Opinion

Student voice

Baby boon

I WAS apprehensive about starting my latest placement in a neonatal unit and was unsure whether I would enjoy it. I always thought I would prefer working with older children as one of my favourite aspects of children’s nursing is the interaction. Obviously, this is different with neonates.

However, I was surprised by how much I loved my time there and have fallen in love with the tiny babies and all the care that is involved – so much so that I am now considering it as a career option.

I never thought about neonatal care holistically before I started the placement. One of the essentials of neonatal nursing is communication and involvement with the parents and families. You have to be able to understand how difficult it must be for them to leave their sick newborn child in hospital, knowing there is little or nothing they can do to help.

I cannot imagine how this must feel for new mothers, particularly as their emotions are already all over the place after giving birth. One set of parents I worked with lived in a tiny room in the hospital, while their other young child and rest of their family and friends lived at least two hours away.

I was lucky enough to be working in a level three unit, so I got to see intensive care, as well as special care, and therefore was able to get involved with preparing parents for taking their babies back home. I enjoyed working in intensive care as well because it is so full on, there is so much to learn and so many skills to practise.

One of the things that shocked me when I started was how much pressure the continuous positive airway pressure hats place on babies’ heads, causing severe indentations on the ears, cheeks and nose, and affecting the shape of the head. I still cannot understand how their features develop normally after that.

Rebecca Harmer is a third-year children’s nursing student at the University of Hertfordshire, Hatfield

Book reviews

Working with Children who need Long-term Respiratory Support
Jacqui Hewitt-Taylor
M&K Publishing
£26 | 188pp
ISBN: 9781905539697

This IS A comprehensive easy to read book, aimed primarily at children’s nurses who will need to prepare, care for and support any child requiring long-term respiratory support.

It begins with a section on why a child may need long-term respiratory support, featuring an overview of the anatomy and physiology of the child, progressing to methods of providing that support and how to assess a child’s respiratory status. These are followed by discharge planning, a discussion about the multidisciplinary team, home environment, equipment and supplies. Two chapters are dedicated to working with family and sources of information and support for parents are included. The book concludes with chapters about loss, psychological effects and ethics.

Six case studies are referred to throughout the chapters, and these are helpful in illustrating real life situations.

This is a valuable resource for children’s nurses. It is also available in e-book format.
Susan Fox, specialist practitioner, United Lincolnshire Hospitals NHS Trust

My Health, My Faith, My Culture
Sue Timmins
M&K Publishing
£15 | 80pp
ISBN: 9781905539802

This TEXTBOOK offers an introduction to the culture of a few of the ethnic and faith groups in the UK. There is little explicitly about health or how the discussed cultural norms and religious practices may affect someone’s health, other than the broadly understood psychological wellbeing of these different patients and healthcare clients, and it has little to do with children.

It is too elementary to be seriously considered as required or even suggested reading for a nursing programme. It needs to be read with some caution as its over-simplification of religious customs and rituals may lead a naïve healthcare practitioner to consider that there is little more to know or be concerned about with a particular religion and how it may be manifested in a particular patients’ life or healthcare episode. There is no doubt this is an important subject, but unfortunately this book is not particularly useful for child or other nursing students.
Gosia Bryczynska, senior lecturer, University of West London

Letter

Inspired to take up nursing abroad
I AM in my third semester of nursing school and I enjoyed the article ‘Cleft lip and palate care in Romania’ by Vanessa Martin (November 2011, page 26).

The differences in healthcare provision between countries is truly amazing. The changes Ms Martin and her co-workers made to the lives of so many people and the technological improvements that took place during the course of their visits are inspiring.

The emotional factor that goes along with nursing is another reason Ms Martin, as a nurse, should be thanked. It is hard to care for others on a daily basis, but to do it in a poverty-stricken area with young children takes a lot of hard work and self-control. The education that was received from the trips for Romanian healthcare staff is a great accomplishment. I am interested to find out more about the outcomes and whether poverty and genetics play a role in deciding whether a child has this birth defect? The article has not only taught me more about improvements in health care, but has helped me to consider nursing outside the United States.
Alicia Gaulrapp, Saint Anthony College of Nursing, Rockford, Illinois