

Complications of Labor and Birth

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Objectives

On completion and mastery of Chapter 15, the student will be able to do the following:

1. Define key terms listed.
2. Discuss four factors associated with preterm labor.
3. Describe two major nursing assessments of a woman in preterm labor.
4. Explain why tocolytic agents are used in preterm labor.
5. Interpret the term *premature rupture of membranes*.
6. Identify two complications of premature rupture of membranes.
7. Differentiate between hypotonic and hypertonic uterine dysfunction.
8. Name and describe the three different types of breech presentation.
9. List two potential complications of a breech birth.
10. Explain the term *cephalopelvic disproportion* (CPD), and discuss the nursing management of CPD.
11. Define and identify three common methods used to induce labor.
12. Explain why an episiotomy is performed, and name two basic types of episiotomies.
13. Describe three types of lacerations that can occur during the birth process.
14. List two indications for using forceps to deliver the fetus.
15. Describe vacuum extraction.
16. Define precipitate labor, and describe two nursing actions that should be taken to safeguard the baby.
17. Review the most common cause of rupture of the uterus during labor.
18. Describe umbilical cord prolapse, and state two associated potential complications.
19. List three potential complications of multifetal pregnancy.
20. Discuss five indications for a cesarean birth.
21. Describe the preoperative and postoperative care of a woman who is undergoing a cesarean birth.
22. Discuss the rationale for vaginal birth after a prior cesarean birth.

Key Terms



Be sure to check out the bonus material on the Companion CD-ROM, including selected audio pronunciations.

amnioinfusion (ām-nē-ō-ĭn-FŪ-zhăn, p. ●●●)

amniotomy (ām-nē-ŌT-ō-mē, p. ●●●)

augmentation of labor (ăwg-mēn-TĀ-shŭn, p. ●●●)

Bishop score (p. ●●●)

cephalopelvic disproportion (CPD) (sēf-ā-lō-PĒL-vĭc dĭs-prō-PŌR-shŭn, p. ●●●)

cesarean birth (sē-ZĀR-ē-ăn, p. ●●●)

chorioamnionitis (kō-rē-ō-ăm-nē-ō-NĪ-tĭs, p. ●●●)

dysfunctional labor (p. ●●●)

dystocia (dĭs-TŌ-sē-ā, p. ●●●)

episiotomy (ē-pēz-ē-ŌT-ō-mē, p. ●●●)

external version (p. ●●●)

fern test (p. ●●●)

forceps (p. ●●●)

hydramnios (hĭ-DRĀM-nē-ōs, p. ●●●)

hypertonic uterine dysfunction (hĭ-pēr-TŌN-ĭk Ū-tēr-ĭn, p. ●●●)

hypotonic uterine dysfunction (hĭ-pō-TŌN-ĭk, p. ●●●)

induction of labor (p. ●●●)

multifetal pregnancy (mŭl-tē-FĒ-tāl, p. ●●●)

nitrazine paper test (NĪ-trā-zēn, p. ●●●)

oligohydramnios (p. ●●●)

oxytocin (ōks-ē-TŌ-sĭn, p. ●●●)

precipitate labor (prē-SĪP-ĭ-tāt, p. ●●●)

preterm labor (p. ●●●)

prolapsed umbilical cord (PRŌ-lāpst ūm-BĪ-lĭ-kāl, p. ●●●)

prostaglandin (PGE₂) gel (p. ●●●)

tocolytic agents (tō-kō-LĪT-ĭk, p. ●●●)

trial of labor (p. ●●●)

uterine rupture (p. ●●●)

vaginal birth after cesarean (VBAC) (p. ●●●)

Labor and birth usually progress with few problems. However, when complications occur during labor, they can have devastating effects on the maternal-fetal outcome. Health care providers must quickly and accurately identify the nature of the problems and intervene to reduce or limit detrimental effects on the mother and newborn. This chapter discusses high-risk intrapartum care. Nursing care is incorporated throughout the chapter.

PRETERM LABOR

Preterm labor is defined as the onset of labor between 20 and 37 weeks' gestation. It occurs in approximately 8% of pregnancies and accounts for most perinatal deaths not resulting from congenital anomalies. Preterm labor and premature rupture of membranes are