

Labor & Delivery Worksheet

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

Name: **Anisha Coleman**

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><u>Latent phase</u></p> <p>Dilation: 0 to 6 cm (Ricci et al., 2021)</p> <p>Length of stage: start of regular contractions and end when cervical dilation begins (Ricci et al., 2021)</p> <p><u>Contractions</u></p> <p>Duration: 30-45sec (Ricci et al., 2021)</p> <p>Frequency: every 5-10 minutes (Ricci et al., 2021)</p> <p>Strength: intensity mild to palpation (Ricci et al., 2021)</p>	<p>Dilation of cervix, remain talkative, compare contractions to menstrual cramps, apprehensive but excited (Ricci et al., 2021).</p>	<p>Latent: administration of oxytocin if prolonged, amniotomy if delayed, sedation (Hutchison et al., 2025).</p>

<p><u>Active phase</u></p> <p>Dilation: 6 to 10 cm</p> <p>Length of stage: time of increased cervical dilation until completion of cervical dilation (Ricci et al., 2021)</p>	<p>Rapid cervical dilation, fetus head descends farther in the pelvis, intense and inwardly focused, discomfort intensifies, limit interaction with those in the room, relaxation and paced breathing techniques (Ricci et</p>	<p>Active: amniotomy if delayed (Hutchison et al., 2025).</p>
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<p><u>Contractions</u></p> <p>Duration: 45-60sec (Ricci et al., 2021)</p> <p>Frequency: every 2-5 minutes (Ricci et al., 2021)</p> <p>Strength: intensity moderate to palpation (Ricci et al., 2021)</p>	al., 2021).	
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2nd Stage of Labor	Characteristics that could be seen	Expected Interventions
<p>Length of stage: complete dilation of 10cm to birth of the newborn (Ricci et al., 2021)</p> <p><u>Contractions</u></p> <p>Duration: 60-90secs (Ricci et al., 2021)</p> <p>Frequency: every 2-3 minutes or less (Ricci et al., 2021)</p> <p>Strength: intensity strong by palpation (Ricci et al., 2021)</p>	Puerperal infection, perineal lacerations, feels in control and less irritable and agitated, increased abdominal pressure, fetal head becomes apparent (Ricci et al., 2021).	Neuraxial anesthesia, epidural (Hutchison et al., 2025).

3rd Stage of Labor	Characteristics that could be seen	Expected Interventions
<p>Length of stage: begins with the birth of the newborn and ends with the separation and birth of placenta (Ricci et al., 2021)</p>	Postpartum hemorrhage, lengthening of umbilical cord, skin-to-skin, breastfeeding (Ricci et al., 2021).	Massaging the uterus (Ricci et al., 2021).

Reference (1):

Ricci, S., Kyle, T., Carman, S. (2021). *Maternity and Pediatric Nursing: Fourth Edition*. Wolters Kluwer.

Complete the Following: (10 points)

Submit in-text citations in APA format

Diagnostic Test	Description and Rationale	Clinical findings
Non-stress test (NST)	A noninvasive prenatal test that provides an indirect measure of uteroplacental function (Ricci et al., 2021).	Fetal heart rate (Ricci et al., 2021).
Biophysical profile (BPP)	An assessment to detect hypoxia, stillbirth, and infants who may be at risk of poor pregnancy outcomes (Ricci et al., 2021).	Fetal tone, fetal movement fetal breathing, and amniotic fluid volume (Ricci et al., 2021).
Ultrasound (US) <ul style="list-style-type: none"> • 1st Trimester • 2nd Trimester 	1 st trimester: transvaginal ultrasound to confirm a pregnancy (Ricci et al., 2021). 2 nd trimester: abdominal scan to look for congenital malformations (Ricci et al., 2021).	1 st trimester: to confirm pregnancy and cardiac pulsation (Ricci et al., 2021). 2 nd trimester: to confirm multifetal pregnancies, verify dates and growth (Ricci et al., 2021).

Reference (1):

Ricci, S., Kyle, T., Carman, S. (2021). *Maternity and Pediatric Nursing: Fourth Edition*. Wolters Kluwer.

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 or enlargement of the external cervix (Ricci et al., 2021). Effacement is when the cervix thin to allow the presenting fetal part to descend into the vagina (Ricci et al., 2021). Cervical dilation is measured by location the cervical os and estimating the distance between the two fingers at the internal cervical os (Hutchison et al., 2025). The effacement if measured by estimating the percentage of remaining cervical length compared to uneffaced cervix (Hutchison et al., 2025).

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

Some non-pharmacological interventions are hydrotherapy, relaxation and breathing techniques, massages, warm packs, and hypnosis (Hutchison et al., 2025).

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

Variability is the irregular fluctuation in the baseline FHR (Ricci et al., 2021). Absent or minimal variability is less than 5bpm, moderate variability is 6-25bpm, and marked variability is greater than 25bpm (Ricci et al., 2021).

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

When women have GBS, it can be passed to their babies during labor and delivery and cause an infection of the placenta, wound and amniotic fluid (Nguyen, 2022). Pregnant women are tested between weeks 35 and 37 by taking a culture sample of the vagina and rectum (Nguyen, 2022). If a woman is positive, IV antibiotics is given four hours before delivery to protect the baby against GBS disease (Nguyen, 2022).

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

Labs that are completed upon admission are CBC, STI screenings, bedside ultrasound (Hutchison et al., 2025). The nurse would assess the mother's vital signs, urine output, pain level and tolerance, cervical dilation and effacement, duration of contractions, fetal descent, oral intake, and posture (Hutchison et al., 2025).

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

The frequency of contractions is measured from the beginning of one contraction to the beginning of the next contraction (Ricci et al., 2021). The duration of contractions is measured from the beginning on one contraction to the end of the same contraction (Ricci et al., 2021).

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

Early decelerations are visually apparent, symmetrical, and there is a gradual decrease in fetal heart rate in which the lowest point occurs at the peak of the contraction (Ricci et al., 2021). This stage is seen during the active stage of pushing, crowning and vacuum extraction (Ricci et al., 2021). Early deceleration is not fetal distress and does not require intervention (Ricci et al., 2021).

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

Late decelerations are visually apparent, symmetrical, and a transitory decrease in fetal heart rate that occurs after the peak of the contraction (Ricci et al., 2021). They are associated with uteroplacental insufficiency, maternal hypotension, gestational hypertension, anemia, cardiac disease (Ricci et al., 2021). Some interventions are discontinuing oxytocin, reposition patients to increase placental perfusion or relieve cord compression, and administer oxygen to increase fetal oxygenation (Ricci et al., 2021).

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

Variable deceleration is the visually apparent abrupt decrease in fetal heart rate below baseline with an unpredictable shape demonstrating no consistent relations to uterine contractions (Ricci et al., 2021). Commonly found in laboring women and associated with cord compression (Ricci et al., 2021).

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 strengthen uterine contraction during the antepartum period and used to control postpartum hemorrhage and aid placental delivery during the postpartum period (Osilla et al., 2025). Some side effects include erythema at the site of injection, frequent contractions, nausea and vomiting, stomach pain, and loss of appetite (Osilla et al., 2025). Interventions include monitoring fluid status, blood pressure, and uterine contractions (Osilla et al., 2025). The nurse should assess and monitor the mother's

cervical status, vital signs, abdominal signs and symptoms, and vaginal bleeding while assessing and monitoring the fetal presentation and station (AHRQ, 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 can be used to prevent seizures due to pre-eclampsia, slow or stop preterm labor, and help protect the baby's brain (Bird, 2024). Some side effects for the mother include flushing or hot flashes, tiredness and lethargic, headaches, blurred vision, and dizziness (Bird, 2024). Side effects for the infant are poor muscle tone and low Apgar scores (Bird, 2024). Interventions include monitoring newborns for hypotension and respiratory distress, monitor intake and output, and initiate seizure precautions (Unbound Medicine, n.d.). The nurse should assess and monitor neurologic status before and throughout therapy, monitor vitals signs, and ECG frequently during administration (Unbound Medicine, n.d.).

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

- 1. Risk of imbalanced fluid volume related to bleeding (Phelps, 2020).**
- 2. Acute pain related to contractions as evidence by facial expression of pain (Phelps, 2020).**
- 3. Risk of infection related to premature rupture of amniotic membrane (Phelps, 2020).**

Attach References

- Agency for Healthcare Research and Quality. (2023). *Safe Medication Administration: Oxytocin*. Agency for Healthcare Research and Quality.
<https://www.ahrq.gov/patient-safety/settings/labor-delivery/perinatal-care/modules/strategies/medication/tool-safe-oxytocin.html#:~:text=Use%20unit%2Destablished%20uniform%20parameters,assessment%20during%20infusion:%20FHR%20pattern>.
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<https://kidshealth.org/en/parents/groupb.html#:~:text=Doctors%20usually%20use%20penicillin%2C%20but,a%20pregnant%20woman%20if%20she:>
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[https://www.ncbi.nlm.nih.gov/sites/books/NBK507848/#:~:text=FDA%2DApproved%20Indications,misoprostol%20is%20preferred\)%20%5B1%5D](https://www.ncbi.nlm.nih.gov/sites/books/NBK507848/#:~:text=FDA%2DApproved%20Indications,misoprostol%20is%20preferred)%20%5B1%5D)
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- Ricci, S., Kyle, T., Carman, S. (2021). *Maternity and Pediatric Nursing: Fourth Edition*. Wolters Kluwer.
- Unbound Medicine. (n.d.). *Magnesium sulfate (parenteral)*. Nursing Central.
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