

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 2019 Committee Opinion #766, *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 2019 by Debby Amis and Jeanne Green of The Family Way Publications. May be used with attribution.