

Labor: Stage 1

Client: Suzanne

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Abstract	To assist caregivers, common terms have been developed as benchmarks to subdivide the process of labor into <i>stages</i> and <i>phases</i> of labor. It is important to note that these represent theoretic separations in the process. A laboring woman will not usually experience distinct differences from one to the other. The first stage begins with the beginning of true labor and ends when the cervix is completely dilated at 10 cm. The first stage is divided into the latent, active, and transition phases. Each phase of labor is characterized by physical and psychological changes.
Objectives	<ol style="list-style-type: none"> 1. Discuss the appropriate psychological and physiological characteristics of all phases of the first stage of labor. 2. Differentiate between true labor and false labor. 3. Identify nursing interventions for the woman relative to each phase of the first stage of labor. 4. Analyze available data and determine actual or potential nursing diagnoses or collaborative problems appropriate to the first stage of labor.

Case History

Initial Postpartum Period

Suzanne is an excited and talkative 24-year-old (gravida 1 para 0) kindergarten teacher married to Jeff, a 26-year-old computer analyst. At 8 a.m., she is admitted to the labor and delivery suite with signs of bloody show and contractions occurring every 16 minutes and lasting 20 to 30 seconds. Jeff reports to the nurse that she is doing really well with her breathing and that they are excited about having a natural childbirth. During the assessment the nurse finds that the current pregnancy, family, and medical history are normal: blood pressure is 128/64 mm Hg, pulse is 90 beats/min, respiration is 24 breaths/min. Fetal heart tone is 140 beats/min, strong and regular. Membranes are intact. A vaginal check reveals Suzanne to be 2 cm dilated, 50% effaced, and at 0 station. The couple is encouraged to walk in the halls while they await the contractions to become stronger and Suzanne's labor to progress. Jeff is very supportive of his wife and

they both are content to walk because Suzanne knows that walking may help to expedite the labor process. Jeff is as elated as Suzanne about the upcoming birth of their first child. The nurse tells the couple that Suzanne is in the latent phase of the first stage of labor, which can last an average of 8 to 9 hours, but that every woman's labor is different.

Labor Progresses

By 2:00 p.m., Suzanne's contractions are 4 minutes apart, last 45 to 60 seconds, and are moderate. Vaginal assessment is 6 cm dilated, +2 station, 100% effaced. She has now progressed to the active phase of labor. Suzanne is more serious and focused on each contraction, feels helpless and apprehensive, and wants to "get this over with." She asks, "Can I have something to take the edge off this pain?" Jeff is supportive and attentive. She has been ambulating with Jeff in the hallway but now wants to lie down. As she gets into bed, her membranes spontaneously rupture and a tinge of green is noted in the fluid color. There is increasing bloody show. The fetal heart rate remains within normal range of 120 to 160 beats per minute and no further meconium is noted in the fluid. The nurse continues to closely monitor the fetal heart rate (FHR) using an electronic monitor and tells Suzanne to remain in bed now that her water has broken. She can turn from side to side but should remain in bed at the present time.

Transition Phase

At 7:00 p.m., Suzanne's contractions are 2 to 3 minutes apart, last 70 to 80 seconds, and are very strong. She shows frustration, loss of control, has nausea, and vomits small amounts. She tells her husband, "Get away, do not touch me!" As the nurse enters the room, she asks for a bedpan and says she feels like she has to have a bowel movement. She screams, "I have to push!" The nurse alerts the physician who performs a vaginal examination to determine the extent of dilation of the cervix.

Characteristics of Labor in the First Stage

	Latent Phase	Active Phase	Transition Phase
Nullipara	8.6 hours	4.6 hours	3.6 hours
Multipara	5.3 hours	2.4 hours	Variable
Cervical dilatation	0-3 cm	4-7 cm	8-10 cm
Contractions			
Frequency	Every 3-30 min	Every 2-5 min	Every 1.5-2 min
Duration	20-40 sec	40-60 sec	60-90 sec
Intensity	Begin as mild and progress to moderate	Begin as moderate and progress to strong	Strong by palpation

Adapted from Olds, S., London, M., Ladewig, P.W., & Davidson, M. (2004). *Maternal-newborn nursing and women's healthcare* (7th ed., p. 571). Upper Saddle River, NJ: Prentice Hall.

Comparison of True and False Labor

True Labor

Contractions are at regular intervals
Intervals between contractions gradually shorten
Contractions increase in duration and intensity
Discomfort begins in back and radiates around abdomen
Intensity usually increases with walking
Cervical dilatation and effacement are progressive
Contractions do not decrease with rest or warm tub bath

False Labor

Contractions are irregular
Usually no change
Usually no change
Discomfort is usually in abdomen
Walking has no effect on or lessens contractions
No change
Rest and warm tub baths lessen contractions

Adapted from Olds, S., London, M., Ladewig, P.W., & Davidson, M. (2004). *Maternal-newborn nursing and women's healthcare*. (7th ed., p. 570). Upper Saddle River, NJ: Prentice Hall.

WORKSHEET



What should the nurse include in the assessment of a woman in the first stage of labor when she is admitted to the labor room?

Student Response Form

Labor: Stage 1

Client: Suzanne

Name: _____ Course: _____

Date: _____ Instructor: _____

Questions

1. What would the nurse need to assess when the laboring woman is in the latent phase of stage 1?
2. What data would prompt the nurse to call the physician or nurse midwife (list warning signs)?
3. What nursing diagnoses or collaborative problems and interventions are appropriate for the first stage of labor?

4. What nursing diagnoses and interventions are appropriate for the active phase of labor?
5. What collaborative problems are possible considering the data indicated during the active phase labor?
7. During the vaginal assessment, Suzanne is only 9 cm dilated, yet she continually wants to push. What should the nurse do and why? What if Suzanne were 10 cm? What if she were 10 cm and did not have the urge to have a bowel movement or push?
8. According to practice standards, what documentation would be necessary for the nurse to include in the chart?