

Labor & Delivery Worksheet

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

Name: Arian Dodge

Complete the following: (30 points)

Submit in-text citations in APA format

1 st Stage of Labor	Characteristics that could be seen	Expected Interventions
<p>Latent phase</p> <p>Dilation: <u> 0 </u> to <u> 5 </u> cm</p> <p>Length of stage: The mean length is 11.8 hours for primiparas and 9.3 hours for multiparas (Durham et al., 2023).</p> <p>Contractions</p> <p>Duration: Contractions during this phase are irregular (Labor and birth, 2023). Becoming more regular as we get to the next phase (Durham et al., 2023).</p> <p>Frequency: The frequency starts to increase from irregular to regular (Durham et al., 2023).</p> <p>Strength: Contractions can range from slightly uncomfortable to painful (Labor and birth, 2023). They will become stronger as we move to the next phase (Durham et al., 2023).</p>	<p>Some characteristics that could be seen is blood-tinged vaginal mucus (Durham et al., 2023). The bag of waters could be intact or ruptured (Durham et al., 2023). People during this stage may be talkative and excited, or they could be experiencing cramps and backaches (Durham et al., 2023).</p>	<p>Some expected interventions that could be done would be assisting with positioning, encouraging movement while avoiding having them lie supine (Durham et al., 2023). It's important to monitor the fetus's response to position changes and implement pain control strategies (Durham et al., 2023). Be able to respond to maternal change in status and, for the fetus, institute uterine resuscitation interventions for category II and III fetal heart tracing (Durham et al., 2023). Vitals are monitored every 2 hours unless the bag of waters is ruptured, then they are monitored every hour (Durham et al., 2023). Sterile vaginal examines are done as needed (Durham et al., 2023).</p>

<p>Active phase</p> <p>Dilation: <u> 6 </u> to <u> 10 </u> cm</p> <p>Length of stage: The mean dilation rate is 1.2-1.5cm/hr and quicker for multiparas (Durham et al., 2023).</p> <p>Contractions</p> <p>Duration: The Length of contractions tends to be 45 to 60 seconds (Durham et al., 2023).</p> <p>Frequency: The contractions in this phase are about 2-3 minutes apart, with no more than 5 in a 10min period (Durham et al., 2023).</p> <p>Strength: The strength of these contractions are moderate (Durham et al., 2023).</p>	<p>The person giving birth may turn more inward, focusing more on contractions, and they may become worried or panicked (Durham et al., 2023). They may become more serious while focusing on the pain and often have decreased energy and experience fatigue (Durham et al., 2023). The patient might start to experience an increase in bloody show, nausea, vomiting, complaints of back pressure, and increased diaphoresis (Durham et al., 2023).</p>	<p>Some interventions to be performed would be continued fetal monitoring (Durham et al., 2023). The patient's well-being and labor should be monitored every 30 minutes (Durham et al., 2023). Vitals are monitored every 2 hours unless the bag of waters is ruptured, then they are monitored every hour (Durham et al., 2023). Sterile vaginal examines are done as needed (Durham et al., 2023). The same as the latent phase, assistance with positioning, encouraging movement, avoiding supine position, and implementing pain control strategies (Durham et al., 2023).</p>
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2nd Stage of Labor	Characteristics that could be seen	Expected Interventions
<p>Length of stage: This stage is from cervical dilation of 10cm to birth of the baby (Labor and birth, 2023).</p> <p>Contractions</p> <p>Duration: The Length of contractions tends to be 45 to 60 seconds (Durham et al., 2023).</p> <p>Frequency: The contractions in this phase are about 2-3 minutes apart, with no more than 5 in a 10-minute period</p>	<p>Characteristics that are seen are the patient's urge to bear down, and they are focused on pushing the fetus out (Durham et al., 2023). The perineum is flattened and bulges, and there is bloody vaginal mucus (Durham et al., 2023).</p>	<p>Interventions to expect would be monitoring how the patient is doing every 5 to 15 minutes (Durham et al., 2023). Vitals should be monitored every hour (Durham et al., 2023). Sterile vaginal examines are done as needed (Durham et al., 2023). Assist with positioning, encouraging movement, avoiding supine position, and implementing pain control strategies (Durham et al., 2023).</p>

(Durham et al., 2023).		
Strength: The strength of these contractions are moderate to strong with an urge to bear down (Durham et al., 2023).		

3rd Stage of Labor	Characteristics that could be seen	Expected Interventions
Length of stage: This stage starts after the delivery of the fetus and ends after the delivery of the placenta (Durham et al., 2023). The mean length of this stage is 5 to 15 minutes (Durham et al., 2023).	The umbilical cord lengthens, and the placenta can be seen delivered as well as a gush of blood (Durham et al., 2023). The patient may show relief after the delivery of the placenta (Durham et al., 2023).	Uterotonic medications can be administered as ordered (Durham et al., 2023). Skin to skin should be initiated with the patient and baby (Durham et al., 2023). Uterine massage can be done (Durham et al., 2023).

Reference (1):

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

NHS. (2023, May). *The stages of labor and birth*. NHS choices.
<https://www.nhs.uk/pregnancy/labour-and-birth/what-happens/the-stages-of-labour-and-birth/>

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 look at fetal heart rate patterns and accelerations to determine the fetuses well-being (Durham et al., 2023). Fetal heart rate is monitored for 20 to 40 minutes, along with fetal movement (Durham et al., 2023). This non-invasive testing is used for evaluating	This test is able to tell us how well the baby is doing and if they have adequate oxygenation inside the womb (Durham et al., 2023). The heart rate of a normal fetus should have accelerations in response to fetal movement (Durham et al., 2023). Reactive NST is when fetal

	fetal status, especially in high-risk pregnancies (Durham et al., 2023). This test is important to make sure that the baby has proper oxygenation in the womb.	heart rate increases 15 beats above baseline for 15 seconds twice or more in 20 minutes, whereas non-reactive NST is without sufficient accelerations in heart rate in 40 minutes (Durham et al., 2023).
Biophysical profile (BPP)	A biophysical profile combines a 30-minute ultrasound assessment with a non-stress test (Durham et al., 2023). This test looks at fetal movement, tone, breathing, and amniotic fluid volume (Durham et al., 2023). This test is to make sure that the baby has proper oxygenation in the womb.	This test is able to show if fetal oxygen consumption is reduced then the immediate fetal response would be a reduction of activity that is regulated by the central nervous system (Durham et al., 2023). An 8/10 score is good but as the number gets lower there are more concerns of possible fetus asphyxia (Durham et al., 2023).
<p>Ultrasound (US)</p> <ul style="list-style-type: none"> • 1st Trimester • 2nd Trimester 	<p>Ultrasounds in the 1st trimester often confirm intrauterine pregnancy, fetal cardiac activity, multiple gestations, estimate gestational age, evaluate uterine structure, and screen for aneuploidy (Durham et al., 2023). This test is able to not only give the parents reassurance but also to give more insights to the patients needed care or further testing during their pregnancy for the provider.</p> <p>Ultrasound in the 2nd trimester confirms gestational age and due date, fetal cardiac activity, fetal number, position, size, confirm placental location, fetal weight, fetal anomalies, vaginal bleeding (Durham et al., 2023). This test is able to</p>	<p>1st trimester ultrasound clinical findings are to confirm intrauterine pregnancy, fetal cardiac activity, multiple gestations, estimate gestational age, evaluate uterine structure, and screen for aneuploidy (Durham et al., 2023).</p> <p>2nd trimester ultrasound clinical findings confirm gestational age and due date, fetal cardiac activity, fetal number, position, size, confirm placental location, fetal weight, fetal anomalies, vaginal bleeding (Durham et al., 2023).</p>

	screen for some abnormalities in the fetus or pregnancy so that the provider is better able to assist with their care.	
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Durham, R. F., Chapman, L., & Miller, C. S. (2023). *Davis advantage for maternal-newborn nursing: Critical components of nursing care*. 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 cervix opening up from 0cm to 10cm, this is usually the start of the laten phase of labor, a sterile vaginal exam measures it and it is measured using centimeters (Durham et al., 2023). A sterile vaginal exam to check for cervical dilation, is you'll sweep your examining finger from the margin of the cervical opening on one side to the that on the other side (Durham et al., 2023). Uterine contractions push the presenting part of the fetus toward the cervix, causing it to thin out and dilate (Durham et al., 2023).

Cervical effacement is the softening, shortening, and thinning of the cervix(Durham et al., 2023). Before labor, the cervix is 2-3cm long, and when completely effaced, it'll be a few sheets of paper thick (Durham et al., 2023). Effacement is measured in percentage from 0% to 100%, which you'll measure by doing a sterile vaginal exam and palpating the cervical length with your fingertips (Durham et al., 2023).

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

Relaxation and breathing techniques are useful non-pharmacological interventions to promote relaxation and a feeling of control during labor (Durham et al., 2023). Hydrotherapy with the use of warm baths or showers can provide pain relief by through the perception of warmth by nerve receptors in the skin (Durham et al., 2023). Warm and cold packs can be great for warmth to help with relaxation and cold to numb (Durham et al., 2023). Repositioning can not only help with pain relief but also with feeling in control of labor as well (Durham et al., 2023). Continuous labor support has been shown to help with pain during labor, whether it be emotional, informational, or advocacy support (Durham et al., 2023).

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

Baseline variability is the fluctuation in the baseline fetal heart rate that are irregular in amplitude and frequency (Durham et al., 2023). In a 10-minute window, excluding accelerations and decelerations, it is measure as 'Absent' which amplitude is undetectable, 'Minimal' which amplitude range is 5bpm or less, 'Moderate' which amplitude range is peak to trough of 6bpm to 25bpm, 'Marked' which amplitude range is greater than 25bpm (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 is tested between 35 and 37 weeks of gestation; if positive, this can influence care in labor and delivery because infection in a newborn can be invasive and severe with potential neurological sequelae (Durham et al., 2023). GBS is tested by swabbing the vagina and the rectum, most people are asymptomatic carriers (Group B strep, 2022). If GBS is positive, then the pregnant patient will need to receive intrapartum antibiotic prophylaxis, unless a prelabor cesarean birth is performed with intact membranes (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)**

Some labs collected on admission to labor and delivery would be a CBC, type and cross, urinalysis, and drug screening (Durham et al., 2023). Assessments such as maternal vital signs, fetal heart rate, uterine contractions, cervical dilation and effacement, status of membranes, amniotic fluid, vaginal bleeding, fetal position, deep tendon reflexes, edema, heart and lung sounds, emotional status, and pain and discomfort (Durham et al., 2023).

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

Duration is measured from the beginning of a contraction to the beginning of another contraction; it is recorded in seconds (Durham et al., 2023). Frequency is measured from the beginning of one contraction to the beginning of another; it is recorded in minutes (Durham et al., 2023). Contractions are documented on their frequency, in minutes; duration, in seconds; and intensity which these things can also be seen on a fetal heart rate monitor (Durham et al., 2023).

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

An early deceleration is where the lowest point of the deceleration occurs at the peak of the contraction (Durham et al., 2023). With uterine contractions, the fetal head is squeezed, causing increased intracranial pressure, decreased cerebral blood flow, and a corresponding

decrease in Po₂ with stimulation of a cerebral chemoreceptor (Durham et al., 2023). No interventions are needed for early decelerations, but repositioning could be recommended (Durham et al., 2023).

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

Late decelerations is a visually apparent symmetrical gradual decrease of fetal heart rate associated with uterine contractions (Durham et al., 2023). This can be caused lack of oxygen and fetal intolerance to labor (Durham et al., 2023). Interventions to late decelerations are changing position, discontinuing oxytocin, IV bolus, 10L of O₂, notify provider, and preparing for neonate delivery and care (Durham et al., 2023).

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

Variable decelerations are visually apparent, abrupt decreases in the fetal heart rate of less than 30 seconds from baseline to nadir (Durham et al., 2023). This can be caused by umbilical cord compression (Durham et al., 2023). Interventions to treat this would be to encourage position change, sterile vaginal exam to evaluate cord and labor process, 10L of O₂, decrease or discontinue oxytocin, modify pushing, decrease pain and anxiety, notify provider, and prepare for delivery and care of neonate (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 (Durham et al., 2023). Side effects of this medication include tachysystole and subsequent fetal heart decelerations (Durham et al., 2023). Nursing assessments should include making sure the patient is well informed, assessing a need for induction, and, if elective, confirming gestational age of at least 39 weeks (Durham et al., 2023). Some nursing interventions include assessing FHR in response to uterine contractions, monitoring labor progress with SVE for cervical dilation and fetal descent, cervical change of 1 cm/hr indicates sufficient progress, assess the character and amount of amniotic fluid, assess the character and amount of bloody show, assess the maternal response, including level of discomfort and pain, assess vital signs, assess input and output, ensure adequate hydration (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 often used for fetal neuroprotection (Durham et al., 2023). Some maternal side effects would be lethargy, drowsiness, nausea, vomiting, and death; for the fetus, a side effect could be neonatal depression (Durham et al., 2023). Some nursing interventions

include assessing respiratory, monitoring serum magnesium levels, and keeping calcium gluconate available (Durham et al., 2023). Nursing assessments would assess respiratory and deep tendon reflexes (Durham et al., 2023).

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

1. Deficient knowledge related to the birthing process as evidenced by asking questions to know more (Durham et al., 2023).

2. Risk for fatigue related to the child birthing process as evidenced by a long labor (Durham et al., 2023).

3. Risk for impaired urinary elimination related to the birthing process, tissue trauma, or epidural administration as evidenced by a third-degree tear (Durham et al., 2023).

Attach References

References

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

Group B strep in pregnancy: Test, risks & treatment. Cleveland Clinic. (2022, June 2).
<https://my.clevelandclinic.org/health/diseases/11045-group-b-streptococcus--pregnancy>