

N432 Labor and Delivery Concept map template

**Medications**

**Naropin (Ropivacaine Hcl) 25mg INJ PRN**

Therapeutic class: Local anesthetics  
 Pharmacological Class- Amino Amide class  
 Naropin was administered to the client as a local anesthetic for the epidural procedure.  
 Assess blood pressure. Low blood pressure can affect the fetal heart rate (*Nursing 2022 drug handbook, 2022*).

**Oxytocin (Pitocin) in 0.9% NaCl 30 units/500 mL IV continuous**

Therapeutic class: Oxytocic  
 Pharmacologic class: Exogenous hormones  
 Oxytocin was administered to the client to stimulate and induce labor.

Monitor the client's Level of consciousness, such as confusion and drowsiness (*Nursing 2022 drug handbook, 2022*).

**Lactated Ringer IV fluid infusion 125 mL/hour continuous**

Therapeutic class: IV nutritional product  
 Pharmacological Class: Isotonic solution  
 LR is administered to the client.  
 Verify that the client can tolerate lactate (*Nursing 2022 drug handbook, 2022*).

**Fentanyl PF INJ 50 mcg IV push every 2 hours**

Pharmacological: Opioid agonist  
 Therapeutic class: Opioid analgesics

**Demographic Data**

**Admitting diagnosis:** Spontaneous Rupture of Membrane (SROM)

**Secondary diagnosis:** Augmentation of Labor

**Age of client:** 28 years

**Weight in kgs:** 79.8 kgs

**Allergies:** Penicillin

**Date of admission:** September 6, 2023

**Support person present:** Husband

Presentation to Labor and Delivery

The client was present in the OB/ER in 1730. The client reported leakage of fluid and sharp abdominal pain during admission. The client reported that a clear, large gush of fluid had soaked their rug. Upon assessment, the client was experiencing intermittent cramping. Medical history includes pregnancy complicated by anemia. The client was supposed to have a schedule for induction of Labor on Sunday.

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

<b>Baseline EFH:</b> 140	155
<b>Variability:</b> moderate	moderate
<b>Accelerations:</b> Present	Present
<b>Decelerations:</b> None	Present
<b>Contractions:</b>	
<b>-frequency:</b> Q 2-3 mins	Q 2- 3 mins
<b>-length:</b> 60 secs	60-90 secs
<b>-strength:</b> strong	strong
<b>-patient's response:</b> Pressure	Pressure

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**Medical History**

**Prenatal History:** G1 T1 P0 A0 L0

**Previous Medical History:** None

**Surgical History:** None

**Family History:** None

**Social History:** Client denies using tobacco and tobacco product, and drug use.

**Prenatal & Current Lab Values/Diagnostics**

Neutrophils 7.9	Increased. With an increase in Neutrophil levels, the body is under stress (Pagana et al., 2020).
Cl- 109	98-106 mEq/L An elevated Cl level could indicate possible dehydration (Pagana et al., 2020).
BUN- 4	10-20 mg/dL A decrease in BUN is seen in pregnancy as a result of BUN dilution and increased water retention (Pagana et al., 2020).
Albumin- 3.2	3.2 to 5.4 g/dL A decrease in albumin is a possible indicator of malnutrition (Pagana et al., 2020).

**Active Orders**

**Strict I&O.** To monitor fluid retention.

**NPO- Ice chips allowed.** This order is implemented in cases wherein the client needs an emergency procedure.

**Continuous Fetal Monitoring.** To monitor the well-being of the fetus.

**Position change.** Frequent position changes can help facilitate the opening of the pelvis.

**Avoid Supine position at all times.** This order is to avoid the incidence of hypotension.

**Check leg strength and sensation hourly.** To prevent complications from epidural analgesia.

**Vital signs every two hours.** To monitor changes and abnormalities. Check maternal temperature for signs of infection.

**Complete OB Hemorrhage Risk Score.** To predict and prevent possible hemorrhage.

**Pneumatic Compression Stockings.** To prevent blood

**Stages of Labor**

**Stage 1**

The first stage of Labor consists of three phases: Latent, Active, and Transition. The first stage is when Labor starts and when the client is at full cervical dilation and effacement (Hutchison et al., 2023).

In the Latent phase, back pain that radiates around the abdomen is present. The contractions are mild and irregular and may occur every five to thirty minutes. The client may be dilated from zero to three centimeters. Monitor and documentation of Fetal Heart Rate (FHR) is needed every thirty minutes, and the bladder must be empty at least every hour if the client does not have a urinary catheter. Monitoring blood pressure is vital.

The client assigned to this student-nurse is in the Active phase. In this phase, contractions are more regular and stronger and may occur every three to five minutes frequency. There is a rapid dilation with some fetal descent. The client felt anxious and felt more pressure around and across the abdomen because of the stronger and more intense contractions. The nurse assesses the client's vital signs frequently and assesses contraction and the FHR via toco monitoring. Position changes with the use of pillows were utilized.

In the transition phase, the contraction occurs from two to three minutes in frequency. This is the phase when clients transition to the second stage of Labor. The client will have a complete dilation and will start to have the urge to push.

**Stage 2**

The second stage of labor starts with a full dilation of the birth of the fetus (Hutchison et al., 2023). This is the pushing stage. Signs and symptoms include uterine contractions every one to two minutes. Somatic pain occurs from the descent of the fetus and expulsion. There will be increased pressure in the vagina & rectum bloody show. Shaking of extremities for unknown reason

Nursing interventions include monitoring blood pressure, pulse rate, and respiratory rate every five to thirty minutes is vital. FHR will be monitored every fifteen minutes and immediately following birth. After the delivery of the fetus, perineal lacerations may occur, and nursing care to decrease the risk of infection should be implemented.

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**Stage 3**

The last stage of labor is the Delivery of the fetus, also called Neonate, and the separation and expulsion of the Placenta (Hutchison et al., 2023). After the expulsion of the Placenta, the Schultz Presentation occurs, which is the presentation of the shiny side of the Placenta as it separates, and the Duncan presentation, which is the presentation of the maternal side or the rough side of the Placenta rather than the shiny side. Nursing assessment includes obtaining blood pressure, pulse rate, and respiratory rate every fifteen minutes. The APGAR score will be utilized, which measures the baby's condition after birth. It is measured at one and five minutes after birth.

<p><b>Nursing Diagnosis 1</b>  <b>Risk for Fall related to Epidural analgesia as evidence by lower extremities weakness.</b></p>	<p><b>Nursing Diagnosis 2</b>  <b>Risk for Hemorrhage related to cervical dilation as evidence by bloody show.</b></p>	<p><b>Nursing Diagnosis 3</b>  <b>Anxiety related to stress associated with labor related to verbal feelings of distress</b></p>
<p><b>Rationale for the Nursing Diagnosis</b></p> <p>The client does not have strength on the lower extremities due to Epidural. The risk for falls is increased.</p>	<p><b>Rationale for the Nursing Diagnosis</b></p> <p>There is a risk for bleeding during the delivery that can be due to trauma and lacerations.</p>	<p><b>Rationale for the Nursing Diagnosis</b></p> <p>The client is experiencing stress because of the prolonged labor phase.</p>
<p><b>Interventions</b></p> <p><b>Intervention 1:</b> Secure the bed, ensure the client is not on the edge of the bed, and provide support on the client's weight when side-lying using pillows</p>	<p><b>Interventions</b></p> <p><b>Intervention 1:</b> Assessment of the lochia, including quantity, color, and presence of blood clots.  <b>Rationale:</b> Normal findings such as dark red lochia,</p>	<p><b>Interventions</b></p> <p><b>Intervention 1:</b> Educate the client about changes in labor, either psychological or physiological (Ackley et al., 2021).</p>

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<p>or wedges.  <b>Rationale:</b> The client can slide out of the bed when positioned close to the side.  <b>Intervention 2:</b> Educate the client to call for help when position requesting a position change. Ensure the call light, bedside table, and other frequently used belongings are within reach (Ackley et al., 2021).  <b>Rationale:</b> The nurse can help the client with position change and support the client when turning to the side.</p>	<p>amount of saturated perineal pads per hour, and size of blood clots need to be assessed to rule out abnormality.  <b>Intervention 2:</b> Assess for boggy uterus.  <b>Rationale:</b> A boggy uterus can be a sign of uterine atony that can be caused by excessive bleeding in the uterus.</p>	<p><b>Rationale:</b> This intervention can help the client's awareness and what to expect during the phases of labor.  <b>Intervention 2:</b> Assess the client's level of pain. Provide pain relief through heat application and pharmacological intervention as needed (Ackley et al., 2021).  <b>Rationale:</b> The client's pain could be associated with feelings of anxiety.</p>
<p><b>Evaluation of Interventions</b>  The client will verbalize approval and understanding of the teaching. The client will be free of fall.</p>	<p><b>Evaluation of Interventions</b>  The client will not exhibit excessive bleeding.</p>	<p><b>Evaluation of Interventions</b>  The client will have less stress.</p>

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**References (3):**

Ackley, B., Ladwig, G., Makic, M., Kratz, M., Zandotti, M. (2021). *Nursing diagnosis handbook: An evidence-based guide to planning care*. (12<sup>th</sup> ed.) Elsevier.

Hutchison, J., Mahdy, H., & Hutchison, J. (2023). *Stages of labor*. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK544290/>

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Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's® diagnostic and laboratory test reference*. (15<sup>th</sup> ed.). Mosby.