Labor and Delivery Clinical Experience Summary

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The priority nursing diagnosis for my patient is labor pain related to contractions and pressure caused by quick fetal descent, as evidenced by moaning, crying, and restlessness (Phelps, 2023). I chose this nursing diagnosis due to the patient having contractions about every minute, causing her to be unable to have a break in between the contractions and struggling to find relief. The patient was constantly moving and writhing in bed, trying to find a comfortable position, and moaning/crying in pain. I also chose this diagnosis because as she was in more intense pain, the nurse called for the residents, and they performed a cervical exam. The nurse also performed an exam to compare findings with the residents, and they all agreed that the infant had descended very quickly, going from a -1 to a +1. However, her cervix was only dilated to 7 cm and still thick. The quick descent of the infant was causing pressure and most likely increasing the pain that the patient was feeling.

A nursing intervention that should be done is implementing nonpharmacological pain relief methods (Phelps, 2023). Nonpharmacological methods should be tried first to see if these can relieve the pain before progressing to more invasive methods. Another intervention that should be done is monitoring the mother's contractions and fetal heart rate (Phelps, 2023). Monitoring the mother’s contractions will help determine if they happen at a regular frequency and duration. Also, monitoring the fetal heart rate will help ensure the infant does not become distressed. One last intervention should be administering analgesics or another dosage of anesthesia if there is an epidural if other pain relief methods are ineffective (Phelps, 2023). This will give the patient quicker pain relief and control if the pain continues to increase.

When the patient first started to experience the pain, the nurse and I tried nonpharmacologic pain relief methods first. Some nonpharmacologic methods we implemented

were positioning, heat therapy, and breathing techniques (Durham et al., 2023). The patient was initially lying on her left side, and we helped move her to her right. A heat pack was also applied to the area of her abdomen where she stated she was feeling the pain, which was her lower right. We also set her fan on the bedside arm rail to cool her down. The nurse kept encouraging her to take deep and slow breaths as her contractions were happening. While doing these interventions, the nurse monitored the fetal heart rate and contractions. While doing so, the nurse stated that the contractions were happening too frequently, only one minute apart. She decided to lower the Pitocin that the patient was receiving. Pitocin is a medication that is used to induce labor; it is synthetic oxytocin, which is a hormone produced by the body to induce uterine contractions (Durham et al., 2023). As we continued to try and help relieve the patient's pain, the nonpharmacologic methods were not helping. Since the patient had an epidural, the nurse decided to administer another dose of it to see if that would relieve her pain. After a few minutes, however, the patient stated she was still in pain. The nurse decided to bring in one of the certified registered nurse anesthetists (CRNA) to see if she could administer a different medication through her epidural. The CRNA came into the room and administered Lidocaine through the epidural. This was highly effective because the patient was fast asleep after a few minutes.

The patient is a part of the first-time mother culture. The patient wanted to adhere to her birthing plan as much as possible. One preference she had was having a vaginal birth. She wanted to avoid having a cesarean section as much as possible. She was put on Pitocin and was dilated to 7 cm, so she was progressing smoothly for a vaginal birth. Another preference that the patient had was that she wanted to try only to breastfeed her newborn.

One thing that put me out of my comfort zone during this clinical was watching the fetal heart monitors. Being able to correctly interrupt the monitor, specifically the fetal heart rate, is

something that I still need to practice and become accustomed to. The interprofessional coordination that I saw on the labor and delivery floor was excellent. The nurse would work with the providers and the residents to provide care to the mother as she progresses through labor. The nurse would assist them when they would come to perform cervical checks and coordinate with them on how to proceed with care. The nurses also coordinated with certified registered nursing anesthetists (CRNA) when inserting epidurals for patients. The nurse would help the patient get into the correct position for epidural placement and continue to provide support to the patient while the CRNA placed the epidural. The nurses also helped provide support to the operating room staff when the patient was undergoing a C-section. Being on the labor and delivery unit was a great experience. I enjoyed watching surgery again since I used to work in the operating room. I also liked learning about fetal heart rate monitoring and having more practice in trying to interrupt them. After finishing this clinical rotation, I realized there are many aspects to the labor and delivery specialty and many things to learn.

References

Durham, R., Chapman, L., & Miller, C. (2023). *Davis advantage for maternal-newborn nursing: Critical components of nursing care* (4th ed.). F.A. Davis.

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.