N432 Focus Sheet #2 Fall 2019

Ricci, Kyle, & Carman Ch 13, 14, 21 and ATI Ch 11, 12, 13, 14, 15,16 Focused Reading

1. Fill in the following table with associated s/s of each

	TRUE LABOR	**FALSE LABOR**
Uterine Contractions (Braxton Hicks)	grow longer, stronger, closer together and occur at regular intervals -felt in lower back	-tightening or pulling sensation of top of the uterus, occur in abdomen and groin and gradually spread downward before relaxing
Cervical Dilation & Effacement	cervix changes from an elongated structure to a shortened, thinned segment; ripening and softening of the cervix (allow for dilation and effacement)	cervix is not affected
Bloody show	the mucous plug is expelled as a result of cervical softening and increased pressure; the ruptured capillaries release blood that mixes with mucus resulting in pink-tinged secretions (bloody show)	cervix is not affected
Fetus: Engagement	when infant passes the widest diameter of the pelvic brim; after spontaneous rupture of membrane there is a risk of cord prolapse if engagement doesn’t occur with the release of fluid and pressure	Cervix is not affected

2. Define lightening.

The level of the baby's head in relation to the mother's pelvic girdle. The baby drops and makes progress by changing position from -5 to +5, with -5 meaning that the baby is still floating above the pelvis and +5 meaning that the head is crowning

3. Describe the Bishop score and the indications for doing it.

The Bishop score or cervix score, is a simple method that helps predict how likely it is a full term pregnant woman will achieve a vaginal birth if induction is necessary. It can also help predict whether induction may be necessary. The Bishop Score gives points to 5 measurements of the pelvic examination dilation, effacement of the cervix, station of the fetus, consistency of the cervix, and position of the cervix.

4. What are Leopold's maneuvers (make sure to understand all 4 maneuvers) and what 4 questions do each maneuver answer?

-Method of determining the presentation, position and a lie of the fetus through the use of 4 specific steps. This method involves inspection and palpation of the maternal abdomen as screening assessment for malpresentation.

1. Maneuver 1: What fetal part (head/ buttocks) is located in the fundus (top of the uterus)
2. Maneuver 2: On which maternal side is the fetal back located? (fetal heart tones are best auscultated though the back of the fetus)
3. Maneuver 3: What is the presenting part?
4. Maneuver 4:Is the fetal head flexed and engaged in the pelvis?

-Refer to table 14.1 for details. Page 488.

5. List the "preprocedures" done on admission to labor and delivery.

NURSING CARE INCLUDING THE FF:

● Leopold maneuvers: Abdominal palpation of the number of fetuses, the fetal presenting part, lie, attitude, descent, and the probable location where fetal heart tones can be best auscultated on the woman's abdomen

● External electronic monitoring (tocotransducer): Separate transducer applied to the maternal abdomen over the fundus that measures uterine activity- Displays uterine contraction patterns. Easily applied by the nurse but must be repositioned with maternal movement to ensure proper placement

● External fetal monitoring (EFM): Transducer applied to the abdomen of the client to assess FHR patterns during labor and birth

LABORATORY ANALYSIS IS ALSO DONE PRIOR THE LABOR :

● Group B streptococcus: Culture is obtained if results are not available from screening at 35 to 37 weeks. If positive, intravenous prophylactic antibiotic is prescribed. (Exceptions are planned cesarean birth and membranes intact.)

● Urinalysis: Clean-catch urine sample obtained to ascertain maternal:

-Hydration status via specific gravity

-Nutritional status via ketones

-Proteinuria, which can be indicative of gestational hypertension or preeclampsia

-Glucosuria which can be indicative of gestational diabetes

-Urinary tract infection (UTI) via bacterial count (UTIs are common in a diabetic pregnancy)
● Blood tests
- CBC level
-ABO typing and Rh-factor if not previously done

6. State the 5 “P’s” of the labor progress and what each P is composed of.

Passenger (fetus & placenta), **passageway** (birth canal), **powers** (contractions), **position**(of the woman) and **Psychological** response

7. Define fetal lie and fetal attitude

Fetal lie refers to the relationship between the long axis of the fetus w/ respect to the long axis of the mother.
Fetal attitude the relationship of the fetal parts to each other

8. What role do the fetal skull suture lines and fontanelles play in identifying fetal position?

Palpation of sutures reveals the position of the fetal head and degree of rotation that has occurred. The fontanelles also help in identifying the fetal head position

9. Define the various fetal presentations (RKC p 462-464 & ATI p 74).

Define Presentation: The part of the fetus that is entering the pelvic inlet first and leads through the birth canal during labor. It can be the back of the head (occiput), chin (mentum), shoulder (scapula), or breech (sacrum or feet).
Lie: The relationship of the maternal longitudinal axis (spine) to the fetal longitudinal axis (spine)
Transverse: Fetal long axis is horizontal, forms a right
angle to maternal axis, and will not accommodate vaginal birth. The shoulder is the presenting part and can require delivery by cesarean birth if the fetus does not rotate spontaneously.
Parallel or longitudinal: Fetal long axis is parallel to maternal long axis, either a cephalic or breech presentation. Breech presentation can require a cesarean birth.
Attitude: Relationship of fetal body parts to one another ● Fetal flexion: Chin flexed to chest, extremities flexed
into torso
Fetal extension: Chin extended away from chest.
extremities extended
Fetopelvic or fetal position: The relationship of the presenting part of the fetus (sacrum, mentum, or occiput), preferably the occiput, in reference to its directional position as it relates to one of the four maternal pelvic quadrants. It is labeled with three letters.
● Right (R) or left (L): The first letter references either the
side of the maternal pelvis.

● Occiput (O), sacrum (S), mentum (M), or scapula (Sc): The second letter references the presenting part of the fetus.
● Anterior (A), posterior (P), or transverse (T): The third letter references the part of the maternal pelvis.

10. What do each of the 3 letters associated with fetal positioning stand for?

● Landmark fetal presenting parts include occipital bones (O) == Vertex presentation
● Chin Mentum (M)== designates breech presentation
● Acrominion process (A) == shoulder presentation

11. Fetal station is assessed in relation to what?

Measurement of fetal descent in centimeters with station 0 being at the level of an imaginary line at the level of the ischial spines, minus stations superior to the ischial spines, and plus stations inferior to the ischial spines.

12. Outline the rationale for and the pros and cons of external cephalic version.

○ External cephalic version is a procedure in which the fetus is rotated from the breech to the cephalic presentation by manipulation through the mother's abdominal wall at or near term.
○ Pros: reduction in breech presentation, reduction in C-section or vaginal breech delivery
○ Cons: the procedure is only successful in approximately 50% of cases, certain conditions--extreme hypertension, placenta previa, etc--don't allow for this procedure, placental abruption, cord accident, fetal bradycardia

13. Describe methods of cervical ripening and the indications for their use?

● **MECHANICAL AND PHYSICAL METHODS**
- A balloon catheter is inserted into the intracervical canal to dilate the cervix.
- Membrane stripping and an amniotomy may be performed.
- Hygroscopic dilators may be inserted to absorb fluid from surrounding tissues and then enlarge. Fresh dilators may be inserted if further dilation is required. Laminaria tents are made from desiccated seaweed. Synthetic dilators contain magnesium sulfate

● **CHEMICAL AGENTS** based on prostaglandins are used to soften and thin the cervix. They can be in the form of oral medication or vaginal suppositories/gels. Misoprostol: prostaglandin E1, Dinoprostone: prostaglandin E2

14. Use this chart to summarize the Stages & phases of labor. Write it so that it makes sense to you.

Stage	***What is***	***Expecte***	***Expecte***	***Expecte***	***Anticipated***

of Labor	***happening during this Stage/Phase?***	***d effacement & dilation of cervix***	***d Frequency of Contractions***	***d duration of contractions***	***Nursing assessments & interventions***
First Stage 1. Latent 2. Active 3. Transition	Latent phase-contractions irregular mild to moderate (5-30 min apart) Active –contractions more regular to moderate to strong Transition-contractions strong to very strong	AT THE END OF TRANSITION COMPLETE DIALATION OCCURS	Latent 5-30 min apart Active-3-5 min Transition-2-3 min	Latent duration-30-45 sec Active-duration 40-70sec Transition duration 45-90 sec.	First stage-Perform Leopold maneuvers, Perform vaginal exam as indicated (if no evidence of progress) to allow the examiner to assess whether client is in true labor &whether membranes have ruptured, Encourage client to take slow deep breaths prior to vaginal exam, monitor cervical dilation & effacement, Monitor station & fetal presentation, Prepare for impending delivery as the presenting part moves into positive stations & begins to push against the pelvic floor (crowning) Complete list see ATI pg 93
Second Stage	Progresses to intense contractions	Full dilation Lasts from the time the cervix is fully dilated to the birth			Begins w/complete dilation & effacement B/P, pulse, & respiration measurements every 5 to 30 min, uterine contractions, pushing efforts by the client, increase bloody show Shaking of

		of the fetus			extremities, FHR every 15 min & immediately following birth-assessment for perineal lacerations which occur as the fetal head is expulsed (pg 94)
Third Stage	Separation and delivery of the placenta	Lasts from the time of the fetus until the placenta is delivered			
Fourth Stage					

15. How can we confirm rupture of membranes?

What is our priority nursing intervention after confirmation of rupture of membranes?

What information do we want to gather from the mother about rupture of membranes if we did not witness it?

16. Describe when an induction might be warranted and the difference between induction and augmentation?

17. Describe what an amniotomy is, the indications for it to be done, and the considerations.

18. **Medications:** *What is each medication used for? What does it do? Nursing indications/interventions?*

Oxytocin	
Misoprostol	
Penicillin G	
Methylergonovine	
Betamethasone	
Terbutaline Sulfate	

Methotrexate	
Indomethacin	
Magnesium Sulfate	
Naloxone	
Calcium Gluconate	
Narcan	

19. List procedures done during labor (“intra partum”).

20. Define each of the 6 cardinal movements of labor (Mechanisms of labor).

21. Describe the benefits for a woman to change position while in labor. Include what suggestions the nurse can give the laboring woman about position changes?

22. What are the 4 techniques used to assess ongoing data during labor and birth?

23. What is a vaginal exam (SVE-sterile vaginal exam)? How often should it be done according to WHO (World Health Organization)?

24. Why is important to assess frequency, duration and intensity of contractions?

25. What 2 ways can you assess uterine contractions?

26. To palpate uterine contraction intensity, a mild contraction feels like your _____ , a moderate contraction feels like your _____, and strong contraction feels like your _____.

27. List the sources of pain during labor.

28. List how pain assessment is done during labor.

29. List 3 non pharmacologic pain intervention methods.

30. Describe how epidural analgesia is administered, what are the implications, and what is the difference between this and a spinal epidural?

31. What added considerations are there for the nurse caring for a woman who has undergone general anesthesia?

COMPLETE Q32 & Q33 after you review R,K,C p 492-498 and ATI p86-89 for understanding of fetal monitoring and you complete the Online Fetal monitoring program

32. Where in the contraction do the increment, acme and decrement happen?

33. Briefly describe what Category I, Category II and Category III fetal heart rate tracings look like.

34. Why is support so vital for laboring women? What is a doula? What is a CNM?

35. What is “crowning”?

36. List a summary of assessments during second , third and fourth stages of labor.

37. What are the signs of placental separation and how long can it take for the placenta to be expelled?

38. What is the difference between a laceration and an episiotomy?

39. What are the normal blood loss amounts for a vaginal and a cesarean delivery?

40. List “post procedures” done during the fourth stage of labor.

41. What are important interventions for the newborn at birth? Why is skin to skin time with mom so important?

42. What does Apgar stand for? What 5 parameters does it assess? How often is it assessed?

43. What important assessments as the nurse are you continuing to make, in relation to mom, during the third stage of labor?