N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 3/21/21	Patient Initials L.R.	Age 35 years old	Gender Female
Race/Ethnicity Caucasian	Occupation Banking Trust Officer	Marital Status Married	Allergies NKA
Code Status Full Code	Height 182.9 cm (6'0")	Weight 78.5 kg (173 lbs)	Father of Baby Involved Father present at hospital

Medical History (5 Points)

Prenatal History: The client started prenatal care on 9/21/20. The client has suffered from preeclampsia during this pregnancy.

G-1 T-1 P-0 A-0 L-1.

Past Medical History: The client suffers from acne.

Past Surgical History: The client has no past surgical history.

Family History: The client's maternal grandmother suffered from heart disease and hypertension.

Social History (tobacco/alcohol/drugs): The client has never smoked tobacco or used smokeless tobacco. The client does not drink alcohol or have any history with drugs.

Living Situation: The client lives with husband and one cat.

Education Level: The client currently holds associates degree in business.

Admission Assessment

Chief Complaint (2 points): The client is being admitted for induction of labor due to advanced maternal age.

Presentation to Labor & Delivery (10 points):

The client presented to the labor and delivery unit for an induction of labor due to advanced maternal age on 3/21/21. At the time of arrival, the client's membranes are intact, and she is not experiencing contractions, bleeding, headache, or vision changes. Upon the first assessment, the client is 20% effaced without dilation. Further documentation of the client's dilation progression is not noted within the client's chart. The client is not experiencing any pain upon admission assessment.

Diagnosis

Primary Diagnosis on Admission (2 points): Cervadil/ Pitocin induction.

Secondary Diagnosis (if applicable): No secondary diagnosis available.

Postpartum Course (18 points)

The client during the time of clinical is approximately 24 hours postpartum. The client is currently in the taking-in phase of postpartum, where she is taking time for herself to ensure that she is safe and being well treated by the healthcare providers. The client's recovery is most important to her currently. During this time, she will spend most of her time resting, sleeping, and eating to ensure proper recovery. During this time, the client may experience moderate pain from the delivery of the neonate and the client's body will start returning to normal. These changes will include shrinkage of the uterus, hormonal changes, and hematological changes (Ricci et al, 2021). The client received multiple fundal and pain assessments throughout the clinical experience. The client used her time during

the clinical experience to eat, sleep, and recover. She is very interested in her progress and the assessments the nurse performs. Vital signs were performed frequently for this client to identify signs of infection as well as signs that could indicate adverse reactions to the client's magnesium sulfate infusion. Postpartum risk factors like depression can occur 2-3 days after delivery and last up to 2 weeks. Approximately 12% of women will suffer from postpartum depression (Mayo Foundation, 2018). Assessing the client for postpartum depression can be an important preventative procedure in ensuring the client's mental health needs are met during their stay at the hospital and upon their discharge. Nurses should also assess their clients for hemorrhage during this phase. This is done through the inspection of the client's pad on a regular basis. If a client is suspected to be hemorrhaging, the provider should be notified immediately, and the client should be cared for appropriately to stop the bleeding.

Postpartum Course References (2) (APA):

Mayo Foundation for Medical Education and Research. (2018, September 1). *Postpartum depression*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing*.

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 Value	Today's Value	Reason for Abnormal Value
RBC	3.5-5.2	4.41	5.07	4.03	
Hgb	11-16	12.9	14.5	11.5	
Hct	34-47%	38.7%	43.3%	34.8%	

Platelets	**140-400**	**173**	**191**	**146**	
WBC	**4-11**	**6.99**	**10.24**	**9.42**	
Neutrophils	**1.6-7.7**	**2.96**	**6.78**	**N/A**	
Lymphocytes	**1-4.9**	**1.35**	**2.79**	**N/A**	
Monocytes	**0-1.10**	**0.4**	**0.57**	**N/A**	
Eosinophils	**0-0.5**	**0.04**	**0.02**	**N/A**	
Bands	**0-0.09**	**0.00**	**0.03**	**N/A**	

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 on Admission	Today's Value	Reason for Abnormal
Blood Type	**A/B/O**	**A**	**A**	**A**	
Rh Factor	**+/-**	**+**	**+**	**+**	
Serology (RPR/VDRL)	**Non-reactive or reactive**	**Non-reactive**	**Non-reactive**	**Non-reactive**	
Rubella Titer	**<7=Insufficient vaccination/ non-exposure**	**No information available per the client's chart.**	**No information available per the client's chart.**	**No information available per the client's chart.**	
HIV	**Non-reactive or reactive**	**Non-reactive**	**Non-reactive**	**Non-reactive**	
HbSAG	**Non-reactive or reactive**	**Non-reactive**	**Non-reactive**	**Non-reactive**	
Group Beta Strep Swab	**Negative or positive**	**Negative**	**Negative**	**Negative**	
Glucose at 28 Weeks	**<140**	**100**	**No information available per the client's chart.**	**No information available per the client's chart.**	
MSAFP (If Applicable)	**N/A**	**N/A**	**N/A**	**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

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 (if applicable)	**N/A**	**No information available per the client's chart.**	**No information available per the client's chart.**	**No information available per the client's chart.**	

Lab Reference (1) (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing*.

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	**Detailed information for this client relating to her labor stages and delivery are unavailable as these details were not documented within the client's chart. The client's labor was induced at an unspecified time. The client began pushing at 0400.** **Arrest of the second stage of labor occurred 0635 after pushing and three failed vacuum attempts. At this time, the surgeons prepared for a cesarean section and the neonate was delivered at 0657.**
Current stage of labor	**The client is currently past the fourth stage of labor according to the textbook. The fourth stage of labor is the postpartum stage, after the baby and placenta have been delivered and 2 hours after the delivery (Ricci et al, 2021). During this stage, the nurse should provide the client with comfort and ensure that the client is not hemorrhaging or deviating from the expected findings of recovery. During this stage, the client's lochia is described as rubra. The client's**

	fundus will begin to lower, and the uterus will begin to shrink. The client's hemoglobin and hematocrit will be decreased. The amount these values decreases is dependent upon the amount of blood lost during the delivery process (Chauhan & Tadi, 2021).

Stage of Labor References (2) (APA):

Chauhan, G., & Tadi, P. (2021). Physiology, Postpartum Changes. *StatPearls*. https://www.ncbi.nlm.nih.gov/books/NBK555904/.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing*. Wolters Kluwer.

Current Medications (7 points, 1 point per completed med)
7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	**Tums/ calcium carbonate**	**Tylenol/ acetaminophen**			
Dose	**750 mg**	**650 mg**			
Frequency	**PRN**	**PRN**			
Route	**Oral**	**Oral**			
Classification	**Antacid**	**Antipyretic**			

Mechanism of Action	**Neutralizes stomach acid.**	**Inhibits cyclooxygenase which blocks prostaglandin production that causes inflammatory response.**			
Reason Client Taking	**The client is taking this to relieve hyper acidity.**	**This medication was ordered for the client to stop any pain the client may be experiencing.**			
Contraindications (2)	**This medication should not be given to clients who suffer from hypercalcemia.** **This medication should not be given to clients who suffer from ventricular fibrillation.**	**This medication should not be given to clients with hepatic impairment or severe liver disease.** **This medication should not be given to clients who suffer from a hypersensitivity to acetaminophen.**			
Side Effects/Adverse Reactions (2)	**Common side effects include hypotension and hypercalcemia.**	**Common side effects include hepatotoxicity and hypotension.**			
Nursing Considerations (2)	**Store at room temperature.** **Monitor serum calcium levels.**	**Use cautiously in patients with hepatic impairment.** **Monitor renal function in**			

		clients who use acetaminophen for long periods			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Serum calcium levels should be monitored to avoid hypercalcemia.**	**Liver function tests should be evaluated before use in clients with hepatic impairment.**			
Client Teaching needs (2)	**Chewable tablets should be chewed completely before swallowing.** **The client should speak to provider in regard to their current regimen to avoid drug interactions.**	**Teach client how to identify signs of hepatotoxicity.** **Instruct client the importance of taking the appropriate dose of this medication.**			

Hospital Medications (5 required)

Brand/Generic	**Magnesium sulfate**	**Zofran/ ondansetron**	**Tylenol/ acetaminophen**	**Phenergan/ promethazine**	**Advil/ ibuprofen**
Dose	**2 g/ hr**	**4 mg**	**500 mg**	**12.5 mg**	**600 mg**
Frequency	**Continuous**	**PRN**	**PRN Q4H**	**PRN Q4H**	**Once**
Route	**IV**	**IV**	**Oral**	**IV**	**Oral**

Classification	**Electrolyte replacement**	**Antiemetic**	**Antipyretic**	**Antiemetic/ antihistamine**	**Analgesic**
Mechanism of Action	**Depresses the central nervous system and blocks peripheral neuromuscular impulse transmission.**	**Blocks serotonin receptors at the vagal nerve.**	**Inhibits cyclooxygenase which blocks prostaglandin production that causes inflammatory response.**	**Competes with histamine for H1 receptor site.**	**Blocks cyclooxygenase which mediates the inflammatory response.**
Reason Client Taking	**The client is taking this medication to prevent eclamptic seizures from occurring.**	**This medication was ordered for this client to reduce nausea and vomiting.**	**This medication was ordered for the client to stop any mild to moderate pain the client may be experiencing.**	**This medication was ordered to reduce the clients' nausea and vomiting.**	**The client is taking this medication to decrease mild to moderate pain.**
Contraindications (2)	**This medication should not be given to those with a heart block.** **This medication should not be given to client's who have recently suffered from an MI.**	**This medication should not be given to clients who have congenital long QT syndrome.** **This medication should not be given to clients who are currently taking apomorphin**	**This medication should not be given to clients with hepatic impairment or severe liver disease.** **This medication should not be given to clients who suffer from a**	**This medication should not be given to clients who suffer from bone marrow depression.** **This medication should not be given to clients**	**This medication should not be given to clients who suffer from bronchospasms.** **This medication should not be given to clients who suffer from a hypersensitivity to**

		e.	**hypersensitivity to acetaminophen.**	**who suffer from angle-closure glaucoma.**	**ibuprofen.**
Side Effects/Adverse Reactions (2)	**Common side effects include hypotension and hypermagnesemia.**	**Common side effects include hypotension and serotonin syndrome.**	**Common side effects include hypokalemia and hypotension.**	**Common side effects include neuroleptic malignant syndrome and bradycardia.**	**Common side effects include acute renal failure and leukopenia.**
Nursing Considerations (2)	**Observe for early signs of hypermagnesemia.** **Monitor serum electrolyte levels frequently in client's that suffer from renal insufficiency.**	**Hypokalemia and hypomagnesemia should be corrected before administering this medication.** **Monitor client closely for hypersensitivity to ondansetron.**	**Use cautiously in clients with hepatic impairment.** **Monitor renal function in clients who take this medication for long periods.**	**Give I.V. injection at no more than 25 mg/min.** **Monitor for signs of hypotension or neuroleptic malignant syndrome.**	**This medication should not be taken by pregnant women after 30 weeks of gestation.** **Use ibuprofen cautiously in clients who have a history of gastrointestinal bleeding.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**The clients blood pressure and reflexes should be assessed before administering this medication.**	**The client should be experiencing nausea or vomiting before administering this medication.**	**Client should be asked their pain rating before receiving this medication.**	**The nurse should assess the client's blood pressure before administering this medicatio**	**Renal and hepatic function should be assessed before administering this medication.**

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Client Teaching needs (2)	**Teach patient to notify provider if they experience abdominal pain or vomiting.** **Teach patient to prevent constipation by increasing fluid intake.**	**Instruct client to seek medical attention if problems persist or worsen.** **Instruct client to use calibrated container when taking the oral liquid version of this drug.**	**Instruct client not to take more than prescribed as this can lead to fatal outcomes.** **Educate patients on signs of hepatotoxicity.**	**Instruct client to avoid alcohol while taking this medication.** **Instruct client to use a calibrated measuring device when taking medication at home.**	**Tablets should be taken with a full glass of water.** **Ibuprofen should be taken with food to avoid GI distress.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's drug handbook*.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The client is alert and oriented x3.** **The client is showing no signs of distress.** **The client is well groomed.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** **Braden Score: 17** **Drains present: Y☐ N ☒** **Type:**	**The client's skin is moist, pink, and warm to the touch.** **The client's skin turgor is <3 seconds.** **There are no rashes or bruises present.** **The client has a suprapubic incision from cesarean section.**
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**The client's head and neck are symmetrical without tracheal deviation.** **The ears are without drainage, discharge, or inflammation.** **Tympanic membrane is pearly grey.** **The client's sclera's are white without hemorrhages or signs of jaundice.** **The turbinates of the nose are visible with no signs of inflammation.** **No septal deviation present.** **Oral mucosa is pink and moist. Dentition is good. All teeth are present.**
CARDIOVASCULAR (1 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:**	**Heart sounds audible.** **S1 and S2 present.** **No murmurs or extra beats present.** **The heart is performing at a regular rhythm.** **Capillary refill <3 seconds.** **+1 edema present in the lower extremities.**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Breath sounds audible in all lobes, bilaterally.** **Breath sounds are clear throughout.** **No use of accessory muscles.**

GASTROINTESTINAL (5 points): **Diet at Home:** **Current Diet:** **Height: 182.9 cm** **Weight: 78.5 kg** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	**The client is currently on a regular diet at home and within the hospital.** **Bowel sounds are hyperactive in all four quadrants.** **Client states last bowel movement occurred the morning of 3/22/21.** **The client is experiencing mild pain with palpation of the fundus.** **Incision is present above the pubis from cesarean section.** **No other wounds, scars, drains, or incisions present.** **No distention present.**
GENITOURINARY (5 Points): **Fundal Height & Position:** **Bleeding amount: Scant- 2.5 cm on pad.** **Lochia Color: Dark red, rubra.** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: Foley** **Size: 12 FR** **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	**The fundus is located approximately 1-2 cm below the umbilicus.** **The client has been voiding 50-60 mL/ hour of urine.** **Exact time of ROM not documented within client's chart.** **Membranes became ruptured between 2200 and 2315.** **Further assessment of amniotic fluid from ROM not documented.** **No episiotomy or vaginal lacerations present.**
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Client has full range of motion in all extremities.** **Client is unable to ambulate due to magnesium infusion.**
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐**	**Client is alert and oriented x3.** **Client is showing no adverse reactions to magnesium sulfate infusion.** **Client's speech is normal.** **Client is experiencing no loss of consciousness.**

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	**No signs of clonus.** **Deep tendon reflexes are present bilaterally, 2+.**
PSYCHOSOCIAL/CULTURAL (1 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Client states that she prays when she feels stressed or anxious.** **Client is a non-denominational Christian.** **Client's home structure is adequate.** **Client states that she has good support from her family.**
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	**Delivery occurred on 3/22/21 at 0657.** **The client received a cesarean section.** **The client lost 929 mL of blood during delivery.** **The client delivered a baby boy.** **1-minute Apgar: 8** **5-minute Apgar: 9** **The neonate was born at 2530 g or 5 lbs 9 oz.** **The client will be feeding using formula.**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**92**	**112/76**	**20**	**36.5**	**99%**
Labor/Delivery	**62**	**162/72**	**16**	**36.8**	**100%**
Postpartum	**67**	**105/65**	**16**	**36.6**	**100%**

Vital Sign Trends:

During the labor and postpartum phases of the clients stay, her heart rate had decrease by 20 beats since her prenatal visit. During labor and delivery, the client was preeclamptic with a blood pressure of 162/72. The client's blood pressure returned to

baseline postpartum. The client's respirations, temperature, and oxygen saturation stayed within normal limits through all her recorded vitals.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0805	**Numeric**	**Abdomen**	**1**	**N/A**	**Acetaminophen when necessary.**
1430	**Numeric**	**Abdomen**	**3**	**"Occasional soreness"**	**Acetaminophen when necessary.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV: Left lower forearm** **Date on IV: 2/21/21** **Patency of IV: IV in intact** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: Dressing is clean upon inspection.**	The client is receiving Lactated Ringers at 75 mL/hr.

Intake and Output (2 points)

Intake	Output (in mL)
400 mL during clinical time.	**350 mL during clinical time.**

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.
Neurological assessment related to magnesium	**Q1H**	**With magnesium infusion, assessment of the patient is important to**

infusion. (N)		**determine if the client is suffering from magnesium toxicity.**
Frequent pain assessment. (N)	**Q4H**	**Clients can suffer from pain postpartum. Making sure the patient is comfortable is important.**
Intake and output (N)	**Q1H**	**While the client is receiving a magnesium infusion, the nurse should document I&O's to determine if the client is retaining magnesium from lack of urination.**
Pain medication administration. (T)	**PRN**	**Administering pain medications on time allows the client to be comfortable.**

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? The client is currently in the taking-in phase of adaptation.

What evidence supports this? According to the textbook, the taking-in phase occurs 24-48 hours after the mother has given birth to the child. During this phase, some women may be excited about becoming a mother and will enjoy speaking about her experience during delivery.

Discharge Planning (2 points)

Discharge location: The mother will be discharged with the husband to their residence.

Equipment needs (if applicable): No equipment necessary as mother is not breastfeeding.

Follow up plan (include plan for mother AND newborn): Once the newborn is discharged from the NICU, the mother will be following up with a well-child appointment with the pediatrician.

Education needs: The mother will need education on how to properly bathe the neonate, the importance of using the correct amount of formula when feeding the child, and information on when the child's diet can change. The mother will also need proper education on appropriate sleeping positions and locations for the child.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client."

2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rational (2 per dx) (1 pt each)** 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.	**Evaluation (1 pt each)** • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection related to cesarean section as evidenced by invasive procedure.	**The client experienced a cesarean section which puts the client at risk for infection.**	**1. Assess the client's temperature every hour.** **Rationale** **Assessing the client temperature frequently allows the nurse to identify changes in the body's response to potential pathogens.** **2. Maintain a clean dressing over the incision site.** **Rationale** **Ensuring that the client's**	**The client did not have any rise in temperature and showed no signs of infection during the clinical experience.**

		dressing is clean and changed appropriately with the correct technique allows the incision to heal appropriately and reduces the risk of contaminating the area.	
2. Risk for pain related to recent delivery and incision as evidenced by recent invasive procedure.	**The client will experience pain after having a cesarean section performed.**	**1. Provide the client with appropriate analgesics when necessary.** **Rationale** **Reducing the client's pain allows them an easier recovery and keeps them comfortable.** **2. Assess the client frequently for changes in their pain levels.** **Rationale** **Asking the client what her pain level currently is frequently allows the nurse to provide the client relief from the pain as soon as possible.**	**The client's pain was managed appropriately throughout the clinical experience.**
3. Lack of knowledge related to proper nutrition of neonate as evidenced by first pregnancy.	**The client has not given birth to a child before. Ensuring the client has the appropriate education of the proper diet for the neonate allows for correct growth and development of the child.**	**1. Provide the client with written information about the appropriate diet for a newborn.** **Rationale** **Ensuring that the newborn only receives formula and breastmilk for the first 6 months of life allows the newborn to have correct electrolyte levels necessary to be healthy.** **2. Provide the client with information on appropriate mixing of formula.** **Rationale** **Using the wrong amount of formula or water when**	**The client responded well to the information provided to her and showed understanding of the information.**

		feeding a newborn can create life threatening issues for the child.	
4. Lack of knowledge related to proper sleeping position of newborn as evidenced by first pregnancy.	**Teaching the client about the correct ways their child can sleep can be a preventative, life saving measure for the child.**	**1. Provide client with written information with illustrations that show how a child can sleep.** **Rationale** **Providing information with illustrations shows the mother what is appropriate and what is not appropriate positions for the child to sleep in.** **2. Provide the parents with information about the appropriate size crib and information about what can be inside the crib while the child sleeps.** **Rationale** **If the parents allow the newborn to sleep in a crib that is not safe for the child, this puts the child at risk for injury. Ensuring that no items are in the crib while the child sleeps allows the child to be free from items that could cause them to suffocate or choke.**	**The parents understand the importance of providing a safe crib for the child to sleep in.**

Other References (APA)