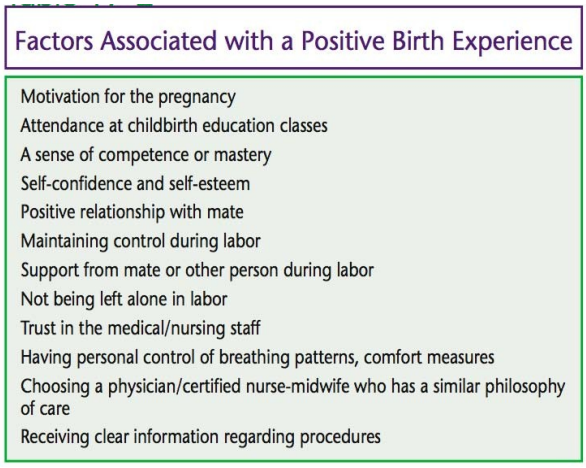
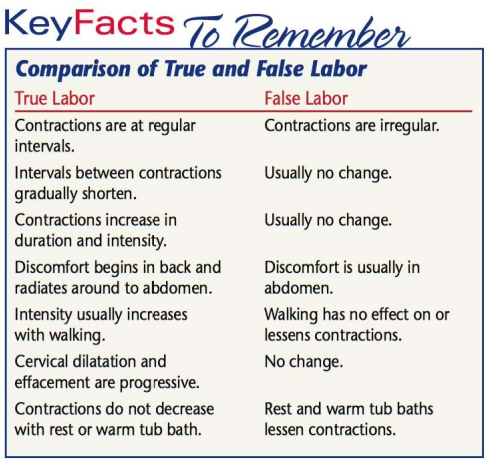
Intrapartal Nursing Care

Nursing 201: Nursing Care of Special Populations



Factors Associated with a Positive Birth Experience

- Motivation for the pregnancy
- Attendance at childbirth education classes
- A sense of competence or mastery
- Self-confidence and self-esteem
- Positive relationship with mate
- Maintaining control during labor
- Support from mate or other person during labor
- Not being left alone in labor
- Trust in the medical/nursing staff
- Having personal control of breathing patterns, comfort measures
- Choosing a physician/certified nurse-midwife who has a similar philosophy of care
- Receiving clear information regarding procedures



KeyFacts *To Remember*

Comparison of True and False Labor

True Labor	False Labor
Contractions are at regular intervals.	Contractions are irregular.
Intervals between contractions gradually shorten.	Usually no change.
Contractions increase in duration and intensity.	Usually no change.
Discomfort begins in back and radiates around to abdomen.	Discomfort is usually in abdomen.
Intensity usually increases with walking.	Walking has no effect on or lessens contractions.
Cervical dilatation and effacement are progressive.	No change.
Contractions do not decrease with rest or warm tub bath.	Rest and warm tub baths lessen contractions.

<u>True vs. False Labor</u>

- Cervical exam is only definite way to diagnose true labor
  - Checked on admission
  - Dependent on dilation/effacement, may be checked again after 1 hour to check progress
- Woman may be embarrassed if sought tx for false labor
  - Reassurance is key to help her to feel comfortable coming in for labor assessment

<u>Systemic Effects of Labor: CV</u>

<u>Systemic Effects of Labor: Resp</u>

- Increased oxygen demand and consumption
  - Slight increase in RR

<u>Systemic Effects of Labor: Hematology</u>

- Stimulates immune response
  - Increase in WBC

<u>Systemic Effects of Labor: GI</u>

- Slower GI motility and gastric emptying
  - May cause N/V
  - Especially during transition
- Decreased blood glucose and insulin requirements

<u>Admissions Assessment</u>

- History
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    - If a woman has a prenatal hx with positive GBS from vaginal or rectal cultures it is important for her to receive IV antibiotics throughout labor to prevent transmission to the newborn
    - Not harmful to woman, but can be detrimental to NB
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- Previous Complications
- Allergies
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<u>Preparation for Childbirth</u>

- Expectations?
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- Support person
- Plans for pain relief
- Bottle or Breastfeed?
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<u>Fetal Heart Rate and Pattern</u>

- Assess by intermittent Doppler or continuous monitoring
- Typically below the mother's umbilicus to the right or left lower quadrant
- Leopold's Maneuver to determine optimal US placement
    - Determines fetal lie, presenting part, presentation, attitude
- Assess:
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    - Any change in contraction pattern/ maternal status
    - Before and after woman receives medication or a procedure is performed.

<u>Uterine Contraction Assessment</u>

- General Characteristics:
    - Contractions becoming more frequent
    - Increased duration
- Evaluated by:
    - Subjective description
    - Palpation and timing of contractions
    - Electronic monitoring
- Frequency
    - How often uterine contractions occur; the time that elapses from the beginning of one contraction to the beginning of the next
- Intensity
    - The strength of a contraction at its peak
- Duration
    - The time that elapses between the onset and end of a contraction

- Resting tone
    - The tension in the uterine muscle between contractions; relaxation of the uterus

Uterine Palpation of Contractions

- Intensity:
    - Mild: slightly tense fundus that is easy to indent with fingertips (feels like fingertip touching nose)
    - Moderate: firm fundus that is difficult to indent with fingertips (feels like touching finger to chin)
    - Strong: rigid board-like fundus that is almost impossible to indent with fingertips (feels like touching finger to forehead)

Membranes

- Amniotic Fluid
    - Clear
    - Alkaline
    - Vernix flecks
    - Earthy odor
- Abnormal
    - Foul (infection)
    - Greenish-brown (meconium)
- Nursing Care with ROM
    - Immediately check FHR to R/O prolapsed cord
    - Document
        - Time
        - Quantity
            - Leak, gush, continuous
        - Odor
        - Color
- Monitor temperature Q 1-2 hours

Bloody Show

- Present?
    - Sign of cervical change
- Amount?
    - Blood tinged mucous or bright red blood

Vaginal Exams

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- Fetopelvic relationship
- DO NOT PERFORM IF VAG BLEEDING IS NOTED
- Helps evaluate labor progression

- Not performed on prescribed basis, rather individual situation
- Thoughts are each exam brought increased risk for infection

Labor Monitoring Guidelines
- Uterine contractions Q 15-30 minutes
    - Continuous monitoring must be validated by palpation of uterine contractions
    - Note frequency, duration, intensity, tone
- FHR Q 15-30 minutes (first stage)
    - Change to Q 5-15 minutes (second stage)
    - Continuous monitoring is best
- Temperature Q 4 hours
    - Change to Q 1-2 hours once ROM occurs
- BP, Pulse, RR Q 1 hour
    - Obtain between contractions
    - Dictated by status/medications/induction

Lab Work
- CBC
    - Baseline H & H
    - Type and Screen

Admission to Labor and Delivery
- Emotional Needs
    - Orient to hospital
        - Policies, visitors, no ill contacts
    - Explain procedures
        - Intro to room, IV/labs, call bell system, cervical exams
    - Build rapport
    - Offer support
        - Allay anxiety and fear
    - Reassure

Comfort Measures
- Walk, shower, rocking chair, birth ball
- May be contraindicated if:
    - ROM with presenting part not engaged
    - Faulty presentation/ fetal position
    - Complications of pregnancy
    - Vaginal bleeding
    - Active labor
    - Medications

Position for Comfort
- Side lying may relieve backache
    - Left side is optimal

        - Pillows to support joints
- Multiple position options
    - Work with the patient to identify what is best for her and may help to facilitate descent and progression

Oral Intake
- Opinions vary
- Ice chips or clear liquid preferred

Bladder Care
- Encourage frequent voiding
- Distended bladder may slow labor
    - Interferes with head descent
- Full bladder increases maternal discomfort
- Cath prn if unable to void after attempting bathroom or bedpan
    - Need order

Backache
- Effleurage
    - Light rubbing with fingertips where pain is (back or abdomen)
    - Counter pressure
    - massage

Leg Cramps
- Alleviate by extending leg and flexing foot
- Occurs most often while pushing

Hygiene
- Restlessness, perspiration, vaginal discharge, and fluids add to discomforts of labor
    - Provide proper hygiene as indicated for patient comfort
    - Change linens prn

Infection Prevention
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Psychoprophylaxis
- Breathing and relaxation techniques
- Be familiar with pt's preparation
- Best to teach breathing and relaxation before contractions are uncomfortable
- Benefits
    - Decreases pain perception, provides control during labor, decreases pressure on diaphragm, increases confidence and sense of preparedness, decreases

hyperventilation, increases oxygenation, involves the support person, decreases muscle tension

- Deep Breathing
  - In through nose and out through mouth
  - Deep purposeful
  - Cleansing breath signals beginning and end of contraction
- Panting
  - May be used to inhibit pushing when mom experiences urge to push
    - If room not ready
    - Physician not available
    - To slow fetal head expulsion when on perineum preventing tearing

<u>Preparation for Birth</u>

- Delivery Equipment
  - Assemble prior to delivery time
  - Table set up with:
    - Instruments
    - Medications
    - Towels
    - Drapes
    - Gloves
    - Placenta tray
    - Etc.
- Pushing
- Instruct Mom to notify RN when she has the **URGE TO PUSH!**
  - Pressure of the fetal head on the woman's rectum will cause an unbearable need to bear down
- Breathing while Pushing
- AWHONN recommends **opened glottis** pushing
  - Push 4-6 seconds while exhaling then repeat 5-6 times during each contraction
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- Closed Glottis:
  - What you commonly see in hospital, but not recommended
    - Holding breath while someone counts to 10 then deep breath again
    - Avoid holding breath for >5 seconds
- Breathing Strategies
  - Deep breath in, let part way out
  - Use abdominal muscles
  - Keep body relaxed, control skeletal muscles
  - Don't push like BM- push like trying to push out urine
  - No valsalva maneuver- stimulates vagal response
  - Maximum effort = maximum gain

<u>Danger Signs!</u>

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- Failure to progress in dilation or fetal descent
    - Monitor fetal status
    - May require surgical intervention
    - Report if labor is not progressing as expected with normal labor curve
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    - Abruption placenta – also night bright red bleeding
    - Uterine rupture
- Rising BP, Headache, Epigastric Pain, Visual Changes
    - Gestational hypertension/ preeclampsia
- Uterine tetany or abnormally long and hard contractions
    - Hyperstimulated uterus can lead to uterine rupture or premature placental separation
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    - Check FHT immediately after ROM
    - Lift presenting part to remove weight from cord
    - Requires STAT C/S

<u>Placental Delivery</u>

- Signs of Separation:
    - Uterus rises up in the abdomen
    - Trickle or gush of blood
    - Lengthening of the cord
    - Uterus becomes globular

<u>Care Immediately After Birth</u>

- Palpate fundus in the immediate postpartum period to assess for and prevent PPH
- Oxytocin usually given following delivery of the placenta
- Episiotomy or tear will be sutured at this point

<u>Postpartum Assessments</u>

- Assess For:
    - fundus is firm and midline
    - Vaginal bleeding
    - Hemorrhoids
    - Perineal swelling and sutures intact
    - Now begins the post-partum period!