N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (5 points)

Date & Time of Admission 3/20/22 at 0710	**Patient Initials** AS	**Age** 36 years old	**Gender** Female
Race/Ethnicity Filipino	**Occupation** Bank Clerk	**Marital Status** Married	**Allergies** Shellfish
Code Status Full	**Height** 157 cm	**Weight** 83 kg	**Father of Baby Involved** Yes

Medical History (10 Points)

Prenatal History: G2T0P1A0L1

Past Medical History: This patient did not have any documented past medical history.

Past Surgical History: This patient did not have any documented past surgical history.

Family History: This patient did not have any documented family history.

Social History (tobacco/alcohol/drugs): This patient did not have any documented social history.

Living Situation: The patient lives at home with her husband which is where she will bring her baby home to.

Education Level: High school

Admission Assessment

Chief Complaint (4 points): Patient was coming in for an induction due to gestation diabetes.

Presentation to Labor & Delivery (15 points): The patient is a 36-year-old, G2T0P1A0L1, and currently 39 weeks' gestation. The patient's chief complaint was induction due to gestational diabetes. The patient had no known past surgical, medical, family, or social history. The patient's primary diagnosis was induction and her second diagnosis was gestational diabetes. The patient has a support person, and the father is involved.

Diagnosis

Primary Diagnosis on Admission (4 points): Induction

Secondary Diagnosis (if applicable): Gestational diabetes

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 latent phase falls into the first stage of labor, which transitions into the active phase. Within this phase of labor, there is a cervical dilation somewhere between 0-6 cm. Cervical effacement during this phase of labor is anywhere from 0%-40%. Contractions during the latent phase have a frequency of 5-10 minutes with approximately 30-45 seconds. The intensity of these contractions is mild to palpation. During this phase of labor, it is common for women to be talkative, perceiving their contractions to be similar to menstrual cramps (Ricci et al., 2021). Women typically spend most of the latent phase of labor at home, just before contacting the hospital. In this patients' case, she was admitted to the hospital at 2 cm dilated and -1 station. The patient was induced due to gestation diabetes, so she was started on a continuous IV of oxytocin 1mL/1mU. A couple of hours later, the patient was 100% effaced, 4 cm dilated, and at -1 station. The baby was in a vertex position which means the baby was headfirst. The next phase of labor is called the active phase, which then transitions into the second stage of labor. The woman comes into the hospital once there is an increase in intensity, frequency, and decrease in the amount of rest between contractions. The active phase of labor tends to be more intense and moderate to palpation. Cervical dilation in this phase is between 6-10 cm, and the cervical effacement is 40%-100%. Contractions tend to have a frequency of 2-5 minutes and last approximately 45-60 seconds. The contractions have a longer duration and are closer together

during the active phase of labor because the baby is getting closer to being delivered. The pain management during the active phase of labor usually involves an epidural if wanted by the patient. In the current patient's situation, she requested the epidural. It is common for the woman to become more intense and inwardly focused, absorbed in the work of labor (Ricci et al., 2021). Distractions should be limited during this time due to the increase in pain. The woman's support system is usually very involved once labor progresses.

The second stage of labor then occurs once complete dilation has occurred. Three hours after the patient received the epidural, she became fully dilated and ready to push. The baby's heart rate was 120/min with moderate variability and early decelerations. The baby was crowning but kept turtling. Due to the turtling and potential shoulder dystocia, the nurse had the patient get in the McRoberts position to help get the baby out. Once the McRoberts maneuver did not work, the nurse then had to apply suprapubic pressure, resulting in the baby's delivery. The shoulder dystocia caused the baby to turtle, which made for a strenuous delivery. The pelvic phase involves the period of fetal descent, and the perineal phase involves the period of active pushing. Pushing can take up to three hours, typical for a nullipara woman. Contractions during the perineal phase have a frequency of 2-3 minutes and a duration of 60-90 seconds. The contractions are muscular upon palpation, and the desire to push is extreme towards the end of the perineal phase. During the second stage of labor, the woman typically feels more in control and less agitated and irritable (Ricci et al., 2021). In both the first and second stages of labor, pain management can be individualized based on the paints needs and background. Nonpharmacological measures could include labor support, hypnosis, hydrotherapy, ambulation, maternal position changes, transcutaneous electrical nerve stimulation, acupressure, attention focusing and imagery, breathing techniques, effleurage, and therapeutic touch and massage

(Ricci et al., 2021). Acupuncture has been found to lead to reduced use of pharmacological agents for controlling pain, while acupressure may reduce pain intensity (Feldman, E. 2020). During labor, pharmacological pain relief involves regional or local anesthesia and systemic analgesia (Ricci et al., 2021). The patient's pain management preference can be dependent on her level of pain, plan for labor, spiritual beliefs, or cultural practices.

The third stage of labor begins with the newborn's birth and ends with the separation and birth of the placenta (Ricci et al., 2021). A positive transition for the following newborn delivery occurs when the newborn is placed on the mother's abdomen. The patient delivered, and the baby was placed on her abdomen. The delivery of the placenta can take between 5-30 minutes. The two aspects involved during this stage are placental separation and placental expulsion, which involves the placenta coming out of the vaginal opening. Severe bleeding can occur during this phase which is prevented by administering a uterotonic agent after birth, the expulsion of the placenta with controlled traction of the cord, and uterine fundal massage after placental expulsion (Ricci et al., 2021).

The last stage of labor is the fourth stage which consists of 1-4 hours following birth. The end of this stage presents with the mother's initial physiologic adjustment and stabilization. The postpartum period is what follows this stage. The mother typically feels wide awake, excited, at peace, and very talkative during this time (Ricci et al., 2021). The patient is recovering well and has already made her newborn's first appointment.

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

AHC MEDIA. (2020). Labor, Pain Management, and Acupuncture: A Cochrane Review. *Integrative Medicine Alert*, *23*(9), 1-3.

Ricci, S. S., Kyle, T., & Carman, S. (2020). *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	2.72-4.43 10^9/L	3.5 10^9/L	4 10^9/L	4 10^9/L	
Hgb	9.5-15.0 g/dL	16 g/dL	13 g/dL	13 g/dL	High hemoglobin could indicate a failure to expand plasma volume (Ricci et al., 2021). However, her numbers leveled out, and it was not too high.
Hct	28-40%	43%	36%	36%	Higher Hct levels could indicate dehydration (Ricci et al., 2021).
Platelets	146-429 10^9/L	250 10^9/L	200 10^9/L	200 10^9/L	
WBC	5.6-16.9 10^9/L	18 10^9/L	11 10^9/L	11 10^9/L	Having a higher WBC count is sometimes related to the stress women encounter during pregnancy (Ricci et al., 2021).
Neutrophils	N/A	N/A	N/A	N/A	
Lymphocytes	N/A	N/A	N/A	N/A	
Monocytes	N/A	N/A	N/A	N/A	
Eosinophils	N/A	N/A	N/A	N/A	
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	O	O	O	

Rh Factor	+, -	+	+	+	
Serology (RPR/VDRL)	Reactive/ nonreactive	Nonreactive	Nonreactive	Nonreactive	
Rubella Titer	Immune/ non-immune	Immune	Immune	Immune	
HIV	Positive/ negative	Negative	Negative	Negative	
HbSAG	Positive/ negative	Negative	Negative	Negative	
Group Beta Strep Swab	Positive/ negative	Negative	Negative	Negative	
Glucose at 28 Weeks	<140 mg/dL	145 mg/dL	N/A	N/A	The patient's prenatal value was 145 mg/dL, which indicated gestational diabetes. Gestational diabetes involves glucose intolerance with an onset of pregnancy which is usually diagnosed within the second or third trimester and was not overt prior to gestation (Ricci et al., 2021).
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
N/A					
N/A					

N/A					
N/A					
N/A					
N/A					
N/A					
N/A					
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)	N/A	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2020). *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	Prenatal Vitamin	Colace	N/A	N/A	N/A
Dose	2 tablets	100 mg			
Frequency	One a day	Once at bedtime			

Route	Oral	Oral			
Classification	Multivitamin and iron product	Osmotic laxative			
Mechanism of Action	They help promote the development of the baby's teeth and bones.	It works by increasing the amount of water in the stool absorbs in the gut, making the stool softer and easier to pass.			
Reason Client Taking	Pregnancy	Constipation			
Contraindications (2)	Iron metabolism disorder causing increased iron storage. An overload of iron in the blood.	Hypersensitivity reaction to any of the docusate ingredients. Avoid concomitant use of mineral oil.			
Side Effects/Adverse Reactions (2)	Nausea, and constipation.	Stomach/ abdominal pain or cramping, nausea, diarrhea, or weakness.			
Nursing Considerations (2)	Avoid taking antacids, dairy products, coffee, tea within 2 hours prior to and after taking. Do not lie down for at least 10 minutes after taking medication.	Drug should be discontinued if cramping, rectal bleeding, nausea or vomiting occur. Tablets to be taken with full glass of water.			
Key Nursing Assessment(s)/Lab(s	Check iron levels.	Assess constipation.			

) Prior to Administration		Evaluate therapeutic response. Drug should be discontinued if cramping occurs. Administer alone for better absorption.			
Client Teaching needs (2)	This is best taken on an empty stomach one hour before or two hours after a meal. Take with a full 8 oz glass of water.	Educate the patient it takes 1-2 days for onset of action. Swallow the tablet do not chew them.			

Hospital Medications (5 required)

Brand/Generic	Oxytocin	Fentanyl (epidural catheter)	Penicillin	Promethazine	Lactated Ringers in 500 mL NS
Dose	30 units	10mL/hr	3g and 1.5g	25 mg IV	1-20 mU/min

Frequency	Continuous	Continuous	First dose 3g IV then 1.5g q 4 hours until baby is born	25-50 mg IV early labor, may be increased to 25-75 mg q 2-4 hr after labor established; not to exceed two doses or up to 100 mg/ day during labor	Continuous
Route	IV	Epidural	IV	IV	IV
Classification	Oxytocin Agents	Opioid	Antibiotic	Antimetic agent	Alkalinizing agent
Mechanism of Action	The two main actions of oxytocin in the body are contraction of the womb (uterus) during childbirth and lactation. Oxytocin stimulates the uterine muscles to contract and also increases production of prostagland ins, which increase the contractions further.	Binds to opioid receptor sites in the CNS, altering perception of and emotional response to pain by inhibiting ascending pain pathways.	Inhibits final stage of bacterial cell wall synthesis by competitively binding to penicillin-binding proteins inside the cell wall.	Promethazine antagonizes the central and peripheral effects of histamine mediated by histamine H1 receptor.	It restores fluids and electrolyte balances, produces diuresis, and acts as alkalizing agent (reduces acidity).

Reason Client Taking	Induction of contractions	Pain relief/analgesia	Gram-positive organism	Nausea	Fluids pertaining to Gestational diabetes
Contraindications (2)	Do not administer if a vaginal delivery is not optimal and do no administer is the uterus is already hyperactive.	Do not administer if the patient is hypersensitive to fentanyl, alfentanil, sufentanil or their components; if significant respiratory depression	Hypersensitivity to pencillin;patients who have had Stevens-Johnson syndrome after administering penicillin or a penicillin derivative.	Patients with hypersensitivity to the drug, any drug components, or other phenothiazines. Patients with lower respiratory tract symptoms.	It is contraindicated where the administration of sodium, potassium, calcium, chloride or lactate could be clinically detrimental. Contraindicated in severe metabolic acidosis or alkalosis.
Side Effects/Adverse Reactions (2)	Anaphylaxis, and convulsions	Agitation and bradycardia	Vaginal candidiasis, and labile blood pressure.	Sedation, confusion.	Hives, itching.
Nursing Considerations (2)	Report seizures or coma-like responses to the physician or nursing staff immediately. Monitor any signs of fetal distress or asphyxia, such as decreased fetal heart rate, arrhythmias	Monitor hemodynamics during administration. Assess patient pain scale frequently.	Administer penicillin at least 1 hour before other antibiotics. Obtain body tissue and fluids samples for culture and sensitivity tests as ordered before giving first dose. Expect to begin drug therapy before test	Assess dizziness and drowsiness that might affect gait, balanced and other functional activities. Caution the patient and family/caregivers to guard against falls and trauma. Assess for hypersensitivity to antihistamine	May worsen existing hypovolemia and hypotension causing cardiovascular collapse. Monitor for signs of fluid volume deficit, such as confusion.

	, meconium discharge, or decreased or absent fetal movements. Report these signs to the physician or nursing staff immediately.		results are known.	s or phenothiazines, severe CNS depression.	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	The fetal heart rate should be closely monitored in relation to the duration, frequency, and intensity of the contractions. Since oxytocin stimulates contractions, it is critical to monitor the fetal heart rate to ensure the baby is also handling the medication properly.	A baseline determination of the maternal blood pressure, pulse, and fetal heart rate should be made prior to inserting the epidural catheter.	Patient-reported penicillin allergy is the first important step in appropriate care. Assess temperature, pulse, and respiration.	Examine for signs of neuroleptic malignant syndrome, including hyperthermia, diaphoresis, generalized muscle rigidity, altered mental status, tachycardia, changes in blood pressure, and incontinence. Assess motor function.	Assess blood glucose levels prior to and frequently after administrating.
Client Teaching needs (2)	Instruct the patient to pay	Patient education included	Encourage patients to report	Report any changes in awareness.	Teach patient on why you are

	attention to the fluid restrictions put in place while on oxytocin due to the risks that come along with drinking too much while on the medication. Lastly, as with any medication the patient should always express any details that may be pertinent such as allergies or past medical history.	information on the procedure for catheter insertion and the expected outcome of analgesia administration. Patients are told about the frequency of assessment and common side effects. The patient is also instructed to notify the nurse of changes in motor function or sensation, nausea, vomiting, pruritis, or increase in pain. All patient education is documented in the medical record.	discomfort at the IV site (pain, swelling at IV site). Report any rashes, trouble swallowing or breathing.	Report any changes in breathing.	giving them fluids. Teach them to report any changes that may indicate a change in blood sugar.

Medications Reference (1 required) (APA):

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

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

Vital Signs, 3 sets (10 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	70	125/65	18	98.6° F	99%
Admission to Labor/Delivery	97	142/82	20	99° F	98%
During your care	103	140/83	19	99° F	98%

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

The patient's vital signs increased from prenatal to admission and during the care provided due to the pain and body changes the patient was experiencing. When a person is in pain, it is natural for a pulse, blood pressure, respiratory rate, and temperature to go up.

Pain Assessment, 2 sets (10 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0710	0-10	Belly	Non-verbal of severe	Moans	Provided an ice pack
0820	0-10	Belly	Non-verbal of severe	Moans	Dimmed the lights to reduce stimuli

IV Assessment (10 Points)

IV Assessment	Fluid Type/Rate or Saline Lock

Size of IV: 20 G **Location of IV:** Left hand **Date on IV:** 3/20/22 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No erythema or drainage were present. **IV dressing assessment:** Dressing was clean, dry, and intact.	Lactated ringer in 500 mL of normal saline, and oxytocin.

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. Labor pain related to patient being in active labor as evidence by the patient moaning and being nonverbal when describing her pain.	Labor related pain is the first nursing diagnosis because managing pain is always the first priority. Helping the patient manage her pain it essential to her plan of care.	**1.** Assess vital signs which includes pain approximately q 2 unless the provider says otherwise. Then adjust according to the patient's pain level. **Rationale** The goal is to provide the necessary interventions based on the patient's level of pain. If her pain is low, there may not need to be any interventions besides what she is doing and rest. If the patient is in intense pain, proper steps will need to be taken to help her manage that pain whether that be pharmacological or	The patient responded very well to the interventions discussed. The interventions allowed the nurse to stay on top of how the patient was doing regarding her pain level and control. Checking her vitals regularly helped gauge the level of interventions needed. Providing a low stimulating environment allowed the patient to cope with the pain the best she could. The support team or family then benefited from the patient being calmer and in control of her

		nonpharmacological. A great nonpharmacological way to manage pain is to have the patient change positions. Changing positions possesses a range of benefits during labor, one of which is increasing the patients comfort and reducing the request for pain medication (Ricci et al., 2021). Managing the patients pain allows her to have a more peaceful experience. Furthermore, a laboring woman's functional ability is limited secondary to pain (Ricci el al., 2021). Therefore, pain management is the top priority. **2.** Provide a calm, low stimulating environment. **Rationale** The goal prior to the epidural and after is to provide a calm environment that allows the patient to cope with the current level of pain she is experiencing. The patients state of mind throughout the entire process is essential to bringing a positive outcome for both her and her family (Ricci et al., 2021). Her pain level varies based off of having the epidural and when she did not. The pain might also be different due to the intense pressure she may be experiencing towards the end of labor before delivery. Having a dimly lit room, low noise	situation.

		levels, and providing things such as an ice pack or blankets will allow the patient to better deal with whatever level of pain she is experiencing.	
2. Deficient knowledge related to patients personalized birth experience, medications, and diagnosis of gestational diabetes as evidence by a need to always teach the patient, so they are aware of their care and what they are experiencing.	Education is key with patient care. Educating the patient on the birthing process she is experiencing, her medications, and the potential risks that comes from her gestational diabetes. These risks could be unstable blood glucose levels, and a larger baby.	**1.** Informing the patient of the tasks being done and the medications being administered. **Rationale** Providing detail on the patient's care being provided helps her feel in control of her situation. Also, it helps her feel calmer knowing what is going on. Providing clear information about the procedures, and trust of the staff caring for her is critical for state of mind (Ricci et al., 2021). **2.** Educating the patient on the expectations given her diagnosis of gestational diabetes is essential for her plan of care. **Rationale** Educating the patient on what the plan of care involves or what she can expect in relation to her gestational diabetes is essential. Women who have gestational diabetes have greater than 50% increased risk of developing type 2 diabetes (Ricci et al., 2021). Therefore, this would be a great education point that the patient may be unaware of following delivery. This is something the patient would need to manage post-delivery and discuss healthy	The patient took the teaching very well and was able to repeat back some of the education points regarding her gestational diabetes. The family was able to become aware of what was going on throughout her labor and delivery due to the nurse explaining everything going on.

		options with her primary care provider.	
3. Risk for unstable blood glucose level related to the patient's diagnosis of gestational diabetes as evidence by her high blood glucose levels at her 28-week glucose test.	Risk for unstable glucose is a top priority for both mother and baby. The patient was diagnosed with gestational diabetes which places her in the possibility having unstable blood glucose levels, especially when she cannot eat anything in labor.	**1.** Closely monitoring blood glucose levels is critical when considering this patient plan of care. Blood glucose levels should be checked q 1-2 hours during labor and maintained below 110 mg/dL throughout labor (Ricci et al., 2021). **Rationale** Glycemic control leads to fewer complications when considering diabetes of any type. The two most essential methods for monitoring the patients glycemic control includes a blood glucose test, and monitoring hemoglobin A1c levels (Ricci et al., 2021). **2.** After being checked, proper interventions depending on the reading could be necessary. **Rationale** Laboring women with diabetes should be given IV saline or lactated Ringer's (Ricci et al., 2021). Maintaining the level of the patient's blood sugar is critical for her and the baby.	The patient was able compliant of the frequent blood glucose tests and was able to keep her blood sugar under control throughout her stay. Both herself and her family felt comfortable knowing that the hospital staff was keeping everything under control regarding her blood sugar levels.
4. Risk for falls related to the patient receiving fentanyl through her epidural for labor pain as evidence by the numbing she is	Lastly, when the patient received her epidural she was placed as a fall risk due to her not having feeling from the waist down. Once the epidural	**1.** Place the appropriate band on the patient's risk to indicate she is now a fall risk. Since she is now a fall risk this will continue until the epidural has fully worn off. **Rationale** The risk of falling is always a concern when under any medications that can affect a	The patent took the interventions very well and understood why they were set in place. The family was well aware that once the epidural went in that she would not have feeling from the waist down. Education also played a role in helping the

experiencing from the waist down making her unable to walk on her own.	starts to wear off the patient needs to have assistance when moving until the patient has all her feeling and strength back.	patient's gate. Once the epidural starts to wear off the patient will then need help getting out of bed and going to the restroom until her strength improves. Although women with a combined spinal-epidural can walk, health care providers do not encourage or assist women with ambulating with the fear of injury (Ricci et al., 2021). **2.** Insert a Foley catheter once the epidural is placed so the patient will no longer have to get up to use the restroom. **Rationale** Utilizing a Foley catheter helps empty the bladder when the patient cannot feel whether or not she has to void. Foley catheters should be monitored for drainage or irritation (Ricci et al., 2021).	patient and her family understand what was to be expected after receiving the epidural. The catheter was removed just before delivery. Lastly, the patient received help from the nurse the first couple of times up to and from the bathroom after delivery. Once the epidural fully wore off, the patient was no longer a fall risk.

Other References (APA)

N/A