

# Labor And Delivery Nursing Care Plan

Patient information	
Name:	Gender:
Age:	Date of birth:
Medical history	
Allergies:	Medications:
Assessment	
Subjective data	Objective data
Anxiety level:	Vital signs:
Coping mechanisms and support systems:	Uterine contractions:
	Fetal heart rate and position:
	Cervical dilation and effacement
Pain level and location:	Signs of labor progression or complications:
Diagnosis	

**Goals and outcomes****Long-term****Short-term****Interventions****Rationale****Evaluation**

**Additional notes****Healthcare professional information**

Name:

License number:

Contact number: