ing is free flowing, bright red, and not mixed with thick mucus.
- *Decreased fetal movement.* The woman should be evaluated if the fetus is moving less than usual. Many fetuses become quiet shortly before labor, but decreased fetal activity can also be a sign of fetal compromise or fetal demise (death).
- *Any other concern.* Because these guidelines cannot cover every situation, the woman should contact her health care provider or go to the birth facility for evaluation if she has any other concerns.

ADMISSION DATA COLLECTION

The nurse should observe the appropriate infection control measures when providing care in any clinical area. Water-repellent gowns, eye shields, and gloves are worn in the delivery area, and the newborn infant is handled with gloves until after the first bath. General guidelines for wearing protective clothing in the intrapartal area can be found in Appendix A.

When a woman is admitted, the nurse establishes a therapeutic relationship by welcoming her and her family members. The nurse continues developing the therapeutic relationship during labor by determining the woman's expectations about birth and assists in achieving these expectations. Some women have a written birth plan that they have discussed with their health care provider and the facility personnel. The woman's partner and other family members she wants to be part of her care are included. From the first encounter, the nurse conveys confidence in the woman's ability to cope with labor and give birth to her child.

The three major assessments performed promptly on admission are the following: (1) fetal condition, (2) maternal condition, and (3) nearness to birth.

Fetal Condition

The fetal heart rate (FHR) is assessed with a fetoscope (stethoscope for listening to fetal heart sounds), a handheld Doppler transducer, or an external fetal monitor.

When the amniotic membranes are ruptured, the color, amount, and odor of the fluid are assessed and the FHR is recorded.

Maternal Condition

The temperature, pulse, respirations, and blood pressure are assessed for signs of infection or hypertension (see p. 137).

Impending Birth

The nurse continually observes the woman for behaviors that suggest she is about to give birth. Examples of these behaviors include the following:
- Sitting on one buttock
- Making grunting sounds
- Bearing down with contractions
- Stating "The baby's coming"
- Bulging of the perineum or the fetal presenting part visible at the vaginal opening

If it appears that birth is imminent, the nurse does not leave the woman but summons help or uses the call bell. Gloves should be applied in case the infant is born quickly. Emergency delivery kits (called "precip trays" for "precipitous birth") containing essential equipment are in all delivery areas. The student should locate this tray early in the clinical experience because one cannot predict when it will be needed. (See Skill 6-1 for emergency birth procedures.)

Skill 6-1 Assisting With an Emergency Birth

- The priorities of nursing care are to prevent injury to the mother and child.
- Get the emergency delivery tray ("precip tray").
- Do not leave the woman if she exhibits any signs of imminent birth, such as grunting, bearing down, perineal bulging, or a statement that the baby is coming. Summon the experienced nurse with the call bell and try to remain calm.
- Put on gloves. Use of either clean or sterile gloves is acceptable because no invasive procedures will be done. Gloves are used primarily to protect the nurse from secretions while supporting the infant.
- Support the infant's head and body as it emerges. Wipe secretions from the face.
- Use a bulb syringe to remove secretions from the mouth and nose; then clamp and cut the cord.
- Dry the infant quickly and wrap in blankets or place in skin-to-skin contact with the mother to maintain the infant's temperature.
- Observe the infant's color and respirations. The cry should be vigorous and the color pink (bluish hands and feet are acceptable).
- Observe for placental detachment and bleeding. After the placenta detaches, observe for a firm fundus. If the fundus is not firm, massage it. The infant can suckle at the mother's breast to promote the release of oxytocin, which causes uterine contraction.

Nursing Tip

It is unlikely that a nursing student must deliver an infant during an unexpected birth, but the process should be reviewed in case it does occur.