Coping with Labor Algorithm v2 ©

**Observations for use on admission and throughout labor.**

Assessment per protocol:
Ask: “How are you coping with your labor?”

*Every shift* *PRN* *At signs of change.*

**Coping**

- States she is coping
- Rhythmic activity during contractions (rocking, swaying)
- Focus inward
- Rhythmic breathing
- Able to relax between contractions
- Vocalization (mumbling, counting, chanting)

**Not Coping**

- States she is not coping
- Crying (May see with self-hypnosis)
- Sweaty
- Tremulous voice
- Thrashing, whimpering
- Inability to focus or concentrate
- Groaning, biting
- Fasted activity during contractions
- Tense

**Physiologic/Natural process of labor**

Patient desires pharmacological intervention

- IV pain med
- Epidural
- Nitrous Oxide

Patient desires non-pharmacological intervention

Interventions as to what would give best relief and is indicated
(what does the patient desire?)
- Tub/bath/shower
- Hot pack/cold pack
- Water injections
- Massage/pressure
- Movement/ambulation/position changes
- Birth ball
- Focus points
- Breathing techniques
- Anesthesia
- Self-Hypnosis
- TENS

Follow:
- Unit
- Service line
- Hospital

Guidelines/standards for pharmacologic intervention

**Physical Environment**

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

**Emotional/Psychosocial**

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

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

Offer social work consult

Reassessment

**Legend**

[S] = Sufficient Evidence
[L] = Limited Evidence
[I] = Insufficient Evidence
[*] = No Evidence & No Harm

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