

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 10/21/25 Age: 28  
 Cervix: Dilatation: 7 1/2 Effacement: 90% Station: -1  
 Membranes: Intact:    AROM:  SROM:    Color: Clear 10/20/25 @ 1219  
 Medications (type, dose, route, time):

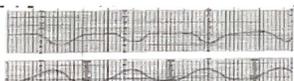
Pitocin  
 Epidural (time placed): 10/20/25 1616

**Background:**

Maternal HX: GERD, PCOS, depression, anxiety  
 Gest. Wks: 40 Gravida: 1 Para:    Living:    Induction / Spontaneous  
 GBS status: + /  $\ominus$

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

Maternal VS: T:    P: 97 R:    BP: 129/74 O<sub>2</sub> 94%  
 Contractions: Frequency: 1-2 / 5min Duration: 60sec  
 Fetal Heart Rate: Baseline: 158  
 Variability: Absent:    Minimal:    Moderate:  Marked:     
 Type of Variables: Early Decels:    Variable Decels:    Accels:    Late Decels:     
 Category: 1 (I, II, III)

Pattern	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		Cord Compression	Discontinue oxytocin Change maternal position Administer oxygen at 10L/min by non-rebreather 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 tachyastole. 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: Failure to progress

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

**Delivery:**

Method of Delivery: Cesarian Operative Assist:    Infant Apgar: 8 / 9 QBL: 1259123  
 Infant weight: 8 lb 9oz 1282

# 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

Cesarian birth, mom experienced FTP began prep at 0715, took mom into OR, the anesthesiologist performed a spinal & the staff began the cesarian

## Step 4 Analysis

I was able to help my nurse count the cesarian blood loss & determine that it was a hemorrhage since it was over 1000 ml my patient could experience hypotension because of this

## Step 2 Feelings

I was nervous, and anxious, I had never seen any kind of birth. The way the nurses & medical team were comforting mom & explaining the procedure was very admirable. I loved getting to see the parents reaction to the birth

## Step 5 Conclusion

I learned that during labor it is a team effort. There are lots of moving parts but everything was like a connected chaos. Mom was 7 1/2 cm we could have advocated for a vaginal delivery for mom.

## Step 3 Evaluation

The cesarian went well, and was controlled what made me feel uneasy was seeing the doctor pull baby out by the head. what was easy and enjoyable was seeing baby get cleaned up. I think I counted towels and blood loss well 😊

## Step 6 Action Plan

I enjoyed being able to take part in some ones special moment. I can use the lessons learned of communication to further improve my practice.

# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent &amp; Important DO</p> <ul style="list-style-type: none"> <li>• towel count in OR</li> <li>• performed fundal rub</li> </ul>	<p>Not Urgent but Important PLAN</p> <ul style="list-style-type: none"> <li>• Change plan from vaginal to cesarian birth</li> <li>• clinical judgement &amp; placed pt on hover mat for easier transport</li> </ul>
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <ul style="list-style-type: none"> <li>• shaved perineal area for C-section</li> <li>• took pt post op VS</li> </ul>	<p>Not Urgent and Not Important ELIMINATE</p> <ul style="list-style-type: none"> <li>• got ice chips for pt</li> <li>• grabbed warm blanket</li> </ul>

## Education Topics & Patient Response:

• breast feeding; pt responded well & engaged w her own questions

• ambulation; pt responded with questions about when to begin ambulation

• post anesthesia; patient was nervous about regaining feeling in lower body