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During this week of clinical, I was assigned to dyad mom and baby. I was assigned a female age 37 G5 P4 TPAL 4014. The patient gave birth on 2/8/23 at 11:03 am via c-section. I went in and introduced myself to the patient and let her know I would be working with her today. I took her vital signs which were, Temp 98.3 Pulse 63 Resp 18 BP 128/73, and O2 Sat 99. My patient was alert and oriented x4 and reported no pain. I initially tried to do a fundal assessment, but had difficulties. I received help and was able to feel it was firm, midline, and two finger widths length above or below umbilicus?.

I did not get a chance to assess the dressing because the initial dressing was not changed by the physician. We notified the nurse and she stated she was aware and had been paging the physician all day. No hemorrhoids were present and diastasis recti was absent. The patient's perineum was intact, lochia small/light amount 10-25ml without odor. Pedal pulses were a 3+, pitting edema 1+ and capillary refill was less than 3 seconds. Nursing education was reinforced regarding breastfeeding and personal hygiene in addition to addressing any questions or concerns.

The newborn current weight was 7lb 2.5oz, length 50 cm, head and chest circumference 34. The newborn was born via c- section and had a loose nuchal cord. APGAR was 9/9 a point was deducted for color. The three standard medications were given erythromycin, hep B and vitamin K. The newborn had stark bites which was interesting to see. The mother opted to breastfeed as well as formula feed. She stated that she does not produce enough breast milk. I educated her on the supply and demand theory. I also sat with her to demonstrate proper

breastfeeding and to empty each breast fully by revisiting the same breast at the next feeding. We went over rooting techniques and detaching using her finish when feedings are complete.

The greatest challenge this week was bedmaking. It is something that seems so simple, but took a few demonstrations. After a while, I was able to perfect the triangle. I appreciate that my clinical instructor made this a priority for clinical students. Each week I reflect on my professional and spiritual growth. I feel that God is working through me and has put me on this nursing journey for a reason. Each week my professional skills are increasing with each patient interaction. My greatest accomplishment this week was bed making. I was a bit embarrassed to have reached my third clinical and did not know how to perfect bedmaking. I felt very accomplished when I was able to demonstrate.

The nursing skills used this week included effective communication skills and time management. Communication is a huge part of nursing, if we want to improve patient care we should ensure our patient understands the plan. I educated my patient on effective breastfeeding. It is easy for patients to say yes, they understand however I sat down with her and had her demonstrate feeding while assisting her. I also communicated with the patient's sister. If family members are present I will educate them as well, it takes a village. Time management is also important, I had to equally divide my time between mom and baby while still finding time to document my assessments.

I can improve on fundal assessments; at times I have difficulty locating and determining the finger widths. We discussed that no two women are the same, taking into consideration the weight of the patient and how many days postpartum. With practice, I am sure I will get better. The scripture reference this week is, “be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; ⁷ and the peace of God,

which surpasses all understanding, will guard your hearts and minds through Christ Jesus.”

Philippians 4:6-7 Often, I catch myself saying I cannot wait to be finished with nursing school. I have learned to slow down and trust the process. To feel anxious is normally not a great feeling, but I pray to God to see me through this journey.