Maternal And Fetal Assessment During The Labor

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Assessment of a woman in stage one

- History
- Physical examination
- Leopold's maneuvers
- Assessing rupture of membranes
- Sonography
- Vital signs (temperature, blood pressure, pulse rate)
- Laboratory analysis (Blood and Urine)
- Assessment in uterine contractions
- Auscultation of fetal heart sounds
- Electronic Monitoring (external and internal)

Leopold' s Maneuvers

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Leopold's Maneuvers are difficult to perform on obese women and women who have polyhydramnios. The palpation can sometimes be uncomfortable for the woman if care is not taken to ensure she is relaxed and adequately positioned. To aid in this, the health care provider should first ensure that the woman has recently emptied her bladder. If she has not, she may need to have a straight urinary catheter inserted to empty it if she is unable to micturate herself. The woman should lie on her back with her shoulders raised slightly on a pillow and her knees drawn up a little. Her abdomen should be uncovered, and most women appreciate it if the individual performing the maneuver warms their hands prior to palpation

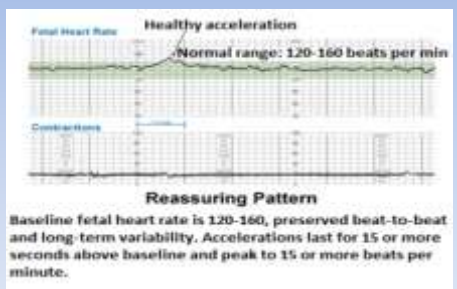
First maneuver: Fundal Grip

Second maneuver: Lateral Grip

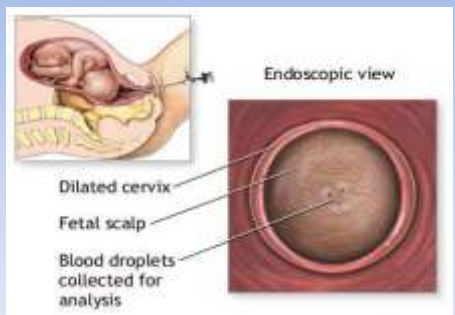
Third maneuver: Pawlick's Grip

Fourth maneuver: Pelvic Grip

Baseline Fetal Heart Line



Fetal Blood Sample



Acoustic Stimulation

Care of a woman in first stage of labor

- Respect contraction time
- Promote change of the position (if the membrane have been ruptured woman should stay in a bed before the monitor will show stabile position of the fetus)
- In a bed promote woman to lie down on her left side
- Make woman breathing exercise effective
- Promote voiding and provide bladder care (every 2 – 4 hours)

Amniotomy

Amniotomy is artificial rupturing of membrane. Cervix must be dilatated at least 3 cm. There is exist high possibility that cord will prolapsed. Always measure the FHR (fetal heart rate) immediately after rupture

Second Stage Of Labor

- Preparing place of birth
- Birthing room (start to open the sterile packs of supply when the woman cervix will be open 7-9 cm)
- Sterile sponges, drapes, scissors, basins, clamps, bulb syringe, vaginal packing, sterile gowns, gloves, towels – can be leaved covered up to 8 hours
- Position for birth

Umbilical Clamping

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- Some min after birth the umbilical cord can still pulsate
- Cord clamping 8-10 inches from the fetus
- A cord blood sample is obtained to provide a gency measures need to be done
- Cutting a cord is stimulating the first breath

Third Stage Of Labor

- Such a placenta delivered oxytocin is usually ordered (to stop bleeding the uterus)
- Oxytocin can be administrated up to 8 hours after placenta birth
- Placenta the one-six weight of infant
- The nurse or midwife should remove the placenta
- Perineal repair (as usually if anesthesy have not be done the woman will not need it)

Regional Anesthesia

Regional anesthesia is the injection of a local anesthetic such as chloroprocaine to block specific nerve pathway

Epidural Anesthesia

Epidural Anesthesia is begun when the cervix is dilatated 5 to 6 cm. An IV infusion and equipment for blood pressure monitoring should be in place. Help position the woman on her side or sitting upright. Back should not be flexed coz it giving the possibility to put injection in dura not epidural. Epidural anesthesia can temporally increase the temperature, caused hypotension, slurred speech and rapid pulse. The effect started after 20 – 30 min, but short lived (40 min to 2 hours), another dose may be done

Spinal (Subarachnoid) Anesthesia

Used less frequently today. Injection doing into subarachnoidal space in III or IV lumbar interspace. The manipulation giving on sitting position with the head bending. Very important to put down in lie position woman as soon as possible after injection, coz otherwise the anesthetic can not rise enough (normally the anesthetic rise till T10). Hypotension and Headache “spinal headeche”can occur. Effect starting after 5-10 min

General Anesthesia

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General Anesthesia normally not using during delivery. In a case if this method should be occur, it need very big attention after birth period, coz the uterine can t construct, it s giving high risk after delivery hemorrhage. The women comment that there throat can be sore or raw after end tracheal tube

Aspiration and Vomiting

Aspiration and Vomiting during general anesthesia can be fatal. Sometimes it s prescribing metoclopramide (Reglan) – increases gastric emptying