N432 Postpartum Care Plan #1

Lakeview College of Nursing

Whitney Miller

Demographics (3 points)

Date & Time of Admission	Patient Initials	Age	Gender
09/07/2021 0413	M.W.	27 y/o	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Isotech	Married	N/A
Code Status	**Height**	**Weight**	**Father of Baby Involved**
FULL	5’4”	208 lbs	D.W.

Medical History (5 Points)

Prenatal History: Patient has a pregnancy outcome of G1T1P0A0L1. Patient has no previous pregnancies. Patient has no complications with current

Past Medical History: Patient has a history of seizures as a child.

Past Surgical History: Patient had a wisdom tooth extraction 06/07/2012.

Family History: Patient has no known problems in maternal family history. Patient has no know problems in paternal family history.

Social History (tobacco/alcohol/drugs): Patient denies current use of alcohol, denies smoking, and denies any use of recreational drugs. Patient states previous alcohol use of “two or three glasses of wine a week”. Patient states she has been drinking alcohol since “around twenty-one", about six years.

Living Situation: Patient lives at home with her husband.

Education Level: Patient has a college level education.

Admission Assessment

Chief Complaint (2 points): Labor

Presentation to Labor & Delivery (10 points):.

A 27-year-old female was admitted to the labor and delivery unit on 09/7/2021. Patient says onset of symptoms started around 0200 that morning. Patient awoke with abdominal pain and discomfort. Patient was experiencing cramping. Patient characterizes this pain as “sharp” and “the worst pain I’ve ever felt”. Patient states aggressors of this pain included “standing, walking, and any movement”. Patient was able to barely relieve the pain by laying down. Patient went into labor around 0400. Patient was treated with an epidural.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction of labor

Secondary Diagnosis (if applicable): N/A

Postpartum Course (18 points)

The patient is in stage four of labor, the postpartum stage, after her vaginal birth. During this period, the mother’s body will start to heal and adjust to no longer being pregnant. Some mothers may experience mood swings, crying, anxiety, and insomnia during this stage. More characteristics of the postpartum period include infection, difficulty urinating, constipation, and hemorrhoids. Irritability is often seen with these patients as hormone levels are changing and they are often experiencing perineal or abdominal pain. Vaginal soreness and discharge and sore breasts are also often a part of the postpartum stage. Vaginal discharge may be red and heavy for a few days but will taper to a brown or yellowish white. Women who have vaginal lacerations or incisions may experience pain for several weeks. Contractions can also occasionally be felt during this time period and are referred to as “afterpains”. Incontinence can be an issue for these patients because vaginal delivery can cause injury or stretching to the pelvic floor muscles. This problem should heal as the pelvic muscles get stronger and rebuild but may persist long term.

Tender breasts and engorgement are common among postpartum women and should resolve with frequent breast-feeding. Hair loss due to dropping hormone levels and fading stretch marks happen over time. The postpartum patient should be in regular contact with her gynecologist to ensure that she is healthy, and her symptoms are kept in check (Mayo Foundation for Medical Education and Research, 2020).

The patient is in the acute phase of the postpartum period. This period takes place for twenty-four hours after childbirth. During this time, the patient is more susceptible to the following abnormal findings: postpartum hemorrhage, uterine inversion, amniotic fluid embolism, and eclampsia. Normal findings during this period include slight elevation in temperature of the patient up to ninety-nine degrees Fahrenheit. The patient may also experience sweating and a slightly falling respiratory rate. My patient experienced a temperature rise of ninety-eight point five degrees Fahrenheit and experienced a falling respiratory rate from twenty-two breaths per minute to sixteen breaths per minute (Chauhan, 2020).

This patient is in the taking-in phase following delivery. The mother is focused on her own needs and mostly sleeping and eating. The patient is relying on family and the nursing staff to care for her and is unable to be independent currently. The new mother is recovering from the physical and emotional stress of delivery (Ricci et al., 2020).

Risk factors for postpartum complications are important to look at when assessing a new mother. Risk factors for postpartum hemorrhage include placental abruption, placenta previa, overdistended uterus, multiple-baby pregnancy, high blood pressure, having previous birth, prolonged labor, and infection. Risk factors for postpartum infection include history of cesarean delivery, premature rupture of membranes, frequent cervical examination, internal fetal

monitoring, preexisting pelvic infection, diabetes, and obesity. Risk factors for postpartum mood disorder include previous diagnosis of bipolar disorder, depression, anxiety, and history of mood disorders (Ricci et al., 2020). My patient does not suffer from any of these risk factors and is not at a high risk of postpartum complications.

Postpartum Course References (2) (APA):

Chauhan, G. (2020, December 8). *Physiology, postpartum changes*. StatPearls. Retrieved September 14, 2021, from https://www.statpearls.com/ArticleLibrary/viewarticle/27550.

Mayo Foundation for Medical Education and Research. (2020, March 11). *Postpartum care: After a vaginal delivery*. Mayo Clinic. Retrieved September 10, 2021, from https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/postpartum-care/art-20047233.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

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 (10^6/ mcL)	3.50-5.20	3.86	4.08	4.08	N/A
Hgb (g/dL)	11.0-16.0	12.50	13	13	N/A
Hct (g/dL)	34-47	35.70	38.60	38.60	N/A
Platelets (10^3/uL)	140-400	163	144	144	N/A
WBC (10^3/ uL)	4.00-11.00	10.38	14.30	14.30	High white blood cell count caused by stress from pregnancy and labor (Ricci et al., 2020).
Neutrophils (10^3/uL)	1.60-7.70	7.53	7.67	7.67	N/A

Lymphocytes (10^3/uL)	18.00%-42.00%	19.00%	14.20	14.20	Low Lymphocyte level caused by stress from pregnancy and labor (Ricci et al., 2020).
Monocytes (10^3/uL)	4.00%-12.00%	6.80%	5.70%	5.70%	N/A
Eosinophils (10^3/uL)	0.00-0.50	1.3	0.5	0.5	N/A
Bands (10^3/uL)	0.00-0.33	N/A	N/A	N/A	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	N/A	A positive	N/A	N/A	N/A
Rh Factor	N/A	Positive	N/A	N/A	N/A
Serology (RPR/VDRL)	Nonreactive	Nonreactive	N/A	N/A	N/A
Rubella Titer	Nonreactive (positive for titer)	Nonreactive	N/A	N/A	N/A
HIV	Nonreactive	Nonreactive	N/A	N/A	N/A
HbSAG	Nonreactive	Nonreactive	N/A	N/A	N/A
Group Beta Strep Swab	Negative	Nonreactive	N/A	N/A	N/A
Glucose at 28 Weeks (mg/dL)	<140	89	N/A	N/A	N/A
MSAFP (If Applicable)	<10 ng/ml	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
SARs-COV-2 by molecular	Negative	Negative	Pending	Pending	N/A

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) (mg/dL)	Less than or equal to 0.2	N/A	N/A	N/A	N/A

Lab Reference (1) (APA):

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous**	The patient's labor was a total of one hour and twelve minutes. The first stage of labor lasted forty-one minutes. The first stage of labor is typically the longest part of the labor when the mother is beginning contractions and the contractions are slowly becoming more intense. This stage can last anywhere from four to eight hours or even longer. The second stage of labor lasted thirty-six

Time in each stage	minutes. The second stage of birth is when the baby is delivered. This stage can typically last anywhere from a few minutes to a few hours. The third stage of labor lasted five minutes. The third stage of labor is when the placenta is delivered. It is typical for this third stage to last between five to thirty minutes but may take an hour. This patient's labor was spontaneous (Mayo Foundation for Medical Education and Research, 2020).
Current stage of labor	The patient is in the fourth stage of labor. The patient had her baby and is now in the postpartum stage. The normal time for the fourth stage of labor is typically six to twelve hours after birth. The mother needs assistance from family and nurses during this time and is still recovering from the strenuousness of giving birth. Patient is having a hard time walking and must use a walker to get around. Patient is also suffering from vaginal lacerations that are causing her pain. Patient has support present from her mother and husband (Ricci et al., 2020).

Stage of Labor References (2) (APA):

Mayo Foundation for Medical Education and Research. (2020, February 6). *Stages of labor and birth: Baby, it's time!* Mayo Clinic. Retrieved September 10, 2021, from https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/stages-of-labor/art-20046545.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). 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	Prenatal Multivit-Min-Fe-FA	Diclegis/doxylamin succinate

Dose	20 mg	10 mg
Frequency	Daily	Daily
Route	PO	PO
Classification	Vitamin	Antihistamine
Mechanism of Action	This medication replaces vitamins not consumed in high enough quantities in the diet.	The exact mechanism of action is unknown. Doxylamine is an antihistamine that acts on the chemoreceptor trigger zone and reduces nausea.
Reason Client Taking	Insufficient amount of nutrients in the diet to supply the baby and mother.	Morning sickness
Contraindications (2)	Allergic to ingredients B12 deficiency	Chronic constipation Inability to completely empty the bladder
Side Effects/Adverse Reactions (2)	Constipation Diarrhea	Drowsiness Blurred vision
Nursing Considerations (2)	Ovoid overdose of vitamins Watch for signs and symptoms of iron overdose	Do not breastfeed while taking this medication Maximum dose is four tablets a day
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor intake of vitamin doses. Monitor ALT and AST for liver damage.	Assess for frequency and amount of emesis daily Monitor electrolytes in patients who are frequently vomiting
Client Teaching needs (2)	Never take more than the recommended dose. Treat constipation with water, exercise, and fiber.	Take medicine on an empty stomach with a glass or water Do not crush, chew, or break tablet before swallowing

Hospital Medications (5 required)

Brand/ Generic	Dermoplast/ benzocaine-menthol	Hydrocortisone 1%/pramoxine	Methergine/ methylergonovine	Cytotec/ misoprostol	Zofran/ ondansetron
Dose	1 spray	75 mg	200 mcg	1000 mcg	4 mg

Frequency	Q4h PRN	Q6h PRN	Q2h PRN	Once PRN	Q6h PRN
Route	Topical	Topical	IM	Rectal	IV
Classification	Local anesthetic	Corticosteroid	Ergot alkaloids	Gastrointestinal agents	Antiemetic
Mechanism of Action	Binds to sodium channel and reversibly stabilizes neuronal membrane to depolarize neuronal membrane inhibition.	Binds to glucocorticoid receptor and inhibits inflammatory transcription factors and promotes anti-inflammatory genes	Acts on smooth muscle of uterus and increases tone, rate, and amplitude of rhythmic contractions	Binds to myometrial cells to cause strong myometrial contractions leading to expulsion of tissue	Blocks the action of serotonin. Serotonin is a natural chemical that can cause nausea and vomiting
Reason Client Taking	Perineal pain	Hemorrhoids	Prevent bleeding from uterus after childbirth	Postpartum hemorrhage	Nausea
Contraindications (2)	Leukopenia Large open wound	Infection Deep open wound	Pregnancy Severe bleeding	Heavy bleeding after delivery of a baby Induction of cervical softening and dilation in labor	Abnormal EKG with QT changes from birth Prolonged bleeding
Side Effects/Adverse Reactions (2)	Redness Stinging	Dizziness Headache	Nausea Vomiting	Gas Vaginal bleeding or spotting	Weakness Tiredness
Nursing Considerations (2)	Avoid applying to skin that is raw or blisters Avoid applying to severe abrasion	Monitor for impaired wound healing Monitor for skin reaction	Can cause hypertension, cramps, nausea, vomiting, and dyspnea Monitor vitals	Monitor patient for diarrhea Administer drug after meal or at bedtime	Maintain adequate fluid intake Assess for absence of neausea
Key	Assess site	Assess for	Monitor blood	Monitor	Monitor

Nursing Assessment(s)/Lab(s) Prior to Administration	for signs of irritation Assess site for signs of infection	signs of anaphylaxis Assess for improvement in pain level	pressure, heart rate, and uterine response Assess calcium levels Monitor uterine bleeding	gastrointestinal distress Monitor fluid and electrolyte levels	EKG Monitor electrolyte abnormalities Assess lung sounds
Client Teaching needs (2)	Apply thin layer to affected area of skin No more than three to four applications a day	Apply a small amount of ointment to cover the affected area Rub cream in gently	Should only be used after delivery. Do not breastfeed withing 12 hours of taking this medication.	Report severe or prolonged headache Report menstrual irregulates	Report severe or prolonged headache Report weakness, fatigue, or diarrhea

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2020 nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

WebMD Staff. (2020). *Better information. Better health.* WebMD. https://www.webmd.com/.

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alertness: Alert and responsive Orientation: Oriented to person, place, situation, and time Distress: No distress Appearance: Appropriate
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color: usual for ethnicity Character: Dry Temperature: Warm Turgor: Elastic Rashes: N/A Bruises: N/A Wounds: N/A Braden Score: 22

HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head: Symmetrical skull and face, bilaterally round head with no contusions or abnormalities Neck: No tracheal deviation, thyroid rises and falls with swallowing, lymph nodes non palpable Ears: tympanic membrane pearly grey, ears are bilateral on the head, no auditory impairment Eyes: 20/20 vision in right and left eye, no eye glasses, sclera white, no redness, no discharge Nose: No deviated septum, no polyps, nasal airway patent, no drainage Teeth: Mucous membranes moist, pink, firm. Teeth are white and none are missing. Rise and fall of the soft palate was observed and tonsils and uvula pink and moist.
CARDIOVASCULAR (2 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 rhythm: SR Heart sounds: S1 and S2 heard Pulses: 3+ Capillary refill time: less than two seconds Edema: 0
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations: regular, unlabored Respiratory pattern: regular Breath sounds: clear breath sounds were heard in anterior and posterior lobes Lung aeration: equal
GASTROINTESTINAL (2 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:**	Diet at home: Normal diet Current diet: Normal diet Height: 162.56 cm Weight: 94.35 kg Auscultation bowel sounds: Active in all four quadrants Last BM: 9/7

Palpation: Pain, Mass etc.: **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	Palpation: No pain with palpation, no masses detected Inspection: No distention, no incisions, no scars, no drains, vaginal abrasions and light bleeding present
GENITOURINARY (3 Points): **Fundal Height & Position:** **Bleeding:** **Lochia Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	Fundal Height and Position: 1 below umbilicus Bleeding: Light Lochia Color: Dark red Character: A few small blood clots Color: Yellow Character: Clear Quantity of urine: 200 mL Inspection of genitals: Slight swelling of vagina, lacerations present Rupture of membranes: Spontaneous rupture of membranes Time: 0500 Color: Clear Amount: Not measured Odor: No smell Episiotomy/Lacerations: Vaginal lacerations
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N ☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Neurovascular status: Nail beds smooth without pits or grooves, extremities warm and red, extremities motor function is fluid ROM: Active Supportive Devices: Use of walker Strength: 5 - active motion against full resistance Fall score: 15 Activity/Mobility Status: Up independently with assistive device of a walker.
NEUROLOGICAL (1 points): **MAEW: Y ☒ N ☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Orientation: Oriented to person, place, situation, and time Cognition/mental: Appropriate for age Speech: Clear LOC: Alert - awake and answers questions appropriately

DTRs:	
PSYCHOSOCIAL/CULTURAL (2 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):**	Coping methods: Pet therapy, talking to a loved one Developmental level: Patient can read and write, patient is able to form a full structured sentence, patient can make a fully informed decision Religion and what it means to pt: Lutheran Personal/Family Data: Patient lives at home with her husband and dog. Patient says her family is very supportive.
DELIVERY INFO: (2 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	Delivery Date: 09/07 Time: 0730 Type: Vaginal Quantitative Blood Loss: 204 mL Male or Female: Male Apgars: 6 at 1 minute, 8 at 5 minutes, 9 at 10 minutes Weight: 8 lbs 10.5 oz Feeding Method: Breast

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	71 per minute (bpm)	120/78 mmHg	20 respirations/ minute	97.5 F (36.39 C)	99%
Labor/ Delivery	116 bpm	135/75 mmHg	22 respirations/ minute	98 F (36.67 C)	97%
Postpartum	67 bpm	130/76 mmHg	16 respirations/ minute	98.5 F (36.94 C)	97%

Vital Sign Trends: The patient's prenatal vital signs were within normal limits. Patient's pulse, blood pressure, and respiratory rate were all elevated during labor and delivery. Patient's heart rate and respiratory rate returned to normal postpartum, but her blood pressure remains elevated.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0500	Numeric pain scale	Uterus	9	Cramping and contractions	Continuous lumbar epidural
0700	Numeric pain scale	Perineum	1	Itching and burning	Treatment with Dermoplast spray to relieve symptoms

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Size of IV: 18 Location of IV: Left peripheral hand Date on IV: 9/7 Patency of IV: IV patent Signs of erythema, drainage, etc: no infiltration present IV dressing assessment: Saline lock. Dressing clean, dry, and intact

Intake and Output (2 points)

Intake	Output (in mL)
N/A No intake recorded in patient chart	Urine void 625 mL Urine void 200 mL

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.
Assess the patient's pain (N)	Every 2 hours	The patient has perineal pain

		from vaginal birth
Educate the patient on breastfeeding and latching technique. (N)	Every 2-3 hours or when the baby is hungry	The patient has not yet been able to attempt to breastfeed.
Assess patient's fundus (N)	Every 1 hour	Helps to determine uterine size, degree of firmness, and rate of descent. Ensure that the patient is healing properly.
Give pain medication (T)	QID	Administer around the clock painkillers to give patient pain relief.

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? Patient is in the taking-in phase.

What evidence supports this? Patient is focusing on herself and her own needs. Patient is primarily sleeping and eating and is dependent on others for her care. Patient is reacting to the intense physical and emotional strain of labor (Ricci et al., 2020).

Discharge Planning (2 points)

Discharge location: The patient will be discharged to her private residence with her husband and newborn.

Equipment needs (if applicable): Diapers

Follow up plan (include plan for mother AND newborn): The patient should follow up with obstetrician-gynecologist in 6 weeks. The baby should follow up with the pediatrician in forty-eight hours.

Education needs: The patient was educated on how to breastfeed her baby. Patient educated on how to prevent sudden infant death syndrome. Patient educated on how to decrease risk for infection. Patient educated on how to treat her postpartum bleeding and keep her lacerations clean.

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 (2 pts 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 vaginal lacerations as evidenced by patient asking how to treat her lacerations and keep them clean	**Patient is worried about treatment of her lacerations as she stated she isn't "sure how to treat this when I go home". Infection of lacerations could lead to more serious infections such as sepsis.**	**1. Educate patient on how to treat open wound when she goes home. 2. Ensure patient understand how to clean and properly care for wound. Assess wound q 1 hour for first few days after discharge (Ricci et al., 2020).**	**The teach back method was used to ensure the patient understood how to prevent infections. Patient was taught how to clean and care for her wound. Patient and family responded optimistic and thankful for the education. Goal was met with no modifications to plan. Patient was able to be educated on risk for infection as well as how to treat her open wounds to prevent infection.**
2.Risk for bleeding related to vaginal lacerations and lochia as evidenced by patient bleeding vaginally	**Patient has been bleeding as a result of her vaginal birth as well as vaginal lacerations. Patient states she is**	**1. Save perineal pads used and weigh them to determine blood loss. 2.Assess lochia q 1 hour to determine**	**Patient and family responded well to treatment. Goal was met with no modifications. Patient is able to be**

	“worried about the amount of blood loss”.	**that discharge is within normal limits (Ricci et al., 2020).**	**assessed for perineal bleeding and lower risk of severe blood loss.**
3.Risk for constipation related to hemorrhoids as evidenced by patient not having a bowel movement postpartum	**Patient has not had a bowel movement since giving labor and suffers from hemorrhoids which is making it painful for her to attempt a bowel movement. This could lead to chronic constipation.**	**1. Administer stool softener to patient once daily to encourage bowel movement. 2. Ensure patient is using Hydrocortisone cream to treat pain and inflammation from hemorrhoids Q6h (Ricci et al., 2020).**	**Patient responded well to treatment of hemorrhoids with cream and ensures she is using it as prescribed. Patient is willing to take a stool softener daily. Goal was met with no modifications. Patient is able to better treat hemorrhoids and reduce risk of chronic constipation.**
4.Deficient knowledge related to how to breastfeed as evidenced by this being the patient’s first child and the patient not yet being educated on how to breastfeed	**The newborn will need to be breastfed within the first hour of birth and because this patient is a first-time mother, she needs to be educated on how to breastfeed.**	**1. Educate the patient on proper latching technique. 2. Educate the patient in breast feeding positions and determine which position is most comfortable for the patient and her baby. Have the patient attempt to breastfeed q 1 hour until she is successful (Ricci et al., 2020).**	**The teach back method was used to ensure the patient understands how to properly breastfeed her child. The patient was optimistic and excited to learn how to breastfeed and learned the information easily. Goal met with no modifications. Patient was able to find a position that was comfortable for her and was able to successfully breastfeed her newborn.**

Other References (APA)

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.