

Covenant School of Nursing Reflective Practice

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Instructional Module: 6

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<p>Step 1 Description</p> <p>Delivery of a baby is the event. The mother pushed longer than anticipated & the fetus experienced intermittent late decels. during labor. The baby was occipital posterior, but the delivery was successful.</p>	<p>Step 4 Analysis</p> <p>My knowledge of FHM helped me understand the significance of late decels & the importance of close monitoring. The occipital posterior position likely contributed to the prolonged pushing. This highlighted the importance of emotional support, communication, & timely interventions during labor.</p>
<p>Step 2 Feelings</p> <p>I felt nervous, but focused, especially due to the FHR changes & prolonged pushing. I also felt emotional for the mother because she did not have family or support present during labor.</p>	<p>Step 5 Conclusion</p> <p>Additional emotional support for the mother may have improved her labor experience. I learned how fetal position & HR patterns can impact labor progression.</p>
<p>Step 3 Evaluation</p> <p>One positive aspect of this event was that the mom pushed effectively & delivered vaginally despite challenges. The late decels & prolonged labor increased stress for the health care team.</p>	<p>Step 6 Action Plan</p> <p>Focus on providing emotional support. Strengthen skills in FHM interpretation & labor assessment. This experience will help me provide more holistic & patient centered care.</p>

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Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO Continuous FHM 4 turns Delivery Fundal Rub	Not Urgent but Important PLAN Doctor's prep table Call mom's family Provide emotional Support
NOT IMPORTANT	Urgent but Not Important DELEGATE Additional supplies for delivery + newborn care Room setup/cleaning post delivery VS when mom is stable	Not Urgent and Not Important ELIMINATE Paperwork not immediately required Conversations unrelated to pt care

Education Topics & Patient Response:

The patient was educated on the labor process, pushing techniques, & the importance of following instructions during delivery. Post partum education: Fundal massage + signs of hemorrhage. The pt verbalized understanding.

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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 2/3 Age: 22 VSAC
 Cervix: Dilation: 5 Effacement: 60% Station: -2
 Membranes: Intact: AROM: SROM: 0508 Color: Clear
 Medications (type, dose, route, time):
Bupivacaine (Marcaine) 0.25% 10ml, lidocaine 1% injection
 Epidural (time placed): 0629 today

Background:

Maternal HX: 1st pregnancy - 39wks, vaginal, SROM (M), 2nd - 39w, C-sec (F) - not living, 3rd - current
 Gest. Wks: 39w 3d Gravida: 3 Para: 2 Living: 1 Induction / Spontaneous
 GBS status: + / -

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

Maternal VS: T: 97.1F P: 69 R: 18 BP: 105/61
 Contractions: Frequency: 2 in 5 minutes Duration: 60 seconds
 Fetal Heart Rate: Baseline: 125
 Variability: Absent: Minimal: Moderate: Marked:
 Type of Variables: Early Decels: Variable Decels: Accels: Late Decels:
 Category: II (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 non-rebreather face mask. Notify provider Vaginal or speculum examination to assess for cord prolapse. Amniocentesis 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: Catheter placement, GBS swabs, late decels after internal FHR monitor, fundal rub, Leopold's maneuver, newborn assessment, cut umbilical cord

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Turning mom + fluid bolus, due to late decels

Delivery:

Method of Delivery: Vaginally Operative Assist: Infant Apgar: 8/9 QBL: 353ml
 Infant weight: 6lbs 13oz

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L + D

IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.	Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.	Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.	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.	Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.

MBI Safety & Quality: *... + ...*
 M+B

Clinical Judgment: My nurse recognized late + variable decels and use clinical judgement to initiate IUP interventions to promote fetal oxygenation + prevent further deterioration.

Community Patient Centered Care:
 Community

MBI Professionalism:
 M+B

Sim Communication & Collaboration:
 Sim