

Lucretia Shafer
N370 OB Clinical Rotation
January 4, 2006

Lactation Experience

Today I was on time for my first day of OB Clinical—6:45am. I spent the first 1 1/2 hours looking through a Lactation Handbook. When Mandy, the lactation nurse arrived, we looked over the schedule and went to work. I mainly watched and listened to Mandy and the new moms discuss and practice the art of breastfeeding. I enjoyed the interaction and feel that I was engaged and appropriate during my time with Mandy and the moms, dads and babies. It was a slow day so I also spent time talking with the nurse educator for the OB department.

It was very comfortable for me to start this rotation with the lactation nurse because I have breastfed four kids and loved every minute of it. I was pleasantly surprised by the high priority St. Joseph's puts on breastfeeding. According to Mandy, 95% of the new moms leave breastfeeding. Mandy obviously loves her job and it was helpful for me to watch and listen to her teaching. I learned about the advantages of the football hold (easy to see the baby latching on, proper alignment of the baby for sucking and swallowing, and less fatigue for the mother), main cause of sore nipples (baby not getting enough of the breast into their mouths), and to check the medications that the moms are taking for safety relative to breastfeeding and the affect they can have on either the baby or the milk supply. I felt very comfortable today and loved looking at and holding the babies. I think that if I were to work OB, I would waste a lot of time just looking at them. My favorite part of the day was in the nursery where we helped a new mom of a one-month-old baby, under 5lbs still, begin to learn to breastfeed. The mom and dad had been traveling up to Swedish Hospital everyday since he was born to care for him. He finally got big enough to transfer to St. Joseph's, which is a lot closer to home. The mom had been pumping every day, every three hours, so she could feed him when he was strong enough to nurse on his own. He is still so tiny but he made a gallant effort to eat. When he got tired, his mom's milk was still flowing, dripping out of her breast. He just lay there and licked at it, loving every minute of it I'm sure! The dad was there, watching and chuckling.

Lucretia Shafer
N370 OB Clinical Rotation
Mother/Baby Unit
January 5, 2006

I arrived on the 12th floor at 0645 for my first day with a mother and new baby couplet. I was not nervous and felt confident about the basic assessment of the mom. The breast, fundus and perineal exams were a bit worrisome but Rhonda walked me through and the next ones will be a lot easier (on me anyway). I took advantage of the down time that this rotation has and spent time talking with my "mom" and admiring her baby. She is in a potentially precarious situation-- 20 years old, has a 16-month-old toddler, a brand new baby, is legally separated from her

husband who is not the father of the baby, has no involvement with the baby's father, is recently relocated from Mississippi and is currently living with her mom and two teenaged siblings. We talked about her situation and she convinced me that her circumstances are stable for the foreseeable future. She did not seem overwhelmed, frightened or in denial. The nurse that I was following did not have any down time and she too was worried about the situation and called for a Social Services consult. I am pleased to report that his conclusions were the same as mine. It is good to know that I don't have to make those judgment calls by myself. I do need to be aware of situations that should be looked at a little more closely and notify the proper people.

I tried to be sensitive to the mom's need for rest and not interrupt her too much, but I am still not very organized when it comes to getting all the care finished in one fell swoop. The biggest thing that I totally forgot in the beginning was that I needed to assess the baby, not just ooh and aah over him! There is a lot to check out on the little ones and knowing what I am looking for and listening for is a bit of a challenge. I did get to feel over-riding sutures and open sutures in his skull and he performed wonderfully when I was looking for reflexes. It was very helpful to me to watch my nurse do an assessment after I had struggles through my own earlier in the day.

Sometimes it is hard to know if my patient's day has been a better day because I was her nurse. Today I think I was able to make sure that my mom was not going home before she should. Her first BP was 92/54 and pulse was 94. I had read in her chart that she had lost an estimated 500cc of blood during delivery and that her doctor had ordered an H&H. I asked her if she was dizzy, light-headed or short of breath and she said that she felt fine and was ready to go home. The labs came back with a hematocrit of 23, which is quite low. I talked with the nurse and we called the doctor because of the numbers. The doctor revisited the mom, told her she could go home and prescribed iron. I cautioned her about getting up too fast and to drink lots of fluids to help bolster her blood volume.

I also had the opportunity to do a bit of lactation teaching with a new mom who was just beginning to get sore nipples. I showed her the football hold and how to tell if her baby was latching on correctly. I like to think that one mom is going home less sore today because I was there.

I am excited to be on the floor again to try out all my newest skills! OB is certainly different than regular med/surg nursing. The moms are amazingly healthy compared to the "normal patient". Sometimes I forget that they are at risk. I wonder if it is easy to get complacent? Anyway, so far—so good.

Lucretia Shafer
N370 OB Clinical Rotation
January 9, 2006

Mother/Baby Unit (Day 2)

Today I cared for a G1, P1 mother, father and brand new baby girl. She had delivered yesterday evening and so I was surprised then I went in to introduce myself at about 0715 and found her up, getting ready to take a shower. (I never saw my first mom out of bed.) I told her I would come back when she was finished. Then breakfast arrived and so it wasn't until 0830 that I was able to do their assessments. I asked Alena (my nurse) to be with me so she could give me some tips and help when and if I needed it. To make a long story short, I was pretty unorganized. I really don't have a flow for newborns--there is so much to look at and notice that you don't even consider on an adult. I really have no excuse for mom's assessment. I was all over her body,

all out of order and I totally forgot to count respirations and take her BP. When Alena and I left the room, she gently pointed out that I had gone from head, to chest to feet and legs back to breasts with the same gloved hands. She said that she started at the head and went down methodically to the feet. Hmmm, where have I heard that before?

Later on, when I was watching the lactation nurse help the family breastfeed, I noticed that the baby's head was obviously bruised. I had not turned on the room light earlier when I had assessed the baby and had noticed the caput succedaneum but totally missed the bruising. And so, what did I learn today? Good lighting is imperative and methodical routines not only save time but also protect the patient if they are well thought out. Tomorrow my goal is a well thought out, flowing assessment of mom for sure and hopefully more confidence with the baby check. I also need to remember to return and reassess pain levels after implementing an intervention.

I did learn a lot today. I gave my first IM injection (RhoGAM) in the ventrogluteal muscle (heel of palm on greater trochanter, index finger on anterior iliac spine, form a 90 degree angle with index finger and thumb. Injection goes in the middle of the angle. The unit secretary called the blood bank (I could have done that—she beat me to it) and ordered the shot and we went down to the lab to pick it up. It was like ordering blood—quite a process.

I also spent about 45 minutes with the lactation nurse and the family, trying to get the little one to wake up and nurse. She was very sleepy and not very interested in nursing. Mom had spent all morning trying to get her to eat without much success. The pediatrician had checked on the baby when I first came on this morning and said that she wanted a TC Bili measurement because of slight jaundice. The bilirubin was at 7.3, which put her at the 95% for her age (16 hours). Alena had me notify the doctor with the results. I left a message for her on her cell but when we hadn't heard from her after about 30 minutes, she had me call her office. I finally got a hold of her, explained the situation and the doctor ordered a serum bili level. (I let Alena take the phone order.) I explained bilirubin to the parents and this made them even more anxious to get the baby to eat. By the time I left at 1300, they were feeling a little more relaxed because baby had gotten in a few good sucks. Mom was feeling cramping when baby was nursing which the lactation nurse said was a good sign because oxytocin is released in response to sucking which stimulates the letdown reflex for milk and uterine contractions. When I gave report to Susan, I tried to let her know the anxiety and pressure they were feeling so she would be aware of how best to help.

I am excited to see them again tomorrow and see how nursing is going and see if the little one is anymore interested in eating. I wonder if she needs to have her stomach cleaned out, like Kathy's baby. She was spitting up and burping mucus but since I have nothing to compare it to.... So much to learn!

Lucretia Shafer
N370 OB Clinical Rotation
January 10, 2006

Mother/Baby Unit (day 3)
(or perhaps I should say, Child/Baby Unit....)

Wow, what a day. My head is spinning, not so much because of the level of care I gave today but because of the type of care needed from me today. I arrived this morning at 0645, having given myself a pep talk about good, methodical, well structured assessments of both mom and baby and not so much running around in circles, getting nowhere fast. I knew that I would get a mom who had delivered cesarean and so I jumped in and asked for one of the two available and received a G2, P2 mom and new baby boy. At report I found out that she was not the typical mom of two. She is just 15, and her first child is for all intents and purposes still a baby.

The more I interacted with her, checking her out physically and emotionally, the more overwhelmed I became with the immensity and hopelessness of her situation and that of the new baby just born into this big, bad world. I could list all the things that I know about that this young lady has going against her, and I will, so I don't forget how long the list is. Fifteen years old; two children fathered by different boys/men born just one year apart; an addict mom who has spent time in jail; a dad who spent 12 years in federal prison; kicked out of school in seventh grade and asked never to come back because of violence on her part; at least three sexually transmitted diseases in the past year; up all night trying to get a hold of the baby's father so he will come and see them; fighting with the father of the other child and his girlfriend; wondering how the one year old will react to the new baby; terribly afraid of pain; trying to be grown up but deeply afraid that CPS will take away her children; afraid to allow anyone to help out and yet knowing that she needs help; desperately wanting to smoke a cigarette and being told "no" at every turn. All this and probably so much more and she is only 15—a ninth grader, too young to even have a driver's license.

The list is classic "the problem with kids now days" except that as far as I could tell, she doesn't do any street drugs. I commented in post-conference that I did not spend much time with the baby because the mom took so much time and Rhonda said that that was THE problem—all the attention went to the needy mom and the baby was pushed to the side when in reality, HE should have been the focus of everyone's attention. In order for me to be the best nurse that I could be to these two people, what will I do different in the future? That is a tough question, and one that I cannot answer completely right now. I know that I will pay more attention to the little one, because he is just as much my patient as the mom. I know that I can't wait to become more comfortable with the mechanics of nursing so I can spend a little more time on the art of nursing. I know I can't change much in this girl's life but I can be a stranger who shows her compassion and perhaps gives her hope and strength to act on her desire for the best for her two babies.

My spirit grows faint within me;
My heart within me is dismayed.
I spread out my hands to you;
My soul thirsts for you like a parched land.
Answer me quickly, O Lord.
Let the morning bring me word of your unfailing love,
For I have put my trust in you.
Show me the way I should go
For to you I lift up my soul...I hide myself in you.
Teach me to do your will,
For you are my God...I am your servant.
(Selected verses from Psalm 143)

Lucretia Shafer
N370 OB Clinical Rotation
January 11, 2006

Mother/Baby Unit--Day 4 (Last Day)

What a difference four days makes. I walked on to the 12th floor five clinical days ago, not knowing where to put my stuff and wondering what a fundus felt like. Today, I was confident that I would be able to accomplish what was required of me without too much

apprehension. I have enjoyed the experience, loved the babies and again realized that I can't wait to be a full-fledged nurse. I really like working with the patients and the addition of newborn babies was like frosting on the cake!

I have been thinking a lot about documentation because I have such a mental block when it comes to writing things down in the chart. Janet Dubois (Med/Surg) did not let us write anything in the chart until she had approved the wording. Steve Roberts (Mental Health) told me to "own my words". I just seem to freeze when it comes to finding the "right" words. This rotation, I decided to loosen up a little and give myself some slack. I tried to write things that sounded professional but if I could not come up with the concise words, I just wrote it in plain English. I also pretty much avoided any abbreviations because I don't know which ones are acceptable and which ones are to be avoided. I re-read some of my charting and decided that I was coming along nicely. It is still hard to think clearly about what is important to chart and what can be left unsaid but I know that it will come easier as time goes on.

I had the pleasure of taking care of the fifteen-year-old mom and baby two days in a row. I had spent some time last night thinking about the situation and jumped at the opportunity to care for them again today but with a different focus. I spent more time with the baby since he too was in my care and I took the time to go over the discharge teaching with the mom, even though she had been through it once with another nurse. We had a good discussion about caring for herself and her babies. I was able to leave feeling that she had an understanding of what it meant to care for her babies.

Is she going to be the ideal mom? No. But I can't do anything more about that. Welcome to nursing. I can't save the world.

Lucretia Shafer
N370 OB Clinical
January 17, 2005

Labor and Delivery

Today I saw my first baby born via c-section. It was amazing and kind of unreal. Tucked inside that mom's belly, was the most beautiful little girl—perfect in every way. But to get at her, the mom was laid out, swabbed, catheterized, anesthetized, and cut open. The baby was hauled out by the doctor, who jostled her around, had the mid wife push on the mom's abdomen with great force, used the vacuum and pulled with all his might. Finally, she popped out, grey and wet and slippery. All the while, the mom and dad were on the other side of the drape, waiting for their new little girl to be borne. What an incredible mix of barbarianism and beauty!

The day was slow and kind of frustrating but it went fast. I felt the "most in the way" that I have felt this whole rotation here in Labor and Delivery. There doesn't seem to be anyone in charge. Report happened all around me but no one seemed to know what to do with the students. Jessica and I listened to what was going on around us and just kind of

followed anyone one who looked like they had something to do. I had the chance to talk to a nurse about the FHR and contraction graphs and she explained how to read them. I also talked with a nurse who had been in Labor and Delivery for 38 years. She has been a nurse for 46 year! I hope to talk with her some more tomorrow.

I think the best part of the day was being involved in a c-section birth from the parents' point of view. I spent quite a bit of time talking with the couple, trying to discern their fears and expectations regarding this surgery/birth and then watching their joy and relief and pride as they begin to get to know this new little life that is now a part of theirs.

I hope tomorrow is better.

Lucretia Shafer
N370 OB Clinical
January 18,2006

Labor and Delivery (day 2)

Another slow day, but that was fine because I got to concentrate on one family the whole day. The mom had been laboring since midnight, but she was doing really well. She had an epidural about 8am and delivered at 1025. The only trouble she had was that she had to wait about 15 minutes for the doctor to get to the hospital. The nurses were just getting ready to deliver the baby when the doctor came running in. He sat down, had her push once and little Lilly popped out. I wanted to cry! The dad was pretty worried looking but he did just fine. Mom was tired but happy and baby has a good set of lungs. She got a 9 and a 10 for apgar. When someone commented about the "not often given 10", the nurse said that she had to give a 10 because her feet and hands were pink, not blue.

I am really glad that I got to see a vag birth. I definitely like them better than c-sections. The epidural was pretty nifty—but they sure stick them in far (about 3"). I was surprised that the nurse just untapes the canula and pulls it out when the delivery is over. The mom was up and walking within an hour but I don't think they are all that easy.

I sure wish that the L&D nurses were more receptive to teaching us rather than just having us watch everything. I did dc the mom's saline lock but only because I jumped in. Most of the stuff was done before I knew what was going to happen. I think I have forgotten most of what I learned in Med/Surg and lab but they keep saying, "Anyone can do the tasks..." Sure wish I could try.

Anyway, I was professional, cheerful, kind, compassionate, helpful as I could be, and always looking for ways to be of service.

Lucretia Shafer

N370 OB Clinical
January 20, 2006

Antepartum

Today I was in antepartum. There were a number of different pregnancy complications being watched today. The family I worked most closely with was a G4, P3 woman and her husband, 26 weeks and a couple of days in preterm labor. Another lady was being induced, one had a severe UTI that was causing irritable uterus and contractions, one with GDM and PIH and one full-term mom with chronic HTN who's NST at her doctor's office was not reassuring or non-reassuring.

(I just looked at what I was writing and I had to smile because of all the abbreviations. I can see why nurses use them but I can also see why we need to limit their use!)

Anyway, I think that this part of OB is less comfortable because there is more anxiety and fear involved. I got a glimpse of how "out of control" of our bodies we are in pregnancy when it comes to growing the baby. There was fear in the eyes of the couple who had been sent to the hospital from their doctor's office for the non-stress test. There was hope in the eyes of the couple who's preterm labor had been stopped but also fear and anxiety because the doctor was probably going to put the mom on bed rest. They need her income to make ends meet.

Twice today I was told that I seemed nervous. They were both very nice about it and they were both right about my nervousness. One was because I was giving a shot via a method that I had never used before. I assured her that I wasn't nervous but that my hands always shook a little. That was a small lie because she was very nervous herself about getting the shot. The other person surprised me when she made her comment because I hadn't felt anymore nervous than other times. She was the first person I saw this morning and I think I hadn't focused on the patient rather than myself. I was out of sorts with the nurses because I felt very in the way again. I was resigning myself to another day of watching and looking over shoulders when I introduced myself to J. She immediately made me feel welcome and offered to let me work with her.

I need to remember to focus on the patients, not on my problems. It ended up being a good day. The shot that I gave didn't hurt the patient very much and she sang my praises for the rest of the day. I also got to watch an ultrasound but I still see bad black and white TV and not much else.

Almost done.

Lucretia Shafer
N370 OB Clinical
January 23, 2006

I arrived at the Lakewood Community Health Clinic just before 9am today and D and I promptly left for two home visits. The first person on the list had confirmed her appointment yesterday but when we arrived at her apartment, we were told that she had moved to someone else's place. We were able to visit with the next appointment, and determine her needs. Back at the office after lunch we had another no show but D was able to see a teen who had walked into the clinic without an appointment. I am told this is pretty standard in this line of work.

The office was very busy all the time I was there but the people working there have a good relationship with each other so things seemed up beat and friendly. Everyone I saw wanted to help and was very good at offering phone numbers or suggestions of how to get what they needed. Again, paperwork was the main theme about the downside of the job but this area of service seemed to be better able to keep up with it during their office hours. I think it may have had something to do with the no shows. When someone does not show up, the nurse catches up on paperwork!

I don't know how I feel about home health. I know that it is a necessary service, especially for the children. We can't let them get lost when their lives are so dependant on their parents. In a perfect world there would be no safer place for them, but in reality, some of these parents need a lot of help. Community Health may be the link that saves the child.

The nurse that I followed today had worked Labor and Delivery for 8 years and then had switched to home health because she wanted to make a bigger difference in the lives of new moms and their babies. She keeps her skills up by working once a month or so in the hospital. She is thinking about another career change in the near future. It was refreshing to talk to her and see the job variety available to nurses.

I can't wait to see where I end up as a nurse.

Lucretia Shafer
N370 OB Clinical
January 24, 2006

NICU

Today was the last day of my OB clinicals. I was looking forward to the baby nursery. It was actually kind of slow but maybe that is good because that means that lots of babies were born healthy! There were only 4 babies and they were all way over 6 lbs. Since there were so few babies and too many nurses, I just watched and helped out where I could. I watched a mom learn how to feed her new baby who had been born with a cleft palette. She used a special bottle and for every 2 sucks that the baby did, she would squirt some formula into his mouth. He could go through the motions of sucking but could not actually form a suction because of the lack of upper lip and gaps in his palette.

I did not get to look in his mouth because they did not want to disturb him after he had eaten.

Two other babies had had some difficulties breathing after birth and were being watched in the NICU. Both moms and dads were in, breastfeeding and bathing and taking care of them. The fourth little one was supposed to be a breastfed only baby but the mom was in some pain and had some social/mental illness issues. She really wanted to breastfeed only and would not give permission for any bottle-feeding. The little one was getting very grouchy about the whole thing and really wanted to eat. The nurse tried to get permission to feed the baby but the mom said no. I asked if I could try and talk to her and they gave me permission to try. I am happy to say that she told me it was OK to give her a bottle and the little one drank it right down. I wonder how she will do breastfeeding? I doubt that the mom will be able to handle it because of her other problems.

I wonder where I will go in Nursing. OB was really fun. This month has flown by. I still love working with the people and I am beginning to worry that I will get buried in the paperwork. It seems like an awful lot of nurses told me how unhappy they are on this rotation. But I know that I am good with people so I will definitely work in an area where there is lots of patient interaction. I also still feel very ill prepared in the skill of nursing. My professors tell me that anyone can do the skills but I need to figure out how to become more comfortable in that area. I want to be good quickly! I like being confident in my abilities. I feel like I was in the way a lot this rotation.

Oh yes, I got to see a set of twins born this morning! A boy and a girl—both real cute. They were born c-section but were able to go straight to the mom's room because they were doing great! Their big sister (3 years old) was thrilled!