

# **CLASS II**

**MATERNAL NUTRITION  
PROCESSES OF LABOR AND BIRTH  
INTRAPARTAL NURSING  
MATERNAL ANESTHESIA AND ANALGESIA**

## **MATERNAL NUTRITION**

AVERAGE WEIGHT GAIN

PATTERN OF WEIGHT GAIN

NUTRITIONAL REQUIREMENTS

CALORIES

PROTEIN

FAT

CARBS

VITAMINS

MINERALS

VEGETARIANISM

LACTOSE DEFICIENCY

EATING DISORDERS

PICA

## THE PREGNANT ADOLESCENT

### RISK FACTORS

#### **KEY FACTORS RELATED TO PROGRESS OF LABOR**

- BIRTH PASSAGE
- FETUS
- RELATIONSHIP BETWEEN FETUS AND PASSAGE
- PRIMARY FORCES OF LABOR
- PSYCHOSOCIAL ISSUES

#### **BIRTH PASSAGE**

- SIZE OF PELVIS
- 
- TYPE OF PELVIS
- 
- CERVICAL DILATATION, EFFACEMENT
- 
- ABILITY OF VAGINA AND INTROITUS TO EXPAND

#### **FETUS**

SIZE OF FETAL HEAD

FETAL ATTITUDE

FETAL LIE

FETAL PRESENTATION

IMPLANTATION SITE OF PLACENTA

#### **RELATIONSHIP BETWEEN PASSAGE AND FETUS**

ENGAGEMENT OF PRESENTING PART

STATION

FETAL POSITION

**PRIMARY FORCES OF LABOR**

FREQUENCY, DURATION, INTENSITY OF CONTRACTION

EFFECTIVENESS OF MATERNAL PUSHING

DURATION OF LABOR

**PSYCHOSOCIAL ISSUES**

EMOTIONAL STATUS

SOCIOCULTURAL BELIEFS

PREVIOUS CHILDBIRTH EXPERIENCE

SUPPORT

MENTAL AND PHYSICAL PREPARATION

**FOUR CLASSIC PELVIC TYPES**

GYNECOID

ANDROID

ANTHROPOID

PLATYPOID

**FETAL HEAD**

SUTURES

FRONTAL

SAGITTAL

CORONAL

LAMBOIDAL

MOLDING

FONTANELLES

## **LANDMARKS OF THE FETAL SKULL**

MENTUM

SINCIPUT (ANTERIOR FONTANELLE)

BREGMA

VERTEX

POSTERIOR FONTANELLE

OCCIPUT

## **DIAMETERS OF FETAL SKULL**

OCCIPITOFRONTAL

SUBMENTOBREGMATIC

SUBOCCIPTOBREGMATIC

OCCIPITOMENTAL

## **FETAL LIE AND PRESENTATION**

FETAL LIE

TRANSVERSE

FETAL PRESENTATION

## **CEPHALIC PRESENTATION (97%)**

VERTEX—SUBOCCIPTOBREGMATIC

MILITARY—OCCIPTOFRONTAL

BROW—OCCIPTOMENTAL

FACE—SUBMENTOBREGMATIC

**BREECH PRESENTATION (3%)**

COMPLETE—HIPS FLEXED, KNEES FLEXED

FRANK—HIPS FLEXED, KNEES EXTENDED

FOOTLING—HIPS AND FEET EXTENDED, FEET (FOOT) PRESENT TO MATERNAL PELVIS

KNEELING—HIPS EXTENDED, KNEES FLEXED

**SHOULDER (TRANSVERSE) PRESENTATION (2%)**

TRANSVERSE LIE—SHOULDER IS USUAL PRESENTING PART

COMPOUND—USUALLY ARM OR HAND PRESENTING ALONG PRESENTING PART

**FETAL POSITION**

RELATIONSHIP OF A DESIGNATED LANDMARK ON THE PRESENTING FETAL PART (OCCIPUT, SACRUM, MENTUM, OR MENTUM) TO THE FRONT, BACK, OR SIDES OF MOTHER'S PELVIS

**STATION**

RELATIONSHIP OF FETAL PRESENTING PART TO THE LEVEL OF THE ISCHIAL SPINES

**ENGAGEMENT**

WHEN THE WIDEST DIAMETER OF THE PRESENTING PART HAS REACHED OR PASSED THE PELVIC INLET

ENGAGEMENT USUALLY RESPONDS TO 0 STATION

FLOATING: WHEN PRESENTING PART IS ENTIRELY OUT OF THE PELVIS AND FREELY MOVABLE IN THE INLET

## **LABOR**

FORCES OF LABOR

FREQUENCY, DURATION, INTENSITY (STRENGTH)

THREE PHASES OF CONTRACTIONS

INCREMENT

ACME

DECREMENT

## **ONSET OF CONTRACTIONS**

### **MATERNAL FACTOR THEORIES**

PROGESTERONE WITHDRAWAL

PROSTAGLANDINS

OXYTOCIN STIMULATION

### **FETAL FACTOR THEORIES**

PLACENTAL AGING

PROSTAGLANDIN SYNTHESIS

FETAL CORTISOL

## **PHYSIOLOGY OF LABOR**

MYOMETRIAL ACTIVITY IS SOLELY RESPONSIBLE FOR EFFACEMENT AND DILATATION OF CERVIX

UTERINE CONTRACTIONS CREATE INTRAUTERINE PRESSRE, WHICH EXERTS TENSION ON CERVIX AND PRESSURE ON DESCENDING FETUS

DILATATION

EFFACEMENT

## **SIGNS OF LABOR**

LIGHTENING

BRAXTON HICKS CONTRACTIONS (TERM RARELY USED)

CERVICAL CHANGES

BLOODY SHOW

RUPTURE OF MEMBRANES

SUDDEN BURST OF ENERGY

WEIGHT LOSS OF 1-3LBS

## **TRUE LABOR/FALSE LABOR**

## **STAGES OF LABOR**

***FIRST STAGE OF LABOR:*** STARTS WITH BEGINNING OF REGULAR CONTRACTIONS AND ENDS WITH FULL DILATATION

FIRST STAGE DIVIDED INTO THREE PHASES:

LATENT

ACTIVE

TRANSITION

***SECOND STAGE OF LABOR:*** BEGINS WITH COMPLETE CERVICAL DILATATION AND ENDS WITH THE BIRTH OF THE INFANT

***THIRD STAGE OF LABOR:*** BEGINS WITH BIRTH OF INFANT AND ENDS WITH DELIVERY OF PLACENTA

***FOURTH STAGE OF LABOR:*** BEGINS WITH DELIVERY OF PLACENTA AND ENDS UP TO 4 HOURS AFTER

**PAIN RESPONSE FACTORS**

**MATERNAL ANATOMIC & PHYSIOLOGIC ADAPTION TO LABOR**

CARDIAC OUTPUT

WBC

BP

ACID/BASE BALANCE

RENAL

GASTROINTESTINAL

**INTRAPARTAL NURSING ASSESSMENT**

REFER TO OUTLINE PP 445-449

***HISTORY***

PERSONAL DATA

HX PREVIOUS ILLNESS

PROBLEMS WITH PRENATAL PERIOD

PREGNANCY DATA

INFANT FEEDING METHOD CHOSEN

PRENATAL EDUCATION

***SOCIOCULTURAL HISTORY***

ECONOMIC LEVEL

NUTRITION

PRENATAL CARE

CULTURAL BELIEFS

## ***PSYCHOSOCIAL HISTORY***

SUPPORT PERSONS

DIFFICULTY WITH PREVIOUS PREGNANCIES

EMOTIONAL PROBLEMS

PHYSICAL OR EMOTIONAL ABUSE BEFORE OR DURING PREGNANCY

## **INTRAPARTAL ASSESSMENT: STAGE ONE OF LABOR**

VS

WEIGHT

LUNGS

FUNDUS

EDEMA

HYDRATION

PERINEUM

LABOR STATUS

FETAL STATUS

LAB VALUES

CULTURAL INFLUENCES

RESPONSE TO LABOR

CHILDBIRTH PREPARATION

ANXIETY

SUPPORT

## **CONTRACTION CHARACTERISTICS**

LATENT PHASE

MILD: 10-30MIN. LASTING 20-40 SECONDS

MODERATE: 5-7 MIN. LASTING 30-40 SECONDS

ACTIVE PHASE

MODERATE TO STRONG: 2-5MIN. LASTING 40-60 SECONDS

TRANSITION

STRONG: 1 ½-2 MIN. LASTING 60-90 SECONDS

## **LABOR EVALUATION METHODS**

PALPATION

ELECTRONIC MONITORING OF CONTRACTIONS

TOCOTRANSDUCER

IUPC

CERVICAL ASSESSMENT

VAGINAL EXAM

## **FETAL ASSESSMENT**

### ***FETAL POSITION***

PALPATION—LEOPOLD’S MANEUVER

INSPECT SIZE AND SHAPE OF WOMAN’S ABDOMEN

VAGINAL EXAM TO DETERMINE PRESENTING PART

FETAL HEART RATE

ULTRASOUND

SCALP STIMULATION

FETAL BLOOD SAMPLING

### **FETAL HEART RATE MONITORING**

DOPPLER, FETOSCOPE

ELECTRONIC FETAL HEART RATE MONITORING (EFM)

**BASELINE RATE**

**FETAL BRADYCARDIA**

**FETAL TACHYCARDIA**

**VARIABILITY**

SHORT TERM

LONG TERM

**ACCELERATIONS**

**DECELERATIONS**

EARLY

LATE

VARIABLE

## **EXTERNAL FHR MONITORING**

ULTRASONIC TRANSDUCER

**INTERNAL FHR MONITORING:** MOST ACCURATE APPRAISAL OF FETAL WELL BEING IN LABOR

MEMBRANES MUST BE RUPTURED

CERVIX MUST BE SUFFICIENTLY DILATED

PRESENTING PART MUST BE LOW ENOUGH FOR PLACEMENT

## **INTRAPARTAL NURSING CARE**

ONGOING ASSESSMENT

### ***FIRST STAGE—LATENT PHASE***

DILATATION, EFFACEMENT, STATION

MEMBRANE ASSESSMENT

COMFORT LEVEL

VS

FHR, UTERINE CONTRACTIONS

TEACHING, SUPPORT

ENCOURAGE AMBULATION

ENCOURAGE VOIDING Q2H

COMFORT MEASURES

NUTRITION

PAIN ASSESSMENT

EPIDURAL MONITORING

IDENTIFY SUPPORT PERSON(S)

***FIRST STAGE—ACTIVE AND TRANSITION PHASES***

IN ADDITION TO ASSESSMENTS AND INTERVENTIONS IN LATENT PHASE:

MAY NEED STRAIGHT CATHETERIZATION

ASSESS FETAL DESCENT

ASSIST WITH PUSHING

EPIDURAL MONITORING

**SECOND AND THIRD STAGE OF LABOR**

ASSIST WITH DELIVERY

LOCAL ANESTHESIA

APGAR SCORE

IMMEDIATE CARE OF NEWBORN

PITOCIN INFUSION

**THE DELIVERY**

**BIRTHING POSITIONS**

## **LABOR SUPPORT**

### **FOURTH STAGE**

VS

FUNDUS

LOCHIA

PERINEUM/EPISIOTOMY/ABDOMINAL INCISION

BLADDER

COMFORT LEVEL

COMFORT MEASURES

INITIATE BONDING

CONTINUE PITOCIN INFUSION

PAIN ASSESSMENT

DIET

CULTURAL CONSIDERATIONS

## **IMMEDIATE CARE OF THE NEWBORN**

### ***ASSESS ADAPTION TO EXTRAUTERINE LIFE***

RESPIRATORY CHANGES

CIRCULATORY CHANGES

THERMOREGULATION

APGAR SCORE

UMBILICAL CORD CARE

CORD BLOOD COLLECTION

NEWBORN IDENTIFICATION

**MATERNAL ANALGESIA AND ANESTHESIA**

PAIN PERCEPTION AFFECTED BY:

**ANALGESIA**

STADOL

MORPHINE

DEMEROL

**REGIONAL ANESTHESIA**

EPIDURAL

CONTINUOUS EPIDURAL

SPINAL

LOCAL INFILTRATION

PUDENDAL

GENERAL

**ANALGESIA AFTER DELIVERY (C-SECTION)**

EPIDURAL NARCOTIC ANALGESIA (DUROMORPH)  
PCA

CONTRAINDICATIONS

SIDE EFFECTS

DOSAGE

REGIONAL ANALGESIA DURING LABOR

WALKING EPIDURAL