

Covenant School of Nursing Reflective Practice

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Instructional Module: IMC

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<p><b>Step 1 Description</b></p> <p>On L&amp;D floor @ Covenant women's &amp; children's hospital on 11/5/25 I had been assigned to a patient that was having her baby/labring.</p> <p>My role was to assist &amp; learn from the primary nurse on how to care for Mom &amp; baby through delivery.</p>	<p><b>Step 4 Analysis</b></p> <p>This situation was very unique because the outcome was so great! - we ended with healthy Mom &amp; baby.</p> <p>From this situation I can apply safety &amp; quality assurance to my practice because reading those FHR/contraction strips correctly is so vital for Mom &amp; baby safety.</p>
<p><b>Step 2 Feelings</b></p> <p>This event at first made me pretty nervous, especially watching the FHR/contraction &amp; trying to make sure Mom &amp; baby remained safe &amp; stable. Once the delivery started I experienced an overwhelming amount of joy for this family.</p>	<p><b>Step 5 Conclusion</b></p> <p>I think as a student I was very quiet - I was trying my best to ensure I did not get in the way. But next time I'd like to exist better communication/support skills with the pt &amp; family.</p>
<p><b>Step 3 Evaluation</b></p> <p>Some good things during the delivery were the Mom's support system, pushing-labring time was only 20-30min.</p> <p>Some unfavorable things were the mom had a 2° laceration from delivering &amp; baby needed extra stimulation to start breathing well.</p>	<p><b>Step 6 Action Plan</b></p> <p>During this experience I learned how important it is to be thorough with strip reading &amp; fundal massages PP. I will take what I learned &amp; apply this sense-of-urgency / thorough care to all my patients in the future.</p>

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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 11/5/25 Age: 22

AROM @ 7:26am

Cervix: Dilatation: 9cm Effacement: 100 Station: 0

Membranes: Intact:      AROM:  SROM:      Color:     

Medications (type, dose, route, time):

epidural + LR fluids @ 125ml/h / maybe pitocin 30u/500ml holding & monitoring FHR/contractions

Epidural (time placed): 11/5/25 @ 11:26am

\*Urinary catheter removed prior to delivery

**Background:**

Maternal HX: A positive blood type

Gest. Wks: 39w 5D Gravida: 2 Para: 1 Living: 1

Induction Spontaneous

GBS status: + 10

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

Maternal VS: T: 97.3°F P: 98 R: 93 BP: 119/48

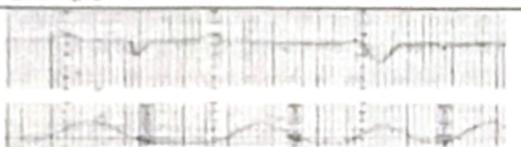
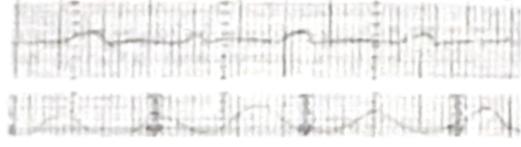
Contractions: Frequency: 2-3 minutes Duration: for 80-100 seconds

Fetal Heart Rate: Baseline: 130-150

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 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:

We stimulated uterine contractions with pitocin starting @ 2u/hr - 4u/hr. Contractions were every 2-3 minutes during labor & FHR indicated some early decelerations & accelerations especially upon mom repositioning. Mom pushed @ 10:50 - 11:17am. Baby boy born @ 11:17 on 11/5. Nursing team coming up to get assessment & wt.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: n/a

n/a; bulb suctioned small amounts of fluid from nostrils

**Delivery:**

Method of Delivery: Vaginal Operative Assist: n/a Infant Apgar: 8 / 9 QBL:     

Infant weight: 8lbs 10oz

# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO fundal Massage q15min	Not Urgent but Important PLAN Mon of Baby vitals *plan for every 15min for 1hr
NOT IMPORTANT	Urgent but Not Important DELEGATE *assisting pt family in getting food set up to room	Not Urgent and Not Important ELIMINATE *remaining the focus of ultrasound after delivery

Education Topics & Patient Response: fundal massage will be performed every 15 minutes for the first hour, then every 30 minutes for the second hour.

Ensure baby is wrapped up in at least 2 blankets & beanie

to make sure the baby's temperature stays regulated because they have a hard time providing their body heat on their own.

R: Pt response was cooperative & understanding & said she would ask questions if she came up with any.

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IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<i>Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.</i>	<i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i>	<i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i>	<i>Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.</i>	<i>Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.</i>

Safety & Quality:

Clinical Judgment:

Patient Centered Care:

Professionalism: I demonstrated professionalism through my nurse giving adequate latching/breastfeeding tips to mom ~~later~~ which lead to a successful baby latch.

Communication & Collaboration: