Labor & Delivery Worksheet

This worksheet is due in the drop box by 2359 CST the night before your assigned labor and delivery clinical day.

Name: Julia Bushnell

Date: 5/22/2024

Complete the following: (30 points)

Submit in-text citations in APA format

1st Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Latent phase Dilation: 0 to 5 cm (Durham et al., 2022). Length of stage: Roughly 12 hours for primipara and about 9 hours for multiparas (Durham et al., 2022). **Contractions** Duration: Less than 45 seconds (Durham et al., 2022). Frequency: Longer than 3 minutes in between (Durham et al., 2022). Strength: Less than moderate but getting closer to moderate (Durham et al., 2022).	The patient will experience cramping and aching in the back. The patient should still be talkative and may be excited about labor. They do not need to be hospitalized for this phase as long as they are stable (Durham et al., 2022).	Offer pain medications or pain control interventions. Instruct the patient in a comfortable position but avoid lying supine. Assess pain, labor status, vital signs, and fetal heart rate (FHR) at least every 30 minutes. Assess IV access (Durham et al., 2022).

Active phase Dilation: 6 to 10 cm Length of stage: 1.5 cm/hr, can be faster for multiparas	The patient may be experiencing some anxiety in this phase with an increase of pain. Nausea, vomiting, shaking, sweating, exhaustion, and discomfort	Assist the patient and team with laboring. Assess fetus and mother at a minimum of every 30 minutes by monitoring vitals and FHR. Offer and administer pain

(Durham et al., 2022). **Contractions** Duration: 45 to 60 seconds (Durham et al., 2022). Frequency: 5 or less within a 10-minute period at an interval of 2-3 minutes (Durham et al., 2022). Strength: Moderate (Durham et al., 2022).	can occur (Durham et al., 2022).	medications. Monitor I/O and offer fluids if permitted. Institute uterine resuscitation. Assist with position changes. Be empathetic and offer emotional support (Durham et al., 2022).
Transition Phase Dilation: 8 to 10 cm Length of stage: 0-2 hours (Durham et al., 2022). **Contractions** Duration: 45 to 60 seconds (Durham et al., 2022). Frequency: 5 or less within a 10-minute period at an interval of 2-3 minutes (Durham et al., 2022). Strength: Moderate (Durham et al., 2022).	The patient may use this time period to rest and gather strength to prepare for pushing. An epidural in this period may assist with the patient feeling comfortable enough to rest. The patient may be experiencing an urge to push (Durham et al., 2022).	The mother should be assessed every 5-15 minutes with vitals done every hour. Prepare to catheterize and encourage voiding. Prepare the patient and team for delivery. Encourage rest and help the mother into a comfortable position, monitoring the fetus during these position changes (Durham et al., 2022).

2nd Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Length of stage: For multiparas delivery will occur within 2 hours, for primiparas, delivery will occur within 3 hours of pushing (Durham et al., 2022).	The patient will have the urge to push the baby out. The perineum should bulge and flatten. The patient may feel a burning sensation. Contractions may be intense causing the patient to exhibit	Assist the patient with pushing and monitor for crowning. Assess FHR every 5-15 minutes and it's positioning during labor. Monitor for the need to change positions during

Contractions Duration: 45 to 60 seconds (Durham et al., 2022). Frequency: Every 2-3 minutes (Durham et al., 2022). Strength: Moderate to strong (Durham et al., 2022).	the previous characteristics such as shaking, nausea, and fatigue (Durham et al., 2022).	pushing (Durham et al., 2022).

3rd Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Length of stage: Placenta should be delivered within 13-15 minutes, mean time is 5 minutes (Durham et al., 2022).	The patient should feel relieved and have skin-to-skin time with their infant if safe. The length of the umbilical cord should lengthen following the delivery of the placenta, often with blood. Mild contractions may occur while the patient is delivering the placenta (Durham et al., 2022).	Assess the patient and vital signs every 15 minutes. Uterotonic medications should be administered as prescribed. Assess for placenta delivery (Durham et al., 2022).

Reference (1):

Complete the Following: (10 points)

Submit in-text citations in APA format

Diagnostic Test	**Description and Rationale**	**Clinical findings**
Non-stress test (NST)	The nonstress test (NST) monitors the fetus heart rate and rhythm to determine the well-being of the fetus. An external monitor in the shape of a band goes around the mother's belly. This should be monitored for 20 to 40 minutes to get results (Durham et al., 2022).	A reactive result is when the FHR increases by 15 beats per minute (BPM) above normal for 15 seconds 2 or more times within a 20 minute period. These results can indicate a problem with oxygenation or nervous system response to movement. A nonreactive NST indicates the FHR is insufficient and should require a follow-up test such

		as a biophysical profile or ultrasound. Decelerations that last longer than 30 seconds should also indicate a follow-up test such as an amniocentesis or a longer NST (Durham et al., 2022).
Biophysical profile (BPP)	A biophysical profile (BPP) is made up of five components gathered from an NST and ultrasound observation that lasts 30 minutes. The five components include fetal movement, fetal tone, FHR reactivity, fetal breathing movements, and amount of amniotic fluid. Each component equals 2 if present, with a possible score of 10/10 (Durham et al., 2022).	A score of 10/10 and 8/10 is considered reassuring. A score of 6/10 may require additional testing within the next 12-24 hours depending on the gestational period, this score indicates the possibility of fetal asphyxia. A score of 4/10 is not considered reassuring and indicates possible delivery and further examination. A score of 2/10 is most likely fetal asphyxia which results in immediate delivery (Durham et al., 2022).
Ultrasound (US) • 1st Trimester • 2nd Trimester	High-frequency waves used to image an organ or tissue, no risk procedure. Used in the first trimester to confirm pregnancy and determine gestation period. Used in the second trimester to get a physical look at the fetus, determine cardiac activity, measure amniotic fluid, and the positioning of the placenta (Durham et al., 2022).	Normal findings include the size, position, and viability of the fetus that are appropriate for the current gestation age. The placenta should also have normal positioning, amount of amniotic fluid, and size. Abnormal findings with the fetal or placental structure should have follow-up appointments (Durham et al., 2022).

Reference (1):

Durham, R. F., Chapman, L., & Miller, C. S. (2022). *Davis advantage for maternal-newborn nursing : critical components of nursing care* (4th ed.). F.A. Davis Company.

For the remainder of this assignment, submit in-text citations in APA format. Attach Reference page.

1. What is cervical dilation and effacement? How are each of these measured? **(5 points)**

Cervical dilation is the opening of the cervix and effacement is the thinning of the cervix. Dilation is measured in cm with 10 cm being fully dilated. This is done by the examiner sweeping their finger(s) at the cervical opening from one side to the other. Effacement is measured by palpating the cervical length with the fingertips (Durham et al., 2022).

2. List five non-pharmacological methods that can relieve pain during labor. **(5 points)**

Five non-pharmacological pain relief methods during labor include body positioning, deep breathing techniques, aromatherapy, warm/cold packs, and massage (Durham et al., 2022).

3. What is variability in fetal monitoring? **(2 points)**

Variability is the fluctuations that occur and are irregular. Moderate variability can indicate the fetus has sufficient oxygenation. Little to no variability can indicate the fetus is sleeping (Durham et al., 2022).

4. How can GBS influence care in labor and delivery? When and how is this tested? What treatments/ interventions are completed? **(5 points)**

GBS is the most common cause of infection in newborns, so prevention and treatment of this bacteria is important. The mother should be swabbed in her vagina and rectum for culture prenatally. A positive result will indicate the treatment with penicillin during labor. If results are unknown, the mother will receive prophylactic treatment (Durham et al., 2022).

5. What labs are completed on every woman on admission to labor and delivery? What assessment would be completed? **(2 points)**

CBC, coagulation labs, urinalysis, drug screen, and other screening for other pregnancy complications. The nurse should assess maternal vital signs, FHR, fetal position, cervical dilation and effacement, pain, heart and lung sounds, and DTRs (Durham et al., 2022).

6. How is duration and frequency of contractions measured? **(5 points)**

The frequency of contractions are measured in minutes from the time one contraction begins to the beginning of the next contraction. Duration is measured in seconds from the time one contraction begins to the end of the contraction (Durham et al., 2022).

7. Define an early deceleration, identify causes and interventions? **(2 points)**

An early deceleration is associated with a contraction that has a gradual decrease and bounce back of FHR that is typically symmetrical. This is causes by pressure on the head of the fetus during a contraction that stimulates the vagal nerve. Decreased blood flow to the brain or increased intracranial pressure can also develop due to fetal head compression. No intervention is needed since these are benign (Durham et al., 2022).

8. Define a late deceleration, identify causes and interventions? **(2 points)**

Late decelerations are a gradual decrease in FHR occurring with contractions. This can indicate a fetal intolerance to labor. Some causes include placental insufficiency, decreased oxygenation, maternal hypertension or decrease hemoglobin, and suppression of myocardium in the fetus. Interventions revolve around the cause of late decelerations including tocolytics, delivery, position changes, administering oxygen, determine hydration status, and discontinue oxytocin (Durham et al., 2022).

9. Define variable decelerations, identify causes and interventions? **(2 points)**

A variable deceleration is an abrupt decrease of the FHR of less than 30 seconds from baseline. This can be caused by several things including umbilical cord compression or occlusion, prolonged cord compression, and sudden descent of the vertex in active labor. Medical interventions include delivery, tocolytics, and amnioinfusion. Nursing interventions include position changes, decrease/discontinue oxytocin, change pushing, notify provider, perform SVE, and plan for possible delivery (Durham et al., 2022).

10. Oxytocin: what is this medication used for in labor and delivery? Identify side effects, nursing assessments, and interventions. **(10 points)**

Oxytocin is used to stimulate uterine muscle that results in contractions. Side effects include water retention, tachycardia, and hypotension. Nurses should administer the medication through an IV pump and assess the patient for bleeding so the medication can be titrated properly. The nurse should also assess the patients vital signs such as BP and pulse and hydration status (Durham et al., 2022).

11. Magnesium Sulfate: What is this medication used for in labor and delivery? Identify side effects, nursing interventions, and nursing assessments. **(10 points)**

Magnesium sulfate is a tocolytic meaning it is used to suppress contractions by causing the relaxation of smooth muscle. This medication can cause drowsiness, cardiac arrest, hypotension, headache, loss of DTRs, respiratory depression, and death in the mother. This

medication can cause neonatal depression as well. Nurses should assess the maternal DTRs, respiratory status, intake and output, magnesium levels, and keep calcium gluconate readily available if needed for an antidote (Durham et al., 2022).

12. What are 3 nursing diagnoses that can be identified in labor and delivery? **(10 points)**

1. Risk for fluid volume deficit related to labor as evidenced by significant blood loss (Durham et al., 2022).

2. Risk for acute pain related to contractions as evidenced by the stretching of tissues within the birth canal (Durham et al., 2022).

3. Risk for injury related to natural birth as evidenced by the fetus tearing tissues in the perineum (Durham et al., 2022).

Attach References

Durham, R. F., Chapman, L., & Miller, C. S. (2022). *Davis advantage for maternal-newborn nursing : critical components of nursing care* (4th ed.). F.A. Davis Company.