LABOR SUPPORT
NURSING CARE

Six Steps...

1. cervix moves to from a posterior to an anterior position
2. cervix ripens
3. cervix effaces
4. cervix dilates
5. fetal head rotates, flexes, and molds
6. fetal head descends thru pelvis

Signs of Labor

Possible Signs:
* nagging backache accompanied by restlessness
* menstrual-like cramps
* soft bowel movements
* nesting urge
Preliminary signs…
- Blood-tinged mucus – “show”
- Continuing, nonprogressing contractions
- Leaking of fluid

Positive signs…
that the cervix is dilating
- Continuing, progressing contractions that are either becoming longer, stronger, or closer
- Gush of fluid / “water breaks” accompanied by intense or progressing contractions within a few hours

Prelabor
- Physical changes
- How the laboring woman may react
- Nurse/partner’s responses
- Goals
- Non-pharmacologic comfort measures
**Latent Phase**

- Cervix continues effacing, dilates to 3-4 cm
- Contractions progressing – longer, strong, closer
- Bloody show or SROM (1 in 8)
- Excited, optimistic, relieved; anxious, doubtful, unready
- Anxiety, fear, panic

**Latent…**

- Partner helps decide when to start her ritual to cope. From then on, gives attention and support thru every contraction; “focus & feedback”
- Relaxation
- Non-Pharm: Bath! Start her “ritual” breathing/movements/focus

**Active Phase**

- Cervix dilates from 4 cm to 7-8 cm
- Fetal head begins/completes rotation to an occiput anterior position;
- Contractions frequent and very intense
- Woman’s mood changes - ☉ focused
- Shifts from coping skills learned in childbirth class to an individual set that works best for her
Active…

- Partner can feel helpless; distraction techniques no longer work. Withdrawal and silence, weeping can make feel inadequate.
- Partner move close, lower voice, take active role in helping thru contractions
- Partner can need breaks too!
- Oral fluids, empty bladder
- Recognize phase and changes!! Safety, privacy, freedom, vocalize

Active…non-pharm

- Bathtub/shower
- Change breathing pattern from slow/sigh to lighter, quicker pattern
- Change positions!!
- Birthing Ball
- Massage
- Hot/cold
- Fan
- Rolling pin

Transition Phase

- Cervix dilates to 10 cm!!
- Urge to push – not if there is a cervical “lip” or “rim”!! Edema/tearing
- Significant descent
- New and intense sensations
- Partner – let her know close to end!!
- Do whatever needs to be done! Holding, talking, breathing, massage
- Don’t ask – she doesn’t know what helps!!
Transition...
◆ Goal: for woman to know where she is in the labor process, that she has reached the peak, the baby is getting closer
◆ Non-pharm: blankets vs fan, freedom from disturbances, ok to do whatever she needs: vocalize, rock, shower, holler, squirm
◆ Fetal head passing into vaginal canal can cause a “lull” until uterine fibers catch up...

Nursing Diagnoses
◆ Anxiety - ...r/t insufficient knowledge, first pregnancy, unexpected C/S, no prenatal classes, family unavailable, etc
◆ Fluid volume deficit - ... r/t decreased intake, increased loss, work of labor, breathing patterns, prolonged labor
◆ Potential for injury – maternal/fetal... ROM, IV, large fetus, complic, etc

◆ Acute pain - ...r/t decr tissue oxygen, production of prostaglandins, fetal head pressing on soft tissues, contractions, anxiety/tension, etc
◆ Acute urinary retention - ...r/t decreased sensation, mechanical obstruction, etc
◆ Ineffective individual coping – r/t anxiety, fear, fatigue, etc
◆ Risk for impaired gas exchange:Fetal r/t decreased placental perfusion, decreased umbilical flow, etc
STAGE II

- “Passive fetal descent” – gravity
- “Gentle pushing” vs prolonged breath holding
- Musculature used to expel baby
- Pressure of presenting part on receptors in the vaginal canal causes release of large amounts to oxytocin, powerful contractions, and reflex pushing
- Perineal massage/ warm packs

Stage II...

- Mother’s behavior – light or deep breathing alternating with bearing down, grunting, straining efforts
- May be aware of stretching/burning
- Partner should remind her to relax between contractions. Support whatever position she chooses – sitting, squatting, kneeling
- Goal to feel supported and cared for; able to release tension

Perineal Trauma

- Perineal Massage/ application of heat
- Episiotomy – incision made to enlarge outlet, prevent “jagged” tearing which are more difficult to repair
- Lacerations – uncontrolled tearing
  Degrees – 1-4
Delivery!!

- Nurse’s Role
  - Support of patient/coach
  - Anticipation of needs
    - readying instruments, what will MD need? What meds, suture?
  - How has labor progressed? i.e. if there is meconium stained fluid, do you need an NICU/nsy nurse, DeLee?
  - Have needed items in room, i.e. Pitocin drawn up, ready after delivery of placenta, warm blankets/care center for infant

Delivery Care – Stage III

OBSERVE!! ASSESS!!

- STOP Pitocin at delivery of infant!!
- Mom’s vital signs
- Amount of bleeding – EBL 300-500cc
- Any Lacerations?
- Delivery of placenta
  - entire placenta intact; normal?
  - cord blood drawn
  - Pitocin to iv/ infusing rapidly

Delivery Care - Infant

- Suction it out!!!
- Dry it off!!!
- Keep it warm!!
- Let Mom hold !!!☺

- APGAR score – Virginia Apgar, MD
  - Heart rate
  - Reflex irritability
  - Muscle Tone
  - Respiratory Effort
  - Color
Nursing Diagnoses

◆ Risk for Hemorrhage
◆ Altered comfort
◆ Acute pain
◆ Risk for: ineffective breastfeeding, altered parenting
◆ Fluid volume deficit

Stage IV

◆ From one hour to four hours PP
◆ Physiological adjustments begin:
 ◆ blood loss (300 average for vaginal, 500 for C/S) can be more
 ◆ drop in BP, increased pulse rate first hour then drops subnormal
 ◆ uterine fundus contracted, firm, midline, 2 fingerbreadths below umbilicus, later rises.
◆ Thirst and hunger
◆ shaking chill – CNS stimulation
◆ observe bladder for hypotonia/distension r/t trauma