

Alyson Jordan

11/11/25

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

10415
3.5
1224 AROM
5 70% 0

Situation:

Date/Time 11/11/25 Age: 31 Effacement: 50% Station: -3
Cervix: Dilatation: 3 AROM: ✓ SROM: Color:
Membranes: Intact: ✓ AROM: Pen G 2.5 mHivrit IVPB Q4
Medications (type, dose, route, time):
Wytel 50mg PO Q4
Epidural (time placed): 0500

Background:

Maternal HX: bilateral fetal hydronephrosis
Gest. Wks: 39 Gravida: 4 Para: 2 Living: 2 Induction Spontaneous
GBS status: (+)

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

Maternal VS: T: 99.6 P: 75 R: 19 BP: 100/60
Contractions: Frequency: 12-14 Amin Duration: 50-60 sec
Fetal Heart Rate: Baseline: 120
Variability: Absent: Minimal: ✓ Moderate: Marked:
Type of Variables: Early Decels: ✓ Variable Decels: Accels: ✓ Late Decels:
Category: I, II, III, IV, V @10415

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:

N/A

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

N/A

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

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Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO • FHR & contraction monitoring	Not Urgent but Important PLAN • AROM
NOT IMPORTANT	Urgent but Not Important DELEGATE • went to supply room for sterile gloves for delivery	Not Urgent and Not Important ELIMINATE • ice chips for patient

Education Topics & Patient Response:

We educated patient and family member on what
 each of the lines meant/correlate with on the
 fetal HR/contraction strip when asked about it —
 patient and family member were grateful and
 felt more educated on baby's activity in relation
 to mom's contractions

Covenant School of Nursing Reflective Practice

Name: Allyson Jordan

Instructional Module: 6

Date submitted: 11/11/25

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

Step 1 Description

I was invited into the room of a laboring mom who was ready to start pushing at 1111. She pushed 3 times and baby girl was born at 1115. I was standing at the back of the room because there were so many people involved due to mom's history and current baby's problems. The NICU team, L&D nurses, a scrub tech and the OB were all in the room to take care of them. When baby girl was born, her APGAR was 1, so the NICU team worked to get her taken care of. Her 5 min APGAR was 9!!!! It was incredible.

Step 2 Feelings

I was feeling so excited and anxious to be able to witness a birth when we stepped on the unit. I was thinking about how I am going to be in these moms' position in a month which is crazy. The birth I witnessed made me feel so anxious yet joyful and when baby came out not crying and with such a low APGAR, the staff handled it all with ease which made me feel that nothing bad was happening at all. In the end, I felt so much happiness and love.

Step 3 Evaluation

The whole pushing process was incredible. Even with baby girl not looking so good right out of the gate, the process of working on her was seamless. While it was difficult waiting to hear the first cry, finally hearing it and seeing the reaction of the parents was worthwhile. I felt that everyone did great in their roles and reassured mom and dad that baby was great and being taken care of. I wish I could have contributed more, but with everyone in the room, the last thing I wanted to do was get in the way. I just congratulated mom and dad and stepped to the side to allow others to do what they needed to do.

Step 4 Analysis

In our lectures, we have been taught about the importance of having a three-vessel umbilical cord and the ramifications of not. This baby was missing an artery which resulted in low intrauterine growth restriction. It was expected that something was going to happen, so the NICU team was in place and ready to intervene when baby came out.

Step 5 Conclusion

I really don't know that I could have or should have done anything differently considered how many bodies were in the room. The only thing I would have suggested be different is that there were instances when the NICU team were working on the baby that there was silence. If that were me, I would've wanted to know everything that was going on with my baby. However, I also don't know if they had possibly already prepared mom and dad for what might happen afterwards considering her history.

Step 6 Action Plan

My biggest take away from this experience besides how amazing it was to witness and be apart of would have to be the professionalism and calm that the entire staff brought to the room in a time that was actually quite scary. I want to be able to carry that into my practice especially when I am placed in scary situations.