

Kynzeigh Gonzales

11/12/20

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:

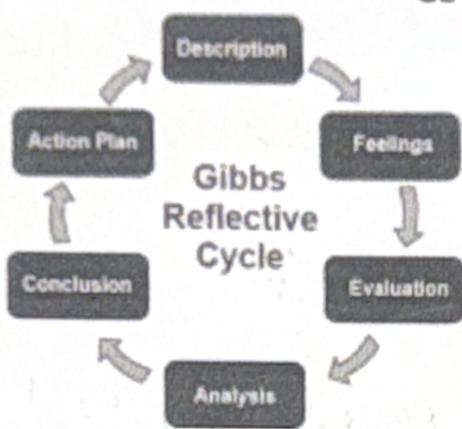
Clinical Judgment:

I used clinical judgment by continuously assessing this high-risk preterm labor patient with gestational diabetes and limited prenatal care. I assisted with interventions such as discontinuing the IUPC and Foley catheter, monitoring her response to an ineffective epidural, and preparing for NICU involvement due to the premature gestational age of the infant. My actions were based on ongoing maternal and fetal assessments to support a safe delivery.

Patient Centered Care:

Professionalism:

Covenant School of Nursing Reflective Practice



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice." (Tsingos et al., 2014).

Using the Reflective Practice template on page 2, document each step in the cycle. The suggestions in each of the boxes may be used for guidance but you are not required to answer every question. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the experience, with relevant details. Remember to maintain patient confidentiality. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice? about yourself? • How will you use this experience to further improve your practice in the future?

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Covenant School of Nursing Reflective Practice

Name: Kynzeigh Gonzales Instructional Module: IMU Date submitted: 11/18/25

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

<p>Step 1 Description</p> <p>I cared for a 23-year-old patient in preterm labor at 33+5 weeks after spontaneous rupture of membranes. She had gestational diabetes, a history of preeclampsia, and limited prenatal care. I assisted with monitoring during labor, discontinuing the IUPC and Foley, providing comfort measures, and helping prepare for the delivery. The baby was delivered vaginally and transferred to the NICU due to prematurity.</p>	<p>Step 4 Analysis</p> <p>This experience connected directly with what I've learned about preterm labor, gestational diabetes, and fetal monitoring. Understanding the risks helped me recognize why continuous monitoring and quick teamwork were necessary. I also saw how managing maternal positioning and comfort can impact fetal well-being. It showed the importance of evidence-based care during high-risk deliveries.</p>
<p>Step 2 Feelings</p> <p>At the beginning, I felt nervous because this was a high-risk situation with a preterm baby and a mom with multiple complications. As labor progressed, I became more confident as I worked closely with my nurse. I felt concerned for the baby but also proud that I was able to assist effectively during the delivery.</p>	<p>Step 5 Conclusion</p> <p>This situation helped me understand how quickly preterm labor can progress and how important it is to stay prepared. I learned the value of communication and teamwork in supporting both mom and baby. I also realized that I am more capable in high-stress situations than I expected. It is also important to teach and emphasize the importance of parental care especially with mothers who are diagnosed with gestational diabetes.</p>
<p>Step 3 Evaluation</p> <p>A positive part of the experience was being able to assist with important nursing tasks during a real high-risk labor. The challenging part was seeing the mom in pain due to an ineffective epidural and managing the fast progression of labor. My nurse did well guiding me and explaining each step, and I felt I contributed by staying calm and helping with assessments and comfort measures. Although the baby went to the NICU, the delivery itself went smoothly and baby was recovering well.</p>	<p>Step 6 Action Plan</p> <p>In the future, I want to improve my confidence in interpreting fetal monitoring and recognizing early signs of complications. I would continue asking questions and staying actively involved during high-risk deliveries. This experience will help me stay calm, think clearly, and apply evidence-based skills when caring for similar patients again.</p>

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Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p>Urgent & Important DO</p> <ul style="list-style-type: none"> - FHR monitoring - pain d/t ineffective epidural - dc IUPC & foley - mom comfort 	<p>Not Urgent but Important PLAN</p> <ul style="list-style-type: none"> - signs of PP hemorrhage - glucose monitoring & f/u gestational diabetes - education about rubella non-immunity & PP MMK vaccine
NOT IMPORTANT	<p>Urgent but Not Important DELEGATE</p> <ul style="list-style-type: none"> - getting extra linens and supplies - assisting w/ room setup / clean up - helping family move from L&D to mom baby unit 	<p>Not Urgent and Not Important ELIMINATE</p> <p>non essential conversations during active labor</p>

Education Topics & Patient Response:

The patient was taught about her 6 week post partum follow up appointment & the importance of going to it. She was also taught the need for continued at home blood sugar monitoring. Pt responded well & demonstrated understanding to the education instructions.

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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 11/12/25 Age: 23 ~~20~~
 Cervix: Dilation: 8 Effacement: 70% Station: -3
 Membranes: Intact: AROM: SROM: X Color: Clear
 Medications (type, dose, route, time):
hydralazine, oxytocin,
 Epidural (time placed): 11/11/25

Background:

Maternal HX: GDM, pre-e, preterm, high BP Induction / Spontaneous
 Gest. Wks: 33.5 Gravida: 2 Para: 1 Living: 1
 GBS status: + 10

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

Maternal VS: T: 99.7 P: 93 R: 24 BP: 143/90
 Contractions: Frequency: 3.5-4 Duration: 40-120 ~~3.5-4~~
 Fetal Heart Rate: Baseline: 155
 Variability: Absent: Minimal: Moderate: X Marked:
 Type of Variables: Early Decels: Variable Decels: Accels: X 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: Mom progressed through labor, had an epidural that did not work. We repositioned the external monitors to get a better reading on baby's Hk. We provided comfort & repositioning for mom due to the epidural not being effective. Complications: preterm birth, gestational diabetes, ineffective epidural

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: Mom was repositioned & closely monitored to improve placental blood flow to support baby during labor. This was done because baby was premature and at higher risk for fetal intolerance of labor.

Delivery:

Method of Delivery: Vaginal Operative Assist: Infant Apgar: 5, 8 QBL: 900 10/15
 Infant weight: 11#13