Chapter 6
Nursing Care of
Mother and Infant
During Labor and
Birth

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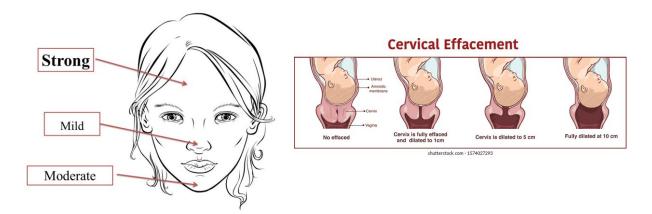


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Birth Practices of Selected Cultural Groups African American Mexican American







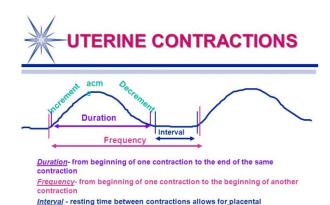
The Powers: Contractions

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The Powers: Contractions

Timing Contractions: Frequency, Duration & Intensity

- To assess (time) frequency of UC
 - beginning of one contraction until beginning of next contraction
- To assess duration
 - from beginning of contraction until end of contraction
- To assess intensity
 - palpate fundus of uterus to determine firmness of contraction





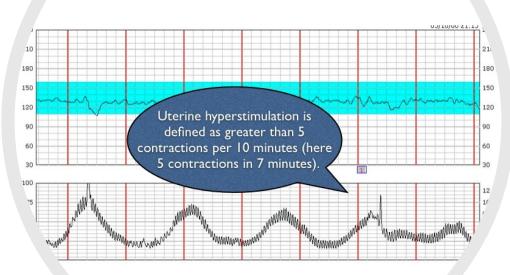
SAFETY ALERT!

REPORT TO THE REGISTERED NURSE ANY CONTRACTIONS THAT OCCUR MORE FREQUENTLY THAN EVERY 2 MINUTES, LAST LONGER THAN 90 SECONDS, OR HAVE INTERVALS SHORTER THAN 60 SECONDS.

Stop oxytocin infusion if client has this infusing.

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Uterine Hyperstimulation



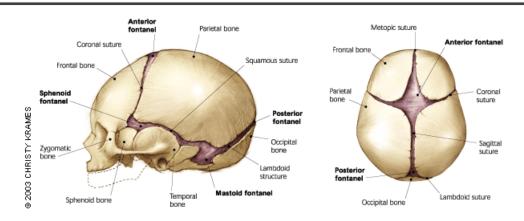


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Passage = Pelvis Consists of the bony pelvis and soft tissues of the birth canal (cervix, pelvic floor musculature) Small pelvic outlet can result in cephalopelvic disproportion Bony pelvis can be measured by pelvimetry but it not accurate and thus has been replaced by a clinical trial of labor

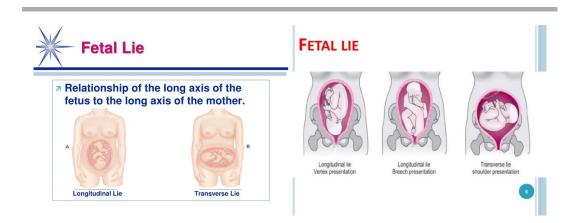
The Passage

The Passenger



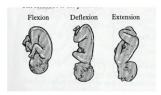
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The Passenger



The Passenger

• The attitude: is the posture of the fetus (flexion, deflexion, extension)

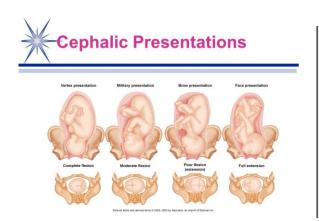


Fetal Attitude

· Fetal attitude is flexion or extension of the joints and the relationship of fetal parts to one another



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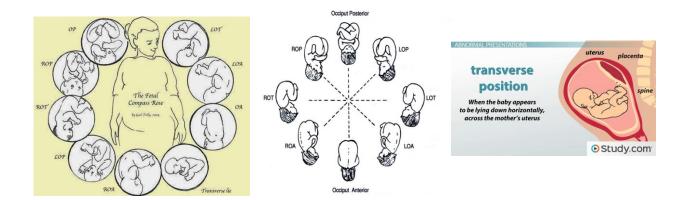


Frank

Complete

Footling

The Passenger



The Passenger

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Signs of Impending Labor

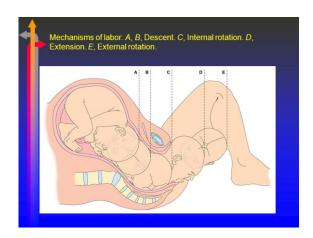


Signs of Labor

- · Lightening
- Mucous plug (Bloody show)
- · Amniotic fluid ruptures
- Contractions







Cardinal movements Mechanism of labor

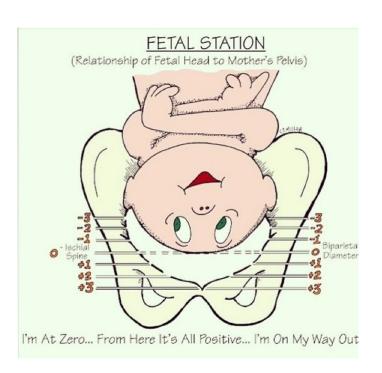
- Engagement
- Descent
- Flexion
- Internal Rotation
- Extension
- · External Rotation
- Expulsion





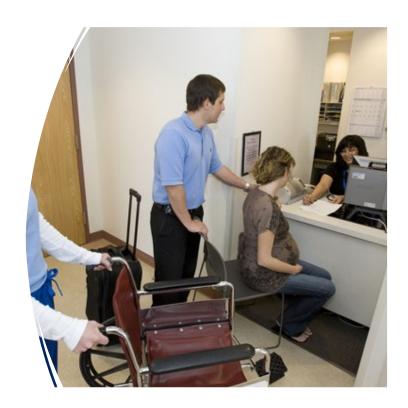
Mechanisms of Labor

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Admission Data Collection

- Fetal Condition
 - Determine FHR (110-160)
- Maternal Condition
 - Vital Signs
- Impending Birth
- Other Data



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What else?

- Consent Forms
- Lab Tests
- IVs
- Perineal Prep
- Fetal position and presentation













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Emergency Delivery

Stay with the client and use to call light to get help



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True and False Labor Contractions

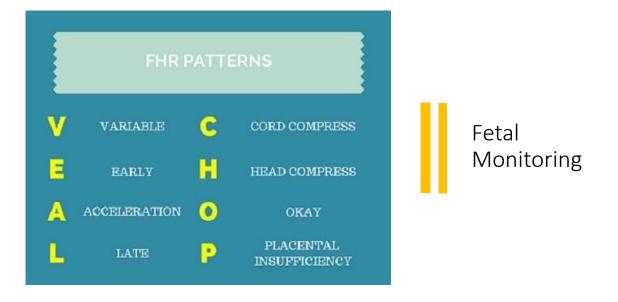
True Labor	False Labor
•Result in progressive cervical dilation	•Do not result in progressive cervical dilation
Occur at regular intervals	Occur at irregular intervals
•Interval between contractions decreases	•Interval between contractions remains the same or increases
•Frequency, duration, and intensity increase	•Intensity decreases or remains the same
•Located mainly in back and abdomen	•Located mainly in lower abdomen and groin
•Generally intensified by walking	•Generally unaffected by walking
•Not easily disrupted by medications	•Generally relieved by mild sedation

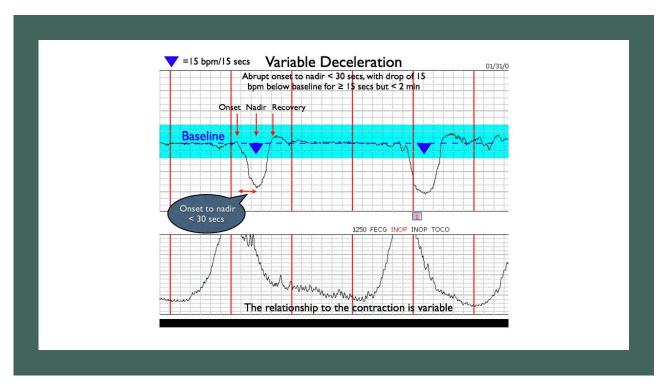
Nursing Care Before Birth

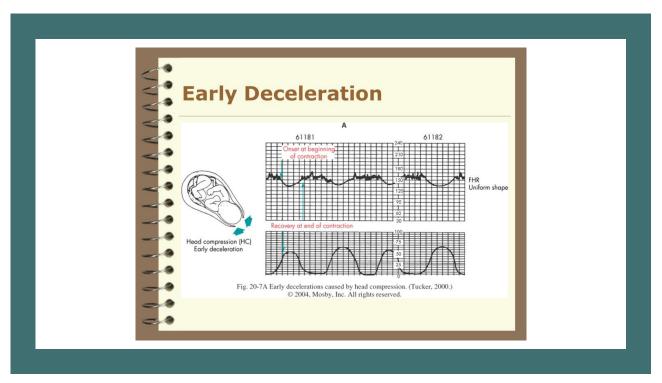
Assess
Amniotic
Fluid
Vital Signs

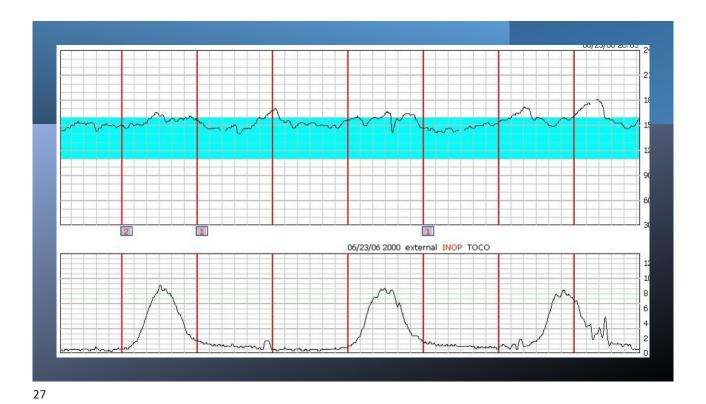
Response

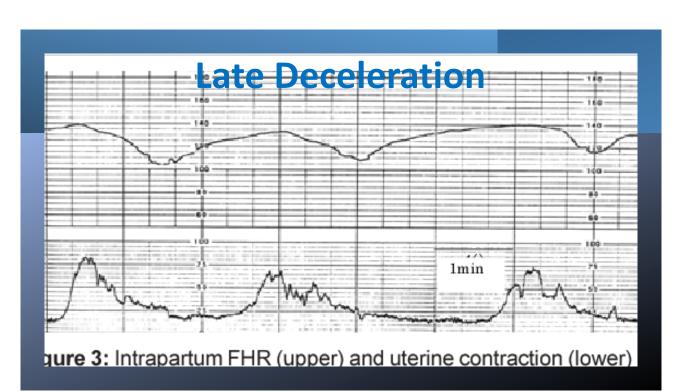
To
Labor
Fetal Heart Rate
Outbour
Progress
Progress











Physiologic Changes in Labor & Nursing Interventions

Table 6.5

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Nursing Care During Labor

Support
Woman
&
Partner

Encouragement

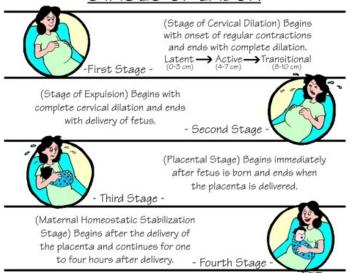
Teaching For All

Early Phase First Stage Docation Internal Journal Phase First Stage Active Phase First Stage Active Phase First Stage Active Phase First Stage Active Phase First Stage Transition Phase First Stage Transition Phase First Stage Transition Phase First Stage Docation Internal Journal Phase First Stage Transition Phase First Stag

Labor Process & Nurse

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STAGES OF LABOR





Fourth Stage of Labor

- Uterus is contracted, midline and near the umbilicus
- Oxytocin is given after delivery of the placenta to increase uterine contraction and decrease bleeding
- Bladder may be hypotonic from anesthesia, analgesia, trauma
- Vital signs, fundal height and vaginal flow checked every 15 minutes X 5 (1st hour)

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Following Birth – Care of Baby

Remember to wear gloves until after the first bath

