N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Bailey Pierce

Demographics (3 points)

Date & Time of Admission 10/24/21 2200	Patient Initials B.D	Age 26	Gender F
Race/Ethnicity African American	Occupation Unemployed	Marital Status Married	Allergies No known allergies (NKA)
Code Status Full Code	Height 5'3"	Weight 179 lbs.	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History:

G-2, T-1, P-1, A-0, L-1

Patients previous birth ended in a cesarean section due to decelerations in the baby's heartbeat. Baby was delivered with no additional complications.

Past Medical History:

Patient only previous medical condition is a history of hemorrhoids.

Past Surgical History:

Cesarean section 10/30/19, low traverse incision

Family History:

Patient's mother has a history of hypertension.

Social History (tobacco/alcohol/drugs):

Patient reports no use of alcohol, tobacco, or recreational drug use.

Living Situation:

Patient resides at home with her soon to be two-year-old and husband.

Education Level:

Patients high level of education is high school.

Admission Assessment

Chief Complaint (2 points):

Patient complains of regular contraction approximately five minutes apart.

Presentation to Labor & Delivery (10 points):.

Patient presents to the labor and delivery at 2200 on 10/24/21. Patient is experiencing regular contractions lasting approximately five minutes apart. Contractions are painful. Patient is “huffing and puff” and needed to be brought in via wheelchair. Upon assessment, patient 1 cm dilated, 40% effaced, and baby is in the -2 station. Patient is practicing breathing exercises to control the pain. Patient has requested an epidural.

Diagnosis

Primary Diagnosis on Admission (2 points):

Labor, VBAC, TOLAC

Secondary Diagnosis (if applicable):

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:

The first stage of labor is approximately 14-20 hours long (Ricci et al., 2021). The onset lasts from the onset of uterine contractions until the patient reaches 10 cm dilation. This phase consists of three stages: latent, active, and transition (Hutchison, 2021) . The first stage is known as the latent stage. During this stage, the mother is between 0-3 cm dilated. When B.D arrived on the labor and delivery floor, she was in the latent stage at 1 cm dilated, 40% effaced with baby in the -2 station. At 0441, she requested medication to help with the pain. She was administered 25 mcg of Fentanyl via IV. At this time, she was 1 cm dilated, 50% effaced, with the baby still in the -2 position. At 0820, she was reassessed with no changes in dilation, effacement, or station. She requested an epidural to help with the pain at the IV medication did not provide enough relief. An epidural of fentanyl and ropivacaine with a patient-controlled pump (PCP) was initiated, and the patient reported an improvement in pain.

At 1130, she transitioned to the second phase, also known as the active phase. This phase lasts from 4-7 cm in dilation. During this phase, the baby moves downward, creating pressure on the cervix allowing for more rapid dilation (Ricci et al., 2021). At this time, she measured at 4 cm dilated, 100 % effaced, and the baby was still in the -2 position. The patient reported no pain during this time and was able to rest comfortably.
By 1500, she had become 7cm dilated, 100% effaced, and the baby had moved into the 0 station. Mom was experiencing some pressure and pushed her call light several times to be rechecked. At 1600, she advanced to the final phase of stage one, or the transitional phase. She measured at 8cm dilated, 100% effaced with baby in the 0 station. Mom was becoming anxious and excited for the following stages of labor to begin. She continued to rest in preparation.

By 1732, she was reassessed and measuring 10 cm dilated, 100% effaced, and the baby was in the +1 position. She has transitioned to the second stage of labor, which compiles full dilation to birth (Ricci et al., 2021). Her provided decided to try some practice pushes to see how both the mother and baby responded to pushing. Mother was educated on how to push accordingly and rest in between contractions. She was efficient

with her pushing and maintained a positive outlook until the time of delivery at 1845. The mother experienced a 3rd-degree laceration because the baby passed through the vaginal canal so quickly during the last few pushes.

The final stage of the delivery consists of the time frame between the delivery of the baby and the delivery of the placenta. The placenta was delivered intact approximately five to ten minutes following the delivery of the baby.

Stage of Labor References (2 required) (APA):

Hutchison, J. (2021, August 25). *Stages of Labor*. PubMed. https://pubmed.ncbi.nlm.nih.gov/31335010/

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

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(6)/mcL**	**3.76**	**4.48**		**Decreased RBC is related to anemia. Anemia is common during pregnancy (Pagana & Pagana, 2018).**
Hgb	**12.0-15.8g/ dL**	**11.7**	**13.3**		**Plasma levels increase during pregnancy. This causes hgb levels to be low (Pagana & Pagana, 2018)**
Hct	**36%-47%**	**35**	**40.5**		**Low Hct levels are common due to pregnancy (Pagana & Pagana, 2018).**
Platelets	**140-440 10(3)/mcL**	**212**	**233**		
WBC	**4-12 10(3)/mcL**	**6.8**	**7.1**		
Neutrophils	**47%-73%**	**48.5**	**66**		
Lymphocytes	**18%-42%**	**13.2**	**21.9**		**This finding is a common finding during pregnancy (Pagana &**

					Pagana, 2018)
Monocytes	**4%-12%**	**5.6**	**10.7**		
Eosinophils	**0-5%**	**0.7**	**0.6**		
Bands	**0-5%**	**0.8**	**0.8**		

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**		
Rh Factor	**+/-**	**+**	**+**		
Serology (RPR/VDRL)	**nonreactive**	**nonreactive**	**nonreactive**		
Rubella Titer	**immune**	**immune**	**immune**		
HIV	**negative**	**negative**	**negative**		
HbSAG	**negative**	**negative**	**negative**		
Group Beta Strep Swab	**negative**	**negative**	**negative**		
Glucose at 28 Weeks	**<140mg/dL**	**76**	**not taken**		
MSAFP (If Applicable)	**0.5-5.0 MoM**	**not taken**	**not taken**		

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
No additional Labs taken					

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)	**0.60-1.80 mg/g**	**Negative on 09/17/21**	**not taken**	**not taken**	

Lab Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

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?**	Babies heart rate was assessed with a fetal spiral electrode and the use of an intrauterine pressure catheter. Babies heart rate ranged from 135-150 with a variety of accelerations, decelerations, and

	variables.
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?**	Baby experienced several accelerations in relation to mom's contractions. Accelerations are an increase in the baby's heart rate of 15 and last for 15 seconds (Ricci et al., 2021). Variables happened intermittently were mainly moderate, with some minimal.
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?**	Baby was experiencing intermittent and late decelerations meaning decelerations were observed toward the end of the contraction. Late decelerations are consistent with placental insufficiency. Decelerations were also noted when the mother was repositioned from her side to her back. After seeing changes in the baby's heart rate, the nurse repositioned the mother back to her side and the baby's heart rate was more stable.
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	 2-4.5 minutes apart 60-90 seconds Moderate by palpation Patient received an epidural earlier that morning. This allowed her to tolerate her contractions well and get some rest.

Describe the contractions at the end of your clinical day:	
Frequency:	2 min apart
Length:	70 seconds
Strength:	Strong by palpation
Patient's Response:	Patient tolerated well. Patient experienced pain and pressure and responded appropriately.

EFM reference (1 required) (APA format):

Ricci, S. 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	**cholecalciferol (Vitamin D3)**	**Prenatal vit-Fe Fumarate-FA (PNV prenatal plus multivitamin) 27-1 mg tab (PrePLUS tablets)**	**N/A**	**N/A**	**N/A**
Dose	**2000 units**	**27 mg**			
Frequency	**Daily**	**Daily**			
Route	**PO**	**PO**			
Classification	**provitamin D3 (Drugs.com, 2020a)**	**iron product, vitamin/mineral combination (Drugs.com, 2021d)**			
Mechanism of Action	**Helps the body to absorb calcium (Drugs.com, 2020a).**	**Essential in the synthesis and maintenance of nucleoprotein in erythropoiesis. Helps promote WBC and platelet**			

		formation. (Drugs.com, 2021d)			
Reason Client Taking	**vitamin D deficiency**	**Pregnancy**			
Contraindications (2)	**Pregnancy, hypercalcemia (Drugs.com, 2020a)**	**hypersensitivity to any ingredients,**			
Side Effects/Adverse Reactions (2)	**Nausea, vomiting (Drugs.com, 2020a).**	**Diarrhea, itching (Drugs.com, 2021d).**			
Nursing Considerations (2)	**Monitor patient for hypercalcemia. Tachycardia can be an indication of an allergic reaction (Drugs.com, 2020a).**	**NSAIDs may decrease effectiveness.**			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess patient heart rate and as well as if a cough is present. Both may indicate an adverse reaction to the medication (Drugs.com, 2020).**	**Monitor for pernicious anemia as it may develop in some racial groups. Assess whether patients are on antibiotics. May decrease absorption of vitamin b12 (Drugs.com, 2021d).**			
Client Teaching needs (2)	**Do not take this medication if you have high levels of calcium. This drug needs to be kept away from sunlight**	**Keep this product out of reach of children. Discuss with your provider before taking any other medications or**			

	(Drugs.com, 2020a).	**supplements to avoid reaction (Drugs.com, 2021d)**			

Hospital Medications (5 required)

Brand/ Generic	**oxytocin in NS premix 30 units/500 mL (Pitocin)**	**FentaNYL - ropivacaine 2-0.2 mcg/mL-%premix**	**methylergonovine (Methergine)**	**Misoprostol (Cytotec)**	**Ondansetron (Zofran)**
Dose	**1-20 mL/hr**	**10 mL/hr**	**200 mcg**	**1,000 mcg**	**4mg**
Frequency	**continuous**	**continuous**	**q2h PRN**	**once PRN**	**q6h PRN**
Route	**IV (epidural)**	**IV (epidural)**	**IM**	**Rectal**	**IV**
Classification	**Uterotonic agent**	**Anesthetic**	**Uterotonic agent**	**Antiulcer (Jones & Bartlett, 2020)**	**Antiemetic (Jones & Bartlett, 2020)**
Mechanism of Action	**Induces and strengthens uterine contractions and controls bleeding after childbirth. (Drugs.com, 2021c)**	**Blocks nerve impulses that send pain signals to the brain (Drugs.com, 2021e)**	**Improves tone of the smooth muscle of the uterus as well as increasing the strength and timing of contractions (Drugs.com, 2021b)**	**Increases gastric mucus production and mucosal bicarbonate secretion (Jones & Bartlett, 2020).**	**Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at the vagal nerve terminals in the intestines (Jones & Bartlett, 2020).**

Reason Client Taking	**Augmentation (increase consistency and intensity of contractions during birth)**	**Pain Management**	**Postpartum bleeding**	**Postpartum hemorrhage**	**Nausea**
Contraindications (2)	**Drinking too much water, high blood pressure (Drugs.com, 2021c)**	**Liver disease, heart disease (Drugs.com, 2021e)**	**Do not take during pregnancy, High blood pressure (Drugs.com, 2021b)**	**Pregnancy, hypersensitivity (Jones & Bartlett, 2020).**	**congenital long QT syndrome, hypersensitivity (Jones & Bartlett, 2020).**
Side Effects/Adverse Reactions (2)	**headache, confusion (Drugs.com, 2021c)**	**metallic taste, slow heart rate (Drugs.com, 2021e)**	**headache, nausea (Drugs.com, 2021b)**	**hypotension, tinnitus (Jones & Bartlett, 2020).**	**hypotension, serotonin syndrome (Jones & Bartlett, 2020)**
Nursing Considerations (2)	**Monitor fetal heart rate as it may create a slow, abnormal heart rate. Increased risk for irregular heart rhythm when taken with ondansetron (Drugs.com, 2021c).**	**Do not lie patient flat at medication can travel and cause respiratory distress. If patient lies on one side for too long, the opposite side may not receive as much anesthetic and feel pain (Drugs.com, 2021e)**	**Do not allow mother to breastfeed within 12 hrs of administration. Give IV slowly over the course of 60 seconds (Drugs.com, 2021b)**	**May cause diarrhea which can lead to dehydration. Do not use on pregnant patients (Jones & Bartlett, 2020)**	**Monitor patients closely for signs and symptoms of anaphylaxis including bronchospasms and anaphylaxis. Monitor patients electrocardiograms for prolonged QT intervals which may lead to life-threatening arrhythmia (Jones & Bartlett, 2020).**
Key Nursing Assessment	**Assess mother's heart rate as it may cause**	**Monitor patient's respirator**	**Assess patients blood pressure prior.**	**Assess amount of blood**	**Check labs for hypokalemi**

(s)/Lab(s) Prior to Administration	**tachycardia. Assess baby's heart rate as it may lead to deceleration. Adjust dose accordingly (Drugs.com, 2021c).**	**y rate. Assess patient's orientation and speech prior to administration as confusion and numbness around the mouth are side effects (Drugs.com, 2021e)**	**Contraindicated for high blood pressure. Assess time of administration as mother will not be able to breastfeed until 12 hrs later (Drugs.com, 2021b).**	**loss. This is for blood loss of greater than 500mL. Monitor cardiac rhythm. This medication may cause arrhythmias (Jones & Bartlett, 2020).**	**a and hypomagnesemia as these increase risk for prolonged QT intervals (Jones and Bartlett, 2020).**
Client Teaching needs (2)	**Notify provider of any chest pain, shortness of breath, or unusual symptoms. Educate patient that this drug is used to make contractions stronger and more consistent (Drugs.com, 2021c).**	**This medication is not known to cause any harm to the unborn fetus. This medication can also be used in conjunction with a patient-controlled pump where the patient can receive additional medication if needed (Drugs.com, 2021e)**	**Use a breast pump to maintain supply until 12 hrs after administration. Baby will not be able to consume milk pumped. Alert provider if any signs and symptoms such as chest pain, sweating, and fluttering in your chest (Drugs.com, 2021b)**	**Explain to patient that diarrhea usually subsides within 8 days. Notify provider if any difficulty breathing or itching. These may be signs of an allergic reaction (Jones & Bartlett, 2020)**	**If experiencing transient blindness, symptoms will subside within a few minutes to 48 hrs. Notify provider of any sever, unusual, or worsening symptoms. (Jones & Bartlett, 2020).**

Medications Reference (1 required) (APA):

Drugs.com. (2020a, August 19). *Cholecalciferol.* Drugs.com. Retrieved from https://www.drugs.com/ppa/cholecalciferol.html

Drugs.com. (2021b, September 27). *Methylergonovine (oral and injection)*. https://www.drugs.com/mtm/methylergonovine-oral-and-injection.html

Drugs.com. (2021c, April 14). *Oxytocin*. https://www.drugs.com/mtm/oxytocin.html

Drugs.com. (2021d, July 22). *PrePLUS tablets - FDA prescribing information, side effects and uses*. Drugs.com. Retrieved from https://www.drugs.com/pro/preplus-tablets.html

Drugs.com. (2021e, June 7). *Ropivacaine*. https://www.drugs.com/mtm/ropivacaine.html

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

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 AxO (Person, place, time, & situation) Patient was resting comfortably during labor. Patient tolerated labor appropriately. Patient is well groomed and dressed appropriately.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:**	 Dark brown. Dry. Warm to touch. Normal skin turgor (2+). No rashes present. No bruises present.

Wounds/Incision: **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	No wounds or incisions present. Patient has a scar from a previous cesarean section. 21
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Symmetric, free of lesions. symmetric, dry around auricles w/o drainage. Symmetric. Sclera white, cornea clear, conjunctiva pink w/o drainage or lesions. Dentition intact. Oral mucosa pink, moist w/o lesions.
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:**	 Clear s1 and s2 sounds w/o gallops, murmurs, or rubs. Bilateral radial pulses 2+. Bilateral dorsalis pedis 1+. Capillary refill fingers and toes bilaterally 3+. +1, dependent in lower legs/feet.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 Clear respirations in auscultated in the anterior and posterior lungs bilaterally.
GASTROINTESTINAL (4 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	 Regular NPO w/ the exception of ice chips 5’3” 179 lbs. Normoactive bowel sounds in all 4 quadrants 10/24/21 Not performed. Not present. Not present. Previous lower transverse scar from previous cesarean section. Not present Not present
GENITOURINARY (2 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒**	 Yes, light amount of red blood on peri-pad. Yellow amber Clear w/ no odor 350 mL

Inspection of genitals: **Catheter: Y ☒ N ☐** **Type:** **Size:**	 Foley 16-french
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 X**	 Patient is a fall risk due to her IV and epidural. 10 Patient is unable to ambulate on her own due to epidural.
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 limited control of her legs due to epidural. Pupils are equal, round, reactive to light, and able to accommodate. Legs are equally affected by the epidural and have limited movement. Arms are equal bilaterally. AxO-4 Alert. No signs of distress. Comprehendible. No sensory deficits. NO Negative for clonus, Patellar 2+
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):**	 Patient relies on her husband for comfort. Appropriate for age. Patient does not have a chosen religion. Patient is close with her family. Her mother lives in Chicago. She wishes she lived closure. Patient and her husband have a good relationship.
Reproductive: (2 points) **Rupture of Membranes:** o **Time:** o **Color:** **Amount:** o **Odor:** **Pain medication or Epidural:** **Assistive delivery:** **Episiotomy/Lacerations:**	 2218 on 10/24/21 Clear Scant None Epidural No assistance needed. Laceration, 3rd degree

Immediate Postpartum: o **Fundal Height & Position:** o **Bleeding amount:** o **Lochia Color:** o **Character:**	 1915 UU. Firm w/o massage not assessed Rubra No clotting present.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	 10/25/21 1845 VBAC 250mL (initial) Female 8/9 7lb 2 oz (3245g) Breast

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal 1431 10/24/21	80	129/88	18	97.5 temporal	98
Admission to Labor/Delivery 2200 10/24/21	86	118/83	18	97.9 temporal	97
During your care 1530 10/25/21	100	121/76	18	97.7 temporal	100

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

Patient vitals were stable throughout labor. Her blood pressure was only slightly above normal range.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1327	0-10	abdominal	0	intermittent cramping	continuous lumbar epidural, no additional interventions needed.
1530	0-10	abdominal	0	intermittent cramping	continuous lumbar epidural, no interventions needed.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18 R metacarpal vein, top of hand 10/24/21 Flushes w/o difficulty No signs of erythema or drainage. Clean, dry, intact.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Lactated ringers: 125/hr (2375 mL) Pitocin 1-20 mL hr (varied: approx. 180mL) 2455 mL total	350 mL urine 250mL blood 600 mL 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	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

with "T" after you list them.)		
Reposition Mother N	2x	Mother was repositioned in response to decelerations noted.
Adjustment of intrauterine catheter N	2x	Contractions were not being measured as intrauterine catheter was not in the right position.
Hold mother's legs N	During contractions	Legs were held during contractions to assist mother while pushing.

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 ineffective childbearing process related to prior cesarean section.	**This diagnosis was chosen as the patient was unable to deliver her first baby vaginally due to fetal distress. The patient's previous cesarean**	1. Continually assess fetal heart rate for any abnormalities. **Rationale: Due to the patient's prior pregnancy resulting in a cesarean section due to fetal distress, the patient is at an increased risk of a repeated experience.** 2. Reposition mother accordingly to	**The fetal heart rate was continually monitored. Baby experienced variables, accelerations, and decelerations. The nurse was able to effectively identify these variations and reposition the patient accordingly to resolve the problem.**

	section puts her at an increased risk for repeat cesarean section (Phelps et al., 2017).	accommodate any fetal abnormalities. **Rationale: Repositioning the mother should be one of the first interventions tried when the fetus is experiencing decelerations. If repositioning is not effective, cesarean section may be inevitable (Phelps et al., 2017).**	
2. Acute Pain related to labor as evidence by patient request for an epidural.	**This diagnosis was chosen based on the patient's request for pain medication. She was "huffing and puffing" and needed to be brought in via wheelchair at 1 cm dilated.**	**1**. Administer medication as prescribed. **Rationale: This rationale was chosen as the nurse is to follow the medication regimen provided by the provider.** **2**.Assess patient's pain level frequently and adjust medication accordingly. **Rationale: This rationale was chosen as the nurse needs to assess the patient's pain level frequently to keep the pain level manageable and tolerable for the patient. This is carried out by adjusting the patient's medication accordingly.**	**The patient's pain was kept at a manageable level. She reported pain of "0" during my rotation. During labor, the patient reported the pain and pressure "tolerable".**
3. Deficient knowledge related to vaginal delivery as evidence by patient undergoing a c-section for her first birth.	**This rationale was chosen as the patient had never been through a vaginal birth, as her first birth resulted in a c-section.**	**1.** Explain the pushing process during contractions. **Rationale: This rationale was chosen as the patient never had the opportunity to push during her first birth and was unsure of the process.** **2.** Educate the patient on how to rest in between contractions. **Rationale: This rationale was chosen because the patient was quickly**	**The patient was very motivated during labor. She was able to effectively breath through her contractions with guidance and encouragement. After about 20 minutes of pushing, she became more calm and internally focused between contractions, allowing her to be**

		becoming tired from pushing and was becoming discouraged when the pushing stage took longer than she expected.	**rested for the next series of pushing.**
4. Deficient knowledge related to postpartum self-care as evidence by patient never experiencing a vaginal delivery.	**This rationale was chosen due to the healing process of a vaginal delivery being different from c-section.**	**1.** Explain postpartum perineal care. **Rationale: This rationale was chosen because the patient needed education on how to take care of her perineum following her delivery.** **2.** Recommend witch hazel to help with discomfort of perineum. **Rationale: This rationale was chosen as witch hazel is a natural anesthetic and can help with discomfort following delivery (Ricci et al., 2021).**	**The patient verbalized and understanding of how to use the spritz bottle after using the restroom and utilizing witch hazel if she is experience discomfort following delivery.**

Other References (APA)

Phelps, L. L., Ralph, S. S., & Taylor, C. M. (2017). *Sparks & Taylor's nursing diagnosis reference manual* (10th ed.). Wolters Kluwer Health.

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