

Clinical Experience Summary

Brittney J. Burns

Bachelor of Science in Nursing, Lakeview College of Nursing

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Professor Zoe Due

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Risk of acute pain related to increased uterine contractions, and stretching of the cervix, birth canal, and introitus as made evident by nonverbal cues and restlessness (Durham et al., 2023). I chose this diagnosis because the patient wanted to have an unmedicated birth. There are several personal reasons why some people choose to give birth without medication, such as wanting a more natural delivery experience, cultural aspect, or not wanting to deal with any possible negative repercussions. Personalized care and direction based on a patient's individual requirements and choices is essential while assisting them with an unmedicated birth. Healthcare professionals can support patients who wish to give birth without medication by offering individualized support, encouragement, and guidance. This can help patients have a positive and empowered delivery experience.

The nursing interventions that the student nurse found appropriate were to apply a cool, damp cloth to the patient's forehead, encourage the patient to relax in between contractions to decrease fatigue, and to assist patient with position changes and use pillows to make her more comfortable.

Apply a cool damp cloth to the patient's forehead to relieve diaphoresis (Phelps, 2023). One easy yet efficient technique to treat diaphoresis, or excessive sweating, is to apply a cool, moist towel to the patient's forehead. The cool temperature relieves the discomfort from sweat by bringing down the body's surface temperature. Furthermore, the cloth's wetness may nourish and revitalize the skin while producing a calming effect.

Encourage the patient to rest and relax between contractions to decrease fatigue (Phelps, 2023). Managing fatigue can be a key component of managing pain. The client may perceive pain more strongly and be less able to tolerate discomfort when tired. Healthcare professionals can assist patients in managing the difficulties brought on by contractions and help them better tolerate pain by attending to their fatigue. This method emphasizes how crucial it is to consider holistic treatment, which considers psychological and physical aspects that affect how much pain a person can tolerate and perceive.

Assist patient with position changes and use pillows to make her more comfortable. Assure all body parts are supported and joints are slightly flexed (Phelps, 2023). When a patient is uncomfortable or immobile, it is crucial to help them adjust their position and use pillows to make them more comfortable. This is done to prevent strain or pressure ulcers; it is imperative that joints be gently flexed and that all body parts be sufficiently supported when the patient is repositioned.

The influence of these interventions on the patient's comfort, pain management, degree of exhaustion, and general happiness with the birthing process are all considered when assessing their efficacy. The patient's experience of labor is likely to be improved by the assessed interventions, which include using cushions for comfort, encouraging relaxation in between contractions, and applying a cool, moist cloth to the patient's forehead. These interventions can improve patient comfort, fatigue management, and overall happiness with the birthing process by addressing physical discomfort, encouraging relaxation, and offering support and aid.

The clients were of Hispanic descent. A Hispanic person is defined as a person descends from one of the Spanish-speaking nations, including Mexico, Spain, Cuba, Colombia, Argentina, Bolivia, Chile, Costa Rica, and so forth. (Mutlu, 2022). The client's husband opted not to be bedside his laboring wife, and instead allowed the medical staff to assist her as necessary, the student nurse thought this act to be one of cultural relevance rather than disassociation. One is that perceived cultural and protective factors may be a result of social support from extended family members, community health workers, and lay midwives. Some protective factors that have been identified "include a strong cultural support for maternity, healthy traditional dietary practices, and the norm of selfless devotion to the maternal role" (Velasco-Mondragon et al., 2016). Using a translator, the client could give birth without any difficulties arising from the language barrier. The customer had the opportunity to express all her questions and concerns about her delivery plan. The labor and delivery team can establish a welcoming and inclusive environment that puts the needs and happiness of patients, families, and employees from all backgrounds first by cultivating a sense of community within the facility. Participants discussed the inability to vocalize concerns regarding their pregnancy to health professionals because of limited English or discomfort using a translator (Gonzalez et al., 2022).

The language barrier was the one thing that forced me to step outside of my comfort zone. It created a problem that made it hard to interact with the patient in real time and communicate effectively. The interpreter was helpful to some extent, but occasionally she wouldn't answer because she seemed preoccupied. It presented a significant issue, particularly when we needed the client to start or stop pressing. Although her tardiness hampered the care, the team got things done by interacting with the patient through nonverbal clues.

It was admirable how the medical professionals supported one another. In addition to providing comfort and reassurance to their patients during delivery, they also educated the students who were present in the delivery room. The staff had procedures in place to help with any requirement they anticipated arising, since they conducted a sufficient and comprehensive assessment. A doctor was called in by the nurse midwife to talk with the patient about any risks and problems that she believed might arise. The patient seemed happy that her labor and delivery went according to her wishes for an unmedicated birth.

References

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