Basic Nursing Procedure Manual
Maternal Health Nursing/Clinical

Labor & Delivery Performance
Lippincott Checklist

Grades shall be assigned to individual students on the basis of the instructor's judgment of the student's scholastic achievement using the grading system below

Excellent - Exceptional Achievement	**4**	**A**
Very Good - Extensive Achievement	**3**	**B**
Good - Acceptable Achievement	**2**	**C**
Fair- Minimal Achievement	**1**	**D**
Poor - Inadequate Achievement (***To secure credit, course must be repeated.)***	**0**	**F**

Labor & Delivery Performance Checklist

Student Name: …….. Date: ……..
Instructor: …… Clinical Area: ……..

1.**Preparations**	0	1	2	3	4
• Prepare the client care area, necessary supplies, and equipment.					
• Use an antiseptic hand rub or wash hands thoroughly with soap and water and dry with clean, dry cloth or allow to air dry.					
• Greet the woman and her companion respectfully and with kindness, introduce yourself, and offer the woman a seat.					
• Tell the woman what is going to be done, listen to her, and respond attentively to her questions and concerns.					
• Encourage the woman to adopt the position of choice and continue spontaneous bearing down efforts.					
• Provide continual emotional support and reassurance, as feasible.					
2.Assesses the general health status of a woman in labor					
• Obtains menstrual history (LMP, EDD). • Obtains obstetrical history (G, P, Abortion) • Obtains history of the onset of true labor (Time of true labor contractions, Show, Condition of membranes).					
3. Provides clients care needed during each stage of labor: First and Second stages of labor:					
1. Monitors maternal progress: vital signs, Vaginal Exam (Dilatation, Effacement, and Station). 2. Assesses fetal heart rate (Baseline heart Rate, Bradycardia, Tachycardia, Variability, Accelerations, Decelerations) 3. Assists in emptying the bladder regularly. 4. Assists client to manage pain: Breathing exercises (deep breathing & hyperventilation), massaging, hot bag, positioning, and providing physical and emotional support and proper communication). 5. Draping of the mother for delivery. 6. Prepares and explains medication needed for delivery. 7. Provides assistance during the second stage of labor: A. Wash hands thoroughly, put on high-level disinfected or sterile surgical gloves, and place drapes from the delivery pack on the woman.					

B. Clean the woman's perineum, and ask her to pant or give only small pushes with contractions. C. Control the birth of the head with the fingers of one hand to maintain flexion, allow natural stretching of the perineal tissue, and prevent tears, and use the other hand to support the perineum. D. Observe for Mechanism of labor: Engagement, Descent, Flexion, Internal rotation, Extension, Restitution and external rotation, and Expulsion. E. Wipe the mucus (and membranes, if necessary) from the baby's mouth and nose. F. Feel around the baby's neck for the cord and respond appropriately if the cord is present. G. Allow the baby's head to turn spontaneously and, with the hands on either side of the baby's head, deliver the anterior shoulder. H. Give Medication (**Syntometrine** = Oxytocin= Syntocinon=Pitocin/Ergometrine= Methergine (1ml +0.5mg) I. When the arm fold is seen, guide the head upward as the posterior shoulder is born over the perineum and lift the baby's head anteriorly to deliver the posterior shoulder J. Support the rest of the baby's body with one hand as it slides out, and place the baby on the mother's abdomen. K. Thoroughly dry the baby and cover with a clean, dry cloth, and assess breathing. If baby does not breathe immediately, begin resuscitative measures L. Clamp and cut the umbilical cord and ensure the baby is kept warm and skin to- skin contact on the mother's chest. M. Palpate the mother's abdomen to rule out the presence of additional baby(ies) and proceed with active management of the third stage.					
8. Active Management of Third Stage of Labor • Define 3rd stage, duration. • Explain signs of placenta separation: - Lengthening of the umbilical cord - Uterus more globular shape and becomes firmer - Uterus rises in the abdomen - A gush of blood A. Give Oxytocin 10 units IM and clamp the cord close to the perineum. B. Apply counter traction to stabilize the uterus. C. Keep light tension on the cord and wait for a strong uterine contraction, then very gently pull downward on the cord to deliver the placenta.					

D. As the placenta delivers, hold it with both hands and twist slowly so the membranes are expelled intact. E. Massage the uterus if it is not well contracted. F. Examine the lower vagina and perineum for lacerations/tears. G. Cleanse perineum and apply a pad or cloth to vulva. **9. Examine Placenta:** A. Hold placenta in palms of hands, with maternal side facing upwards, and B. Check whether all lobules are present and fit together. C. Hold cord with one hand and allow placenta and membranes to hang down: D. Insert fingers of other hand inside membranes, with fingers spread out, and inspect membranes for completeness. E. Note position of cord insertion. F. Inspect cut end of cord for presence of two arteries and one vein.					
10. Provides clients care needed during Fourth stage of labor A. Provides assistance and support B. Assess vital signs C. Evaluates uterine condition (Fundal Height and Involution). D. If uterus not firm, massage the Fundus to make it contract and expel any clots E. Evaluates maternal total blood loss. F. Encourage the mother to empty her bladder and ensure that she has passed urine. G. Advise and educate on postpartum care and hygiene, rest, nutrition. H. Dispose of contaminate I. Wash hands thoroughly.					
11. Document Findings					