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I was assigned to the labor and delivery unit during this week of clinical. A 36-year-old patient came in accompanied by her husband. G3 P3 TPAL 3003 LMP 5/22/2022. Her blood pressure was 106/68, pulse 65, and O2 Sat 100%. She was negative for hep b, HIV negative, RPR non-reactive, and denied epidural. Ampicillin was administered for group b strep. The patient was examined and was 6 cm dilated, she expressed slight discomfort but stated the pain was manageable. I educated the patient on the benefits of walking and assisted her once she felt comfortable.

About an hour and a half later the patient's water broke. She was still 6cm dilated, 100 effacement, 0 station and the fetus was in the occiput transverse position. The fluid was clear and at the time I did not have a chance to determine if the fluid was odorless or not. I now know it is important to make note of the smell because that can tell you about potential issues. We continued to monitor and check in on the patient to ensure all needs were met.

An hour passed and we heard a loud scream, something very different than what I was used to from this patient. Everyone arrived in the room and the baby was halfway out. The baby had a compound presentation, which means the head and one extremity presented out of the birth canal. The birth was relatively quick, it was interesting to see her deliver the placenta. I got the chance to feel the placenta and distinguish between the dirty duncan and the shiny schultz side. The patient had an estimated blood loss of 200 ml and her perineal was intact.

The greatest challenge this week was having to remain professional and courteous to my patient's husband despite knowing she had been assaulted by her husband who was at the

bedside. It is challenging but as future nurses, we must put our emotions aside and still provide quality care to not just the patient but her family as well. I also got a chance to self-reflect on my spiritual and professional growth in the moment. I feel as this was a test to determine whether I was able to use my growth spiritually and professionally to get me through this situation.

My greatest accomplishment this week was being present during this moment and witnessing my first vaginal delivery. I was grateful that our patient allowed nursing students to witness her birth, as it is not always expected. I did everything I could to make sure our patient was comfortable and assisted in any way I could. Technical skills performed this week included assisting the nurse with the placement of the fetal monitor. The toco was placed on the mother's abdomen to monitor uterine contractions and the transducer monitors the baby's heart sounds.

My patient spoke primarily Spanish but understood what needed to be communicated. The interpreter phone is always there if needed. Her husband spoke English and asked a few questions regarding the delivery process and verbalized demands for her needs such as the room was too cold, and the patient wanted to walk. This might be a bit out of my scope however, for improvement in subsequent clinical experiences I would like to be more of an advocate for my patients. Due to the short time span and being a nursing student, I did not want to overstep any boundaries however, I felt guilty leaving and not having a chance to assess and see if the patient felt safe.

The scripture reference this week is, "And we know that God causes everything to work together for the good of those who love God and are called according to his purpose for them." (Romans 8:28) This bible verse has been very motivating because even when we are not sure of how we will pull through certain situations God always does. God had a purpose for us long before we knew it even existed and I pray each day that God continues to shine his light on me.