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 vd.
  - 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.