N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission	**Patient Initials**	**Age**	**Gender**
06/17/2021 8:00am	K.C.	29 years old (6/14/92)	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Certified Medical Assistant at	Single	Remeron (hallucinations) Adhesives (raised rash)
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full	5’8” (172.7 cm)	314 lb. (142.4 kg)	Yes

Medical History (5 Points)

Prenatal History: G2 P1 T1A0 L1. Mother’s second pregnancy. First pregnancy was induced at 39 weeks and 0 days due to gestational obesity and fetal macrosomia. Client experienced prolonged labor with first pregnancy. First prenatal visit was 10/30/2020 where she confirmed her pregnancy. Last Menstrual period was September of 2020. Client is here for elective induction of labor due to fetal macrosomia.

Past Medical History: Obesity, depression, anxiety, gastrointestinal reflux disease, and gout.

Past Surgical History: No surgeries.

Family History: Mother – Diabetes mellitus type II, arthritis. Father – Hypertension, arthritis, gout.

Social History (tobacco/alcohol/drugs): Past smoker, a pack a day for five years, quit January 1, 2016. Alcohol twice weekly approximately 8 beers before pregnancy. Has not drank alcohol since she knew she was pregnant. States no history of illicit drug use.

Living Situation: Lives with boyfriend and son in apartment in Urbana, IL.

Education Level: High School Graduate with some college.

Admission Assessment

Chief Complaint (2 points): Induced Labor.

Presentation to Labor & Delivery (10 points):

The patient presents to OSF Labor and Delivery department 0800 on 06/17/21 for elective induction of labor. The client is 39 weeks and 3 days gestation. Induction of labor was recommended due to the client's obesity and fetal macrosomia. The first pregnancy was induced at 39 weeks for the same reason. The client is currently on intravenous Pitocin for induction of labor. The client is experiencing mild cramping pain, which she rates at a 2/10 on the pain scale. The client is currently 30% effaced, and 4 cm dilated. Cramping pain is relieved by sitting on the birthing ball. The client experienced a rupture of membranes at 1430 while sitting on a birthing ball. The client is on a fetal heart monitor, which shows some variability.

Diagnosis

Primary Diagnosis on Admission (2 points): First stage of labor, latent phase.

Secondary Diagnosis (if applicable): Fetal macrosomia

Stage of Labor

Stage of Labor Write Up, APA format (20 points) This should include the progression of cervical effacement & dilation as well as pain management techniques:
Stage of Labor References (2) (APA):

The client arrived at OSF L&D for induction of labor. The client was diagnosed with fetal macrosomia for both this pregnancy and her first pregnancy. Macrosomia is any fetus that is larger than 4,000 grams and puts the fetus at risk for neonatal hypoglycemia (Ricci et al., 2020). This complication is associated with K.C.'s gestational obesity. The client does not suffer from gestational diabetes or preeclampsia. Macrosomia puts the mother at risk for prolonged labor, genital tract lacerations, and uterine atony which increases risk for severe post-partum

hemorrhage. The child may be at greater risk for childhood obesity and metabolic syndrome (Mayo Clinic, 2020).

The client is in the latent phase of the first stage of labor. She was artificially placed in this phase with the intravenous infusion of Pitocin. The client's cervix is 4 cm dilated and 30% effaced. IV Pitocin began at 0900. Her labor appears to be progressing slowly due to macrosomia. The client's contractions occur every 3-6 minutes and last 30-50 seconds. The latent phase of the first stage of labor typically occurs when the cervix is 0-6cm dilated. During this time, the client may have mild to moderate cramping but should be able to hold a conversation. As the fetus begins to descend further into the pelvis, the client should progress into the active phase of the first stage of pregnancy (Mayo Clinic, 2020). The cervix dilates 6-10cm and effaces 100 % during this phase as the body prepares for birth. Nursing interventions for the first stage of labor involves placing the fetal heart rate monitor on the mother to continuously assess the status of the fetus. Due to the clients prolonged first stage of labor so nurse Kylie performed frequent assessments and reassurances for the client. Her Oxytocin infusion rate was slowly increased as prescribed.

The client was apprehensive about the artificial rupture of membranes due to a poor experience from her first pregnancy. The client experienced rupture of membranes at 1430 while she was sitting on a birthing ball. At 1930 client received an epidural, which the client tolerated well. The client is having difficulty progressing to the next stage of labor despite the slow increase in the rate of Pitocin. At 2045 the cervix had not become any more dilated. The client wants to avoid a cesarean section if possible.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Walters Kluwer.

Mayo Clinic. (2020, May 29). Fetal macrosomia - Symptoms and causes. https://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/symptoms-causes/syc-20372579

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.86 – 5.30	4.34	4.39	N/A	Normal Value.
Hgb	12.0 – 15.8	12.8	12.9	N/A	**Normal Value.**
Hct	36-47%	37.0	37.6	N/A	**Normal Value.**
Platelets	140 – 440	222	219	N/A	**Normal Value.**
WBC	4 – 12	9.7	10.0	N/A	**Normal Value.**
Neutrophils	47 – 73%	68.4	67.6	N/A	**Normal Value.**
Lymphocytes	18 – 42%	25.9	24.1	N/A	**Normal Value.**
Monocytes	4 – 12%	4.2	6.0	N/A	**Normal Value.**
Eosinophils	0 – 5%	0.9	1.6	N/A	**Normal Value.**
Bands	0-1	Not drawn	Not drawn	Not drawn	**N/A**

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	A, B, AB, O	O	O	O	Normal range
Rh Factor	+/-	+	+	+	Normal range
Serology (RPR/VDRL)	Non-Reactive	Nonreactive	Not drawn	N/A	Normal range
Rubella Titer	Immune	Immune	Not drawn	Not drawn	Normal range
HIV	Negative	Negative	Not drawn	Not drawn	Normal range
HbSAG	Non-Reactive	Nonreactive	Not drawn	Not drawn	Normal range
Group Beta Strep Swab	Negative	Negative but client was Positive with last pregnancy	Not drawn	Not drawn	Client tested negative for Group Beta Strep (GBS) 06/04/21, however due to being positive in first pregnancy client will be treated out of abundance of caution. GBS is an asymptomatic microorganism that can lead to illness in the newborn. Prophylactic antibiotic therapy prevents the newborn from contracting GBS during birth (Ricci et al., 2020).
Glucose at 28 Weeks	< 140	Negative	Not drawn	Not drawn	Normal range
MSAFP (If Applicable)	Low risk, chromosomal abnormalities	Negative	Not drawn	Not drawn	Normal range

Additional Admission labs Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal

Sodium	133-144	136	N/A	N/A	Normal range
Potassium	3.5-5	4.1	N/A	N/A	Normal range
Chloride	98-107	104	N/A	N/A	Normal range
BUN	7-25	19	N/A	N/A	Normal range
Creatinine	0.50-1.20	0.90	N/A	N/A	Normal range
Total Bilirubin	<0.5	0.3	N/A	N/A	Normal range
Albumin	3.5-5.3	4.3	N/A	N/A	Normal range

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine protein/creatinine ratio (if applicable)	< 0.2	**Not drawn**	Not drawn	Not drawn	**N/A**

Lab Reference (1) (APA):

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Walters Kluwer.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	Baseline fetal heart rate is 150 beats per minute, with a range from 110-180.
Are there accelerations? • **If so, describe them and explain what these mean (for example: how high do they go**	Yes, client experienced an increase of more than 15 beats per minute lasting 15 seconds (Ricci, Kyle, & Carman, 2021). The acceleration went as high as 180 bpm.

and how long do they last?) **What is the variability?**	Moderate amplitude variability, throughout majority of EFHM.
Are there decelerations? If so, describe them and explain the following: What do these mean? o **Did the nurse perform any interventions with these?** o **Did these interventions benefit the patient or fetus?**	Yes, there were a few variable decelerations. Client was repositioned in her bed and continuous monitoring was performed to assess for further decelerations. This intervention appears to have benefitted the fetus as the decelerations did not continue to occur.
Describe the contractions: **Frequency:** **Length:** **Strength:** **Patient's Response:**	Client is experiencing contractions every 3-6 minutes during my time at the clinic. The duration of contractions was 30-50 seconds. The strength of the contraction was moderate (felt firm as a chin). The client's response was mild at 1400. By 2030 client was becoming exhausted.

EFM reference (1) (APA format):

Ricci, S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Current Medications (7 points, 1 point per completed med)
7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	Prilosec/ omeprazole	Prozac/ fluoxetine	Buspar/ buspirone

Dose	20 mg	20 mg	10 mg
Frequency	Daily	Daily	Daily
Route	Oral	Oral	Oral
Classification	Proton pump inhibitor	Selective Serotonin Reuptake inhibitor	Azapirone
Mechanism of Action	Inhibits gastric secretions by inhibiting proton pump in gastric parietal cells.	Inhibits the reuptake of serotonin by CNS neurons and increase the amount of serotonin available in nerve synapses.	Acts as partial agonist at serotonin receptors in brain producing antianxiety effects.
Reason Client Taking	To treat GERD.	To treat depression.	To manage anxiety
Contraindications (2)	Concurrent usage of rilprivirine therapy and hypersensitivity.	Concurrent use with other SSRI or SNRI. Use of MAOI medication within last 14 days.	Severe hepatic impairment, Severe renal impairment.
Side Effects/Adverse Reactions (2)	Hypoglycemia, bronchospasms.	Serotonin syndrome, seizures.	Serotonins syndrome, angioedema
Nursing Considerations (2)	Give before meals preferably in morning. May be sprinkled and taken with nonessential foods if difficulty swallowing.	Monitor clients with increased suicidal tendencies while beginning antidepressant therapy. Expect taper dose when discontinuing.	Use caution with clients with severe hepatic or renal impairment. Inform client medication will not stop withdrawal symptoms of benzodiazepines if medication is

			replacing that therapy.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Can interfere with Vitamin B12 absorption, monitor for macrocytic anemia. If taken with antibiotics may put risk for *C. diff.* infection.	Assess for prolonged QT segment on ECG as fluoxetine may worsen. Screen depression clients for bipolar disorder.	Institute safety precautions for possible interactions with CNS. Monitor AST, ALT, BUN, and Cr prior to beginning therapy.
Client Teaching needs (2)	Avoid alcohol, NSAIDs, and foods that increase gastric irritation as it lessens the medications effects. Discontinue immediately if rash or joint pain develop while taking this medication.	Teach client to recognize symptoms of serotonin syndrome and to seek emergency treatment if it is suspected. Avoid driving with medication until client's reaction is known.	Take medication consistently, same time of day with or without food. May require 1 to 2 weeks before therapeutic takes effect.

Hospital Medications (5 required)

Brand/Generic	Zofran/ ondansetron	Pitocin / Oxytocin	Pfizerpen/ 1. Penicillin G Potassium	Abstral/ fentanyl
Dose	4 mg	0.06-0.3 units/minute	2.5 million units	25 mg
Frequency	Q2H PRN nausea	Once	Q4H until delivery	Q2H or PRN pain

Route	Oral disintegrating tablet	Intravenous	Intravenous	Intravenous
Classification	Selective serotonin receptor antagonist	Synthetic hormone to stimulate labor.	Penicillin antibiotic	Opioid analgesic
Mechanism of Action	Block's serotonin receptors in vagal nerve terminals in the intestine producing antinausea effect	Hormone that is released by the body during labor that stimulates contractions.	Inhibits bacterial cell wall synthesis leading to cell wall lysis causing bacterial cell death.	Binds to opioid receptor site in CNS altering perception of pain inhibiting upward pain passageway.
Reason Client Taking	To treat nausea related to labor or pain medication.	To artificially induce client into pregnancy.	Group Beta Step Positive in last pregnancy	To manage mild to moderate pain.
Contraindications (2)	Prolonged QT syndrome, hypersensitivity.	Fetal distressing heart tones, Hypersensitivity.	Hypersensitivity to penicillin. Hyperkalemia	Opioid nontolerance. Severe respiratory depression.
Side Effects/Adverse Reactions (2)	Hypotension, serotonin syndrome.	Hemorrhaging. nausea, vomiting.	Seizures, anaphylaxis	Hypotension, respiratory depression. Fetal CNS depression.
Nursing Considerations (2)	Monitor for signs and symptoms of serotonin syndrome, Transport medication straight from package to under client's tongue as tablets disintegrate quickly.	Assess patency of IV frequently. Monitor for signs of uterine overstimulation in case of overdose.	Obtain any cultures required before beginning antibiotic therapy. Monitor client for upset stomach and diarrhea.	Should not be given during labor as medication will cause fetal CNS depression. Newborn may experience opioid withdrawal. Caution for clients with risk of opioid abuse.
Key Nursing	Monitor serum	Monitor fetal	Collect	Assess pain

Assessment(s)/Lab(s) Prior to Administration	potassium and magnesium levels and correct before therapy. Monitor ECG for prolonged QT syndrome.	heart rate and contractions. Assess client's pain frequently.	cultures. Ask client for allergies before beginning any antibiotic therapy.	prior to administration . Assess for respiratory depression
Client Teaching needs (2)	Place medication under tongue and wait for it to dissolve. Immediately report signs and symptoms of hypersensitivity or serotonin syndrome.	Educate client that this medication will stimulate contractions and induce labor. Educate client on side effects such as nausea and cramping.	Report any signs of discomfort at IV site or symptoms of allergic reaction. Warn client for potential upset GI.	Avoid other CNS depressants while using this medication. Teach client opioid antidote Naloxone.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning

Assessment

Physical Exam (18 points)

GENERAL (0.5 point):	
Alertness:	Alert and oriented x4.
Orientation:	No signs of distress. Client becomes more exhausted as day goes on and labor stalls.
Distress:	Client is obese. She is very sweet and excited to have a student assist her.
Overall appearance:	
INTEGUMENTARY (2 pts): Skin color:	Skin is pale and freckled appropriate for race.
Character:	Skin is dry and intact
Temperature:	Temperature is warm.
Turgor:	Turgor is elastic.
Rashes:	No rashes.
Bruises:	Nor bruises
Wounds/Incision: .	No wounds or incisions.
Braden Score:	17

Drains present: Y☐ N ☒ **Type:**	
HEENT (0.5 point): Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	Normocephalic, symmetrical midline. No JVD. No drainage present. Tympanic membrane grey. Symmetrical, PERRLA, + ocular movements. No nasal deviation. Nares present. Teeth have yellow discoloration. Gap in upper middle teeth. Mucous membranes pink and moist. No oral ulcerations.
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Heart sounds good no gallop or murmur. S1, S2 present Client not on telemetry. 3+ bilateral radial 2+ pedal pulse. < 3 seconds. No edema.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Clear breath sounds present anteriorly and posteriorly. No wheezes, crackles, or advantageous breath sounds.
GASTROINTESTINAL (5 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	 Regular diet. NPO 5’8” 314 lb. (BMI 47.7) Bowel sounds active in all four quadrants. 06/16/21 at 1830 No pain, fetus can be felt with mild palpation. Abdomen is distended. Striae present. None None None None
GENITOURINARY (5 Points): Bleeding: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **Rupture of Membranes:**	No bleeding present currently. N/A N/A Patient voided 200 mL and 150 mL during shift. Genitals intact, cervix is 4 cm dilated. Membranes ruptured spontaneously while on

Time: **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	birthing ball, 1430 Clear with some clots. Moderate amount No odor No episiotomy or lacerations.
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Client is up and ad lib independently. Fall score 15 (low risk) Client is on bedrest for FHRM.
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **Deep Tendon Reflexes:**	 Client is alert and oriented x4 Client is alert Speech is clear and appropriate. No sensory impairments. Fully conscious DTR 2+ negative clonus.
PSYCHOSOCIAL/CULTURAL (1 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The client turns to her boyfriend, sister, and mother to help with coping with stress. The client is a high school graduate and works as a Medical Assistant at Carle Hospital in Champaign, IL. She is a Christian and attends church most Sundays. The client lives in an apartment with her boyfriend and son. The client appears to have a good support structure.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	 As of 2100 on 06/17/21 client is still in 1st stage of labor. N/A Vaginal is preferred to client. N/A Unknown N/A N/A Intends to breastfeed child.

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	84	116/72	16	96.4F (oral)	100%
Admission to Labor/Delivery	97	131/76	18	97.9F	99%
During your care	63	121/80	16	97.9F	99%

Vital Sign Trends:

Prenatal vital signs were stable except for the pulse. It could have been high due to factors such as stress, finding out prenatal care at the first visit, the patient caring for her other child at home. Her admission to labor/delivery and her vitals during my care were also stable.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400	Numeric 1-10	Abdomen	2/10	Cramping	Client is on birthing ball to reduce cramping discomfort.
1700	Numeric 1-10	Abdomen	4/10	Cramping/dull	Client is in bed with head of bed up and peanut ball between legs to assist with discomfort. Client is tolerating pain well.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18 Gauge
Location of IV:	Left hand
Date on IV:	06/17/21 at 0845
Patency of IV:	Patent. Continuous infusion with no sign of
Signs of erythema, drainage, etc.:	infiltration or erythema.
IV dressing assessment:	Transparent dressing.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Lactated Ringers 125mL/hr. 1000 mL total over 8 hrs.	200 mL void 150 mL void 350mL Total

Nursing Interventions and Medical Treatments during Labor & Delivery (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Continuous fetal heart rate monitoring. N	Continuous	The continuous monitoring of fetal heart rate lets us know how the baby is doing in relation to mother. It provides for the quickest possible response in case of fetal distress.
Administer IV antibiotics. T	Every 4 hours until delivery	Group Beta Strep is the most common cause of sepsis in newborns (Ricci et al., 2020). Prophylactic antibiotics given to mother during labor mitigates the risk of infection spreading to newborn during birth.
Peanut ball. N	As needed	K.C. used both birthing ball and peanut ball frequently. Peanut ball is placed

		between mother's legs while she is in bed. The ball helps mom advance to the next stage in labor and provides some comfort.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of the Nursing diagnoses must be education related i.e. the interventions must be education for the client."
2 points for the correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rationale (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rationale(2 per dx) (1 pt each)** Interventions should be specific and individualized for this patient. Be sure to include a time interval such as "Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for your rationale.	**Evaluation (2 pts each)** • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for fetal injury related to fetal macrosomia as evidenced by prolonged first stage of labor.	Prolonged labor puts stress on the mother and the fetus. Putting the fetus at risk for hypoxia or injury.	**1.** Continuous monitoring of FHR electronically. **Rationale** Allows quick detection and interventions to fetal distress. **2.** Teach the client breathing techniques to practice during her contractions. **Rationale** Breathing techniques can offer mom nonpharmacological pain relief during contractions as well as ensuring both the mother and the fetus are adequately oxygenated (Ricci et al., 2020).	FHRM was continuously monitored. Mother successfully performed breathing techniques that were taught to her during contractions!
2. Risk for fluid volume deficit related to fetal macrosomia as evidenced	Prolonged labor and macrosomia are both risk factors for	**1.** Administer Lactated Ringers as prescribed. **Rationale** Intravenous fluids ensure good perfusion for the client	Client tolerates intravenous infusion of fluids well. Client shows no sign of becoming febrile.

	by prolonged labor.	uterine atony. A “tired uterus” is less likely to be able to keep contracting after delivery increasing risk for severe post-partum hemorrhage.	and reduce risk of client coming into hypovolemic shock. **2.** Monitor temperature every 4 hours, or more frequently once membranes have ruptured. **Rationale** Increase in temperature implies dehydration or infection (Ricci et al., 2020).	
3.	Fatigue related to prolonged labor as evidenced by client being in first stage of labor for over 12 hours.	Client is having trouble transitioning into the second stage of labor. Consistent contractions without relief are very exhausting for mom and the fetus. Prolonged fatigue puts client at risk for uterine atony.	**1.** Plan care to minimize interruptions for the client. **Rationale** While the client is in labor interruptions should be kept to a minimum to conserve the client’s energy. **2.** Provide dim lit environment free of distractions. **Rationale** An environment with as little stimulus as possible will allow the client to rest as much as possible between contractions.	Interruptions were kept to a minimum maximizing the client’s rest time. Client was provided a low stimulus environment for rest.
4.	Acute pain related to prolonged labor as evidenced by pain going from 2/10 to a 4/10.	Pain becomes more severe as the client becomes closer to the delivery stage of labor. This client is experiencing more pain as her body tires.	**1.** Teach client nonpharmacological pain relief strategies such as backrubs, cooling cloth to the head, position changes and showers (Ricci et al., 2020). **Rationale** Analgesic pain relief may be contraindicated due to side effects to the baby. Nonpharmacological pain relief can be helpful without causing problems for the fetus. **2.** Encourage client to void every 1-2 hours.	Client relieves pain with position changes and utilizing birthing ball. Client uses call light frequently to help ambulate to the restroom. Client later had a foley placed after her epidural.

		Rationale Regular voiding decreases pressure from a full bladder helps to provide pain relief (Ricci et al., 2020).	

Other References (APA)