

Comfort Techniques in Latent Labor Scenario



Part 1:

Maggie is a 19 y.o. G1P0. She has attended 1 class for 2 hours “online to prepare for labor”. She is at 40.2 weeks GA, no health problems and has had a normal prenatal course with a CNM on hospital staff. She has just arrived to OB Triage alone, anxious and nervous about labor. Her support person is at work but plans to join her once she is admitted. She has had contractions at home “on and off for 2 days” but “lately they have been stronger.” She was told to come to L&D by her CNM. She does not think she has ruptured her membranes. Vital signs WNL.

- What additional information do you need to collect from Maggie?
- What physical assessment(s) do you need to perform?
- Any shared decision-making elements?

Part 2:

As you are performing your initial assessment, Maggie states that she has been contracting “on and off and no sleep for almost 2 days” and is “so tired.” She describes the contractions as ‘really strong.’ Her vaginal exam is 3/50/-2 and changed from the day before when she was 1/thick/-2. Category 1 FHR tracing is obtained. Maggie asks if she will be admitted and if she should call her partner and ask him to come to the hospital.

- What does this tell us about Maggie’s labor? How does it relate to hospital admission and anticipated length of labor?
- How would you respond to Maggie about her labor progress?
- What elements of shared decision making would you use at this point to assist Maggie?
 1. What do you suggest she could try at this point to help her cope with latent labor?
 2. Describe your SBAR to her CNM.

Part 3:

30 minutes later, after your discussion, you realize that Maggie clearly expects to be admitted to the hospital. She also clearly wants to do what’s best for her baby and seems open to exploring options. However, when you suggest that it might be best for her to go home and await active labor, she becomes quite hesitant. Maggie expresses fear about the baby being alright, how to cope at home, and knowing when she should come back to the hospital.

- What element of shared decision making is appropriate now? What would that sound like with Maggie (what would you say)?

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- How would you address Maggie's concerns?
- What options would you give her for coping at home?
- What would you tell Maggie about how admission to the hospital may affect her movement and access to nutrition and hydration?

Part 4:

After your discussion about possible comfort measures during latent labor, and guidelines for when to return to the hospital, Maggie seems more relaxed. She expresses an interest in being able to use her shower home, as it would be more comfortable than the hospital. She also remembered that her neighbor had offered to come sit with her during "early labor". You assess that it would be appropriate to move to the final phase of shared decision making.

Please Discuss:

- What is the final phase of shared decision making? How would you approach this phase with Maggie?

Maggie agrees to return home to await active labor if her CNM agrees. How would you communicate to her CNM (sample SBAR)?

Part 5

Maggie's CNM agrees to wait for active labor for admission based on normal maternal fetal assessment & shared decision making with Maggie.

- What discharge teaching would you provide Maggie?

Part 6

Maggie returns 10 hours later with her support person in active labor at 7/C/0. She progresses to complete within the next 3 hours and gives birth to baby girl, Apgars 8 & 9.