

# Labor & Delivery Worksheet

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

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Date: February 18, 2025

Complete the following: (30 points)

Submit in-text citations in APA format

1 <sup>st</sup> Stage of Labor	Characteristics that could be seen	Expected Interventions
<p><b>Latent phase</b></p> <p>Dilation: 0 to 5 cm (Durham et al., 2022).</p> <p>Length of stage: 11.8 hours or 9.3 hours (Durham et al., 2022).</p> <p><b>Contractions</b></p> <p>Duration: no more than 5 in a 10 minute period (Durham et al., 2022).</p> <p>Frequency: more regular (Durham et al., 2022).</p> <p>Strength: Mild (Durham et al., 2022).</p>	<p>Blood-tinged vaginal discharge, an intact or ruptured membrane, the patient will complain of cramps, and backache (Durham et al., 2022).</p>	<p>Education, reviewing prenatal history, assessing the mom every 30 minutes, SVE as needed, assess labor status, assess bladder, assess pain, assist with positioning, monitor fetal response, pain control strategies (Durham et al., 2022).</p>

<p><b>Active phase</b></p> <p>Dilation: 6 to 10 cm (Durham et al., 2022).</p> <p>Length of stage: 1.2-1.5 cm/hour (Durham et al.,</p>	<p>Request of pain medication, blood-tinged vaginal discharge, more focus and pain for contractions, intact or ruptured membrane (Durham et al., 2022).</p>	<p>Administering pain medication, assess the mom and baby every 30 minutes, assess bladder status, encourage voiding, may insert a catheter, assess pain every 30 minutes, assist with</p>
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<p>2022).</p> <p><b>Contractions</b></p> <p>Duration: 2-3 minutes (Durham et al., 2022).</p> <p>Frequency: no more than 5 in a 10-minute period (Durham et al., 2022). Regular.</p> <p>Strength: moderate (Durham et al., 2022).</p>		<p>positioning, monitor fetal movement, pain control, and fetal heart tracing (Durham et al., 2022).</p>
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<b>2<sup>nd</sup> Stage of Labor</b>	<b>Characteristics that could be seen</b>	<b>Expected Interventions</b>
<p>Length of stage: 0-2 hours (Durham et al., 2022).</p> <p><b>Contractions</b></p> <p>Duration: no more than 5 in a 10-minute period (Durham et al., 2022).</p> <p>Frequency: every 2-3 minutes (Durham et al., 2022).</p> <p>Strength: moderate/strong (Durham et al., 2022).</p>	<p>Complexly dilated and effaced, urge to bear down, bloody mucous, and ruptured membrane (Durham et al., 2022).</p>	<p>Assess for the urge to push, position changes, monitoring fetal response to position change, pushing positions, and pain control (Durham et al., 2022).</p>

<b>3<sup>rd</sup> Stage of Labor</b>	<b>Characteristics that could be seen</b>	<b>Expected Interventions</b>
<p>Length of stage: 5 minutes (Durham et al., 2022).</p>	<p>Closing of the cervix, gush of blood before placenta delivery, cord lengthens, blood gushes, and skin-to-skin (Durham et al., 2022).</p>	<p>Check placenta for completeness after delivery, assess the mother, blood pressure and pulse every 15 minutes, administer uterotonic medication, and support to the mother and</p>

		baby (Durham et al., 2022).
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**Reference (1):**

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

**Complete the Following: (10 points)**

**Submit in-text citations in APA format**

<b>Diagnostic Test</b>	<b>Description and Rationale</b>	<b>Clinical findings</b>
Non-stress test (NST)	This is a screening tool that uses the fetal heart rate patterns and accelerations to indicate the fetus' well-being (Durham et al., 2022). This is a method of evaluating fetal status in patients who have diabetes, hypertension, or trauma and ones who do not feel fetal movement (Durham et al., 2022). A transducer is placed on the belly and there for up to 40 minutes, and an electronic fetal monitor is hooked up as well.	A good sign is acceleration in the fetus, it shows there is adequate oxygenation and an intact nervous system (Durham et al., 2022).
Biophysical profile (BPP)	An ultrasound following the NST (Durham et al., 2022). It assesses 5 fetal variables using electronic fetal monitoring. It assesses NST, fetal movement, tone, breathing, and amniotic fluid volume.	Episodes of rhythmic breathing of 30 seconds or movement within 30 minutes, body movements withing 30 minutes of 3 or more movements, fetal extension or flexion happening more than once in 30 minutes, and amniotic fluid measuring at least 2 cm in a pocket (Durham et al., 2022).
Ultrasound (US) <ul style="list-style-type: none"> <li>• 1<sup>st</sup> Trimester</li> <li>• 2<sup>nd</sup> Trimester</li> </ul>	High-frequency waves are used to produce an image (Durham et al., 2022). The first trimester ultrasound is used to diagnose pregnancy	Appropriate age, size, positions, capacities, and viability (Durham et al., 2022). Placenta will be normal position, size, and

	and find out the gestational age. The second trimester ultrasound shows fetal presentation, sex, multiples, heart activity, placental position, and measurements.	structure with the normal amount of amniotic fluid.
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**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)**

Dilation is the cervix opening from 0-10 cm (Durham et al., 2022). When the cervix is at 10 cm, it is completely dilated. This is measured by palpation on a vaginal exam. Effacement is the cervix's thinning, softening, and shortening from 0% to 100%. This is measured by a vagina exam as well.

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

Breathing techniques (Durham et al., 2022). Massage. Warm bath or shower. Counterpressure. Positioning.

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

This refers to the fluctuations in the baseline of fetal heart monitoring (Durham et al., 2022). This is the most important predictor in adequate fetal oxygenation and fetal reserve during labor. It connects the pathway of the cerebral cortex, to the midbrain, to the heart. It can be absent, minimal, moderate, or marked. There are each amplitude range.

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

It can cause the baby to contract infection during labor (Durham et al., 2022). Collecting a vaginal/rectal culture is used for screening for GBS while in the later weeks of pregnancy. If positive, it will be treated with ampicillin or penicillin during labor. Women who have a cesarian do not need treatment. Education on antibiotics is important, as well as monitoring for sepsis.

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

On admission, patients usually perform the following labs: group B streptococcus (GBS), blood type and Rh factor, and CBC (Durham et al., 2022). They will do a thorough evaluation with an emphasis on fetal, abdominal, vaginal, and pain examinations.

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

The number of contractions in 10 minutes is counted, and the minutes between the start of one contraction and the start of the following contraction are calculated to determine the frequency of contractions (Durham et al., 2022). The frequency is given in seconds or minutes. The duration is expressed in minutes. You may utilize a variety of contraction frequencies, such as UCs, every two to three minutes. The duration of contractions is indicated in seconds by counting from the beginning of the contraction to its conclusion. Because contractions vary in length, this is often calculated for several contractions and displayed as a range.

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

The gradual, observable decrease in heart rate over 30 seconds between baseline and the nadir, or lowest point of the deceleration, is known as an early deceleration (Durham et al., 2022). Head compression, elevated intracranial pressure, and uterine contractions are often the causes of this. Interventions include boosting IV fluids, giving oxygen, and shifting the mother's posture. (Durham et al., 2022).

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

A noticeable, symmetrical, gradual decline in FHR linked to UCs is known as late deceleration (Durham et al., 2022). It can also indicate that the fetus is not ready for childbirth. Fetal myocardial suppression, fetal reactions to temporary or chronic uteroplacental insufficiency, and reduced oxygen supply due to uteroplacental insufficiency can all result in late deceleration.

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

A fetal heart rate reduction caused by compression of the umbilical cord is known as a variable deceleration (Durham et al., 2022). The reason for this is the compression of the umbilical cord. Interventions include vaginal examination, oxygen therapy, repositioning, and fetal monitoring.

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

When nursing, this drug triggers the ejection reflex and uterine contractions (Durham et al., 2022). Tachysystole and subsequent FHR decelerations are common adverse effects. Along with regularly checking on the patient, we must ensure that we keep an eye on the mother's and baby's vital signs.

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

Although it can be utilized as a tocolytic, magnesium sulfate's primary function is embryonic neuroprotection (Durham et al., 2022). It relaxes smooth muscle, and studies suggest that magnesium sulfate may reduce the severity and risk of cerebral palsy in surviving newborns if administered before 32 weeks of pregnancy. The adverse effects include headache, nausea, vomiting, diaphoresis, flushing, lethargy, sleepiness, depression, and maternal death. The nursing actions and evaluations include vital signs, respiratory status, stringent I&O, and magnesium levels (Durham et al., 2022).

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

Deficient knowledge related to birthing (Durham et al., 2022).

Risk for anxiety related to fear of the unknown, such as fear of birthing process (Durham et al., 2022).

Risk for acute pain related to uterine contractions (Durham et al., 2022).

### **Attach References**

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