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 11-18 Age: 29

Cervix: Dilation: 2cm Effacement: 85% Station: -1

Membranes: Intact: ____ AROM: ____ SROM: ✓ Color: clear

Medications (type, dose, route, time):

Oxytocin - 8mU Cytotec

Epidural (time placed): 0457

Background:

Maternal HX: asthma

Gest. Wks: 39+4 Gravida: 1 Para: 0 Living: 0 Induction / Spontaneous

GBS status: + / (-)

Assessment (Interpret the FHR strip-pick any moment in time): 0730

Maternal VS: T: 100° P: 63 R: 20 BP: 133/68

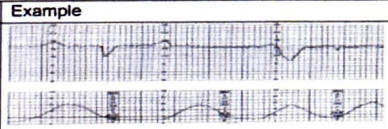
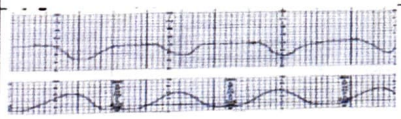
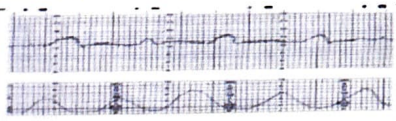
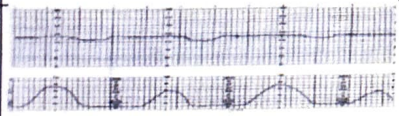
Contractions: Frequency: 2UC/10min Duration: 60 sec

Fetal Heart Rate: Baseline: 148

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 ☑ IUPC Assist with birth if pattern cannot be corrected.	Maximize Oxygenation Increased Perfusion to Placenta

- 0630: 1cm + late decels
- 0730: dc OXY + reposition
- 0800: IUPC + 2cm placement
- 0840: restart OXY moderate variability
- 910: early decels
- 0950: 4cm
- 1200: 6cm + 100°F so gave tylenol for fever

Recommendation/Nursing Plan:

Describe the labor process and nursing care given as well as any complications you witnessed:

Mom had SROM + epidural placed early that morning w 2cm + 85%, baby's FHR strip showed late decels, so IUFR measures were taken for more assuring FHR + further dilation

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

repositioning + stop OXY when baby had late decels

Delivery:

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

Infant weight: ____ didn't deliver during shift

Covenant School of Nursing Reflective Practice

Name: Jasmine Abalos Instructional Module: IM6 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.

Step 1 Description

• My patient had SROM + an epidural placed that morning with 2cm + 85% effacement. Since the FHR was nonassuring, the nurse and I performed IUFR measures to assist with a safe and healthy delivery. Though the patient didn't deliver during my shift, we continued to monitor her labor progression + fetal status.

Step 2 Feelings

• I'm always pretty nervous before clinicals, especially this one since I don't have much experience with pregnancy and babies! However, all of the laboring women I met this day were so friendly and excited to have their babies, so it went well. Even though we were concerned with the FHR, I was surprised to see how calm/chill the IUFR implementation went, since I expected it to be more urgent.

Step 3 Evaluation

• After repositioning mom and pausing oxytocin, the baby's FHR was more assuring. The nurse still notified the doctor afterwards who decided to place an IUPC for more accurate readings, which I thought was good since baby's FHR fluctuated. So, I thought that consistent monitoring of FHR + mom's labor progression (by doing SVE) went well.

Step 4 Analysis

• I already knew the 4 Turn's for IUFR and which variables / variabilities to look out for. Since the mom had an SROM earlier that day, we had to prepare/expect delivery soon. So, consistently monitoring the FHR and mom's progression of labor was very important. I was also surprised to see how often my nurse wanted to reposition her based on her clinical judgement.

Step 5 Conclusion

• I thought my nurse was very helpful and consistent with checking on mom and baby. So, I learned a lot about monitoring, resuscitation measures, and using clinical judgement. The only thing that I would've changed is including more education about post partum and any information regarding her birth plan.

Step 6 Action Plan

• Even though I don't want to work in this department, I enjoyed seeing how different the treatment plan and monitoring is for these patients. I learned about the importance of constant monitoring and measures to prevent complications by using clinical judgement. So, in the future I can definitely implement what I've learned by keeping a close eye on my patient and do what's best for their care with clinical judgement.

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Jasmine Abalos

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO • monitor FHR for nonassuring variability • monitor mom's labor progression (dilation + effacement)	Not Urgent but Important PLAN • pain management • post partum check up • IUFR measures PRN
NOT IMPORTANT	Urgent but Not Important DELEGATE (CNA can do 2) • VS + temp q2hrs • comfort measures + birth plan preferences • handling visitors/spouse	Not Urgent and Not Important ELIMINATE • ignoring patients needs • focusing on visitors instead of laboring mom • post-partum teaching (do after birth)

Education Topics & Patient Response:

• IUPC placement on baby due to nonassuring FHR + late decels, assuring mom it doesn't hurt baby, just shows more accurate reading which she showed understanding of.
• Frequent repositioning + pausing Oxytocin due to late decels, informing/teaching mom about medication and benefits to baby from IUFR measures. Mom showed understanding + complied with measures and got baby's FHR to desired outcome.