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### Journal 3

On Feb 3rd my colleague and I were assigned to an 18-year-old mother who had her first baby boy. Upon her assessment, she was comfortable having me in the room to observe. Her vitals were normal, she did have edema of a grade 1+. We did ask her to show us her abdomen and confirmed that she did have diastasis recti, meaning that a bulge is present when she lays supine and brings her arms upwards. This time we were able to feel her fundus, and it was really firm. The mother did come out negative for Homan's sign. I got the chance to see the newborn on her baby boy. He did display jaundice from the face down to his lower abdomen. I also noticed that when I took off his diaper, there were some red marks on it. My instructor calls them "Brick Stains". It is caused by uric acid crystals in the urine, which means that the baby isn't given enough breastmilk. The baby was also considered to be "tongue tied", meaning that his frenulum was short so he was not able to latch on completely to the nipple for a proper feeding. The mother also had a history of depression and self-harm. She is no longer on antidepressants and states that she no longer feels sad and now feels happier. The mother also has a very good support system at home and a great connection with the father as well.

Other than the newborn assessment we learned how to properly weigh a newborn, and how to properly give them a bath. Another exciting thing was that our clinical group was able to witness a live circumcision. The pediatrician was performing it and the nurse was assisting. We noticed how she kept a sterile field, the use of iodine and sterile tools to make a precise cut on

the newborn's foreskin. On a personal level, I feel very eager to learn more in each clinical experience when it comes to newborn care. My greatest accomplishment of the week was being able to be a little more hands on with the newborn during the assessment. It just takes time to be more confident when handling the newborns. I believe our communication skills went well with the mother. We did educate her on how to properly breastfeed her baby. We did tell her that she would need to breastfeed every 2 hours. One area that I can work on in the next clinical experience is being more prepared when it comes to the assessment. I felt I needed to memorize the steps more so I can become better prepared and be efficient. For this clinical experience, I chose this biblical verse "An intelligent heart acquires knowledge, and the ear of the wise seeks knowledge" (Proverbs 18:15). This verse resonated with me because this is just the beginning when it comes to the field, I want to specialize in. Learning the basics, making improvements and being open to more knowledge that could be beneficial for my nursing practice.