Labor & Delivery Worksheet

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

Name: Bethany Waugh

Complete the following: (30 points)

<mark>**Submit in-text citations in APA format**</mark>

1st Stage of Labor	Characteristics that could be seen	Expected Interventions
Latent phase Dilation: __0_ to _5__ cm Length of stage: 11.8 hours for primiparas, 9.3 hours for multiparas (Durham et al., 2023) **Contractions** Duration: become more regular, usually 3-5 minutes Frequency: become more frequent Strength: become stronger (Durham et al., 2023)	Patients in the latent phase of stage 1 labor may experience backaches and cramps, show excitement to be beginning the labor process, be talkative, and could also begin to request pain medication (Durham, 2023). If the patient can stay home at this stage they may choose to do so (Durham et al., 2023).	Helpful nursing interventions at this stage include assisting the patient into a comfortable position, monitoring fetal heart response to position changes, avoiding the supine position, and working with the patient to find effective pain control strategies (Durham et al., 2023).

Active phase		
Active phase Dilation: __6_ to _10__ cm Length of stage: mean rate of dilation 1.2-1.5 cm per hour, more rapid for multiparas (Durham et al., 2023) **Contractions** Duration: 60-90 seconds Frequency: 2-3 minutes (Durham et al., 2023)	The active phase of stage 1 labor may cause a patient to withdraw into themselves as they begin to focus on their contractions (Durham et al., 2023). Patients in this phase may also begin to worry or panic about beginning the labor process and can benefit from emotional support from the nurse and pain medications (Durham et al., 2023).	A nurse can assist a patient in this phase by helping them find a comfortable position, monitoring fetal heart rate changes to positions, avoiding the supine position, providing encouragement, and providing effective pain management strategies (Durham et al., 2023).

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Strength: stronger than latent stage (Durham et al., 2023).		

2nd Stage of Labor	Characteristics that could be seen	Expected Interventions
Length of stage: Latent: 0-2 hours depending on patient status Active: most primiparas deliver within 3 hours of active pushing, multiparas will deliver in 2 hours (Durham et al., 2023) **Contractions** Duration: 60+ seconds (Durham et al., 2023) Frequency: Latent: moderate frequency; every 2-3 minutes, no more than 5 in a 10-minute period Active: moderate/strong with an urge to bear down; every 2-3 minutes (Durham et al., 2023) Strength: strong (Durham et al., 2023)	In the latent phase of the 2nd stage of labor the patient's urge to push should be assessed as the fetus descends to the pelvis floor (Durham et al., 2023). In the active phase of the 2nd stage of labor the perineum flattens out and bulges, and the patient begins to feel the urge to bear down" as they focus on pushing the fetus out of the birthing canal (Durham et al., 2023).	In the latent phase of the 2nd stage of labor the nurse can helpfully intervene by helping the patient find a comfortable position that aids the fetus on it's descent to the pelvic floor, monitoring fetal heart rate in response to position changes, avoiding the supine position, and heling the patient find effective pain control methods (Durham et al., 2023). In the active phase of the 2nd stage of labor the nurse should focus on helping the patient to find a position that is comfortable yet effective for pushing the fetus through the birthing canal and keeping the patient's pain as under control as possible (Durham et al., 2023). The nurse should also continue to monitor the fetal heart rate when changing the patient's position and avoid the supine position (Durham et al., 2023).

3rd Stage of Labor	Characteristics that could be seen	Expected Interventions
Length of stage: 5 minutes; 90% will deliver the placenta	In the 3rd stage of labor, the	In this phase uterotonic

within 13-15 minutes (Durham et al., 2023).	umbilical cord lengthens, which is followed by a short surge of blood loss, that is finally followed by the delivery of the placenta (Durham et al., 2023). In this phase the mother can begin to relax after the stress the labor process has placed on her body and enjoy skin-to-skin time with the infant (Durham et al., 2023).	medications should be administered as needed (Durham et al., 2023). Uterotonic medications (like oxytocin) are used to stimulate uterine contractions, and, as a result, they help to prevent post-partum hemorrhage (Durham et al., 2023).

Reference (1):

Durham, R., Chapman, L., & Miller, C. (2023). *Davis advantage for maternal-newborn*

   nursing: Critical components of nursing care (4th 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)	A non-stress test is a tool that uses fetal heart rate patterns and accelerations to verify how well the fetus is doing (Durham et al., 2023).	This test can be used to diagnose problems such as hypertension, diabetes, multiple gestations, trauma to the fetus, or bleeding (Durham et al., 2023).
Biophysical profile (BPP)	A biophysical profile uses an ultrasound and a non-stress test to assess the fetus's health and screen for possible birth complications (Durham et al., 2023). Uses a nonstress test as an indicator od short-term fetal well-being, and an amniotic fluid test as an indicator of long-term well-being	The five components included in the BPP are fetal breathing movements, fetal movements, fetal tone, amniotic fluid volume, and the non-stress test (Durham et al., 2023). Each component can achieve a score of 0 (abnormal) or a 2 (normal), and the scores are interpreted as such: 8-10 is a normal healthy fetus 6 indicates further testing may be needed

		4 or less indicates fetal distress and may lead to an emergent delivery. (Durham et al., 2023).
Ultrasound (US) • 1st Trimester • 2nd Trimester	Ultrasound in the 1st trimester is used to confirm pregnancy, rule out ectopic pregnancy, confirm that the pregnancy is viable, identify the number of fetuses, confirm gestational age, screen for uterine abnormalities, and rule out abnormalities in the chromosomes (Durham et al., 2023). Ultrasound in the second trimester is used to examine the fetal anatomy and screen for abnormalities, assess amniotic fluid volume, determine whether the fetus's growth is appropriate for its gestational age, determine gender, and screen for placenta previa (Durham et al., 2023).	Normal results for the ultrasound in the first trimester include being able to see the gestational sac in the uterus and the yolk sac within the gestational sac, being able to see the number of fetuses present, a fetus with a length that is appropriate for it's gestational age, and a visible amniotic sac with no present abnormalities (Durham et al., 2023). Normal results for the ultrasound in the second semester include being able to visualize the organs and verify if any abnormalities are present, verifying a normal fetal heart rate, assessing the placenta to rule out placenta previa, verifying a normal amniotic fluid volume, verifying the gender, and assessing the umbilical cord for abnormalities (Durham et al., 2023).

Reference (1):

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   nursing: Critical components of nursing care (4th ed.). F.A. Davis.

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

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

Effacement is defined as the thinning and shortening of the cervix and it is measured manually during a pelvic exam or with the help of an ultrasound. It is often expressed as a percentage with 0% being the thickest and longest cervix, and 100% representing a fully thinned-out cervix (Durham et al., 2023).

Cervical dilation is a measurement that estimates the dilation of the cervical opening by sweeping a gloved finger across the margin of the cervical length (Durham et al., 2023). It is measured in centimeters with 0cm representing a closed cervix, and 10 cm representing a fully dilated cervix (Durham et al., 2023).

2. List five possible non-pharmacological interventions assisting in relieving pain during labor. **(5 points)**

Massage, water immersion, transcutaneous electrical nerve stimulation, breathing techniques, and using certain positions and movements are all non-pharmacological ways to assist with relieving pain during labor (Durham et al., 2023).

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

Variability refers to the fluctuation in the baseline fetal heart rate (Durham et al., 2023). It is used to assess the integrity of the fetal autonomic nervous system and focuses on how well the sympathetic and parasympathetic nervous systems are functioning together (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)**

Group B streptococcus increases the risk of newborn infection; and women who test positive for this are given IV antibiotics during labor (Durham et al., 2023). It can also contribute to premature rupture of membranes and preterm labor (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)**

Every woman receives a set of baseline laboratory tests that may vary depending on facility policy and what information is available as a result of their prenatal care, but common tests include:

Type and screen to determine blood type should a blood transfusion be necessary

A complete blood count to determine hemoglobin, hematocrit, platelets and white blood cells to evaluate for anemia, infections, or risk of clotting; this information is necessary in case of an emergent c section or hemorrhage after vaginal birth.

An antibody screen to determine if there are any antibodies present in the mother that may attack fetal red blood cells.

A urinalysis to check for signs of infection and preeclampsia.

Tests for HIV, syphilis, and hepatitis B to prevent transmission to the fetus.

(Durham et al., 2023).

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

Frequency is the measure of time in between the start of one contraction to the start of the next, and it measured in minutes (Durham et al., 2023).

Duration is the length of time each contraction lasts and it is measured in seconds (Durham et al., 2023).

They are documented by listing the frequency, duration, and level of intensity (Durham et al., 2023).

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

An early deceleration is a type of fetal heart rate deceleration that can be seen on electric fetal monitoring (Durham et al., 2023). They are commonly caused by head compression stimulating the vagal nerve during uterine contractions and slowing the fetal heart rate (Durham et al., 2023).

Interventions for early deceleration include putting the patient into the left lateral position and continued monitoring, but interventions are usually not needed at this stage (Durham et al., 2023).

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

A late deceleration is a gradual decrease and return to baseline of the fetal heart rate that starts after the beginning of a uterine contraction, reaches its lowest point at the peak of the contraction, and returns to baseline after the contraction ends (Durham et al., 2023).

Late decelerations are usually the results of uteroplacental deficiency in which the fetus is not receiving an adequate supply of oxygen and nutrients (Durham et al., 2023). This insufficiency can be caused by hypertension, preeclampsia, placental abruption, prolonged uterine contractions, and sometimes drug use that effects placental circulation (Durham et al., 2023).

Interventions for late deceleration include putting the patient on their left lateral side, oxygen administration, increasing IV fluids, stopping oxytocin administration, electronic fetal monitoring, monitoring vital signs, notifying the provider, and preparing for the possibility of an emergent c-section (Durham et al., 2023).

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

Variable decelerations are abrupt decreases in fetal heart rate of at least 15 beats per minute below baseline, lasting at least 15 seconds but less than 2 minutes, with a variable timing related to uterine contractions (Durham et al., 2023).

 Possible interventions for variable decelerations include repositioning the mother, administering oxygen to the mother to increase oxygenation to the fetus, halting the administration of oxytocin, increasing the IV fluids the mother is receiving, and a vaginal exam to check for a prolapsed cord (Durham et al., 2023). If the fetus remains in prolonged distress an emergent c-section may be deemed necessary by the provider to save the fetus (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 is used to induce labor in patients who are struggling to begin contractions on their own, to strengthen and increase contractions if labor has begun but is pausing or stalling, and to help the uterus contract after the delivery of the placenta to help minimize bleeding and prevent hemorrhage (Durham et al., 2023).

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

Magnesium sulfate is used to prevent seizures in women to have preeclampsia or eclampsia**,** and to reduce the chances of cerebral palsy in preterm infants (Durham et al., 2023).

Magnesium sulfate is a central nervous system depressant and causes side effects such as lethargy, drowsiness headache, blurred vision, slurred speech, loss of deep tendon reflexes, respiratory depression, shortness of breath, hypotension, muscle weakness, nausea, vomiting, dry mouth, and loss of reflexes (Durham et al., 2023).

Signs of magnesium sulfate toxicity include confusion, respiratory depression, apnea, severe bradycardia, oliguria, and anuria (Durham et al., 2023).

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

      1. Acute pain related to the labor process as evidenced by verbal cures and grimacing (Phelps, 2023).

      2. Risk for maternal injury related to anesthesia, limited mobility, and the labor process as evidenced by physical limitations (Phelps, 2023).

      3. Anxiety related to fear of the pain of labor and the potential for unknown outcomes in the labor process as evidenced by elevated heart rate and verbal expressions of fear (Phelps, 2023).

<mark>**Attach References**</mark>

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

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Mosby.

Phelps, L.L. (2023) *Nursing Diagnosis Reference Manual.* Wolters Kluwer.