

Siohn Zion Lee

NUR391 Maternity

Prof.Thomas

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I was assigned to a postpartum mother from this clinic and paired with a partner given to the newborn baby. The mother was diagnosed with GHTN and GDMA1, and her baby was hypoglycemic after born. This 10-pound baby was delivered by cesarean, and the postpartum assessment revealed the patient was recovering fine without any complications except hypertension and obesity. We were fortunate to remove her foley catheter and IV lines as a part of the discharge process. We helped with ambulation to the bathroom and made a nursing bed during her shower. Due to the patient's language barrier, she urinated during her shower instead of urinating in a urine hat that the professor instructed. We were surprised by her action but were also satisfied with eliminating possible urinary retention after the foley removal. From this failure to collect a urine sample, I have learned to ensure a language barrier patients to verbalize the process. My partner and I assessed the baby, which was challenging for the hypoglycemic baby. He was lethargic and did not respond well. I also have learned the mother's GDMA1 causes newborn hypoglycemia, which can cause seizures and severe brain injury. A newborn's blood sugar must be between 50-90mg/dL in 1st 24 hours of birth and maintain 40-60mg/dL after. Because our newborn was at borderline (41mg/dL with 25ml of formula feeding), he was transported to the NICU, and the patient was upset about it. I let her express her feelings, but she refused. I should have used a phone interpreter to solve the communication barrier. It could have prevented her mood swing if I had listened to her feelings more precisely.

My bioethical concern was the care team's delayed communication with the patient. The family was not informed of the baby's being transported to the NICU until we returned to remove her foley and IV. Also, a care worker packed the nursery concerned me about hygiene. The greatest challenge was unable to ease the mother's discomfort and anxiety about her baby. There were different decisions told by other care workers, which caused the mother confusion and contributed to more stress. I felt the pressure that I could not be a help to her.

This week's personal, spiritual, and professional growth was experimental. The night before the clinic, I studied the chapters I fell behind. It was beneficial to understand more during the clinical; however, this should not recur for my safety (driving) and health. My greatest accomplishment was holding a newborn baby and assessing both mother and the baby for the first time. I felt confident performing techniques like removing the foley catheter and IV lines without risking infection. I also helped the PCA take patients' VS. The communication with clients, family members, staff, faculty, and students was moderate as I assisted the patient and her family and delivered oral requests to the professor, staff, and clients. Areas to improve are communicating boldly, being confident in assessing newborns and reviewing the materials before the clinic.

“But I trust in you, LORD; I say, “You are my God. (Psalm 31:14)”

It takes time to become sufficient in communicating and giving comfort to people, and it is tough to become an all-around capable person, and trusting Jesus just calms my heart and holds onto him being the Lord of my life.