Lakeview College of Nursing
N432 Maternal Newborn Care
Clinic Observation Expectations

You must notify your clinical instructor at least an hour prior to the start of the clinical at 6:45 am. You can text my cell phone number or send an email.

Review the chapters in the book on normal pregnancy development and prenatal care prior to this observation experience. This will help you prepare so you have an awareness of the types of patient encounters within the clinic setting. Communication is important and professionalism is expected in all interactions whether with clients, visitors, clinic staff, or providers.

The Carle Maternal Fetal Medicine clinic is located on the 2nd floor of the South clinic. The OB/GYN department is located on the 4th floor of the South clinic. You will leave after preconference at the hospital to go to your assigned observation site no later than 7:45 am and check in with the staff at the front desk upon arrival. The nursing supervisor is Kathryn Lowe RN for Maternal Fetal Medicine. Carley Inboden RN is the nursing supervisor for the OB/GYN department. You will be assigned to be with the nurses, possibly MOA's, and providers. Professional behavior of students is always expected. The Observation experience ends at 12:15 pm, you will then return to the hospital for a post conference. Before you leave you must have the RN whom you are following fill out and sign the evaluation form, put it into the envelope and seal it, then give it to you to bring back to the college at the next class period along with your evaluation of the preceptor.

This is a clinical experience so if a student misses any part of the assigned experience, it will count as a clinical absence and will be handled according to statements within the course syllabus and/or College of Nursing Student Handbook.

You will be required to complete a reflective assignment aligned with clinical competencies which will be due at 11:59 pm the **second** day after this clinical experience i.e. Saturday at 11:59 pm. Your assignment is to be a minimum of 1 page written in proper APA format and is to be in WORD and submitted to the drop box.

Reflective Journaling Assignment:

1. 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
2. Describe a situation you experienced on this clinical day. While protecting client information, explain the role of the nurse in the situation. Five 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.

3. 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.

1. An observation I made was the nurse working with a translator to best communicate with the patient. This exemplifies family centered care by accommodating the family's needs to give them the best experience. If the translator was not utilized the family may feel uncomfortable and it could increase the anxiety and fears they feel.

2. A situation I experienced was a non-stress test being conducted. The fetus was not having accelerations and was experiencing bradycardia. This was shown by the fetal heart strip we monitored. After forty minutes of this inactivity, the doctor went into the room to explain that this mother would be admitted to the labor and delivery unit. The role of the nurse was to monitor the strip and administer the ordered betamethasone to the patient to increase the baby's lung development. This steroid was administered in the hip due to the doctor's indication that the baby may need to be delivered early. The assessment technique the nurse utilized was assessing the fetal heart tones as well as contractions, decelerations, and accelerations on the strip from the non-stress test. This was done to assess the baby's heart rate and activity level during contractions. The nurse recommended that the patient try to rest while in the hospital, as she was being admitted to the labor and delivery for at least twenty-four hours. I found the nurse's assessment ability to be quite impressive because before she even looked at the strips, she said she heard decelerations, which proved to be present. This nurse was competent in her assessments and maintained professionalism throughout our interactions and with the patients.

3. A non-stress test is done to monitor a baby's heart rate. The nonstress test only lasts twenty minutes unless concerns arise, and the test must be conducted for an additional twenty minutes to ensure the results. This non-stress test was showing bradycardia and lack of accelerations. The National Library of Medicine supports this notion "The criteria for a reactive NST are at least two FHR accelerations lasting at least 15 seconds and rising at least 15 beats/minute above the established baseline heart rate. Most term fetuses have many of these accelerations in each 20- to 30- minute period of active sleep, and the term fetus seldom goes more than 60 minutes, and certainly not more than 100 minutes without meeting these criteria. When the non-stress test is not reactive, it should be extended to another 20 minutes in an attempt to separate the fetus in a period of prolonged quiet sleep from those who are hypoxemic or asphyxiated." (Umana & Siccardi, 2023). This baby was considered non-reactive due to not meeting the criteria of having accelerations lasting at least fifteen seconds and rising at least fifteen beats per minute. The provider also had the patient admitted to the labor and delivery unit. The patient was 36 weeks' gestation which usually means the baby is fully developed or enough so to deliver. MedlinePlus provides support of this by stating, "But if the result was nonreactive, your provider will probably take more tests to find out if there is cause for concern. If your baby is found to be at risk, you may need treatment or monitoring, or to have delivery induced if it is late enough in your pregnancy." (MedlinePlus, 2020). The patient is being transported to labor and delivery because patient's nonreactive stress test results caused the provider to believe it is necessary to admit the patient for further monitoring, assessment, and in the case of need to deliver. If this action was not taken, it

puts the mother at fetus at risk. It is also possible the baby was asleep during the non-stress test which would not be cause for concern.

References

Umana, O. D., & Siccardi, M. A. (2023, August 7). *Prenatal Nonstress test - StatPearls - NCBI bookshelf*.

National Center for Biotechnology Information.

MedlinePlus. (2021). *Nonstress test: MedlinePlus medical test*. MedlinePlus - Health

Information from the National Library of
Medicine. https://medlineplus.gov/lab-tests/nonstress-test/