

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 _____ Age: 30 2/2
 Cervix: Dilatation: 9cm Effacement: _____ Station: _____
 Membranes: Intact: _____ AROM: X SROM: ✓ Color: clear
 Medications (type, dose, route, time): serenel
amoxicillin, LR, Oxytocin, Fental Zolof
 Epidural (time placed): 0237

0700: Gem/7590
 0750: 4cm/9090
 9:50: hung oxytocin
 10:30: start pushing

Background:

Maternal HX: 1/2005 Diabetes seizure like activity, POTs, BPD, GERD, PCOS, HSV, cholecystectomy
 Gest. Wks: 38 2/2 Gravida: 9 Para: 8 Living: 4 Due date: 1/17/21 Induction / Spontaneous
 GBS status: + 1
Rotated mom: cervix was thicker on one side, baby didn't like

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

Maternal VS: T: 98.6 P: 86 R: 16 BP: 136/71
 Contractions: Frequency: 1-3min Duration: 70-110sec
 Fetal Heart Rate: Baseline: 125
 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 speculum 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:

Vaginal delivery, one membrane ruptured, vacuum used
Complications: one membrane not fully ruptured, umbilical cord wrapped around neck x3

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

NICU team put baby under warmer, used blow by air, and a CPAP.
This is due to baby's low O2 sat.

Delivery:

Method of Delivery: Vaginal Operative Assist: vac Infant Apgar: 6/9 QBL: 300
 Infant weight: 6lbs 10oz