

Stryker Adel Labor Bar™ Installation and Usage

PURPOSE OF THE STRYKER ADEL LABOR BAR

Stryker Adel beds are designed to accommodate a wide variety of positioning options to stimulate labor progress and/or bring comfort to the mother. A trained nurse or clinician can draw on their knowledge about the advantages of positioning to manage both routine and problem labors.

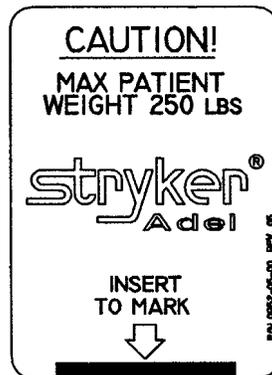
The purpose of the Stryker Adel Labor Bar is to facilitate the squatting position in second stage labor. Used properly, it will provide support while the patient is using the squatting position to aid labor progress.

RECOMMENDATIONS

The presence of a continuous caregiver (nurse, CNM, midwife, doctor) is recommended during use of the Labor Bar. The staff should be supportive and knowledgeable regarding physiologic positioning. The pregnant woman and the staff nurses and doctors should be educated in the benefits of the squatting position; why and when it should be used to aid labor progress.

INSTALLING/REMOVING THE STRYKER ADEL LABOR BAR

1. Grasp the Labor Bar on each side of the covered gripping area on the bar.
2. Stand at the foot end of the bed facing the headboard and slide the labor bar into the Labor Bar sockets until the Bar positions securely onto the socket locking pin. Verify the Bar is securely installed. Refer to the label shown below for reference.



3. Verify the Bar angle is facing toward the foot end of the bed.
4. To remove the Stryker Adel Labor Bar from the bed, lift and pull the Labor Bar out smoothly and evenly to avoid binding. Store in a convenient location.

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USING THE LABOR BAR

WARNING

To ensure patient safety and security, positioning the pregnant woman's feet beyond the front edge of the foot pans is not recommended. Do not use the Labor Bar without the foot section mattress in place.

To ensure product stability, use the Stryker Adel Labor Bar only on beds manufactured by Stryker.

The Labor Bar should be used if the pregnant woman has been in the active phase of second stage labor for 20–30 minutes without making significant progress, or immediately upon reaching complete cervical dilation if it is desired for maternal comfort.

With the bed in the chair position, have the pregnant woman grasp the Bar and pull herself into a squatting position to practice, if possible, before her pushing stage begins so she will be comfortable with the usage of the Bar.

If the pregnant woman hasn't practiced using the squatting position, use heel wedges to provide support for unstretched tendons, muscles, and ligaments while still allowing weight to be placed on the whole foot.

Delivery may take place in the squatting position or the Labor Bar can be removed at crowning if the foot section is to be removed for delivery.

