N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Hope Dykes

Demographics (3 points)

Date & Time of Admission	Patient Initials BK	Age 29	Gender F
Race/Ethnicity C/W	Occupation CNA	Marital Status Single	Allergies NKDA
Code Status FULL	Height 5' 8"	Weight 283lbs	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: Pt has one 6-year old daughter. She is a G2P1001. Previous pregnancy uncomplicated, full-term.

Past Medical History: Obesity, Depression, Anxiety

Past Surgical History: None.

Family History: Mother T2DM, no other significant family hx.

Social History (tobacco/alcohol/drugs): Pt reports no current or former tobacco/alcohol/drug use.

Living Situation: Pt lives with boyfriend and daughter.

Education Level: No cognitive or learning deficits.

Admission Assessment

Chief Complaint (2 points):Scheduled induction due to Gestational Diabetes in 3rd trimester.

Presentation to Labor & Delivery (10 points): The patient came in with her boyfriend for a scheduled induction and delivery at 39 weeks due to Gestational Diabetes in 3rd trimester. She states, "I had some Braxton Hicks, I think, a few weeks ago". She reports no feeling of

contractions since arriving at the hospital, although she does report "I'm having some pressure in my lower back". She reported some nausea, but a 0/10 on the numeric pain scale. The patient did request an epidural when I arrived on shift because she said she had one placed with her last pregnancy and "it worked very well". The patient received some Zofran to help with nausea shortly after she got her epidural. She reported that helped her nausea.

Diagnosis

Primary Diagnosis on Admission (2 points): Gestational Diabetes in 3rd trimester (Primary diagnosis related to care plan: Uterine Tachysystole leading to fetal distress

Secondary Diagnosis (if applicable): Group B Strep Carrier, Anxiety with Depression

Stage of Labor

Stage of Labor Write Up, APA format (20 points) This should include the progression of cervical effacement & dilation as well as pain management techniques:

The client came in at 39 weeks for a scheduled induction due to a diagnosis of gestational diabetes. Cytotec was placed at 0800 and 1200 before I started with the client. When my shift started at 1400, the client had requested an epidural to prevent pain. At the time, she was reporting a 0/10 on the pain scale. She was having regular contractions lasting about 60 seconds, spaced every 90 seconds-2 minutes on the tocometer. These nurses described these contractions as uterine tachysystole, but the client reported she could not feel any contractions. She did say she had pressure in her lower back. When the nurse checked for cervical dilation and effacement, the client was at a 3/40/-3. These numbers indicated that the cervix was dilated 3cm, effaced 40% and that the fetus was 3cm above

the ischial spine. All of these signs show that the client was in the latent phase of the first stage of labor.

Following the client's epidural placement, her blood pressure dropped to 90/54, and the fetal heart monitor began to show late decelerations. Three nurses came into the room and began interventions to raise her blood pressure and improve placental insufficiency. The team repositioned the patient onto her left side, gave her oxygen, and administered a 500mL LR bolus. The nurse called the physician, and he ordered a tocolytic medication to slow the contractions. The nurse administered terbutaline via IV, and contractions slowed to closer to every 2 minutes, lasting about 30 seconds. The cervical exam at 1930 showed 4/50/-2. The patient still reported no pain, but she was anxious about what was going on. We provided her with a peanut ball and educated her that it would reduce the need for cesarean surgery and reduce labor time (Tussey et al., 2015).

At 2015, the patient had dilated to 6cm, effacement was at 70%, and her fetal station was at a +2. Due to the epidural placement, the patient never had any pain during her laboring process. However, she did have anxiety and stress due to late decelerations that may have been caused by the epidural placement. She had not made it out of the latent phase and into the active phase by the time my shift ended, but she was progressing quickly.

Stage of Labor References (2) (APA):

Mayo Clinic. (2020, February 6). *Stages of labor and birth: Baby, it's time!* https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/stages-of-labor/art-20046545

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kulwer.

Tussey, C. M., Bostois, E., Gerkin, R. D., Kelly, L. A., Gamez, J., & Mensik, J. (2015). Reducing the length of labor and cesarean surgery rate using a peanut ball for women laboring with an epidural. *The Journal of Perinatal Education, 24*(1), 16-24. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4748987/

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**4.4-5.8**	**-**	**-**	**4.78**	
Hgb	**13-16.5**			**13.2**	
Hct	**38-50%**			**39.2**	
Platelets	**140-440**			**263**	
WBC	**4-12**			**10.6**	
Neutrophils	**40-68%**			**67%**	
Lymphocytes	**19-49%**			**12.8**	**Neutrophil counts naturally decrease in pregnancy. This is a normal finding (Chandra et al., 2012).**
Monocytes	**3-13**			**9.2**	
Eosinophils	**0-8**			**1.0**	
Bands					

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal	Prenata	Value on	Today's	Reason for Abnormal

	Range	l Value	Admissio n	Value	
Blood Type	-	**A**	**A**	**A**	
Rh Factor	(n/a)	+	+	+	
Serology (RPR/VDRL)					
Rubella Titer		**3.26**	**-**	**-**	
HIV	**Neg**	**Neg**	**-**	**-**	
HbSAG	**-**	**-**	**-**	**-**	
Group Beta Strep Swab	**Neg**	**Positive**	**-**	**Positive**	**The mother can transmit Group B strep to the infant during delivery (Ricci, 2017). The patient was given penicillin g potassium during labor to reduce the risk of transmission.**
Glucose at 28 Weeks	**70-110**	****See note****			****1-hr glucose @ 28wk=155** **3-hr glucose= 182, 177, 96** The patient was diagnosed with gestational diabetes due to two elevated blood glucose levels during a 3-hr. glucose test (Ricci, 2017).**
MSAFP (If Applicable)	**0.5-5.0**	**-**	**-**	**-**	

Additional Admission labs Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenata l Value	Value on Admissio n	Today' s Value	Reason for Abnormal

MCV	**80-100**	**82.1**	**-**	**-**	
MCH	**26-33**	**27.5**	**-**	**-**	
MPV	**9-12**	**9.8**	**-**	**-**	
RDW	**12-15**	**15**	**-**	**-**	

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine protein/creatinine ratio (if applicable)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Lab Reference (APA):

Chandra, S., Tripathi, A. K., Mishra, S., Amzarul, M., & Vaish, A. K. (2012). Physiological changes in hematological parameters during pregnancy. *Indian journal of hematology & blood transfusion : an official journal of Indian Society of Hematology and Blood Transfusion*, *28*(3), 144–146. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3422383/

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kulwer.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	**When my shift started, the BPM EFH was 135. This baseline changed to 160 after labor had been progressing for about an hour. 110-160bpm is a normal baseline finding.**
Are there accelerations? • **If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)** **What is the variability?**	**When the patient arrived, the fetus was having variable accelerations that the nurse described as "a good sign". The fetal heart rate nadir and peak of the contraction were very close together. Accelerations were going to about 160 from a baseline of 135 and lasting about 30 seconds.**
Are there decelerations? If so, describe them and explain the following: What do these mean? o **Did the nurse perform any interventions with these?** o **Did these interventions benefit the patient or fetus?**	**There were consistent late decelerations beginning within 15 minutes of epidural placement @ 1445.** **These decelerations indicate placental insufficiency (Ricci, 2017). Three nurses came in to address the issue. Two of us turned the patient onto her left side, one nurse administered a nonrebreather mask , and the patient was given an extra 500mL bolus of Lactated Ringer in her IV, along with D5LR**

	continuous infusion @ 1600 to keep blood sugar up. **Repositioning the patient eased pressure on the cord to help the fetus. The oxygen administration provided more oxygenation to the mother to calm her and to the fetus to provide improved oxygenation. The fluid improved the mother's blood pressure, improving the availability of blood and oxygen to the placenta.**
Describe the contractions: **Frequency:** **Length:** **Strength:** **Patient's Response:**	**The patient's contractions were all regularly spaced, lasting 45-60 seconds every 90 seconds-2 minutes when my shift started. The client reported she could not feel any contractions, but she stated she did have "lower back pressure". The tocometer registered regular contractions every 90 seconds-2 minutes, lasting about 60 seconds each. The client's nurse described these as signs of uterine tachysystole.**

EFM reference (APA format):

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kulwer.

Current Medications (7 points, 1 point per completed med)

7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	**Prilosec/ omeprazole**	**Colace/ docusate sodium**
Dose	**20mg**	**100mg**
Frequency	**1tqd**	**1tqd**
Route	**Oral**	**Oral**
Classification	**Antacid**	**Stool softener**
Mechanism of Action	**Hinders the hydrogen potassium adenosine triposphatase enzyme system thus impairing gastric acid production**	**Reduces surface tension between oil and water in feces, allowing for softer stools**
Reason Client Taking	**Treatment/ prevention of pregnancy-related heartburn**	**Prevention of straining associated with constipation**
Contraindications (2)	**Hypersensitivity to other proton pump inhibitors; rilpivirine-**	**Fecal impaction; Intestinal**

	containing products used as therapy	**obstruction**
Side Effects/Adverse Reactions (2)	**Drowsiness; Hypertension**	**Abdominal cramps and distention; Muscles weakness**
Nursing Considerations (2)	**Taken before meals, preferably in the morning; Capsule can be opened and granules can be mixed with applesauce, yogurt, water, or acidic fruit, but it must be consumed immediately**	**Long-term use can lead to dependence, electrolyte imbalances, and steatorrhea; Patients with anorexia nervosa, depression, and personality disorders are prone to laxative abuse syndrome**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor patient for macrocytic anemia due to inhibiting vitamin B-12 absorption**	**Monitor for symptoms of severe electrolyte imbalances, such as cramping, weakness, and constipation**
Client Teaching needs (2)	**Preferred method is to take before breakfast; Patient should avoid alcohol, aspirin, ibuprofen, and consumables that increase gastric secretions**	**Take with a full glass of water or milk; Do not use if if abdominal pain, nausea or vomiting occurs**

Hospital Medications (5 required)

Brand/Generic	**Zofran/ ondansetron**	**Stadol/ butorphanol**	**Cytotec/ misoprostol**	**Pfizerpen/ penicillin g potassium**	**Bricanyl/ terbutaline**
Dose	**4mg**	**1mg**	**25mcg**	**3mil u**	**0.125mg**
Frequency	**q12h prn**	**q2h prn**	**q4h**	**q4h**	**One-time**
Route	**IV**	**IV**	**Vaginal (into post-vaginal fornix)**	**IV**	**IV**
Classification	**Anti-nausea**	**Opioid**	**Prostaglandin**	**Antibiotic**	**Tocolytic**
Mechanism of Action	**Blocks serotonin receptors to inhibit nausea**	**Binds with specific CNS to adjust response to pain**	**Ripens the cervix or induces labor**	**Binds to proteins in cell wall to hinder bacterial synthesis**	**Increases production of cAMP to relax bronchial smooth muscles**
Reason Client Taking	**As needed for nausea during labor and induction process.**	**As needed for moderate to severe pain. Pt had an epidural placed before she ever needed this medication, so it was not**	**To help with cervical softening during induced labor.**	**Pt tested positive as a Group B strep carrier.**	**Fetus was having late decelerations. This medication was used to slow contractions.**

		administered.			
Contraindications (2)	**Hypersensitivity; Use of apomorphine**	**Hypersensitivity to butorphanol or its components; Hypersensitivity to benzethonium chloride**	**Hypersensitivity to misoprostol, prostaglandins or their analogues; Diabetes**	**Hypersensitivity to penicillin or its components**	**Hypersensitivity to terbutaline, sympathomimetic amines, or their components**
Side Effects/Adverse Reactions (2)	**Anxiety; Arrhythmias**	**Chest pain; Apnea**	**Uterine tetany; hyperglycemia**	**Dysphasia; Rash**	**Irregular heartbeat; Dry mouth**
Nursing Considerations (2)	**Immediately upon opening package, place on patient's tongue to dissolve; Use calibrated container or oral syringe to measure dose of oral solution**	**Risk for severe abuse; Used with extreme caution in patients with depression, suicidal tendencies, and prior drug abuse**	**Use cautiously in patients with cerebrovascular disease, coronary, artery disease, or epilepsy because of severe complications; Patients with inflammatory bowel disease may suffer from worsening of intestinal inflammation**	**Administer one hour before any other antibiotics; I.M. form is injected deep into large muscle, so ice may be required to ease pain**	**Inject into lateral deltoid for subcutaneous use; Can affect cardiovascular function in patients with cardiovascular disease**

Key Nursing Assessment(s)/Lab(s) Prior to Administration	**If electrolyte imbalances exist, they must be corrected first as increased risk for QT interval prolongation is present**	**Monitor after first dose for hypotension and syncope**	**Check cervical dilation before administration. Do not administer if cervix is dilated more than 6cm.**	**Body tissue and fluid samples must be taken for culture and sensitivity tests before first dose is given**	**Blood pressure, heart rate, fetal heart rate**
Client Teaching needs (2)	**Use calibrated container or oral syringe to measure oral solution; Immediately report signs of hypersensitivity, such as rash**	**Must only be used as prescribed due to addictive nature; Teach patient on proper use of nasal form**	**Take with meals and at bedtime; May take prescribed NSAIDS**	**Notify immediately if adverse reactions occur such as fever; Use another form of contraceptive during therapy if oral contraceptive is preferred method**	**Teach on how to use aerosol inhaler or subcutaneous injection; Do not increase dose or frequency without consultation**

Medications Reference (APA):

2019 Nurse's Drug Handbook (18th ed.). (2019). Jones & Bartlett Learning.

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kulwer.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:**	**A&Ox3, well groomed, at the beginning of the appointment, pt was in no acute distress. Pt**

Orientation: **Distress:** **Overall appearance:**	**became increasingly anxious as labor progressed.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☒ N ☐** **Type: Foley Catheter**	**Skin color appropriate for race. Some pregnancy-related edematous swelling in face, arms, legs, and abdomen.** **Pt's skin temperature fluctuated between warm and cool throughout labor process.** **No rashes, bruises, or incisions noted.** **Foley catheter placed after epidural started.** **Braden Score= 24**
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck are symmetrical, no lymphadenopathy. Carotid pulses strong and palpable. Teeth clean and intact. No signs of infection in ears, eyes, or nose.**
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☒** **Location of Edema: Face, arms, legs, abdomen**	**Clear S1 S2 with no gallops or rubs. Normal sinus rhythm. Peripheral pulses palpable. Edema present in arms, legs, and abdomen due to pregnancy.**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Breath sounds clear and equal bilaterally.**
GASTROINTESTINAL (5 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:**	**Pt is on low-carb diet at home to control gestational diabetes. She does not take any medication for this condition. She reports it is well controlled with diet and exercise. (She states she walks at least an hour after every meal). Last BM reported yesterday. No pain on palpation. Abdomen distended due to pregnancy.** **Current Diet: NPO**

Incisions: **Scars:** **Drains:** **Wounds:**	**Height: 5' 8"** **Weight: 283lbs.** **No incisions, scars, drains, or wounds noted.**
GENITOURINARY (5 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: Foley** **Size: 24French** **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	**Urine light yellow, clear, no evidence of bleeding, no pain with urination.** **Foley catheter was put in after epidural placement.** **Patient received an amniotomy to artificially rupture membranes @ 1750.** **There was a large amount of clear fluid with no notable odor that soaked through several towels, the pad under the pt, and bed sheets.**
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Fall risk 35 on admission due to IV placement and secondary diagnosis.** **Pt at a Low Risk, so standard fall risk precautions were in place.** **Pt up ad lib to bathroom prior to epidural placement.**
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **Deep Tendon Reflexes:**	**A&Ox3. Pt oriented to person, place, and situation.** **Speech clear and without deficits.** **Pt did not use any assistive devices for hearing or sight.** **No DTR's were checked for since pt received an epidural and had a lot of stuff going on immediately following my arrival.**
PSYCHOSOCIAL/CULTURAL (1 points): **Coping method(s):** **Developmental level:**	**Religion very important to patient. She requested spiritual support during her labor process, so the nurse called the priest to come speak with her. She was having an anxiety**

Religion & what it means to pt.: **Personal/Family Data (Think about home environment, family structure, and available family support):**	**attack, and the pastoral support person calmed her fears.** **The patient reported her boyfriend does not share her spiritual beliefs, but that he supports her ideals, anyway.**
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	**The patient planned to bottle feed after the infant was born. No delivery occurred during my shift with the patient.**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**70**	**141/92**	**14**	**98.6F**	**99%** **On room air**
Admission to Labor/Delivery	**82**	**118/67**	**16**	**98.6F**	**97%** **On room air**
During your care	**68**	**80/48**	**16**	**99F**	**99% (on nonrebreather mask)**

Vital Sign Trends: Blood pressure and pulse dropped significantly following the patient's epidural placement.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1430	**0/10**	**N/A**	**N/A**	**N/A**	**N/A**
2000	**0/10**	**N/A**	**N/A**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18g
Location of IV:	Right median vein
Date on IV:	06/18/2020
Patency of IV:	Good patency, IV flushed easily
Signs of erythema, drainage, etc.:	No signs of erythema, drainage, redness, warmth, or infiltration.
IV dressing assessment:	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
500mL LR bolus + 700mL D5/NS continuous infusion + 1000mL LR continuous infusion ========== 2200mL total	**Pt voided 5 times prior to foley catheter being put in (first two and a half hours of shift). -600mL in foley container, large amount of fluid lost during amniotomy (unknown exact amount)**

Nursing Interventions and Medical Treatments during Labor & Delivery (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Repositioned Client (N)	**Q15-20 minutes**	**Fetal late decelerations noted on tocometer. The patient was repositioned to ease potential pressure on the cord that may have been decreasing sufficient placental oxygenation.**

500mL LR bolus through IV (T)	**One time**	**Fetal late decelerations noted on tocometer. Patient's blood pressure was low (BP=90/54) following epidural. Fluid bolus was administered to raise BP and provide more blood/ oxygenation to the fetus.**
Nonrebreather Mask, O2 @ 8L/hr (T)	**Continuous**	**Patient was very anxious, and fetus was experiencing consistent late decelerations. This provided more consistent oxygenation to both the patient and fetus.**

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of them must be education related i.e. the interventions must be education for the client."

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rationale (2 per dx) (1 pt each)** Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for your rationale.	**Evaluation (1 pt each)** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective uteroplacental tissue perfusion related to drop in blood pressure caused by epidural placement as evidenced by late decelerations	**This is the priority issue that occurred during the laboring process.** **The mother's blood pressure dropped after an epidural was placed, and late decelerations**	**1.Administer oxygen continuously as ordered, give an IV fluid bolus as prescribed to improve blood pressure, and continuously monitor fetal heart rate for improvements.** **Rationale: If late decelerations do not improve with these interventions, provider must be notified and**	**The patient was very anxious at the beginning of the interventions. As they began working, the patient calmed down. The mother's blood pressure improved with the fluid bolus and oxygen, and the fetal monitor showed improvements**

on tocometer.	**followed.**	**patient must be prepared for C-section. 2.Administer terbutaline as ordered. Rationale: This medication is a tocolytic to stop contractions and give the fetus more time to get oxygen from the placenta. This gives the mother's cervix time to dilate more fully before vaginal delivery.**	**following fluid bolus and oxygen administration. Contractions slowed and cervix continued to dilate following tocolytic administration.**
2. Change in fetal wellbeing due to placement of epidural as evidenced by late decelerations on fetal heart monitor.	**The mother's blood pressure dropped after an epidural was placed, and late decelerations followed. Late decelerations indicate placental insufficiency.**	**1. Reposition mother onto left side every 15-20 minutes. Rationale: Removing pressure from the umbilical cord can improve uteroplacental blood flow. 2.Evaluate fetal heart rate tracing continuously. Rationale: If fetal decelerations do not improve, the provider must be notified and the mother must be prepared for C-section.**	**Repositioning improved decelerations on the fetal heart monitor. Continuous monitoring and updating the mother calmed her nerves and helped her breathe more easily, providing better oxygenation to the fetus.**
3. Anxiety related to labor induction issues (late decelerations) as evidenced by patient's statement, "I am freaking out. Can someone call the priest?" while crying.	**The birthing process is naturally stressful. This patient had a diagnosis of anxiety prior to admission, and she needed help calming her nerves to have a more optimal birthing experience.**	**1. Teach patient deep breathing exercises, teach her about peanut ball, and keep patient informed. Rationale: Patient was panicking because she did not know what was going on. Teaching deep breathing provided better oxygenation to the patient and fetus and also distracted the patient from what was happening.**	**The patient's attitude improved immensely with these interventions. She was breathing more easily, and she made the decision to use the peanut ball. Within less than one hour of placing the peanut ball, the patient went from 4cm/50% effacement to 6cm/70% effacement.**

		2. Educate the patient on how to use a peanut ball and its implications. Peanut balls can reduce the need for a cesarean section and speed up labor (Tussey et al., 2015). **Rationale: Teaching patient about the use of a peanut ball distracted the patient from what was happening. Learning about the peanut ball and allowing the patient to make a decision to use it empowered her.**	
4. Risk for infection related to ruptured amniotic membranes as evidenced by gush of fluid after amniotomy.	**The patient's amniotic sac was ruptured, which leads to an open access for bacteria. If labor is prolonged, it can result in chorioamnionitis, or infection of the amniotic fluid or sac (Ricci, 2017).**	**1. Monitor the amniotic fluid for color, smell, and presence of blood.** **Rationale: Any of these characteristics can indicate infection (Ricci, 2017).** **2. Monitor fetal heart rate continuously to watch for fetal cord prolapse.** **Rationale: Fetal cord prolapse is a risk of amniotomy. If this happens, the placenta and fetus cannot get adequate oxygenation (Ricci, 2017).**	**The fluid that came out after the amniotomy was performed was clear and free of odor.** **The fetal heart rate monitor showed no signs of cord prolapse following the amniotomy.**

Other References (APA)

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kulwer.

Tussey, C. M., Bostois, E., Gerkin, R. D., Kelly, L. A., Gamez, J., & Mensik, J. (2015). Reducing the length of labor and cesarean surgery rate using a peanut ball for women laboring with an epidural. *The Journal of Perinatal Education, 24*(1), 16-24. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4748987/