***Nightintales* Podcast Transcript**

**Series 1, Episode 3 –** **Labor and Delivery Registered Nurse  
Guest: Kyla Bolden, BSN, RN**

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00:00:01 Host:

Welcome to *Nightintales*. This podcast was created during *the International Year of the Nurse and Nurse Midwife*, and what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host Jessica Spruit, and I'm so glad you're here.

00:00:27 Host:

Hi everyone, welcome back tonight entails we have another great episode for you today and I'm excited about it. We have Kyla Bolden here and she is a labor and delivery registered nurse at Henry Ford Health System and Kyla.

00:00:40 Host:

Thanks so much for coming to tell us about what you do and you know the stuff about labor and delivery that we didn't learn in our OB class or in our few weeks on the floor in clinical. We are so grateful for your time today.

00:00:54 Guest:

Yes, of course. I'm excited.

00:00:56 Host:

Awesome, well if you don't mind Kyla, let's start out by you telling me a little bit about you know what nursing school was like for you and where your first job was and whether or not you always knew this is where you wanted to end up.

00:01:09 Guest:

Yeah, sure, so I went to Grand Valley State University in the Grand Rapids area. I'm originally from Southfield, but I knew I wanted to venture out a little bit be a couple hours away from home.

00:01:24 Guest:

So, I did go to Grand Valley. I loved their nursing program. I think it was a great experience and I learned a lot. But I did also know that I wanted to come back home to work. So that was a little bit of a struggle for me towards my last couple semesters and nursing school because people were starting to get jobs while working in nursing school, and I knew, well if I start working now in the Grand Rapids area, you know I get my foot in the door here, but then I want to go home and I kind of felt like I would have to start all over.

00:01:59 Guest:

So, I started actually looking at jobs. Some in the Detroit area, which led me to start a nursing assistant job, some on internal medicine floor at Henry Ford in Detroit. While I was in nursing school in Grand Rapids so I was living in Grand Rapids during school and then I would come home a couple months. Come to work at my job as a nursing assistant so it was a little bit of a difficulty balancing, you, know school and then driving 2 hours home every couple of weeks to work.

00:02:39 Guest:

But it was really important to me to kind of get some hands-on experience outside of my clinicals just to have a I guess a better understanding of the role of nursing and nursing assistants, so that's kind of how I had my very first healthcare job was a very great experience and also, uhm it was a bit of a culture shock. I would say just because you hear about, you know health care and working in the field, but it's different when you're doing. Get yourself up so I started working as a nursing assistant.

00:03:17 Guest:

You know, I was getting good training and good experience, but I was realizing like, OK, so this is not what I want to do and that's OK, but I was grateful for the experience and that's when I actually got the opportunity from my manager to work as a nurse extern. And so, in a sense, the internship. They're saying where instead of working as a nursing assistant, I work more. And learning the nursing role.

00:03:46 Guest:

So I was typically assigned to a nurse for the day and I would work with her assignment and I wouldn't pass medications or anything, but I would be able to learn more about like the nursing process and diagnosis and things such of such as that so that was a good experience as well, again I realized OK Internal Medicine is not for me, so I know this for a fact, but what's the next step?

00:04:15 Guest:

Part of my nursing school, I actually had my OB in my piece clinical, which I was really excited for, 'cause I initially thought I would have an interest in being a NICU nurse come so it's, the funny thing about nursing, you think that you're going to be passionate about one thing and sometimes it happens that way, and other times, you just realize that, you know, this isn't for you, so I knew or I had interest in NICU.

00:04:44 Guest:

Working with the preemie babies and everything like that, and when I did the shadow and nursing school, I realized wow, I don't. I'm not interested in this so then I had a kind of a moment of fear like. OK so I know I don't like internal medicine. I know I don't like NICU nursing so now what? So I had my OB clinical. Which I was excited for but I didn't think that I would be as interested in it.

00:05:11 Guest:

But when I saw my first delivery, I just immediately fell in love. Just all of the excitement. All of you know just everything about the delivery process and seeing what moms go through and what they're capable of. That just I fell in love with it. So as soon as I realized that I was kind of speaking to my manager at Henry Ford.

00:05:35 Guest:

And I was telling her how passionate I was about it. And so that's when she told me that she actually was really good friends with the manager for labor and delivery at the hospital, and she said that she could see if she could come get me a shadowing opportunity. Come on the floor. So, I was really excited for that. And when that happened again. I absolutely fell in love.

00:06:00 Guest:

Uhm, and I just knew that was what I wanted to do, and I was basically talking to the manager for labor and delivery and I said So what do I have to do to be a labor and delivery nurse like just tell me what I need to do so she said specifically for that floor there are very high risk floor and they typically do not or they don't hire. There are some brand new nurses onto the floor which for any specialty floor that I think that is pretty common, that they do prefer for you to receive experience like on a Med surg floor or ER come before you go into that specialty because they want you to be able to develop those basic nursing skills before learning into more of a specialty. And so when I heard that I was a little discouraged 'cause I'm like. OK so I don't like internal medicine, but if I want to be able to pursue my true dream of Labor and delivery, then that may be what I have to do.

00:07:06 Guest:

But she also mentioned that working as a nurse extern if I was able to do it that is the only way that they will hire me as a new nursing grad onto the floor so I told her, you know, I worked, you know, on internal medicine and I've gained a lot of experience there, but I would love to uhm, work as a nurse extern on the labor and delivery floor if I could come so I let her know that information you know went back to working on my other floor and was waiting to hear word back. So initially they told me as a you know, uh, excited they would be to have me to work with them.

00:07:48 Guest:

I only had about nine months left of nursing school and they wanted me to at least have one year of experience as an extern on their floor. If I were to graduate and start as a new nurse on the floor. So I was very discouraged and I was upset about it cause I knew that would have been a great opportunity but at the same time you know I knew OB was my passion, so if I had to sacrifice working, you know on Med surg for a year before working on OB I was OK with that.

00:08:21 Guest:

But I guess my manager, my current manager, she vouched for me and she said, you know, I'm a quick learner, you know, and I'm very passionate. And I heard a call back and they said they had a change of heart and they allowed me to transfer as a nurse and extern my remaining months of nursing school on OB.

00:08:44 Host:

That must have been such a relief for you at that moment Even though to do the work right, you were willing to jump through the hoops at times. What a relief that must have been.

00:08:54 Guest:

Even I'm talking about it now and just reminiscing about that moment like I just remember being like so grateful for the opportunity and also just kind of a little bit of fear as well cause you will hear from a lot of nurses or professors that Oh no matter what, you should always get your experience on Med surg as a nurse before doing anything else you want to get those basic nursing skills.

00:09:19 Guest:

And before you decide to go anywhere else, you don't want to lose those skills, so I had a lot of that instilled in my head at the time. Uh, which had me a little nervous as well to accept the position on labor and delivery because I knew if I started there as an extern that I would want to start as a new nurse, and that's kind of, I think, which we can talk about later as advice as just, you know, deciding your own path and even though it's good to take advice from other people who have experience just to follow your your passion and your beliefs and what you think works for you. Yeah, but so I started as an external while I was in nursing school.

00:10:03 Guest:

I was gaining so much experience and it was, uh, absolutely, a great experience and I do realize why sometimes they don't hire new nurses on specialty floors like Labor and Delivery, for example because it is a lot of information and sometimes it can be too overwhelming even for the more experienced nurse. Uhm, but I worked as an extern until I graduated nursing school. I still went through the interview process just like anyone else would to become a nurse on the floor and they did hire me.

00:10:39 Host:

Oh, that's awesome. I love that, Kyla, because what I'm hearing is you're describing how very intentional you were in that you wanted to work in the Metro Detroit area, you know, and so you came back to obtain a job in Detroit. And then you built relationships. You were transparent with your manager on that internal medicine floor. You know, in sharing your passion for OB.

00:11:00 Host:

And then setting up an opportunity to shadow and asking that manager what it would take to really pursue your dream and become the nurse that you envisioned yourself being and I just love, I think it's such an important message of how intentional you were, how thoughtful you were as you pursued each of those steps, and how beautifully it paid off for you.

00:11:20 Guest:

Yes, absolutely.

00:11:21 Host:

Awesome, so tell us about being a labor and delivery nurse. I think all of us probably have some idea in our heads of what we see in the commercial. You know, the five minutes where the mom pushes the babies born and everyone is joyful. But I know, and I often think, “but that's only the tip of the iceberg,” and certainly all of your days I'm sure, are not full of such joy. So, if you don't mind, tell me a little bit about what your role is, what you do kind of in a normal shift, if there is one, and you know about your role in as a labor delivery nurse.

00:11:58 Guest:

So, it's really funny people you know always have their own perception of what it is to work in labor and delivery as a nurse as a doctor, midwife, whatever, but and I would even say for myself as an extern. I had no idea what I was getting myself into. And I say that in the best way possible. But, uh, the mindset that I had even before I was a nurse. And even though I had that experience on the floor as an extern, it was completely different than I thought, so.

00:12:30 Guest:

The start of my day I come into work come we are from like a 12-bed floor up have two operating rooms and we have a triage which I kind of call like the ER of Labor and delivery so instead of a pregnant woman going to the ER they would come up to us. We triage her to determine whether or not she stays or she goes. So, I will come into work typically between 10:00 and 12:00.

00:13:01 Guest:

Nurses that are staffed for the day, cause typically we are a one-to-one nurse to patient ratio. We hear the assignment of the entire board, so everyone that's admitted to the floor. Now we get a, you know, short, patient story. Uh, once that is done, we go onto the floor and we get report on the specific patient that we're receiving for today, most times.

00:13:29 Guest:

Like I said, it is a one-to-one patient to nurse ratio. But on the days where we might be a little bit more short-staffed or we have a labor person and we have a, uh, a mother who is in observation for any particular reason, we may be assigned two patients at a time. It just kind of all depends on the situation.

00:13:49 Guest:

And I think that's kind of the thing that I like about labor and delivery. Is that even though certain situations can kind of be predictable, most times they're not, so I could get come into work and I get a first-time mom. And she's. You know first baby brand new experience. She has a lot of questions and you know she's afraid, but she's excited. So, I'm kind of coaching her.

00:14:19 Guest:

Just by the things of kind of what to expect when you deliver your baby and the pain that you're gonna go through and things like that. Or I could have a mom who's in her 40s and this is her 8th baby, and you know, she could probably teach me a couple things, for example. So different age groups. Absolutely different demographics.

00:14:41 Guest:

I'm working at Henry Ford downtown. We have a very high Arabic population. Also, African Americans and Hispanics, but very high Arabic population. So, I also work with some difficulties with the language barriers and or cultural barriers and kind of trying to find ways to best communicate with my patient because of that and still being able to come emotionally be intact with her even though we have those barriers.

00:15:13 Guest:

I could have a mom come in who's in preterm labor. And the fears that are instilled with that knowing, like well, did I do something wrong to cause me to go into labor early as my baby gonna be OK. And the relationship that we have with our NICU team and how they are in intertwined in that situation.

00:15:35 Guest:

I'm like I have a mom that comes in who didn't even know that she was pregnant and I'm, you know, helping break the news to her that she's pregnant and which has happened more often than what you would think, surprisingly, so.

00:15:51 Guest:

It's definitely a big emotional side too working in labor and delivery and speaking of that, I could also have a situation where Mom comes in cause she hasn't been feeling her baby moves in the last couple of days and you know, unfortunately, come to find out that she lost her baby so there are so many different scenarios in labor and delivery that you can have. We could also have our moms that are coming in for a scheduled C-section because the baby is breech or because she has severe preeclampsia. Many different reasons and just the emotions of well. I really wanted to have a vaginal delivery and now you know you guys are saying that it's recommended to have a C-section.

00:16:38 Guest:

And you know, encouraging the mom that no matter how the baby is delivered, you know having a healthy mom and healthy baby is our end goal always. I can have a mom that's been laboring for three days, and she's finally dilated to 10 and ready to push her baby out. But, you know, ineffective pushing, fatigue, the size of the baby, all end up where she is having a C-section, so it's just a lot of emotions. And definitely, uhm, you think that is going to end up one way, but it can end up a completely different way.

00:17:15 Host:

OK, Kyla, you really described a really broad range of this continuum of taking care of mothers, and you know their unborn children. Well, you have infants there. That's a huge continuum, and I think you described it so well.

00:17:30 Guest:

Thank you. Yeah, so it's very unpredictable, yet predictable just because I can have a patient, and I think it's going to end up one way, but it ends up a completely different way. But once I know which direction we're going in, I can kind of say, OK, so this is the next step that I need to follow.

00:17:51 Guest:

And it's really big to have like the interdisciplinary team and have good coordination with your other team members. So other nurses, because this is a field where you can't work alone, you have to have your team members there. The other nurses the residents of your attending anesthesiologist, the NICU team and the postpartum nurse.

00:18:17 Guest:

It's a lot of different people that are involved in it. So, I think that was a kind of a hard thing for me as a new nurse was to be able to, from just being so young in a field where there's such an experience from other team members, being able to speak up and advocate for myself and saying I'm this team member and this is what I recommend, or I need your help doing this. I don't even know how to explain it.

00:18:53 Guest:

It's like I said, being a new nurse, you're going to have a lot of fears, but I think the most important thing is to have confidence in yourself and just trust that even though you are new, be confident in the knowledge that you are aware of and being able to speak up for yourself and say I do know this, but I need your help with this. So that's another thing that is involved in probably any floor, but I know specifically in labor and delivery that I have experienced as well.

00:19:25 Guest:

So, I work three days a week, 12 hour shifts and every other weekend specifically on my floor and aside from the weekends, we have scheduled C sections Monday through Friday, so as I said, I could come in having a scheduled C-section. Or I could have a numerous scenarios of patient situations with a Mama expecting a vaginal delivery as well so.

00:19:55 Host:

Sure, and Kyla, you mentioned the postpartum nurse and so I think it's an understanding that in some units you may do labor and delivery and postpartum care, and in other units it's a little bit separated, and it sounds like you're in a unit that is separated. Is that correct?

00:20:11 Guest:

Yes, that is correct. So, it just depends on the hospital. Typically, I believe larger hospitals will have the separation with labor and delivery and postpartum, but some of your community hospitals or your smaller hospitals will be a combined labor and delivery and postpartum. Like, I know for example, our West Bloomfield location for Henry Ford combined, but they're a little bit of a smaller hospital and I do have some postpartum experience. If a mom, for example, has been diagnosed with preeclampsia and we place her on magnesium sulfate for 24 hours after she delivers for seizure precaution.

00:20:57 Guest:

Since that is when I have to develop my postpartum experience in her and the baby, you know, after a delivery because typically after the mom delivers for about 2 hours of recovery, that is when I give report on the patient to the postpartum nurse. And that's where the mom and the baby will stay until they're discharged home. So, a lot of experience in labor and delivery, and I would say you know, experience in postpartum as well. But because they are separated, postpartum nurses have a much broader experience and expertise in that area.

00:21:39 Host:

Sure, no, that's helpful, and I think it's helpful for people listening because oftentimes when you have a nursing clinical you know for school, you'll see one model but not the other. And sorry, it's helpful to hear you describe, you know the differences. And then I think it helps us think about what's of interest to us, and you know, would we like to have a little bit more focus.

00:21:59 Host:

Would we like that more continuum of care that a little bit broader and it's just helpful when you're thinking about opportunities in labor and delivery, nursing or maternal child nursing? It's nice to hear you explain that.

00:22:12 Guest:

Yeah, yeah.

00:22:13 Host:

I wanted to go back, you had mentioned, Kyla, talking about deciding your own path and following your passion. And I loved that because I think so often we are told these rules and there are these kind of unwritten rules in nursing that continue to be passed down from generation to generation that, wait, you know you have to spend this much time in Med surg. You can't transition to a leadership or advanced role on your unit. You can't do XY and Z yet each of us possesses a really unique set of desires and passions and skills and knowledge. And so I kind of worry when those big broad rules are applied to people because I don't think it's always in the best interest of the profession.

00:23:00 Host:

You know, and so I love the way that you've described kind of defying the odds and becoming a new graduate nurse in the delivery unit. I remember you. And I'm curious what you would tell you know, nursing students. We were nurses listening to this about how they could do something like that.

00:23:15 Guest:

Yeah, absolutely so. As I mentioned, a lot of people instilled in me that like oh, it's great that you want to go into labor and delivery, but make sure you get that you know minimum.

00:23:27 Guest:

One year Med surg experience you don't want to lose the core nursing skills and being about two years into my nursing career, I'm learning to realize that you know, I don't feel like those core nursing skills were lost at all by, you know, skipping the measures experience and going straight into labor and delivery.

00:23:50 Guest:

Uhm, and even if they were like does it, does it truly matter if you want to go into something that you're passionate about. I think we learned so much in nursing school about patient advocacy and making sure you advocate for your patient, but also you have to learn how to advocate for yourself. So, I knew for a fact that I wanted to go into labor and delivery, and I worked hard to make sure that happen, but if it weren't for me, advocating to myself, talking to my manager, telling her how passionate I am about labor and delivery, I don't know if I would be able to get to the place where I am and so I feel like nursing students we get to learn so much from others and we hear about everyone else’s experiences and we're like, “well they did it this way, so that's what I should do” but I would just say the best advice I can give is to follow your own path. Just because you know someone, your sister or your cousin, or you know your best friend did it this way doesn't mean that you have to do it that way as well. Because I know nurses that have worked in the ICU for three years and now they're labor and delivery nurses and they have that core ICU background and they're able to intertwine it into the labor and delivery care.

00:25:17 Guest:

But I also know nurses that have been working strictly in labor and delivery for 20 plus years and they have so much experience then like you would be surprised about all of the things that they're able to teach you just based off being on labor and delivery. So, if you feel like your path is one way but someone steering you otherwise, I would just say, like, believe yourself. No one knows yourself better than yourself and to follow what you believe in.

00:25:46 Host:

I love that so much because I think as you're describing the last couple of years of practice, I mean, think of all of those babies that were born. All of those mothers and families that you supported that wouldn't have had your care had you not been determined and such an effective self-advocate. Like it, you know, I mean. You would have been doing something which it is OK. I mean if people need to take a med surg job for a year and that's truly the only way, then that's OK, you know, make them quit like you were prepared to do. But when I think of the fact that that opportunity really was there for you when you allow others to kind of apply the brakes.

00:26:22 Guest:

Uh-huh

00:26:22 Host:

On your career, I love it, you know, and I think that that's such a valuable message. You know, don't stop at anything in pursuit of your passion within this process.

00:26:31 Host:

Absolutely, and I imagine Kyla that, I imagine, and you've kind of talked about this a little bit that some of your days are pretty challenging, and so I imagine it's really important that you, for the most part, love what you're doing and feel really passionate for absolutely. Is there anything that helps drive you every day or helps you recover from those more challenging days?

00:26:56 Guest:

And that's a very good topic to talk about and to be completely honest, is something that I am still working on to this day. Having a, you know, work life balance. It's so important and I feel like us as nurses struggle with it a lot and I would say as important as a family support is, I truly do kind of rely a lot on my nursing colleagues that I have.

00:27:28 Guest:

Because you can, you know, express your feelings so much to your significant other or to your mom or to your sister, but no one understands the life of a nurse like another nurse, so I do strongly encourage just to have at least that one person that's another nurse. Whether it's a someone that she met in nursing school or it's someone at your job, or it's a mentor that she had come through an organization, just to have at least that one go-to person that you can kind of rely on to express, you know, what you're feeling or what you're going through. Uhm, there's been plenty of times where at work, you know I have a unfortunate situation, or just a very high stress situation and I just need to just like let it out, like whether it's crying or talking or just expressing how I'm feeling to someone else. I think that as nurses we are, typically, we just kind of like bottle things up because we're so focused on the patient or so focused on caring for others or caring about what other people need that we forget to care for ourselves. So, I really have relied on my nursing friends from nursing school. You know, from my current job to just really like kind of lean on and talk to and especially the ones that have that experience.

00:28:58 Guest:

They've been through this and they have a way of talking to you that someone tells them or tells you that they understand what you're feeling, but they also don't make you feel like what you're feeling is meaningless, so that's really important, and also finding a hobby outside of work where you can just like put all of your energy into that and just kind of leave your mind at work, I found is very important.

00:29:29 Guest:

So I haven't, uh cricket now and I see that as a hobby for crafting and I, I just think it's really helpful to just kind of like ease like easier stress and ease your mind into in something that you don't have to think about those heart to in tough situations so, like I said, I'm still struggling with it and it is hard. You know, day-to-day, but you know you just kind of do the best that she can, but it is very important to find that balance because the burnout is real. And we put so much of ourselves into our job that over the years, if we don't care for ourselves, then there will be that effective, that burnout and it come. I’ve seen glimpses of it in myself that I love so much what I do.

00:30:23 Guest:

But the days that we're short staffed. Or the days where I'm working with a mom who lost the baby and I just, you know, have that mom on my mind or like the tears that I saw when she saw and held her, you know, baby that passed away. You know these things stick with you, so it's really, really important.

00:30:42 Host:

Yeah, I think the burden and the beauty of this work is so real. You know it would be impossible for us as you know, caring humans not to be touched by that and not too saddened by that or you know. And hopefully there are enough days that you know make up for that when you know the family does have. They're healthy, baby in their arms and you know, things do go well or a birth plan is executed the way that they hoped. But it's so real what you were describing, and I think that you're offering such valuable advice no matter what kind of nursing we work in, because there truly is both beauty and burden, and we're human the way that we do, and so, the way, that really, I think only nurses do, right? You described it so nicely, Kyla, for us.

00:31:30 Guest:

Thank you.

00:31:31 Host:

Thank you, I have loved talking to you about this. I am really inspired by the work that you do and hearing you know your journey and still as a relatively new nurse in our profession. I just think you've offered such wisdom and such insight that hopefully will be helpful to everyone listening. I was curious, is there anything else that you wanted to share, or any other words of wisdom you would offer?

00:31:57 Guest:

And I think I instilled the main point that I wanted to do is just, you know, advocating for yourself even now that I'm in the passion that I love, I know at some point I do want to further my education. You know, somehow someway in so just you know, following your passion. And whatever it is you want to do uhm, is just the best thing that I can get back for advice.

00:32:24 Host:

Sure, well, Kyla Bolden is a labor and delivery nurse at Henry Ford Health System and Kyla we're so grateful for your time today. You have offered us such important things to consider and think about and such a nice guide when thinking of how best to advocate for ourselves and how to kind of create our own path within this profession. So thank you so much for your time today.

00:32:45 Guest:

Yes, thank you for having me.

00:32:49 Host:

Thank you for listening to this episode of *Nightintales*. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution, that they graduated from, their employer or the professional organization that they are active in. The stories of their career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.