Dysfunctional Labor is described as hypertonic or hypotonic increases a woman’s risk for uterine dystocia.

Hypertonic are uncoordinated UCs occurring in latent labor. Women will be exhausted and concerned due to lack of progress.

Hypertonic - Nursing Diagnoses:
- Powerlessness RT – loss of control
- Ineffective individual coping RT – exhaustion, – pain

Interventions:
- Initiate therapeutic rest measures. – Analgesics if no ROM or cephalopelvic disproportion not present. (morphine, nalbuphine, meperidine)
- Relieve pain to permit mother to rest
- Assist with measures to enhance rest & relaxation(hydrotherapy)

Precipitous labor < 3hrs resulting from hypertonic UCs.

Precipitous - Nursing Diagnoses:
- Powerlessness RT – loss of control
- Ineffective individual coping RT – pain, inadequate support system
- Risk for infection RT – PPROM,

Hypotonic (2ndary uterine inertia) during active labor is stopped, weak or inefficient UCs.

Hypotonic - Nursing Diagnoses:
- Risk for infection RT – PPROM, – operative procedures
- Ineffective individual coping RT – exhaustion

Interventions:
- Perform ultrasound/Radiographic exam to rule out CPD, assess FHR, characteristics of AF if ruptured, and maternal well-being
- If above findings are normal, then – ambulation, position changes hydrotherapy, AROM, Oxytocin infusion

Prolonged Labor – when labor is protracted or arrested in 1st or 2nd stage of labor id by plotting cervical dilation and fetal descent on labor graph with expectations for nulliparous or multip labor.

Prolonged - Nursing Diagnoses:
- Risk for infection RT – PPROM, – operative procedures
- Ineffective individual coping RT – exhaustion, - pain, inadequate support system
- Risk for maternal or fetal injury RT – interventions implemented for dystocia

Interventions:
- coach mother in bearing down w/contractions, assist w/relaxation between UCs
- Position mother in favorable position for pushing
- Reduce epidural infusion rate
- Prepare for CS if nonreassuring fetal status occurs