

Jessica Longoria - L3 D 11/12/2025

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 11/11/2025 Age: 32

0528

Cervix: Dilatation: 5 Effacement: 60% Station: -3

Membranes: Intact: AROM: SROM: Color:

Medications (type, dose, route, time):

Cytotec 3 pitocin

Epidural (time placed): 11/10/25 0824

intrauterine Growth restriction

Background:

Maternal HX: subchorionic hemorrhage, known coagulopathy, IUGR, 2 vessel cord (VA)

Gest. Wks: 36 Gravida: 7 Para: 1 Living: 1

Induction / Spontaneous

GBS status: + / (-)

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

Maternal VS: T: 97.9 P: 94 R: 98% BP: 124/74

Contractions: Frequency: 2-3mins Duration: 40-40 seconds

Fetal Heart Rate: Baseline: 145BPM 0700-0730 0745

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 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: The process went really fast (<5mins) once mom began pushing. The Dr. ~~did~~ did a 1st. tear repair. Mom had no complications. Baby need a little work from Nicu team to get baby breathing on her own. After a few minutes (about 3-4 minutes) baby began to breath on own.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: CPAP was done to baby and stimulated baby. Baby's Apgar score began at 1 then went to 9.

Delivery:

Method of Delivery: vaginal Operative Assist: NA Infant Apgar: 1 / 9 QBL: 173mls

Infant weight: 4lbs 4oz

(350mls)