Labor & Delivery Worksheet

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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 5 cm (Durham et al., 2023) Length of stage: For first time parents, the average is 11.8 hours with most patients being completed by 30 hours. For multiparous patients, the average is 9.3 hours with most completing this stage at 24.5 hours (Durham et al., 2023). **Contractions**	• Patients are excited and apprehensive (Durham et al., 2023). • Patients are talkative and are able to relax with the contractions (Durham et al., 2023). • This is a long stage, so some patients may eventually feel discouraged (Durham et al., 2023). • Cervical dilation is slow (Durham et al., 2023).	• Laboratory tests, such as a CBC, may be ran (Durham et al., 2023). • An IV will be put in (Durham et al., 2023). • Fetal monitoring will be done. How often, though, is determined by the patient's current condition (Durham et al., 2023). • Help with pain management (Durham et al., 2023). • Teach breathing techniques and help

Duration: During this phase, contractions may last 30 to 60 seconds (Krouse, 2024). Frequency: During this phase, contractions may occur every 5 to 20 minutes (Krouse, 2024). Strength: Contractions become stronger during this phase (Durham et al., 2023).		the patient relax (Durham et al., 2023). • Run IV antibiotics if the birth giver is positive for GBS (Durham et al., 2023). • Help make them comfortable and actively listen (Durham et al., 2023).

Active phase Dilation: 5 to 10 cm (Durham et al., 2023) Length of stage: On average, it lasts 3 to 5 hours. However,	• Fetal descent continues (Durham et al., 2023). • Contractions increase in strength, occur more frequently, and last longer (Durham et	• Assess the fetal heart rate (Durham et al., 2023). • Assess the patients pain. From there, if the patient chooses, they can have an

if this is the patients first baby or have received an epidural, it may last longer (American Pregnancy Association, 2024). **Contractions** Duration: During this phase, contractions may last 45 to 60 seconds (Durham et al., 2023). Frequency: During this phase, contractions may happen every 2 to 5 minutes (Durham et al., 2023). Strength: They continue to increase in strength and intensity (Durham et al., 2023).	al., 2023). • Patients may have decreased energy and are very tired. They also become more serious (Durham et al., 2023). • The patient may experience a wide variety of symptoms such as increase in blood show, nausea and vomiting, back pain, sweating, and shaking (Durham et al., 2023).	epidural or pain medications (Durham et al., 2023). • An oxytocin drip may be started if labor is slow (Durham et al., 2023). • Monitor patient's vital signs and do vaginal exams when needed, in addition to patient consent (Durham et al., 2023). • Help the patient with elimination and continue to explain everything and provide reassurance (Durham et al., 2023).

2nd Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Length of stage: This stage of labor can last, on average, between 20 minutes to two hours. It also depends on if the patient has given birth before and the position and size of the baby (American Pregnancy Association, 2024). **Contractions** Duration: During this stage, contractions may last about 45 to 90 seconds (American Pregnancy Association, 2024). Frequency: During this stage, contractions may be every 3	• Intense urge to push (Durham et al., 2023) • Those without an epidural, may feel a strong burning sensation (Durham et al., 2023). • Blood show increases (Durham et al., 2023) • This stage may last longer if an epidural was given (Durham et al., 2023). • Perineum flattens and the rectum and vagina bulges (Durham et al., 2023).	• Prepare for the delivery (Durham et al., 2023) • Talk with the patient and reassure them (Durham et al., 2023). • Support the baby's head and help the perineum to help prevent any tears (Durham et al., 2023). • Continue to assess fetal heart (Durham et al., 2023) • Continually remind and discuss pushing techniques (Durham et al., 2023)

to 5 minutes (American Pregnancy Association, 2024). Strength: They continue to be strong (American Pregnancy Association, 2024).		

3rd Stage of Labor	**Characteristics that could be seen**	**Expected Interventions**
Length of stage: Average length is 5 minutes, with almost all patients delivering the placenta within 15 minutes (Durham et al., 2023).	• The uterus will rise into a ball shape (Durham et al., 2023). • The umbilical cord may lengthen (Durham et al., 2023). • There may be a sudden gush of blood from the vagina (Durham et al., 2023).	• Baby is placed skin-to-skin with the birth giver (Durham et al., 2023). • Assess the baby, especially their respirations (Durham et al., 2023). • Get pain medications or uterotonics if needed (Durham et al., 2023).

		• Assess birth givers vital signs (Durham et al., 2023). • Apgar score for baby (Durham et al., 2023)

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Complete the Following: (10 points)

Submit in-text citations in APA format

Diagnostic Test	**Description and Rationale**	**Clinical findings**
Non-stress test (NST)	It is a screening tool that records accelerations in the baby's heart in relation to fetal activity. It is an indicator that the baby is doing well. This is done to make sure the baby is doing well (Durham et al., 2023).	The non-stress test is considered reactive if the baby's heart rate increases by fifteen beats above the baseline for fifteen seconds. This has to happen at least two times in twenty minutes. If fetuses that are less than 32 weeks gestation, two accelerations that peak at least ten beats per minute above baseline for at least ten

		seconds is considered reactive. A non-reactive test result would mean the birth giver and baby would need additional testing (Durham et al., 2023).
Biophysical profile (BPP)	Biophysical profile is an ultrasound that is completed in addition to an NST. It assesses the NST, fetal movement, fetal tone, fetal breathing, and the volume of amniotic fluid. This test shows if the baby is getting enough oxygen or if they're hypoxic (Durham et al., 2023).	As previously discussed, the NST should be reactive. The baby should have at least 30 seconds of breathing movements. Three or more of the baby's body or limbs should move within thirty minutes. The baby should exhibit fetal extension and flexion with their limbs, such as opening and closing their hand, within 30 minutes. Lastly, there should be at least two centimeters of amniotic fluid within each plane (Durham et al., 2023). If scored an 8/10, this is

		good! Anything less than that may warrant further testing or may indicate that the baby needs delivered as soon as possible (Durham et al., 2023).
Ultrasound (US) • 1st Trimester • 2nd Trimester	An ultrasound is the result of high-frequency waves that produce an image of either tissues or organs. 1st Trimester -This is done to confirm pregnancy or to figure out the gestational age (Durham et al., 2023). 2nd Trimester -A standard ultrasound may be done during the second or third trimester to evaluate the fetus, assess amniotic fluid volume, see if there is cardiac activity, see where the placenta is in regard to the	Normal findings would mean the fetus is at the correct gestational age, size, viability, and position. Normal findings for the placenta are that it is at its correct size, normal position and structure, and enough amniotic fluid. If anything looks abnormal, further testing may be done (Durham et al., 2023).

	cervix, make sure the baby is at the appropriate size for its gestational week, and to confirm, again, how many babies are in there (Durham et al., 2023).	

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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)**

- Cervical dilation is the opening of the cervical os. It dilates from less than one centimeter to ten centimeters. This is measured through a cervical exam in which the nurse inserts two fingers inside the opening of the cervix and feel how opened/dilated it is. Effacement is the softening, shortening, and thinning of the cervix. This is also measured using two fingers. They can tell based on the length and the texture of the cervix (Durham et al., 2023).

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

- Some non-pharmacological interventions assisting in relieving pain during labor may be relaxation and breathing techniques, effleurage or massages, counterpressure, hydrotherapy, warm or cold packs, or different positioning (Durham et al., 2023).

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

- Fetal heart rate variability just means that the heart rate is changing. Short term variability means that the baby's heart is speeding up and slowing down from one moment to the next. It could be caused by something simple such as the baby is sleeping. Long term variability may occur up to several times a minute. These are indicators of acid-base balance and perfusion of oxygen for the baby (Ummu, 2023).

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

- When the birth giver tests positive for GBS, there is not a tremendous difference in the care in labor and delivery. There will be a couple extra steps such as some labs and antibiotics. GBS is tested later in the pregnancy, around 36 to 37 weeks. The provider will take a cotton swab and get samples from the vagina and the anus. During labor and delivery, they will hook the patient up to an IV antibiotic. It works best if given at least four hours before delivery. They may even test the baby's blood after and see if they have GBS infection. If they do, they will also have IV antibiotics (Cleveland Clinic, 2022).

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

- Some labs that may be completed are a CBC, a type-and-screen, urinalysis, Rh factor, HBsAg, rapid plasma regain, GBS, HIV, and maybe a drug screening. They may even test for preeclampsia or other complications. Some assessments that will be done upon admission is the birth givers vital signs, fetal heart rate, uterine contractions, cervical dilation, cervical effacement, baby's position, membrane status, amniotic fluid, blood show, deep tendon reflexes, signs of 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 of contractions is measured in seconds. The count starts from the beginning of one contraction to the end of the same contraction. Frequency is measured in minutes or seconds. This is determined by counting from the start of one contraction to the start of the next contraction. It is important to note that frequency does not equal uterine resting. To determine the time in between them, start at the end of one contraction and end at the beginning of the next (Durham et al., 2023).

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

- Early deceleration means the baby's heart rate decreases and then returns to normal in response to a uterine contraction. This will happen at the same time. The lowest point of the baby's heart rate happens at the peak of the contraction. This is caused by fetal head compression. No intervention is needed (Durham et al., 2023).

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

- Late deceleration means there has been a decrease in the baby's heart rate after the contraction has happened. The lowest point in the fetal heart rate happens about thirty seconds after the peak of the contraction. This is caused by placental insufficiency. First, change the position of the birth giver. Tocolytics may be administered or the baby may have to be delivered.

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

- Variable decelerations are abrupt decreases in the fetal heart rate that lasts less than 30 seconds from baseline to nadir. This may be caused by fetal cord compression. First, change the position of the birth giver. Some extreme measures would be giving tocolytics, delivering early, or an amnioinfusion (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 stimulate uterine contractions. The side effects are most often based on the dose given. Some side effects may change the fetal heart rate and put the baby in category II or III. Additionally, the birth giver may experience tachysystole, which are frequent and strong uterine contractions. Also, water intoxication can be a side effect if oxytocin is given with too much hypotonic solutions for a prolonged time. FHR should be continuously monitored. Monitor the strength, frequency, and duration of contractions. Monitor the cervix to see if there has been any changes. Assess the birth givers vital signs. Assess input and output. If the baby enters Category II or III, the oxytocin rate will need to be decreased or stopped completely. Additionally, an IV bolus of lactated ringers will be given (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 in labor and delivery for birth givers who are experiencing preeclampsia. There is a significant amount of side effects the birth giver may experience, such as nausea, sweating, blurred vision, lethargy, respiratory depression, or cardiac dysrhythmia. For the baby, they may experience a decrease in their heart rate, respiratory depression, decreased suck reflex, or exhibit signs and symptoms of magnesium toxicity too. Assess the birth givers vital signs, deep tendon reflexes, and clonus. Monitor input and output. If the patient's magnesium level is too high, there are a few interventions. The provider may order a temporary stop to the drip, stop the drip completely, or give calcium gluconate (antidote) to the patient (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 uterine contractions as evidenced by moaning, crying, and tachycardia (Wagner, 2023).

2. Anxiety related to safety of the baby as evidenced by expression of concern and changes in vitals (Wagner, 2023).

3. Risk for fluid volume deficit related to excessive blood loss and dehydration (Wagner, 2023).

References

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