N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 09/13/2021 1400	**Patient Initials** M.R.	**Age** 33 years old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Unemployed	**Marital Status** Married	**Allergies** Amoxicillin, Penicillin (Hives)
Code Status Full Code	**Height** 177.8 cm	**Weight** 117 kg	**Father of Baby Involved** Involved

Medical History (5 Points)

Prenatal History: The patient has a GTPAL score of 22002. The patient had diet-controlled gestational diabetes mellitus with her first pregnancy. The patient's first-born child is alive and well.

Past Medical History: The patient has a medical history of obesity, diet controlled gestational diabetes mellitus and abnormal glucose tolerance testing.

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

Family History: The patient has no family history.

Social History (tobacco/alcohol/drugs): The patient states that she does not use tobacco, alcohol, or drugs.

Living Situation: The patient lives in a house in Champaign with her first-born child and her husband.

Education Level: The patient has a bachelor's degree in life sciences from the University of Illinois.

Admission Assessment

Chief Complaint (2 points): Patient coming in for induction of labor.

Presentation to Labor & Delivery (10 points): The patient presents to OSF Heart of Mary Medical Center on September 13th at 1400. The patient is a 33-year-old woman here for induction of labor. The patient was sent to the labor and delivery unit with her husband in a stable condition. Patient denies any vaginal bleeding, leaking of fluid, and abnormal discharge. The patient states “I have no pain”.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction for delivery of infant.

Secondary Diagnosis (if applicable):.

Postpartum Course (18 points)

The client is in stage 4 of labor, which is postpartum. During postpartum, the body undergoes dramatic changes physically and mentally. The greatest risks during the postpartum period are hemorrhage, shock, and infection (Holman et al., 2019). Changes that the postpartum body undergoes include the breasts, uterus, bowels, bladder, vagina, and cardiovascular system. The breasts begin to secrete colostrum which begins immediately after birth. This patient started to breastfeed her child shortly after giving birth. When assessment of the breasts take place, look for engorgement and erythema. Also, assess that the newborn is latching on correctly to prevent sore nipples (Holman et al., 2019). The uterus should begin to return to its normal placement following birth. Every 24 hours after delivery, the fundus should descend 1 to 2 cm. This patient’s fundus measured 1 cm below the umbilicus, which is a normal finding. When assessing the gastrointestinal system and bowel function, it is expected to see an increased appetite following delivery, constipation, and hemorrhoids. This patient is experiencing constipation and has hemorrhoids. Assessment of discomfort in the rectal area and discomfort with defecation

should be done. The urinary system can show evidence of urinary retention due to the decreased elasticity of the bladder. This patient did not experience urinary retention when under my care. The vagina will gradually return to its pre-pregnancy size and will have rugae and a thick vaginal mucosa. This healing is typically complete within 4 to 6 months. Lastly, the cardiovascular system undergoes a decrease in blood volume. This patient shows a decrease in blood volume based on the low red blood cell count, hematocrit, hemoglobin, and platelet count. Iron supplements should be given to promote the regeneration of red blood cells.

During the postpartum stage, the mother may experience psychosocial changes as well. The change in emotions results from the hormonal changes that are occurring. When assessing postpartum mothers, we need to allow verbalization of feelings and watch for bonding with the infant. The mother may experience postpartum depression, so the nurse needs to monitor for decreased appetite, difficulty sleeping, and decreased interaction with others (Ricci et al., 2021). This mother is still in the taking-in stage of postpartum and is excited and talkative about the birth of her baby.

Postpartum Course References (2) (APA):

Holman, H.C., Williams, D., & Sommer, S. (2019). *ATI: RN maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

Ricci, S.S., Kyle, T., & Carman, S. (2021). *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	Prenatal	Admission	Today's	Reason for

	Range	Value	Value	Value	Abnormal Value
RBC	3.75-5.0 million/mm^3	4.1 million/ mm^3	3.74 (L) million/mm^3	3.23 (L) million/mm^3	The patient loss blood during delivery causing her to have a low RBC count (Holman et al., 2019).
Hgb	11.5-14 g/dL	12.3 g/dL	10.9 (L) g/dL	9.6 (L) g/dL	The patient loss blood during delivery causing her to have a low hemoglobin (Holman et al., 2019).
Hct	32%-42%	36.1%	32.3 %	28% (L)	The patient loss blood during delivery causing her to have a low hematocrit (Holman et al., 2019).
Platelets	150-350 million/mm^3	208 million/ mm^3	144 (L) million/mm^3	115 (L) million/mm^3	The patient loss blood during delivery causing her to have a low platelet count (Holman et al., 2019).
WBC	5.0-15 million/mm^3	10.08 million/mm^3	8.0 million/ mm^3	10.0 million/mm^3	
Neutrophils	47%-73%	N/A	69.1%	70.5%	
Lymphocytes	15%-40%	22.1%	23.7%	20.0%	
Monocytes	4%-12%	4.8%	6.3%	8.5%	
Eosinophils	0%-5%	1.1%	0.7%	0.7%	
Bands	0%-1%	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	A, B, AB,	O	O	O	

	O				
Rh Factor	Negative or Positive	Positive	Positive	Positive	
Serology (RPR/VDRL)	Non-reactive	N/A	Non-reactive	N/A	
Rubella Titer	Immune	Immune	Immune	Immune	
HIV	Negative	N/A	Negative	N/A	
HbSAG	Not detected	N/A	Not detected	N/A	
Group Beta Strep Swab	Negative	Negative	Negative	N/A	
Glucose at 28 Weeks	< 140 mg/dL	153	N/A	N/A	
MSAFP (If Applicable)	Negative	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
COVID-19	Negative	N/A	Negative	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)	120-160 mL/min	N/A	N/A	N/A	

Lab Reference (1) (APA):

Ricci, S.S., Kyle, T., & Carman, S. (2021). *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** **Time in each stage**	The patient was in stage 1 of labor for 1 hour and 30 minutes. The patient was in stage 2 of labor for 8 minutes. The patient was in stage 3 of labor for 7 minutes. The total length of labor was 4 hours and 30 minutes. This was an elective vaginal planned induction.
Current stage of labor	The patient is in the postpartum stage of labor. The breasts had no erythema, breast tenderness, cracked nipples, or indications of mastitis. The fundal height was 1 cm below the umbilicus. Every 24 hours the fundus should descend 1 to 2 cm. The patient had not had a bowel movement yet, but she had active and present bowel sounds in all four quadrants. The patient had been urinating without pain since giving birth. The lochia had been a red color with bloody consistency and a fleshy odor, which is normal. During this stage, the patient is at a high risk for hemorrhaging. As the nurses, we want to provide comfort measures and pharmacological pain relief.

Stage of Labor References (2) (APA):

Holman, H.C., Williams, D., & Sommer, S. (2019). *ATI: RN maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC. ‘

Ricci, S.S., Kyle, T., & Carman, S. (2021). *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

Hospital Medications (5 required)

Brand/Generic	acetaminophen **(Tylenol)**	benzocaine menthol **(Dermoplast)**	bisacodyl suppository **(Dulcolax)**	ferrous sulfate **(Iron)**	hydrocortisone **(Ala-Quin)**
Dose	975 mg	1 spray	10 mg	325 mg	N/A
Frequency	Every 6 hours, PRN	Every 4 hours, PRN	Daily, PRN	BID	Every 6 hours, PRN
Route	Oral	Topical	Rectal	Oral	Topical
Classification	Analgesic; Nonsalicylate	Local anesthetic	Stimulant laxative	Iron supplement; Antianemic; Hematinic	Corticosteroid; Adrenocorticoid replacement
Mechanism of Action	Blocks prostaglandin production and interferes with pain impulse generation in the peripheral nervous system.	Acts by preventing transmission of impulses along nerve fibers and at nerve endings.	Stimulates enteric neurons to cause peristalsis, promoting evacuation of the colon.	Acts to normalize RBC production by binding with hemoglobin.	Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune response.
Reason Client Taking	To relieve mild to moderate pain	To relieve perineal discomfort	To relieve constipation	To increase RBC production after the loss of blood during birth.	Hemorrhoids
Contraindications (2)	Severe hepatic impairment,	Large open wounds,	Obstruction or severe	Hemolytic anemia,	Infection due to a fungus, Diabetes

	Severe acute liver disease	Decreased lung function	impaction, Rectal bleeding	Gastritis	
Side Effects/Adverse Reactions (2)	Pulmonary edema, Hemolytic anemia	Fever, Headache	Abdominal cramping, excessive diarrhea	Metallic taste, abdominal cramps	Feeling weak or tired, Hypotension
Nursing Considerations (2)	Use cautiously in patients with hepatic impairment, Use cautiously in patients with severe hypovolemia.	Avoid contact with eyes and do not inhale mist when sprayed, do not spray near open flame.	Do not use for more than 1 week, monitor electrolytes.	Give with a full glass of orange juice to promote absorption, do not give with antacids	Give the daily dose in the morning, Monitor blood pressure and electrolyte levels during therapy.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess patient's kidney and liver function prior to administration, which would include AST, ALT, bilirubin, BUN, and creatinine levels.	Assess for sensitivity to benzocaine.	Ask when the patient last had a bowel movement, if they are defecating then there is no need for a laxative. Monitor the patient's electrolytes before giving.	Assess iron levels before administration. Assess RBC count before administration as well.	Assess electrolyte levels, specifically calcium and potassium prior to administration.
Client Teaching needs (2)	Caution patient not to exceed recommended dosage due to the risk of liver damage, Inform the patient that acetaminophen may cause reduced fertility in both females and males.	Use only as prescribed, discontinue if condition worsens or if signs of infection occur.	Use with caution if breastfeeding, do not take within 1 hour of taking an antacid or milk.	Take with chicken, fish, or lean red meats since they are all high in Vitamin C to increase absorption, avoid foods that impair absorption such as eggs, spinach, and high-fiber foods.	Do not stop taking this drug abruptly without speaking to the provider, Report signs of adrenal insufficiency such as anorexia, difficulty breathing, and dizziness.

Home Medications (2 required)

Brand/Generic	aspirin **(Aspro Clear)**	prenatal vitamin-ferrous fumarate **(Feostat)**			
Dose	81 mg	27-1 mg			
Frequency	Daily	Daily			
Route	Oral	Oral			
Classification	NSAID; Salicylate	Multivitamin			
Mechanism of Action	Blocks prostaglandin synthesis, which causes the inflammatory symptoms to subside.	Acts to normalize RBC production by binding with hemoglobin.			
Reason Client Taking	To relieve mild to moderate pain; also patient is at risk for blood clots.	To increase RBC production during and after pregnancy.			
Contraindications (2)	Active bleeding, Third trimester of pregnancy	Hemolytic anemia, Gastritis			
Side Effects/Adverse Reactions (2)	Decreased blood iron level, Hepatotoxicity	Metallic taste, abdominal cramps			
Nursing Considerations (2)	Ask about tinnitus to assess for maximum dosage use, Assess for pain before administration.	Give with a full glass of orange juice to promote absorption, do not give with antacids			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess for tinnitus, Look at clotting factor labs such as PT/INR or PTT.	Assess iron levels before administration. Assess RBC count before administration as well.			
Client Teaching	Take with food to	Take with chicken, fish,			

needs (2)	avoid GI upset, Stop taking the aspirin if noticing stomach or intestinal bleeding has occurred.	or lean red meats since they are all high in Vitamin C to increase absorption, avoid foods that impair absorption such as eggs, spinach, and high-fiber foods.			

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 A&O x4 to person, place, time, and situation Patient is in no distress Patient is well groomed, put together nicely
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Usual for ethnicity Moist and intact Warm Edematous in the legs bilaterally, elastic overall No rashes No bruises Incision in the lower left quadrant due to a cyst removal on 09/13/2021 23 No drains present
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Symmetry of the skull and face, no tracheal deviation No hearing changes No vision changes, PERRLA, no jaundice Patent, moist mucous membranes White teeth, moist mucous membranes

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:**	 S1 and S2 sounds present Not applicable 3+ peripheral pulses bilaterally Capillary refill less than 3 seconds None Yes 1+ edema in the lower legs bilaterally extending to the feet
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 No Regular respiration rate, regular respiratory pattern, bronchial/vesicular breath sounds present in the upper lobes and lower lobes bilaterally
GASTROINTESTINAL (2 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	 Normal Normal 177.8 cm 117 kg Active/Present in RLQ, RUQ, LUQ, and LLQ Unknown/Before admission No pain, no masses No distention Incision in the lower left quadrant due to a cyst removal on 09/13/2021 No scars No drains No wounds
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 30 cc / hour No No (Patient had a catheter that was removed on the 14th)
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐**	 No No 0 Independent

Needs support to stand and walk☐	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	 Yes Yes Yes Orientated to person, place, time, and situation Alert, normal cognition Clear Sensitive to touch, sound, and light Alert – awake and answers questions appropriately 2+ bilaterally biceps reflex, 2+ brachioradialis reflex, 2+ triceps reflex, 2+ patellar reflex, 2+ achilles tendon reflex
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):**	 Outdoors activities Patient can read, write, and form full sentences; No delay Catholic, big part of their life Patient lives with her husband and son in a loving environment, she also has family that live very close by who are supportive
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	 1 cm below umbilicus 300 mL Rubra Normal, bloody No episiotomy, 1st degree laceration
DELIVERY INFO: (1 point) **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:**	 Artificial 1931 on 09/13/2021 Clear N/A No odor 09/13/2021 2109 Vaginal 467 mL Male 1 minute: 8 5 minutes: 9 9lb 2.6 oz (4155g)

Feeding Method:	Breastfeeding

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	N/A	102/76 mmHg	N/A	N/A	N/a
Labor/Delivery	72 BPM	130/83 mmHg	20	98.1 F	98% O2
Postpartum	71 BPM	115/70 mmHg	18	98.2 F	100% O2

Vital Sign Trends: The pulse remains the same throughout the stages. The blood pressure has trended back to the normal range in the postpartum stage. The blood pressure was elevated during labor and delivery. The respiration rate has also gone back to normal in the postpartum stage. It was slightly elevated during labor and delivery. The temperature remains the same as well as the oxygen saturation.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0725	Numerical	Left lower abdomen at incision site	1 with rest, 2 with activity	Tender; aching	Ibuprofen given
0800	Numerical	N/A	0/10	None	None

IV Assessment (2 Points)

IV Assessment Removed on 9/14	**Fluid Type/Rate or Saline Lock**
Size of IV: 18 Gauge **Location of IV:** Peripheral IV on the top of the left hand **Date on IV:** 09/13/2021 **Patency of IV:** N/A **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** N/A	N/A

Intake and Output (2 points)

Intake	**Output (in mL)**
800 mL water, orally 100 mL coffee, orally	300 mL urine output

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.**
Encouraging ambulation - N	Every 2 hours	This intervention was provided to this patient to stimulate peristalsis and encourage a bowel movement.
Fundal height assessment - N	Daily	This intervention was done to ensure that the uterus is making progress to go back down to its original placement and size.
Ferrous Sulfate - T	BID	The ferrous sulfate was prescribed for this patient due to the amount of blood loss that occurred during delivery.
Ibuprofen – T	PRN for pain	The ibuprofen was prescribed for this patient due to the discomfort she may feel after they removed a cyst from the

		lower left abdominal region.

Phases of Maternal Adaptation to Parenthood (1 point)

The patient is in the dependent taking-in phase of parenthood. She is within the first 48 hours of birthing her child. She has to focus on meeting personal needs and relies on others for assistance. She is also excited and talkative and has a need to review the birth experience with others (Holman et al., 2019).

Discharge Planning (2 points)

Patient is planning to be discharged today to home with her husband and children. The patient will need a pump to help with breastfeeding. They have scheduled a follow-up visit with her provider for the mother and newborn. The parents were educated on infant safety, provider-follow up importance, and signs that should be reported to the provider.

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. Constipation related to fluid volume deficit as evidenced by a decrease in	This was chosen due to the patient not defecating since before she gave birth.	**1.** Assess the patient's activity level, encourage ambulation **Rationale** Ambulation can stimulate peristalsis to return,	The patient was excited to be able to walk around and get out of bed. The patient was aware that she should be increasing her fluid

blood volume.		encouraging the client to defecate (Wayne, 2017). **2.**Encourae a fluid intake of 2000 to 3000 mL **Rationale** Fluid helps to keep the fecal mass soft and promote elimination (Wayne, 2017).	intakes to 2000-3000 mL per day and had no problem with it.
2. At risk for infection related to a vaginal delivery as evidenced by a first-degree laceration.	This diagnosis is to teach the patient how to prevent infection when caring for her postpartum body.	**1.**Use a peri bottle to promote cleansing. **Rationale** Pain is typically caused when wiping after birth, so using the peri bottle helps to eliminate that while reducing the risk for infection from sitting urine (Belleza, 2021). **2.**Frequent changing of pads when they become heavily saturated **Rationale** Changing pads once they become saturated decreases the risk of infection because it does not give the bacteria time to grow (Belleza, 2021).	The patient enjoys using a peri bottle and states that “It feels good” after she urinates. The patient was made aware of the frequent changes of the pads to prevent bacteria from growing and had no problem with it.
3. At risk for depression related to postpartum as evidenced by changes in hormones.	This diagnosis is to teach the patient how to be cautious and aware that they may develop postpartum depression.	**1.** Give the father and mother a pamphlet on awareness of signs and symptoms of postpartum depression. **Rationale** Being aware of signs and symptoms can help to diagnose the disease sooner and seek treatment faster (Belleza, 2017). **2.**Educate the mother on the reasons for the changes in her mood, such as fluctuating hormonal levels. **Rationale** The mother knowing that her mood will be	The patient and her husband were understanding of why they needed the pamphlet on postpartum depression. They acknowledged that even though she may not feel depressed now, she may feel depressed a few weeks down the road. The patient was willing to learn about the disease and what may happen.

		compromised prepares her for what is to come (Belleza, 2017).	
4. At risk for knowledge deficit related to breastfeeding as evidenced by the need for education pamphlets.	This diagnosis was chosen because the patient expressed concern about pumping to breastfeed at home.	**1.** Give the mother a pamphlet to take home educating her on breastfeeding. **Rationale** Taking home a pamphlet allows her to be able to look back on information in case she forgets (John Hopkins Medicine, 2021). **2.** Encourage frequent feedings **Rationale** This allows for the mother to have time to bond with her baby and to get used to the pumping patterns (John Hopkins Medicine, 2021).	The patient was appreciative of the pamphlet so that they could look back on information they may forget when they return home. The patient showed a clear understanding of why it is important to breastfeed for as long as the baby wants and whenever the baby wants.

Other References (APA)

Belleza, M. (2021, August 12). *Infection control in nursing*. Nurseslabs. https://nurseslabs.com/infection-control-in-nursing/

Belleza, M. (2017, January 19). *Postpartum depression.* Nurseslabs. https://nurseslabs.com/postpartum-depression/

John Hopkins Medicine. (2021, February 3). *Postpartum discharge instructions*. https://www.hopkinsmedicine.org/howard_county_general_hospital/services/mothers_and_babies/taking_baby_home/postpartum-discharge-instructions.html

Wayne, G. (2017, September 24). *Constipation nursing care plan.* Nurseslabs. https://nurseslabs.com/constipation/