

## OB Assessment Activity

You recently completed your 12-week Labor and Delivery (L&D) orientation. Today, your Charge Nurses has assigned you the first admission. The L&D unit is full and there is only one open room is at the very end of the hall. A patient has just presented to the L&D stating her water broke about 2 hours ago and she thinks she is in labor.

1. As you escort your first patient to the open L&D room you start a conversation with your patient. Your conversation should be friendly, light, and as you begin to gather basic information about you patient and her pregnancy. What questions might you ask, that would not embarrass your patient, as you walk down the hall to her room?
  - a. Date of LMP
  - b. Who her OB is?
  - c. How she is feeling
  - d. Contraction frequency and duration
  - e. Who will be in the room, gender/name of baby?
  - f. Parity and para
  - g. Hx of fetal complications during pregnancy
  - h. Hx of maternal medical complications
  - i. Plan for delivery
  - j. Color and odor of amniotic fluid
2. The patient is in the room, has emptied her bladder, put on the hospital gown and is resting in the birthing bed. What would first assessment be? What would you need to do to accomplish that assessment?
  - a. Sterile vaginal exam
  - b. need sterile gloves
  - c. sterile lubricant
3. You perform a vaginal exam and the patient's cervix is 5-6 cms / 95 % effaced / 0 station. What fetal heart pattern would you expect to see on the Fetal Heart Monitor based on your findings? What in your assessment supports your answer?
  - a. Category 1
  - b. It is hard to tell which FHR pattern will be without much background, I would say since the labor is progressing well at 5-6cm and 0 station with ruptured membranes, the baby will be making its way through the birth canal with moderate variability, no late or variable decels. Due to the progression of labor, variable decels (category 2) could occur from cord compression but that's hard to know with what info is given.
4. What would be your next interventions?
  - a. Perform Leopold's maneuver to find fetal position/presentation and place the FHR at point of max impulse
  - b. Prepare patient for labor, patient is now in the active phase of labor and comfort is key.
  - c. Notify anesthesiologist if patient is wanting epidural, this would need to be done ASAP before any more progression