Admission To The Hospital Or Birth Center

- When To Go To The Hospital Or Birth Center
  - Contractions – pattern, increase frequency, duration, and intensity.
  - First child – q 15 min and reg for 1 hr.
  - Second child – q 10 min and reg for 1 hr.

  - Ruptured membranes
    - Bleeding other than bloody show.
    - Decreased fetal movement.
    - Any other concern.

Admission Data Collection

- Fetal Condition
  - Fetal heart tones – fetoscope, doppler or external monitor.
  - Amniotic membranes rupture, must observe color, amt, and odor of fld.
- Maternal Condition
  - TPR, BP – infection or HTN
- Impending Birth Additional Data Collection
  - Signs she will deliver.
  - If true, do not leave Mom.
- Additional Data Collection
  - Why she arrived.
  - Plans for birth.
  - Status for birth.
  - Brief physical exam

Admission Procedures

- Permits
  - For herself, infant during labor, delivery, and post partum.
  - All signatures are witnessed.
- Laboratory Tests
  - Hct, midstream UA for glucose and protein.
- Intravenous Infusion
  - Allow fluids and meds to be given.
  - May see heparin lock.
- Shave Prep
  - Perineal area. Repair laceration or episiotomy.
- Enema
  - Fleets. Only given to constipated or those with a lot of stool when doing vaginal exam.

Nursing Care Of The Woman In False Labor

- True Labor
  - Changes in cervix.
- False Labor
  - Prodromal labor.
  - Contractions that help prepare woman's body for true labor.
  - Assessment of both mother and child are important.
  - Allow mother to walk around.
  - After few hrs of walking, may be sent home if contractions are mot stronger or closer.
  - If membranes rupture, she is admitted.

Nursing Care Before Birth

- Monitoring The Fetus
  - Fetal Heart Rates
    - Assessed by intermittent auscultation, fetoscope, or doppler transducer.
    - 1:1 nurse pt ratio.
    - FHT – 110 to 120 beats/min – on low side.
    - FHT – 130 to 150 beats/ min – on upper end.

Nursing Care Before Birth

- Monitoring The Fetus
  - Intermittent Auscultation
    - Shows the approx. location of fetal heart sounds when the fetus is in various presentations and positions.
    - Must report any drops or any abnormalities immed.

Nursing Care Before Birth

- Continuous Electronic Fetal Monitoring
  - Collect more data.
  - Do an initial recording of at least 20 mins.
  - Then fetus is remonitored for 15 min intervals of 30 to 60 mins.

Nursing Care Before Birth

- Internal Devices
  - Used when membranes are ruptured.
  - Cervix is dilated 1 to 2 cm to insert the devices.
  - Small spiral electrode is applied to presenting part.

Nursing Care Before Birth

- External – DopplerTransducer
  - Evaluate heart rates.
  - Recorded on the upper grid of paper.
  - Lower grid is uterine contractions
  - Both grids are evaluated for accurate interpretation of FHT.
  - Baseline – rate between contractions and between periodic changes.
  - Variability – fluctuations or constant in baseline rate. Can be depressed by narcotics.
  - Accelerations – increases.
  - Decelerations – decreases.

Nursing Care Before Birth

- Nursing Response To Monitor Patterns
  - Reposition to prevent hypotension.
  - Oxygen via mask.
  - Increase IV fluids.
  - Stop Pitocin.
  - Tocolytic drugs to decrease contractions.

Nursing Care Before Birth

- Inspection of Amniotic Fluids
  - Amniotomy – artificially rupturing the membranes.
  - Color, odor, and amt of fld is recorded.
  - Should be clear.
  - FHT assessed for at least 1 min after membranes ruptured.
  - Nitrazine test – done if fld is not clear.
  - pH paper, alkaline fld turns blue – green or dark blue.

Foremost Equipment

Monitoring The Woman

- Vital Signs
  - VS – temp q 4 hrs or q 2 hrs.
  - Temp over 100 should be reported.
  - Amniotic fld assessed for infection.
  - Infant at risk for group B strep infection.
  - P,R, and BP checked q hr.
  - Maternal hyotension reduces blood supply to placenta.

Monitoring The Woman

- Contractions
  - Assessed by palpation or continuous EFM.
  - Palpation – hand is placed lightly on fundus.

Monitoring The Woman

- Progress of Labor
  - Vagina exam done periodically to determine how labor is progressing.
  - Cervix is evaluated for effacement and dilation.
  - Limit exams – high risk of infection.

Monitoring The Woman

- Intake and Output
  - Bladder is checked frequently because she has sensation to vd.
  - Full bladder causes discomfort and cause fetal descent.
  - C sections – NPO.

Monitoring The Woman

- Response to Labor
  - Assess breathing and relaxation techniques.
  - Nonverbal behavior.
  - Bloody show.
  - Perineal bulging.
  - Do not leave woman. Call RN.

Helping The Woman Cope With Labor

- Teaching
  - Constant – even though she may have gone to childbirth classes.
  - Breathing techniques – most effective.
  - Deep breath and exhales at beginning of each contraction.
  - Use abd muscles – important while exhaling.
  - Should only push for 4 to 6 sec at a time.

Helping The Woman Cope With Labor

- Providing Encouragement
  - Gives woman strength and courage.
  - Tell her after each vag exam that she is getting closer.
  - Praise partner.
  - Doula – support person.
  - Nurse should never take the place, but should be there if needed.
  - Partner should have time for a break.
  - Should eat so they aren’t weak for labor.