

# OB

## ACTIVE LABOR

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Estimated Time: 60 minutes • Debriefing Time: 60 minutes

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Scan to Begin



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Patient Name: Olivia Brooks

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## SCENARIO OVERVIEW

Olivia Brooks is 28-year-old female presenting to the hospital in active labor experiencing contractions at 40w1d. She is 4 cm dilated. Her water breaks as the student meets her in the Labor and Delivery room at 0900. Students provide routine intranatal care throughout all three states. In State 2, Olivia progresses to the Transitions stage and is 7 cm dilated. In State 3: Olivia begins pushing. Several augmented reality videos and images are provided to simulate the progression of the baby through the birth canal. In addition, videos of the husband at the bedside are provided and someone can continue to role-play the husband throughout the scenario to add further family dynamics.

This scenario can be used for high- or low-fidelity simulation. In high-fidelity simulation, the patient videos and tabbed chart content can be used to augment the reality of the simulation. In low fidelity simulation, the instructor can use role play, in association with the scenario content, to stimulate student critical thinking and discussion about prenatal care topics.

## LEARNING OBJECTIVES

1. Maintain a safe, effective health care environment for a patient in active labor
2. Provide patient centered care by utilizing the nursing process for a patient in active labor
3. Relate patients' health status to assessment findings, medications, laboratory and diagnostic test results, medical and nursing interventions
4. Plan pain management during labor based on patient preferences
5. Plan assessments and interventions associated with epidural anesthesia
6. Observe fetal presentations and movements during labor and birth via videos and images.
7. Provide patient education during active labor

## CURRICULUM MAPPING

### WTCS NURSING PROGRAM OUTCOMES

- Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving professional identity as a nurse committed to evidence-based practice, caring, advocacy and quality care
- Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making
- Provide patient centered care by utilizing the nursing process across diverse populations and health care settings
- Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness
- Use information and technology to communicate, manage data, mitigate error, and support decision-making

### NURSING FUNDAMENTALS

- Maintain a safe, effective care environment for adults of all ages

- Use appropriate communication techniques
- Use the nursing process
- Adapt nursing practice to meet the needs of diverse patients in a variety of settings

## NURSING HEALTH PROMOTIONS

- Use principles of teaching/learning when reinforcing teaching plans
- Apply principles of family dynamics to nursing care
- Plan nursing care during uncomplicated labor and delivery

## SIMULATION LEARNING ENVIRONMENT & SET-UP

### ENVIRONMENT: LABOR AND DELIVERY ROOM

Inside room: Vital signs equipment

Inside or outside room: Sanitizer or sink for hand hygiene

Scenario time: 0900

### PATIENT PROFILE

Name: Olivia Brooks

AB: 1

DOB: 01/29/19XX

Number living: 0

Age: 28 years old

LMP: X/X/20XX

MR#: 12919

EDC: X/X/20XX

Gender: Female

Gestational Age: 40w1d

Height: 162.5 cm (5'5")

Blood Type: A neg

Weight: 70.9 kg (156 lbs)

Code Status: Full

Allergies: NKDA

Ethnicity: Caucasian

Gravida: 2

Spiritual Practice: Lutheran

Para: 0

Primary Language: English

Facilitator Note: Before scenario, create the LMP and EDC based on current date so that gestational age is 40 weeks and 1 day.

### EQUIPMENT/SUPPLIES/SETTINGS

#### Patient

- Wearing pajamas

#### Monitor Settings

- **Vital signs: 120/80, HR 88, RR 20, Temp 98.6, O2 sat 100%**

#### Supplies

- If available: fetal heart monitoring supplies

## QR CODES

|                                                                                                                                        |                                                                                                                                               |                                                                                                                                  |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| START<br>                                             | PATIENT<br>                                                  | REPORT<br>                                     | FACILITATOR<br>                                           |
| FETAL HEART MONITORING PROCEDURE<br>                  | LOSS OF MUCUS PLUG<br>                                       | FAMILY MEMBER<br>                              | FETAL HEART MONITORING A (ADMISSION STRIP)<br>            |
| FETAL HEART MONITORING B (MILD VARIABLE DECELS)<br> | FETAL MONITORING C (POSSIBLE VARIABLE AND LATE DECELS)<br> | FETAL HEART MONITORING D (NONREASSURING)<br> | FETAL HEART MONITORING E (BEAT TO BEAT VARIABILITY)<br> |
| CERVICAL DILATION<br>                               | CROWNING<br>                                               | FETAL MOLDING<br>                            | HEAD OUT<br>                                            |

|                                                                                                                 |                                                                                                                |                                                                                                                    |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <p>DELIVERY OF BABY</p>        | <p>CUTTING CORD</p>           | <p>DELIVERY OF PLACENTA</p>      | <p>EPIDURAL</p>           |
| <p>LEOPOLD'S MANEUVER</p>      | <p>LOA CERVICAL VIEW</p>      | <p>TRANSVERSE CERVICAL VIEW</p>  | <p>ROA CERVICAL VIEW</p>  |
| <p>ROP CERVICAL VIEW</p>      | <p>TRANSVERSE FULL VIEW</p>  | <p>LOP FULL VIEW</p>            | <p>PATIENT ID</p>        |
| <p>STATION A</p>             | <p>STATION B</p>            | <p>STATION C</p>               | <p>STATION D</p>        |
| <p>CERVICAL VIEW PELVIS</p>  | <p>POSITION B</p>           | <p>POSITION C</p>              | <p>POSITION D</p>       |

|                                                                                                                     |                                                                                                             |                                                                                                                   |                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <p>POSITION E</p>                  | <p>POSITION G</p>          | <p>AMNIHOOK</p>                 | <p>SCALP ELECTRODE</p>                |
| <p>SCALP ELECTRODE WITH GUIDE</p>  | <p>VACUUM (ACCURATE)</p>   | <p>VACUUM (INACCURATE)</p>      | <p>PRE-DELIVERY WARMER EQUIPMENT</p>  |
| <p>TRANSVERSE CERVICAL VIEW</p>  | <p>ACETAMINOPHEN PO</p>  | <p>ALUMINUM HYDROXIDE PO</p>  | <p>BETAMETHASONE PO</p>             |
| <p>CEFAZOLIN IV</p>              | <p>CLINDAMYCIN IV</p>    | <p>DIPHENHYDRAMINE PO</p>     | <p>FENTANYL</p>                     |
| <p>LACTATED RINGERS IV</p>       | <p>NALBUPHINE IV</p>     | <p>PENICILLIN G IV</p>        | <p>TERBUTALINE SUBQ</p>             |

VANCOMYCIN IV



METOCHLOPRAMIDE  
IV





# TEACHING PLAN

## PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR Code: “Scan to Begin”** while students are in Prebrief.
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment including:
  - Explain how to use the iPad scanner and QR codes. Remind students that there are multiple QR codes in the simulation, but they should only scan them if they think it will provide data necessary for their assessment and evaluation of the patient.
  - Medication Hyperlinks – Medications are hyperlinked to DailyMed, which is a medication reference housed by the National Library of Medicine. Students can click on these links during the simulation for up-to-date medication content, labels, and package insert information.
  - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
  - Level tab – This tab “tells” the content in the iPad to change to what is needed for the next state of a simulation.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials
- View “Report” on iPad
  - Possible Facilitator Questions
    - What assessments are expected to be performed on a patient in active labor as she is admitted to the hospital?
    - Review normal cervical changes and stations of a presenting part during the labor process.
    - Olivia’s membranes are intact. How does that affect nursing care? How does this change when the membranes break?

- How does Group B strep status affect nursing care during labor?
  - Describe characteristics of “category 1” fetal monitoring.
    - Do you have any clinical concerns about her hemoglobin and hematocrit? Why or why not?
    - How does her gravida/para history affect her labor?
- View Patient video on iPad
  - Possible Facilitator Questions
    - What pharmacological and non-pharmacological options are available for pain management at this time?
    - What are considerations of the fetus when managing pain in labor?
    - Describe what is occurring physiologically when Olivia’s “water breaks.” How does this impact care during labor?
      - Facilitator Note: **QR Code: Loss of Mucus Plug** can be scanned to visually demonstrate what is occurring internally
    - What are important assessments to document when the water breaks?
    - How can you determine if the patient’s membranes ruptured or she had urinary incontinence?
- View Family Member video on iPad
  - Possible Facilitator Questions:
    - What is the cause of back pain during labor?
    - What are some non-pharmacological interventions to specifically help with back pain?
    - What techniques will help the baby rotate?
    - How will you therapeutically answer his question, “How long until the baby gets here?”
- Discuss iPad tabbed content. Time should be permitted for students to browse tabbed data on iPad. Suggested facilitator questions corresponding to each tab are described below,

## PATIENT PROFILE

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Patient demographic information is displayed here

## EDC CALCULATOR

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LMP can be entered to calculate EDC.

- Facilitator Note: Can also be used to help calculate LMP for this scenario using EDC as today's date.

## OB/GYN HISTORY

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### OB/GYN History

**PAST MEDICAL HISTORY:** 28 year old healthy female with history of genital herpes and mixed anxiety depressive disorder.

**SURGICAL HISTORY:** Tonsillectomy age 12; Wisdom teeth extraction age 18; D&C after miscarriage

**FAMILY HISTORY:** Father with hypertension; mother with diabetes mellitus, maternal grandmother with breast cancer

**SOCIAL HISTORY:** Lives in Anytown, WI with her husband and 2 cats.

**TOBACCO USE:** Smoked 1 ppd until discovered was pregnant.

**ALCOHOL USE:** Binge drinking on weekends (6 drinks or more/night) until discovered she was pregnant.

**DRUG USE:** Denies.

**EDUCATION:** High school graduate.

**EMPLOYMENT HISTORY:** Works as a C.N.A. at local skilled nursing facility where helps transfer patients from bed to wheelchair.

### MENSTRUAL HISTORY:

**ONSET:** age: 12 yrs    **CYCLE:** 30 days    **DURATION:** 5 days

LMP: XX/XX/20XX

**PAST PREGNANCY HISTORY:**

| Date | Weeks Gest. | Length Labor | Type Delivery | Anesth. | Weight | Remarks        |
|------|-------------|--------------|---------------|---------|--------|----------------|
| 2016 | 12 wks      | ---          | ---           | ---     | ---    | Spontaneous AB |
|      |             |              |               |         |        |                |
|      |             |              |               |         |        |                |

- Suggested Facilitator Question:
  - Is there any information from the OB/GYN history that will impact your nursing care during the labor, delivery and postpartum process?

**PRENATAL RECORD**

| Date                         | 8wk    | 16wk   | 20wk   | 24wk   | 28wk   | 32wk   | 36wk   | 38k    | 40wk   |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Weeks Gestation              | 8w3d   | 16w5d  | 20w2d  | 24w5d  | 281d   | 32w6d  | 36w1d  | 38w    | 40w    |
| Weight                       | 156 lb | 158 lb | 161 lb | 166 lb | 169 lb | 173 lb | 178 lb | 180 lb | 182 lb |
| BP                           | 110/64 | 112/68 | 118/72 | 114/70 | 116/76 | 120/72 | 122/74 | 124/76 | 126/76 |
| Fundal Height                | ---    | 16 cm  | 20 cm  | 24 cm  | 28 cm  | 33 cm  | 37 cm  | 39 cm  | 41 cm  |
| Position/<br>Presentation    | ---    | ---    | ---    | vertex | vertex | vertex | vertex | vertex | vertex |
| Station                      | ---    | ---    | ---    | ---    | ---    | ---    | -3     | -3     | -2     |
| FHT                          | ---    | 150    | 168    | 132    | 150    | 156    | 132    | 144    | 156    |
| Edema                        | neg    | neg    | neg    | neg    | 1+     | 1+     | 2+     | 2+     | 2+     |
| Urine glucose<br>and protein | ---    | neg    | neg    | neg    | neg    | neg    | neg    | neg    | neg    |
| Contractions                 | ---    | ---    | ---    | ---    | ---    | ---    | ---    | ---    | +      |
| Fetal Activity               | ---    | ---    | ---    | Pos    | Pos    | Pos    | Pos    | Pos    | Pos    |
| Non-stress test              | ---    | ---    | ---    | ---    | ---    | ---    | ---    | ---    | ---    |
| Provider                     | BB     | BB     | BB     | BB     | BB     | BB     | BB     | BB     | BB     |

## Progress Notes

| Date/Time | Note                                                                                                                                                                                                                              |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 wks     | First prenatal visit; no complaints, excited regarding pregnancy. --- BB                                                                                                                                                          |
| 12 wks    | Missed appointment; called and stated had mandatory call at work. --- BB                                                                                                                                                          |
| 16 wks    | Doing well, denies any complaints. Reviewed 2 <sup>nd</sup> trimester changes and to schedule 20 week ultrasound. --- BB                                                                                                          |
| 20 wks    | Ultrasound prior to appointment confirmed due date. Has backache, will try occasional Tylenol and stretching exercises. --- BB                                                                                                    |
| 24 wks    | Backache improving, feeling quickening. Discussed prep for GCT at next appointment. --- BB                                                                                                                                        |
| 28 wks    | 1+ edema, worse after shift standing at work. Discussed L&D prep classes. GCT and Rhogam today. --- BB                                                                                                                            |
| 32 wks    | Edema same, trying to keep legs elevated after work. Discussed pain management option for L&D, prefers IM, IV meds. Possible epidural OK. Group B strep culture at next appointment. No herpes breakouts during pregnancy. --- BB |
| 36 wks    | Discussed signs of preterm labor and when to go to L&D. --- BB                                                                                                                                                                    |
| 38 wks    | Discussed need for IV antibiotics in labor due to positive Group B strep culture. --- BB                                                                                                                                          |
| 40 wks    | Reports some occasional Braxton Hicks contractions. Feels baby moving frequently. Discussed birth plan and desire for epidural. ----BB                                                                                            |

- Suggested Facilitator Question:
  - Is there any information in the prenatal record that will affect your nursing care during labor?

## GENETICS SCREENING

| Genetics Screening                                             | Response (Yes/No) | Family Member |
|----------------------------------------------------------------|-------------------|---------------|
| Patient Age > 35 years?                                        | No                |               |
| Italian, Greek, Mediterranean, Oriental Background (if MCV<80) | Yes               |               |
| Jewish background (Tay Sachs)                                  | No                |               |
| History of Neural Tube Defect?                                 | No                |               |

|                                                                                                           |     |                       |
|-----------------------------------------------------------------------------------------------------------|-----|-----------------------|
| History of Down's Syndrome?                                                                               | Yes | Paternal uncle's baby |
| History of Sickle Cell Disease or Trait?                                                                  | No  |                       |
| History of Hemophilia?                                                                                    | No  |                       |
| History of Cystic Fibrosis?                                                                               | No  |                       |
| History of Congenital Heart Disease?                                                                      | Yes | Sister's baby         |
| History of Muscular Dystrophy?                                                                            | No  |                       |
| History of Huntington Chorea?                                                                             | No  |                       |
| Patient had child with birth defect not listed above, >3 first trimester abortions, or stillbirths?       | No  |                       |
| Baby's father had child with birth defect not listed above, >3 first trimester abortions, or stillbirths? | No  |                       |
| Medications or street drugs since LMP?                                                                    | Yes |                       |

- Suggested Facilitator Question:
  - Is there any information in the Genetics Screening that will affect your planned nursing assessments of the newborn?

## ORDERS

### Provider Orders

| Date  | Time         | Order                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Today | On Admission | <b>Order Set: Admission for Routine Labor</b>                                                                                                                                                                                                                                                                                                                                                                                                   |
|       |              | Admit to Labor unit; Diagnosis: Active Labor, Stable                                                                                                                                                                                                                                                                                                                                                                                            |
|       |              | <b>Vitals and Monitoring:</b> <ul style="list-style-type: none"> <li>• <b>Maternal vital signs every four hours in early labor.</b></li> <li>• <b>After rupture of membranes, monitor temperature every four hours.</b></li> <li>• <b>During active labor, monitor vital signs every 30 minutes.</b></li> <li>• <b>Cervical exam on admission: Document dilation, effacement, station, ROM, clarity of fluid, fetus presentation</b></li> </ul> |
|       |              | <b>IV fluids:</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>Saline lock IV</p> <ul style="list-style-type: none"> <li>• <b>If category II or III fetal heart rate present: Lactated Ringers IV 500 ml bolus over 30 minutes then 125 ml/hr</b></li> <li>• <b>Discontinue IV when the following are met:</b></li> <li>• <b>Patient toleration oral intake without nausea or vomiting</b></li> <li>• <b>After antibiotics completed</b></li> <li>• <b>12 hours post epidural catheter removal</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|  |  | <p><b>Diet:</b> As tolerated</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|  |  | <p><b>Activity:</b></p> <p>Encourage ambulation; may ambulate with fetal monitoring; shower or tub bath prn</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|  |  | <p><b>Labs on admission to labor:</b></p> <ul style="list-style-type: none"> <li>• <b>CBC with differential STAT</b></li> <li>• <b>If not available from prenatal records:</b> <ul style="list-style-type: none"> <li>○ <b>ABO Rh STAT</b></li> <li>○ <b>Rubella Antibody, IgG STAT</b></li> <li>○ <b>Hepatitis B Surface Antigen STAT</b></li> <li>○ <b>Rapid Plasma Reagin (VDRL) STAT</b></li> <li>○ <b>Group B Strep STAT</b></li> <li>○ <b>HIV (obtain consent to test) STAT</b></li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|  |  | <p><b>Fetal Heart Monitoring</b></p> <p><b>Initial Assessment</b></p> <ul style="list-style-type: none"> <li>• <b>Baseline fetal electronic fetal monitoring strip; notify provider of any non-reassuring fetal heart rate</b></li> <li>• <b>Fetal heart monitoring intermittent auscultation</b></li> </ul> <p><b>Subsequent Monitoring</b></p> <ul style="list-style-type: none"> <li>• During active phase of first stage of labor: Nurse to auscultate fetal heart tones every 30 minutes. When auscultating fetal heart tones, listen before, during and after a contraction.</li> <li>• During second stage of labor: auscultate fetal heart tones every 15 minutes in the same manner.</li> <li>• Continuous electronic fetal monitoring for all inductions, epidurals and when prn pain medications are used.</li> <li>• Notify provider whenever the fetal heart rate tracing is either unclear or predictive of fetal acidemia (category II or category III fetal heart tracing)</li> <li>• If category II or II fetal heart rate tracings occur per <u>NICHD guidelines</u>:</li> <li>• <b>Notify provider</b></li> </ul> |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <ul style="list-style-type: none"> <li>• <b>Oxygen per mask at 8-10L/min; may discontinue if return to category 1 fetal heart rate tracing</b></li> <li>• <b>Terbutaline sulfate 0.25mg subcutaneous single dose, as directed by provider</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|  |  | <p><b>Active Labor Progress</b></p> <ul style="list-style-type: none"> <li>• Nurse to check and document progress of labor (dilation, effacement and station) by cervical checks as needed</li> <li>• Notify provider if dilation increases less than 1 cm/hour for 2 consecutive hours</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|  |  | <p><b>MEDICATIONS</b></p> <p><b>Pain Relief</b></p> <p>Nalbuphine hydrochloride 5 mg every 2 hours IV PRN 3 doses</p> <p>Fentanyl 100 mcg every 60 minutes IV PRN for 3 doses</p> <p>Epidural anesthesia (maintained by anesthesia)</p> <p>Acetaminophen 650 mg PO every 4 hours PRN for non-labor pain</p> <p><b>Other medications</b></p> <p>Aluminum hydroxide 30 ml by mouth PRN for GI discomfort. May repeat x 1 dose</p> <p>Diphenhydramine 25 mg PO PRN every 4 hrs as needed for sleep/pruritis</p> <p><b>Antibiotics (if Group B strep positive or unknown)</b></p> <ul style="list-style-type: none"> <li>• Penicillin G 5 million units per 100 ml IVPB in labor, then 2.5 million units per 100 ml IVPB every 4 hours until delivery</li> <li>• If Penicillin Allergy – no anaphylaxis: Cefazolin 2 g IV then 1g every 8 hours until delivery</li> <li>• If Penicillin Allergy with anaphylaxis: Clindamycin 900 mg IV every 8 hours until delivery</li> <li>• If resistant to clindamycin and erythromycin or sensitivities unknown: Vancomycin 1 gm every 12 hours until delivery</li> </ul> <p><b>Antenatal Steroids</b></p> <p>If steroids indicated: Betamethasone acetate-betamethasone sodium phosphate suspension 12 mg IM now and repeat in 24 hours</p> |
|  |  | <p><b>Notify Provider if:</b></p> <ul style="list-style-type: none"> <li>• Temperature greater than 38.5 degrees Celsius</li> <li>• Any evidence of abnormal presentation, category II or III fetal heart rate or significant vaginal bleeding</li> <li>• Systolic BP greater than 140 or less than 90</li> <li>• Diastolic BP greater than 100 or less than 55</li> <li>• Heart rate greater than 120 or less than 50 bpm</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



|  |  |                                                                                                                                                                                                        |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <ul style="list-style-type: none"> <li>Oxygen saturation less than 90%</li> <li>Urine output less than 30 ml/hr for 2 consecutive hours</li> <li>Meconium stained fluid or malodorous fluid</li> </ul> |
|  |  | ---- B. Barker, MD                                                                                                                                                                                     |

- Suggested Facilitator Question:
  - Review Order Set with students. What are the rationale for the orders?

## MAR

### Medication Administration Record

| Scheduled                                                                                                                             |            |                   |
|---------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|
| <u>Penicillin G</u> 5 million units per 100 ml IVPB                                                                                   | <b>Due</b> | <b>Last Given</b> |
|                                                                                                                                       |            | 0830              |
| <u>Penicillin G</u> 2.5 million units per 100 ml IVPB every four hours until delivery                                                 | <b>Due</b> | <b>Last Given</b> |
|                                                                                                                                       | 1230       |                   |
| Continuous Infusion                                                                                                                   |            |                   |
| PRN                                                                                                                                   |            |                   |
| <u>Acetaminophen</u> 650 mg PO every 4 hours PRN for non-labor pain                                                                   |            | <b>Last Given</b> |
|                                                                                                                                       |            |                   |
| <u>Betamethasone acetate-betamethasone sodium phosphate suspension</u> 3-3mg suspension 12 mg now if indicated and repeat in 24 hours |            | <b>Last Given</b> |
|                                                                                                                                       |            |                   |
| Epidural anesthesia PRN, managed by anesthesia department                                                                             |            | <b>Last Given</b> |
|                                                                                                                                       |            |                   |
| <u>Diphenhydramine</u> 25 mg PO every 4 hours PRN for sleep/pruritis                                                                  |            | <b>Last Given</b> |
|                                                                                                                                       |            |                   |
| <u>Fentanyl</u> 100 mcg every 60 minutes IV PRN x 3 doses                                                                             |            | <b>Last Given</b> |
|                                                                                                                                       |            |                   |
| <u>Lactated Ringers IV</u> PRN per Routine Labor Orders                                                                               |            | <b>Last Given</b> |
|                                                                                                                                       |            |                   |
| <u>Aluminum hydroxide</u> 400 mg/5ml suspension, 30 ml PO every 8 hours PRN                                                           |            | <b>Last Given</b> |
|                                                                                                                                       |            |                   |

|                                                                                                                      |                   |
|----------------------------------------------------------------------------------------------------------------------|-------------------|
| <u>Nalbuphine hydrochloride</u> 5 mg every 2 hours PRN x 3 doses                                                     | <b>Last Given</b> |
|                                                                                                                      |                   |
| <u>Terbutaline sulfate</u> 0.25 mg subq PRN as directed by provider for category II or III fetal heart rate tracings | <b>Last Given</b> |
|                                                                                                                      |                   |
| <b>Discontinued</b>                                                                                                  |                   |

## IMMUNIZATIONS

A link is also provided to the CDC Guidelines for Vaccinating Pregnant Women.

| Immunization Record                               | Date Received                 |
|---------------------------------------------------|-------------------------------|
| Hepatitis A                                       | Never                         |
| Hepatitis B                                       | 1/30/1990, 3/2/1990, 7/5/1990 |
| Haemophilus influenzae type b4 (Hib)              | 3/2/1990, 5/7/1990, 2/1/1991  |
| HPV                                               | Never                         |
| Influenza                                         | 12/14/2016                    |
| Measles, mumps, rubella (MMR)                     | 2/1/1991                      |
| Pneumococcal                                      | Never                         |
| IPV – Inactivated Polio                           | 3/2/1990, 5/7/1990, 2/1/1991  |
| Diphtheria, tetanus, & acellular pertussis (DTaP) | 3/2/1990, 5/7/1990, 7/5/1990  |
| Td booster                                        | 11/14/2000, 9/9/2010          |
| Varicella Vaccine or had Chicken Pox              | Reported chicken pox 8/1995   |
| Rhogam                                            | Xx/xx/20xx (28 wks gestation) |

## LABS

### Hospital Laboratory Results

| CBC |                    |  |  |                     |                                      |
|-----|--------------------|--|--|---------------------|--------------------------------------|
|     | Today on Admission |  |  | Units               | Reference Range for Pregnant Females |
| WBC | 11.0               |  |  | x10 <sup>3</sup> uL | 3rd trimester: 5.6 - 16.9            |
| RBC | 4.8                |  |  | x10 <sup>6</sup> uL | 3rd trimester: 2.72 - 4.43           |
| Hgb | 11                 |  |  | g/dL                | 3rd trimester: 9.5 -15               |

|          |      |  |  |                     |                                         |
|----------|------|--|--|---------------------|-----------------------------------------|
| HCT      | 33.0 |  |  | %                   | 3 <sup>rd</sup> trimester: 28 - 40      |
| MCV      | 82.6 |  |  | fL                  | 3 <sup>rd</sup> trimester: 82.4 - 100.4 |
| MCH      | 30   |  |  | pg                  | 3 <sup>rd</sup> trimester: 25-32        |
| MCHC     | 32   |  |  | g/L                 | 3 <sup>rd</sup> trimester: 319-355      |
| RDW      | 12.3 |  |  | %                   | 3 <sup>rd</sup> trimester: 11.4- 16.6   |
| Platelet | 355  |  |  | x10 <sup>9</sup> uL | 3 <sup>rd</sup> trimester: 146 - 429    |
| MPV      | 9.0  |  |  | fl                  | 3 <sup>rd</sup> trimester: 8.2-10.4     |
| Neutro   | 6.2  |  |  | X 10 <sup>3</sup>   | 3 <sup>rd</sup> trimester: 3.9-13.1     |
| Lymph    | 2.7  |  |  | X 10 <sup>3</sup>   | 3 <sup>rd</sup> trimester: 1.0-3.6      |
| Mono     | 0.5  |  |  | X 10 <sup>3</sup>   | 3 <sup>rd</sup> trimester: 0.1 – 1.4    |
| Eos      | 0.5  |  |  | X 10 <sup>3</sup>   | 3 <sup>rd</sup> trimester: 0-0.6        |
| Baso     | 0.1  |  |  | X 10 <sup>3</sup>   | 3 <sup>rd</sup> trimester: 0-0.1        |

## PRENATAL Laboratory Results

| Group B Strep |                 |  |  |  |                 |
|---------------|-----------------|--|--|--|-----------------|
|               | 36 week visit   |  |  |  | Reference Range |
| Group B Strep | <b>positive</b> |  |  |  | negative        |

| CBC |              |               |               |                     |                                                                                                                            |
|-----|--------------|---------------|---------------|---------------------|----------------------------------------------------------------------------------------------------------------------------|
|     | 8 week visit | 28 week visit | 36 week visit | Units               | Reference Range for Pregnant Females                                                                                       |
| WBC | 5.4          | 6.1           |               | x10 <sup>3</sup> uL | 1 <sup>st</sup> trimester: 5.7 - 13.6<br>2 <sup>nd</sup> trimester: 5.6 - 14.8<br>3 <sup>rd</sup> trimester: 5.6 - 16.9    |
| RBC | 4.3          | 4.8           |               | x10 <sup>6</sup> uL | 1 <sup>st</sup> trimester: 3.42 - 4.55<br>2 <sup>nd</sup> trimester: 2.81 - 4.49<br>3 <sup>rd</sup> trimester: 2.72 - 4.43 |
| Hgb | 11.4         | 12.7          |               | g/dL                | 1 <sup>st</sup> trimester: 11.6 - 13.9<br>2 <sup>nd</sup> trimester: 9.7 - 14.8<br>3 <sup>rd</sup> trimester: 9.5 - 15     |

|          |      |      |  |                     |                                                                                                                          |
|----------|------|------|--|---------------------|--------------------------------------------------------------------------------------------------------------------------|
| HCT      | 34   | 33   |  | %                   | 1 <sup>st</sup> trimester: 31 – 41<br>2 <sup>nd</sup> trimester: 30 – 39<br>3 <sup>rd</sup> trimester: 28 - 40           |
| MCV      | 79.3 | 80.1 |  | fL                  | 1 <sup>st</sup> trimester: 85 -97.8<br>2 <sup>nd</sup> trimester: 85.8 - 99.4<br>3 <sup>rd</sup> trimester: 82.4 - 100.4 |
| Platelet | 234  | 242  |  | x10 <sup>9</sup> uL | 1 <sup>st</sup> trimester: 174 – 391<br>2 <sup>nd</sup> trimester: 155 – 409<br>3 <sup>rd</sup> trimester: 146 - 429     |

### Glucose Tests

|     |         | 28 week visit |  | Units | Reference Range |
|-----|---------|---------------|--|-------|-----------------|
| GCT | 1 hour  | 144           |  | mg/dl | < 140           |
| GTT | fasting | 90            |  | mg/dl | < 95            |
|     | 1 hour  | 160           |  | mg/dl | <180            |
|     | 2 hour  | 110           |  | mg/dl | < 155           |
|     | 3 hour  | 100           |  | mg/dl | < 140           |

### Prenatal Panel

|                     | 8 week visit | 28 week visit |  |  | Normal Reference Range |
|---------------------|--------------|---------------|--|--|------------------------|
| ABO Group           | A            |               |  |  | A,B, AB, O             |
| Rh Typing           | neg          |               |  |  | Pos or Neg             |
| Rh Antibody screen  | neg          | neg           |  |  | neg                    |
| HBsAg (Hepatitis B) | neg          |               |  |  | neg                    |
| HIV                 | neg          |               |  |  | neg                    |
| HSV 1 & 2 by PCR    | <b>pos</b>   |               |  |  | neg                    |
| RPR                 | neg          |               |  |  | neg                    |
| Rubella             | immune       |               |  |  | immune                 |
| PAP                 | normal       |               |  |  | normal                 |
| Chlamydia           | neg          |               |  |  | neg                    |

|           |     |  |  |  |     |
|-----------|-----|--|--|--|-----|
| Gonorrhea | neg |  |  |  | neg |
|-----------|-----|--|--|--|-----|

| Urine           |           |  |  |  |                 |
|-----------------|-----------|--|--|--|-----------------|
|                 | 8 wks     |  |  |  | Reference Range |
| Urine culture   | No growth |  |  |  | No growth       |
| Urine pregnancy | Positive  |  |  |  |                 |

- Suggested Facilitator Question:
  - Review lab results from admission today. Are there any clinical concerns?

## DIAGNOSTICS

### Ultrasound Report #1

**DESCRIPTION:** First trimester ultrasound for dates. EDC by LMP: xx/xx/20xx.

**DISCUSSION:**

Vaginal scan carried out with consent. Chaperone declined.  
 Intrauterine pregnancy.  
 Single live embryo. CRL = 18mm.  
 Gestational age = 8 weeks + 3 days.  
 USEDD = XX.YY.20ZZ

### Ultrasound Report #2

**DESCRIPTION:** Second trimester ultrasound at 20 weeks gestation by LMP

**DISCUSSION:**

Single live pregnancy.  
 HC = 130mm  
 AC = 105mm  
 FL = 22mm  
 Anterior placenta, not low.  
 Gestational age, based on dating parameters of HC and FL = 20 weeks and 4 days.  
 USEDD = XX.YY.20ZZ

Measurement notes: crown rump length (CRL), femur length (FL), head circumference (HC), abdominal circumference (AC), and humerus length (HL)

## PATIENT EDUCATION

Four patient education handouts are available for student use under this tab: Warning Signs During Pregnancy, Signs of Preterm Labor, Managing Labor Pain, and Helping During Labor. Printable versions of these handouts are also available in Appendix A.

## SIMULATIONS

This tab contained augmented reality videos that demonstrate the labor process as the scenario progresses through States 1 through 3.

- Loss of Mucus Plug is the video available at this time

## INFORMED CONSENT

The unsigned informed consent for an epidural is located here.

## LEVEL

Level 1 is displayed.

## SCANNER

Use this tab to scan QR codes.

## EXIT

The iPad displays the message, “Are you sure you want to exit? All data will be lost?”

- If “No,” the iPad returns to the home screen.
- If “Yes,” the iPad will exit and allow users to take the included survey.

## STATE 1

# ACTIVE LABOR 4 CM

- Patient Overview
  - Scenario start time: 0900 (Patient has already received one dose of antibiotics.)
  - Students should enter the room and perform appropriate assessments and interventions according to the Routine Labor Order Set. A spouse video is provided, and someone can continue to role-play the spouse throughout the scenario if desired.
- Expected Student Behaviors
  - Provide appropriate hand hygiene throughout scenario
  - Introduce themselves to the patient and husband
  - Verify patient identity with name and date of birth
  - Assist patient after water breaking and perform appropriate assessments
  - Plan pharmacological and non-pharmacological interventions to manage patient's pain
  - Review Routine Labor Order Set and initiate appropriate assessments and interventions
  - Review hospital and prenatal lab work and indicate impact of results on nursing care
  - Review and interpret Fetal Monitoring on Admission by scanning **QR Code: Fetal Monitoring Admission Strip**
  - Educate patient and spouse what to anticipate during labor and delivery. May use handouts provided under Patient Education tab as resources
  - Use therapeutic communication to address patient's and spouse's concerns
  - Obtain informed consent for epidural
  - Simulations: May scan **QR Code: Loss of Mucus Plug** as well as various QR Codes provided that display several images of fetal presentations, stations and position.
- Technician Prompts

- Patient is experiencing contractions about every 5 minutes that last a minute. She is complaining of pain. She is dilated at 4 cm. Suggested questions to ask students as a patient:
  - “What options do I have besides an epidural? I don’t want to hurt the baby.”
  - “Is there anything I can do for the pain besides taking medications?”
  - “How long until the baby gets here?”
  - “On my birth plan I said I would like a water birth and no episiotomy if possible. Is that OK?”
- If role playing the Spouse:
  - “Is there anything else I can do?”
  - “What else can be done for her pain?”
  - “Is the baby almost here?”
- Suggested Facilitator Questions
  - Review the Routine Labor Order Set with the students.
    - What are priorities of care at this point?
    - Ask the patient and spouse about their birth plans. How does this affect your nursing care?
    - Are there any cultural considerations? Explain how this might affect your nursing care, especially if the patient doesn’t speak English.
    - Are there any risk factors if the patient desires a water birth?
    - Is there any lab work should be ordered at this time? (Look at the lab work available under the Labs tab to determine if anything is needed.)
    - What medications are available for pain relief?
    - What non-pharmacological interventions may help reduce the patient’s pain?
    - Why is the patient receiving Penicillin IV?



- When should the provider be notified? What conditions might cause the change in vital signs listed?
- What does meconium stained fluid indicate? What can be the cause?
- What does malodorous fluid indicate? What can be the cause?
- Review the lab work results from hospital care and prenatal care. Review each lab: what is it, what is its purpose, and how do the results impact Olivia's care?
  - Are you concerned about the elevated WBC? Why or why not?
  - What is Group B Strep and how does it impact Olivia's care during labor?
  - How do hemoglobin, hematocrit and platelet levels affect your nursing care during labor?
- Review the Prenatal Record
  - How will you verify the baby's presumed presentation?
  - Facilitator Note: **QR Code: Leopold's Maneuver** and various **QR codes** for presentation can be scanned
- Review the OB/GYN History
  - How might the patient's history of genital herpes affect the labor and delivery?
  - Scan the **QR Code: Fetal Heart Monitoring Admission Strip** and review the tracing.
    - What is occurring to the baby's heart rate when the patient has a contraction? Is this normal?
  - Note: **QR codes** for other categories of fetal heart monitoring are also provided for review, if desired.
- Tabbed iPad changes
  - When student has performed expected behaviors, scan the **QR Code: Facilitator** to progress the scenario to Active Labor: 7 CM. Otherwise, the student may exit at this time.

## STATE 2

**ACTIVE LABOR: 7 CM**

- Patient Overview
  - State 2 begins with a nurse report video, followed by videos of the patient and spouse.
  - Scenario start time: 2230. Patient is now experiencing contractions every 2 minutes for about a minute. She is now requesting an epidural. Her spouse is concerned because she is in pain and no longer wants him to touch her or assist with her pain.
- Expected Student Behaviors
  - Provide appropriate hand hygiene throughout scenario
  - Review Epidural Order Set and initiate appropriate interventions
  - Administer second liter of Lactated Ringers IV
  - Continue to monitor vital signs
  - Ensure informed consent is signed (located under tab)
  - Notify anesthesia of patient's desire for epidural
  - Continue to provide therapeutic communication and education to the patient and spouse regarding their concerns
- Technician Prompts
  - Patient is 10/10 pain and experiencing contractions every 2 minutes that last about a minute. She is becoming irritable and keeps asking, "When will the epidural get here?" She wants nothing to do with her husband at this point, and deflects and touch he attempts to make.
  - Spouse is confused by his wife's behavior. He wants to help make her feel better, but is feeling helpless because nothing is working. He keeps asking, "When will the baby get here?!"
- Suggested Facilitator Questions
  - What assessments should be initiated when the patient states she is feeling "increased pressure?"
  - How will you evaluate fetal well-being?

- What interventions need to be accomplished before the epidural can be placed?
- Why is an IV fluid bolus ordered before epidural placement?
- What is Lactated Ringers IV Fluid and why is it commonly used during labor?
- Are Olivia's reactions to her husband unusual?
- What non-pharmacological interventions might reduce the pain until anesthesia arrives?
- Once the epidural is placed, what assessments need to be done and how frequently?
- How will you check motor and sensation?
- What complications are you monitoring for when epidural anesthesia is provided?
- Why is the patient placed in a side lying position?
- How does the nurse assess for anterior or posterior position of fetal head?
  - May scan **QR Code: LOA or ROA**
- What is the station of the presenting part?
  - May scan **QR Code: Stations A, B, C or D**
- Describe various breech positions.
  - May scan **QR code: Positions B, C, D**
- Describe a facial presentation
  - May scan **QR code: Position E**
- Compare a transverse to longitudinal lie.
  - May scan **QR code: Position G**
- Tabbed iPad changes
  - When student has performed expected behaviors, scan **QR Code: Facilitator** to progress the scenario to Active Labor: Pushing. Otherwise, the student may exit at this time.

## PROCEDURES

Two procedures can be accessed via this tab for use during Epidural Assessments:

- Motor and Sensory Checks: Includes a dermatome map
- Sedation Scale

## ORDERS

### Provider Orders

| Date  | Time         | Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Today | On Admission | <b>Order Set: Admission for Routine Labor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|       |              | Admit to Labor unit; Diagnosis: Active Labor, Stable                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|       |              | <b>Vitals and Monitoring:</b> <ul style="list-style-type: none"> <li>• Maternal vital signs every four hours in early labor.</li> <li>• After rupture of membranes, monitor temperature every four hours.</li> <li>• During active labor, monitor vital signs every 30 minutes.</li> <li>• Cervical exam on admission: Document dilation, effacement, station, ROM, clarity of fluid, fetus presentation</li> </ul>                                                                  |
|       |              | <b>IV fluids:</b><br>Saline lock IV <ul style="list-style-type: none"> <li>• If category II or III fetal heart rate present: Lactated Ringers IV 500 ml bolus over 30 minutes then 125 ml/hr</li> <li>• Discontinue IV when the following are met:               <ul style="list-style-type: none"> <li>• Patient toleration oral intake without nausea or vomiting</li> <li>• After antibiotics completed</li> <li>• 12 hours post epidural catheter removal</li> </ul> </li> </ul> |
|       |              | <b>Diet:</b> As tolerated                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|       |              | <b>Activity:</b><br>Encourage ambulation; may ambulate with fetal monitoring; shower or tub bath prn                                                                                                                                                                                                                                                                                                                                                                                 |
|       |              | <b>Labs on admission to labor:</b> <ul style="list-style-type: none"> <li>• CBC with differential STAT</li> <li>• If not available from prenatal records:               <ul style="list-style-type: none"> <li>○ ABO Rh STAT</li> <li>○ Rubella Antibody, IgG STAT</li> <li>○ Hepatitis B Surface Antigen STAT</li> <li>○ Rapid Plasma Reagin (VDRL) STAT</li> </ul> </li> </ul>                                                                                                     |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <ul style="list-style-type: none"> <li>○ Group B Strep STAT</li> <li>○ HIV (obtain consent to test) STAT</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|  |  | <p><b>Fetal Heart Monitoring</b></p> <p><b>Initial Assessment</b></p> <ul style="list-style-type: none"> <li>• Baseline fetal electronic fetal monitoring strip; notify provider of any non-reassuring fetal heart rate</li> <li>• Patient Assessment (according to hospital protocol) Cervical exam: dilation, effacement, station, ROM, clarity of fluid, fetus presentation</li> <li>• Fetal heart monitoring intermittent auscultation</li> </ul> <p><b>Subsequent Monitoring</b></p> <ul style="list-style-type: none"> <li>• During active phase of first state of labor: Nurse to auscultate fetal heart tones every 30 minutes. When auscultating fetal heart tones, listen before, during and after a contraction.</li> <li>• During second stage of labor: auscultate fetal heart tones every 15 minutes in the same manner.</li> <li>• Continuous electronic fetal monitoring for all inductions, epidurals and when prn pain medications are used.</li> <li>• Notify provider whenever the fetal heart rate tracing is either unclear or predictive of fetal acidemia (category II or category III fetal heart tracing)</li> <li>• If category II or II fetal heart rate tracings occur per <u>NICHD guidelines</u>:             <ul style="list-style-type: none"> <li>○ Notify provider</li> <li>○ Oxygen per mask at 8-10L/min; may discontinue if return to category 1 fetal heart rate tracing</li> <li>○ Terbutaline sulfate 0.25mg subcutaneous single dose, as directed by provider</li> </ul> </li> </ul> |
|  |  | <p><b>Active Labor Progress</b></p> <ul style="list-style-type: none"> <li>• Nurse to check and document progress of labor (dilation, effacement and station) by cervical checks as needed</li> <li>• Notify provider if dilation increases less than 1 cm/hour for 2 consecutive hours</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|  |  | <p><b>MEDICATIONS</b></p> <p><b>Pain Relief</b></p> <p>Nalbuphine hydrochloride 5 mg every 2 hours IV PRN 3 doses</p> <p>Fentanyl 100 mcg every 60 minutes IV PRN for 3 doses</p> <p>Epidural anesthesia (maintained by anesthesia)</p> <p>Acetaminophen 650 mg PO every 4 hours PRN for non-labor pain</p> <p><b>Other medications</b></p> <p>Aluminum hydroxide 30 ml by mouth PRN for GI discomfort. May repeat x 1 dose</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|       |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |     | <p>Diphenhydramine 25 mg PO PRN every 4 hrs as needed for sleep/pruritis</p> <p><b>Antibiotics (if Group B strep positive or unknown)</b></p> <ul style="list-style-type: none"> <li>• Penicillin G 5 million units per 100 ml IVPB in labor, then 2.5 million units per 100 ml IVPB every 4 hours until delivery</li> <li>• If Penicillin Allergy – no anaphylaxis: Cefazolin 2 g IV then 1g every 8 hours until delivery</li> <li>• If Penicillin Allergy with anaphylaxis: Clindamycin 900 mg IV every 8 hours until delivery</li> <li>• If resistant to clindamycin and erythromycin or sensitivities unknown: Vancomycin 1 gm every 12 hours until delivery</li> </ul> <p><b>Antenatal Steroids</b></p> <p>If steroids indicated: Betamethasone acetate-betamethasone sodium phosphate suspension 12 mg IM now and repeat in 24 hours</p>                                                                                                                                                             |
|       |     | <p><b>Notify Provider if:</b></p> <ul style="list-style-type: none"> <li>• Temperature greater than 38.5 degrees Celsius</li> <li>• Any evidence of abnormal presentation, category II or III fetal heart rate or significant vaginal bleeding</li> <li>• Systolic BP greater than 140 or less than 90</li> <li>• Diastolic BP greater than 100 or less than 55</li> <li>• Heart rate greater than 120 or less than 50 bpm</li> <li>• Oxygen saturation less than 90%</li> <li>• Urine output less than 30 ml/hr for 2 consecutive hours</li> <li>• Meconium stained fluid or malodorous fluid</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                  |
|       |     | ---- B. Barker, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Today | Now | <p><b>EPIDURAL ORDER SET</b></p> <ul style="list-style-type: none"> <li>• <b>IV Fluids:</b> <ul style="list-style-type: none"> <li>○ Lactated Ringers bolus infusion 1000 ml IV for 30 minutes once prior to epidural</li> </ul> </li> <li>• <b>Routine Orders:</b> <ul style="list-style-type: none"> <li>○ During epidural placement, BP and pulse every 2 minutes after bolus dose x 10 minutes; vital signs every 15 minutes after dosing</li> <li>○ Rotate side lying position every hour</li> <li>○ Sedation score and Motor/Sensory score every hour</li> <li>○ No systemic narcotics or sedatives may be given during epidural infusion without order from the anesthesiologist</li> <li>○ Keep Naloxone 0.4mg ampule available at all times; if respiratory rate &lt; 9/minute, stop the infusion, give naloxone 0.4mg STAT and immediately notify the anesthesiologist</li> <li>○ Stop the infusion and immediately notify the anesthesiologist for any of the following:</li> </ul> </li> </ul> |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <ul style="list-style-type: none"> <li>▪ SBP &lt;100 mmHg or drop of 20 mmHg from baseline</li> <li>▪ Respiratory rate &lt;10 or Sedation Scale &gt;3</li> <li>▪ Sensory blockage above T4</li> <li>○ Immediately notify the anesthesiologist if: <ul style="list-style-type: none"> <li>▪ Inadequate analgesia</li> <li>▪ Drainage from epidural catheter site</li> <li>▪ Severe nausea/vomiting</li> <li>▪ Severe pruritis</li> <li>▪ Numbness or weakness in upper extremities</li> <li>▪ Shortness of breath</li> <li>▪ Non-reassuring fetal heart tones</li> <li>▪ Epidural catheter not intact</li> <li>▪ Temp &gt; 100.4 F or maternal pulse greater than 110</li> </ul> </li> <li>• <b>Medications:</b> <ul style="list-style-type: none"> <li>○ Continuous Epidural infusion: fentanyl 2mcg/mL and Bupivacaine 0.125% epidural 10mL/hr</li> <li>○ Diphenhydramine 25 mg IV Push q 6hrs PRN pruritis</li> <li>○ Metoclopramide 10 mg IV q 6hrs PRN nausea/vomiting</li> <li>○ Antacid 30 ml PO every 4 hrs PRN for heartburn, nausea</li> </ul> </li> </ul> <p>--- A. Bowman, MD, anesthesiologist</p> |
|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## MAR

## Medication Administration Record

| Scheduled                                                                      |           |                  |
|--------------------------------------------------------------------------------|-----------|------------------|
| Penicillin G 5 million units per 100 ml IVPB                                   | Due Today | Last Given       |
|                                                                                |           | 0830             |
| Penicillin G 2.5 million units per 100 ml IVPB every four hours until delivery | Due Today | Last Given       |
|                                                                                | 0030      | 1230, 1630, 2030 |
| Continuous Infusion                                                            |           |                  |
| Lactated Ringers IV 1 Liter bolus                                              |           | Due Now          |
| PRN                                                                            |           |                  |
|                                                                                |           | Last Given       |

|                                                                                                                               |                                |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <u>Acetaminophen</u> 650 mg PO every 4 hours PRN for non-labor pain                                                           |                                |
| <u>Betamethasone acetate-betamethasone sodium phosphate</u> 3-3mg suspension<br>12 mg now if indicated and repeat in 24 hours | <b>Last Given</b>              |
| Epidural anesthesia PRN, managed by anesthesia department                                                                     | <b>Last Given</b>              |
| <u>Diphenhydramine</u> 25 mg PO every 4 hours PRN for sleep/pruritis                                                          | <b>Last Given</b>              |
| Fentanyl 100 mcg every 60 minutes IV PRN x 3 doses                                                                            | <b>Last Given</b><br>1930      |
| <u>Lactated Ringers IV</u> PRN per Routine Labor Orders                                                                       | <b>Last Given</b>              |
| <u>Aluminum hydroxide</u> 400 mg/5ml suspension, 30 ml PO every 8 hours PRN                                                   | <b>Last Given</b>              |
| <u>Metochlopramide</u> 10 mg IV every 6 hrs PRN for nausea/vomiting                                                           | <b>Last Given</b>              |
| <u>Nalbuphine hydrochloride</u> 5 mg every 2 hours PRN x 3 doses                                                              | <b>Last Given</b>              |
| <u>Naloxone</u> 0.4 mg STAT PRN if Respiratory Rate <9                                                                        | <b>Last Given</b>              |
| <u>Terbutaline sulfate</u> 0.25 mg subq PRN as directed by provider for category II or III fetal heart rate tracings          | <b>Last Given</b>              |
| <b>Discontinued</b>                                                                                                           |                                |
| <u>Lactated Ringers IV</u> bolus 1 Liter                                                                                      | <b>Last Given</b><br>0930-1030 |

## SIMULATIONS

Loss of Mucus Plug and Epidural videos are available at this time

## INFORMED CONSENT

The signed informed consent for an epidural is located here.





## STATE 3

# ACTIVE LABOR: PUSHING

- Patient Overview
  - Students view a video of an experienced Labor and Delivery nurse assisting Olivia to push during a contraction. Then, another video is displayed that shows the husband asking, “Is the baby doing OK? Is there anything else I can be doing?”
- Expected Student Behaviors
  - Provide appropriate hand hygiene throughout scenario
  - Use appropriate PPE during delivery
  - Assist the Labor and Delivery nurse and family member in a student nurse role
  - Address the husband’s concerns therapeutically
  - Students may view the augmented reality videos under the “Simulations” tab. These videos show the baby’s descent through the birth canal, delivery of the baby, and delivery of the placenta.
  - Student may scan **QR Code: Cervical Dilation, QR Code: Crowning, QR Code: Fetal Molding, QR Code: Head Out, QR Code: Delivery of Baby, QR Code: Cutting Cord, and QR Code: Delivery of Placenta** for additional views of the birthing process.
- Technician Prompts
  - The patient is becoming tired from pushing and isn’t saying much. She is trying to rest between contractions. The facilitator can direct the patient’s emotional status from calm to anxious, based on student learning needs.
  - The husband is trying to help and is slightly anxious. He keeps asking, “Is the baby OK? Is there anything else I can be doing?”
- Suggested Facilitator Questions
  - What non-pharmacological support can you provide the family during the delivery process?
  - What is the nurse’s role during the “pushing” stage and the delivery process?

- How long does the pushing stage usually last? When is it “too long?”
- What preparation for the arrival of the baby is occurring in the room?
  - Facilitator Note: May scan **QR Code: Pre-delivery Warmer Equipment**
- How would you respond if there was:
  - A prolapsed cord?
  - Bright red vaginal bleeding?
  - Meconium stained fluid?
- As students view videos under the Simulations tab and/or the scanning **QR Codes** of various Presentations, Stations and Positions:
  - Describe the stations during fetal descent
  - Describe the type of fetal presentations and positions.
  - What are fetal head sutures and what are their purpose?
  - What physical motions occur as the baby is delivered?
  - How is the cord cut?
  - What immediately happens after the baby is delivered?
  - What is the anticipated length of time before the placenta is delivered?
  - How much bleeding usually occurs during delivery? When is it considered excessive? How is it estimated?
- Tabbed iPad changes
  - When student has performed expected behaviors, scan **QR Code: Facilitator** to exit the scenario.

## MAR

### Medication Administration Record

| Scheduled                                    |           |            |
|----------------------------------------------|-----------|------------|
| Penicillin G 5 million units per 100 ml IVPB | Due Today | Last Given |
|                                              |           | 0830       |

|                                                                                                                            |                                 |                   |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|
| <u>Penicillin G</u> 2.5 million units per 100 ml IVPB every four hours until delivery                                      | <b>Due Today</b>                | <b>Last Given</b> |
|                                                                                                                            | 0030                            | 1230, 1630, 2030  |
| <b>Continuous Infusion</b>                                                                                                 |                                 |                   |
| <u>Lactated Ringers IV</u> 1 Liter bolus                                                                                   | Due Now                         |                   |
| <b>PRN</b>                                                                                                                 |                                 |                   |
| <u>Acetaminophen</u> 650 mg PO every 4 hours PRN for non-labor pain                                                        | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| <u>Betamethasone acetate-betamethasone sodium phosphate</u> 3-3mg suspension 12 mg now if indicated and repeat in 24 hours | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| Epidural anesthesia PRN, managed by anesthesia department                                                                  | <b>Last Given</b>               |                   |
|                                                                                                                            | Currently managed by anesthesia |                   |
| <u>Diphenhydramine</u> 25 mg PO every 4 hours PRN for sleep/pruritis                                                       | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| Fentanyl 100 mcg every 60 minutes IV PRN x 3 doses                                                                         | <b>Last Given</b>               |                   |
|                                                                                                                            | 1930                            |                   |
| <u>Lactated Ringers IV</u> PRN per Routine Labor Orders                                                                    | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| <u>Aluminum hydroxide</u> 400 mg/5ml suspension, 30 ml PO every 8 hours PRN                                                | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| <u>Metochlopramide</u> 10 mg IV every 6 hrs PRN for nausea/vomiting                                                        | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| <u>Nalbuphine hydrochloride</u> 5 mg every 2 hours PRN x 3 doses                                                           | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| <u>Naloxone</u> 0.4 mg STAT PRN if Respiratory Rate <9                                                                     | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| <u>Terbutaline sulfate</u> 0.25 mg subq PRN as directed by provider for category II or III fetal heart rate tracings       | <b>Last Given</b>               |                   |
|                                                                                                                            |                                 |                   |
| <b>Discontinued</b>                                                                                                        |                                 |                   |
| <u>Lactated Ringers IV</u> bolus 1 Liter                                                                                   | <b>Last Given</b>               |                   |
|                                                                                                                            | 0930-1030                       |                   |
|                                                                                                                            | 2230-2330                       |                   |

## SIMULATIONS

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Loss of Mucus Plug, Epidural, Head Crowns, Baby Turns Downward, Sutures Moving, Head Out, Delivery of Baby, Cutting Cord and Delivery of Placenta videos are available at this time.

## EXIT

---

After **QR Code: Facilitator** code is scanned, indicating that all student expected behaviors have been met, the iPad will display a message that reads, “Scenario objectives have been met. Are you sure you want to exit the game?”

- If “No,” the iPad returns to the home screen.
- If “Yes,” the iPad will exit to the included survey.

## DEBRIEF

Nothing needed from the iPad.

## QUESTIONS

1. How did you feel this scenario went?
2. Review the learning objective: Maintain a safe, effective health care environment for a patient in active labor
  - a. Summarize how you provided safe, effective care to a patient in labor today?
3. Review the learning objective: Relate patients' health status to assessment findings, medications, laboratory and diagnostic test results, medical and nursing interventions
  - a. What assessments were required during the labor process?
  - b. What medications were used during the labor and delivery process?
  - c. What assessments were required due to medication administration?
  - d. Do the pain medications affect the baby? How?
  - e. Review the lab work results and explain the impact the results will have on labor and delivery
  - f. Review the Orders for Routine Labor and the Epidural Orders.
    - i. Any questions about these orders?
    - ii. How did you prioritize these orders?
    - iii. If you could "do over," would you prioritize differently?
  - g. What independent nursing interventions did you provide during labor?
    - i. Were they effective?
    - ii. If you could "do over," would you do anything differently?
4. Review the learning objective: Plan pain management during labor based on patient preferences
  - a. What nonpharmacological and pharmacological pain management did you implement?
  - b. Was it effective?
  - c. If you could "do over," would you manage Olivia's pain any differently?

5. Review the learning objective: Plan assessments and interventions associated with epidural anesthesia
  - a. What assessments were required due to epidural anesthesia?
  - b. What complications are you monitoring for during epidural anesthesia?
6. Review the learning objective: Observe fetal presentations and movements during labor and birth
  - a. Describe the fetal stations, presentations and positions that occur during delivery
    - i. Facilitator Note: May scan various **QR Codes** for related images at this time
7. Review the learning objective: Provide patient education during active labor
  - a. What patient education is important to provide to the patient their partner during labor and delivery?
8. Review the learning objective: Provide patient centered care by utilizing the nursing process for a patient receiving intrapartum care. Tie this scenario to the nursing process:
  - a. Identify 3 priority nursing problems you identified.
  - b. Create a patient centered goal for each nursing problem you identified.
  - c. Describe focused assessments for each nursing problem.
  - d. Discuss nursing interventions for each nursing diagnosis.
  - e. Re-evaluate the simulation in terms of the nursing process; what was actually accomplished? What could be improved in the future?
9. Summarize/Take away Points: “In this scenario you care for a patient experiencing active labor and delivery. What is one thing you learned from participating in this scenario that you will take into your nursing practice?” (Ask each student to share something unique from what the other students share.)

NOTE: Debriefing technique is based on INASCL Standard for Debriefing and NLN Theory-Based Debriefing by Dreifuerst.

APPENDIX A: PATIENT EDUCATION HANDOUTS: WARNING SIGNS DURING PREGNANCY, SIGNS OF PRETERM LABOR, MANAGING LABOR PAIN AND HELPING DURING LABOR

## WARNING SIGNS DURING PREGNANCY



Certain symptoms should be reported to your physician immediately, during any stage of the pregnancy. These include, but are not limited to, the following:

- **Bleeding or leaking fluid from the vagina**
- **Blurry or impaired vision**
- **Unusual or severe abdominal pain or backaches**
- **Frequent, severe, and/or continuous headaches**
- **Contractions before 37 weeks that occur 4 times every 20 minutes, or contractions 8 times an hour that last for more than an hour**
- **Decrease in baby's movements**
- **Dizziness**
- **Excessive vomiting and diarrhea**
- **Fever**
- **Pain or burning with urination**
- **Strong cramps**
- **Swelling of face, fingers, and feet**
- **Chills**
- **Inability to tolerate foods or liquids**

Credits: Adapted from Lockwood, C. (2017). Prenatal care: second and third trimesters. In: UptoDate, Berghella, V (Ed), UptoDate, Waltham, MA (Accessed on August 10, 2017.)

Image from [www.wikihow.com](http://www.wikihow.com)



# HOW TO RECOGNIZE PRETERM LABOR



If you are pregnant, it is important to recognize the signs and symptoms of preterm labor. If you know the symptoms, you can seek medical treatment that will hopefully prevent you from giving birth to your baby prematurely. Preterm labor occurs when you are between 20 and 37 weeks of pregnancy; any earlier than that, and it's considered a miscarriage. It can be caused by any number of factors, some you have control over and some you don't. Regardless, it's best to learn how to recognize if you are experiencing preterm labor.

## WHAT CAUSES PRETERM LABOR?

The cause of preterm labor is not well understood. We know that certain things are associated with preterm labor and may increase your risk for early delivery. Common factors include carrying twins or triplets or having had a preterm delivery in the past. At this time, preterm labor can't be prevented. We can only do the next best thing – identify it early and try to help the pregnancy continue and increase your baby's chances for a healthy term delivery.

## Feel for contractions

A contraction will feel like a tightening of muscles in your abdominal area, especially near your baby. However, a contraction is not always a sign of preterm labor, as you can have false contractions called Braxton Hicks contractions.

- Braxton Hicks contractions are generally less severe than regular contractions. Though Braxton Hicks can be painful sometimes, actual contractions are usually accompanied by more pain and are more regularly spaced. In fact, actual contractions will move closer together as time passes.

- If you're having more than eight contractions in an hour or more than four in 20 minutes, your contractions are likely not Braxton Hicks.
- If you are having contractions and are worried, don't be afraid to call your doctor. She'll be better able to determine whether you are having false contractions or regular contractions.

### If you notice irregular Braxton Hicks try the following:

If your contractions are Braxton Hicks, they will eventually subside. To stop contractions try changing how you're positioned. Lie down on your side, if you've been moving around, or do the opposite if you've been lying down, try walking around. Braxton Hicks will usually stop with position changes. True labor contraction will continue despite activity changes. You can also try drinking more fluids or getting extra rest to help alleviate these contractions over time.



### Pressure in your abdomen

If you start feeling pressure in your lower abdomen, that could be a sign of preterm labor. You may also feel pressure in your pelvic area. If you're not sure whether the pressure you're feeling is preterm labor, call your doctor to be sure.



## Abdominal cramps

If you start feeling cramps, it may be a sign of preterm labor. Generally, these cramps will feel like you are on your period. In addition, diarrhea may accompany your cramping.



## Backache

While a backache may just seem like an annoyance, it may also be a sign you're going into labor. In particular, backaches that are in your lower back could be a symptom, especially ones that don't go away. You'll feel a dull ache, not a sharp pain.

## New vaginal discharge or changes in your vaginal discharge

You may see some spotting or bleeding from your vagina. Spotting is light bleeding. Check your underwear for this symptom, though it may also show up when you are using the restroom.

- In a more severe case, your water may break. In that case, you would notice watery discharge from your vagina. It may gush all at once or be a slow leak.
- You should especially be looking for changes in your vaginal discharge. Some discharge is normal during pregnancy. In your second trimester, you're likely to see white, thin discharge. This discharge is acidic in nature, as it tries to stave off bad bacteria and yeast in your vaginal area. In your third trimester, you're likely to see heavier discharge near the end of the pregnancy. If you've been having normal discharge, but it suddenly changes, call your doctor. Also, look for an increase in thickness or the amount of mucus.

## WHAT TO DO IF YOU NOTICE CONTRACTIONS

- Go to the bathroom and empty your bladder
- Drink plenty of fluids
- Lie down on your side and rest

- Record any contractions you have. Record both the time the contraction begins, as well as the time it ends (start time and end time)
- Call your health care provider if you have 5 or more contractions at regular intervals in the next hour

## EMERGENCY SITUATIONS

Sometimes, a problem can occur that needs immediate attention. If you notice any of the signs below, CALL YOUR PROVIDER:

- **Bleeding**  
If you have vaginal bleeding, a large gush or steady stream of bright red blood, it is an emergency. Get help right away, lie on your side and put your feet higher than your head. Save any pads or cloths used to catch the blood
- **Rupture of the bag of water (amniotic sac)**  
Sometimes the bag of water breaks prematurely. If you notice a gush of fluid or a steady trickle, call your doctor. Note any color or odor of the fluid and save pads if you go to the hospital.
- **Severe stomach pain**  
If you have sharp, constant, severe pain that doesn't go away when you change position, with or without contractions or bleeding, call your doctor.

## HOW YOU CAN HELP YOURSELF AT HOME

If your health care provider believes that you are at risk for preterm labor or experiencing any of the early warning signs, you may be told to do these things:

If you notice contractions first call your health care provider.

- **Increase your rest**  
Resting on your side is a helpful way to keep your uterus relaxed. You may be asked to elevate the foot of your bed (or couch) so that your hips are slightly higher than your head – this will keep the pressure of the baby off of your cervix.
- **Fluid intake**  
During your pregnancy, it is even more important to drink 6-8 glasses of fluid per day as recommended for adults.
- **Bedrest**

Your doctor may ask you to take rest periods ranging from 1-2 hours twice a day to modified or complete bedrest.

- **Decrease strenuous activity**

Your doctor may ask that you do not do any heavy physical activity such as jogging, running, tennis or frequent trips up and down stairs. You may also have to limit heavy lifting, cleaning and long trips.

- **Change in job activities**

Certain work activities may need to be changed or stopped. Your doctor will talk to you if this becomes a possibility.

- **Sexual activity**

Your health care provider may ask that you stop or limit your sexual activities

Credits: Adapted from March of Dimes (2017). Preterm labor and premature birth: Are you at risk? Available at: <http://www.marchofdimes.org/complications/preterm-labor-and-premature-birth-are-you-at-risk.aspx#>

Images from [www.wikihow.com](http://www.wikihow.com)

# MANAGING LABOR PAIN

Dealing with labor pain is something that most women fear a great deal, because of stories they read or hear, but the experience of labor is highly individual and can even be totally different for each person and with each birth. There are various options for easing labor pain and making the experience as comfortable as possible. Having a birthing plan created ahead of time is a great idea, but you should also learn about alternatives in case your plan has to be altered during labor. Ideally, you should learn about multiple options to be as prepared as possible when labor starts.



## BREATHING TECHNIQUES

**Try focused breathing during contractions.** Pay attention to your breathing while repeating the word “relax” in your head. Think “re-“ as you breathe in through your nose and “-lax” as you exhale through your lips. Let go of the tension in your body when your exhale also. Another technique is to focus on the cool air you feel as you breathe in through your nose and the warm air as you breathe out through your mouth. Think of blowing the tension away with your breath.

- Don't worry about the speed or depth of your breaths, as long as you establish a rhythm and your inhale is shorter than your exhale.
- Focused breathing helps relieve pain and allows you to conserve energy for later stages of labor.

## VISUALIZATION TECHNIQUES



Focus your attention on something that makes you happy and imagine it in your head during intense pain. It could be your favorite object or your partner's face, or anything that gives you pleasure when you see it. Imagining you are in a relaxing place can also help you forget about the pain for a few minutes. Think of your favorite vacation spot or imagine sitting in your most comfortable chair at home.

- If you could be anywhere, would you be sitting on a beach in the sun, listening to the wave's crash and seagulls? Maybe you would prefer a cabin in the woods with a rocking chair out front and listening to songbirds and insects.
- The more fully you can imagine the scene, the better doing so will distract you from any pain. Use all of your senses to make your image seem more real. Try to feel the sun on your skin or the breeze blowing by.

## RELAXATION TECHNIQUES



Include soft music, candles, comfortable pillows for your bed or chair, or whatever you typically use as tools for relaxation time. Spend the minutes in-between contractions enjoying your surroundings in the moment, instead of anticipating the next contraction or thinking about the last one. This will help you get through contractions one at a time, instead of them having a cumulative effect.<sup>[10]</sup>

- Include an object from home that you love and has personal value for you. Concentrate on it and think about what it represents or how it makes you feel to see it.
- Try using your favorite small thing you bought for the baby to remind you of why all the pain is worth it.
- Ask your partner to massage your feet, hands, or back to help you relax more. For some women, the counter pressure of massaging sore areas can relieve some of the pain.<sup>[11]</sup>

## MOVEMENT



If you can, get up and take a short walk, even if it is in your room.

If not, change positions where you are as frequently as you feel the need. Sit on the bed on your hands and knees, squat down, lean over the bed or counter, roll on a birthing ball, move from the bed to a chair, etc. Moving your body helps labor along by taking advantage of gravity, and it also gives your mind something to concentrate on instead of the pain.

- If in the hospital and hooked up to monitors and IVs, change your position in bed any time the pain starts worsening. Try sitting on the side of the bed with your feet on the floor, or getting up on your knees, if it is comfortable to do so. Ask your partner to support your torso with their weight.
- Make sure someone is with you while walking around in case you get a contraction and need support or someone to lean on for a moment.
- Keep your walk short and go more than once if you like, rather than walking for too long and tiring your body out before the late stages of labor.
- A birthing ball is similar to an exercise ball, often used in yoga. Bouncing and using it to rock your hips back and forth can help ease pain.
- **ASK YOUR LABOR NURSE FOR ASSISTANCE IN THESE TECHNIQUES**

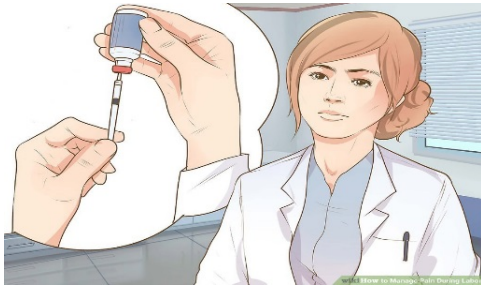


## WATER THERAPY



If you are at home or at a birthing center, you likely have a bathtub nearby. Fill it up with warm water (100 degrees F) and soak. Have your partner use a cup to pour water over your shoulders too. Or, take a hot shower instead. The streams of water can feel like a massage and relax you even more.

## MEDICATION OPTIONS



- **An epidural** is a regional anesthetic administered through a needle into your spine. A low dose of medicine is delivered continuously through a pump, with a button to self-administer more when you need it. It might add about an hour to your labor time, but make all of the hours much more manageable. This anesthetic is injected directly into an area in your back, bypassing your bloodstream. This makes it safer for your baby and ensures you receive quick pain relief. Though it can take 15 minutes or longer to kick in, epidurals can be administered as soon as you request it, even if you are not dilated to a certain amount. The anesthesia will numb your entire lower body, including the nerves of your uterus, thereby numbing the pain of your contractions.
- HEALTH CARE PROVIDERS can administer an epidural even in later stages of labor, but it takes 10-20 minutes to start working.
- If you prefer not to use drugs for pain, you may want to ask your doctor to keep an epidural on your back-up plan in case cannot manage the pain on your own.

## ANALGESIA

Some women cannot get an epidural for medical reasons, and may need a narcotic pain reliever, such as stadol, nubain, morphine, or fentanyl. Opioids also relieve pain during labor and are usually administered as a single shot usually given in a vein. Nubain is a pain-relief drug that is administered via IV. It is a synthetic opioid that does not numb the body but can reduce pain and anxiety

- They may cause drowsiness in both mother and baby, since they affect the entire body.
- All pain medications offered to ease labor discomfort are safe for the mother and her baby. Going over pros and cons of each one can help you make the best personal choice.

*Images adapted from: [www.wikihow.com](http://www.wikihow.com)*

# HELPING DURING LABOR AND AFTER THE BIRTH OF A BABY



## BE CALM

This is the best thing you can do. If you are calm, this will help your partner remain calm.



## BE YOUR PARTNER'S ADVOCATE

This is your main job. Talk with the nurse and ask questions if you are unclear about anything. Your nurse is your advocate too and is there to assist you. Assisting with contractions by timing them and assisting the laboring woman to be relaxed between contractions. Giving her ice chips, holding her hand or giving her a cool pack in between contractions can help. Tell her what a great job she is doing.

The Acronym **SUPPORT** can assist.

This will make it easy to recall all the things you can do to help your wife. Each of these can make a big difference in her comfort levels and the over-all positivity of the birthing experience. Take the time to memorize these helpful points.

- S – Support emotionally. Giving positive emotional support is crucial during labor. Listen actively, validate her emotions, ask questions, and reassure your wife to help her feel more comfortable.
- U – Urination, at least once an hour. Remind her to go to the bathroom. This will get her moving, which can aid during these stages.
- P – Position changes, often.
- P – Praise and encouragement, not sympathy, is needed to help her get through this.
- O – Out of bed (walk/shower) is better than laying down.
- R – Relaxation is key.
- T – Touch: pressure and massage.

## HELPING AFTER LABOR



Be attentive to her mood. Both baby blues and postpartum depression are very real. Baby-blues are fairly normal, but be careful for signs of postpartum depression. These can be signals of a serious problem that may require professional help.

- Signs of baby blues:
- Mood swings
- Anxiety
- Sadness
- Irritability

- Feeling overwhelmed
- Crying
- Reduced concentration
- Appetite problems
- Trouble sleeping
- Signs of postpartum depression:
- Depression or severe mood swings
- Excessive crying
- Difficulty bonding with the baby
- Withdrawing from family and friends
- Loss of appetite or sudden, excessive eating
- Insomnia or hypersomnia (lack of sleep or excessive sleep)
- Overwhelming fatigue
- Intense irritability and anger
- Feelings of worthlessness, shame, guilt or inadequacy
- Diminished ability to think clearly, concentrate or make decision



## CELEBRATE, TOGETHER

You may want to have everyone you know over to see the baby. Just make sure that you're not over-doing it. A new baby is stressful enough, without all the added chaos from celebrations.

Clean up. Shoo people home before it gets too late. A 10 minute visit is great plenty. Visitors that do laundry, vacuum, grocery shop and make meals for you can stay for a longer visit.



## GO TEAM

Parenting is a team activity. Make sure you do your part, but don't go overboard. By becoming an equal partner in your relationship, you can make the time after labor more positive. Especially in the first few weeks after the birth, a new mom may need a lot of time to recover. She may need frequent naps, be sore, and generally fatigued. You will be tired too. Enlist the help of family and friends with offers to help in the first few weeks and beyond if needed.

- Try to be as involved with the baby as possible. The mother shouldn't be the only one getting up with the baby all night – support person's need to assist



Treat her well, but make sure you take care of yourself, too. Partners sometimes have such a strong need to help out, they forget to take care of themselves. Make sure you are rested and content, so that you can be there for your wife. Don't burn yourself out.

Images from [wikihow.com](http://www.wikihow.com) and content adapted from: Widarsson, M., Kerstis, B., Sundquist, K., Engström, G., & Sarkadi, A. (2012). Support Needs of Expectant Mothers and Fathers: A Qualitative Study. *The Journal of Perinatal Education*, 21(1), 36–44. <http://doi.org/10.1891/1058-1243.21.1.36>

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