

Assessment of Effective Coping During Labor

Upon admission, ask the laboring woman about her preferences:

Which of the following best describes your plan for pain management during labor?

- _____ a. I would like to have an unmedicated birth. Please do not offer me any type of pain medication. If I decide that I want medication for pain, I will ask for it.
- _____ b. I want to see how it goes. I would like to try nonpharmacologic (non-drug) pain management strategies, but I may decide to use pain medications too.
- _____ c. I would like to have a small dose of pain medication (opioid) by injection (“shot”) or put into my IV (if I have an IV).
- _____ d. I would like to use nitrous oxide.
- _____ e. I would like to have epidural or combined spinal-epidural analgesia.

During labor, ask the laboring woman how well she feels she is coping with her contractions. Give her a scale of 0 (coping well) to 10 (not coping at all).

Coping Rating	Suggested Nonpharmacologic Nursing Comfort Strategies
0 to 3 She is coping well.	<ul style="list-style-type: none"> ▸ Encourage her – Tell her how well she is doing. ▸ Reassure her that labor is going normally; provide reassuring touch to shoulder or hand. ▸ Offer to stay with the laboring woman if her labor partner needs a short break. ▸ Inform her of options available such as a tub and/or shower.
4 to 7 She is struggling with her contractions.	<ul style="list-style-type: none"> ▸ If possible, provide continuous support; provide reassuring touch to shoulder or hand. ▸ Reassure her that what she is feeling is normal; give her information on her progress. ▸ Encourage her – Tell her how well she is doing. ▸ Modify environment – Turn down lights, play music (of her choice). ▸ Encourage upright positions. ▸ Encourage rhythmic movements such as: <ul style="list-style-type: none"> • Walking • Gently bouncing or swaying on a birth ball • Dancing • Rocking in a chair ▸ Encourage her to try a warm bath or shower. ▸ Massage (or show her partner how to) shoulders, back, hands, feet, to help her relax. ▸ Provide hot packs (shoulders, back) or cold packs (back, cool cloth to forehead, neck). ▸ Encourage her to vocalize during contractions (e.g. I can do it, I can do it). ▸ Add aromatherapy (jasmine or lavender scent in bath water, lotion, or essential oil on a cotton ball). ▸ If she is experiencing severe back pain: <ul style="list-style-type: none"> • Encourage her to try an all-fours position, pelvic tilts. • Encourage her to try the lunge. • Do knee press, counterpressure, double hip squeeze. • Provide hot or cold packs for lower back. • Offer intradermal water block.
8 to 10 She is overwhelmed, unable to cope effectively with her contractions.	<ul style="list-style-type: none"> ▸ Between contractions, try strategies listed above. ▸ Reassure her that you will stay with her to help her. ▸ Reassure her that what she is feeling is normal; acknowledge her pain. ▸ Have partner, other support person provide counterpressure to back as needed. ▸ During contractions, use the “Panic Routine:” <ul style="list-style-type: none"> • Position yourself so that you can have eye-to-eye contact with her. • With permission, place your hands on her shoulders or arms. • Breathe with her to help her establish a rhythm.

According to Joint Commission representatives, periodic assessment of either pain levels OR coping levels (with appropriate offers of assistance) is acceptable. In their 2017 Committee Opinion #687, *Approaches to Limit Interventions during Labor and Birth*, ACOG **recommends** using a coping scale rather than a pain scale for laboring women. This form was updated in 2018 by Debby Amis and Jeanne Green of The Family Way Publications. May be used with attribution.

Reprinted with permission from *Prepared Childbirth – The Educator’s Guide*© by Amis & Green.