

Covenant School of Nursing Reflective Practice

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Instructional Module: **6**

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<p>Step 1 Description</p> <p>0745, I walked into the patient's room along with the physician and nurse. Physician began to explain to mother that they will be artificially rupturing the membrane in order to help progress labor. After rupturing the membrane, the nurse and I assisted the patient into comfortable positions that also aid in engaging the baby in order for labor to occur. Throughout the shift, the nurse and I continued to monitor the fetal heart rate and uterine contractions as well as mom's pain and comfort. At 0800 and additional epidural dose was given to help manage pain from contractions. At 0900, variable decelerations were noted and the nurse and I assisted mom into moving positions. Finally at 1200, physician arrived and upon cervical examination, mom was dilated 10cm, 100% effaced and at +2 station. At 1225, baby was delivered and I assisted with taking pictures for the family and handing supplies to both the nurse and physician when needed. I also assisted in tidying up the room.</p>	<p>Step 4 Analysis</p> <p>I truly felt like I applied my knowledge of Fetal heart rate strips and overall clinical judgement to help my nurse in interventions like moving the patient when variable decelerations occurred. No complications occurred, everyone remained professional and worked as a team in order to achieve the goal of a safe delivery.</p>
<p>Step 2 Feelings</p> <p>Walking into the patients room I was feeling excited to be sharing a memorable moment for them as they prepared to meet their newest edition to the family, as we continued our care, I felt more confident in interventions we were providing as well as acknowledging why interventions had to occur. I was nervous at first to the possibility of witnessing a vaginal birth but as I helped prep the room, I began to feel more invested in the process and intrigued with the steps taken to help prepare for the labor. When the time came, I remember feeling excitement for the family as they became more expressive of their excitement and upon assisting the physician and the nurse with just handing them things and taking pictures, I began to feel such a joy that I was able to not only care for the patient, but also experience the beauty of seeing a birth and the feeling of accomplishment from mom as she trusted her body and us the staff to help her in welcoming their baby boy.</p>	<p>Step 5 Conclusion</p> <p>I feel that i could have made the situation better by being more confident in my knowledge and felt like I could have aided better in showing more confidence in my abilities. I don't think i would have done it differently other than being more confident and maybe asking to do more however i felt as though my nurse did a great job in delegating me to do task and even explaining to me what we were gonna do.</p>
<p>Step 3 Evaluation</p> <p>Throughout the labor, I believe everything went well in terms of keeping mom and baby safe, everyone wore the appropriate equipment needed to help prevent infection. I think for the most part it went very smooth, from the time mom became fully effaced and dilated, she only needed to push for 10 min for baby to come out. I believe that the team dynamic was very well, there was additionally two extra nurses that helped with getting everything ready while the primary nurse assisted the parents with the baby. I believe I contributed in the team dynamic as well in assisting with supplies needed throughout the labor and helping the extra nurses with task to aid in cluster care.</p>	<p>Step 6 Action Plan</p> <p>Overall, I was very pleased with my experience in delivering a baby, I truly feel as though I contributed and learned so much from every healthcare professional that assisted in caring for the patient. I truly feel like the biggest takeaways I got and hope to incorporate in my life is the amazing team dynamic everyone had, communication with the patient, my nurse was so educational and supportive and how to better communicate with other healthcare professionals like delegating task or recommendations.</p>

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent & Important DO</p> <p>Continuous Fetal Heart Rate Strip Assessment and pain management for mom</p>	<p>Not Urgent but Important PLAN</p> <p>preparing room to have what is needed for a vaginal delivery.</p>
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <ul style="list-style-type: none"> • holding mom's legs • help with repositioning 	<p>Not Urgent and Not Important ELIMINATE</p> <ul style="list-style-type: none"> • Give cotton balls with essential oil to manage nausea • Assisted in taking pictures for the family.

Education Topics & Patient Response:

variability was explained to mom. Pt. was understanding of the readings of variability and understood why we slowly increased pitocin after restarting infusion.

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: ~~4/20/20~~ 10/29 0137 Age: 30
 Cervix: Dilatation: 4 1/2 Effacement: 60% Station: -3
 Membranes: Intact: AROM: 0943 SROM: _____ Color: Clear
 Medications (type, dose, route, time): _____

0743:
5cm 60% -3
1200:
10cm 100% +2

Epidural (time placed): 0223

Background:

Maternal HX:
 Gest. Wks: 39 Gravida: 4 Para: 1 Living: 1 **Induction** Spontaneous
 GBS status: +

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

Maternal VS: T: 97.9 P: 56 R: 20 BP: 114/60
 Contractions: Frequency: 2 in 5min Duration: 60sec
 Fetal Heart Rate: Baseline: 140
 Variability: Absent: _____ Minimal: _____ Moderate: Marked: _____
 Type of Variables: Early Decels: _____ Variable Decels: 0900 Accels: 0800 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 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: 0743: AROM, 0800 additional epidural dose given, 0900 move positions due to variable decelerations. 1000, cervical exam performed 7cm, 80%, 0. 1100 cervical exam showed 8cm, 90%, 0 1200 cervical exam → 10cm, 100% and +2

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

No intrauterine resuscitation needed. My FHR showed some variable decelerations and we moved patient to help move baby around.

Delivery:

Method of Delivery: vaginal Operative Assist: _____ Infant Apgar: ___/___ QBL: _____
 Infant weight: _____

} had to leave before Assessment