

**Labor and Delivery Concept Map**

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N432 - Maternal-Newborn Care

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**Medications**

ValACYclovir hydrochloride (Valtrex) tablet 500mg Oral BID (0900-2100)

*Pharmacologic class: Herpesvirus Nucleoside Analog DNA Polymerase Inhibitor  
Therapeutic class: Antiviral*

Rationale: Used to suppress chronic recurrent episodes of genital herpes in immunocompetent patients (NDH, 2023).

Key Nursing assessment: Indicated for sepsis in severe lower respiratory and urinary tract infections, soft tissue and female reproductive tract, and febrile neutropenic patients (Frandsen et al., 2021).

Enoxaparin (Lovenox) syringe 40mg SubQ BID (0900-2100) standard

*Pharmacologic class: Low-molecular-weight heparin Therapeutic class: Antiviral*

Rationale: Used to prevent deep vein thrombosis (DVT) after abdominal surgery for patients with thromboembolic risk (NDH, 2023).

Key Nursing assessment: Be aware that all patients receiving anticoagulants, including pregnant women, are at risk for bleeding; drug therapy may change to a shorter-acting anticoagulant as delivery approaches to decrease bleeding risk for both mother and fetus (NDH, 2023).

Oxytocin in 0.9% sodium chloride 30 unit/500 mL ordered dose 125 mL/hr Admin 7.5 units/hr IV continuous.

*Pharmacologic class: Low-molecular-weight heparin Therapeutic class: Antiviral*

Rationale: To produce uterine contractions during the third labor stage and control postpartum bleeding or hemorrhage (NDH, 2023).

Key Nursing assessment: Infused at a rate to sustain uterine contraction and control atony (NDH, 2023).

Acetaminophen (Tylenol) 1000 mg Q6 (3-9-3-9) Oral Do not exceed 4g per 24 hours.

*Pharmacologic class: Nonsalicylate, para-aminophenol derivative Therapeutic class:*

**Demographic Data**

**Admitting diagnosis: Scheduled cesarean**

**Secondary diagnosis: Gestational diabetes, advanced maternal age, the fetus is breech.**

**Age of client: 41**

**Weight in kgs: 151kg**

**Allergies: Sulfa**

**Date of admission: 02/08/24**

**Support person present: The client's sister, Marissa**

**Presentation to Labor and Delivery**

The client presents to Labor and Delivery at 38 weeks 3 days for a scheduled cesarean as related to pregnancy complicated by late prenatal care, breeched fetus, and gestational diabetes. The client expressed concern about her history of thrombocytopenia, being GBS positive, and lab work being abnormal at her last cesarean. The client presented with questions regarding her lab work, pregnancy, and medication. The client stated she

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

**Baseline EFH: 135**

**Variability: Moderate**

**Accelerations: present**

**Decelerations: none**

**Contractions: N/A Cesarean**

- frequency N/A
- length N/A
- strength N/A
- patient's response N/A

**Medical History**

**Prenatal History: G 7 T5 P0 A2 L5**

**Previous Medical History: Multiple DVT, HSV2, PE, hx of thrombocytopenia, advanced maternal age, GBS positive.**

**Surgical History: Tubal ligation bilateral 2/8/24, left foot surgery, c-section 12/2022 & 02/2024**

**Family History: Single, Father is alive, Mother is alive, 1 brother, and 1 sister**

**Social History: Drinks alcohol socially, denies drug and tobacco use**

**Prenatal & Current Lab Values/Diagnostics**

Type and cross Leuko-reduced RBC (high risk) STAT.

CBC w/ diff- STAT

Comprehensive Metabolic Panel

Uric Acid

Protein/Creatinine Ratio

LD (LDH)

Lab Pathology

**LAB**

**Abnormal**

Normal

**Active Orders**

Abdominal binder- holding organs and wound intact after surgery.

Wound care - To avoid infection after surgery.

Ambulate Q6- To promote movement after surgery and prevent DVT and PE

Order platelet counts 4 hours of proposed surgery w/ severe pre-eclampsia.- Previous hx

IV access peripheral/ main per protocol- To administer meds and fluids

Pneumatic Compression Stockings- DVT hx

NPO. Surgery precautions

**Stages of Labor**

**Stage 1: My client did not do this because she had a scheduled c-section.**

**Stage 2: My client did not do this because she had a scheduled c-section.**

**Stage 3**

The baby boy was delivered on 02/08/2024 at 12:45 pm. NICU is at the bedside for prenatally diagnosed coarctation of aorta w/ septal hypertrophy, received CPAP, and infant is in respiratory distress. The baby boy was in a breech position. The placenta is delivered. Tubal is completed. The fallopian tubes were removed bilaterally. Blood loss total 848cc, surgical TBL delivery 763 mL, recovery postpartum 85 mL. Calcification on liver.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
<p><b>Rationale for the Nursing Diagnosis</b> The risk for infection (Phelps, 2023) is made evident by the potential for the client to develop an infection due to a history of thrombocytopenia, obesity, gestational diabetes, and cesarean.</p>	<p><b>Rationale for the Nursing Diagnosis</b> Ineffective Childbearing Process, as made evident by insufficient prenatal care</p>	<p><b>Rationale for the Nursing Diagnosis</b> Readiness for enhanced parenting (Phelps, 2023), as made evident by the anxiety of now having five children.</p>
<p><b>Interventions</b> Intervention 1: Maintains standard precautions. Wear gloves if you come in contact with the patient's blood and body secretions (Phelps, 2023). Rationale: Standard precautions protect you and the patient from the transfer of microorganisms</p>	<p><b>Interventions</b> Intervention 1: Provide bonding time between newborn and mother, skin-to-skin cuddling, and encourage breastfeeding at delivery (Phelps, 2023). Rationale: These and other actions enhance critical bond development between mother and</p>	<p><b>Interventions</b> Intervention 1: Support family efforts as they adapt to ever-changing family needs (Phelps, 2023). Rationale: Recognition of and appreciation for one's efforts enhances motivation to continue to improve skills.</p>

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<p>(Phelps, 2023).  <b>Intervention 2: Monitor temperature every 4 hours and record on graph paper—report elevations immediately (Phelps, 2023).</b>  <b>Rationale: Sustained temperature elevation after surgery may signal the onset of pulmonary complications, wound care dehiscence, urinary tract infection, or thrombophlebitis (Phelps,2023).</b></p>	<p><b>newborn (Phelps, 2023).</b>  <b>Intervention 2: Convey a nonjudgemental attitude (Phelps, 2023).</b>  <b>Rationale: Allow a trusting relationship to form (Phelps,2023).</b></p>	<p><b>Intervention 2: Explore parents' perception of social support and community resources available to the family (Phelps, 2023).</b>  <b>Rationale: Social support and community provide guidance and positive reinforcement for parenting techniques and are a source of assistance and strength when families are experiencing stress (Phelps, 2023).</b></p>
<p><b>Evaluation of Interventions</b></p> <p><b>The patient does not experience signs and symptoms of infection (Phelps, 2023).</b>  <b>The patient's incisions or wounds remain clear, pink, and free from purulent drainage (Phelps, 2023.)</b></p>	<p><b>Evaluation of Interventions</b></p> <p><b>Mothers and infant's needs are met (Phelps, 2023).</b>  <b>The mother-infant bond is established (Phelps, 2023).</b></p>	<p><b>Evaluation of Interventions</b></p> <p><b>Parents state enjoyment and satisfaction in the role of parent (Phelps, 2023).</b>  <b>Parents relate to a positive sense of self and confidence in their parenting ability (Phelps, 2023).</b></p>

**References (3):**

Frandsen, G., & Pennington, S. S. (2021). *Abrams' clinical drug therapy: Rationales for Nursing Practice*. Wolters Kluwer Health.

Phelps, L. L. (2023). *Nursing diagnosis reference manual*. Wolters Kluwer.

*2023 Nurse's Drug Handbook*. (2023). Jones & Bartlett Learning