tocolysis condition was stable and transferred to the ward for observation, 4/22 The ward nurse asked the ward nurse about the patient's anxiety over the phone. The ward nurse said that the patient could clearly express his feelings about miscarriage. Observation

The expression is less tense, and the perceived anxiety score is two points.

2. Constipation / related to environmental changes and reduced activity (2022/4/17-2022/4/20)**Subjective and Objective Data**

S1:4/17 "I'm so used to using a bedpan to poop. It feels so weird." S2:4/17 "The room will smell so bad after defecation. I'm afraid the nurse will come in and let them smell it, so they wo not dare to defecate."

S3:4/17 "Have you ever been to the toilet, and someone suddenly came in? It feels so awkward."

S4:4/17 "I'm afraid that I have to go to the toilet all the time and trouble my husband all the time, so I don't dare to drink too much water." S5:4/18 "Although I feel like having a bowel movement, I don't dare to use too much force because I'm afraid of the cervix. It opened again, so I gave up trying."

S6:4/18 "I didn't have a bowel movement for two days before I was hospitalized, and it became even harder to have a bowel movement after I was hospitalized. It seemed like I didn't have a bowel movement on the fourth day. My stomach was really bloated and uncomfortable."

O1:4/17 Doctor's advice: absolute bed rest

O2:4/17 The daily water intake of the observed cases is about 1000-1200ML. O3:4/17 Observe that the patient has the habit of drinking milk.

O4:4/18 Percussion of the abdomen reveals tympani.

O5:4/18 The observation case was not resolved between 4/17 and 4/18.

Nursing goals

1.4/19 The patient can perform three methods to promote defecation

2.4/20 At least 1-2 days during hospitalization Heaven is relieved once.

Nursing measures

1. Provide a private space for the patient to use the toilet. When using the toilet, the client can ask the patient to wait outside the bed curtain and make sure the bed curtain is closed. During the toilet process, if any medical staff wants to enter the ward to perform medical treatment, please ask in advance Whether the patient can enter the ward to enhance the privacy of the patient when using the toilet.
2. Provide patients with high-fiber diet items, and jointly choose the patients' favorite dark green vegetables (such as spinach , sweet potato leaves, water spinach, etc.) and high-fiber fruits (such as bananas, kiwis, papayas, etc.) , and consume 3-6 servings per day share (A portion is about 100 grams) , you can ask your husband to buy the fruits and vegetables in the underground street to facilitate defecation.
3. Jointly teach patients and their families about the relationship between water intake and constipation, discuss daily drinking habits with patients, and drink at least 2000mL of water every day. You can use the drinking water APP (Plant Nanny) to record the amount of water you drink, which not only increases the fun of the experience, but also achieves Target.
4. Inform the patient and family members to avoid eating foods and drinks that are prone to flatulence, such as milk, soy products, fried foods, and soda drinks, and provide a health education manual with a highlighter mark.
5. Discuss with the patient to develop a regular toilet time and choose to use the bedpan half an hour after breakfast to facilitate the development of regular defecation habits.
6. During the interview, the patient expressed concern about the burden caused by the odor after going to the toilet. We discussed with the patient how to choose a suitable aromatic spray or perfume according to the patient's preferences and spray an appropriate amount after using the toilet to improve the odor.
7. Assist the patient to adjust the position of using the potty in bed, and appropriately raise the head of the bed to about 45-60 degrees You may place the bedpan next to the bed and place your feet on the floor to create a normal toilet posture, so that the patient can reduce his or her rejection of using the bedpan.
8. Discuss with the patient that the head of the bed should be raised 45-60 degrees after meals Sit and lie down for at least half an hour. Do not lie down immediately after eating to reduce abdominal distension and gastroesophageal reflux.
9. Discuss with the patient methods to help gastrointestinal motility, such as: turning over more often and providing joint exercise methods. Ask family members to assist the patient in performing limb joint exercises 1-2 times a day. At least 30 movements of limb joints minute (Finger joint movement, wrist joint movement, elbow joint movement, forearm movement, shoulder joint movement, ankle movement movement, toe movement, hip, and knee joint movement), promote intestinal peristalsis and reduce muscle loss.
10. After discussing with your doctor, administer Magnesium as directed. oxide 2pc QID PO Use it and inform them of its effects (making stools softer and easier to pass) and side effects (nausea, diarrhea).
11. After discussing with your doctor, apply peppermint oil wipes as directed by your doctor when necessary to relieve the problem of flatulence and discomfort.

Nursing evaluation

1.4/20 The patient can implement three methods to promote defecation, including: adjusting the bedpan position when using the toilet, increasing fluid intake, and providing the patient with a private space. Asking the patient to wait outside the bed curtain when using the toilet.

2.4/20 Observation cases 4/19, 4/20 All had constipation, and the nature of the stool was yellow-brown strips.

Follow-up: on 4/20 Transferred to the ward for observation, I checked the ward nursing records from 4/21 to 4/23 and found that the patient had defecation within three days.

3. Sleep pattern disorder / related to unfamiliar environment (2022/4/17-2022/4/20)

| Subjective and Objective Data |
|---|
| <p>S1:4/17 "I'm not used to sleeping on a hospital bed and pillow. My back hurts from sleeping on it. I feel uncomfortable no matter how I lie down." S2:4/18 "If someone talks loudly at night, I will be woken up. I am really tired!" S3:4/18 "When the nurse is doing treatment in the middle of the night, the sound is sometimes loud, which makes me sleep poorly and intermittently." S4:4/18 "If someone rings the nurse's bell in the middle of the night, I will be woken up, and it will be difficult to fall asleep again." S5:4/18 "The family member in the next bed goes to bed late every day and plays with the phone very loudly. It's so noisy that I can't sleep!" S6:4/18 "When I wake up at night and can't fall asleep, I scroll on my phone until I'm tired and then go back to sleep." O1:4/18 The observed patient was in poor spirits during the day, often yawning, and felt tired. O2:4/18 The nursing staff visited the room at three o'clock in the night and saw the patient scrolling on his mobile phone. The total sleep time was about 4 Hour. O3:4/18 The nursing staff on the day shift always close their eyes to rest when observing the cases, but they will automatically open them when they get closer. Open your eyes.</p> |
| Nursing goals |
| <p>1.4/19 The client can use at least three methods to promote sleep. 2.4/20 The patient can sleep at least 6 hours a night hour and felt that the quality of sleep was good.</p> |
| Nursing measures |
| <ol style="list-style-type: none"> 1. Discuss with the patient how to create a familiar sleeping environment, and have family members bring pillows, quilts and moon pillows that they usually use from home to reduce uneasiness and adjust the sleeping position to a comfortable position to reduce back pain. 2. Observe that the patient is a light sleeper and is easily affected by the external environment. We discuss with the patient how to improve sleep quality. Family members can prepare their usual eye masks and earplugs to help isolate noise and light. 3. Nursing staff keep the volume to a minimum and keep the environment quiet when performing nursing tasks. 4. Reduce meaningless lights in the aisles at night and lower the warning sound of medical equipment. If the patient is affected by the bed next to him, the nurse will help communicate. 5. Communicate with the night shift nursing staff about the sleeping status of the case and ask the staff to take care of the case during the night. During the inspection, the steps and movements of pulling the bed curtain should be gentle. After treatment, the bed curtain should be drawn to reduce the light from the corridor. 6. Discuss with the patient the usual sleep aid methods, such as: listening to music (light music), using aromatherapy machine (lavender essential oil) and foot soaking, etc., to relieve mood and increase comfort to help you fall asleep. 7. Encourage the client to arrange leisure activities during the day, and work with the client to choose things they are interested in. They can use a tablet to watch movies (Korean dramas), browse online, or read Japanese magazines. Reduce the number of sleep hours during the day and open the curtains during the day. , let the sun shine in to help you fall asleep at night and regulate your sleep biological clock. 8. Observe the patient's daily habit of drinking tea, and jointly educate the patient and family members about the correlation between tea and sleep and teach them to avoid ingesting caffeinated and irritating foods, such as coffee and tea, before going to bed. 9. Discuss with the patient that one hour before going to bed, you can turn off your mobile phone and other electronic products or turn on the do not disturb mode to avoid Vibration of audio messages can cause interference, thereby delaying sleep time. |
| Nursing evaluation |
| <p>1.4/18 The patient can use three sleep-aid methods, including: using earplugs, using a portable aroma machine before going to bed every day, and the patient bringing his usual pillow and moon pillow to his home to create a familiar sleeping environment. 2.4/20 The patient said: "I slept so well these days that I almost slept until dawn without being woken up. I only got up in the middle of the night to go to the toilet, but I could fall asleep immediately after going." The observed patient slept at least 6 hours a day. For more than an hour, you will feel better in the morning and can concentrate better without yawning. Follow-up: 4/20 The tocolysis condition was stable and transferred to the ward for observation, 4/22 The ward nurse was asked over the phone about the patient's sleep status. The ward nurse said that the patient slept well after being transferred to a single room. There was no sleep replenishment during the day, and he slept well at night. Less 7 more than hours.</p> |

Discussion and Conclusion

This article describes a 23+3 Pregnant women were admitted to the hospital for tocolysis after cervical cerclage surgery due to the discovery of incompetent cervix during prenatal check-ups. During the hospitalization, they suffered from physical discomfort due to bed rest, worry about the risks of surgery and psychological problems derived from premature birth of the fetus. During the hospitalization, the cases continued to repeat. Ask medical staff questions about the status of surgery and tocolysis and use Tu et al.'s [12] anxiety visual analog scale to find that the patient is currently in a state of anxiety. In terms of care, the author relied on Lin and Huang's [8] literature to propose establishing good

nursing care for the patient. Due to the relationship between the disease and the disease, the patient was given surgery and fetal safety education manuals when he was admitted to the hospital and was encouraged to express his inner worries. Afterwards, the nursing staff listened, accompanied, and encouraged the patient. The patient was obviously more relaxed. The patient was also able to divert his attention by browsing online movies and watching Korean dramas., the anxiety visual analog scale dropped to two points; the need for absolute bed rest and environmental changes after surgery led to constipation problems. According to Huang and He [8], it was pointed out that through high-fiber diet, water intake, and providing hidden After providing a tight toilet environment

and being taught how to use the bedpan, the patient was able to defecate on the bed smoothly; during the period of pregnancy, the patient suffered from sleep disorders due to not adapting to the unfamiliar environment. Through the literature of Wu and Chen [14], the care and use during collection were proposed the usual bedding products are used to enhance the sense of security and earplugs are used to reduce external noise and improve sleep. In addition, the patient usually uses aromatherapy.

Oil is used to aid sleep. The author uses aromatherapy to relax the patient's muscles and thereby improve sleep quality. However, since the fetal safety area is currently only separated by bed curtains, the sound insulation and privacy are relatively low. Inadequately, each family has different schedules, and it is easy for them to interfere with each other, or some family members may remember the wrong bed and go to the wrong room. etc., so it is hoped that the hardware equipment of the ward can be improved in the future, such as: planning out cubicles and it is recommended to change bed curtains to soundproof doors, etc., which can not only provide a private environment for individual cases, but also achieve a good Sound insulation. In addition, the patient's main caregiver during hospitalization is the patient's husband. Although he can cooperate with relevant parties during the period of care, the caregiver is unwilling to talk more about his inner feelings during this hospitalization, so he is unable to understand and provide Family-centered care. Due to this limitation and difficulty in caring for the family, it is recommended that another individual the environment is conducive for caregivers to express their inner feelings, and appropriate care and resources are provided. In addition to solving in addition to the physical and psychological problems of the case, it is also necessary to understand the caregiver's inner thoughts to achieve family-centered care, thereby improving the quality of care.

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Conflict of Interest

No conflict of Interest.

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