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RECURRING DISPLAYS

Nursing Process Overview: Each chapter begins with a review of nursing process in which specific suggestions, such as examples of nursing diagnoses and outcome criteria helpful to modifying care in the area under discussion, are presented. These reviews are designed to improve students' preparation in clinical areas so they can focus their care planning and apply principles to practice.

Nursing Process Overview

For a Woman With a Labor or Birth Complication

● Assessment

One of the major assessments used to detect deviations from normal in labor and birth is fetal and uterine monitoring. Working with such apparatus involves explaining its importance to parents, winning their cooperation, and using judgment in reading the various patterns. Typically, monitoring women in labor entails problems not found in other high-risk areas such as an intensive care unit (ICU). In an ICU, the person being monitored has been admitted to the unit because he or she is seriously ill. The person lies still to prevent artifacts on the tracing. However, a woman in labor, who is well except for the complication of labor, may be less accepting of technologic or pharmacologic intervention. She moves about rather than lying still, because she is in pain. Her movement causes artifacts on tracings, requiring frequent adjustment of equipment to achieve a clear tracing. Understanding that this is a normal consequence of labor is essential for effective assessment and continued care.

- **Nursing Diagnoses and Related Interventions:** A consistent format highlights the nursing diagnoses and related interventions throughout the text. A special heading draws the students' attention to these sections where individual nursing diagnoses and outcome evaluation are detailed for the major conditions and disorders discussed.

NURSING DIAGNOSES AND RELATED INTERVENTIONS FOR DYSFUNCTIONAL LABOR

It is impossible to prevent all dysfunctional labor, just as it is impossible to predict the functioning of any woman's hormonal system or individual response to labor. However, a number of nursing interventions can contribute to the progression of normal labor and help change a dysfunctional labor to a functional one.

Nursing Diagnosis: Fatigue and anxiety related to prolonged labor

- **Nursing Outcomes and Nursing Interventions:** These boxes highlight appropriate outcomes and inter-

ventions using terminology identified by the Nursing Outcomes Classification and Nursing Interventions Classification (NOC and NIC).

BOX 21.5

Nursing Outcomes Classification (NOC) and Nursing Interventions Classification (NIC) Multiple Gestation

NOC: Maternal Status, Intrapartum

Maternal status, intrapartum is defined as the conditions and behaviors indicating maternal well-being from the initiation of labor through delivery (Johnson, Maas, & Moorhead, 2000). Some specific indicators suggesting that this outcome has been achieved include the following:

- Vital signs, neurologic status, and urine output are within expected range
- Frequency, duration, and intensity of uterine contractions are within expected range
- Cervical dilation is progressing as expected.
- Client demonstrates use of techniques to facilitate and cope with labor

NIC: Intrapartum Care, High-Risk Delivery

Intrapartum care, high-risk delivery is defined as assisting with the vaginal birth of multiple or

malpositioned fetuses (McCloskey & Bulechek, 2000). Some important activities involved when implementing this intervention for the woman with multiple gestation include:

- Informing the client and her support person about the additional procedures and techniques that may be necessary during the delivery process.
- Preparing additional equipment and personnel for delivery
- Assisting with amniotomy, ultrasonography, forceps or vacuum extraction application as needed
- Recording the time of birth for the first neonate and any subsequent neonates delivered
- Assisting with neonatal resuscitation, if necessary
- Explaining any newborn characteristics related to the high-risk birth, such as forcep marks or bruising
- Encouraging parental interaction with neonates immediately after delivery

- **Focus On Nursing Care Planning: Multidisciplinary Care Maps:** Because nurses rarely work in isolation, but rather as a member of a health care team or unit, Multidisciplinary Care Maps written for specific clients are included throughout the text to demonstrate the use of the nursing process, provide examples of critical thinking, and clarify nursing care for specific client needs. Multidisciplinary care maps not only demonstrate nursing process but also accentuate the increasingly important role of the nurse as a coordinator of client care.

BOX 21.13: Focus on Nursing Care Planning

A Multidisciplinary Care Map for A Woman Experiencing Dysfunctional Labor

Roseann Bigalow, a 28-year-old woman about to give birth to her first baby, is admitted to a birthing room. She states she feels more pain in her back than in her abdomen, "like my spine is tearing apart." A sonogram shows her baby is above average in weight and in an occipitoposterior position. Her husband tells you he has heard that large babies deliver more slowly than average-size ones. He asks you if the posterior position is what is making his wife's labor so long.

Family Assessment

Client has been married for 2 years. Present pregnancy planned. Husband, 34 years old, owns a car dealership. Client works as salesperson in dealership. Finances rated as "no problem."

Client Assessment

Client G1P0 in latent stage of labor. Membranes artificially ruptured approximately 1 hour ago. Cervix dilated 4 cm, 80% effaced. Internal electronic fetal monitor in place. Contractions every 5 minutes, with peak strength at 20–25 mm Hg and a duration of 10 seconds. FHR at 130 to 140 bpm with beat-to-beat variability present. Client and partner visibly apprehensive, watching monitor intently.

Client vital signs within normal parameters. Ringer's lactate IV solution infusing at 150 mL/h via infusion pump. Client NPO, asking for something to eat "to keep up strength." Pelvic ultrasound reveals fetus in occipitoposterior position. Oxytocin ordered at 1 mU/min; increase 1 mU/min at 15-min intervals.

Nursing Diagnosis

Risk for injury (maternal and fetal) related to prolonged labor with ineffective contractions and requiring oxytocin

Outcome Criteria

Client's vital signs remain within acceptable parameters; FHR and fetal heart patterns within acceptable limits; contractions increase after oxytocin administration without becoming hypertonic; labor progresses without signs and symptoms of maternal or fetal distress. Urine output is at least 30 mL/hour; urine specific gravity 1.010–1.030.

Team Member Responsible	Assessment	Intervention	Rationale	Expected Outcome
Activities of Daily Living				
Nurse	Assess what position allows client the most comfort with a occipitoposterior fetal position.	Encourage the client to lie on her side as much as possible. Encourage partner to apply back massage.	A side-lying position enhances placental perfusion. Back massage can aid comfort.	Client determines position of comfort. Requests massage if helpful with contractions.

- **Focus on Family Teaching:** These boxes present detailed health teaching information for the family, emphasizing the importance of a partnership between nurses and clients in the management of health and illness.

BOX 21.12 FOCUS ON . . .

FAMILY TEACHING

Understanding Augmentation of Labor

Q. Roseann Bigalow says to you, "My doctor said she's going to augment my labor. What did she mean by that?"

A. Augmentation of labor is used when labor contractions are ineffective. It can shorten labor and avoid the necessity of cesarean birth. The drug used is oxytocin, a synthetic form of the hormone naturally released by your body during labor. It is administered intravenously. Once labor contractions begin by this method, they are the same as naturally occurring contractions. You will be able to use your prepared breathing exercises with them.

- **Nursing Procedures:** Techniques of procedures specific to maternal and child health care are boxed in an easy-to-follow two-column format, often enhanced with color figures.

BOX 18.9 NURSING PROCEDURE

Vaginal Examination

Purpose
Determine cervical readiness and fetal position and presentation.

PROCEDURE	PRINCIPLE
1. Wash your hands; explain procedure to client. Provide privacy.	1. Handwashing helps prevent spread of microorganisms; explanations ensure client cooperation and compliance. Privacy enhances self-esteem.
2. Assess client status and adjust plan to individual client need.	2. Care is always individualized according to a client's needs.
3. Assemble equipment: sterile examining gloves, sterile lubricant, antiseptic solution. Ask the woman to turn onto her back with knees flexed (a dorsal recumbent position). Put on sterile examining gloves.	3. Organization and planning improve efficiency. Positioning in this manner allows for good visualization of perineum. Use of a sterile glove prevents contamination of birth canal.
4. Discard one drop of clean lubricating solution and drop an ample supply on tips of gloved fingers.	4. Discarding the first drop ensures that quantity used will not be contaminated.
5. Pour antiseptic solution over vulva using nondominant hand.	5. This prevents the spread of organisms from perineum to birth canal.
6. Place nondominant hand on the outer edges of the woman's vulva and spread her labia while inspecting the external genitalia for lesions. Look for red, irritated mucous membranes; open, ulcerated sores; clustered, pinpoint vesicles.	6. Positioning hands in this way allows for good perineal visualization. Presence of any lesions may indicate an infection and possibly preclude vaginal birth.
7. Look for escaping amniotic fluid or the presence of umbilical cord or bleeding.	7. Amniotic fluid implies membranes have ruptured and umbilical cord may have prolapsed. Bleeding may be a sign of placenta previa. <i>Do not do a vaginal examination if a possible placenta previa is present.</i>
8. If there is no bleeding or cord visible, introduce your index and middle fingers of dominant hand gently into the vagina, directing them toward the posterior vaginal wall.	8. The posterior vaginal wall is less sensitive than the anterior wall. Stabilize the uterus by placing your nondominant hand on the woman's abdomen.

- **Focus on Pharmacology:** These boxes provide quick reference for medications that are commonly used for the health problems described in the text. They give the drug name (brand and generic, if applicable), dosage, pregnancy category, side effects, and nursing implications.

- **Assessment:** These visual guides provide head-to-toe assessment information for overall health status or specific disorders or conditions.

BOX 18.12 FOCUS ON . . .

PHARMACOLOGY

Oxytocin (Pitocin)

Action: A synthetic form of the hormone produced by the hypothalamus and stored in the posterior pituitary. An oxytocic, it stimulates the uterus to contract to control postpartum hemorrhage.

Pregnancy Category: X

Dosage: Add 10–40 units to 1,000 mL of a nonhydrating intravenous solution, or administer 10 units intramuscularly after delivery of the placenta.

Possible Adverse Effects: Hypertension, excessive uterine contractility.

Nursing Implications

- Do not administer after delivery of the placenta until the physician or nurse-midwife approves the drug's use.
- Monitor the woman for blood pressure, because hypertension can occur.

BOX 21.11 ASSESSMENT

Assessing the Pregnant Woman for Danger Signs of Oxytocin Administration

The diagram shows a pregnant woman in profile, facing left. Labels with lines pointing to specific areas of the body indicate danger signs of oxytocin administration:

- Nausea and vomiting:** Points to the upper abdomen/stomach area.
- Dizziness, headache:** Points to the head area.
- Tachycardia:** Points to the heart area in the chest.
- Hypotension:** Points to the lower chest/upper abdomen area.
- Hypertonic contractions:** Points to the uterus area.
- Fetal bradycardia or tachycardia:** Points to the fetus in the uterus.
- Decreased urine output:** Points to the bladder area.