Coping with Labor Algorithm v2

Observe for cues on admission and throughout labor.
Assessment per protocol:
- Ask: “How are you coping with your labor?”
- Every shift • PRN • At signs of change.

Coping

Not Coping

Cues you might see if woman is coping:
- States she is coping
- Rhythmic activity during contraction (Rocking, swaying)
- Focused inward
- Rhythmic breathing
- Able to relax between contractions
- Vocalization (moaning, counting, chanting)

Clues you might see if woman is NOT coping
(May be seen in transition)
- States she is not coping
- Crying (May see with self-hypnosis)
- Sweaty
- Tremulous voice
- Thrashing, wincing, writhing
- Inability to focus or concentrate
- Clawing, biting
- Panicked activity during contractions
- Tense

Physiologic. Natural process of labor

Patient desires pharmacological intervention

Patient desires non-pharmacological intervention

Interventions as to what would give best relief and is indicated (what does the patient desire):
- IV pain med [L]
- Epidural [S]
- Nitrous Oxide [I]
- Tub/bath/shower [S]
- Hot pack/cold pack [*]
- Water injections [S]
- Massage/pressure [*]
- Movement/ambulation/position changes [S]
- Birth ball [*]
- Focus points [*]
- Breathing techniques [*]
- Acupuncture [S]
- Self-Hypnosis [S]
- TENS [*]

Follow:
- Unit
- Service line
- Hospital

Guidelines/standards for pharmacologic intervention

Appropriate changes to environment PRN [S]
- Mood [*]
- Lighting [*]
- Music [*]
- Fragrance [*]
- TV/Movie [*]
- Temperature [*]
- Whispering voices [*]

Emotional/ Psychosocial

- One-on-One Support [S]
- Doula [S]
- Midwifery Care being “With Woman” [S]

The nurse should consider:
- Patient’s life
- Sexual abuse
- Fear
- Stress
- Interpersonal dynamics

Offer social work consult

Reassessment

Coping

Not Coping

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