N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Cheyenne Gardner

Demographics (3 points)

Date & Time of Admission 04/01/2021	**Patient Initials** L.S.	**Age** 28 years	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Waitress	**Marital Status** Single	**Allergies** Diltiazem and Penicillin
Code Status Full Code	**Height** 172.7 cm 68 in	**Weight** 129.7 kg 286 lb	**Father of Baby Involved** Yes

Medical History (5 Points)

Prenatal History: The client started prenatal care at ten weeks. She was diagnosed with gestational diabetes during her 28-week assessment because her 3-hour glucose tolerance test returned with a reading of 190. The client is controlling her blood sugar by maintaining a carb-controlled 2200 calorie diabetic diet. The client tests her blood sugars twice a day by fasting in the morning before breakfast and then testing her blood sugar again before her evening meal. The client takes a prenatal vitamin with iron daily. For headaches, she takes acetaminophen as needed. Her GTPAL is 1-0-0-0-0.

Past Medical History: The client has a history of gestational diabetes which she was diagnosed with at 28 weeks gestation. The client's urine was positive for group beta strep on 10/16/2020.

Past Surgical History: The client had an appendectomy when she was seven years old.

Family History: Client stated her father has hypertension. The client stated her mother has a history of breast cancer treated with a lumpectomy and required no further treatment. Father's family history- His father, has a history of COPD and is a former smoker. His mother does not have any concerning medical history.

Social History (tobacco/alcohol/drugs): The client's chart does not specify any tobacco, alcohol, or illicit drug use information.

Living Situation: The client lives with her boyfriend in an apartment.

Education Level: The client's level of education is not known. The client and her boyfriend did not complete prenatal classes. The client stated she is interested in breastfeeding but does not know anything about how to breastfeed.

Admission Assessment

Chief Complaint (2 points): Preterm contractions

Presentation to Labor & Delivery (10 points):. A 28-year-old female presented to the labor and delivery unit on 04/01/2021. The client's estimated due date is 05/13/2021. The client is in her 34th week of gestation and is experiencing preterm labor. She was having contractions that began a few hours ago. She thought they were Braxton Hick's contractions. The vaginal exam shows that she is 2 cm dilated and 80% effaced. She is at a -2 station, and her amniotic sac is intact. The baby's fetal heart rate showed 145 bpm with acceleration and occasional variables. No contractions are present. This is the client's first pregnancy, and she is planning on having a vaginal birth.

Diagnosis

Primary Diagnosis on Admission (2 points): Preterm labor

Secondary Diagnosis (if applicable): Gestational diabetes

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	3.80-5.30 10^6/mcL	4.56	4.16	N/A	N/A
Hgb	12.0-15.8 g/dL	14.2	12.9	N/A	N/A
Hct	36.0-47.0 %	39.9	37.9	N/A	N/A

Platelets	140-440 10^3/mcL	198	178	N/A	N/A
WBC	4.00-12.00 10^3/mcL	6.04	9.08	N/A	N/A
Neutrophils	1.60-7.70 10^3/mcL	N/A	N/A	N/A	N/A
Lymphocytes	1.30-3.20 10^3/mcL	N/A	N/A	N/A	N/A
Monocytes	0.20-1.00 10^3/mcL	4.5	4.8	N/A	N/A
Eosinophils	0.00-0.40 %	0.2	0.2	N/A	N/A
Bands	0.00-1.0%	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	N/A	N/A
Rh Factor	Positive or Negative	Positive	Positive	N/A	N/A
Serology (RPR/VDRL)	Negative	Negative	Negative	N/A	N/A
Rubella Titer	Immune/ Nonimmune	>500; Immune	>500; Immune	N/A	N/A
HIV	Negative	Negative	Negative	N/A	N/A
HbSAG	Negative	Negative	Negative	N/A	N/A
Group Beta Strep Swab	Negative	Positive	N/A	N/A	Group B strep bacteria is common in many women but can cause life threatening complications if not treated (Ricci et al., 2021).
Glucose at 28 Weeks	Less than 140 mg/dL	190	Tested at 1700 with a value of 112; Tested at 2100 with a value of	Fasting blood sugar done at 0730 with a value of	The client has been diagnosed with gestational diabetes. Her blood sugars will be higher than normal with this diagnosis (Ricci et al., 2021).

			100.	110; at 1130 value is 120; 1700 value is 99 and at 2100 value is 108.	
MSAFP (If Applicable)	0.5 to 2.0 or 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
Calcium	8.6-10.3	N/A	8.7	N/A	N/A
Glucose	70-99	N/A	97	N/A	N/A
BUN	7-25	N/A	7	N/A	N/A
Creatinine	0.50-1.20	N/A	0.64	N/A	N/A
Total Protein	6.4-8.3	N/A	6.7	N/A	N/A
Albumin	3.5-5.7	N/A	2.6	N/A	Decreased levels could be due to stress related to preterm labor (Pagana et al., 2019).
AST	0-35	N/A	15	N/A	N/A
ALT	4-36	N/A	11	N/A	N/A
Sodium	134-144	N/A	137	N/A	N/A
Potassium	3.5-5.1	N/A	3.5	N/A	N/A
Chloride	98-107	N/A	105	N/A	N/A
CO2	21-31	N/A	21.6	N/A	N/A
Magnesium	1.6-2.6	N/A	1.8 mg/dL	N/A	N/A

GFR	>60	N/A	>60	N/A	N/A
Uric Acid	3.3-7.2	N/A	3.3 mg/dL	N/A	N/A
LD (LDH)	140-280 U/L	N/A	171	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)	<200 mg/g	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Current Medications (7 points, 1 point per completed med)
*** 7 different medications must be completed***

Home Medications (2 required)

Brand/Generic	Prenatal Vit-Iron Fum-Folic Ac	Tylenol/ Acetaminophen	N/A	N/A	N/A
Dose	27 mg	500 mg	N/A	N/A	N/A
Frequency	Daily at night	Q6H PRN	N/A	N/A	N/A
Route	PO	PO	N/A	N/A	N/A
Classification	Multivitamin/ Iron Product and mineral	Nonsalicylate/ Nonopioid Analgesic	N/A	N/A	N/A
Mechanism of Action	Treats or prevents vitamin deficiency during fetal development.	Blocks prostaglandin production by interfering with pain impulses.	N/A	N/A	N/A

Reason Client Taking	Promote healthy development of neonate.	To relieve mild to moderate pain.	N/A	N/A	N/A
Contraindications (2)	Hyponatremia; Elevated iron levels	Hepatic impairment; Hypersensitivity	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	Constipation and Black tarry stool	Hypokalemia and Wheezing	N/A	N/A	N/A
Nursing Considerations (2)	Consider starting at least 1 month prior to trying to get pregnant to prevent birth defects. Do not give this medication to a client who is hyponatremic.	Use cautiously in clients with hepatic impairment. Use during pregnancy may increase risk for ADHD after birth.	N/A	N/A	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check the client's sodium level before administration. Assess for constipation.	Assess pain before administration and one hour after administration. Monitor liver enzymes.	N/A	N/A	N/A
Client Teaching needs (2)	Educate client on possible effects of dark green or black tool. Educate client on signs of constipation.	The dosage should not exceed 4g per day. Educate the client on possible liver damage if exceeding recommended dosage.	N/A	N/A	N/A

Hospital Medications Related to labor (5 required)

Brand/Generic	Procardia/ Nifedipine	Ondansetron / Zofran	Betamethasone / Celestone	Oxytocin/ Pitocin	Penicillin G potassium

Dose	30 mg stat; 10 mg Q6H	4 mg	12 mg	40 units in 1000mL of Lactated Ringers to run at 500 mL/hr then decreased to a rate of 125 mL/hr at 0900.	5 million units in 100 mL
Frequency	Once Q6H	Once	Now then in 24 hours	Continuous	Q4H
Route	PO	SL	IM	IV	IVPB
Classification	Calcium channel blocker; Antianginal, Antihypertensive	Selective serotonin receptor antagonist; Antiemetic	Glucocorticoids	Oxytocic agent	Penicillin; Antibiotic
Mechanism of Action	To manage chronic stable angina and hypertension. It decreases intracellular calcium levels inhibiting smooth muscle contraction and dilates arteries and decreased hypertension.	Blocks serotonin receptors at the vagal nerve terminals in the intestine which reduces nausea and vomiting.	Drug binds to specific intracellular glucocorticoid receptors to reduce inflammation.	Increases the concertation of calcium in the muscle cells increasing contraction of the uterus.	Inhibits the final stage of bacterial cell wall synthesis by binding to penicillin binding proteins inside the cell walls.
Reason Client Taking	To prolong labor for fetal lung maturity.	To treat nausea and vomiting.	To promote fetal lung maturity.	To prevent hemorrhage and help the uterus contract.	Group B strep antibiotic
Contraindicatio	Hypersensiti	Use of	Heart disease	Hypertensi	Hypersensiti

ns (2)	vity to nifedipine. Hypersensitivity to any of its components.	apomorphine or hypersensitivity to ondansetron.	or liver disease.	on or placenta previa.	vity to penicillin or allergy to other components of drug
Side Effects/Adverse Reactions (2)	Bradycardia and hypotension	Hypotension and Arrhythmias.	Blurred vision and Chest pain.	Nausea, vomiting and cramping.	Seizures and electrolyte imbalance
Nursing Considerations (2)	Use cautiously if benefit to mother outweighs potential risk to fetus. Monitor heart rate and rhythm before administering.	Correct hypokalemia or hypomagnesemia before administration. Medication should be avoided in clients with phenylketonuria.	This drug can decrease the amount of breast milk produced. Monitor for cardiac arrhythmias or dizziness/confusion.	Look for signs of fetal distress. Assess for meconium colored discharge.	Administer penicillin at least one hour before other antibiotics. Monitor sodium and potassium levels.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor heart rate, rhythm, and blood pressure frequently. Monitor fluid intake/ output and daily weight.	Monitor for serotonin syndrome. Medication should not be used in clients who have phenylketonuria.	Monitor potassium levels.	Monitor the fetal heart rate during administration. Also monitor the frequency and duration of contractions.	Obtain samples for culture before administration. Report any sensitivity to medication.
Client Teaching needs (2)	Educate client to minimize constipation by increase intake of fluids. Educate client to not stop taking	Client should place sublingual tablet under their tongue and wait for it to disintegrate. Educate client on	Injection should be given at the same time every day. Educate client on side effects of steroid and when to notify provider.	Educate the client to expect contractions to intensify. Educate client about monitoring	Encourage client to report any signs of diarrhea during therapy. Report any allergies prior to

	drug abruptly because high blood pressure could result.	signs of rash and to report it.		fluid intake and output.	administration.

Medications Reference (1) (APA):

Drugs.com (2022). *Betamethasone.* https: www.drugs.com/mtm/betamethasone.html

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Vital Signs, 3 sets (5 points)

Time	**Pulse**	**B/P**	**Resp Rate**	**Temp**	**Oxygen**
Prenatal	There were no prenatal vital signs given.	There were no prenatal vital signs given.	There were no prenatal vital signs given.	There were no prenatal vital signs given.	There were no prenatal vital signs given.
Admission to Labor/Delivery	88 bpm	130/70 mmHg	18 rpm	98.7 F	Not given
During your care	98 bpm	132/85 mmHg	16 rpm	98.4 F	100 % on room air.

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

The client's vital signs have remained stable during the shift. The client's pulse has increased likely due to contractions she is experiencing.

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**

Pain was not assessed on scenario.	N/A	N/A	N/A	N/A	N/A
Pain was not assessed on scenario.	N/A	N/A	N/A	N/A	N/A

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:**	The client had a 20-gauge IV saline locked. Left arm. 04/01/21 Patent, flushes easily. No signs of erythema, phlebitis. Dry, intact.

Intake and Output during your clinical day (2 points)

Intake (in mL)	**Output (in mL)**
Client is receiving 100 mL/hr of LR. Penicillin G potassium in 100 mL Q4H. 1000 mL bolus of IV fluids, which was not completed. 40 units of Pitocin added to 1000 mL of LR. Calculating this accordingly to when it was started and stopped would total 1,400 mL. Exact intake was not given.	"Gush" of blood lost at 0835 estimated to be 350 mL. No other output data was given for the scenario.

Electronic Fetal Heart Monitoring (20 points)

Component of EFHM Tracing	**Your Assessment**
What is the Baseline (BPM) EFH?	145 bpm during the clients NST.

Has it changed during your clinical day? If yes, how has it changed?	Fetal EFH did not change throughout the day. Normal fetal heart rate is between 110 and 160 bpm (Ricci et al., 2021). The infant's heart rate was stable.
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?**	Yes, information about how high and how long accelerations lasted was not given. The variability for the occasional accelerations if 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?**	There were no decelerations at first. Strip four reveals early deceleration. The nurse turned the client onto her left side and gave 3L of oxygen via mask. The fetal heart rate quickly changed after. The staff then set up for delivery.
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	The client's contractions were every 3 to 4 minutes, moderate in strength and lasting 60 seconds. Client was experiencing discomfort.
Describe the contractions at the end of your clinical day: **Frequency:**	The contractions were strong and intense occurring every two minutes. There contractions were lasting 75 seconds. The client

Length: **Strength:** **Patient's Response:**	stated she "has a lot of pressure in her bottom".

EFM reference (1) (APA format):

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

Stage of Labor (40 points)

There are four stages of labor; the first stage of labor lasts the longest and includes three sub-phases: latent, active, and transition. The first stage ends when the cervix is dilated to 10 cm. The cervix dilates to 3 cm during the latent phase, and contractions are irregular and occur between 5 to 30 minutes apart (Barlow et al., 2019). Women describe this phase as similar to menstrual cramps and can be very talkative. Palpation of the fundus of the contractions can be described as mild (Ricci et al., 2021). Contractions become more regular and occur every 3 to 5 minutes; this means the client has entered the active phase. The cervix dilates from 4 to 7 cm (Barlow et al., 2019). The woman's discomfort intensifies, and she is more focused on the serious work of labor. The nurse should encourage her to use her relaxation techniques to cope with the contractions and focus on breathing (Ricci et al., 2021). The last phase is the transition phase, where the cervix dilates from 8 to 10 cm. The contractions are more painful and occur every 1 to 2 minutes (Barlow et al., 2019). This is the shortest of the phases. The woman may experience nausea and vomiting, backache, increased irritability, blood show, diaphoresis, and feelings of loss of control (Ricci et al., 2021).

Upon admission, the client's vaginal exam revealed 2 cm dilated and 80% effaced. These findings indicate the client is in the latent phase of the first stage of labor (Ricci et al., 2021). The

fetal heart monitor strip shows that the baby's heart rate is 145 beats per minute and shows some accelerations and occasional variables. The provider had placed the client on bed rest with bathroom privileges. The client's contractions subsided on 04/02/2021. She was transferred to an antepartum unit for continued observation and a non-stress test.

She began to feel contractions again on 04/03/2021, and at 0510, when she got up to go to the bathroom, she felt a release of fluids. A Nitrozene and Amnisure test was completed, which indicated a positive ROM. The client is then transferred back to the labor and delivery unit with continuous fetal monitoring. A vaginal exam shows she is 5 cm dilated, 100% effaced, and the baby is at station 0. This indicates she is in the active stage of labor. The contractions frequency and strength intensity, and she is having difficulty relaxing. The client asks for an epidural, but the contractions become more frequent before it can be done. The client says she "has a lot of pressure in her bottom." The staff prepares for a vaginal delivery, the mother pushes four times, and a male infant is delivered at 0828 on 04/03/2021. He weighs 2013 grams and is 18 inches long.

The infants' Apgar scores were six at 1 minute and eight at 5 minutes. He needed positive pressure ventilation and stimulation after birth. The infant was transferred to the NICU for further observation. The third stage of labor, also known as afterbirth, is defined as the expulsion of the placenta. The nurse should take vitals every 15 minutes and note placenta separation (Ricci et al., 2021). The placenta is delivered at 0835 with a gush of blood estimated to be 350 mL. The fourth stage of labor begins with the completion of the expulsion of the placenta and membranes and adjustment to post-birth, called the postpartum period (Ricci et al., 2021). Uterine assessment and vital signs were done every 15 minutes for the first hour. There were no

further gushes of blood, and minimal uterine massage was needed. The client was then transferred to the postpartum unit for further monitoring. The client plans to breastfeed.

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

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., Williams, D. (2019). *ATI: RN Maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

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

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 each of the rationales.	**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 unstable blood glucose level related to gestational diabetes as evidenced by 28-week blood glucose test of 190.	Since the client tested positive for gestational diabetes at her 28-week checkup, her blood glucose levels need to be monitored closely.	**1.** Routinely monitor the client's blood glucose levels as ordered before all meals and before bed. **Rationale:** Clients with gestational diabetes can experience both hyperglycemia and hypoglycemia (Ricci et al., 2021). **2.**Educate the client on how her gestational diabetes can impact her infants blood glucose levels and why the	The client's blood sugar was routinely monitored throughout her hospital stay as ordered. Educating the client on why the infants' blood sugar was being monitored could not be completed during care.

		infant will need to be monitored post-delivery. **Rationale:** It is important to explain the reasoning for why something is being done to their infant, so parents are less anxious about the process (Ricci et al., 2021).	
2. Risk for deficient fluid volume related to postpartum hemorrhage as evidenced by 350 mL "gush" of blood loss.	During vaginal delivery it is normal for women to lose about 500 mL of blood loss. This client lost 350 mL.	**1.** Routinely monitor vital signs to assess for signs of hypovolemic shock. **Rationale:** Hypovolemic shock can occur if the client were to experience a greater blood loss than 500 mL (Ricci et al., 2021). **2.**Assess the contraction fo the uterus and perform uterine massage as necessary. **Rationale:** Performing uterine massage can help the uterus to contract and expel blood clots (Ricci et al., 2021).	The goal was met; the client's vital signs were monitored closely throughout the labor and delivery and were monitored every 15 minutes within the first hour of delivery. The goal was met; the uterus was massaged following the initial blood loss of 350 mL and as needed during the postpartum care.
3. Readiness for enhanced breastfeeding related to desire to learn to breastfeed as evidenced by the client stated "I am thinking about breastfeeding but do not know anything about it since no one in my family has breastfed their babies".	The client has a desire to breastfeed her child. During the first few days after birth it is important to encourage breastfeeding or pumping if this is something the mother wants to do.	**1.** Encourage skin to skin contact to help milk production. **Rationale:** Skin to skin contact will help establish milk supply and encourage bonding and attachment (Ricci et al., 2021). **2.** Encourage mother to breastfeed infant when possible. Since infant is in the NICU, client could start pumping for breast milk production to continue. **Rationale:** Breastfeeding frequently will help establish milk supply. Teaching the mother to recognize the infants needs will help her to gain	Encouraging skin-to-skin contact was not met due to the infant having to go directly to the NICU for care, but it should be encouraged as soon as possible. Goal not met since the infant was in the NICU. The mother should be encouraged to pump or have breast stimulation within a few hours after birth to promote breast milk production.

		confidence (Ricci et al., 2021).	
4. Risk for caregiver role strain related to infant being born prematurely and in the NICU as evidenced by both parents working full time and their families living an hour away.	Since their infant was born prematurely and is in the NICU, it can cause a strain on the family and extra time spent at the hospital. They do not have a lot of family close to help with this.	**1.** Client should identify sources of support. **Rationale:** Identifying roles of support for when financial, relationship or work stressors occur can aid in the care of the infant (Ricci et al., 2021). **2.** Client should identify current stressors and stressors caused by caregiving responsibilities. **Rationale:** Identifying stressors and how to handle them can help aid in the caregiver's ability to provide care (Ricci et al., 2021).	Goals were not able to be met during care. I could not talk with the parents and identify stressors or support systems they have. This is a meaningful conversation for the nurse to have with the family to manage the care of the infant appropriately.

Other References (APA)

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