N432 Labor and Delivery Concept map template

Medications

Lidocaine Hydrochloride, pharmacological class; Amide derivative, therapeutic class; IB antiarrhythmic, a local anesthetic (Jones, 2020). The patient is taking this medication to provide topical anesthesia for mucus membranes.

Ampicillin, pharmacological class; Aminopenicillin, therapeutic class; antibiotics (Jones, 2020). The patient is taking this medication to treat Group B strep.

RhoGAM, pharmacological class immune goblins, therapeutic class; N/A. The patient is taking this medication to prevent an immune response because the baby has a different blood type.

Demographic Data

Admitting diagnosis: Pain

Secondary diagnosis: N/A

Age of client: 17

Weight in kgs: N/A

Allergies: N/A

Date of admission: N/A

Support person present: Mother

Presentation to Labor and Delivery

The patient is 17 years old who is 39 weeks gestation. The patient began complaining of pain three hours before being admitted for observation at 1200. The patient stated that her pain is a three on a pain scale of one to ten. The patient did not describe the pain she was experiencing. There is no aggravating or relieving factors. The patient did not take anything for the pain before being admitted.

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

Baseline EFH: 130/125

Variability: mod/mod

Accelerations: present/ absent

Decelerations: absent/early

Contractions:

frequency: 8 to 10 min apart/ 1 to 2 min apart

-length: 30 sec/60 to 80 sec

-strength: Palpate for strength

-patient's response: The patient is experiencing pain of 3 on a pain scale of 0/10 in the first stage of labor. The patient is experiencing pain of 6 on a pain scale of 0/10 in the 2nd stage of labor.

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Prenatal & Current Lab Values/Diagnostics

N/A

Medical History

Prenatal History: N/A

Previous Medical History: N/A

Surgical History: N/A

Family History: N/A

Social History: The patient's mother is present. The baby's father is not involved, and the patient is married. The patient's support person is her mother.

Active Orders

EFM is relevant for diagnosis because it is a continuous test that records the patient's contractions and the baby's heart rate.

Ambulation PRN is relevant for diagnosis because it reduces the duration of labor, the risk of cesarean birth, and the need for an epidural.

Clear liquids are relevant for diagnosis because they can provide comfort during labor.

IV access per protocol is relevant for diagnosis because it allows faster blood transfusions if bleeding occurs.

Ampicillin is relevant for diagnosis because it is ordered to treat group B strep in the patient.

Bedrest PRN is relevant for diagnosis to prevent falls and provide comfort during pregnancy.

Vital signs per protocol are relevant for diagnosis to monitor the well-being of the mother and baby.

Stages of Labor

Stage 1

S/S of the latent phase

Some dilation and effacement (Holman et al., 2019).

The patient is usually talkative and eager (Holman et al., 2019).

Latent Phase

Contractions

- Irregular, mild to moderate.
- Frequency: 5 to 30 min
- Duration: 30 to 45 seconds
- Dilation: 0 to 3 cm

Nursing actions of the latent phase

Encourage upright positions, application of warm/cold packs, ambulation, or hydrotherapy if not contraindicated to promote comfort (Holman et al., 2019).

Encourage voiding every 2hr. (Holman et al., 2019).

S/S of the active phase

Rapid dilation and effacement (Holman et al., 2019).

Some fetal descent (Holman et al., 2019).

Feelings of helplessness (Holman et al., 2019).

Anxiety and restlessness increase as contractions become stronger (Holman et al., 2019).

Active Phase

Contractions

- More regular, moderate to strong
- Frequency: 3 to 5 min
- Duration: 40 to 70 seconds
- Dilation: 4 to 7 cm

Nursing actions of the active phase

- Provide client/fetal monitoring (Holman et al., 2019).
- Encourage frequent position changes (Holman et al., 2019).
- Encourage voiding at least every 2 hr (Holman et al., 2019).
- Encourage deep cleansing before and after modified-paced breathing (Holman et al., 2019).
- Encourage relaxation (Holman et al., 2019).
- Provide nonpharmacological comfort measures (Holman et al., 2019).
- Provide pharmacological pain relief as prescribed (Holman et al., 2019).

S/S of the transition phase

Tired, restless, and irritable (Holman et al., 2019).

Feeling out of control, the client often states, "cannot continue" (Holman et al., 2019).

Can have N/V
Urge to Push
Increased rectal pressure and feelings of needing a bowel movement (Holman et al., 2019).
Bleeding increases

Transition Phase

Contractions

- Strong to very strong
- Frequency: 2 to 3 minutes
- Duration: 45 to 90 Seconds

Typical Nursing interventions, assessment findings, and treatments

- Blood pressure, pulse, and respiration should be assessed every 30 to 60 min (Holman et al., 2019).
- Contraction monitoring should be assessed every 30 to 60 min (Holman et al., 2019).
- FHR monitoring (expected range 110 to 160/min) assessed every 30 to 60 min (Holman et al., 2019).
- Perform Leopold maneuvers (Holman et al., 2019).
- Perform a vaginal examination as indicated (if there is no evidence of progress) to allow the examiner to assess whether client is in true labor and whether membranes have ruptured (Holman et al., 2019).
- Encourage the client to take slow, deep breaths before the vaginal exam (Holman et al., 2019).
- Monitor cervical dilation and effacement (Holman et al., 2019).
- Monitor station and fetal presentation (Holman et al., 2019).
- Prepare for impending delivery as the presenting part moves into positive stations and begins to push against the pelvic floor (crowning) (Holman et al., 2019).
- Assessments related to possible rupture of membranes (Holman et al., 2019).
- When there is a suspected rupture of membranes, first assess the FHR to ensure there is no fetal distress from possible umbilical cord prolapse, which can occur with the gush of amniotic fluid (Holman et al., 2019).
- Verify the presence of alkaline amniotic fluid using atrazine paper (turns blue, pH 6.5 to 7.5) (Holman et al., 2019).
- A fluid sample can be obtained and viewed on a slide under a microscope. Amniotic fluid will exhibit a frond-like ferning pattern. Assess the amniotic fluid for color and odor (Holman et al., 2019).
- Expected findings are clear, the color of water, and free of odor (Holman et al., 2019).
- Abnormal findings include the presence of meconium, abnormal color (yellow, green), and a foul odor (Holman et al., 2019).
- Perform bladder palpation regularly to prevent bladder distention, which can impede fetal descent through the birth canal and cause trauma to the bladder (Holman et al., 2019).
- Clients might not feel the urge to void secondary to the labor process or anesthesia (Holman et al., 2019).
- Encourage the client to void frequently (Holman et al., 2019).
- Perform a temperature assessment every 4 hr (every 2 hr if membranes rupture) (Holman et al., 2019).

- Provide nonpharmacological comfort measures (Holman et al., 2019).
- Provide pharmacological pain relief as prescribed (Holman et al., 2019).

Stage 2
S/S
Begins with complete dilation and effacement(Holman et al., 2019).
Uterine contractions (Holman et al., 2019).
Pushing efforts by the client (Holman et al., 2019).
Increase in the bloody show(Holman et al., 2019).
Shaking of extremities (Holman et al., 2019).
Stage 2
The patient is fully dilated, and labor progresses to intense contractions every one to two minutes.
Birth occurs (Holman et al., 2019). This stage lasts from the time the cervix is fully dilated to the birth of the fetus (Holman et al., 2019).

Nursing actions

- Continue to monitor the client/fetus (Holman et al., 2019).
- Assist in positioning the client for effective pushing (Holman et al., 2019).
- Assist in partner involvement with pushing efforts and encouraging bearing down efforts during contractions (Holman et al., 2019).
- Promote rest between contractions (Holman et al., 2019).
- Provide comfort measures such as cold compresses (Holman et al., 2019).
- Cleanse the client's perineum if fecal material is expelled during pushing (Holman et al., 2019).
- Prepare for episiotomy if needed (Holman et al., 2019).
- Provide feedback on labor progress to the client (Holman et al., 2019).
- Prepare for the care of neonates. A nurse trained in neonatal resuscitation should be present at delivery (Holman et al., 2019).
- Check oxygen flow and tank on warmer (Holman et al., 2019).
- Preheat the radiant warmer (Holman et al., 2019).
- Lay out a newborn stethoscope and bulb syringe (Holman et al., 2019).
- Have resuscitation equipment in working order (resuscitation bag, laryngoscope) and emergency medications available (Holman et al., 2019).
- Check the suction apparatus (Holman et al., 2019).

Stage 3
S/S
Fundus firmly contracting, a swift gush of dark blood from the introitus, and the umbilical cord appears to lengthen as the placenta descends (Holman et al., 2019).
Vaginal fullness on the exam (Holman et al., 2019).
Nursing actions

Instruct the client to push once findings of placental separation are present. Keep the client/parents informed of the progress of placental expulsion and perineal repair if appropriate (Holman et al., 2019).
Administer oxytocic as prescribed to stimulate the uterus to contract and thus prevent hemorrhage (Holman et al., 2019).
Administer analgesics (Holman et al., 2019).
Gently cleanse the area with warm water and apply a perineal pad or ice pack to the perineum (Holman et al., 2019).
Promote baby-friendly activities between the family and the newborn, facilitating the release of endogenous maternal oxytocin. Examples of such activities include introducing the parents to the baby and facilitating the attachment process by promoting skin-to-skin contact immediately following the birth. Allow private time and encourage breastfeeding (Holman et al., 2019).

Assessment

Blood pressure, pulse, and respiration measurements every 15 min (Holman et al., 2019).
Clinical findings of placental separation from the uterus, as indicated by (Holman et al., 2019).
Fundus firmly contracts (Holman et al., 2019).
Swift gush of dark blood from the introitus (Holman et al., 2019).
The umbilical cord appears to lengthen as the placenta descends (Holman et al., 2019).
Vaginal fullness on the exam (Holman et al., 2019).
Assignment of 1 and 5 min Apgar scores to the neonate (Holman et al., 2019).

Nursing Diagnosis 1 Acute pain related to labor contractions, as evidenced by the patient stating my pain is a three on a scale of 0 to 10 (Phelps, L. 2020).	**Nursing Diagnosis 2** Risk for fetal infection related to mother carrying Group B strep infection as evidenced by rupture of amniotic membranes.	**Nursing Diagnosis 3** Deficient knowledge is related to insufficient information, as evidenced by first labor and delivery (Phelps, L. 2020).
The rationale for the Nursing Diagnosis The patient stated that her pain was a three on a scale of 0 to 10.	**The rationale for the Nursing Diagnosis** The mother is a carrier of Group B strep.	The rationale for the Nursing Diagnosis This is the patient's first labor and delivery.
Interventions **Intervention 1: "**encourage the patient to report which pain relief measures prove the most effective" (Phelps, L. 2020). **Rationale: "**this intervention gives the patient a sense of control and promotes effective modification of therapy" (Phelps, L. 2020). **Intervention 2: "**perform comfort measures to promote relaxation, such as massage, repositioning, and relaxation techniques" (Phelps,	**Interventions** **Intervention 1:** Administer antibiotics as ordered. **Rationale:** Antibiotics to treat Group B strep in the patient. **Intervention 2:** Teach the patient about good hand-washing techniques and factors that increase infection risk and signs and symptoms of infections. **Rationale:** Signs and symptoms of infections. These measures allow the patient to participate in	**Interventions** **Intervention 1:** instruct the client to avoid pushing before the cervix is fully dilated. **Rationale:** Pushing before full dilation can cause maternal exhaustion and fetal hypoxia. Pushing slows the progress rather than speeding it. **Intervention 2:** educate the patient about nonpharmacological pain relief techniques and pharmacological pain relief measures that can be taken.

L. 2020). **Rationale: "**this measure will reduce muscle tension or spasm. It will redistribute pressure on body parts and help the patient focus on non-pain-related subjects" (Phelps, L. 2020).	care and help the patient modify their lifestyle to maintain optimum health.	**Rationale:** Provides patient with comfort measures and promotes relaxation.
Evaluation of Interventions "The client will identify and use techniques to control pain and discomfort" (Phelps, L. 2020). The client will appear relaxed, resting between contractions. the client will report that pain has decreased.	**Evaluation of Interventions** The client will identify risk factors for potential infections. The client will be able to identify signs and symptoms of infections.	**Evaluation of Interventions** The patient did not push until full cervix dilation. The patient indicated an understanding of the options of a nonpharmacological pain relief and pharmacological pain relief measures.

References (3):

Holman, H.C., William,D., Johnson,J., Sommer, S., Ball, B.S., Morris, C., Leehy, P., Hertel, R., & Assessment Technologies Institute (Contributors). (2019). Maternal newborn nursing: review module (11th ed.). Assessment Technologies Institute.

Jones, D.W. (2021). Nurse's drug handbook. (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.