

N432 Labor and Delivery Concept Map

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N432: Maternal-Newborn Care

Professor Kamradt

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<p style="text-align: center;">Medications</p> <ol style="list-style-type: none"> 1. Fentanyl PF: 15 mcg/mL intrathecal 2. Oxytocin 0.9% sodium chloride: 30units /500 mL IV continuous 3. Ondansetron HCl (PF) injection: 4 mg IV push daily PRN 4. Metoclopramide HCl (Reglan) tab: 10 mg oral; one time usage 5. Hydrocodone-acetaminophen: 5-325 mg tab; 1-tab oral PRN x 1 dose <p style="text-align: center;">*Continued on page 5</p>	<p style="text-align: center;">Demographic Data</p> <p>Admitting diagnosis: L&D 37w6d Breech presentation</p> <p>Secondary diagnosis: N/A</p> <p>Age of client: 26</p> <p>Weight in kgs: 72.8 kg</p> <p>Allergies: Mometasone Furoate (nosebleeds), penicillin (hives), azithromycin (not specified)</p> <p>Date of admission: 2/15/24</p> <p>Support person present: Partner; Brad</p>	<p>Electronic Fetal Heart Monitoring: (At the beginning and the end of shift.)</p> <p>Baseline EFH: 135 bpm; Normal</p> <p>Variability: Moderate</p> <p>Accelerations: Present</p> <p>Decelerations: Absent</p> <p>Contractions: q6 min</p> <ul style="list-style-type: none"> -frequency 6 min -length 90 seconds -strength Strong -patient's response calm; tolerating well. <p>*FHR was only assessed at the beginning of shift one time due to C-section</p>
	<p style="text-align: center;">Presentation to Labor and Delivery</p> <p>The patient is a 26 year-old female at 37w6d gestation, 8cm dil, breeched, with an estimated due date of 3/1/24. She states she started having contractions the previous night around 11pm, and was unable to sleep. She also states contractions were q5 min and present bright red vaginal bleeding. The patient attempted relaxation techniques to alleviate pain. Treatment is delivery of baby.</p>	

Stages of Labor

Stage 1

The first stage of labor is the longest (up to 20 h) and consists of a slow cervical dilation up to 6 cm, and contractions that occur every 4-5 min. The latent phase has signs and symptoms of labor. Effacement is expected to range from 0 to 100%. Effacement is expected to be 40% at the onset of labor. The active phase consists of a rapid cervical dilation up to 100% and can help indicate the difference between the latent and active phases. The latent phase has signs and symptoms of labor. Effacement is expected to range from 0 to 100%. Effacement is expected to be 40% at the onset of labor.

Prenatal & Current Lab Values/Diagnostics

WBC: 12.24 10³/μl (4.00-11.00) due to physiological stressors during labor

Absolute Neutrophil: 10.11 10³/μl (1.60-7.70) due to physiological stressors during labor

Cannabinoids (+): due to patient's marijuana usage during pregnancy

*List only abnormal lab values per Professor Kamradt

(These prenatal values were taken @ 7:03am on 2/15 and the pt went to the OR 30 min after. There are no current labs available)

Medical History

Prenatal History: G5P3T3A1L3

Previous Medical History: Allergic rhinitis (seasonal), asthma, irregular periods, mood disorder (anxiety), and smoker

Surgical History: Finger (unspecified), tonsillectomy

Family History: N/A

Social History:

- Married; Stay at home mom
- Smoker .5 pack per day
- Vaping daily
- Marijuana usage currently
- No current alcohol usage
- Lives with partner, 3 kids, sisters, 3 dogs

The latent phase has signs and symptoms of labor. Effacement is expected to range from 0 to 100%. Effacement is expected to be 40% at the onset of labor.

Active Orders

1. **Code status; Full treatment:** to communicate the patient's wishes for complete resuscitation.
2. **Breast pump for home:** to provide the patient with resources to ensure feedings and increase milk supply.
3. **Asses and monitor for bleeding q15/ every 2hrs** to help minimize risks of hemorrhaging.
4. **Fundal assessment and amount of bleeding q15/ every 2 hrs** to asses the bleeding and prevent hemorrhaging.

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Stage 3

This stage is the continuum from birth to delivery of placenta. During vaginal birth, it can take 5-10 minutes or sometimes more for placenta expulsion (Ricci et al., 2020). In regards to my patient, the removal of the placenta was rather quickly due to it being a C-section. Common signs for placental separation is a sudden release of blood from the vaginal opening, the uterus rising upwards and changing to a globular shape, and lengthening of the umbilical cord (Ricci et al., 2020). Blood loss is considered an expected finding; however, the range is 500 cc for vaginal birth and 1000 cc for a c-section (Ricci et al., 2020). Nursing interventions that can be implemented are accurate measurements of total blood loss and continuous monitoring for hemorrhage signs and symptoms.

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<p align="center">Nursing Diagnosis 1</p> <p>At risk for hemorrhage related to C-section delivery and multigravida as evidence by blood loss over 1000 cc.</p>	<p align="center">Nursing Diagnosis 2</p> <p>At risk for injury related to deficient knowledge on postpartum recovery as evidence by patient's first C-section.</p>	<p align="center">Nursing Diagnosis 3</p> <p>At risk for ineffective breastfeeding related to deficit milk production as evidence by insufficient opportunity for suckling at the breast (Phelps, 2020).</p>
<p align="center">Rationale for the Nursing Diagnosis</p> <p>Patient experienced moderate blood loss during C-section.</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>The patient was unaware of splinting and effects of strenuous activity on the incision site.</p>	<p align="center">Rationale for the Nursing Diagnosis</p> <p>The staff did not assist baby to breast to promote breast milk supply and demand.</p>
<p align="center">Interventions</p> <p>Intervention 1: Monitor patient for any physiological changes q15 (vitals, O2, LOC). Conduct visual inspection for trend change in bleeding. Rationale: Early detection can prevent or limit excessive blood loss.</p> <p>Intervention 2: Weigh soiled perineal chuck pads Rationale: Obtain accurate fluid loss volume to prevent or limit excessive blood loss.</p>	<p align="center">Interventions</p> <p>Intervention 1: Educate patient on the benefits of splinting and protection of the abdomen. Rationale: To increase the patient's knowledge and awareness of their safety needs.</p> <p>Intervention 2: Educate patient on incision site aftercare. Rationale: To promote healing and avoid postpartum complications.</p>	<p align="center">Interventions</p> <p>Intervention 1: Assess the patient's exhaustion and sleep patterns. Rationale: The patient may be exhausted from surgery and or sleepy from opioids distributed during delivery.</p> <p>Intervention 2: Check medications and substances that can affect milk production Rationale: The patient smokes cigarettes daily. This could have an effect on her milk production.</p>
<p align="center">Evaluation of Interventions</p> <p>The patient's vital signs remained consistent during the 2hr recovery phase, and she was transported to the Mother Baby unit. The blood loss that occurred vaginally during the fundal assessment, was measured and was within normal ranges. (The patient did lose a little over 1000cc total of blood loss).</p>	<p align="center">Evaluation of Interventions</p> <p>The patient was educated on the positioning and benefits of splinting with a pillow to promote postpartum recovery. Splinting protects the incision especially when stress is being placed on abdomen while coughing/sneezing etc. The patient was also educated on the incision dressings. She was told that the small rectangular adhesives will naturally slough off with time and not to remove them prematurely.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient was provided the option of formula feeding because the baby was hungry and she kept falling asleep due to exhaustion. The patient asked for a breast pump to take home because she feared she would not be able to breastfeed or supply enough milk for the baby. The staff missed an opportunity to assist with placing baby to breast despite the patient's desire to breastfeed.</p>

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1. Fentanyl PF: 15 mcg/mL intrathecal to improve quality of analgesia for pain management (Nurse's Drug Handbook, 2023).

Pharmacological class: Opioid (NDH, 2023).

Therapeutic class: Opioid analgesic (NDH, 2023).

Key nursing assessment: Ensure moderate fetal variability via category 1 strip.

2. Oxytocin 0.9% sodium chloride: 30units /500 mL IV continuous to help the uterus contract and decrease bleeding.

Pharmacological class: Uteronic agent (NDH, 2023).

Therapeutic class: Oxytocic agent (NDH, 2023).

Key nursing assessment: Monitor intrauterine pressure and fetal heart rate (NDH, 2023).

3. Ondansetron HCl (PF) injection: 4 mg IV push daily PRN for nausea and vomiting (NDH, 2023).

Pharmacological class: Selective serotonin (NDH, 2023).

Therapeutic class: Antiemetic (NDH, 2023).

Key nursing assessment: Fetal harm is not known; monitor patient's heart rhythm and electrolyte levels (NDH, 2023).

4. Metoclopramide HCl (Reglan) tab: 10 mg oral; one time usage given for intestinal motility stimulus (NDH, 2023).

Pharmacological class: Dopamin-2 receptor antagonist (NDH, 2023).

Therapeutic class: Antiemetic, upper GI stimulant (NDH, 2023).

Key nursing assessment: Monitor mother's LOC and assess for abnormal bowel signs (NDH, 2023).

5. Hydrocodone-acetaminophen: 5-325 mg tab; 1-tab oral PRN x 1 dose for moderate pain.

Pharmacological class: Opioid (NDH, 2023).

Therapeutic class: Opioid analgesic (NDH, 2023).

Key nursing assessment: Ensure moderate fetal variability via category 1 strip.

References (3):

Nurse's drug handbook. (2023). Burlington, MA: Jones & Bartlett Learning.

Phelps, L. (2020). *Nursing diagnosis reference manual* (11th ed.). Lippincott Williams & Wilkins.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed). Wolters Kluwer.