

## OBSTETRICAL HOMEWORK

Describe the process of performing Leopolds Maneuver:

### **First maneuver = Fundal Grip**

- Palpate the upper abdomen with both hands
  - Goal: To determine which fetal part you are feeling

### **Second Maneuver = Lateral Grip**

- Palpate the abdomen laterally
  - Goal: To determine which side is the fetal spine

### **Third Maneuver = Pawlick's Grip**

- Palpate the lower abdomen, above the pubis symphysis with the thumb and fingers of dominant hand
  - Goal: To confirm the first maneuver and determine the fetal lie

### **Fourth Maneuver = Pelvic Grip**

- Palpate down the sides of the uterus towards the pubis symphysis
  - Goal: To confirm presentation and engagement

|   | <b>S&amp;S</b>   | <b>Nursing Intervention</b>  |
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| <p><b>Shoulder dystocia</b></p> <p>Description: When the head emerges from the birth canal and retracts against the perineum. This stops the required external rotation and the anterior shoulder cannot pass through the pubic arch.</p> | <p>-Fetal head slow to crown</p> <p>-Difficulty delivering infant face/ chin</p> <p>-Infant does not externally rotate</p> <p>-Unable to delivery infant, despite maternal efforts</p> <p>-Increased maternal pain</p> | <ol style="list-style-type: none"> <li>1. Call for help</li> <li>2. Flatten head of bed</li> <li>3. Hyperflex both of the woman's legs</li> <li>4. Apply suprapubic pressure with straight arms, just above pubic bone.</li> <li>5. Press downward on the anterior shoulder (do not press on the fundus)</li> </ol> <p>While this is occurring a second healthcare provider applies internal pressure to adduct infants shoulder.</p> <p>Nurse should anticipate an episiotomy.</p> <p>Hands &amp; knees position may help spread the pelvis</p> |

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| <p><b>Prolapsed Cord</b></p> <p>Description: When the cord lies below or beside the presenting part of the fetus. The nurse might visualize the cord coming from the vagina, or palpate the cord during a vaginal exam.</p> | <p>-Variable fetal decelerations<br/> -Fetal Bradycardia<br/> -Cord palpated during vaginal exam<br/> -Cord visualized descending from vagina</p> | <ol style="list-style-type: none"> <li>1. OB EMERGENCY: Call for help</li> <li>2. Nurse should determine cervical length, dilation and presenting part of the fetus</li> <li>3. Woman should be positioned head down, hips elevated (knee to chest)</li> <li>4. Nurse places gloved hand in vagina and exert upward pressure on the fetal presenting part to stop cord compression. Do NOT stop upward pressure.</li> </ol> <p>Nurse should anticipate delivery via c-section.</p> |
| <p><b>Postpartum Hemorrhage</b></p> <p>Description:<br/> Vaginal delivery = blood loss &gt;500mls<br/> Caesarean = blood loss &gt;1000mls</p>   | <p>-Bleeding<br/> -Hypotension<br/> -Tachycardia<br/> -Abdominal Pain</p>   | <ol style="list-style-type: none"> <li>1. Call for help</li> <li>2. Advise woman that she must be NPO</li> <li>3. Ensure IV is in place</li> <li>4. Prepare for administration of oxytocin</li> <li>5. Prepare for uterine massage</li> <li>6. Vital signs q15 minutes</li> <li>7. Prepare for O<sub>2</sub> administration</li> <li>8. Prepare for catheterization</li> <li>9. Measure and record volume loss</li> <li>10. Encourage breastfeeding</li> </ol>                     |