

## **OB Clinical**

Under the direct guidance and supervision of faculty you will have the opportunity to care for patients in labor, delivery, nursery, and postpartum. The Clinical Evaluation Tool is due by 0800 on Friday via the drop box. Please make sure to respond to the following questions in your CDG by Friday at 0800.

### **Clinical Expectations:**

- **The Clinical Evaluation Tool**

Complete the Clinical Evaluation Tool by Friday at 0800 and submit to your drop box.

- **Survey**

Complete the Clinical Evaluation Survey by **Friday at 0800** after all of your scheduled clinical days. Failure to complete this evaluation by the deadline will count as missed clinical time for one hour of clinical experience. There are separate OB Clinical Evaluation Surveys for Fisher Titus and Firelands.

- **Clinical Discussion Group Post**

**Directions:** Please answer the questions for your specific clinical site. **DO NOT USE ANY PATIENT NAMES OR OTHER IDENTIFYING INFORMATION. Your response needs to be at least 500 words and must include a reference and citation in proper APA format.** Please follow the Clinical Discussion Rubric. Please make sure to respond to the following questions in your CDG due by **Friday at 0800**.

1. **Objective 1a:** Please describe your patient for this week. (include GTPAL and APGAR scores caring for newborn)

My patient this week was a, 38-year-old, 24-hour post-partum woman that was G4 T4 P0 A0 L4. The woman suffered a second-degree laceration from the delivery. The newborn was a healthy baby girl, that was born vaginally. The baby's APGAR was 8 at 1 minute and 9 at 5 minutes.

2. **Objective 1i:** Discuss examples of family bonding you witnessed.

I witnessed the family bonding by spending time with their baby in the hospital. The woman's husband, and father of the baby, was there to give her support. The husband sat in the room and talked to the mother while she was recovering from labor and periodically holding the baby when the mother needed to do something. The mother bonded with the baby by doing skin to skin contact and breast feeding the baby throughout the day.

3. **Objective 1i:** What phase of postpartum adjustment to motherhood (taking-in, taking-hold, and letting-go) is your patient or patient's mother in and why?

The woman was in the taking-in phase of postpartum adjustment. She was 24 hours postpartum and was focused on her own physical recovery such as resting, eating, and talking about her birth experience. She was more dependent on others such as her nurses and husband. Her primary needs at that time were to rest, recover, and get help with basic care.

4. **Objective 1d:** Describe a safety concern in maternity nursing. This may be one you have experienced while on clinical or one you have read about. What can be done or is being done to improve or correct this situation?

A major safety concern I have read about in maternity nursing is postpartum hemorrhage. This safety concern can occur suddenly and progress quickly, which makes it important for nurses to recognize and intervene quickly. Nurses need to manage the third stage of labor and measure the blood loss of a woman after delivery to recognize what is normal and what is abnormal. The American College of Obstetricians and Gynecologists (ACOG, 2019) states, “The accuracy of blood loss assessment is improved with quantitative measurement techniques” (para. 7). If nurses use the most up to date evidence-based practice, postpartum hemorrhage can be reduced, leading to better maternal outcomes.

5. **Objective 5a:** What was something new or interesting you experienced this week when caring for your patient?

Something that was new and interesting that I experienced this week was watching a live vaginal birth and being able to look at the placenta after the doctor removed it from the mother. I also learned that if a woman has gestational hypertension, their health care provider will not let them be discharged until they have three blood pressure readings within normal limits.

6. **Objective 5e:** How are vaccinations tracked in the electronic medical record? What are the implications for the patient related to tracking or not tracking this data?

They are tracked by the information being sent to the pediatrician’s office. The nurse fills out a vaccination paper with the date and the sticker from the syringe. They get scanned and sent to the pediatrician’s office to be tracked. If it is not tracked correctly, they must start over the patients’ vaccinations. The pediatrician’s office records it in the Ohio database.

7. **Objective 5f:** Write an end-of-shift report utilizing SBAR for the patient you cared for this week.

**S-** The patient is a 38-year-old female G4P4, 24 hours postpartum after an induced vaginal delivery. She is experiencing gestational hypertension.

**B-** She delivered a healthy baby girl at 38 5/7 weeks. She came in active labor on admission, and an epidural was placed for pain management. Membranes were artificially ruptured noting thin meconium-stained fluid. Pitocin was initiated. Her uterus was firm and to the right of midline after delivery.

**A-** Currently she is in her room breastfeeding her baby girl. Her fundus is firm and right of midline. Vital signs BP: 122/70, HR: 76, RR: 16, SpO2: 99% on RA, Temp: 97.9.

**R-** I recommend that you monitor her blood pressure and further evaluate her perineal tear.

Reference

American College of Obstetricians and Gynecologists. (2019). *Quantitative blood loss in obstetric hemorrhage* (Committee Opinion No. 796). <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/12/quantitative-blood-loss-in-obstetric-hemorrhage>