

432 Study Guide #2 Spring 2022

Ricci, Kyle, & Carman Ch 13, 14, & p786-793, & 799-800

ATI Ch 11-15, and p100 and online Fetal Monitoring program

1. Fill in the following table with associated s/s of each

	TRUE LABOR	FALSE LABOR
Uterine Contractions (Braxton Hicks)		
Cervical Dilation & Effacement		
Bloody show		
Fetus: Engagement		

2. Describe the Bishop score and the indications for doing it.
3. What are Leopold's maneuvers (make sure to understand all 4 maneuvers) and what 4 questions does each maneuver answer?
- Define fetal lie and fetal attitude.
 - What are potential complications related to fetal lie?
 - Where would you expect to find fetal heart tones on a vertex baby? Breech?
4. State the 5 "P's" of the labor progress and what each P is composed of.
5. What role do the fetal skull suture lines and fontanelles play in identifying fetal position?
6. Define the various fetal presentations (RKC p 462-464 & ATI p 74).
7. What do each of the 3 letters associated with fetal positioning stand for? ROA, LOA, ROP, LOP, etc.
8. Fetal station is assessed in relation to what?
9. Describe methods of cervical ripening and the indications for their use?

10. Use this chart to summarize the Stages & phases of labor. Write it so that it makes sense to you.

Stage of Labor	What is happening during this Stage/Phase?	Expected effacement & dilation of cervix	Expected Frequency of Contractions	Expected duration of contractions	Anticipated Nursing assessments & interventions
First Stage 1. Latent / Early 2. Active 3. Transition					
Second Stage					
Third Stage					
Fourth Stage					

11. What would we ask a client who thinks their water broke?
12. Describe what an amniotomy is and the considerations.
 - a. What VS would we want to monitor?
 - b. What could the FHTs show?
13. What is Narcan used for, what is its mechanism, and indications/interventions_
14. List each of the 6 cardinal movements of labor (Mechanisms of labor).
15. Describe the benefits for a woman to change position while in labor. Include what suggestions the nurse can give the laboring woman about position changes?
 - a. What on the EFM indicates need for position change?
16. Why is important to assess frequency, duration and intensity of contractions?
 - a. What 2 ways can you assess uterine contractions?
 - b. To palpate uterine contraction intensity, a mild contraction feels like your _____, a moderate contraction feels like your _____, and strong contraction feels like your _____.
17. List how pain assessment is done during labor.

18. What should the nurse consider prior to administration of opioid pain medication during labor?
19. List 3 non pharmacologic pain intervention methods.
20. Describe how epidural analgesia is administered
 - a. What you assess for prior to, during and after placement?
 - b. List epidural complications
21. Briefly describe what the fetal heart rate tracings look like and what the nurse's response should be to each i.e. decelerations, prolonged contractions and prolonged decelerations, too frequent contractions, resting interval etc.
 - a. Frequency
 - b. Duration
 - c. Accels
 - d. Decels-define types of decels
22. Why is support vital for laboring women?
23. What is "crowning" or when can you see it?
24. List a summary of assessments during second, third and fourth stages of labor.
 - a. Second
 - b. Third
 - c. Fourth
25. What are the signs of placental separation and how long can it take for the placenta to be expelled?
26. What is the difference between a laceration and an episiotomy?
27. What is the nurse's responsibility with rupture of membranes (ROM)?
28. What is essential for the nurse to assess during admission to labor and delivery?
29. What important assessments as the nurse are you continuing to make, in relation to mom, during the immediate postpartum (the beginning of the fourth third stage of labor)?
30. Discuss the effect of narcotics used in labor, when they can be used, and what should the nurse look for and do in response to these effects.

