

Complete this during your labor and delivery experience and turn it in with your paperwork. Ask your instructor or TPC nurse to check over your findings

Situation:

Date/Time 8/28 0800 Age: 20
 Cervix: Dilation: 6/7cm Effacement: 80% Station: +2
 Membranes: Intact: AROM: SROM: Color: Clear 0215
 Medications (type, dose, route, time):
Oxytocin 12mu 0700,
 Epidural (time placed): 0314

Background:

Maternal HX:
 Gest. Wks: 40w 1d Gravida: 1 Para: 0 Living: 0 Induction / Spontaneous
 GBS status: + 1(-)

Assessment (Interpret the FHR strip-pick any moment in time):

Maternal VS: T: 99.3 P: 70 R: BP: 110/78
 Contractions: Frequency: 1.5-3.4 Duration: 60-70
 Fetal Heart Rate: Baseline: 150
 Variable Decels: Early Decels: Accelerations: Late Decels:

Pattern	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		Cord Compression	Discontinue oxytocin Change maternal position Administer oxygen at 10 L/min by nonrebreather face mask. Notify provider Vaginal or obstetrium examination to assess for cord prolapse Amnioinfusion Assist with birth if pattern cannot be corrected.	Relieve Cord Compression
Early Decelerations		Head Compression	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Accelerations		These are OK!	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Late Decelerations		Poor Placental Perfusion	Discontinue oxytocin Assist woman to lateral (side-lying) position. Administer oxygen Correct maternal hypotension Increase rate of intravenous solution. Palpate uterus to assess for tachysystole. Notify provider Consider internal monitoring Assist with birth if pattern cannot be corrected.	Maximize Oxygenation Increased Perfusion to Placenta

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed:

Around 1200 mom started pushing, she was close to delivering @ 1230 when the Dr noticed shoulder dystocia

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

N/A

so we laid mom flat pulled knees up + applied superpubic pressure for delivery

Delivery:

Method of Delivery: Vag Operative Assist: Infant Apgar: 7, 9 QBL: 322ml
 Infant weight:

Covenant School of Nursing Reflective Practice

Name:

Instructional Module:

Date submitted:

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

Step 1 Description

In labor and delivery I had a 20 year old mom, G1 P1 L0. When we arrived she was 6-7 cm dilated and 80% effaced. She had her epidural and baby looked good on the monitors so we let her be as she continued to labor.

Step 4 Analysis

At first when I was asked to step out of the way I was confused but then when they nurse started to apply superpubic pressure I immediately thought back to lecture and understood that we were dealing with shoulder dystocia.

Step 2 Feelings

In the beginning I was a little nervous just because we did have a first time mom and I had never seen a vaginal delivery before. However, my nurse was great and explained everything along the way which made me feel more comfortable.

Step 5 Conclusion

We achieved an outcome we wanted which was a delivery of a happy and healthy baby so I don't think anything should have been done differently or could have made the situation better.

Step 3 Evaluation

As labor progressed and mom started to push everything was going great. Then I was asked to step out of the way so they could get more help in there because the baby was presenting with shoulder dystocia. But the team in the room moved well together and the baby was only stuck for 36 secs.

Step 6 Action Plan

No one was prepared for how big this baby was but everyone handled the situation well in order to provide the best care. I don't think anything else could have been done to achieve a better outcome.

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Fundal massages	Not Urgent but Important PLAN Charting time + Vol of labor process
NOT IMPORTANT	Urgent but Not Important DELEGATE Vitals, temp to ensure no infection	Not Urgent and Not Important ELIMINATE Changing bed linens + pt gown

Education Topics & Patient Response:

Performing fundal massages + explaining that because of the shoulder dystocia she would be @ risk for hemorrhage + this is something that can prevent that. pt nodded w/ understanding + complied w/ the massages.