MATERNAL-NEWBORN NURSING · NCLEX 2026

Stages of *Labor*

From the first true contraction to the fourth-stage recovery — a nurse's field guide to safe intrapartum care, clinical judgment, and high-yield NCLEX priorities.

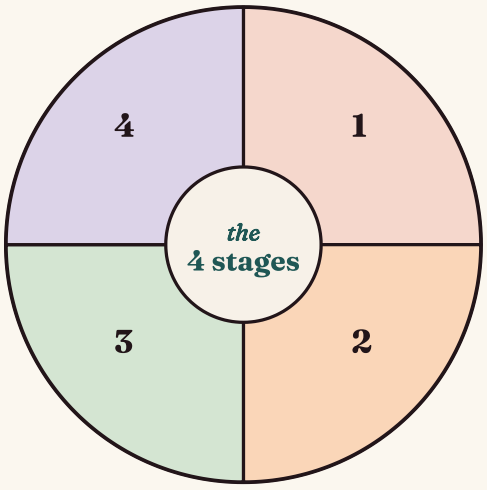
- SYSTEM: OB / WOMEN'S HEALTH
- DIFFICULTY: HIGH-YIELD
- CLINICAL JUDGMENT MEASUREMENT MODEL

01 OVERVIEW · WHY IT MATTERS
Definition & Clinical Snapshot

§ **Labor** is the physiologic process by which the uterus contracts to expel the fetus, placenta, and membranes through the birth canal.

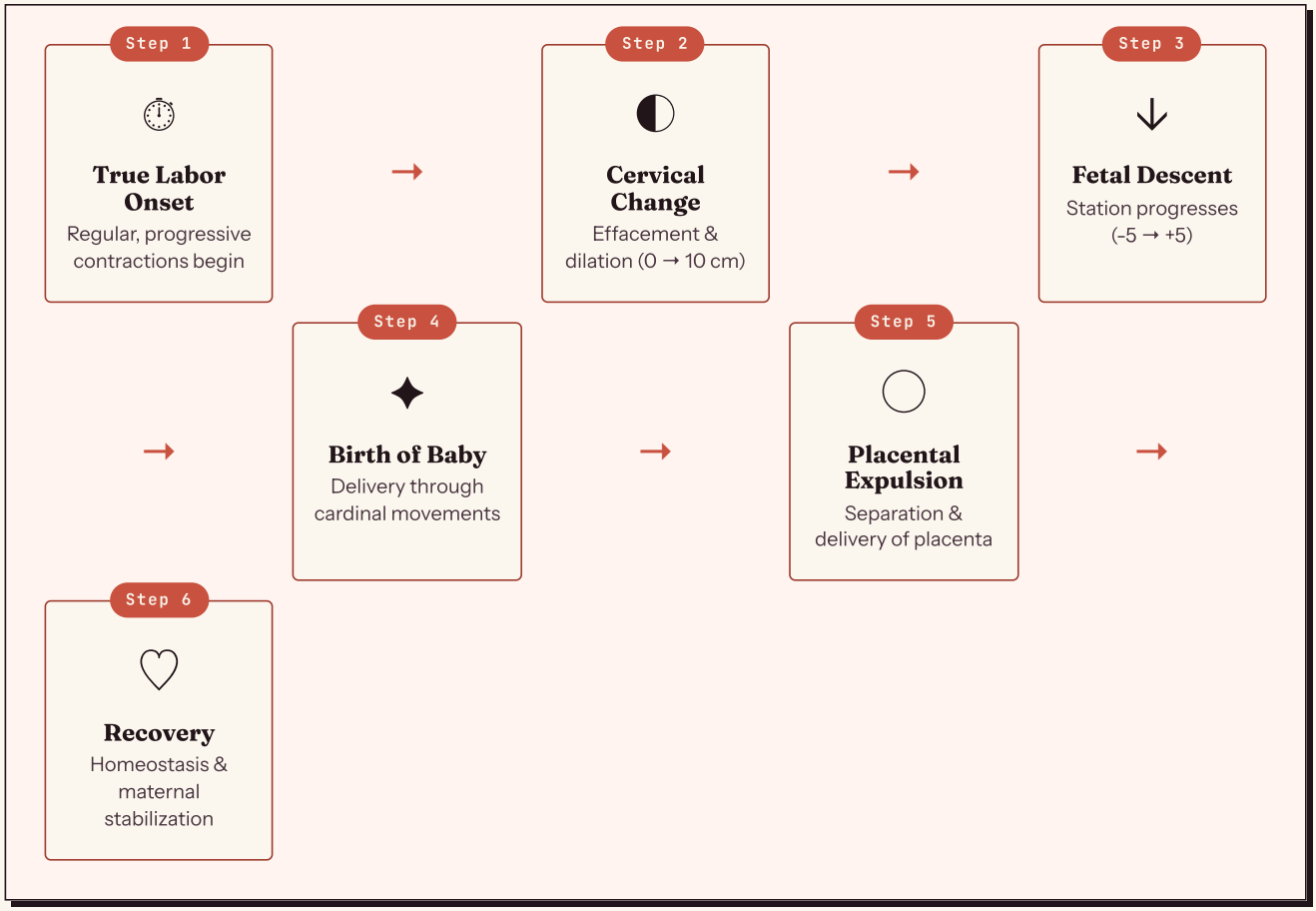
§ It is divided into **4 distinct stages**, each with unique maternal/fetal changes, timing windows, and nursing priorities.

§ Recognizing **normal vs. abnormal progression** is essential for preventing complications like hemorrhage, fetal distress, and uterine rupture.



02 MECHANISM · STEP-BY-STEP

Pathophysiology, Simplified



03 ASSESSMENT · BY STAGE

Signs & Symptoms · Stage by Stage

STAGE 1 · DILATION
Onset → 10 cm

~6-20 hrs

Latent Phase 0-5 cm

- Mild contractions q 5–30 min, 30–45 sec
- Talkative, excited, able to walk
- Bloody show, possible ROM

Active Phase 6-10 cm

- Moderate→strong contractions q 2–5 min, 45–90 sec
- Increased focus, pain, restlessness
- Transition (8–10 cm): nausea, shaking, "I can't do this"

RED FLAGS
Late/variable decels · FHR <110 or >160 · Labor >20 hr (nullipara) · Prolapsed cord · Bright-red bleeding

STAGE 2 · EXPULSION
10 cm → Birth

Null: ≤3 hr · Multi: ≤2 hr

- Strong contractions q 2–3 min, 60–90 sec
- Intense urge to push / bear down
- Perineal bulging → **crowning** → delivery
- "Ring of fire" sensation
- Cardinal movements: engagement → descent → flexion → internal rotation → extension → external rotation → expulsion

RED FLAGS
Shoulder dystocia (turtle sign) · Late decels · Prolonged stage 2 · Maternal exhaustion · Non-reassuring FHR

STAGE 3 · PLACENTAL
Birth → Placenta Out

5-30 min

- **4 Signs of placental separation:**
- Sudden gush of blood
- Lengthening of umbilical cord
- Fundus rises & becomes firm / globular
- Uterus shape changes from discoid → globular
- Placenta delivers "Shiny Schultze" (fetal side) or "Dirty Duncan" (maternal side)

RED FLAGS
Retained placenta >30 min · Uterine inversion · Hemorrhage >500 mL vag / >1000 mL C/S · Boggy fundus

STAGE 4 · RECOVERY
Placenta → 1–4 hr PP

1-4 hrs

- Fundus **firm, midline, at umbilicus**
- Lochia rubra — moderate, no clots > quarter
- VS stable; slight ↓ BP & bradycardia (50–70) = normal
- Chills & shaking common (safe & self-limited)
- Bonding window — initiate breastfeeding

RED FLAGS
Boggy or displaced fundus · Saturating pad < 1 hr · Large clots · ↑ HR, ↓ BP = early shock · Urinary retention

04

ACTION · ABCS & SAFETY FIRST

Priority Nursing Interventions

S1 Dilation Phase

- ✓ **Monitor FHR** q 30 min (low risk) or q 15 min (high risk / active)
- ✓ **Assess contractions** — frequency, duration, intensity, resting tone
- ✓ **Encourage position changes** & ambulation (if membranes intact & low risk)
- ✓ **Offer voiding q 2 hr** — full bladder = slow progress
- ✓ **Check cervix** only when necessary (↑ infection risk after ROM)
- ✓ Pain management: breathing, hydrotherapy, epidural

S2 Pushing & Birth

- ✓ **Monitor FHR after every contraction** (q 5–15 min)
- ✓ Coach open-glottis pushing with contractions
- ✓ Position for delivery (semi-Fowler, squatting, side-lying)
- ✓ Prepare birth kit / warmer / suction / resuscitation
- ✓ Support perineum; prevent uncontrolled delivery
- ✓ **Delayed cord clamping** 30–60 sec if infant stable

S3 Placental Delivery

- ✓ **DO NOT PULL the cord** — risk of inversion & hemorrhage
- ✓ Administer **oxytocin** per order after placental delivery
- ✓ Inspect placenta for completeness (cotyledons & membranes)
- ✓ Assess fundus for tone & position
- ✓ Estimate blood loss (EBL); quantify
- ✓ Collect cord blood for labs if ordered (Rh, type)

S4 Recovery

- ✓ **VS & fundus:** q 15 min × 4, q 30 min × 2, q 1 hr × 2
- ✓ Massage fundus **only if boggy**; support lower uterine segment
- ✓ Assess lochia — saturating > 1 pad / hr = hemorrhage
- ✓ **Encourage voiding** — full bladder displaces fundus (rightward/up)
- ✓ Ice to perineum × 24 hr (reduces edema & pain)
- ✓ Promote skin-to-skin; initiate breastfeeding within 1 hr

ABC

Always apply ***ABCs + safety + NCLEX priority framework***: *fetal airway/oxygenation* through FHR monitoring is ALWAYS the first assessment. If a non-reassuring pattern appears: ***reposition left-lateral → O_2 10 L via non-rebreather → D/C oxytocin → IV bolus → notify provider***.

05

PHARMACOLOGY · HIGH-YIELD MEDS

Drugs You Must Know

Oxytocin (Pitocin)

UTEROTONIC · LABOR AUGMENTATION / PPH

ACTION	Stimulates uterine contractions & controls postpartum bleeding.
SIDE EFFECTS	**Uterine tachysystole**, water intoxication, hypotension, non-reassuring FHR.
NURSING	Continuous FHR monitoring. **Stop infusion** if contractions > 5 in 10 min OR last > 90 sec OR late decels.

Methylergonovine (Methergine)

ERGOT ALKALOID · PPH — 2ND LINE

ACTION	Sustained uterine contraction to control postpartum hemorrhage.
SIDE EFFECTS	Severe HTN, headache, chest pain, N/V.
NURSING	**CONTRAINDICATED in HTN / preeclampsia**. Always check BP before giving.

Misoprostol (Cytotec)

PROSTAGLANDIN E1 · RIPENING / PPH

ACTION	Softens cervix (ripening) & induces contractions; controls PPH.
SIDE EFFECTS	Tachysystole, fever, chills, diarrhea.
NURSING	**Never give with prior C/S** (rupture risk). Remove vaginal insert if hyperstimulation.

Magnesium Sulfate

TOCOLYTIC / NEUROPROTECTION / PIH

ACTION	CNS depressant — relaxes smooth muscle, prevents seizures, neuroprotective for preterm fetus.
SIDE EFFECTS	**Loss of DTRs**, RR < 12, oliguria, toxicity.
NURSING	Monitor DTRs, RR, UO (≥ 30 mL/hr), Mg level. **Antidote: Calcium Gluconate** IV.

Epidural / Regional Anesthesia

LABOR ANALGESIA

ACTION	Blocks pain transmission in lower spinal segments.
SIDE EFFECTS	**Maternal hypotension** → fetal bradycardia, urinary retention, HA.
NURSING	**Preload 500–1000 mL IV fluids**. Monitor BP q 5 min × 15 min post. Reposition L-lateral if hypotensive. Ephedrine per order.

Terbutaline

B_2 AGONIST · TOCOLYTIC

ACTION	Relaxes uterine muscle — used for tachysystole or preterm labor (short-term).
SIDE EFFECTS	Maternal tachycardia, tremors, hyperglycemia, pulmonary edema.
NURSING	Hold if maternal HR > 120. Monitor glucose (esp. diabetics). Not for long-term use.

06 WARNING · DON'T FALL FOR THESE

NCLEX Test Traps ⚠

01 Confusing the boundaries of each stage

Stage 1 ends at **full dilation (10 cm)**, NOT at birth. Stage 2 ends at **delivery of baby**, not the placenta.

02 Pulling on the umbilical cord

~~Tug to speed placenta~~ → Wait for signs of separation. Traction can cause uterine inversion & life-threatening hemorrhage.

03 Massaging the uterus without checking the bladder

A **displaced fundus** (above umbilicus, to the right) usually means a full bladder — **have patient void FIRST**, then reassess.

04 Mixing up decelerations

Early = head compression (OK). **Variable** = cord compression (reposition). **Late** = placental insufficiency (EMERGENCY).

05 Giving Methergine with HTN

Always **check BP before Methergine**. Classic NCLEX distractor — if BP is elevated or pt has preeclampsia, HOLD the dose.

06 Responding to late decels with the wrong first action

First action = **reposition left-lateral**. THEN: O_2, stop Pitocin, bolus, notify MD. Not "call the provider" first.

07 Ignoring postpartum tachycardia

Postpartum **bradycardia is normal**; **tachycardia + ↓ BP = early hemorrhagic shock**. Don't be reassured by "normal" BP.

08 Forgetting FHR after ROM

After spontaneous or artificial ROM, the first action is **assess FHR** to rule out cord prolapse — before charting fluid characteristics.

07

TEACHING · EMPOWERING THE PATIENT

Patient Education

When to Come to the Hospital

- → **5-1-1 Rule:** contractions every **5 min**, lasting **1 min**, for **1 hr**
- → Rupture of membranes (note time, color, odor, amount)
- → **Bright red bleeding** (not just bloody show)
- → Decreased fetal movement (< 10 kicks in 2 hrs)
- → Severe headache, blurred vision, epigastric pain

Labor & Birth Techniques

- → **Breathing patterns**: slow-paced early, modified pant in transition
- → Upright positions & ambulation speed labor (when safe)
- → Push with contractions — **open glottis**, not prolonged breath-holding
- → Hydration & voiding q 2 hrs; full bladder slows progress
- → Support person techniques: counter-pressure, hydrotherapy

Postpartum Warning Signs

- → Saturating > 1 pad / hour OR passing large clots
- → Fever > 100.4°F, chills, foul-smelling lochia
- → Severe headache, visual changes, RUQ pain
- → Calf redness, unilateral swelling (DVT)
- → Feelings of hopelessness, harming self/baby

Newborn Care & Bonding

- → Initiate **skin-to-skin within the first hour**
- → Begin breastfeeding early — latch cues, colostrum benefits
- → Safe-sleep ABCs: Alone, Back, Crib
- → Expect physiologic jaundice by day 3–5
- → Cord care — keep clean & dry; fold diaper below

08 Memory Boosters

MNEMONICS · RETENTION TOOLS

VEAL CHOP — FHR PATTERNS

- **V** = **V**ariable decel → **C**ord compression
- **E** = **E**arly decel → **H**ead compression
- **A** = **A**ccelerations → **O**kay / oxygenated
- **L** = **L**ate decel → **P**lacental insufficiency

Match the top line to the bottom: V→C, E→H, A→O, L→P.

4 P's — FACTORS AFFECTING LABOR

- **P** **Passenger** — fetus: size, lie, presentation, position
- **P** **Passage** — pelvis & birth canal
- **P** **Powers** — contractions (primary) & pushing (secondary)
- **P** **Psyche** — maternal coping, culture, support

*Some texts add a 5th P: **Position** of the laboring mother.*

BUBBLE-HE — POSTPARTUM ASSESSMENT

- **B** **B**reasts (soft / firm / engorged)
- **U** **U**terus (firm, midline, at umbilicus)
- **B** **B**ladder (voiding; distention?)
- **B** **B**owel (bowel sounds, flatus)
- **L** **L**ochia (color, amount, clots)
- **E** **E**pisiotomy/incision (REEDA)
- **H** **H**oman's / legs / DVT signs
- **E** **E**motions & bonding

1-2-3-4 — STAGES IN PLAIN ENGLISH

- **1** **Dilate** — cervix opens to 10 cm
- **2** **Deliver baby** — push & birth
- **3** **Deliver placenta** — 5–30 min
- **4** **Recover** — first 1–4 hrs postpartum

"1 dilates, 2 deliver baby, 3 deliver placenta, 4 recover." — the fastest stage recall ever.

REEDA — EPISIOTOMY / LACERATION

- **R** **R**edness
- **E** **E**dema
- **E** **E**cchymosis
- **D** **D**ischarge
- **A** **A**pproximation (edges together?)

5-1-1 — GO-TO-HOSPITAL RULE

- **5** Contractions every **5 minutes**
- **1** Lasting **1 minute**
- **1** For **1 full hour**

Other "GO NOW" triggers: ROM, bright red bleeding, decreased fetal movement.