Coping with Labor Algorithm _{V2}© Observe for cues on admission and throughout labor. Legend Assessment per protocol: [S] = Sufficient Evidence Ask: "How are you coping with your labor?" [L] = Limited Evidence ◆Every shift ◆ PRN ◆ At signs of change. [I] = Insufficient Evidence [*] = No Evidence & No Harm **Not Coping** Coping Clues you might see if woman is NOT coping Cues you might see if woman is coping: (May be seen in transition) States she is coping States she is not coping Rhythmic activity during Crying (May see with self-hypnosis) contraction (Rocking, swaying) Sweaty Focused inward Tremulous voice Rhythmic breathing Thrashing, wincing, writhing Inability to focus or concentrate Able to relax between Clawing, biting contractions Panicked activity during contractions Vocalization (moaning, counting, Tense chanting) Physiologic. Natural Emotional/ Psychosocial **Physical Environment** process of labor Appropriate changes to Patient desires One-on-One Support [S] Patient desires nonenvironment PRN [S] pharmacological pharmacological intervention Doula intervention Midwifery Care being Mood "With Woman" [S] Lighting Music Fragrance Interventions as to what would IV pain med TV/Movie [S] give best relief and is indicated **Epidural** The nurse should consider: Temperature [*] (what does the patient desire): Nitrous Oxide Patient's life Whispering Tub/bath/shower [S] Sexual abuse voices [*] Hot pack/cold pack Fear Water injections Stress Massage/pressure Follow: Interpersonal dynamics Movement/ambulation/ position changes Unit Birth ball Service line Focus points Hospital Breathing techniques Offer social work consult Guidelines/standards Acupuncture įsj for pharmacologic Self-Hypnosis intervention **TENS** [*] Reassessment Coping **Not Coping**