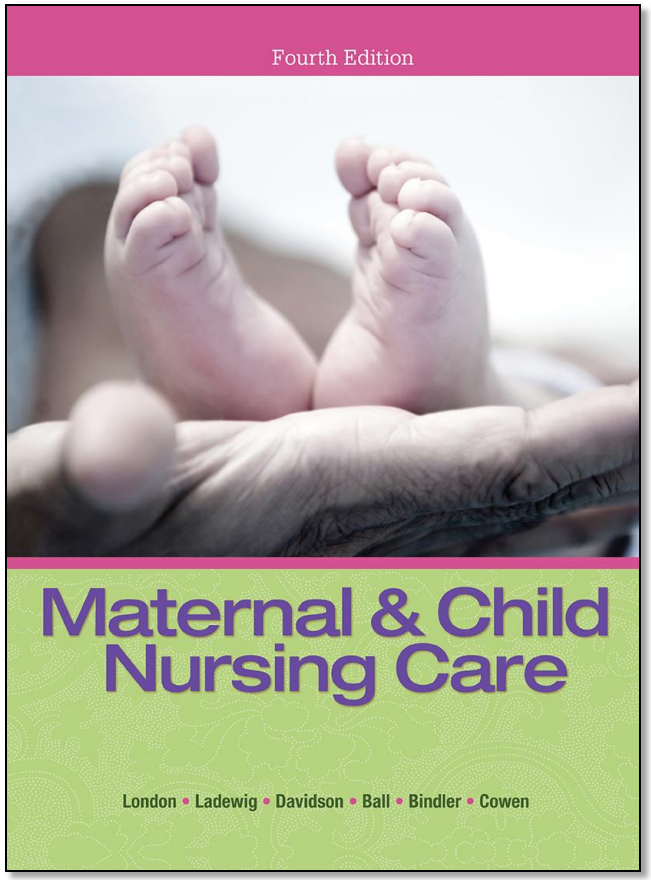
MATERNAL & CHILD NURSING CARE

FOURTH EDITION



CHAPTER 18 + 19

Intrapartum Nursing Assessment + The Family in Childbirth: Needs and Care

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Learning Outcome 19-4

Compare methods of promoting comfort during the first and second stages of labor.

First Stage – Nursing Interventions

- Assess temperature every 4 hours
  - If temperature > 37.5° C (99.6° F), monitor every hour
  - After amniotic membranes rupture, usually monitor every 1 to 2 hours

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First Stage – Nursing Interventions

- Monitor blood pressure (BP), pulse, and respirations every hour
  - If BP > 135/85 mm Hg or pulse > 100, notify physician/CNM and frequent reevaluation

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First Stage – Nursing Interventions

- Continually monitor pain
- Palpate and assess uterine contractions every 30 minutes
- Auscultate fetal heart rate (FHR)
  - Every 30 minutes for low-risk women
  - Every 15 minutes for high-risk women
- Continuous electronic FHR monitoring if FHR baseline abnormal or decelerations

Active Phase of Labor – Nursing Interventions

- Palpate contractions every 15 to 30 minutes
- Limited vaginal exams
- Auscultate and evaluate FHR
  - Every 30 minutes for low-risk women
  - Every 15 minutes for high-risk women
- Assess maternal BP, pulse, and respirations with FHR assessment or more often if indicated

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Active Phase of Labor – Nursing Interventions

- Catheterization or indwelling Foley catheter may be necessary
- Amniotic membranes may rupture
  - Assess and document time, amount, color, odor, and consistency of the amniotic fluid and immediately auscultate FHR
  - Meconium-stained fluid warrants continuous electronic FHR monitoring

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Active Phase of Labor – Nursing Interventions

- Labor induction may be initiated
- Rupture of membranes
  - May be accompanied by umbilical cord prolapse
  - Auscultate FHR
    - Decreased FHR may indicate undetected prolapsed cord

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Active Phase of Labor – Nursing Interventions

- Immediate intervention is necessary to remove pressure on a prolapsed umbilical cord

Comfort Promotion During the First Stage of Labor

- Encourage ambulation if no contrx
- Provide birthing balls
- Positioning
  - Pad pressure points
  - Avoid excessive pressure behind knee & calf
  - Frequent position changes

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Comfort Promotion During the First Stage of Labor

- Water or water therapy
- Monitor during water therapy
- Nursing supervision
  - During entry and exit from the tub
  - Frequent patient checks

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Comfort Promotion During the First Stage of Labor

- Temperature regulation
  - Socks or slippers
  - Thermostat changes
  - Warmed or cooled facial cloth
- Oral care

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Comfort Promotion During the First Stage of Labor

- Provide fresh bed linen
  - Offset diaphoresis and constant leaking of amniotic fluid
- Perineal care
- Promote urinary elimination

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Comfort Promotion During the First Stage of Labor

- Encourage family to take breaks, maintain food and fluid intake, and rest
- Decrease anxiety
  - Provide information & establish rapport
  - Active listening
  - Demonstrate genuine concern
  - Remain with the woman
  - Offer praise

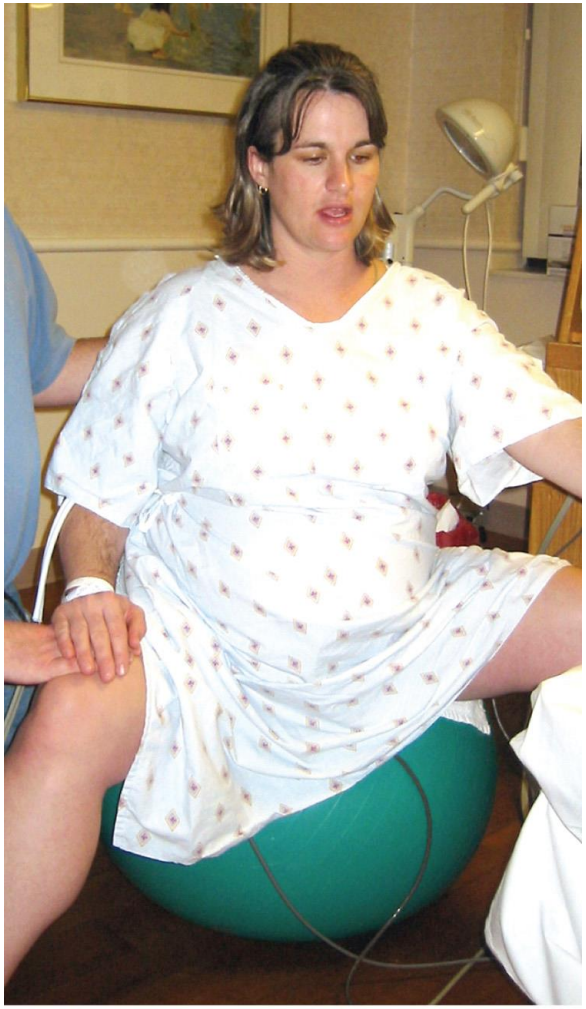
Figure 19-2 The laboring woman is encouraged to choose a comfortable position. *A*, The nurse modifies assessments and interventions as necessary. *Source: A, © olly/Fotolia.*

A

Figure 19-2 (continued) The laboring woman is encouraged to choose a comfortable position. *B*, The nurse modifies assessments and interventions as necessary. *Source: B, © BSIP SA/Alamy.*

B

Figure 19-2 (continued) The laboring woman is encouraged to choose a comfortable position. *C*, While often promoting maternal comfort during labor, the birthing ball also facilitates fetal descent and rotation and helps increase the diameter of the pelvis.



C

Promotion of Comfort in the First Stage

- Personal comfort measures
  - Wash perineum
  - Change under pads
  - Fresh linen and gown
  - Cool washcloth
  - Encourage to void
  - Lollipop, ice chips
  - Slippers or socks

Transition Phase of Labor – Nursing Interventions

- Palpate contractions at least every 15 minutes
- Assess FHR
  - Every 30 minutes in low-risk woman
  - Every 15 minutes in high-risk woman
- Assess maternal vital signs when FHR is assessed

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Transition Phase of Labor – Nursing Interventions

- Continuously assess pain level
- Support with breathing techniques
- Help prevent pushing prior to complete cervical dilatation

Second stage: assessment, care & nursing interventions

Second Stage – Nursing Interventions

- Assist with comfortable positioning for pushing
- Provide information regarding progress of labor
- Assist physician or CNM in preparation for birth

Second Stage – Nursing Interventions

- Sterile vaginal examinations to assess fetal descent
- Assessment of FHR
  - Every 15 minutes if low-risk
  - Every 5 minutes if high risk
- Assessment of maternal vital signs at least every 30 minutes

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Comfort Promotion During the Second Stage of Labor

- Includes all previous comfort measures
- Cool cloths to the face and forehead
- Assist with removal of clothing or bed linens as requested
- Encourage rest between contractions
- Positioning
- Sips of fluids or ice chips
- Positive reinforcement/encouragement

Provision of Care in the Second Stage

- Sterile vaginal exams to assess fetal descent
- Assess maternal vital signs every 5 minutes
- Provide support and information about labor progress
- Assist with pushing
- Assist the physician or CNM with the birth

Provision of Care in the Second Stage

- Nursing assessments in the second stage of labor
  - Mother
    - Blood pressure, pulse, respiration every 5–15 minutes
    - Uterine contraction palpated continuously
  - Fetus
    - FHR every 5 minutes

Promotion of Comfort in the Second Stage

- Wash cloth
- Dry linen, gown
- Warm compresses
- Perineal massage
- Encourage rest between contractions
- Visualization techniques

Assisting the Woman and Physician/CNM During Birth

- Maternal birthing positions
  - Bed, birthing chair, delivery table
  - Recumbent position
    - Interferes with fetal alignment
  - Left lateral Sims' position
    - Fewer episiotomies required
    - Greater uterine efficiency
    - Less strain on maternal neck
    - Problems with difficult forceps births

Assisting the Woman and Physician/CNM During Birth

- Maternal birthing positions
  - Squatting position
    - Makes use of gravity to shorten labor
    - Perineum inaccessible
    - Perineal edema
  - Semi-Fowler's position
    - Compromise between lithotomy, upright
    - Provider access to perineum
    - Shortens second stage of labor

Assisting the Woman and Physician/CNM During Birth

- Maternal birthing positions
  - Sitting position
    - Tradition traced to ancient Egypt
    - For women experiencing back pain
    - Potential for increased blood loss
  - Hands and knees position
    - Less pressure on perineum
    - Decreased mother–attendant eye contact
    - Women may fatigue sooner.

Assisting the Woman and Physician/CNM During Birth

- Cleansing the perineum
  - Position for birth
  - Nurse washes hands
  - Opens sterile prep tray
  - Dons sterile gloves
  - Clean vulva, perineum

Assisting the Woman and Physician/CNM During Birth

- Support during the second stage
  - Assess partner/support person
    - Comfort, knowledge
  - Assists in activities that will support woman
  - Keep support team informed
  - Provide explanations
  - Provide praise

Figure 19-4 The nurse provides encouragement and support during pushing efforts.

Figure 19-5 Side-lying (also known as left lateral Sims') birthing position.
Source: © Angela Hampton Picture Library/Alamy.

Third stage: assessment, care & nursing interventions

Third Stage – Nursing Interventions

- Provide initial newborn care
  - Newborn placed on mother's abdomen or under radiant-heated unit
- Assist with delivery of placenta

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Third Stage – Nursing Interventions

- Recognize signs of placental separation
- While awaiting placental separation, palpate the uterus to check for bogginess & fullness caused by uterine relaxation & bleeding into uterine cavity
- Expelling placenta
  - Maternal bearing-down effort
  - Controlled cord traction
  - Fundal pressure

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Delivery of the Placenta

- Inspection of placental membranes
- Cotyledons
- Vagina and cervix inspected for lacerations
- Disposal of placenta

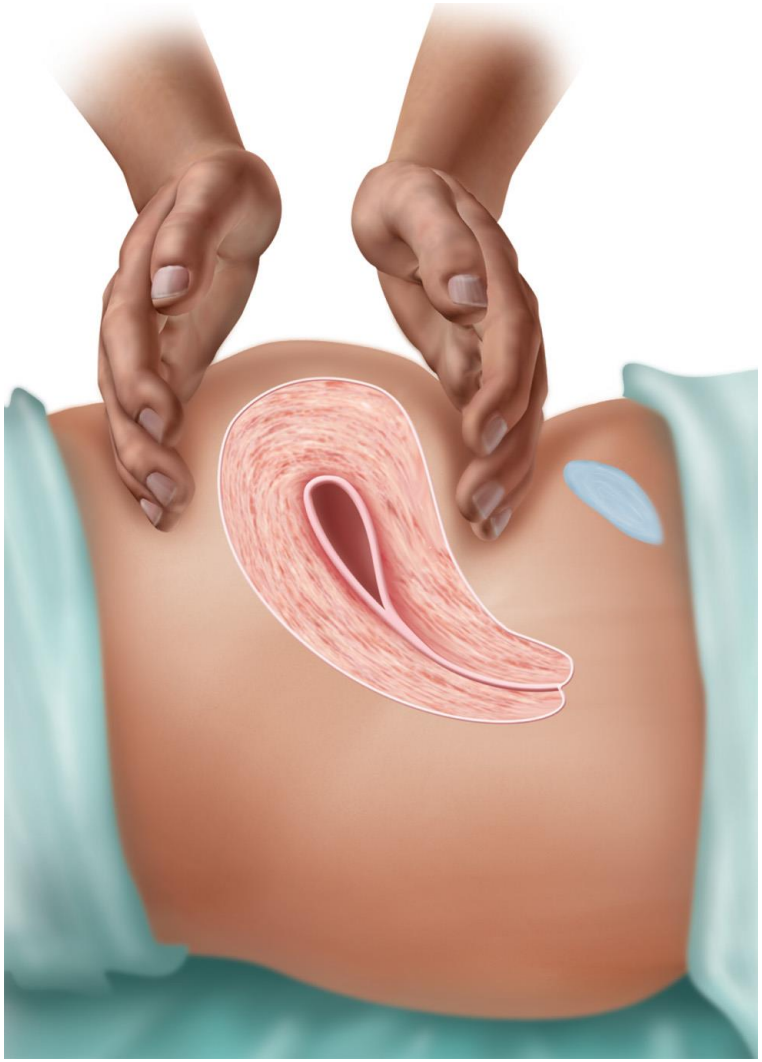
Third Stage – Nursing Interventions

- After placental delivery, to reduce incidence of third-stage hemorrhage
  - 10 units Oxytocics frequently administered when anterior shoulder of infant appears at vaginal opening
  - Physician/CNM inspects the placental
  - Nurse notes time of placental delivery

Fourth Stage – Nursing Interventions

- Frequent palpation of fundus to assess uterine firmness (every 15 minutes for 1 hour)
- Gentle uterine massage if uterus is soft (boggy)
- Cleanse maternal perineum
- Ice pack may be placed against perineum
  - Promote comfort and decrease swelling

Figure 19-9 Suggested method of palpating the fundus of the uterus during the fourth stage. The left hand is placed just above the symphysis pubis, and gentle downward pressure is exerted. The right hand is cupped around the uterine fundus.



Recovery Period – Nursing Interventions

- Monitor maternal blood pressure every 5 to 15 minutes
- Monitor temperature
- Inspect bloody vaginal discharge
- Assess fundus
- Assess vaginal bleeding

Recovery Period – Nursing Interventions

- Bladder palpation
  - Assess for distention
- Promote urinary elimination
  - Warm towel across the lower abdomen
  - Warm water over perineum or over mother's hand
  - Catheterization if necessary
- Inspect perineum for edema and hematoma

Promotion of Comfort in the Fourth Stage

- Tremors common
  - Heated blanket
  - Warm drink
- Provide food
- Encourage rest
- Transfer to postpartum unit when stable

Discharge to Postpartum Care

- Discharge criteria
  - Stable vital signs
  - Stable bleeding
  - Undistended bladder
  - Firm fundus
  - Sensations fully recovered from any anesthetic agent received during birth

Learning Outcome 19-7

Describe the role and responsibilities of the nurse in the management of a precipitous labor and birth.

Management of Precipitous Delivery

- Reassure and support mother
- Send auxiliary personnel for help and emergency pack
- Put mother in comfortable position and give clear instructions

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Management of Precipitous Delivery

- Delivery of infant
- Management of infant after delivery
- Delivery of placenta
- Fundal massage
- Perineal inspection and cleansing

Learning Outcome 18-3

Delineate the procedure for performing Leopold's maneuvers and the information that can be obtained, including the importance of identifying accurate fetal position prior to performing a fetal heart rate assessment.

Birth Related Procedures

- **Homework**
  - Leopold maneuvers\
  - How to place a woman on external fetal monitor
  - Amniotomy
  - Episiotomy