

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 0356 Age: 24  
 Cervix: Dilation: 1 Effacement: 80% Station: -2  
 Membranes: Intact: ✗ AROM: ✓ SROM:      Color: clear/pale red  
 Medications (type, dose, route, time):  
Cytotec 0.821 PO, Stadol 1mg IVP 0.821, Pen G 0.821 IV B8  
 Epidural (time placed): 1315

**Background:**

Maternal HX: NA  
 Gest. Wks: 34 Gravida: 1 Para: 0 Living: 0 Induction / Spontaneous  
 GBS status: (+) / -

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

Maternal VS: T: 98.2 F: 74 R: 13/98% BP: 134/78  
 Contractions: Frequency: 1.5-1.5 Duration: 30-110  
 Fetal Heart Rate: Baseline: 125  
 Variability: Absent:      Minimal:      Moderate: ✓ Marked:       
 Type of Variables: Early Decels:      Variable Decels:      Accels: ✓ Late Decels:       
 Category: I (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: complications = minimal variability → turned pt, stimulation, bolus, apple juice, popsicle  
labor process = induced, oxytocin & epidural started, started labor process w/ cytotec & stadol for meds  
ruptured membranes @ 1230 still dilated to a 2 & 80% effaced - all moms vitals wnl & FHR shows  
moderate variability w/ accels presents and contractions lasting 60secs about 4min apart

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: turned pt, fluid bolus, apple juice & popsicle = minimal variability

**Delivery:**

Method of Delivery:      Operative Assist:      Infant Apgar:      /      QBL:       
 Infant weight:

# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important <b>DO</b> <ul style="list-style-type: none"> <li>• monitor UC's &amp; FHR</li> <li>• pain medication</li> </ul>	Not Urgent but Important <b>PLAN</b> <ul style="list-style-type: none"> <li>• NICU team ready</li> <li>• resuscitation equipment ready</li> <li>• inducing labor</li> <li>• plan &amp; educate on epidural</li> </ul>
NOT IMPORTANT	Urgent but Not Important <b>DELEGATE</b> <ul style="list-style-type: none"> <li>• reposition</li> </ul>	Not Urgent and Not Important <b>ELIMINATE</b> <ul style="list-style-type: none"> <li>• family &amp; emotional support</li> </ul>

Education Topics & Patient Response:

educate on NICU team arriving, ~~now~~ talk about  
~~the~~ delivery process, how mom feels about birth w/ providing support, educate on when  
 to call for epidural if mom wants that. mom felt uneasy about the epidural because  
 of the needle so provided education on how it would feel & how the needle feels (lidocaine)  
 educating on how to feel the strength

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:** I provided safety & quality by providing support to mom because she was having anxiety during the waiting process. Educating on the waiting process know it can take some time since she is a first timer. We also prepared the room & baby warmer for delivery since it is a high risk.

**Patient Centered Care:**

**Professionalism:**

**Communication & Collaboration:**

## Covenant School of Nursing Reflective Practice

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Instructional Module: 6

Date submitted: 11/4/25

*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>The mom came in on 11/3 to get induced for labor. They started her off on cytotec and then broke her water &amp; started her on <del>the</del> oxytocin. She opted to get an epidural, so they started that around 1300.</p>	<p><b>Step 4 Analysis</b></p> <p>Getting to see all of the different strips was very beneficial to me because actually seeing what a true strip was &amp; being able to decipher between good &amp; bad helped a lot. I went in thinking that labor progressed a lot faster than it actually does, but knowing that it is different for all moms and being able to see that.</p>
<p><b>Step 2 Feelings</b></p> <p>I was feeling very excited for today. Nervous for the whole experience, but once on the floor the nurse &amp; family were so welcoming &amp; sweet so my nerves were calmed pretty quickly.</p>	<p><b>Step 5 Conclusion</b></p> <p>Honestly I think my nurse was so good in advocating for her pt to the Dr. She was very hands on and so supportive. She educated the pt on everything while also walking me through everything.</p>
<p><b>Step 3 Evaluation</b></p> <p>The labor process was going very smoothly. Mainly full of administering pain meds &amp; pen G. <del>time</del> We repositioned mom pretty often, monitored FHR, and help provide support during contractions.</p>	<p><b>Step 6 Action Plan</b></p> <p>This whole day was so exciting and such a fun learning environment. The nurses were so great &amp; taught me so much. One thing the nurse mentioned was that she thought the Dr broke the pts water a little early bc the baby did not respond very well to that, but we did stimulation &amp; position changes and that helped the baby. Overall, it was one of my favorite clinicals yet.</p>

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Labor & Delivery Medication Worksheet

Medication	Mechanism of Action	Maternal Effects	Fetal Effects	Nursing Management
<b>Oxytocin</b>	<ul style="list-style-type: none"> <li>• CAUSES MUSCLES OF THE UTERUS TO CONTRACT, HELPING STRAIN OR STRENGTHEN LABOR &amp; REDUCE BLEEDING PP</li> </ul>	<ul style="list-style-type: none"> <li>• UTERINE CONTRACTIONS ←</li> <li>• POSSIBLE HYPERSTIMULATION</li> <li>• NV HTA</li> <li>• ↑ BP</li> <li>• WATER INTOXICATION</li> </ul>	<ul style="list-style-type: none"> <li>• FETAL DISTRESS</li> <li>• VAGINOCALDIA</li> <li>• NIPPOXIA</li> <li>• LOW APGAR SCORE</li> </ul>	<ul style="list-style-type: none"> <li>• MONITOR UC</li> <li>• MONITOR FHR</li> <li>• ASSESS MOM'S VS</li> <li>• STOP IF UTERINE HYPERSTIMULATION</li> <li>• 4+URNS IF INDICATED</li> </ul>
<b>Misoprostol</b>	<ul style="list-style-type: none"> <li>• SOFTENS &amp; DILATES THE CERVIX &amp; CAUSING UG'S</li> </ul>	<ul style="list-style-type: none"> <li>• UG OR CRAMPING</li> <li>• N/V/D • FEVER OR CHILLS</li> <li>• ABDOMINAL PAIN</li> <li>• UTERINE TACHYSYSTOLE</li> </ul>	<ul style="list-style-type: none"> <li>• FETAL DISTRESS</li> <li>• VAGINOCALDIA</li> <li>• NIPPOXIA</li> </ul>	<ul style="list-style-type: none"> <li>• ASSESS VS &amp; FETAL FHR</li> <li>• MONITOR UTERINE ACTIVITY</li> <li>• PREPARE FOR 4+URNS IF INDICATED</li> <li>• MONITOR &amp; STOP IF TACHYSYSTOLE OCCURS</li> </ul>
<b>Turbutaline</b>	<ul style="list-style-type: none"> <li>• RELAXES SMOOTH MUSCLE OF THE UTERUS TO STOP OR SLOW UG'S</li> </ul>	<ul style="list-style-type: none"> <li>• TACHYCARDIA</li> <li>• PALPITATIONS</li> <li>• TREMORS OR NERVOUSNESS</li> <li>• HTA • NVN</li> <li>• HYPERTHYROIDISM</li> <li>• HYPOTENSION</li> </ul>	<ul style="list-style-type: none"> <li>• TACHYCARDIA</li> <li>• HYPOTHYROIDISM AFTER BIRTH</li> <li>• POSSIBLE NEONATAL HYPOTENSION</li> </ul>	<ul style="list-style-type: none"> <li>• MONITOR MOM VS</li> <li>• MONITOR FHR</li> <li>• CHECK BG</li> <li>• EDUCATE MOM ON POSSIBLE TREMORS, JITTERYNESS</li> </ul>
<b>Magnesium Sulfate</b>	<ul style="list-style-type: none"> <li>• RELAXING SMOOTH MUSCLES &amp; DEPRESSING CNS TO AVOID SEIZURES</li> </ul>	<ul style="list-style-type: none"> <li>• FLUSHING OR FEELS WARM</li> <li>• LETHARGY</li> <li>• NVN • DISTURBED VISION</li> <li>• MUSCLE WEAKNESS</li> <li>• ↓ REFLEXES</li> <li>• RESP DEPRESSION</li> <li>• CARDIAC ARREST</li> <li>• TOXICITY</li> </ul>	<ul style="list-style-type: none"> <li>• ↓ FHR UNSTABILITY</li> <li>• LETHARGY OR HYPOTONIA AFTER BIRTH</li> <li>• RESP. DEPRESSION</li> <li>• OFFERS NEUROPROTECTION</li> </ul>	<ul style="list-style-type: none"> <li>• MONITOR VS (RESP RATE)</li> <li>• ASSESS DTR</li> <li>• MONITOR URINE OUTPUT</li> <li>• MONITOR Serum Mg/SUL LEVEL</li> <li>• KEEP CALCIUM GLUCONATE</li> <li>• MONITOR FHR</li> <li>• PROVIDE SEIZURE PRECAUTIONS</li> </ul>

MONITOR LOC

<p>Carboprost Tromethamine <i>avoid in asthmatics</i></p>	<ul style="list-style-type: none"> <li>• causes strong UC's to contract PPH</li> </ul>	<ul style="list-style-type: none"> <li>• N/V/D</li> <li>• fever or chills</li> <li>• flushing</li> <li>• HTN • HTA</li> <li>• bronchospasm or wheezing</li> </ul>	<ul style="list-style-type: none"> <li>• fetal distress if given before delivery</li> <li>• bradycardia</li> <li>• hypoxia</li> <li>• death</li> </ul>	<ul style="list-style-type: none"> <li>• assess vitals</li> <li>• monitor uterine tone &amp; vaginal bleeding</li> <li>• monitor for bronchospasm</li> <li>• antiemetics</li> <li>• document amount of bleeding</li> </ul>
<p>Dinoprostone</p>	<ul style="list-style-type: none"> <li>• softening &amp; dilating cervix &amp; stimulating UC's to induce labor</li> </ul>	<ul style="list-style-type: none"> <li>• UC's or clamping</li> <li>• N/V/D • fever or chills</li> <li>• HTA or dizziness</li> <li>• uterine tachysystole</li> <li>• hypotension</li> <li>• uterine rupture (rare)</li> </ul>	<ul style="list-style-type: none"> <li>• fetal distress from low during strong UC's</li> <li>• bradycardia</li> <li>• meconium passage</li> </ul>	<ul style="list-style-type: none"> <li>• assess VS &amp; FHR</li> <li>• monitor uterine activity</li> <li>• remove vaginal insert if tachysystole occurs</li> <li>• have tocolytic available</li> </ul>