



British Columbia Perinatal Health Program **Perinatal**

Triage and Assessment Record Labour Partogram Practice Scenario

At 0830 Leanne arrived by car to your unit, with her husband George and her mother Catherine. She states the membranes ruptured at 0800 and is feeling uncomfortable with contractions that started at 0500.

She is G1 T0 P0 A0 L0, Her LMP was April 2nd. The U/S and dates confirmed her EDD to be January 9th; making her 40+1 today. Leanne last ate at 6pm the night before and has been drinking clear fluids this morning.

She is A pos.

Height 5ft 3", Prepregnant weight 110lbs; she now weighs 145lbs.

The Antenatal Record indicates that she had some varicose veins that throbbed while standing.

Leanne went to prenatal in a day and attended prenatal yoga.

She is a healthy woman and has had a healthy pregnancy; taking vitamins only.

Leanne plans to breastfeed.

Leanne is having regular contractions 4 in 10 mins. that are strong on palpation with the uterus relaxing between. Her pad reveals clear amniotic fluid with scant mucousy show.

Leanne states the baby has been moving; that she feels supported the way she is managing her labour even though the pain is intense. She describes her pain as a "6" on the pain scale.

Leanne has no allergies and has not been in contact with communicable diseases or had any recent hospitalization. GBS, HBsAG, HSV negative.

She has been admitted directly to a birthing room.

At 0845 you perform a physical assessment -- Leopold's Maneuvers reveal a vertex presentation; SFH 37cm; longitudinal lie, position LOA and the EFW 3600 Gms. The FHR was 144 bpm using IA and accelerations were heard during contractions.

The vaginal exam revealed 8cm dilated, soft and fully effaced cervix at station +1.

BP 110/70 Pulse 100 bpm and Respirations 24 Temperature 37.4C Urine N/N for protein and ketones.

You contact her PCP, give report and start using the partogram.

Leanne is walking around the room breathing with contractions. Using every 15 minutes IA you hear the FHR to be 148, 140, 146, 144, 146, 148, 150, 144, bpm with regular rhythm, accelerations heard by 15 bpm and no decelerations. You classify the FHR.

Vital signs at 1000 are BP 115/75, p. 92 Respirations 24 Temperature 37C.

At 1100 the PCP repeats the vaginal exam. The dilation of the cervix is unchanged and the presenting part is +1. There is clear amniotic fluid present. The contractions have decreased to 1 every 15 minutes, moderate strength lasting 45-60 seconds. The PCP has written orders to augment the labour using oxytocin.

- 30 units Oxytocin in 500mls of D5NS
- Commence at 1-2 mu/min
- Increase the Oxytocin q 30 minutes by 1-2 mu/min

You start the augmentation at 1115 after starting an IV in her left hand with #18 intracatheter; 1000 mls normal saline and using the pump for the D5NS and Oxytocin.

You continue to auscultate the FH every 15 minutes and it is the same range.

You do her vital signs q 1h and they are in the same range as the vitals taken at 1000. You test 150 mls of concentrated urine at 1130 and it is negative for K/P.

You commence the Oxytocin at 1115 at 1 mu/min.

At 1145 the contractions are still 1 in 10 minutes lasting 45 seconds moderate on palpation and you increase the Oxytocin to 3 mu/min.

At 1215 you increase it to 5 mu/min as the contractions are 2 in 10 minutes and last the same and are the same intensity.

At 1245 the contractions are 4 in 10 minutes -- you do not increase the Oxytocin.

Leanne gets the urge to push at 1430 and the PCP performs a vaginal exam. No cervix is felt and the presenting part is +2.

Leanne begins actively pushing on the bed in squatting and lithotomy positions. You listen to the FHR every 5 minutes with the FHR varying from 140, 142, 144, 140, 146 bpm.

Leanne is becoming exhausted and the PCP suggests a vacuum extraction. At 1540 the PCP applies the vacuum with Leanne breathing Nitronox and after 1 pulls with 2 pop offs, a baby boy is born at 1545 and immediately put skin to skin. Prior to the vacuum extraction the PCP use an in and out catheter to empty the bladder for 100 mls. You administered 10 units Oxytocin IM in left thigh at 1545.

The perineum is intact with a very small vaginal wall laceration that is not repaired.

An intact placenta is delivered at 1600. Cord gasses were collected. The baby eagerly goes to breast at 1605. Charting continued on the postpartum pathway.