

N432 Labor and Delivery Concept Map: Jackson Powell

Medications

Ondansetron: 4mg IV Push

Pharmacological/Therapeutic class: Selective serotonin receptor antagonist, Antiemetic

Reason client taking: For nausea and vomiting

Key nursing assessments: Use with caution only if benefit to mother outweighs potential risk to fetus (Jones & Bartlett Learning, 2022).

Fentanyl: 7.5mcg IV

Pharmacological/Therapeutic class: Opioid, Opioid analgesic

Reason client taking: For moderate pain

Key nursing assessments: Drug may prolong labor. Drug should not be used during labor and delivery (Jones & Bartlett Learning, 2022).

Prochlorperazine: 10mg IV Push

Pharmacological/Therapeutic class: Piperazine phenothiazine., Antiemetic

Reason client taking: For nausea and vomiting

Key nursing assessments: Drug may cause fetal harm (Jones & Bartlett Learning, 2022).

Acetaminophen: 500mg Oral

Pharmacological/Therapeutic class: Nonsalicylate, Antipyretic

Reason client taking: For mild pain

Key nursing assessments: Use of drug at any time during pregnancy may increase risk of attention deficit hyperactivity disorder (ADHD) after birth (Jones & Bartlett Learning, 2022).

Oxytocin: 2 milli-units/min IV

Pharmacological/Therapeutic class: Posterior pituitary hormone, Uterine active agent

Reason client taking: To induce contractions to start labor

Key nursing assessments: Monitor contractions, fetal and maternal heart rate, and maternal blood pressure and ECG. Discontinue infusion if uterine hyperactivity occurs (Jones & Bartlett Learning, 2022).

Demographic Data

Admitting diagnosis: Labor assessment

Secondary diagnosis: N/A

Age of client: 20

Weight in kgs: 71.4 kgs

Allergies: Ampicillin and Bactrim

Date of admission: 6/12/23

Support person present: Yes. Azariah, boyfriend/father of baby

Presentation to Labor and Delivery

Patient is a 20-year-old female G1P0 at 40 weeks into gestation. She came to the hospital at 2330 on 6/12/23 because of cramping abdominal pain as well as contractions starting at 1500 on 6/12/23. Patient reported that her contractions have only been getting stronger and more painful since they started. There are no reports of any leakage or vaginal bleeding. The patient's vitals upon admission were BP 120/89, Pulse 56, Respiratory rate 20, temperature 97.9, and Oxygen 96%.

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

Baseline EFH:

Start: 115, End: 140

Variability:

Start: Minimal, End: Moderate

Accelerations:

Start: Absent, End: Absent

Decelerations:

Start: Absent

End: Recurrent Variable Decelerations

Contractions:

Start: Coupling, End: Regular

-frequency

Start: 1.5-4 min, End: 1.5-2 min

-length

Start: 60 sec, End: 90 sec

-strength

Start: Mild, End: Strong

-patient's response

Start: Relaxed, End: Relaxed

Prenatal & Current Lab Values/Diagnostics

Blood Type: B+
GBS: Negative
3rd TRI HIV: Nonreactive
Hep B: Nonreactive
RPR: Nonreactive
Antibody: Negative
Rubella: 9.00 equivocal
Flu: Denies flu shot
COVID: Negative
Hemoglobin (11-16): 10.1 -Low hemoglobin is normal during pregnancy due to the blood volume increasing leading to anemia and a higher demand of iron intake (Capriotti, 2020).
Hematocrit (34-47): 30.8 - The patient showed low hematocrit levels which is normally seen in pregnant patient's (Capriotti, 2020).

Medical History

Prenatal History:
G1T0P0A0L0
40 weeks and 1 day
Previous Medical History:
Asthma, Migraines, and Depression
Surgical History:
None noted
Family History:
Mother: Congenital heart failure, and Breast cancer
Father: Trisomy 13. and Cleft lip
Social History:
None
Denies drug and alcohol use

Active Orders

Blood Pressure Q8H: High blood pressure during pregnancy could increase the risk of preeclampsia or preterm birth so it is important to constantly monitor blood pressure
Vital Signs Q4H: Monitor vitals to note any changes that could occur during pregnancy
Strict I/O: The patient needs her I/O's monitored to ensure adequate fluid output. Helps monitor for edema and urinary patterns.
Complete maternal fetal assessment:
Assessment is done to check for abnormalities in the fetus that may lead to complications during birth
TOCO monitor: Records pressure, used to monitor how strong contractions are.

Stages of Labor

Stage 1

The first stage of labor occurs when the patient begins to feel persistent contractions (start of labor) to complete cervical dilation. For this patient her first stage began at 1500 on 6/12/23 when she first started to feel her contractions worsening. She presented to the hospital at 2330 that same day because her contractions were only getting worse. At 0936 on 6/13/23 a Cooks double balloon catheter was used to help ripen the cervix to induce labor. At around 1400 the Cooks double balloon catheter was taken out and the cervix was 6 cm dilated. During this stage it is important for the nurses to keep track of maternal and fetal vital signs. The patient had an epidural done to help ease the pain of the contractions and allow her to get some rest. At 1611 the patient had an artificial rupture of membranes (AROM). Then at 1730 the patient was fully dilated at 10 cm.

Stage 2

This stage is defined as when the patient is at complete cervical dilation to the delivery of the baby. Patient was fully dilated at 1730 on 6/13/23. Patient began pushing at 1738. It is important during this stage that the nurses are monitoring the fetus's response to labor by checking the FHR. They also want to be monitoring the contractions frequency, duration, and intensity. The patient would push for 10 seconds at a time and would do this three times between contractions. Patient was sitting in a semi fowlers position, the father of the baby and a friend of the mother held her knees up while she was pushing. The patient did not seem to be in any distress at this time. She was laughing and talking with her family members in between pushing periods and normal controlled breathing the whole time. Delivery of the baby happened at 1756.

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Stage 3

This stage is defined as the delivery of the baby and the delivery of the placenta. Delivery of the baby happened at 1756 on 6/13/23. The baby came out head first at left occiput anterior. Baby went straight to mother after birth to get skin on skin contact. Placenta was delivered at 1759. Father of the baby cut the umbilical cord. Oxytocin was increased to 334 ml/hour. After delivery of both the baby and the placenta is complete the nurses should sit the mother up in a comfortable position, apply ice to the perineum, and explain to the mother what other assessments may come.

<p align="center">Nursing Diagnosis 1</p> <p>Ineffective breastfeeding related to lack of knowledge as evidenced by lack of experience</p>	<p align="center">Nursing Diagnosis 2</p> <p>Impaired parenting related to being a first-time mother as evidenced by G1T1P0A0L1</p>	<p align="center">Nursing Diagnosis 3</p> <p>Risk for altered sleep patterns related to newborn as evidences by frequent feeding every two hours</p>
<p align="center">Rationale for the Nursing Diagnosis</p> <p>This patient is a first-time mother and does not know how to properly breast feed a newborn.</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>This is the patient's first child of their own and this could be a lot to handle all at once.</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>Newborns are woken up 2 hours to heed which does not allow the mother to get very much sleep</p>
<p align="center">Interventions</p> <ol style="list-style-type: none"> 1. Assist patient in breast feeding the newborn as well as teaching the patient the proper technique (Phelps, 2021). 2. Teach the patient to recognize cues from the baby that they are ready to feed such as lip smacking or sucking finger (Phelps, 	<p align="center">Interventions</p> <ol style="list-style-type: none"> 1. Assist the mom with developing schedules and planning daily activities (Phelps, 2021). 2. Advise the patient to make time for herself everyday so she can stay mentally healthy (Phelps, 2021). 	<p align="center">Interventions</p> <ol style="list-style-type: none"> 1. Assis the mom with developing a schedule for feedings (Phelps, 2021). 2. Assist the patient with developing a support system (Phelps, 2021).

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2021).		
Evaluation of Interventions Mother will implement the techniques the nurses showed them to improve breastfeeding	Evaluation of Interventions The patient should have a support system to help her out and she recognizes the importance of keeping a support system close.	Evaluation of Interventions The patient understands that she will have help from her boyfriend and her mother.

References (3):

Jones & Bartlett Learning. (2022). 2022 Nurse Drug Handbook. Houston, B. T., Chowdhury, Y.

Capriotti, T. M. (2020). Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives. [FADavis]

Phelps, L. L. (2021). Sparks & Taylor's nursing diagnosis pocket guide. Wolters Kluwer.