Clinical Exemplar
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My shift on Labor and Delivery starts before I walk onto the floor at 0700. I drive along the Canandaigua pier to calm my soul and center my mind for what the day is about to bring me over the next twelve hours. I use the idea of water and waves to teach relaxation and breathing during labor, along with a soft, reassuring voice. I will not leave my patient when they are ready for me to stand, kneel or sway by their side. I take pride in being their "person"…strong, sincere, committed, open minded, and non-judgmental with a patient centered focus.

I am proud to be a Registered Nurse at FF Thompson Hospital where we follow the Synergy Model Of Care. My caring practices surround my patients whose vulnerability is to be protected. I have been witness to many births, and also death. I have been placed in the lives of many women and their families to provide my confident and accurate clinical judgment to situations.

As an OB nurse, we are privileged to be a part of people's birth stories almost everyday. Patients and families ask me all of the time if it gets "old", and my answer is always "No". Every birth is with a new family, a new labor path, and no one baby looks alike. The moment when the mother becomes the amazing nurturer she is meant to be and the emotion that flows in room with their significant other and family is not ever the same as the last delivery. The hormones and endorphins are amazingly primitive and raw.

I was chosen by the universe to labor with a married primipara couple (referred to as "Nora and Dave" to protect their privacy) that came into the hospital overnight in spontaneous labor and rupture of membranes. Nora is a 32 year old teacher and Dave is a 33 year old engineer. This was a term pregnancy and Group Beta Strep status was negative. They have been awaiting the birth of their expected baby girl, and now the journey through labor and delivery has begun. Nora was sitting up in bed when the midwife and I walked in at 0740. I introduced myself as usual and felt an immediate connection. Nora desires to avoid medication and an epidural. She will be breastfeeding her newborn and would like to facilitate this when baby is put up on her abdomen after delivery. She has Lactated Ringers solution infusing in her left arm, and the external fetal monitors and tocodynamometer are in place. Her vaginal exam is 4.5 cm…active labor phase. Nora requests to be out of bed and in the bathroom to sit on toilet. She wants to move around, and I reinforce the importance of changing positions often. I praise her for listening to her body and what it is asking of her. Nora and Dave are receptive and appear to feel proud. I brought in a birthing ball for her to sit on while teaching how a wide stance and rocking back and forth will facilitate fetal descent and allow the head to engage into the pelvis. She complains of back pain so we discuss the possibility of baby being in the occiput posterior position, which can push the prominent occiput against the sacrum, causing discomfort. I taught Dave how to apply counter pressure to the sacral area, and he is happy to help his wife in any way he can. He assists her to and from the bathroom. We reviewed the position where Nora puts her arms around his shoulders and neck, allows her body to drop and transfer the tension and pain over

to Dave. Nora's ability to move into a trance is amazing. She listens to my voice and is completely focused in a "flow state".

At around 1000, Nora is more uncomfortable. A small bloody show is noted on the chux. I suspect more dilation is occurring and call the midwife to notify her of my patient's change in status. Labor is managed by the MD or CNM from the office with the ability to immediately come to the hospital as requested by the nurse. Collaboration is key to quality patient care. Nora is not requesting anything for pain. This is her participation in decision making. I placed a few gauze squares in the room with essential oils dropped on them for aromatherapy. We discussed her wishes earlier, and at that point I tell the patient I will not burden her mind with questions about her discomfort once things intensify. When labor begins to change in the active phase, I observe the patient's breathing, skin color of the face/cheeks, and body language for indicating increased pain. If the patient requests information related to medication or epidural, I provide unbiased education, but after our initial discussion I always let the patient verbalize their needs to me. It is important to be whatever the patient needs you to be, always providing advocacy and moral agency. Actions can speak louder than words in labor. My systems thinking reminds me to look for other ways to provide a warm, safe, and reassuring environment where the mother can labor and feel comfortable throughout her journey.

My awareness and understanding of the dynamic emotional process through which a woman travels during labor and after into motherhood is exactly what bonds us. This is essential to being completely available and non-judgmental through the ups and downs. My awareness of the mother's vulnerability moves me to employ my caring practices for Nora's wishes for a non interventional labor. Assisting Nora with the ability to move around freely in the room is the pain management priority until Nora says otherwise. I move with her often to continue to trace the fetal heart. I can feel the energy moving through her as the waves of contractions come and go. I breathe with her. Nora is creating her own music.

My intuitive sense tells me that Nora is quickly moving through the transition phase. The midwife will be coming over soon unless needed asap. Blood pressures are taken every 2 hours with the temperature to minimize interventions while following policies. I choose to take temps via the axillary method once the patient's breathing becomes purposeful and focused. Again, my systems thinking skills are put into action, as I understand the patient's needs for a peaceful room, a soft voice and only intervening when necessary.

The CNM arrives a few minutes before 1100. Nora, Dave and I have been working hard, standing and leaning over the bed in high position, moving on and off the birthing ball to the toilet where she prefers to sit, moaning. Dave continues to provide massage and both of us praise her natural efforts, providing continuous emotional support. We help her into bed. A quick vaginal exam proves her to be 9cm/90%effaced/+1 station. This baby's head is low and she is progressing quickly. The cervix is extremely thin. Dave assists me in moving Nora into a position leaning over the back of the bed. During the contraction, her breathing and moaning is rhythmic while the CNM provides pressure point relief at the sacrum. Nora sinks her hips down with her knees wide and lets out a loud sound with every uterine "hug" to the baby. My mind tells me she is fully dilated and baby has moved down

further into the pelvis. She labors in this position until the midwife checks and finds her to be 10cm around 1115. The fetal monitor continues to print out a Category II tracing.

Second stage labor has begun. Nora feels like pushing. She is swaying back and forth while kneeling in bed, pushing with contractions. Sounds come from deep in her soul. I purposely make eye contact with her often to keep her focus while coaching her during pushing. It is time to call the baby nurse to the room. Everything is normal yet somehow supernatural. Nora verbalizes the need to stand up in bed. The midwife allows this. Dave and I are on either side of the bed holding her steady while Nora palms and grabs our shoulders when she bends her knees and bears down pushing. The perineum bulges and there is a small crown noted. The midwife is setting up her sterile delivery table, keeping the milieu calm and restorative to allow the mother to be open and receive her baby. Nora is "dancing" to and "singing" the song of labor all on her own. At this point I am quiet and providing physical support for her safety. I am in awe of her focus and strength. Everyone in the room is focused on her. She almost appears to be glowing. As Nora pushes again, we have her squat down in bed, and she produces a large crown. With the next push a miracle enters the world…a baby girl is born to Nora and Dave. The room is filled with tears of joy, but my job continues and at 1 minute I tell the baby nurse the Apgar score of 8. I assist Nora with moving "Claire" to breast. I am now aware of the maternal status while the parents bond with their newborn. I discuss skin to skin contact for temperature control, and how the infant is listening to her heartbeat and their voices on the outside.

A woman has noticed the strength of her mind, body and soul. She has delivered pure life into our world. Her husband looks at her with love and admiration. They are a family now, purely positive and optimistic for what this life will bring.

I notice the midwife waiting longer than normal for delivery of the placenta. Nora's attention is on her baby. She is comfortable but unable to expel the placenta. Bleeding is within normal limits, but the placenta is not detaching, as it should have by now. I am cycling the BP cuff every 2 minutes and pulse oximetry continuously to monitor vital signs that may change as a result of internal bleeding. With Nora's permission, I gently moved Claire over to the radiant warmer with the baby nurse. Dave walked over to touch Claire and take pictures. Understanding the risks of retained placenta and post partum hemorrhages, I did not leave my patient's side and awaited orders from the CNM. At the 25-minute mark, a MD arrived at the patient bedside per the midwife's request. He discussed the plan of care with Nora and Dave regarding manual removal of the placenta. While recognizing the complexity of the situation, my clinical judgment leads me to prioritize and delegate tasks to allow me to focus on key elements. I delegated the task of documenting and patient bedside support while I retrieved the medications Nubain, Narcan and Versed per MD order. I reassured the couple as did the MD, CNM and second nurse. As the procedure started, I meticulously followed doctor orders and administered meds with a witness nurse. I verbalized vital signs as they were taken and medications as they were given. This woman who had just labored through a marathon with no pain medication is now completely medicated for the removal of her placenta and unable to keep her baby at breast. Sometimes nature's way is

complicated and unexplainable. My therapeutic touch and eye contact provided a feeling of trust and understanding to the patient. Nora was very close to being transported to the OR when the doctor was able to completely remove the placenta and a few small fragments. Bleeding continued to be within normal limits. I added Pitocin to the primary IV bag and administered Methergine IM to contract the uterus per MD order. Continued frequent vital signs and O2 saturations remained stable. Nora was very sleepy throughout recovery and after. My hand moved to Dave's shoulder to reassure him that Nora's sleeping and drowsiness were a normal reaction to the stressful procedure and medications. He was receptive and continued to hold Claire swaddled in his arms. Implementing caring practices with the fathers is important also while they have watched their significant other travel through many emotions and physical discomfort. A father watches everything from the outside and feels vulnerable also. It is evident when you look in their eyes.

I went to their room before I left that evening. Words cannot explain the bond between a labor nurse and patient. We hugged with tears in our eyes. Nora and Dave were extremely grateful for the care they received throughout the day. She said, "I don't know what I would have done with out you Greta". And all I could think was that I was so lucky to be her "person".

Nora's 48 hour post partum stay with us went along as expected and breastfeeding was going well. Baby Claire was absolutely beautiful. It was my pleasure to do discharge instructions with them and walk them to their car to say good-bye. From the moment I walked in when she was in labor, I knew I felt a real, unspoken connection.

Every woman walks onto the labor deck feeling nervous and vulnerable. It could be their first or sixth baby. This reminds us that every birth story is different. My decisions, actions and critical thinking are driven by the complexity of labor and delivery with every patient. Allowing the emotional connection to occur is natural and establishes trust. It is my job as an OB RN to guide and support the expectant mother through the process that begins feeling vulnerable and ends with the woman feeling strong, resilient, confident and proud to enter the next stage in her life…Motherhood.