N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 9/21/21 5:30am	**Patient Initials** A.C	**Age** 24	**Gender** Female
Race/Ethnicity White	**Occupation** Teacher	**Marital Status** Married	**Allergies** Nickel-Rash
Code Status Full	**Height** 157.5 cm	**Weight** 118 kg	**Father of Baby Involved** Yes, E.C.

Medical History (5 Points)

Prenatal History: G1 T0 P0 A0 L0

Past Medical History: This patient has a past medical history of lipoma of the back, HTN, and a Mood disorder (CMS-HCC).

Past Surgical History: This patient has had two past surgical procedures. In 2014 she had a wisdom tooth extraction; she has also had a soft tissue procedure to her right lower back to help with her back lipoma on 3/12/18.

Family History: On her mother's side she has a grandmother who had a brain aneurysm, a grandfather who had skin cancer, and finally her mother had HTN, CKD, sleep apnea, and thyroid disease.

Social History (tobacco/alcohol/drugs): She denies use of tobacco or drugs. She claims that she only drinks 1-2 drinks a month.

Living Situation: She lives at home with her husband. She does mention that there have been financial problems lately.

Education Level: Bachelor's

Admission Assessment

Chief Complaint (2 points): My patient came in for a scheduled C-section.

Presentation to Labor & Delivery (10 points):

A 24 y/o G1P0 at 39 weeks and two days presented to the hospital for a scheduled c-section due to a breach baby. Consent was obtained and education was given. VS were all obtained and stable with a HR of 102, BP of 131/81, Temp of 97.9F, and Respirations at 16. Her LMP was on 12/20/20. She rated her pain at a 2/10 on a numerical scale. Prior to procedure an US was done to confirm breech. Upon review, the child had righted himself no longer indicating a required c-section. Patient was then admitted to the OB floor where she is currently being induced for labor with oxytocin.

Diagnosis

Primary Diagnosis on Admission (2 points): C-section indicated by breech baby. Ultrasound prior to procedure showed that the child had flipped himself.

Secondary Diagnosis (if applicable): N/A

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 required) (APA):

Labor is a long and challenging process that mothers go through. The body has already undergone drastic changes to accompany the fetus turned child in the mom's uterus. Before any of the stages of labor take place, there are signs of the oncoming birth. The cervical will begin to thin out and soften. There also may be some cervical dilation occurring though most dilation occurs during the stages of labor (Ricci, 2020). Another sign that labor is soon to start is something called lightening. Lightening is when the child begins its descent into the true pelvis (Ricci, 2020). This typically leads to increased pelvic pressure, leg cramping, dependent edema in lower extremities, and low back pain (Ricci, 2020). Increased energy levels could indicate

labor. A big sign that labor is coming is a bloody show. A bloody show is the mucus plug that fills the cervical canal expelled at the onset of labor (Ricci, 2020). Braxton Hicks contractions help the body practice and prepare for true labor. These will become stronger and more frequent as the true contractions get closer to time (Ricci, 2020). The final sign that labor is near is the rupture of membranes. This rupture is what happens when a woman's water breaks. This can be a gradual leak or a sudden gush of fluid (Ricci, 2020). All of these signs can indicate the start of labor.

The first stage of labor is the longest stage of all of them. This stage is where nearly all cervical dilation occurs, encompassing 0-10 centimeters (Ricci, 2020). This stage of labor has two different phases. The first phase of the first stage of labor is called the latent phase. During this phase, the cervix is from 0-6 centimeters in dilation, the effacement is from 0-40%, contractions happen every 5-10 minutes, and last for 30-45 seconds (Ricci, 2020). This is the most prolonged phase and lasts for up to 20 hours for a nulliparous and 14 hours for a multiparous (Ricci, 2020). My patient was already past this phase as her contractions were much more frequent and lasted longer than the threshold for this phase. Also, being she is nulliparous, this phase would have lasted for up to 20 hours. The other phase of the first stage is called the active phase. This phase is when the cervical reaches a dilation of 6-10 centimeters, effacement is 40-100%, contractions happen every 2-5 minutes, and last for 45-60 seconds (Ricci, 2020). This phase is not as long, usually lasting up to 6 hours for a nulliparous and up to 4 hours for a multiparous. I believe that my patient was in this phase during most of my time there. Her contractions were happening every 2-4 minutes and were lasting for 60-70 seconds.

The next stage of labor is called the second stage. This stage also has two phases. The first phase is called the pelvic stage. This is when the child makes the final descent and is in a

position for the mom to begin pushing (Ricci, 2020). The second phase is called the perineal phase. During this phase mother's contractions happen every 2-3 minutes and last for 60-90 seconds (Ricci, 2020). The intensity of these contractions is vigorous. This phase lasts up to 3 hours for a nulliparous and 2 hours for a multiparous. At the end of this phase, the baby is expelled. I believe that near the end of my clinical day, this is where my patient was at. Her contraction frequency was slightly too slow; however, her duration was within these parameters.

The third stage of labor is next. This stage also has two separate phases. The first phase is called the placental separation. During this phase, the placenta separates from the uterine wall (Ricci, 2020). The second phase is called placental expulsions. During this phase, the placenta is expelled (Ricci, 2020). Close monitoring is essential during this phase as severe bleeding and possible death occur here often.

The fourth and final stage of labor is 1-4 hours after childbirth. This stage is the start of physiological stabilization for the mother (Ricci, 2020). The mother will feel a sense of excitement while at the same time feel peace. She will want to be with her newly born child and hold it close. This phase can be the first feeding for the child from the mother as well. The focus in this stage for the nurse is closely monitoring both mom and child (Ricci, 2020).

Finally, I want to touch on pain through labor. Pain through labor is a gradual incline. The latent phase of stage one of labor is considered the mildest pain (Mayo Clinic Staff, 2020). Administration of medications can be done but not always necessary. The active phase of stage one of labor is the most moderate pain for labor (Mayo Clinic Staff, 2020). This is where epidural is usually began to keep ahead of the more severe pain to come. This is where my patient was at as she was getting an epidural placed as I was leaving. The perineal phase of stage

two of labor is considered the most severe pain (Mayo Clinic Staff, 2020). At the end of this phase, the baby is expelled, which is why it has the most vigorous contractions.

In conclusion, labor is an arduous process that pushes mothers to the limit—the many stages of labor increases in difficulty and presents their problems. Though difficult, childbirth is one of the most rewarding processes to live through.

Mayo Clinic Staff. (2020, February 6). *Stages of labor and birth: Baby, it's time!* Mayo Clinic. https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/stages-of-labor/art-20046545

Ricci S., Kyle T., & Carman S. (2020). *Maternity and Pediatric Nursing*. [VitalSource Bookshelf]. Retrieved from https://bookshelf.vitalsource.com/#/books/9781975139780/

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	**3.8-5.3 10^6u/L**	4.02	3.38	N/A	This is low most likely due to mom not having enough iron to produce the number of RBCs needed for herself and baby (Ricci, 2020).
Hgb	**11.7-16 g/dL**	13.3	11.8	N/A	N/A
Hct	**35%-47%**	37.7%	34.7%	N/A	This is low most likely due to mom not having enough iron to produce the number of RBCs needed for herself and baby (Ricci, 2020).
Platelets	**150-400 10^3u/L**	228	107	N/A	This is low most likely because mom has to produce so much more plasma to accompany baby. The platelet count looks low by volume because of the increased

					amount of plasma (Ricci, 2020).
WBC	**4.5-11 10^3u/L**	10.24	8.2	N/A	N/A
Neutrophils	**1.8-7.7 10^3u/L**	5.61	5.3	N/A	N/A
Lymphocyte	**1-4.8 10^3u/L**	3.79	2.3	N/A	N/A
Monocytes	**0-0.8 10^3u/L**	0.6	0.5	N/A	N/A
Eosinophils	**0-0.5 10^3u/L**	0.16	0.1	N/A	N/A
Bands	**0-0.7 10^3u/L**	N/A	N/A	N/A	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**	A	A	A	N/A
Rh Factor	**Positive or negative**	Positive	Positive	Positive	N/A
Serology (RPR/VDRL)	**Positive or negative**	Negative	Negative	Negative	N/A
Rubella Titer	**Reactive or nonreactive**	Nonreactive	Nonreactive	Nonreactive	N/A
HIV	**Positive or negative**	Negative	Negative	Negative	N/A
HbSAG	**Positive or negative**	Negative	Negative	Negative	N/A
Group Beta Strep Swab	**Positive or negative**	Negative	Negative	Negative	N/A
Glucose at 28 Weeks	**<140mg/dL**	106	N/A	N/A	N/A
MSAFP (If Applicable)	**0.5-2.5 MoM**	N/A	N/A	N/A	N/A

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
Covid-19	**Positive or negative**	Negative	Negative	Negative	N/A

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)	**<0.25**	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Normal values per Epic

Ricci S., Kyle T., & Carman S. (2020). *Maternity and Pediatric Nursing*. [VitalSource Bookshelf]. Retrieved from https://bookshelf.vitalsource.com/#/books/9781975139780/

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH? **Has it changed during your clinical day? If yes, how has it changed?**	The baseline EFM for this patient is 145. It did not vary from that baseline while I was there.
Are there accelerations? • **If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)** **What is the variability?**	My patient did have accelerations. They consistently were right at 15-20 secs long and 15-20 beats increase. Accelerations are not only a normal finding in fetal monitoring, but a wanted finding. Accelerations show that the baby is well-oxygenated. The variability throughout the day was moderate.
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?**	There were no noted decelerations.
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	My patient's contractions were regular. She was having them every 2-4 minutes and were 60-70 seconds in length. As far as strength goes, she had an external, so I asked her for pain levels. At the beginning of the day, she said that she was in no pain. However, near the end she was rating her pain at a 5 and was wanting to get

	an epidural started.

EFM reference (1 required) (APA format):

Ricci S., Kyle T., & Carman S. (2020). *Maternity and Pediatric Nursing*. [VitalSource Bookshelf]. Retrieved from https://bookshelf.vitalsource.com/#/books/9781975139780/

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

Home Medications (2 required)

Brand/Generic	Prenatal vitamin	Vitamin C/ Ascorbic acid			
Dose	1 tablet	500 mg			
Frequency	Daily	Daily			
Route	PO	PO			
Classification	Vitamin and mineral supplement	Organic compound			
Mechanism of Action	Replaces deficient vitamin and mineral supplies in the body.	Acts as a cofactor in the posttranslational formation of 4-hydroxyproline in -Xaa-Pro-Gly-sequences.			
Reason Client Taking	Help with the increased need in vitamins and minerals.	Keep immune system strong and enhance collagen.			
Contraindications (2)	Too much iron in blood, gastritis	Sickle cell disease, thalassemia			
Side Effects/Adverse Reactions (2)	Hiccups, headache	N/V/D, heartburn			

Nursing Considerations (2)	Caution if they have pernicious anemia, can interfere with lab test	High doses not recommended in pregnancy, assess for hemolytic anemia			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	None	Hct, Hgb, and electrolytes			
Client Teaching needs (2)	Take regularly, take at same time every day	Large doses can interfere with absorption of Vitamin b12, do not breast feed and take Vitamin C			

Brand/Generic	Tylenol acetaminophen	Tums/ calcium carbonate	LR	Pitocin, oxytocin	Zofran/ ondansetron
Dose	975 mg	1000 mg	125 mL/hour	2-20 milliunits/hour	4 mg
Frequency	Q6H PRN	Q8H PRN	Continuous	Continuous	Q6H PRN
Route	PO	PO	IV	IV	IM
Classification	Analgesics and antipyretics	Antacids	Alkalinizing Agents	Oxytocic hormones	5-HT3 antagonist
Mechanism of Action	The exact MOA is unknown. It may reduce production of prostaglandins.	Acts by neutralizing hydrochloric acid in gastric secretions.	Restores electrolyte balance and reduces acidity.	Acts by increasing concentration of calcium inside muscle cells that control contraction of uterus.	Acts by blocking the action of serotonin.
Reason Client Taking	Pain	Heartburn	Fluid replacement	Induce labor	Nausea prevention
Contraindications (2)	Hepatic impairment, allergic	renal calculus, elevated calcium	Metabolic acidosis/alkalosis, liver disease	Fetal distress, fetal prematurity	Low mag, Low potassium

Side Effects/Adverse Reactions (2)	Itching, rash	Swelling, High levels of calcium	agitation, back pain	Heart rate changes, blurred vision	Headache, Lightheadedness
Nursing Considerations (2)	No more than 4-5 days without physician reassessment, Give with food	Can cause arrhythmias, the elevated calcium increases risk for dig toxicity	Monitor for mental status, should not be given to those that can not metabolize lactate	Monitor for fetal distress, and meconium discharge	Assess dizziness and drowsiness
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Pain assessment	Calcium levels	Potassium levels	Fetal heart rate	None
Client Teaching needs (2)	do not take more than 4000 mg in 24 hr period, do not take with other acetaminophen containing meds	Take exactly as directed, Chewable need to be chewed	Do not take with ceftriaxone, care when taking with pregnancy	This will induce labor, If any known allergies inform your doctor.	Report headache, report GI problems

Hospital Medications (5 required)

Medications Reference (1 required) (APA):

Jones & Bartlett Learning. (2020). *Nurse's drug handbook*. (19th). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and responsive. She is A&Ox4 to person, place, time, and situation. She appears to be in generalized distress as she is having an induction of labor. She appears appropriately clothed and cared for.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** 19 **Drains present: Y☐ N ☒** **Type:**	Patient's skin color is usual for ethnicity. It is warm, dry, and intact. Skin turgor returned promptly. Stretch marks were noted bilaterally of the side of the abdomen. Her Braden score is 19 putting her at medium risk for pressure ulcers.
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head symmetrical. Neck supple and symmetrical with no sign of tracheal deviation. Eyes are PERLA. Hearing was good bilaterally. TM a pearly grey. Nose symmetrical and patent. Teeth were slightly yellow, but no other problem noted.
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:** Bilaterally lower extremities	Patient has a regular rhythm (NSR). S1 and S2 heard upon auscultation. Pulses bilaterally 3+ for upper extremities and 2+ bilaterally for the lower extremities due to her edema. Cap refill time for upper extremities <3 seconds, lower extremities <4 seconds bilaterally. Slight pitting edema noted for the lower extremities bilaterally.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient's respirations are regular and unlabored. Clear breath sounds auscultated in all lobes. Lung aeration is equal.
GASTROINTESTINAL (4 points): **Diet at Home:** Regular	Bowel sounds active. (Had help getting this because I was unsure how to get with a child in

Current Diet: Clear liquid diet **Height:** 157.5 cm **Weight:** 118 kg **Auscultation Bowel sounds:** **Last BM:** 9/22/21 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	the abdomen.) Patient has a distended abdomen because she has a child. Stretch marks noted on both sides of abdomen. No other problems noted.
GENITOURINARY (2 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine is tinted yellow and clear. NO blood observed. Quantity not measured as she can use restroom herself and does not have an order for strict I&Os.
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 45 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Patient has a good cap refill of under 3 seconds in upper arms bilaterally and a slightly prolonged on of under 4 seconds in her lower extremities bilaterally. Prolonged cap refill time is due to edema related to pregnancy. She has good range of motion and strength of 5 in all extremities. She can move around on her own for the most part.
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:**	Patient is A&Ox4 to person, place, time, and situation. There is no noted cognition impairment. Her speech is clear and well-articulated. She is awake and alert.
PSYCHOSOCIAL/CULTURAL (1 points): **Coping method(s):** **Developmental level:**	Patient states that she sometimes eats to calm herself. Her developmental level is where she should be for her age. No religion mentioned. Home environment seems safe besides financial

Religion & what it means to pt.: **Personal/Family Data (Think about home environment, family structure, and available family support):**	troubles that the couple has run into. Father of the child is involved in the care of mother and baby.
Reproductive: (2 points) **Rupture of Membranes:** o **Time:** o **Color:** **Amount:** o **Odor:** **Pain medication or Epidural:** **Assistive delivery:** **Episiotomy/Lacerations:** **Immediate Postpartum:** o **Fundal Height & Position:** o **Bleeding amount:** o **Lochia Color:** o **Character:**	Much of this can not be completed as she has not had the child yet nor has any of the membranes ruptured. As I was leaving they were starting her on an epidural for pain however.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	There was no birth.

Vital Signs, 3 sets (5 points)

Time	**Pulse**	**B/P**	**Resp Rate**	**Temp**	**Oxygen**
Prenatal	118bpm	118/74mmHg	N/A	36.2 C	N/A
Admission to Labor/Delivery	102bpm	131/81mmHg	16rpm	36.6 C	97%
During your care	93bpm	136/68mmHg	16rpm	36.4 C	98%

Vital Sign Trends and pertinence to client's condition in labor:

VS are stable with some slight increases that make sense with progression of labor.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numeric	N/A	0	N/A	Continuous monitoring
1200	Numeric	All over	5	Dull and sharp both	An epidural was being placed as I left

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:** 9/21/21 **Patency of IV:** Clear of any occlusion **Signs of erythema, drainage, etc.:** None noted **IV dressing assessment:** Clean with no signs of a problem.	LR at 125mL/hour oxytocin at 20 milliunits/hour

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
750 mL of LR	She did void; however, the mL was not recorded.

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.
Epidural. T	Continuous	This will reduce the patient's pain from

		the contractions through labor and delivery.
Monitoring. N	Q30Minutes	This guarantees that the patient and her child are tolerating the stages of labor all the way to the end. It also makes sure that if there are any complications that they are caught early.
Oxytocin. T	Continuous	This medication helps with the induction of labor.

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. Acute pain related to pregnancy as evidenced by her pain rating of a 5 and the start of an epidural.	This diagnosis was chosen as pain is a very real problem and can harm many aspects of life.	**1.** Assess pain Q30Min. **Rationale** Staying on top of pain can help with the labor process tremendously (Ricci, 2020). **2.** An epidural is placed and given. **Rationale** An epidural will greatly reduce the pain felt during birth (Ricci, 2020).	The patient had no problem with any of the interventions. The epidural should reduce pain to negligible.
2. Deficient knowledge related to lack of exposure as she had thought she	This diagnosis was chosen because she lacked some education regarding	**1.** Teach on techniques for breathing and relaxation. **Rationale** During labor breathing and relaxation can go a long way during non-pushing	The patient retained information well. This should assist her as she progresses further into labor and make for a easy transition in and

was having a c-section as evidenced by last minute cancelation of c-section due to child righting itself.	childbirth as she had believed that she was going to have a c-section.	sessions in keeping patient going (Ricci, 2020). **2.** Teach how to properly push when the time comes. **Rationale** Proper pushing techniques can greatly reduce the amount of time in childbirth (Ricci, 2020).	out of stages.
3. Risk for anxiety related to this being her first child as evidenced by questions and concerned look on face.	This diagnosis was chosen because this is her first child so everything happening to her is a new experience and can be very scary.	**1.** Orientate patient to everything around her and provide answers to questions. **Rationale** This will greatly reduce anxiety as she will have a better understanding as to what is happening and why (Ricci, 2020). **2.** Encourage patient to verbalize feelings, concerns, and fears. **Rationale** This will allow us as the nurse to alleviate many of her problems (Ricci, 2020).	The interventions given will help reduce anxiety related to her first pregnancy.
4. Risk for fatigue related to stage of pregnancy as evidenced by continued increase in contraction strength, frequency, and duration.	This diagnosis was chosen because of how exhausting labor is.	**1.** Keep the client informed of progress. **Rationale** This will help the patient psychologically which will help in all aspects of labor (Ricci, 2020). **2.** Encourage rest and relaxation between contractions. **Rationale** The patient needs all the energy she can get so saving some during rest periods can keep her going (Ricci, 2020).	The provided techniques will help her stay well-rested during labor and will make for a expedited labor process.

Other References (APA)

Ricci S., Kyle T., & Carman S. (2020). *Maternity and Pediatric Nursing*. [VitalSource Bookshelf]. Retrieved from https://bookshelf.vitalsource.com/#/books/9781975139780/