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# Reflexing on OB clinical

During this clinical, I was shadowing a nurse who took care of the patient at forty weeks and six days of gestation. The patient was scheduled to have an induction of labor. She had one baby two years ago with a C-section. This time patient insisted on having a vaginal birth in spite of advice not to do that after c-section. The patient was brought to NT10 and was started on IV oxytocin (Pitocin). The nurse did amniotomy or artificial rupture of membranes (AROM) during labor. This is the first time that I saw how the amniotomy is done with a plastic hook. The patient was dilated 6 cm for several hours. Fetal heart rate monitor signals were not always visible on the screen, so the nurse and I had to roll the patient from side to side a few times. Also, we re-position the monitor on the abdomen. We would get FHR on the monitor, but only briefly, and then it would disappear again. Contractions were on for 4-5 minutes. The strength of contractions was changing. The nurse increased the dose of Pitocin infusion. After that, uterine

contractions became more substantial and frequent, and soon after mother was in active labor. Everything finished fast. The baby was born and was fine. Placenta came out, and we checked it. It looked complete without any part missing. The patient did not bleed very much, only 100cc. At that time, I inquired how the total blood loss was determined. It was a plastic bag, cone-shaped, that was put on the edge of the bed to collect blood. The patient had a few tears close to the vaginal entry, and a medical student sutured that. The patient was feeling well after everything was done. This clinical was an excellent example of teamwork. I liked it because I was also included in the work and learned so much.