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: Tracy Donaldson

Date: 5/22/24

Complete the following: (30 points)

1st Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Latent phase Dilation: __0_ to _5__ cm Length of stage: For first-time deliveries, 11.8 hours, and for a patient with previous live births, 9.3 hours (Dunham et al., 2023). **Contractions** Duration: More regular Frequency: More frequent Strength: Getting stronger (Durham et al., 2023)	The patient's cervix starts thinning and opening and there will be a blood-tinged mucus. A backache and cramps may also be present (Durham et al., 2023).	The patient's pulse, respiration, and blood pressure vital signs must be monitored every two hours. Labor status should be assessed every 30 minutes (Durham et al., 2023).

Active phase Dilation: __6_ to _10__ cm Length of stage: Dilation occurs 1.2-1.5 cm/hour. **Contractions** Duration: 45-60 seconds Frequency: Every 2-5	The patient will have more blood-tinged mucus and will most likely be exhausted (Durham et al., 2023). They may also have nausea, vomiting, and backache (Durham et al., 2023).	The patient may need pain medication, continuous labor support, and possible catheterization (Durham et al., 2023). The patient's pulse, respiration, and blood pressure vital signs must be monitored every two hours. Labor status should be assessed every 30 minutes, and intake and output should be monitored (Durham et al.,

minutes Strength: Moderate (Durham et al., 2023).		2023).
Transition Phase Dilation: __7_ to __10_ cm Length of stage: 0-2 hours **Contractions** Duration: No more than 5 in 10 minutes Frequency: 2-3 minutes Strength: Moderate (Durham et al., 2023)	The membranes are usually ruptured, and bloody mucus, and the patient might have the urge to push (Durham et al., 2023).	Assess vital signs, and bladder, and prepare for delivery (Durham et al., 2023).

2nd Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Length of stage: 3 hours **Contractions** Duration: Every 2-3 minutes Frequency: More frequent Strength: Intense (Durham et al., 2023)	The patient's cervix will be fully dilated and effaced, with more bloody mucus, membranes will be ruptured, and the urge to push will be there (Durham et al., 2023).	The patient should be positioned for pushing and prepared for delivery with vital signs still being monitored (Durham et al., 2023).

3rd Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Length of stage: The mean length is five minutes (Durham et al., 2023).	The cervix is closing, mild contractions occur to deliver the placenta, and a large amount of blood will happen before the delivery of the	Administer uterotonic medication, assess vital signs, and assess maternal well-being (Durham et al., 2023).

	placenta (Durham et al., 2023).	

Reference (1):

Durham, R., Chapman, L., & Miller, C. (2023). *Davis advantage for maternal-newborn nursing critical components of nursing care* (Fourth ed.). F.A. Davis Company.

Complete the Following: (10 points)

Diagnostic Test	**Description and Rationale**	**Clinical findings**
Non-stress test (NST)	An electrodiagnostic method to evaluate the viability of a fetus by monitoring the fetal heart rate (Pagana et al., 2022).	The fetal response is either reactive or non-reactive by evaluating and checking the fetal heart rate in response to fetal movements (Pagana et al., 2022).
Biophysical profile (BPP)	The BPP is an ultrasound that studies fetal activity (Pagana et al., 2022). It evaluates the fetal heart rate, fetal breathing, movement, gross fetal movements, fetal muscle tone, and the volume of the amniotic fluid (Pagana et al., 2022).	A score is given to the fetal heart rate, fetal breathing, movement, gross fetal movements, fetal muscle tone, and the volume of the amniotic fluid to determine the health and well-being of the fetus (Pagana et al., 2022).
Ultrasound (US) • 1st Trimester • 2nd Trimester	An ultrasound is a noninvasive procedure to assess the female tract, fetus, amniotic fluid, placement, and fetal anatomy (Pagana et al., 2022). The first trimester can diagnose pregnancy early and measure growth; the second trimester can recognize fetal abnormalities and also measure growth (Pagana et al., 2022).	The clinical findings on an ultrasound can detect any issues so the patient can get the appropriate intervention and care.

Reference (1):

Pagana, K. D., Pagana MD FACS, Timothy J., & Pagana MD FAAEM, Theresa Noel. (2022).

Mosby's® diagnostic and laboratory test reference (16th ed.). Mosby.

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

   Cervical dilation is when the cervix is stretched and open and cervical effacement is the thinning of the cervix (Durham et al., 2023). Dilation is measured by sweeping a finger on the margin of the cervix from one side to the other (Durham et al., 2023). Effacement is the measurement of the cervical canal by palpating with the fingertips (Durham et al., 2023).

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

   Five non-pharmacological methods that can relieve pain during labor are relaxation, breathing, position changes, different massage methods, and stroking of the abdomen called effleurage (Durham et al., 2023).

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

   The variability in fetal monitoring is the change in the fetal heart rate and is a good way to monitor how the baby is doing (Durham et al., 2023).

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 a Group B strep infection and can influence care in labor and delivery because if the mother has GBS, it can be passed to the newborn (Dunham et al., 2023). It is tested through a culture, and it is completed five weeks before birth. The treatment is IV antibiotic prophylaxis (Durham et al., 2023).

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

A complete blood count, a hold clot or type screen, a urinalysis that includes protein and glucose, and a drug screen are labs that should be completed before admission to labor and delivery (Dunham et al., 2023). Assessments that should be completed are vital signs, cervical dilation and effacement, fetal heart monitoring, membrane status, and a pain assessment (Durham et al., 2023).

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

   The duration and frequency of contractions are measured by an external contraction monitor called TOCO (Durham et al., 2023). It is a gauge that measures skin tightness or contour changes caused by contractions (Durham et al., 2023).

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

   An early deceleration is a transitory decrease in the fetal heart rate's baseline that goes down gradually and then back to normal. The cause is that the fetal head is under pressure, and no interventions are needed (Durham et al., 2023).

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

   Late deceleration is the visible symmetrical decrease of the fetal heart rate that is associated with uterine contractions (Durham et al., 2023). The causes are decreased oxygen or transient or uteroplacental insufficiency (Durham et al., 2023). Discontinuing oxytocin and changing positions for more fetal oxygen are interventions (Durham et al., 2023).

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

   Variable decelerations are sudden decreases in the fetal heart rate which is less than thirty seconds from baseline to nadir (Durham et al., 2023). It can be caused by an umbilical blockage (Durham et al., 2023). Modifying pushes or changing positions can help (Durham et al., 2023).

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

Oxytocin stimulates uterine contractions (Durham et al., 2023). Fetal heart rate deceleration can be a side effect, and collecting vital signs and monitoring of contractions and fetal heart rate are necessary (Durham et al., 2023). Informed consent must be obtained, and oxytocin should be discontinued once active labor starts (Durham et al., 2023).

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 used for neuroprotection in the preterm fetus, decreasing fetal heart rate variability and acceleration amplitude (Durham et al., 2023). It relaxes smooth muscle but can cause lethargy, drowsiness, pulmonary edema, and respiratory depression (Durham et al., 2023). Nursing interventions include remaining at the bedside for the initial dose and assessing vital signs, especially respiratory status (Durham et al., 2023).

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

1. Risk of infection due to the many vaginal exams, membranes being ruptured, and possible episiotomy (Durham et al., 2023).

2. Risk for anxiety related to the fear of the unknown, which includes the birthing process (Durham et al., 2023).

3. Deficient knowledge related to the birthing process (Durham et al., 2023).

References

Durham, R., Chapman, L., & Miller, C. (2023). *Davis advantage for maternal-newborn nursing critical components of nursing care* (Fourth ed.). F.A. Davis Company.

Pagana, K. D., Pagana MD FACS, Timothy J., & Pagana MD FAAEM, Theresa Noel. (2022). *Mosby's® diagnostic and laboratory test reference* (16th ed.). Mosby.