

Covenant School of Nursing Reflective Practice

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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.

<p><b>Step 1 Description</b></p> <p>Mom came in spontaneous labor on 9/8. She was given an epidural at 0030. <del>the</del> Baby was in OP position and putting alot of pressure on her back. CRNA gave a bolus and it helped her pain. She started pushing at 0940 when she was 100% effaced and dilated 10 cm.</p>	<p><b>Step 4 Analysis</b></p> <p>During the labor the FHR monitor showed that there were variable and early decelerations. I knew from lecture that these meant there was cord compression and head compression occurring</p>
<p><b>Step 2 Feelings</b></p> <p>At the beginning I was excited for what was coming. I was also concerned for the mom because she was having some pretty severe back pain.</p>	<p><b>Step 5 Conclusion</b></p> <p>During this event I got queasy and almost fainted and had to leave the room. To make this situation better I could have eaten breakfast to better prepare so I wouldnt have had to miss it.</p>
<p><b>Step 3 Evaluation</b></p> <p>During the laboring process we turned the patient to help elieviate her back pain and had the CRNA give her a bolus. These interventions went well and the moms pain was relieved.</p>	<p><b>Step 6 Action Plan</b></p> <p>I really enjoyed this experience and getting to see the FHR monitor being interpreted and the interventions done to help the labor process. I will utilize these tools next time I am in this situation.</p>

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: <sup>0720</sup> 9/10/03 Age: 32

Cervix: Dilatation: 8 Effacement: 90 Station: -1

Membranes: Intact: AROM:  SROM: Color: clear

Medications (type, dose, route, time):

LR 125ml, PNV, Pitocin 100ml

Epidural (time placed): 0030

**Background:**

Maternal HX: adequate prenatal care

Gest. Wks: 37<sup>0</sup> Gravida: 1 Para: ~~1~~ Living: \_\_\_\_\_

Induction / Spontaneous

GBS status: + 10

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

Maternal VS: T: 97.7 P: 10 R: 20 BP: 125/69

Contractions: Frequency: 3 min Duration: 50-70 sec

Fetal Heart Rate: Baseline: 150

Variability: Absent: Minimal: Moderate:  Marked: \_\_\_\_\_

Type of Variables: Early Decels:  Variable Decels:  Accels:  Late Decels: \_\_\_\_\_

Category: II (I, II, III)

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:

Baby was OP during labor we repositioned her on left lateral side with the peanut between her legs. Baby repositioned to right transverse for delivery. Mom was having back back pain, CRNA gave a bolus epidural

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

We repositioned to help baby turn

**Delivery:**

Method of Delivery: Vag Operative Assist: \_\_\_\_\_ Infant Apgar: 9/9 QBL: 328

Infant weight: 7lbs 2oz

# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent &amp; Important  <b>DO</b>                      Baby sunny side up reposition pt to get baby to turn</p>	<p>Not Urgent but Important  <b>PLAN</b>                      Reassess pain and fetal position in 15 minutes</p>
NOT IMPORTANT	<p>Urgent but Not Important  <b>DELEGATE</b>                      I got ice chips and apple juice for mom. I also changed the sheets when they got wet.</p>	<p>Not Urgent and Not Important  <b>ELIMINATE</b>                      Dad's family tried to visit when we were transferring mom to PP. We asked them to wait so mom could be transferred and evaluated</p>

**Education Topics & Patient Response:**

We educated that the back pain was from the position of the baby. Patient was worried about the severity but understood that it

was caused by babies position. We educated about the importance

of the fundal massage to increase uterine tone and prevent bleeding.