

Covenant School of Nursing Reflective Practice

Name:

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Instructional Module:

Date submitted:

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<p>Step 1 Description</p> <p>During my labor and delivery clinical, I had the opportunity to observe a vaginal delivery, assist with patient repositioning and progression, fetal heart monitoring, giving meds, and the admission of a patient with IUGR. Around 08:12, I was able to observe a vaginal delivery with the patient's nurse, my assigned nurse, and the physician, helping with instrument cleans and counts. Documenting key events as they unfolded with times. I also took blood to the OR for a twin c-section. Overall, it was a busy and educational experience that gave me a better understanding of how the laboring process works and ways to help the laboring mom.</p>	<p>Step 4 Analysis</p> <p>From this experience, I was able to apply what I learned in lecture like repositioning techniques (IUR), fetal heart monitoring, and checking vital signs. As well as how these actions help improve both maternal and fetal well-being. It was exciting to watch how the things we study in class make a difference in real situations. Recent research supports using frequent position changes and continuous monitoring to keep the baby well-oxygenated and help labor progress safely. Reading a strip can determine what kind of accelerations and decelerations are occurring and what intervention would be best. Everyone on the team worked together with the same goal of keeping mom and baby safe. Seeing these different perspectives helped me understand how teamwork and evidence-based practice come together to create the best care possible.</p>
<p>Step 2 Feelings</p> <p>At the beginning of this clinical, I felt nervous and uncertain since I had never witnessed a live birth and wasn't sure what to expect. However, the lectures and class discussions beforehand helped me feel more prepared, especially in understanding the medications, stages of labor, and nursing interventions involved. Once I arrived, my nerves quickly turned into excitement as I watched the nurses interact and care for their patients. I especially appreciated the nurse-patient ratio, which allowed for more labor and delivery personalized and meaningful care. By the end of the day, I felt excited and happy, it was truly everything I had imagined and more.</p>	<p>Step 5 Conclusion</p> <p>I could have made the situation better by taking more initiative during labor, such as helping with fetal monitoring adjustments, communication with the patients' or being more involved in general. The nurses were great at including us and allowing us to learn what to do through each step of the labor and birth process in detail as it happened. From this experience, I learned how important timely interventions, teamwork, and communication are in ensuring a safe and positive outcome for both mother and baby during labor and delivery.</p>
<p>Step 3 Evaluation</p> <p>Overall, I truly loved getting to experience the entire birthing process, it was incredible to witness it firsthand, even though it wasn't my assigned patient. However, I did find it so rewarding to help my own patient progress in labor through position changes, Pitocin administration, use of the peanut ball, and antibiotic therapy. I also gained a deeper appreciation for how emotional and unexpected the admission process can be for mothers, especially one who was told she would be induced earlier than planned. I felt proud of my ability to demonstrate therapeutic communication, confidence in medication administration, and a willingness to learn, making the entire day both meaningful and inspiring.</p>	<p>Step 6 Action Plan</p> <p>Overall, this experience made me realize that I enjoyed all of it more than I expected and it opened my eyes to how rewarding this area of nursing can be. I found myself really interested in the fast pace, teamwork, and emotional connections involved in caring for mothers and newborns. Looking back, I would ask more questions and seek even more hands-on opportunities to build my confidence and skills. This experience taught me how much I value patient-centered, high-stakes care, and it has inspired me to seriously consider labor and delivery nursing as a possible future career path.</p>

admitted
11/11/17

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

EDC: 11/15
IV: 18g @ FA

Situation:

Date/Time 11/12 Age: 25
Cervix: Dilation: 1 Effacement: 30% Station: -3

Membranes: Intact AROM: SROM: Color:

Medications (type, dose, route, time):

ampicillin, tylenol, zofran, phv

Epidural (time placed):

High risk
hemorrhage risk

Background:

Maternal HX:
Gest. Wks: 39⁴ Gravida: 1 Para: 0 Living: Induction / Spontaneous

GBS status: + / - HIV:

blood: OT rubella: non-immune 4m dose of cytotec

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

Maternal VS: T: 97.1 P: 65 R: 14 BP: 150/85 96%

Contractions: Frequency: occasional Duration: 41-51 sec

Fetal Heart Rate: Baseline: 125

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 Amniocentesis Assist with birth if pattern cannot be corrected	Reverse Cord Compression
Early Decelerations		Head Compression	Continue to monitor labor progress	Maximize Oxygenation Healthy fetus at delivery
Accelerations		These are OK!	Continue to monitor labor progress	Maximize 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:

Keep repositioning and watching FHR.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Delivery:

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

Infant weight:

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO: -1,040 mL QBL during vaginal delivery	Not Urgent but Important PLAN: -Give meds to prevent PPH; Methergine and Oxytocin
NOT IMPORTANT	Urgent but Not Important DELEGATE: -reposition mom to get good FHR	Not Urgent and Not Important ELIMINATE: -took breakfast and lunch trays to dirty closet -wiped blood up off the floor after vaginal delivery and helped clean up the room

Education Topics & Patient Response:

- 1- Educate mom that postpartum bleeding is normal to experience for about 6 weeks but to be aware of large clots. The amount and color should decrease.
- 2- Let the mom know that there are different options for pain management including medication, epidural, breathing techniques, and repositioning.
- 3- Breastfeeding can be very challenging; you can't expect a large milk supply right away so do not get frustrated.

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: (Labor and Delivery); I used clinical judgment to reposition the mother when the baby's heart rate was difficult to trace due to the baby lying low in her belly. After repositioning, we were able to find a good spot to place the monitor to get a reading for about 30 min of fetal heart rate, showing the effectiveness of the interventions.

Patient Centered Care: (Mom Baby); For discharge education, I taught the mom about postpartum warning signs such as heavy bleeding, fever, or severe pain. As well as the importance of mom getting enough rest. For baby boy, I provided circumcision care instructions including keeping the area clean and dry and monitoring for redness, swelling, or bleeding.

Professionalism:

Communication & Collaboration: