N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (5 points)

Date & Time of Admission 1/24/22 0800	**Patient Initials** AL	**Age** 31	**Gender** F
Race/Ethnicity Unspecified (Bi-racial)	**Occupation** Unemployed	**Marital Status** Married	**Allergies** None
Code Status Full	**Height** 5'7"	**Weight** 88.5kg 195lbs	**Father of Baby Involved** Yes

Medical History (10 Points)

Prenatal History: Gravida 5, Term 1, Preterm 2, Abortion (miscarriages) 2, Living births 2

Past Medical History:

Seizures, GBS positive, anxiety

Past Surgical History:

LEEP, mole removal, tonsillectomy

Family History:

No pertinent history

Social History (tobacco/alcohol/drugs):

Patient indicated that she smoked about .50 pack of cigarettes per day but does not smoke while she is pregnant. Denies drug and alcohol use.

Living Situation:

Patient said she lives with her husband, her two children do not live with her

Education Level: GED

Admission Assessment

Chief Complaint (4 points): Scheduled induction

Presentation to Labor & Delivery (15 points): This 31-year-old female presents to labor and delivery today for a scheduled induction. She has a preterm delivery history. She is gravida 5, preterm 2, with 2 living children. As of today, she is 39w 0d. She is positive for group B strep (GBS+). Upon arrival she is free of contractions, dilated to 1 cm and pain free. This is her first induction experience. She said she is "excited and ready to have him."

Diagnosis

Primary Diagnosis on Admission (4 points): Term pregnancy – scheduled induction

Secondary Diagnosis (if applicable): N/A

Stage of Labor

Stage of Labor Write Up, APA format (40 points) This should include the progression of cervical effacement & dilation as well as pain management techniques:

The labor process is divided into four stages which include dilation, expulsion, placental and restorative (Ricci et al., 2021). Stage one is divided into two phases, the latent and the active phase, and is the longest of the stages (Ricci et al., 2021). During stage one the Leopold maneuver, assessments, vaginal exams and monitoring of the mother and baby begins (Ricci et al., 2021). The baby also experiences the labor, and it is vital to monitor the heart accelerations and decelerations throughout the labor process (Ricci et al., 2021). A fetal heart monitor was placed on the mom's abdomen so there was continuous monitoring of the baby's heart accelerations and decelerations. The normal baseline range is 110-160 bpm and can vary from 6-25 bpm, with occasional accelerations and decelerations that can be seen as the baby moves, or during contractions, and these are ok if they remain less than 30 seconds and within normal range (Ricci et al., 2021).

My patient came in for a scheduled induction presenting in phase one, in the latent stage in which she remained during my time with her. Her cervix was checked and determined to be

dilated to 1.5 cm, and 50% effaced. To help ripen the cervix, cytotec was administered behind the cervix. The initial plan for my patient included cytotec every 4 hours. The latent phase is the onset of labor and includes dilation of 0-3cm, irregular and mild to moderate contractions between 5-30 min apart lasting anywhere from 30-45 seconds (Holman et al., 2019). Since she has had two babies, it is estimated that her time in phase one will last up to 14 hours (Ricci et al., 2021). During this phase of labor, my patient remained calm, excited, and talkative. My patient was having irregular and mild contractions where she could feel the pressure of her uterus as it contracted, but she verbalized that she was not experiencing and discomfort or pain while I was there. The fetal heart tones remained within normal range.

The Active Phase is the second phase of stage one and is characterized by an increased rate of dilation until full dilation of the cervix at 10cm. Contractions increase in intensity during this phase and can occur every 2-5 minutes lasting 45-65 seconds. The patient is likely to be less talkative and more focused on her labor, breathing and decreasing her level of discomfort (Ricci et al., 2021). During this phase, the plan for my patient was for the doctor to rupture her membranes once she was dilated to 4cm, and at this stage an epidural could be given for pain control.

The second stage of labor includes the pelvic phase and the perineal phase (Ricci et al., 2021). The pelvic phase is the period in which dilation is complete and the baby moves further down in the pelvis preparing for delivery (Ricci et al., 2021). The perineal phase begins the pushing part of labor and typically includes contractions which are 2-3 min apart and lasting 60-90 seconds. If an episiotomy is required, it is done during this stage (Ricci et al., 2021). The completion of phase two is the birth of the baby (Ricci et al., 2021).

The third stage of labor begins with the birth of the baby and ends with the separation and expulsion of the placenta (Ricci et al., 2021). The phases are known as the placental separation and placental expulsion phases. In the placental separation phase the placenta detaches form the uterine wall. In the placental expulsion phase the placenta is pushed out of the vaginal opening, the uterus is massaged until it is firm in order to minimize possible hemorrhage (Ricci et al., 2021). This process can take up to 30 minutes (Ricci et al., 2021).

The fourth and final stage of labor starts with complete expulsion of the placenta and ends with the physiologic adjustment of the mom (Ricci et al., 2021). This stage is known as maternal adjustment to all the physiological changes that have occurred in her body and begins the postpartum period (Ricci et al., 2021). This stage usually last about 1-4 hours and begins the attachment process where mom and baby will bond. Mom is alert and talkative during this stage (Ricci et al., 2021).

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

Holman, H. C., McMichael, M., Johnson, J., Williams, D., Sommer, S., Wheless, L. K., McMichael, M. G., & Barlow, M. S. (2019). *Rn Maternal newborn nursing: Review module*. Assessment Technologies Institute.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing*. 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	4.2-5.4	3.56	3.54	3.54	A common reason for a decrease in red blood cells in a pregnant

					woman is additional fluid which will dilute the red blood cells (Pagana et al., 2022). There was no indication of anemia in my patient. However, not consuming enough dietary iron could also cause this value to be low (Pagana et al., 2022).
Hgb	12-16	11.7	11.7	11.7	Hemoglobin is found in RBCs (Pagana et al., 2022). If the RBCs are low, this value will also be low (Pagana et al., 2022).
Hct	37-47%	34.3%	32.9%	32.9%	Hematocrit is the volume of RBCs in the blood (Pagana et al., 2022). If the RBCs are decreased, this value will also be decreased (Pagana et al., 2022).
Platelets	150,000-400,000	259,000	231,000	231,000	
WBC	4-12	9.49	8.6	8.6	
Neutrophils	40-60	71.9	71.9	71.9	
Lymphocytes	19-49	1.51	20.1	20.1	
Monocytes	3-13	7.2	7.2	7.2	
Eosinophils	0.0-0.8	0.04	0.6	0.6	
Bands	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+	
Rh Factor	+/-	+	+	+	
Serology (RPR/VDRL)	Non-reactive	Non-reactive	Non-reactive	Non-reactive	
Rubella Titer	Immune	Immune	Immune	Immune	
HIV	Not detected	Not detected	Not detected	Not detected	
HbSAG	Negative	Negative	Negative	Negative	
Group Beta Strep Swab	Negative	Positive	Positive	Positive	My patient has group B streptococcus which is a gram-positive bacterium which can

					cause a serious infection in babies (Ricci et al., 2021).
Glucose at 28 Weeks	< 140	97	n/a	n/a	
MSAFP (If Applicable)	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
Drug Screen	Negative		Positive for cannabis	Positive for cannabis	My patient denied any drug use but tested positive for cannabis. This drug contains chemicals that can pass through the placenta to the baby. It doesn't have teratogenic effects but can cause altered responses in newborns (Ricci et al., 2021).

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)	Negative	n/a	n/a	n/a	

Lab Reference (1) (APA):

Pagana, K. D., Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2022). *Mosby's Manual of Diagnostic and Laboratory tests*. Elsevier.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing*. 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	Prenatal Vit-Fe Fumarate	Calcium Carbonate/Tums			
Dose	27mg	500mg			
Frequency	Daily	PRN			
Route	Oral	Oral			
Classification	Vitamin/Mineral	Calcium salts/Antacid			
Mechanism of Action	Used to give women enough vitamins and iron to support a healthy pregnancy and baby.	Increases levels of calcium to maintain homeostasis. Helps regulate neurotransmitters and hormones			
Reason Client Taking	Prenatal care	Antacid effects, to relieve effects of heartburn and acid reflux			
Contraindications (2)	Hemolytic anemia Hypersensitivity	Hypercalcemia hyperphosphatemia			

	to any of the drug's components				
Side Effects/Adverse Reactions (2)	Constipation Stomach upset	Hypotension Nausea/vomiting			
Nursing Considerations (2)	Patient should take daily. Not to be taken with antacids or dairy	Should not be given within 2 hours of other oral drugs due to risk of interactions. This medication should be stored at room temperature			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check iron and calcium levels	Monitor serum calcium levels			
Client Teaching needs (2)	Antacids should not be taken at the same time. Drink plenty of water when taking this medication. Take with crackers if stomach upset occurs	Patient should take this drug 1-2 hours after eating. High fiber foods should be avoided since it may decrease calcium absorption			

Hospital Medications (5 required)

Brand/ Generic	acetaminophen/Tylenol	misoprostol/ Cytotec	ampicillin/ omnipen	nalbuphine/ nubain	ondansetron/zofran
Dose	650 mg	.50 mcg	2 g / 1g	5-10mg	4mg
Frequency	PRN Q4H	Q4H	One time loading dose/ Q4H	Q6H PRN	Q6H PRN
Route	Oral	Cervical	IV	IV	IV
Classification	Non salicylate/Antipyretic, nonopioid analgesic	Prostaglandin E¹/Antiulcer	Aminopenicillin/ antibiotic	Opioid/ opioid analgesic	Selective serotonin receptor antagonist Antiemetic
Mechanism of	Nonsteroidal anti-inflammatory drug. Pain	Contracts smooth	Inhibits bacterial	Binds and stimulates	Blocks serotonin receptors to reduce

Action	reliever/ Fever reducer. Blocks prostaglandin production and interferes with pain.	muscle fibers in the myometrium and causes relaxation of the cervix which will cause softening and dilation of the cervix	wall synthesis, causes bacterial cell lysis and cell death	kappa and muopiate receptors in the spinal cord and CNS to alter the perception of pain	nausea and vomiting
Reason Client Taking	Pain reduction	To induce labor by softening the cervix	Loading dose of 2 g given for GBS+ and continuous dose of 1g until delivery	To relieve severe pain during labor	Nausea and vomiting which can occur during labor and delivery
Contraindications (2)	Hepatic impairment Hypersensitivity to any of the drug's components	Allergy Pulmonary or hepatic disease	Hypersensitivity to ampicillin or other another penicillin. Infection caused by penicillin producing organisms	Hypersensitivity to nalbuphine or any of the drug's components. Use of this drugs with other drugs that can cause CNS depression	Hypersensitivity to ondansetron. Long QT syndrome
Side Effects/ Adverse Reactions (2)	hypotension hepatotoxicity	Uterine rupture Uterine tachysystole	Leukopenia anaphylaxis	CNS depression Pulmonary edema	Hypotension Bronchospasms
Nursing Considerations (2)	Use cautiously in patients with hepatic impairment. Ensure that the daily dose does not exceed the maximum dosing limits	Determine the risk vs. benefit of induction Monitor patient and fetal heartrates	Monitor closely for anaphylaxis. Monitor for diarrhea which may be caused by clostridium difficile	Chronic use during pregnancy can cause opioid withdrawal in the neonate. Naloxone should be available if needed to reverse the effects of nalbuphine	Monitor for s/s of hypersensitivity which can include anaphylaxis and bronchospasms

Key Nursing Assessment(s)/Lab(s) Prior to Administration	For long term use, liver function tests and creatinine levels should be done to monitor for hepatotoxicity	Check cervix to assess for ripening and dilation prior to administration	Monitor renal and liver function tests	Monitor for adrenal insufficiency.	Monitor for decreased bowel activity
Client Teaching needs (2)	Monitor for signs of hepatotoxicity such as bleeding, easy bruising and malaise. Contact provider before taking other OTC medications	This drug will aid in thinning the cervix. This drug can make labor easier.	Report and signs of allergic reaction. Report new onset of diarrhea	Hazardous activity should be avoided. Prolonged use can lead to abuse and addiction	Report any s/s of hypersensitivity immediately Seek immediate medical treatment if symptoms persist or get worse

Medications Reference (1 required) (APA):

Cytotec - FDA prescribing information, side effects and uses. Drugs.com. (n.d.). Retrieved from https://www.drugs.com/pro/cytotec.html

G13 pill (tan/elliptical/oval/18mm) - pill identifier. Drugs.com. (n.d.). Retrieved from https://www.drugs.com/imprints/g13-13520.html

Jones & Bartlett Learning. (2020). 2020 *Nurse's Drug Handbook*. Burlington, MA

Vital Signs, 3 sets (10 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	116	124/79	16	97.8 F (oral)	97% (room air
Admission to Labor/Delivery	96	110/70	18	97.9 F (oral)	96% (room air
During your care	92	122/76	18	97.9 F (oral)	94% (room air

Vital Sign Trends and pertinence to client's condition in labor: My patient had a prenatal pulse rate of 116 which is a little higher than normal. One possible reason for this could be anxiety since she does have a history of anxiety. The heart also must pump more blood during pregnancy, so it is not uncommon to see changes in heart rates. The vital signs are considered stable.

Pain Assessment, 2 sets (10 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0/10 (numeric scale)	n/a	n/a	n/a	n/a
11:30	0/10 (numeric scale)	n/a	n/a	n/a	n/a

IV Assessment (10 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20g **Location of IV:** left metacarpal vein on top of the hand **Date on IV:** 1/24/22 **Patency of IV:** patent **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** intact, clean and dry	D5W 125mL/hr continuous

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
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. Knowledge deficit related to scheduled induction as evidenced by history of preterm labor	My patient has a history of preterm labor and has not had an induction before	**1.** Upon admission, assess my patient's knowledge of the induction process **Rationale** Knowing a baseline of her understanding will provide the opportunity for proper education (Mary & Kabembo, 2019). **2.** Educate my patient on what to expect and what options she has during the induction process **Rationale** Education provides a baseline of knowledge so she can make informed decision and feel more confident throughout the induction process (Mary & Kabembo, 2019).	My patient had little knowledge of the induction process. She was attentive and interesting in learning more. She was educated about the medication that would be used for ripening her cervix and how often. She was educated on the overall process, expected time frames and pain management options. She participated in sharing her ideas and preferences and asked questions so she could make informed decisions for her labor and delivery experience.
2. Risk for infection related to repeated cervical exams as evidenced by scheduled placement of cytotec	cytotec was administered vaginally after the initial cervical exam and scheduled every 4 hours	**1.**Maintain strict handwashing and aseptic technique **Rationale** Proper hand hygiene and clean gloves will reduce the risk of infection (Mary & Kabembo, 2019). **2.** Monitor for signs and symptoms of infection **Rationale** Monitoring for infection will help prevent complications for mom and baby (Mary & Kabembo, 2019).	Handwashing was done before gloving, after gloves were removed and cervical exams were minimized as much as possible. Patient will remain symptom free and both mom and baby will be absent of any infection
3. Acute pain related to stronger contractions as	Pain control and relaxation techniques will help keep my	**1.** Monitor patient for verbal and nonverbal signs of pain **Rationale** Patients are not always able to	We discussed relaxation techniques, an acceptable pain level for her, and coping mechanisms. She

evidenced by progression of labor	patient as comfortable as possible and better able to focus on labor	verbalize the pain they are feeling. Watching for grimacing and listening for moaning or groaning will help identify when an intervention is needed (Mary & Kabembo, 2019). **2.**Provide relaxation techniques, and pain medications as labor progresses **Rationale** Helping my patient relax, minimize pain, and cope with intense contractions, will allow her to focus on the task of labor and delivery (Mary & Kabembo, 2019).	verbalized that an acceptable pain level was a 7/10. My patient was not experiencing any discomfort while I was there. She verbalized that as labor progressed, she would like an epidural.
4. Risk for ineffective coping related to inadequate coping mechanism as evidenced by verbalization from patient	When asked about coping mechanisms and what helps her, she verbalized that she didn't have any. She said, "I just grit my teeth and bare it."	**1.** Establish a comfortable and trusting relationship that remains judgement free **Rationale** Establishing trust helps to facilitate cooperation and provides for confidence and a positive experience (Mary & Kabembo, 2019). **2.** Provide and reinforce relaxation and breathing techniques **Rationale** Assisting with relaxation and coping mechanisms will help minimize anxiety and pain perception (Mary & Kabembo, 2019).	My patient was willing to communicate openly, she was cooperative and engaged in learning what was being presented to her. She was receptive to suggestions of position changes and breathing techniques that would be helpful to her. She appeared to be calm and appreciative of the time spent and information provided

Other References (APA)

Mary, & Kabembo. (2019, May 31). *36 labor stages, induced and augmented labor nursing care plans*. Nurseslabs. Retrieved from https://nurseslabs.com/labor-stages-labor-induced-nursing-care-plan/