N432 Labor and Delivery Concept map template

**Medications**

**Ampicillin (Principen); Dose: 1 g; Route: IV push; Frequency: 4 Hrs**

**Therapeutic class: penicillin class/antibiotic**

**Key nursing assessment: watch for seizures, any abdominal pain, or constipation/ GI issues (Jones & Bartlett Learning, 2019).**

**Reason: For prophylaxis for child to pass through birth canal**

**Cervidil (Dinoprostone); Dose: 10 mg; Route: Vaginal 1931 admin; Frequency: once removal at 0232**

**Therapeutic class: prostaglandin/relax cervix**

**Key nursing assessment: Monitor uterine activity, and fetal status also monitor cervical dilation and effacement (Jones & Bartlett Learning, 2019).**

**Demographic Data**

**Admitting diagnosis: Induction of labor**

**Secondary diagnosis: N/A**

**Age of client: 28 years**

**Weight in kgs: 103.8**

**Allergies: NKA**

**Date of admission: 3/27/24**

**Support person present: Boyfriend & Mother**

**Presentation to Labor and Delivery**

D.H. is a 28-year-old caucasian female who presented to the hospital on 3/27/24 at 38 weeks and 2 days of gestation for a scheduled induction of labor. This is patients 4th pregnancy and is her first to term as having one ectopic and spontaneous abortions on two previous pregnancies. Pt was positive for IUGR until 36 weeks with a BPP to confirm it wasn't. Pt stating that she has a 2/10 headache that has occurred for the past week. No aggravating or relieving factors at this time, with administration of tylenol. Pt is getting fluids and currently has epidural for pain.

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

**Baseline EFH:** 140 @0932 152 @1145

**Variability: moderate**

**Accelerations: present**

**Decelerations: none present**

**Contractions:**

**-frequency 3-4 minutes**

**-length 60-90 second**

**-strength**

**-**patient's response 3/10 as epidural given @1931, as to decrease pain but allow her to feel pressure to push.

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1/2/2024

## Stages of Labor

**Stage 1;** The pt is currently within the first stage of labor, as she is currently dilated 4 centimeters, 90% effaced, and at a -1 station with SROM after cervidil administration. The first stage fully dilated to 10 centimeters. Labor can either begin spontaneously or be induc hat were used to induce the patient ther methods that are used are categorized into 4 different phases, vida of the patient. This stage of labor is also explaining that shaking of the extremit

### Prenatal & Current Lab Values/Diagnostics

Positive GBS; Normally negative

Trace protein in urine 3/18/24; Urine normally negative but is normal for pregnancy

Glucose 61 3/27/24; Pt is on Clear diet as patient had an epidural

BPP - fetal cardiac activity 142 bpm 8/8 BPP score, breathing movements noted, amniotic fluid 5.75x2.71cm placenta, fundal right

### Medical History

**Prenatal History: G4 T0 P0 A3 L1**

**Previous Medical History: COVID-19 08/22; Ectopic pregnancy 2019; Endometriosis 03/22; Fertility testing 10/22; Fibroid 2021; Right tubal occlusion 07/22; Right salpingostomy**

**Surgical History: Cystoscopy; Wisdom tooth extraction; Laparoscopy**

**Family History: Father: hemochromatosis; paternal sister: Hemochromatosis; Paternal brother with genetic deletion syndrome; maternal sister hs of seizures and grand-mal seizure within past year.**

**Social History: Lives at home with mother and husband**

### Active Orders

**Continuous fetal monitoring:** Monitor stability of the child until birth.

**Maternal assessments every 8 hours:** full body but focus assessments are done as well.

**Temps every 2 hours for SROM:** Making sure that the

**Stage 3;** This is the delivery of the neonate and placental separation and expulsion. Key assessments that the nurse would do are BP, HR, and RR every 15 minutes, as well as getting APGAR scores on the child (Ricci et al., 2021). Then, for the placenta and cord, there might be lab studies done on them to see the type of blood that was in the cord, and also see if the patient could want the placenta. The separation of the placenta from the uterine wall is seen with signs of a gush of blood from the vagina, lengthening of the umbilical cord, and lastly, a globular-shaped uterine fundus upon palpation (Ricci et al., 2021). These signs were all seen in my patient, and the cord was lengthening and there was blood that rushed out. The delivery of the placenta only took 5-10 minutes post-childbirth (Ricci et al., 2021).

| **Nursing Diagnosis 1** | **Nursing Diagnosis 2** | **Nursing Diagnosis 3** |
|---|---|---|
| Acute pain r/t cervical dilation and contractions aeb by verbalization of pain | Impaired urinary elimination r/t epidural administration aeb foley insertion and 500 ml output | Deficient knowledge r/t induction of labor aeb first pregnancy to term and first live child |
| **Rationale for the Nursing Diagnosis** | **Rationale for the Nursing Diagnosis** | **Rationale for the Nursing Diagnosis** |
| With the progression of labor, there is possible sacral pressure from the child passing through the passageway | Due to the patient having a spinal block for pain management | The pt hx states this is the first living child with G4 T1 P0 A3 L1 |
| **Interventions** | **Interventions** | **Interventions** |
| **Intervention 1:** Tylenol<br>**Rationale:** This medication is safe for use during | **Intervention 1:** Foley insertion<br>**Rationale:** Due to the patient receiving an | **Intervention 1:** Pt education upon breastfeeding<br>**Rationale:** Make sure that the patient is able to |

| | | |
|---|---|---|
| pregnancy as it does not affect the child, also the analgesic is helpful in reducing pain (Ricci et al., 2021).<br><br>**Intervention 2:** Provide a calm, peaceful environment<br><br>**Rationale:** Darkening the room and decreasing noise and stimulation often allow the laboring mother to relax, which helps labor be effective and progress (Ricci et al., 2021). | epidural, she is on bed rest until after the child's birth, which helps with elimination since she has no control (Ricci et al., 2021).<br><br>**Intervention 2:** monitoring I/O<br><br>**Rationale:** To confirm that pt has 30 ml output and does not have urinary retention (Ricci et al., 2021). | feed their child and that the child is latching on fully (Ricci et al., 2021).<br><br>**Intervention 2:** Monitoring vitals and temperature<br><br>**Rationale:** Make sure that the child is staying warm and has no complications (Ricci et al., 2021). |
| **Evaluation of Interventions**<br><br>The patient's pain rating is lowered due to the medication administration and peaceful environment over the next hour. | **Evaluation of Interventions**<br><br>The patient's Foley is displaying 30 ml of fluid output every hour and the patient is not having any sacral pain/pressure. | **Evaluation of Interventions**<br><br>The child's glucose is above 50 through the hospital stay also ensuring that child safety is held. |

**References (3):**

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Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.