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It was such a unique first delivery experience I had this week. A clinic topic was violence and abuse; most patients had mental health history, and my patient had a history of domestic violence. The patient was a Spanish-speaking woman whose husband was at her side speaking for her most of the time. Her face was full of contraction pain, but she showed us a beautiful smile and a greeting. She was on ampicillin for her GBS, and her cervical dilation was 6cm at 0800. The nurse told the patient to walk to induce more dilation. Even though it was the couple's third pregnancy, they did not know a technique to reduce pain. So, I taught them a counterpressure and asked for any preferred music for relaxation, and they were effective. The husband showed a willingness to learn and be cooperative all the time. I realized that the couple was not active in calling the bell, so my partner and I stayed close to the room and kept asking for any need of help. After 1.5 hours, it was still 6cm. The midwife asked for a peanut ball to accelerate the dilation and rotate the baby's face from anterior to posterior. Another hour passed, partner and I were in the hallway for warmth; within 5 minutes after the professor left, a women's screaming filled the floor. Everyone on the floor rushed into our patient's room, a baby's head was already out, and her husband was standing at the side, not knowing what to do but holding her arm. The midwife, a medical student, a technician, and the nurse hurried to arrange the delivery. I was even manhandled by the nurse; it was that urgent moment. The baby came out with a compound presentation, and the midwife took the baby out with a slight rotation. A healthy baby girl was born, and the patient tried to breastfeed her, but the nurse stopped her for

a newborn examination. The midwife showed us a fresh AVA umbilical cord and allowed us to touch the placenta and its calcified parts. She also taught us to ensure that no parts came off from the placenta. The newborn's anterior head feature was flat, but no one spoke about an abnormality. While everyone was busy cleaning the patient and organizing the room, the husband touched the newborn without a glove. The baby was crying, so I taught him to wear a glove and put a pinky finger into her mouth. He followed the direction but only wore one glove. The nurse did not say anything after seeing him. I felt relieved of the case manager's future involvement before their discharge, and the nurse would seek a chance to talk to the patient without the husband present.

The greatest challenge I experienced was watching the patient's painful contractions. My personal growth is communicating with the care team with less nervousness. Spiritually, I believed in God's plan for putting me in the right place at the right time. Professionally, I educated the patient and family to alleviate the pain. My greatest accomplishment was spending most of my time assisting the patient and seeing the vaginal delivery. Due to the patient being on an automatic BP, pulse oximetry, and external fetal monitor, I could not take her vital signs. My communication skills with clients were inefficient due to her pain and the husband's interference. After I taught the pain alleviation technique, the husband felt comfortable to me that he told me about their immigrant history and socioeconomic status related to previous pregnancies that were not on the chart. My communication with other nurses on the floor was made with respect. Fortunately, I had a kind and considerate partner who willingly answered all my questions. My bioethical concerns were the husband's nonstop intervention between the patient and the care team. The midwife was not wearing a mask during her two patient visits. I was also concerned about the nurse asking the husband improper questions (she stated, "are they your children?"),

nor speaking of the husband's touching the newborn without a glove. I was concerned because of the patient's positive GBS. Areas that need to be improved are being an advocate for the patient and ensuring they call the bell if they show a tendency not to call for help.

“ He heals the brokenhearted and binds up their wounds. He determines the number of the stars and calls them each by name. Great is our Lord and mighty in power; his understanding has no limit. The Lord sustains the humble but casts the wicked to the ground. (Psalm 147:3-6) ”

Even though I am concerned or angry about the evil work of others, I shall remember that only God can judge with his love. I should be an advocate for my patients, but not a judge of anyone.