

Abnormal Labor

- Dysfunctional
 - Does not progress.
- Dystocia
 - Difficult labor.
- Risks
 - Older woman, obesity, overdistention of bladder, abnormal presentation, cephalopelvic disproportion, over stimulation of uterus, maternal fatigue, and lack of analgesics.

Problems With The Powers Of Labor

- Hypertonic Labor Dysfunction
 - Frequent, cramp like and poorly coordinated.
 - Painful but not productive.
 - Drug of choice – Brethine – used to stop contractions.
 - Will become frustrated and anxious.
 - Provide comfort.

Problems With The Powers Of Labor

- Hypotonic
 - Weak, can not be effective.
 - Contractions diminish after 4cm.
 - See if uterus is overdistended – twins.
 - MD will do amniotomy if membranes are intact.
 - Oxytocin or nipple stimulation.
 - IV – if dehydrated.
 - Emotional support.
 - Voices frustrations.
 - Position changes – upright or side lying.
 - Walking.

Problems With The Powers Of Labor

- Ineffective Maternal Pushing
 - Epidural or blocks may cause urge to push.
 - Nurse has to tell her when to push.
 - Becomes exhausted.
 - Promote relaxation, change position, and hydrate.

Problems With The Fetus

- Fetal Size
 - Macrosomia – more than 8.8 lbs at birth.
 - Contribute to hypotonic labor.
 - Single part may be too large to deliver.
 - Shoulder dystocia – head born but shoulders become lodged in symphysis pubis.
 - Chest can not expand.

Problems With The Pelvis And Soft Tissue

- Bony Pelvis
 - Gynecoid pelvis – best.
 - Some women have small or abnormal shaped pelvis.
 - Need to know if child can fit through it.
- Soft Tissue Obstruction
 - Full bladder – most common.
 - Encourage to void.
 - May need cath.
 - May have pelvic tumor.

The Psyche

- Social and Professional Support
 - Increased anxiety releases hormones – epin, cortisol that reduce the contractility of smooth muscle of uterus.
- Fight Or Flight
 - Uses glucose, uterus needs for energy.
 - Diverts blood from uterus.
 - Increase tension of pelvic muscles.
 - Increases perception of pain.

The Psyche

- Nursing Care
 - Relaxation
 - Help her conserve energy.
 - Anxiety – decreases blood flow to uterus.
 - 9cm - cannot have anything for pain.
 - Need to stay with her and help with breathing.

Abnormal Duration Of Birth

- Precipitate
 - Completed in less than 3 hrs with no health care provider.
 - Contractions frequent and intense.
 - May have uterine rupture, cervical lacerations, or hematoma.
 - Fetal oxygenation can be compromised.
 - Birth injury.
 - Intracranial hemorrhage or nerve damage.
 - May have panic that they couldn't get to hospital in time.

Abnormal Duration Of Labor

- Precipitate Birth
 - After birth
 - Observe for signs of injury.
 - Excessive pain.
 - Bruising of vulva.
 - Apply cold packs.

Premature Rupture Of The Membranes

- Definition
 - PROM - spontaneous rupture of membranes at term - 38 wks or more at least one hr before labor contractions begin.
- Diagnosis
 - Nitrazine paper - turns blue in presence of amniotic fluid.
 - Treatment - risks of early delivery vs risks of infection and sepsis in newborn.
 - US - determine gestational age.
 - Amniotic fld - acts as cushion, once lost there is risk for umbilical cord compression.

Premature Rupture Of The Membranes

- Nursing care
 - Maternal temp.
 - Fetal tach.
 - Tenderness over uterine area.
 - May need antibiotics and steroid therapy.

Premature Rupture Of The Membranes

- Nursing Care
 - Temp.
 - Avoid sexual intercourse.
 - Avoid breast stimulation.
 - Activity restriction.
 - Observe any uterine contractions or reduced fetal activity.
 - Record fetal kicks daily. Report less than 10 kicks in a 12 hr period.
 - Chorioamnionitis – inflammation of fetal membranes.

Preterm Labor

- Definition
 - Occurs after 20 weeks and before 38 wks.
 - Risks – immaturity in newborn.
 - Major cause of perinatal morbidity and mortality.

Preterm Labor

- Signs
 - Transvaginal US – shortened cervix at 20 wks.
 - Presence of fibronectin – protein found by the fetal membranes that can leak into vaginal secretions. (seen 22 to 24 wks).

Preterm Labor

- Diagnosis
 - Based on cervical effacement and dilatation of more than 2 cm.

Preterm Labor

- Symptoms
 - Contractions uncomfortable or painless.
 - Menstrual cramps.
 - Constant low back pain.
 - Feeling like fetus is pushing down.
 - Change in vag discharge.
 - Abd cramps with or without diarrhea.
 - Pain in vulva or thighs.
 - Just feeling sick.
 - Lab, UA, US.

Preterm Labor

- Treatment
 - Brethine
 - Drug of choice.
 - S.E. – maternal tachycardia.

Tocolytic Therapy

- Goal
 - STOP CONTRACTIONS
- Magnesium Sulfate
 - Drug of choice
 - IV
 - May feel warm flush.
 - OD – cardioresp.
 - If baby is born while mag sulfate is running, baby may be drowsy and need to be resuscitated.

Tocolytic Therapy

- Brethine
 - Stop preterm labor.
 - Given sq.
 - S.E. maternal tachycardia.

Tocolytic Therapy

- Other therapy
 - Indomethacin
 - Procardia
 - Antibiotics

Tocolytic Therapy

- Contraindications
 - Preeclampsia
 - Placenta previa
 - Abruptio placenta
 - Chorioamnionitis

Stopping Preterm Labor

- Speeding Fetal Lung Maturation
 - Steroids – increase fetal lung capacity.
 - Must be 24 and 34 wks.
 - Betamethasone – given in two injections 24 hrs apart.
 - Thyroid hormones – enhance pulmonary maturation at 28 wks.

Stopping Preterm Labor

- Activity
 - Bed rest
 - Semi fowlers
 - Partial bedrest.
 - May have to stay on couch or bed all day and night.
 - May have to put other children in daycare.

Stopping Preterm Labor

- Nursing Care
 - Position on side for better flow
 - VS – tachycardia
 - Pulmonary edema
 - I&O
 - Delivery
 - FHT and ICU

Prolonged Pregnancy

- Definition
 - Lasts longer than 42 wks.
- Risks
 - To fetus
 - As placenta ages, oxygen and nutrients being delivered are less – resp distress.
 - Meconium may be expelled into amniotic fld – resp distress.
 - Low blood sugar.
 - If placenta continues to function well, the fetus will grow.

Prolonged Pregnancy

- Medical Treatment
 - Labor induced by oxytocin.
 - Prostaglandin application to ripen cervix before oxytocin.

Prolonged Pregnancy

- Nursing Care
 - Observe fetus for signs of poor placental blood flow.
 - After birth, resp difficulties and hyperglycemia.
 - Watch for hematoma with a large baby.
