

### Reflective Journal 3.1

#### Case 1: Amy

Amy is now 6cm dilated, 100% effaced, and baby is at 0 station. She has a more regular contraction pattern and could now be in active labor. In class we decided that we would ask a few questions to get some more information. We might ask about bloody show, bowel movements, any leaking fluid, has she been able to rest, and any nutrition or hydration. At this point she probably needs to get upright. Maybe some walking, sitting on the toilet, get into the shower, or tub/pool. Most of the class agreed that we would not offer Amy AROM because she is a primipara and not dilated far enough yet anyway. It would probably just make contractions stronger and more difficult to handle.

This is a very typical 1<sup>st</sup> time labor. We see this all the time with primiparas. Labor is progressing slowly, they need extra support and reassurance, but nothing concerning is happening. At this point some midwives would stay, others would leave and check on her later. At 6cm I would normally stay so that the client feels more at ease. Sometimes all they need is to know that the birth team is present. We like to recommend that our first-time parents hire a doula. This gives them the extra support they need and takes the burden of comforting them off the midwives, so they can focus on keeping everyone safe.

#### Case 2: Bess

Bess's labor pattern is still the same as it was. She is now 8cm dilated and stretchy, 100% effaced, and baby is at 0 station. She is feeling frustrated because labor seems to be going slow and taking a long time to progress. Her other kids are awake, and it's the middle of the night, so she is probably feeling a lot of stress because of that.

The class had several suggestions of how we could help Bess relax, focus, and progress. Someone needs to either come get the kids or take them into another part of the house and get them occupied. I think a quiet, slow movie might help them settle down and maybe even go back to sleep. The next thing would be to get her alone somewhere dark and quiet so her hormones can kick in and help labor continue. Maybe the bathroom, either in the shower, tub/pool, or on the toilet backwards with pillows for comfort. She could also walk or rest, whatever she needs. Maybe some quiet time with just her partner to cry or stimulate an orgasm.

I would offer AROM to Bess. She is a good candidate at this point. She is a multipara, in active labor, at 8cm, with a good contraction pattern, and baby's head is engaged in the pelvis. Informed consent and choice would happen. I also think its important to find out what the root of the problem is and fix that instead of trying to push labor along. If the kids are the problem, take care of that. If she needs to be alone, facilitate that. If she needs hormones to kick in encourage that and give suggestions of options they can choose from. Sometimes the solution is to leave things alone and let labor happen how it needs to. Nothing is concerning or needs immediate attention at this labor, but there are possibly some things that we could help with that might relieve some stress.

### Case 3: Claire

Claire is now bearing down and feeling lots of pressure. She is having 1 symptom that is concerning though. Her membranes have ruptured and although the fluid is clear there is formed meconium. She declined earlier vaginal exams, but it is more important now to see what position the baby is in.

I would check FHT's immediately and ask about doing a vaginal exam now. I would make sure she understands that I suspect baby might be breech and it would be very helpful to know that information now. If she does not want a vaginal exam, I would offer to do a quick ultrasound to see if baby is head down. I would also need to call EMS because I am not legally allowed to deliver a breech baby in a community setting. Another important step would be to set up for a resuscitation if I had not done so already. This is the only case out of the three that is having circumstances that are urgent. This labor is moving along quickly, and EMS will probably not get there in time to transport her to the hospital. This is one reason why I want to take a breech class, so I can be prepared for a situation like this.