

**Clinical Experience Summary for Postpartum**

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## **Nursing Diagnosis**

The priority nursing diagnosis is as follows: Risk for injury related to hyperactive neurological system as evidenced by hyperactive deep tendon reflexes. I chose this nursing diagnosis because it fits her medical diagnosis of postpartum preeclampsia. It was evidential that her neurological system was heightened because each time the nurse and I went to test her reflexes, they were hyperactive. She also was on seizure precautions because of her current condition. All of these factors put the patient at a significant safety risk. It made the most sense to put this as priority (Curan, 2025).

## **Nursing Interventions**

The first nursing intervention that took place was her magnesium drip. For my patient, she was given a bolus and then received a continuous infusion for twenty-four hours. During my clinical time, she went from two grams an hour to one gram an hour. At therapeutic levels, this medication results in vasodilation of the whole body, including the brain, and decreases the activity of the nervous system (Durham, 2023). Therefore, the magnesium was used to maintain her blood pressure once it was lowered with the use of other medications. Since it also decreases the activity of the nervous system, it helps reduce the risks for seizures. This medication was a necessity for her preeclampsia.

The second nursing intervention was the use of oral antihypertensive medication-labetalol. Labetalol is a beta blocker that lowers blood pressure. It decreases vascular resistance and causes vasodilation; thus, it decreases blood pressure (Drugs.com, 2024). This medication is implemented immediately to increase chances of survival. This uncontrolled blood pressure can

cause myocardial ischemia, lead to renal failure, congestive heart failure, and even a stroke (Cleveland Clinic, 2025).

The third nursing intervention that was done was putting her on seizure precautions. I recently learned from a teacher that 'eclampsia' means 'seizures.' With preeclampsia, the healthcare team put into practice certain measures, so hopefully the patient does not progress to an actual seizure. Seizures can lead to a brain injury, especially if the patient falls in the process. It can also lead to a stroke (Mayo Clinic Staff, 2024). Her side rails on her bed were padded, her environment had minimal stimulation, suction and oxygen were ready if needed. She also had IV access if needed as well (Guo, 2025).

### **Nursing Evaluation**

We completed numerous assessments of my patient in regard to her magnesium drip. We went in to check on her every thirty minutes to an hour, not a second longer. We assessed her vitals, especially checking her blood pressure. We also completed deep tendon reflexes on her legs. I was really interested in this part because she did a 'chopping' mechanism. She supported the back of the patient's leg and then 'chopped' underneath her knee. The patient then exhibited a reflex. Her reflexes were heightened. We also assessed the edema in her lower legs. We both considered it a 3+ edema because of how swollen she was. Lastly, we assessed for Clonus, which was negative each time. With each assessment, we compare it with the last to see if she was improving or worsening. She remained the same in the state of her condition while I was there.

The second intervention was taking the labetalol. We evaluated by checking her blood pressure every hour. Because she was given this medication routinely, her blood pressure was stable. It typically was textbook perfect. It was always around 120/80.

Lastly, with each time I went inside her room, I assessed her surroundings- made sure nothing was in the way, made sure the padding was still on the rails, made sure the emergency supplies were ready too. Thankfully, she did not have a seizure while I was there. However, I feel confident that if she did have one, she would have been safe, which is the main priority.

### **Patient Culture**

The patient culture I am choosing for my patient is “women who have postpartum complications.” Preferably, my patient, in addition to most, would have wanted a complicated free postpartum. Instead of having a planned vaginal delivery, she had an emergency cesarian birth. Additionally, her baby was taken to the NICU. Things, such as breastfeeding and skin-to-skin have been temporarily put on hold while they both recover.

### **Clinical Experience**

For me, the thing that pushed me out of my comfort zone was actually not talking much. Typically, I have only had clinicals on a med-surg floor, and I also work as a tech on a med-surg floor. I have never worked in postpartum, let alone have a kid. I have no connection or understanding of what the birth giver is going through. She is in a lot of pain, is beyond dizzy and nauseous, her baby in the NICU, and no support people around her. I tried to think of things to say or do, but I realized there was nothing. For me, that’s out of my comfort zone because I am bubbly and like to talk.

While on the floor, I got to see a lot of my mom’s old coworkers from maternal fetal medicine. I had no idea that they actually rounded on the floor as well. Seeing them, nurses, the techs, us students, the doctors for that floor, in addition to the MFM providers, showed me one

important thing. Each patient has so much support- emotional and physical. Everyone working is there for them. For me, I enjoyed seeing that coordination.

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