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I entered into Nursing ... Through the Back Door.

In the 70's I considered myself a feminist, but I also felt that Mothering was the most important job that a woman could do. I proudly wore out several tee shirts with the statement "Every Mother is a Working Mother". I had no desire to become a nurse. In fact, I read anything that I could get my hands on that condemned the "pathological perinatal care" provided in hospitals to women. When I was pregnant with my first child, my biggest fear was that a situation would arise that would require me to abandon my plan for a home delivery.

My pregnancies were uncomplicated and both my children were born at home with a physician in attendance. I delivered on my side, lifted them into my arms and straight to my breast. What a Joy! I truly was blessed!

Soon after my first child was born, I began teaching childbirth classes and found myself being asked to support other women during labor in the hospital. I felt it was an immense privilege and offered my services freely to anyone who desired them. Later, I discovered it was the most important training I received for nursing.

At each birth I attended, I learned not only from the mothers and their family, but also from the medical staff who took care of them. I watched and discovered what comfort tools eased the pain, what type of bedside support was helpful and which was not. I also learned that more often than not, the women I accompanied received very good medical care especially from the labor nurse. The nurses "connected" and were "present".

The time had come; I needed to have ALL the tools at my disposal to assist women in labor. I had learned how to assess the stage of labor, provide complimentary therapies to aid in pain, use my voice and my hands to comfort. I knew how to assist a newborn to suckle at the mother's breast and support bonding. And, most of all, I learned the valuable lesson that women bring with them, everything they need. I learned that women make the right choices for themselves and their infants intuitively when necessary, and I too had developed an intuitive sense of when medical intervention was necessary. What I did not have was the nursing degree, and this limited the care I could personally provide.

I entered an ADN program after attending 42 deliveries in various hospital settings. I purchased my books and started classes and immediately found I loved it! The tools I learned by providing labor support comforted those whom I cared for in each clinical setting. The intuition I had developed also served me well.

I remember as a student completing an assessment on a surgical patient that just returned from surgery for a hysterectomy. The physician had just left the room, but I felt an urgency to contact my clinical instructor and inform that I felt my patient had was short

of breath and could have a pulmonary embolism. Her assessment confirmed the possibility. I contacted the physician with my clinical instructor at my side. After some very harsh words, the physician returned but demanded I leave the room. He reluctantly sent her to X-ray but not before insisting I be reassigned.

Three hours later the same physician returned to the unit and apologized to me and thanked me for being persistent. He informed me that his patient was in ICU and had thrown multiple PE's. The assessment skills obtained by spending hours at the bedside with women had paid off. I recognized how important open communication between physicians and nurses was and that as a nurse, I need to be an advocate for my patients.

I graduated from my ADN program in 1989. I applied at several hospitals for a labor and delivery position. I was told more than once, that a GN must do a year of medical-surgical nurses before going into a specialty area. I was passionate about going into obstetrics. I held out until I was able to interview for a labor and delivery position. After the interview was over, the manager said to me; "I can teach anyone the skills to be a labor nurse, but what I cannot teach them is how to be "present with a patient" while providing bedside care, and that is why I am going to hire you". I have never forgotten those words.

On my first day, I truly felt like I came in thru the back door. My new manager was out on LOA when I arrived. She had only told the staff to expect a new orientee, nothing more. When I was asked where I worked before, I was the one to inform them that I was a GN. It was clear that there was not support of my Manager's decision to hire someone so "green". That first night I went home and cried, but was determined to return. It wasn't until my second week (when the manager returned from vacation) that I found out who was responsible for my training. By the end of my 6-week orientation, the seasoned nurses had become accustomed to my constant questions and were invested in my training and success.

To my advantage, the nurses and physicians had no idea of my past labor support experience, and I was not foolish enough to mention my own personal beliefs and choices. To them, I seemed to pick up quickly and used my time wisely. My learning was self-directed. I also understood their concerns; once off orientation, there would be myself and only one other nurse on the night shift. There were no residents or obstetricians in house at night and I had much more to learn! Labor and delivery nurses triaged and managed labor during night. The obstetrician was available by phone if needed, but ideally you made two calls: one to let them know their patient was admitted, and the second to let them know it was time to come in to deliver. The nursing staff was seasoned, and the turnover was minimal. The physicians trusted them, and respected them. I needed to learn many new skills, but not allow them to "get in the way" of the skills I brought with me.

I have had the blessing to be an inpatient obstetrical nurse for the past 18 years. My passion for caring for women in labor has not changed, but its focus has over the years. Today as an OB/Peds nurse educator, I struggle with trying to balance the "technical skills" of nursing with the bedside "support skills". My soul knows that to provide loving

care, you need both. I have found that you I can help nurses learn how to be “present” with patients. I also have discovered that just like the new mother brings everything she needs with her, so does the new nurse. We just need to help them discover it!