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NUR391 Maternity

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Journal 4

On week 4, I was assigned to a Spanish mom who had delivered a healthy girl 2 days ago without any VD complications. This allowed me to use the language interpreter for the first time. The translator tablet was easy to use, and Google Translate was used for occasional conversation. The nurse educated the patient about a car seat and bed-sharing precautions in the morning. What surprised me was whether a night shift nurse had educated the same topics in Spanish; the patient still wanted to have the baby in her arms without a car seat upon discharge. The nurse looked flustered for a moment, but she soon used strong words like “by the law” and “must have” to emphasize the need for a car seat. With that effort, the patient called her husband to purchase a car seat on his way to the hospital. At 0830, an obstetrician visited, followed by a midwife who came in and processed a discharge education. She educated the signs and symptoms of infection, risk factors of postpartum complications (ex., DVT, hemorrhage, intercourse, when to call PCP, pain management), the patient’s previous consultation for a bilateral tubal ligation, prenatal appointment, and insurance. I thanked the midwife for keeping me in the room and listening to her discharge education, and she spoke of her background as an AMCB after a long experience as an L&D nurse. Her story gave me hope for continuous education later in my life.

The greatest challenge during the day was fluent communication with the patient. After I spoke of the need for the patient’s shower, she did not take it. This was her choice, but from this experience, I learned to deliver a simple and concise direction to lead the patient’s optimum care. This is also necessary to meet my need to practice nursing techniques because I couldn’t assist the patient shower,

nor make her bed on this day. My second challenge was the newborn assessment; I had enough time to assess thoroughly but neglected a few parts, like stepping, anal patency, and tonic neck. I was uncomfortable performing a gag reflex on a sleeping baby, but I must do it next time, as the assessment is for the baby's good. For personal growth, I felt more confident caring for the dyad alone. Spiritually, I was thankful to trust God's words before the clinic started. Professionally, I used translation technology to successfully communicate with the patient. My greatest accomplishment was postpartum and newborn assessments, observing discharge education, and witnessing circumcision operated by the obstetrician and a nursery nurse. Compared to last week, my interpersonal communication skill improved. I was able to help the patient order her breakfast and explain the postpartum and newborn assessments to her. I expressed my willingness to help the staff, which gave me chances to help with a little errand. I had more confidence in understanding others' speaking and expressing my opinion in the post-conference. Areas to improve are to act fast to access the patient's chart to build care plans to optimize the care. Technical skills like postpartum and newborn assessment must be more familiar and quicker. I could distinguish the approximate distribution of fundus, but I still am not confident enough to feel an exact fundus line. I also found myself need search for cultural diversity in caring for patients.

“For God says, "At just the right time, I heard you. On the day of salvation, I helped you."Indeed, the "right time" is now. Today is the day of salvation (2 Corinthians 6:2).”

Being assigned to the dyad by myself for the first time was nervous and stressful, but my mind was calmer than usual, and my anxious palpitations changed to a boldness to care dyad alone. That morning, God made me believe his perfect plan for me before the world's creation began. All he wants is a complete offering of myself. I feared Jesus being my only shepherd before, but now he changed me to put my willingness to believe in him. The holy spirit gave me hope in Jesus and be with him until the end. Only praise to the Lord!