

Lakeview College of Nursing  
N432 Maternal Newborn Care  
Clinic Observation Expectations

**Reflective Journaling Assignment:**

**Name an observation and describe the nurse's role. Provide up to three sentences explaining how this situation applies to one of the following concepts: Family centered Care, Empowering the Individual/Family, Independence to the greatest extent possible**

One of the main things the student nurse observed at the maternal-fetal medicine (MFM) clinic was online prenatal education for women experiencing a high-risk pregnancy. The high-risk pregnancies consisted of women with pregnancy complications, including gestational diabetes mellitus and preeclampsia. The nurse was the main educator for patients, and provided information on blood sugar monitoring, blood pressure monitoring, dietary changes, and nutrition, among other topics. The education by the nurse allowed patients greater independence as their pregnancy progressed. The online and over-the-phone education meant that patients were able to stay at home and away from the clinic office, and gave them the tools to monitor their conditions themselves. The education fostered independence among the patients and made them an active participant in their prenatal care.

**Describe a situation you experienced on this clinical day. While protecting client information, explain the role of the nurse in the situation. Give enough background information so the reader has a clear vision of the encounter. Name assessment techniques the nurse employed in this situation and provide support why these methods were chosen for this time. End this section by summarizing the recommendations the nurse provided for this client. This section can be personalized with your own reflection or reactions and may be written in first person.**

One interesting situation that I experienced was a woman who was 38 weeks' gestation presenting to the clinic with new, spontaneously ruptured membranes. This patient was visiting another clinic in the facility when her membranes spontaneously ruptured, prompting the clinic staff to send the patient to MFM. This occurred after a conversation with the labor and delivery unit, who wanted the patient to undergo an assessment and non-stress test before being admitted to the inpatient unit due to the patient not wanting to be admitted. The patient presented to the MFM office with the father of the baby, and reported mild contractions and no color associated with the rupture of membranes. The nurse practitioner assessed the patient, and the nurse performed a non-stress test. According to Ricci et al. (2021), the non-stress test is a non-invasive, non-painful test used to assess the fetal heart rate and the activity of the mother's uterus. Fetal heart rate is used as a marker of acid-base balance and oxygenation in the fetus (Ricci et al., 2021).

After determining the patient's labor progression, evaluating the non-stress test, and listening to the patient's desire to return home, the patient was sent home. The nurse educated the patient that she likely would be returning to the facility "within the next couple days" to give birth, and that there was an increased infection risk associated with her return home. Although the nurse personally stated to me that she would have preferred the patient to stay, the nurse respected the educated decision to return home.

**Follow up for #2 with supportive evidence. Find evidence that supports the nurse's action with assessment techniques OR recommendations. This section is to be written in a professional manner. Cite sources for the evidence supporting the actions of the nurse or provider. In text and reference list citation expected according to APA.**

According to Ricci et al. (2021), the nonstress test is one of the most commonly used prenatal tests. The test measures the fetal heart rate and uterine activity, and allows for fetal heart rate characteristics to be evaluated (Ricci et al., 2021). The nurse used this test to determine the variability of the fetal heart rate, which is a known marker for the acid-base balance of the fetus (Ricci et al., 2021).

Even though the patient's membranes had ruptured, she was sent home after assessment of herself and the fetal heart rate. This isn't uncommon practice, and according to Marcin (2020), it is safe to wait 24-48 hours for labor to progress after membranes have ruptured. Marcin (2020) explains that in most women true labor will begin within 24 hours of membrane rupture. There is a risk of infection associated with waiting after membrane rupture, and patients should be educated on signs of infection to look for (Marcin, 2020). The nursing team at the MFM clinic was within practice standards to send the patient home and was correct in educating her on timeframe and infection risk.

## References

Marcin, A. (2020). *How long after your water breaks do you have to deliver?* Healthline.

Retrieved June 22, 2023, from <https://www.healthline.com/health/pregnancy/after-water-breaks-how-long-baby-can-survive>

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.