

N432 Postpartum Care Plan
Lakeview College of Nursing
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Demographics (3 points)

Date & Time of Admission 9/21/20 0530	Patient Initials VJN	Age 35	Gender F
Race/Ethnicity Caucasian	Occupation None	Marital Status Single	Allergies Benadryl Calamine Lotion Ceclor Fish Zyrtec Estrogens
Code Status Full	Height 5'2"	Weight 84.8 kg	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: Baby Girl –intermittent prenatal care

Past Medical History: HPV, Endometriosis, Bipolar, Anxiety, Schizophrenia, Post-Partum depression

Past Surgical History: Left Wrist (nerve) surgery/C-section with first child

Family History: Cancer, HTN, Thyroid, Osteoporosis

Social History (tobacco/alcohol/drugs):

Tobacco-2 packs a day since she was 14 y/o

Drugs-Meth (currently clean)

Alcohol- recovering alcoholic going to AA meetings with sponsor, Step-work

Living Situation:

Owns trailer-mom lives within to help with bills

D/c- plans to have a safety home (safety plan in place with friend to monitor her)

Education Level: Some college

Admission Assessment

Chief Complaint (2 points): Spontaneous labor by slow amniotic leakage over 3 days causing spontaneous pain.

Diagnosis

Primary Diagnosis on Admission (2 points): Spontaneous Labor

Secondary Diagnosis (if applicable): N/A

Presentation to Labor & Delivery (10 points):

G2P2001 presents to ER with slow leakage of fluid from the vagina with spontaneous pain of 3/10 from the back radiating to the abdomen. Labor checks show FHR normal and cervical dilation of 10 cm with 100% effacement. Fluid was identified as an amniotic fluid, which showed meconium to be in the amniotic sack. Manual rupture of membranes completed by physician progressing spontaneous labor. Pt has a history of complicated C-section without medication from her first son. Pt was not a candidate for pain medication due to the late phase of labor and quickening of labor.

OLDCARTS

Onset happened quickly on the day presented to ER because of amniotic leakage causing the pain. The pain was located in her back and radiated to the abdomen, with labor progressing quickly. Labor lasted 1 hour and pushing only 5 min, so the pain duration was quick. Pain continued from her presenting to the ER until after the birth of the child. Pt stated her pain level was 0/10 after delivery of her child. Patient was in no pain but did receive Ibuprophen for minor tear from birth as needed.

Postpartum Course (18 points)

Pt is currently in the subacute postpartum period but the fourth stage of labor. This phase explains certain precautions to monitor. Hypercoagulability, DVT, prolonged immobility, etc. are complications to assess for the new parents. Maintaining typical maternal vital signs and ensuring the fundus remains firm and not boggy, so complications do not occur, such as hemorrhage. The lochia (postpartum bleeding) is

assessed after labor for color, amount, and odor. Normal lochia has a dark red color; no foul odor can contain small blood clots. As postpartum continues, the lochia will become watery to pink/brown. If lochia is foul in odor or any other abnormalities, it could show signs of infection or hemorrhage (*Vaginal Bleeding after Birth*, 2020). Slowly as the edema and increased vascularity in the mothers' vagina will decrease along with the cervix that narrows and lengthens back to normal. A woman's breast milk will come in unless not breastfeeding; then, they use medication and nonpharmacological ways such as icing. Making sure the infant is taken care of for feeding and other care activities along with maternal-newborn bonding. It is essential to assess for postpartum depression because hormones are increased during pregnancy, and decreasing quickly after birth can cause mood fluctuations (*How Your Body Changes during Pregnancy*, 2017).

Mother is in the taking hold phase to initiate some actions on her own such as making it a point to bottle feed her child instead of the nurse. The mother centers her focus on the baby to have skin-skin contact, singing, holding the child and she slowly starts to accept her new role.

Postpartum Course References (2) (APA):

How your body changes during pregnancy: Hormones, breasts & more. (2017, August 29). Healthline.

<https://www.healthline.com/health/pregnancy/bodily-changes-during>

Vaginal bleeding after birth: When to call a doctor. (2020). WebMD. Retrieved October 4, 2020, from

<https://www.webmd.com/women/vaginal-bleeding-after-birth-when-to-call-doctor>

Laboratory Data (15 points)

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Prenatal Value	Admission's Value	Today's Value	Reason for Abnormal Value
RBC	3.8-5.3	3.66	16.3		Elevated RBC in pt with
Hgb	11.7-16.0	10.9	12		Decreased Hgb because of anemia due to lack of iron from prenatal
Hct	35-47	33.6	36.3		Decreased Hct because of anemia due to lack of iron from prenatal diet.
Platelets	140-440	215	202		
WBC	4.5-11.0	10.43	16.3		Elevated WBC in pt with inflammation
Neutrophils	47-73	7.06	80.4		Elevated neutrophils in pt because of inflammation.
Lymphocytes	19-49	24.6	13.6		Decrease Lymphocytes because of undernutrition possibly because of inconsistent prenatal care.
Monocytes	3-13	6	5.1		
Eosinophils	0.0-5.0	1.3	0.5		

Bands	45-74	16.5	16.5		Elevated Bands in pt with
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Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value Admission	Today's Value	Reason For Abnormal
Blood Type	Any	O	O	O	N/A
Rh Factor	Any	Positive	Positive	Positive	N/A
Serology (RPR/VD RL)	Non-reactive	Non-reactive	Non-reactive	Non-reactive	N/A
Rubella Titer	+	+	+	+	N/A
HIV	Non-reactive	Non-reactive	Non-reactive	Non-reactive	N/A
HbSAG	Non-reactive	Non-reactive	Non-reactive	Non-reactive	N/A
Group Beta Strep Swab	-	-	-	-	N/A
Glucose at 28 Weeks	60-100	90	107	107	Elevated Glucose in pt with possible gestational diabetes. 107 is elevated but not significant enough to cause a severe

					issue.
MSAFP (If Applicable)	N/A				

Additional Admission Labs **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Urine Drug Screen	Negative	Negative	Negative	Negative	

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine	N/A				

Lab Reference (APA):

Pagana, K. D., & Pagana, T. J. (2014). *Mosby's manual of diagnostic and laboratory tests*. St. Louis, MO: Elsevier Mosby.

Stage of Labor Write Up, APA format (15 points):

	Your Assessment
<p>History of labor:</p> <p>Length of labor</p> <p>Induced /spontaneous</p> <p>Time in each stage</p>	<p>The mother is G2P2001 and was in labor for 1 hour in total. She was leaking amniotic fluid, 10 cm dilated, 100% effaced, and in pain, which caused her to start labor, but the physician had to break her water. She was pushing for 5 minutes. The stages of labor were too quick to identify.</p>
<p>Current stage of labor</p>	<p>The mother is in the 4th Stage and subacute phase of labor. Psychosocial would be assessing whether or not the mother is adapting/ coping well to the situation, especially with her mental illness and condition outside the hospital. Always monitor for postpartum depression because of how high the percentage is for it.</p>

	<p>Bonding would include skin-skin contact and care of a newborn, including family members, including father in care, responding to infant cries, and interacting positively (<i>Stages of Labor</i>, 2019).</p> <p>Breastfeeding assessments would be making sure she has a plan for proper nutrition for the baby and resources for a lactation consultant.</p> <p>There are also resources such as breastfeeding support groups and peer counselor available (<i>Finding Breastfeeding Support and Information</i>, 2017).</p>
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Stage of Labor References (2) (APA):

Finding breastfeeding support and information. (2017, February 1). Womenshealth.Gov.

<https://www.womenshealth.gov/breastfeeding/learning-breastfeed/finding-breastfeeding-support-and-information>

(Stages of labor. (2019). Retrieved October 4, 2020, from

<https://www.marchofdimes.org/pregnancy/stages-of-labor.aspx>.

Current Medications (7 points, 1 point per completed med)

7 different medications must be completed

Home Medications (2 required)

Brand/Generic	Prenatal w/collagen	Tums(calcium carbonate)	Iron(ferrous sulfate)	Vit C(ascorbic acid)
Dose	2,000 mcg	2 tabs(1000mg)	325 mg	250 mg
Frequency	Daily	PRN	Daily	Daily
Route	PO	PO	PO	PO
Classification	Category A	Category A/Antacids	Category A	Category A
Mechanism of Action	vitamin	Vitamin/acid reducer	vitamin	vitamin
Reason Client Taking	Nutrition and prevent birth defects	Acid reducer for heartburn	Make extra blood for baby	Maintain vitamin c level during pregnancy and help

	of baby			absorb iron
Contraindications (2)	-Overdose -People with blood disorders	- If frequent with taking it could lead the build of of calcium and cause kidney stones -constipation	- can overdose -tiredness	-do not take with blood disorders -sickle cell disease -thalassemia
Side Effects/Adverse Reactions (2)	Nausea Vomiting	-weight loss -nausea/vomiting	-nausea -vomiting	-diarrhea -heartburn
Nursing Considerations (2)	-Monitor for nausea -Monitor for overdose	- take other medication 1-2 hours before taking them -helps to make sure ulcer not form	-take vitamin c with to help absorb better	- Not crush -swallow pill whole
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-Ask if any blood disorders -Ask if currently taking any other	-assess for nausea -monitor for relief of acid	- assess for GI issues - assess for blood disorders	-assess for headache or gastrointestinal issues -assess for blood disorders

	<p>vitamins that could cause an overdos e with the prenatal</p>			
Client Teaching needs (2)	<p>- Stress the importa nce of taking prenatal that includes collagen - -Stress and teach needs of taking them and especial ly folic acid</p>	<p>-take them apart from other medicine -take before meal</p>	<p>- take with vitami n c - take before meals</p>	<p>-drink with full glass of water - take with iron</p>

Hospital Medications (5 required)

Brand/Generic	Ibuprophen (Advil)	Nicotine Patch	Pitocin (oxytocin)
Dose	800 mg	1 patch	300 U/min for 1 hr Then 60 U/min for 6 hr
Frequency	Q 6 hr	Daily	See above
Route	PO	transdermal	IV
Classification	NSAID	Smoking deterrents	oxytocic
Mechanism of Action	Decrease pain and inflammation	Control withdrawal	Prevent hemorrhage
Reason Client Taking	Pain and inflammation	Substitute smoking while in hospital	Prevent postpartum hemorrhage
Contraindications (2)	-hypersensitivity -active GI bleed	-severe cardiovascular disease -excreted in breast milk	-hypersensitivity -anticipated non-vaginal delivery
Side Effects/Adverse Reactions (2)	-headache	-sneezing	-arrhythmias

	-dizziness	-insomnia	-Hypotension
Nursing Considerations (2)	-use cautiously with cardio diseases -use cautiously with dehydration	- use cautiously in recent history of MI -use cautiously in DM	-use cautiously in first and stage of labor -slow infusion over 24 hours
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-assess pain q 1-2 hr -assess for S/s of GI bleed	- before giving assess smoking history -can be harmful to pregnant women	-assess characteristics of contraction -monitor BP of mom and baby
Client Teaching needs (2)	-advise to take med as directed -do not take the OTC more than 10 days	- rotate patch sites -emphasize importance of doctor visits to monitor progress of smoking cessation	- watch out for S/s of water intoxication -advise to expect contractions

Medications Reference (APA):

Skidmore-Roth, L. (2017). *Mosby's drug guide for nursing students*. St. Louis, MO: Elsevier.

Assessment

Physical Exam (18 points)

<p>GENERAL (0.5 point):</p> <p>Alertness:</p> <p>Orientation:</p> <p>Distress:</p> <p>Overall appearance:</p>	<p>A/O x 4, appearance is appropriate for age, Fair grooming, spontaneous speech, situational distress, manic appearance and stupor, is in no distress except for worries of DCFS case</p>
<p>INTEGUMENTARY (2 points):</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:97.8</p> <p>Turgor:</p> <p>Rashes:</p> <p>Bruises: IV</p> <p>Wounds/Incision/Scar: L wrist scar from attempted suicide</p> <p>Braden Score: 20</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	<p>Skin color r/t ethnic background, no jaundice or erythema present, slight edema bilaterally on ankles, skin intact/moist no abnormalities noted except scar on left wrist from suicide attempt and previous C-section scar, <3 sec cap refill, no ecchymosis, temp normal, elastic and recoil of skin turgor, mucous membranes moist and intact</p>
<p>HEENT (0.5 point):</p> <p>Head/Neck:</p>	<p>Normocephalic, eyes symmetrical/ even, no drainage, sclera white, ears intact with pearly grey TM,</p>

<p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	<p>5 and 7 o clock cone of light, no deviated septum, patent nostrils bilaterally</p>
<p>CARDIOVASCULAR (1 point):</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema: minimal on bilateral ankles</p>	<p>S1/S2 present w/out murmurs or gallops, regular heart rhythm, 3+ peripheral pulses, < 3 sec cap refill</p>
<p>RESPIRATORY (1 points):</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>Breath sounds auscultated clear, no wheezing or stridor noted, regular respirations, equal chest expansion, no use of expiratory muscles, no pursed lip breathing</p>
<p>GASTROINTESTINAL (5 points):</p> <p>Diet at Home:</p> <p>Current Diet: Limited Sodium and coffee</p> <p>Height: 5' 2"</p> <p>Weight:175</p> <p>Auscultation Bowel sounds:</p>	<p>Fundus is firm, midline just below umbilicus, lochia is dark red, no odor, and normal amount, normoactive bowel sounds noted, last BM on 9/22/20 regular/soft, no distension, no drains, no wounds to abdomen</p>

<p>Last BM: 9/22/20</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p style="padding-left: 20px;">Distention:</p> <p style="padding-left: 20px;">Incisions:</p> <p style="padding-left: 20px;">Scars: Past C-section</p> <p style="padding-left: 20px;">Drains:</p> <p style="padding-left: 20px;">Wounds:</p> <p>Fundal Height & Position:</p>	
<p>GENITOURINARY (5 Points):</p> <p>Bleeding:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p style="padding-left: 20px;">Type:</p> <p style="padding-left: 20px;">Size:</p> <p>Rupture of Membranes: Slow leakage over 3 days</p> <p>Time:</p> <p>Color:</p> <p>Amount:</p> <p>Odor: Yes</p>	<p>Stress incontinence, dysuria from tear, urine is yellow, cloudy, dark red, cath was inserted during labor</p>

<p>Episiotomy/Lacerations: Small tear, no stitching needed</p>	
<p>MUSCULOSKELETAL (2 points):</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score: 3</p> <p>Activity/Mobility Status: Normal</p> <p>Independent (up ad lib) <input checked="" type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	<p>Nailbed r/t ethnic background, no cyanosis or clubbing, extremities are pink/normal, no diaphoresis, independent</p>
<p>NEUROLOGICAL (1 points):</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/></p> <p>Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/></p> <p>Orientation: Manic, fast speech</p> <p>Mental Status: Mental Health- past suicide attempt</p> <p>Speech: Fast, loud</p> <p>Sensory: normal</p> <p>LOC:normal</p> <p>DTRs:present</p>	<p>A/Ox 4, normal cognition but flighty with speech and behavior due to alcohol and drug abuse, able to follow commands, intact memory, PERRLA intact, upper and lower extremities bilaterally normal in strength</p>
<p>PSYCHOSOCIAL/CULTURAL (1 points):</p> <p>Coping method(s): Smoking and pacing</p>	<p>Suicide risk, developmental level is normal for age, in the process of being able to cope with related</p>

<p>Developmental level: looks current age</p> <p>Religion & what it means to pt.:Christian</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>situation and outside implications, Christian belief and attends Sunday church</p>
<p>DELIVERY INFO: (1 point)</p> <p>Delivery Date: 9/21/20</p> <p>Time:0530</p> <p>Type (vaginal/cesarean): vaginal</p> <p>Quantitative Blood Loss:Normal</p> <p>Male or Female</p> <p>Apgars:6,8</p> <p>Weight:2615 g(5lbs and 14oz)</p> <p>Feeding Method:</p>	<p>Delivered baby on hands and knees</p> <p>NG, Bottle feeding transferring to breast as condition improves, NICU baby for low blood glucose levels</p>

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	109	116/82	22	97.0	99
Labor/Delivery	94	147/86	22	97.0	89
Postpartum	83	116/74	18	97.5	99

Vital Sign Trends:

Prenatal Vital Signs within normal limits, however blood pressure is elevated high during labor which is expected. Prenatally was low and after labor is returned to almost the same values.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0530	Numerical	Fundus/Abdomen	3	Abdomen, labor	Birth/pain medication
1500	Numerical	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge IV placed Location of IV: L. Hand Date on IV: 9/21 Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	0.9% NaCl 1000 ml IV Bolus over 1 hour Patency present No erythema, drainage, etc. noted IV dressing is clean, dry, labeled, and intact

Intake and Output (2 points)

Intake	Output (in mL)

Unknown in chart	192 (Urine 150 ml) (Blood 42 ml)
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Nursing Interventions and Medical Treatments during Postpartum (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “T” after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

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Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? Dependent-Independent

What evidence supports this? The mother focuses on babies' care going to the NICU to bottle feed her child instead of the nurse. She is excited about breastfeeding and asks many questions on techniques, when she can start, and what equipment she should buy. When she feeds her child, she likes the second opinion from her for acceptance. Mom needs help on baby care of a child with some birth issues and needs to improve her caregiving competency. Mother is worried and already setting herself up for postpartum depression due to her current mental disorders.

Discharge Planning (2 points)

Discharge location: Friends home as a safety precaution and monitor her post-partum

Equipment needs (if applicable): Breast Pump

Follow up plan (include plan for mother AND newborn):

Newborn: Newborn checks with doctor and plan of care

Mom: Plan of care, follow up with doctor, and find resources for help with coping, breastfeeding, support groups, and use of WIC

Education needs: Infant care, plan of care, repeat instructions and print/write information

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Two of them must be education related i.e. the interventions must be education for the client.”

<p>Nursing Diagnosis (2 pt each)</p> <p>Identify problems that are specific to this patient.</p> <p>Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Rational (1 pt each)</p> <p>Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rational (2 per dx) (1 pt each)</p> <p>Interventions should be specific and individualized for his patient. Be sure to include a time interval such as “Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.</p>	<p>Evaluation (1 pt each)</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for Suicide</p> <p>r/t previous suicide attempt and history of postpartum depression</p> <p>AEB-statements of despair and hopelessness</p>	<p>With past suicide attempts, previous bouts of postpartum depression, and several mental health issues this was chosen as priority.</p>	<p>1. Arrange for client to stay with family or friends</p> <p>Rationale-relieve isolation and provide safety and comfort</p> <p>2. Encourage client to talk openly of a plan to handle disappointment and anger</p> <p>Rationale-Gives client other ways to deal with strong feelings and gain a sense of control over themselves</p>	<p>Client was able to direct strong feelings and emotions elsewhere and relieve the pressure of themselves. Pt will also discharge home to live with family member or friend.</p>

<p>2. PostPartum Depression r/t-history of depression AEB- pt stated "I feel that I'm starting to have postpartum depression like with my last pregnancy. I just don't feel like myself"</p>	<p>Postpartum is a very real issue with moms who just gave birth because of hormone fluctuation.</p>	<p>1. Recommend support groups Rationale-She is able to have a support system to share her feelings 2.Encourage pt to take time for herself out of every day Rationale-She is able to have a break from regular baby care and relax even if it's just for a min.</p>	<p>Pt express her feelings and insecurities, performs her normal daily routine happy, and recognizes the importance of support groups</p>
<p>3.Knoweldge Deficit Postpartum care R/T AEB</p>	<p>Knowledge of newborn care is extremely important for the family to know how to function with a newborn.</p>	<p>1. Assess pt support system and encourage participation Rationale: Mother will thrive with the support system assisting her with the care of the newborn 2. Teach pt about normal and abnormal lochia and the s/s of infection Rationale: She will be more likely to report abnormalities and decreases possibility of complications</p>	<p>The family and pt responded well and understood the bonding/role acceptance, and importance of follow up care.</p>
<p>4. Ineffective Breastfeeding r/t- condition of low blood sugar</p>	<p>Knowledge of breast feeding but difficulty</p>	<p>1. Evaluate the child's sucking and swallowing pattern Rationale-helps mother to see how</p>	<p>Still unable to breastfeed child but was able to find routine and monitor</p>

<p>AEB- only being able to bottle feed due to</p>	<p>copied due to not being able to breastfeed like normal mothers</p>	<p>baby may transition onto breast and the right positions to hold her in</p> <p>2. Evaluate infants state at the time of feeding and pattern of when baby eats</p> <p>Rationale- baby will usually breastfeed when quiet-alert state otherwise difficulties can arise</p>	<p>the alertness of the baby</p>
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Other References (APA)

Lippincott Williams & Wilkins. (2013). *Spark & Taylors: Nursing diagnosis reference manual*. London.