Labor & Delivery Worksheet

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

Name: Isabella Leevey

Date: 01/28/2025

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 _3__ cm Length of stage: 10-14 hours **Contractions** Duration: 30-45 seconds Frequency: every 5 minutes Strength: Mild	Period like cramps and the mother is very excited about the laboring process (Scannell et al., 2023). This phase can be completed at home.	Providing comfort to the mom in pharmacological and nonpharmacological ways (Scannell et al., 2023).

Active phase Dilation: _3__ to __8_ cm Length of stage: unknown **Contractions** Duration: progress to 1 cm dilated per hour roughly Frequency: every 3 to 5 minutes Strength: moderate to strong intensity.	They are more active contractions. Cervical dilation occurs at a more rapid pace (Scannell et al., 2023).	Pain management is an intervention that can be put in place by placing the mother in different positions to help ease the pain of labor (Scannell et al., 2023).

2nd Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Length of stage: 1 to 2 hours **Contractions** Duration: 5-6 seconds Frequency: 30 seconds Strength: intense	This stage is when the mother is fully dilated and ends with the birth of the child (Scannell et al., 2023).	Support and comfort, epidural (Scannell et al., 2023).

3rd Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Length of stage: up to 30 minutes	The umbilical cord ascends from the vagina, the uterus becomes spherical in shape (Scannell et al., 2023).	Providing immediate care for the newborn, monitoring and assisting the mother postpartum (Scannell et al., 2023).

Reference (1):

Scannell, Meredith., & Ruggiero, Kristine. (2023). *Davis Advantage for Maternal-Child Nursing Care.* (3rd ed.) F.A Davis.

Complete the Following: (10 points)

Submit in-text citations in APA format

Diagnostic Test	**Description and Rationale**	**Clinical findings**
Non-stress test (NST)	This test assesses fetal well-being (Scannell et al., 2023). It uses EFM for about 20 minutes and the monitors assess uterine activity or contractions.	Monitors heart rate and activity of the fetus.
Biophysical profile (BPP)	The most accurate fetal physical assessment and well-being test (Scannell et al., 2023).	Normal findings show that CNS is functional, and the fetus is not hypoxic (Scannell et al., 2023).

Ultrasound (US) • 1st Trimester • 2nd Trimester	Ultrasounds are used to diagnose pregnancy, obtain estimated due date, and to rule out any abnormalities of the child (Scannell et al., 2023).	Diagnosing pregnancy, imaging of the fetus throughout the time span that the child is in utero.

Reference (1):

Scannell, Meredith., & Ruggiero, Kristine. (2023). *Davis Advantage for Maternal-Child Nursing Care.* (3rd ed.) F.A Davis.

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)**

When regular uterine contractions are accompanied by gradual cervical dilatation and effacement, labor has begun (Durham et al., 2023). The fetus must descend through the cervix, vagina, and introitus after labor has begun, which causes the cervix to completely dilate and efface. The thinning, shortening, and softening of the cervix during the initial stages of labor is known as effacement. Dilation frequently follows effacement in a first-time pregnancy. The percentage represents the degree of effacement, which ranges from 0% (not effaced) to 100% (fully effaced).

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

Deep breathing exercises, positioning, massage therapy, music therapy, and distraction are all nonpharmacological ways that you can relieve pain during labor.

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

This is the onset, frequency, duration, and intensity in fetal heart rate (Scannell 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 can influence care because it puts the baby at risk for an infection (Hanna & Noor, 2023). There are treatments that can be taken such as antibiotics. Providers will usually screen for this infection at 35-37 weeks' gestation. There are prophalytic measures that can be taken like administering antibiotics before giving birth.

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

There are many different labs that are completed on women on an admission to the labor and delivery. Vital signs are taken when a pregnant patient is brought into the delivery unit (Durham et al., 2023). Blood is collected for antibody screening, blood type, and complete blood count (CBC). Regular laboratory testing should be performed if they weren't during prenatal visits. Fetal heart sounds are captured, along with their frequency. There is also a physical examination that is done. Using the Leopold maneuver, the doctor assesses the fetus's size, position, and presentation while looking at the abdomen. Ultrasonography may be used if the fetal presentation or position is unclear.

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

Timing the beginning and ending of each contraction, as well as the interval between one contraction and the next, allows one to determine the length and frequency of contractions (Durham et al., 2023). The term "duration" describes how long a single contraction lasts, from the start to the finish. Usually, it is measured in seconds. How frequently contractions happen, or more specifically, how long it takes between one contraction and the next, is referred to as frequency. Usually, minutes are used for measuring it. An external uterine monitor used to measure contractions is called a tocodynamometer.

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

The FHR gradually decreases and returns during early decelerations, which are visually noticeable and typically symmetrical (Durham et al., 2023). This name is somewhat misleading because they don't happen early or before the contraction begins. The pressure applied to the fetal head during a UC stimulates the vagal nerve. When the fetal head is compressed, a cerebral chemoreceptor is stimulated, which raises intracranial pressure, decreases temporary cerebral blood flow, and therefore lowers Po2. In the textbook, it explains how there are no interventions needed due to early deceleration being benign. I did find in another source that some interventions could include repositioning the mother, increasing blood volume, and administering oxygen (Armata, 2022).

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

A symmetrical, progressive decline in FHR that is visually noticeable and linked to UCs is known as late deceleration (Durham et al., 2023). It can also indicate that the fetus is not ready for labor. Fetal responses to temporary or chronic uteroplacental insufficiency, fetal myocardial suppression, and reduced oxygen availability due to uteroplacental sufficiency can all be causes of late deceleration.

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

A visually noticeable sudden drop in FHR of fewer than 30 seconds from baseline to nadir is known as a variable deceleration (Durham et al., 2023). These are the most typical labor decelerations. Fetal tolerance is verified by the presence of variability or accelerations in the FHR when varying decelerations continue over time. One reason for this is that compression of the umbilical cord causes a vagal response, which slows the FHR and is typically linked to decreased cord perfusion. Long-term cord compression also lowers PO2, which can result in direct myocardial depression, adrenal activation, and occasionally rebound tachycardia. To increase fetal oxygen status, nurses can change the mother's position to encourage fetal oxygenation and deliver oxygen at a rate of 10L/min using a nonrebreather face mask.

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

This medication is used for labor induction (Scannell et al., 2023). Side effects include painful contractions and increase uterine motility are the most common adverse effects of this medication. Monitor contractions and resting uterine tone frequently and monitor the mother's heart rate and blood pressure frequently.

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

This medication is used as an anticonvulsant in severe pre-eclampsia or eclampsia (Scannell et al., 2023). A few side effects include arrhythmias, hypothermia, hypotension, and decreased respirations. We want to monitor pulse, blood pressure, and respiration very closely, initiate seizure precautions, and after delivery, monitor the baby for hypotension, hyporeflexia, and respiratory depression.

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

1. Risk for imbalanced fluid volume related to bleeding (Phelps, 2020).

2. Risk for infection related to unsterile surroundings (Phelps, 2020).

3. Risk for anxious episodes related to fear of unexpected outcomes (Phelps, 2020).

Attach References

Armata, N. N. (2022, March 2). *Fetal Decelerations: What Is It, Causes, and More | Osmosis*. Www.osmosis.org. https://www.osmosis.org/answers/fetal-decelerations

Durham, R., Chapman, L., & Miller, C. (2023). *Davis advantage for maternal-newborn nursing: Critical components of nursing care* (4th ed.). F.A. Davis.

Hanna M, Noor A. Streptococcus Group B. [Updated 2023 Jan 16]. h https://www.ncbi.nlm.nih.gov/books/NBK553143/

Phelps, L.L. (2020). *Nursing diagnosis reference manual* (11th ed.). Wolters Kluwer

Scannell, Meredith., & Ruggiero, Kristine. (2023). *Davis Advantage for Maternal-Child Nursing Care.* (3rd ed.) F.A Davis.