Appendix F

Coping with Labor Algorithm v2©

Observe for cues on admission and throughout labor.
Assessment per protocol:
Ask: “How are you coping with your labor?”
• Every shift • PRN • At signs of change.

Cues you might see if woman is coping:
• States she is coping
• Rhythmic activity during contraction (Rocking, swaying)
• Focused inward
• Rhythmic breathing
• Able to relax between contractions
• Vocalization (moaning, counting, chanting)

Cues you might see if woman is NOT coping
(May be seen in transition)
• States she is not coping
• Crying (May see with self-hypnosis)
• Sweaty
• Tremulous voice
• Thrashing, wincing, writhing
• Inability to focus or concentrate
• Clawing, biting
• Panicked activity during contractions
• Tense

Physiologic: Natural process of labor
Patient desires pharmacological intervention
• IV pain med [L]
• Epidural [S]
• Nitrous Oxide [I]

Patient desires non-pharmacological intervention

Follow:
• Unit
• Service line
• Hospital

Guidelines/standards for pharmacologic intervention

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

Physical Environment

Appropriate changes to environment PRN [S]
• Mood [*]
• Lighting [*]
• Music [*]
• Fragrance [*]
• TV/Movie [*]
• Temperature [*]
• Whispering voices [*]

Emotional/ Psychosocial

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

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

Offer social work consult

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

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CMQCC Toolkit to Support Vaginal Birth
and Reduce Primary Cesareans