

N432 Labor and Delivery Concept map template

Medications

Ampicillin

Ampicillin: 2 g IVPB when in active labor and 1 g every 4 hours while in labor.

Pharmacological: Aminopenicillin

Therapeutic: Antibiotic

Key assessment: This infusion needs to be infused over 15 to 30 minutes. "More rapid infusions may cause seizures" (Pennington, 2020, p.66).

Patient takes this antibiotic to treat her for group b strep prophylaxis as well as to prevent the baby from getting the infection as well.

RhoGAM

Pharmacological: Immune Serum

Prenatal & Current Lab Values/Diagnostics

None provided

Demographic Data

Admitting diagnosis: Pain due to contractions

Secondary diagnosis: N/A

Age of client: 17

Medical History

Prenatal History: Prenatal history records obtained by her previous office visits. Patient has gravida 1 para 0.

Previous Medical History: Patient at 36 weeks. Her blood type is

Surgical History: N/A

Family History: N/A

Social History: Patient is an ac system, and both attend a child medicated birth. Patient plans

Active Orders

EFM- Checks on the well-being of the fetus

Ambulation Prn- Walking helps apply pressure on the cervix and may help induce labor

Clear liquids- Due to patient being recently NPO and slowly re introduce food back into her diet.

IV- protocol need access in case patient needs emergency medication or provider orders medication needed to be given by IV.

Ampicillin- Antibiotic to treat strep prophylaxis and prevent the newborn from being infected.

Up to BR PRN- To make sure patient can void and ambulating helps apply pressure on the cervix and may help induce labor

Vital signs per protocol- protocol as well as to keep an eye out on the patient's status to make sure patient is stable.

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:** Patient majority of the experience remained comfortable with a 3/10 on admission and during second stage expecting 6/10 pain.

Stages of Labor

Stage 1

The sign and symptoms include “generally defined as beginning when contractions become strong and regularly spaced at approximately 3 to 5 minutes apart” (Hutchison et al., 2022). In the first stage there is a latent and active phase. The latent phase expected findings include “commonly defined as the 0 to 6 cm, while the active phase commences from 6 cm to full cervical dilation” (Hutchison et al., 2022). As for the active phase expected findings it is rapid cervical dilation generally starts around 6 centimeters of dilation, typically dilates at a rate of 1.2 to 1.5 centimeters per hour (Hutchison et al., 2022). The stage is identified by how far apart the contractions, changes in cervix, are as well as how far along the mother is dilated. Which in this situation client had eight-to-ten-minute intervals within each contraction lasting thirty seconds. Vital signs to be checked promptly as well as temperature every two to four hours. Patient will become more hopeless and anxious as they reach the active phase. The transition occurs when the mother starts to feel the urge to push, and the contractions have become closer together. Provider will need to assess whether patient is fully dilated and ready to transition and to start pushing! There are a multitude of interventions and treatments that can help. Ambulating, use of a birthing ball, changing positions, massages between contractions help with transition onto the next stage. In the clinical field I saw the active orders of ambulating and interventions of massaging in use in the clinical practice. As well as reading in the history about a cervical exam when patient was first admitted reading cervical dilation is 1 cm, 80% effacement, and 0 station. As time passed patient the patient was 6 cm dilated, 90% effacement, and +1 station. Vertex presentation and fetal position is LOA with good flexion of the head. I also observed from the note that the fetal laid s longitudinal with a cephalic presentation.

Stage 2

The second stage “commences with complete cervical dilation to 10 centimeters and ends with the delivery of the neonate” (Hutchison et al., 2022). Sign and symptoms included is when the mother feels the urge to push, contractions are close together, full dilation until birth of the newborn. Expected findings include checking vitals BP, pulse, and respirations every five to thirty minutes. Expected findings is patient to experience shakiness and perineal lacerations. Once again, this labor is identified once patient is in complete dilation. Interventions include providing positive feedback, breathing exercises, ad to push as instructed by provider. Treatments include with effective pushing and assessing of the process of labor as well as effective deep breathing exercises observed the patient stating she feels pressure “down there” she is now 10 cm/100%/2+. Patient also expresses the urge to push. The assessment of the client is progressing onto the next stage once the fetus has been delivered.

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Stage 3

This stage is once the baby is delivered to the delivery of the placenta. Significant sign and symptoms include “Separation of the placenta from the uterine interface is hallmarked by three cardinal signs, including a gush of blood at the vagina, lengthening of the umbilical cord, and a globular shaped uterine fundus on palpation” (Hutchison et al., 2022). It is expected to check vitals BP, pulse, and respirations every fifteen minutes. This stage is defined “as the time from the delivery of the fetus until the delivery of the placenta “(Desai & Tsukerman, 2022). The nursing interventions include monitoring the patients’ vitals as well as the baby, monitor for hemorrhage, and ensuring stability of the patient. This is the final stage documented in this concept map no more assessment needed to further onto the next stage. This patient experienced a delivering a healthy male infant at 2032 placenta delivered in 2045. The patients wish for no pain medications, so nurse did as instruct.

<p>Nursing Diagnosis 1 At risk for hemorrhage as related to labor as evidence by patient delivering baby.</p>	<p>Nursing Diagnosis 2 At risk for pain related to contractions as evidence by being 39 weeks pregnant.</p>	<p>Nursing Diagnosis 3 At risk for anxiety related to first time in labor as evidence by gravida being one.</p>
<p>Rationale for the Nursing Diagnosis This nursing diagnosis was chosen due to potential for hemorrhage due to uncontracted uterus.</p>	<p>Rationale for the Nursing Diagnosis Due to pain causing anxiety affecting fetal heart and can slow progression of labor</p>	<p>Rationale for the Nursing Diagnosis Anxiety will affect fetal heart and can slow progression of labor</p>
<p>Interventions Intervention 1: Massage uterus Rationale: To help contract (Belleza,2021). Intervention 2: Provide medications to contract uterus</p>	<p>Interventions Intervention 1: Provide pain medication Rationale: To provide pain relief and keep pain at a tolerable level (Belleza,2021). Intervention 2: Ice pack to perineum</p>	<p>Interventions Intervention 1: Distractions including deep breathing exercises (Belleza,2021) and her home meditation exercises. Rationale: To provide a trusting relationship and</p>

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<p>Rationale: to contract uterus (Belleza,2021).</p>	<p>Rationale: Provide tactics to reduce pain including nonpharmacological remedies (Belleza,2021). As active orders mentioned ambulating.</p>	<p>empathetic environment to show nurses do listen to her when she mentioned she mediated at home. Intervention 2: Education on various tactics to try out Rationale: Patient to have more knowledge and ideas on how to reduce anxiety (Belleza,2021).</p>
<p>Evaluation of Interventions The patient was content with interventions in place and was appreciative of the massage. The pain medication did help contract uterus and showed no signs of hemorrhaging.</p>	<p>Evaluation of Interventions The pain was able to be managed and kept at a tolerable level 3/10 throughout the patients stay at the hospital. The patient was content with the nurse's prompt care when needed.</p>	<p>Evaluation of Interventions The patient was grateful with distractions provided and was able to calm down and implement these ideas and exercises throughout her stay at the hospital. Anxiety was able to be managed and controlled.</p>

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References (3):

Belleza, M. (2021). *Providing comfort & pain management during Labor & Delivery: A nursing responsibility*. Nurses labs.
<https://nurseslabs.com/comfort-labor-delivery/>.

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Hutchison, J., Mahdy, H., & Hutchison, J. (2022). Stages of Labor. In *StatPearls*. StatPearls Publishing.

Pennington, G.F. S. (2020). Lippincott course point enhanced for Frandsen: Abrams' clinical drug therapy (12th ed.). *Wolters Kluwer Health*.

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