

N432 Labor and Delivery Concept map template

Medications

Vancomycin 1.5 mg in 100 mL running at 200mL/hour

Pharm: Glycopeptide

Therapeutic: Antibiotic

Why is it taken: Treat bacterial infections

Nursing assessment prior to admin: Ensure patent IV and do not run other drugs through the line

Ondansetron 4 mg oral tablet

Pharm:

Therapeutic:

Why is it taken: Nausea

Nursing assessment:

Epidural	Betamethasone 12 mg IM
Pharm:	Pharm:
Therapeutic:	Therapeutic:
Why is it taken:	Why is it taken:
Nifedipine 30 mg PO stat then 10 mg Q6	Nursing assessment:
Pharm:	
Therapeutic:	

Demographic Data

Admitting diagnosis: Preterm labor

Secondary diagnosis: N/A

Age of client: 28 years old

Weight in kgs: 130 kg

Allergies: Diltiazem and Penicillin

Date of admission: 4/1/21

Support person present: Significant other

Presentation to Labor and Delivery

On 4/1/21, the client became hospitalized for preterm labor. Her EDD is 5/13/21, and she is 34 weeks gestation. The patient began feeling contractions a few hours ago but thought they were Braxton Hicks. Upon assessment, the vaginal exam showed she was 2 cm dilated and 80% effaced with an intact water bag.

Electronic Fetal Heart Monitoring: (At the beginning and the end of shift.)

Beginning of Shift

Baseline EFH: 150

Variability: minimal variability noted

Accelerations: accelerations noted

Decelerations: no decelerations

Contractions:

- frequency:** 2-4.5 minutes apart
- length:** 60-90 seconds
- strength:** Patient notes they are strong.
- patient's response:** Has difficulty relaxing and becomes nauseas.

Ending of Shift

Frequency: 1.5-2 minutes apart	Baseline EFH: 150
Duration: 50-60 seconds	Variability: minimal variability noted
Strength: Patient notes they are strong	Accelerations: no acceleration
Patient's response: Has difficulty relaxing and becomes nauseas.	Decelerations: decelerations noted

Active Orders

Oxygen at 3 liters

Bedrest with bathroom privileges

Continuous fetal monitoring

IV fluids ordered at 100 mL/hour

ACHS accucheck

Vitals Q4

Diabetic diet

CMP and CBC ordered

GBS culture and type and screen ordered

Stages of Labor		
<p>Stage 1</p> <p>The first stage of labor occurs when persistent the birth canal (Ricci et al., 2021). The average</p>	<p style="text-align: center;">Medical History</p> <p>Prenatal History: Started prenatal care at 10 weeks. Diagnosed with gestational diabetes at 28 weeks. She is controlling her diabetes with a carb-controlled diet and testing her blood sugars twice a day. She fasts in the morning and checks it before breakfast and then before her evening meal. She takes prenatal vitamins with iron.</p> <p>Previous Medical History: N/A</p> <p>Surgical History: Patient got her appendix removed when she was 7 years old.</p> <p>Family History: Father has high blood pressure and her mother had breast cancer requiring a lumpectomy. Child's grandfather on father's side has COPD from smoking.</p> <p>Social History: No history of drug or alcohol abuse noted. Patient lives with her boyfriend. She works part time in a restaurant, primarily evening shifts.</p>	<p>ten, and thin to allow the baby to move into different. Nursing interventions consist of et al., 2021). Also, assessing the fetal heart and cramping with the uterine contractions to be moving into the next phase of labor s, except for elevated blood pressure. This e unit, she began to contract again and felt</p>
<p style="text-align: center;">Prenatal & Current Lab Values/Diagnostics</p> <p>Prenatal visit on 10/16/20</p> <p>Hct: 39.9: Hct levels increase because pregnant women experience a 50% blood volume increase while pregnant. Normal value is 34.47.</p> <p>4/1/21</p> <p>Hct: 37.9: Hct levels increase because pregnant women experience a 50% blood volume increase while pregnant. Normal value is 34.47.</p> <p>Urine GBS done on 10/16/20 was positive.</p>		<p> Ricci et al., 2021). This stage involves moving nd are strong by palpation (Ricci et al., s is also present during this stage (Ricci et</p>
<p>al., 2021). During this stage, the mother begins to feel weak and hopeless. It is important to encourage her, provide analgesics as necessary, and promote a calming environment for her. Blood pressure begins to drop during this stage, and fetal monitoring is still in place. The rectal pressure and the urge to push are signs that the mother is about to deliver. This client is transferred to labor and delivery and placed on continuous fetal monitoring. She was 5 cm dilated and 100% effaced. She lays on her side, where she begins to feel pressure on her bottom, and after four pushes, a male emerges.</p>		

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Stage 3

The third stage of labor begins with the birth of a newborn and finishes with the placenta's separation and birth (Ricci et al., 2021). After the infant is born, the uterus continues to contract strongly and can now retract, decreasing the size drastically (Ricci et al., 2021). These contractions cause the placenta to pull away from the uterine wall. The uterus will rise, the umbilical cord will lengthen, and a trickle of blood will release from the vagina, all of which are indicators that the placenta is ready to be delivered. Average blood loss is approximately 500 mL for a vaginal birth (Ricci et al., 2021). Interventions involved in this stage include the management of blood loss. The administration of uterotonic agents, the expulsion of the placenta, and uterine fundal massage after placental expulsion are critical interventions (Ricci et al., 2021).

Additionally, taking vital signs every hour is essential to ensure the client stays stable. This particular client delivered the placenta at 8:35 am with 350 mL of blood. After starting the uterine massage, Pitocin begins. Her recovery continued uneventfully with minimal uterine massage and no further blood gushing.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Pain related to uterine contractions as evidenced by reports of discomfort and difficulty relaxing.	Anxiety related to increased uterine contractions as evidenced by reports of anxiety.	Deficient knowledge related to first delivery as evidenced by the client's statement that she wants to breastfeed but doesn't know anything about breastfeeding.
<p>Rationale for the Nursing Diagnosis</p> <p>The pain must be managed during pregnancy to make it a more straightforward process for the mother and baby (Vera, 2022).</p>	<p>Rationale for the Nursing Diagnosis</p> <p>The patient expressed that they were becoming anxious. Which becomes a priority for the nurse to ensure the anxiety does not escalate (Vera, 2022).</p>	<p>Rationale for the Nursing Diagnosis</p> <p>This patient must understand breastfeeding correctly to allow her baby to be nourished and healthy (Vera, 2022).</p>
<p>Interventions</p> <p>Intervention 1: Therapeutic touch and massage</p>	<p>Interventions</p> <p>Intervention 1:</p>	<p>Interventions</p> <p>Intervention 1: Demonstrate and teach hands-on</p>

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<p>may work to relieve pain and discomfort (Belleza, 2021).</p> <p>Rationale:</p> <p>The release of endorphins increases when massage is applied. Which, in turn, decreases pain and creates a calming effect (Belleza, 2021).</p> <p>Intervention 2: Breathing techniques may be used to help relax during acute pain.</p> <p>Rationale: Breathing techniques can become a distraction for women in labor. She can focus her thoughts on slow-paced breathing instead of the pain (Belleza, 2021).</p>	<p>Encourage participation in breathing exercises (Vera, 2022).</p> <p>Rationale: Relaxation exercises are practical non-pharmacological techniques to reduce anxiety (Belleza, 2021).</p> <p>Intervention 2: Establish and maintain a trusting relationship by listening and comforting the client.</p> <p>Rationale: These therapeutic skills must be directed towards the client to put the client at ease. Anxious patients need reassurance and acceptance to overcome an anxiety attack (Belleza, 2021).</p>	<p>assistance with breastfeeding positions (Vera, 2022).</p> <p>Rationale: Mothers must know the correct positioning of breastfeeding because it is easier on the baby and the mother's overall experience (Belleza, 2021).</p> <p>Intervention 2: Educate her on the proper storage of her milk (Belleza, 2021).</p> <p>Rationale: It is essential to preserve milk to remain fresh and retain its nutritional value (Belleza, 2021).</p>
<p style="text-align: center;">Evaluation of Interventions</p> <p>Patient will not report any pain.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The client's anxiety is reduced and appears relaxed.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient verbalized and demonstrated an understanding of correct breastfeeding techniques.</p>

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References (3):

Belleza, M. (2021). *Comfort and pain management during labor and delivery*. Nurselabs. [Labor and Delivery Comfort & Pain Management – Nursing Management \(nurseslabs.com\)](#)

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

Vera, M. (2022). *Seven preterm labor and nursing care plans*. Nurselabs. [7 Preterm Labor Nursing Care Plans - Nurseslabs](#)