

# Options/Interventions Card Game

Instructions: Divide class into groups. Give each group a “heading” card for each option/intervention and a set of cards listing facts you would like students to know about each option/intervention. Have students in each group work together to put “fact cards” under appropriate “headings.” Allow time for questions and discussion as you look at each group’s results. This game may be adapted to other topics of your choice.

Elective Induction	Epidural Analgesia	Fetal Monitoring	Nitrous Oxide
If due date is not correct, baby may be born too early.	Because of the effects of the medications used, mother may need extra support & patience to breastfeed successfully.	For low-risk moms, either intermittent or continuous monitoring is acceptable.	This medication is self-administered by the laboring woman holding a mask or mouthpiece to her face.
Continuous electronic fetal monitoring is almost always required.	Most effective pain relief.	Intermittent monitoring allows greater freedom of movement and access to bath and shower.	This medication does not slow down the progress of labor.
Ability to schedule birth.	Continuous electronic fetal monitoring is required.	If continuous monitoring is required, laboring woman may be able to sit in chair or on a birth ball beside bed.	This medication does not affect the baby or breastfeeding.
IV fluids almost always required.	Mother may develop a fever which can cause separation, testing of baby.	Continuous monitoring required for epidural analgesia; almost always required for induction.	This medication does not completely eliminate pain, but instead “takes the edge off.”
May increase risk for cesarean surgery, especially for first-time mothers, if not enough time is allowed for labor to progress.	If a “heavy” dose or very “dense” epidural is given, there may be an increased risk that vacuum or forceps is needed.	In many hospitals, continuous monitoring allows nurses to monitor mother & baby from the nurse’s station.	With this medication, neither continuous electronic fetal monitoring or IV fluids are required.
Contractions may peak harder and longer, increasing need for epidural analgesia.	IV fluids required.	The use of continuous fetal monitoring increases the risks for cesarean and vacuum & forceps deliveries.	This medication may cause a few women to feel nauseated, drowsy, or dizzy.

**Elective Induction**

**Epidural Analgesia**

**Fetal Monitoring**

**Nitrous Oxide**

This medication is self-administered by the laboring woman holding a mask or mouthpiece to her face.

This medication does not slow down labor.

This medication does not affect the baby or breastfeeding.

This medication does not completely eliminate pain, but instead "takes the edge off."

With this medication,  
neither continuous  
electronic fetal  
monitoring or IV fluids  
are required.

This medication may  
cause a few women to  
feel nauseated, drowsy,  
or dizzy.

Continuous electronic  
fetal monitoring is  
almost always required.

If due date is not  
correct, baby may be  
born too early.

IV fluids almost  
always required.

Ability to schedule  
birth.

Contractions may peak  
harder and longer,  
increasing need for  
epidural analgesia.

May increase risk  
for cesarean,  
especially for first-  
time mothers

Continuous electronic fetal monitoring is required.

Because of the effects of the medications used, mother may need extra support & patience to breastfeed successfully.

IV fluids required.

Most effective pain relief.

For low-risk moms,  
either intermittent  
or continuous  
monitoring is  
acceptable.

Mother may develop  
a fever which can  
cause separation,  
testing of baby.

Intermittent monitoring  
allows greater freedom  
of movement and  
access to bath and  
shower.

If a "heavy" dose or  
very "dense" epidural  
is given, there may be  
an increased risk that  
vacuum or forceps is  
needed.

In many hospitals, continuous monitoring allows nurses to monitor mother & baby from the nurse's station.

If continuous monitoring is required, laboring woman may be able to sit in chair or on a ball beside bed.

The use of continuous monitoring increases the rates of cesarean and vacuum & forceps deliveries.

Continuous monitoring required for epidural analgesic almost always required for induction.