

CASE STUDY #1: LABOR AND DELIVERY

SITUATION:

Mrs. M. is a 27-y/o gravida 3, para 2, who was admitted at term at 6:30 p.m. She stated that she had been having contractions at 7 to 10 minute intervals since 4 p.m. They lasted 30 seconds. She also stated that she had been having "a lot of false labor" and hoped that this was "the real thing". Her membranes were intact. Mrs. M.'s temperature, pulse and respirations were normal and her blood pressure was 124/80. The fetal heart tones were 134 and regular. The nurse examined Mrs. M. and found that the baby's head was at +1 station, and the cervix was 4 cm. dilated and 80 percent effaced. She reported her findings to the doctor and he ordered Demerol 50 mg. with Phenergan 25 mg. to be given intravenously when needed.

1. Do you think Mrs. M. is in false labor? Give reasons for your answer.
2. As Mrs. M. was getting into bed, her membranes ruptured. What is the first thing that you would do after this occurs? Why?
3. After her membranes ruptured, her contractions began coming every 4 minutes and lasted 45 to 55 seconds. They were moderately strong. Why is it important for Mrs. M. to relax during her contractions? How can you help her to relax?
4. When do you think Mrs. M. should be given the medication ordered by the doctor? What safety measures should be taken at the time the medication is given? What observations should be made after it is given? Why? What observations would you report to the doctor?
5. How would you know that Mrs. M. has entered the transition phase?
6. A vaginal exam revealed that Mrs. M. is complete and +2. What should be the nursing interventions at this time?

The doctor gave her a pudendal block and did a midline episiotomy. At 8:05 p.m. Mrs. M. gave birth to a 7 lbs., 5 oz. (3.317 gm.) boy in the L.O.A. position. The nurse put medicine in the baby's eyes and placed an identifying bracelet on his right wrist and ankle. A matching bracelet was placed on the mother's wrist. The baby was shown to his mother and then taken to the newborn nursery. At 8:08 p.m. the placenta was expelled.

7. Why is the medicine put in the baby's eyes?

8. Why is it important to put identification on the baby in the delivery room?

9. What care should Mrs. M. receive before she is transferred to the recovery room. Why?