N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Riley Black

Demographics (3 points)

Date & Time of Admission 04/01/2021	**Patient Initials** LS	**Age** 28	**Gender** Female
Race/Ethnicity Not Identified	**Occupation** Waitress	**Marital Status** Single	**Allergies** Diltiazem and Penicillin
Code Status Full Code	**Height** 68”	**Weight** 286 lbs	**Father of Baby Involved** Yes

Medical History (5 Points)

Prenatal History: GTPAL = 1-0-0-0-0 (before birth) / 1-0-1-0-1 (after birth), gestational diabetes diagnosed at 28 weeks, and prenatal care started at 10 weeks

Past Medical History: No pertinent history

Past Surgical History: Appendectomy (7 years old)

Family History: Father – hypertension / Mother – Breast Cancer

Social History (tobacco/alcohol/drugs): No drug history reported

Living Situation: Rents her home with her boyfriend

Education Level: Education level not reported

Admission Assessment

Chief Complaint (2 points): contractions that were mistaken for Braxton Hicks contractions, no rupture of membranes

Presentation to Labor & Delivery (10 points): On 4/1/21 a 28-year-old G1P0 arrived in the labor and delivery unit. She is 34 weeks gestation and is feeling regular contractions. The contractions began a few hours before arrival. She was placed on an external fetal monitor and underwent a vaginal exam. The vaginal exam showed 2 cm dilation, 80% effacement, and a -2 station. The patient did not have a rupture of membranes yet.

Diagnosis

Primary Diagnosis on Admission (2 points): Preterm labor

Secondary Diagnosis (if applicable): N/A

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	3.50-5.20	4.56	4.16	Not drawn yet	
Hgb	11-16	14.2	12.9	Not drawn yet	
Hct	34-47	39.9	37.9	Not drawn yet	
Platelets	140-400	198	178	Not drawn yet	
WBC	4-11	6.04	9.08	Not drawn yet	
Neutrophils	47.0-73.0	Not recorded	Not recorded	Not drawn yet	
Lymphocytes	18.0-42.0	Not recorded	Not recorded	Not drawn yet	
Monocytes	4.0-12.0	4.5	4.8	Not drawn yet	
Eosinophils	0.0-5.0	0.2	0.2	Not drawn yet	
Bands	0.0-10.0	Not recorded	Not recorded	Not drawn yet	

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	+, -	+	+	+	
Serology (RPR/VDRL)	Nonreactive	Negative	Negative	Negative	
Rubella Titer	Immune	Immune	Immune	Immune	
HIV	Non-detected	Non-Detected	Non-Detected	Non-Detected	
HbSAG	Non-detected	Non-Detected	Non-Detected	Non-Detected	
Group Beta Strep Swab	Negative	Positive	Positive	Positive	Group beta strep was detected in the woman's body, putting her newborn at risk for infection during delivery (Pagana et al., 2019).
Glucose at 28 Weeks	<140	190	190	190	This patient was diagnosed with gestational diabetes, so her body has a temporary insulin resistance (Pagana et al., 2019).
MSAFP (If Applicable)	0.5-2.0	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
Calcium	8.6-10.3	N/A	8.7	N/A	
Glucose	74-106	N/A	97	N/A	

BUN	7-25	N/A	7	N/A	
Creatinine	0.5-1.1	N/A	0.64	N/A	
TP	6.4-8.3	N/A	6.7	N/A	
ALB	3.5-5.0	N/A	2.6	N/A	Hypoalbuminemia is a common occurrence in the third trimester of pregnancy (Pagana et al., 2019).
AST	0-35	N/A	15	N/A	
ALT	4-36	N/A	11	N/A	
Sodium	135-145	N/A	137	N/A	
Potassium	3.5-5.0	N/A	3.5	N/A	
Chloride	98-106	N/A	105	N/A	
CO2	23-30	N/A	21.6	N/A	A decreased carbon dioxide level is a possible indicator for metabolic acidosis that could be related to gestational diabetes (Pagana et al., 2019).
Platelets	150-400	N/A	186.76	N/A	
Magnesium	1.3-2.1	N/A	1.8	N/A	
GFR	>60	N/A	>60	N/A	
Uric Acid	2.7-7.3	N/A	3.3	N/A	
LD	100-190	N/A	171	N/A	
Accucheck	74-106	N/A	112 @ 1700 100 @ 2100	N/A	This patient has gestational diabetes and is not using pharmacological interventions to control her glucose levels. With gestational diabetes, insulin cannot keep blood glucose levels in the normal range (Pagana et al., 2019).
Fasting Blood Sugar	74-106	N/A	110 @ 0730 120 @ 1130 99 @ 1700	N/A	This patient has gestational diabetes and is not using pharmacological

(4/2/21)			108 @ 2100		interventions to control her glucose levels. With gestational diabetes, insulin cannot keep blood glucose levels in the normal range (Pagana et al., 2019).

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 protein/creatinine ratio (if applicable)	<0.2	N/A	N/A	N/A	

Lab Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Mosby.

Current Medications (7 points, 1 point per completed med)
*** 7 different medications must be completed***

Home Medications (2 required)

Brand/Generic	Prenatal Vitamin with Iron / prenatal vit-iron fum-folic ac	Tylenol / Acetaminophen			
Dose	27 mg	500 mg			
Frequency	Daily	Q6h PRN			
Route	PO	PO			
Classification	Iron products / vitamin and mineral combinations	Nonsalicylate / antipyretic, non-opioid analgesic			

Mechanism of Action	This supplements dietary vitamin and mineral intake ((*Prenatal Vitamins*, 2022).	Inhibits cyclooxygenase to interfere with the generation of pain impulses. Also acts on temperature control by inhibiting the synthesis of prostaglandin E2 to reduce fevers (Nurse's Drug Handbook, 2021)			
Reason Client Taking	This ensures the patient and the fetus maintain adequate nutrition during gestation.	This is used to treat mild to moderate pain and fever.			
Contraindications (2)	Hypersensitivity / hemolytic anemia (*Prenatal Vitamins*, 2022).	Hepatic impairment / severe active liver disease (*Nurse's Drug Handbook*, 2021)			
Side Effects/Adverse Reactions (2)	Nausea / headache (*Prenatal Vitamins*, 2022).	Atelectasis / hypokalemia (*Nurse's Drug Handbook*, 2021)			
Nursing Considerations (2)	Do not allow consumption of calcium products with the vitamin (milk) / do not allow potassium supplements or salt substitutes (*Prenatal*	Use only if benefit to mother outweighs the risk to the baby / evaluate other drugs to ensure they do not contain acetaminophen			

	Vitamins, 2022).	(*Nurse's Drug Handbook,* 2021)			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor electrolytes for imbalances / evaluate other drugs administered at the same time for any vitamin overdose (*Prenatal Vitamins*, 2022).	Monitor liver enzymes / monitor renal function (*Nurse's Drug Handbook,* 2021)			
Client Teaching needs (2)	Do not take more than prescribed / take with a full glass of water (*Prenatal Vitamins*, 2022).	Drug may cause infertility / tell provider of all other drugs being taken to ensure acetaminophen maximum daily amount is not exceeded (*Nurse's Drug Handbook,* 2021)			

Hospital Medications Related to labor (5 required)

Brand/Generic	Procardia / nifedipine	Celestone / betamethasone	Zofran / ondansetron	Penicillin VK / Penicillin V potassium	Pitocin / oxytocin
Dose	30 mg / 10 mg	12 mg	4 mg	5 million units in 100 mL	40 units in 1000 mL of LR
Frequency	Once stat / q6h	Now then in 24 hours	Once	Q4h	Once Started at 500 mL/hr Decreased to 125 mL/hr
Route	PO	IM	PO	IV	IV

Classification	Calcium channel blocker / antihypertensive	Corticosteroid / anti-inflammatory	Selective serotonin receptor agonist / antiemetic	Penicillin / antibiotic	Oxytocic hormones / labor inducer
Mechanism of Action	Slows movement of calcium into myocardial and vascular smooth-muscle cells by deforming calcium channels in cell membranes. This decreases intracellular calcium levels to decrease myocardial oxygen demand, peripheral resistance, blood pressure, and afterload (*Nurse's Drug Handbook*, 2021).	Causes the production of surfactant to prevent the lungs from sticking together when the premature newborn breathes (*Betamethasone*, 2017*)*.	Blocks serotonin receptors to reduce nausea and vomiting (*Nurse's Drug Handbook*, 2021).	Inhibits final stage of bacterial cell wall synthesis to cause cell wall lysis (*Nurse's Drug Handbook*, 2021).	Stimulates the contraction of uterine smooth muscle by increasing sodium permeability (*Oxytocin*, 2022).
Reason Client Taking	Taken to manage hypertension.	Taken to speed up lung development in a preterm baby.	Taken to treat symptoms of nausea.	To prevent bacterial infection during delivery.	Taken to prevent postpartum hemorrha

					ge.
Contraindications (2)	Hypersensitivity ONLY (*Nurse's Drug Handbook,* 2021)	Systemic fungal infection / hypersensitivity (Cunha, 2021)	Concomitant use of apomorphine / hypersensitivity (*Nurse's Drug Handbook,* 2021)	Hypersensitivity ONLY (*Nurse's Drug Handbook,* 2021)	Hyperactive uterus / uterine prolapse (*Oxytocin* , 2022).
Side Effects/Adverse Reactions (2)	Heart failure / hypotension (*Nurse's Drug Handbook,* 2021)	Fat embolism / hypertension (Cunha, 2021)	Pulmonary embolism / arrhythmias (*Nurse's Drug Handbook,* 2021)	Seizures / electrolyte imbalances	Uterine rupture / cervical laceration (*Oxytocin* , 2022).
Nursing Considerations (2)	Taper the drug for 7-14 days when discontinuing / if giving for hypertension, do not give the capsule form since its effects on blood pressure are unknown (*Nurse's Drug Handbook,* 2021)	Ensure injection is given intramuscularly and not subcutaneously / prevent infection risk (Cunha, 2021)	Monitor closely for serotonin syndrome / monitor for decreased bowel activity (*Nurse's Drug Handbook,* 2021)	Monitor for signs of allergic reactions / administer at least one hour before other antibiotics (*Nurse's Drug Handbook,* 2021)	Monitor uterine contractions / monitor blood loss (*Oxytocin* , 2022).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor blood pressure / monitor heart rate and rhythm (*Nurse's Drug Handbook,* 2021)	Assess liver function / assess for signs of infection (Cunha, 2021)	Assess for hypokalemia / assess for hypomagnesemia (*Nurse's Drug Handbook,* 2021)	Assess sodium level / complete culture and sensitivity before administration (*Nurse's Drug Handbook,*	Ensure a separate IV line is prepared in the event adverse reactions occur / inspect

				2021)	the product for particulate matter and discoloration (*Oxytocin*, 2022).
Client Teaching needs (2)	Do not take within one hour of high fat foods or grapefruit juice / monitor blood pressure and pulse at home before taking and call provider for abnormal findings (*Nurse's Drug Handbook*, 2021)	It is an immunosuppressant, so maintain infection prevention habits / monitor for signs of infection (Cunha, 2021)	Immediately report hypersensitivity / seek medical attention with severe or worsening symptoms (*Nurse's Drug Handbook*, 2021)	Report previous penicillin allergies and reactions / tell provider if diarrhea develops (*Nurse's Drug Handbook*, 2021)	Tell provider of all vitamins and non-prescription drugs that are being taken / tell provider of any medical conditions (*Oxytocin*, 2022).

Medications Reference (1) (APA):

Cunha, J., P. (2021, August 19). *Betamethasone.* RxList. Retrieved April 11, 2022, from https://www.rxlist.com/consumer_betamethasone_celestone_betaject/drugs-condition.htm

Drugs.com. (2022). *Prenatal multivitamins.* https://www.drugs.com/mtm/prenatal-multivitamins.html

HIE Help Center. (2017). *Betamethasone.* Retrieved April 11, 2022, from https://hiehelpcenter.org/medical/prevention/betamethasone/#:~:text=One%20of%20the%20primary%20benefits,together%20when%20the%20infant%20breathes

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning

Prescribers' Digital Reference. (2022). *Oxytocin*. https://www.pdr.net/drug-summary/Pitocin-oxytocin-1666

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	None listed	None listed	None listed	None listed	None listed
Admission to Labor/Delivery	88 bpm	130/70 mmHg	18 breaths	98.7 F	100% RA
During your care – 4/3/21 @ 0940	100 bpm	120/70 mmHg	16 breaths	97.6 F	97% 3L NC

Vital Sign Trends and pertinence to client's condition in labor: All vital signs remained stable, but the patient did experience tachycardia intermittently during labor.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0600 on 4/3/21	Not recorded	Bottom	Not recorded	Pressure	Epidural prepared (not given)
0900 on 4/3/21	None reported	None reported	None reported	None reported	None reported

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:**	20 gauge Left anterior lateral arm

Date on IV: **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	04/01/2021 Patent, flushes easily No signs of erythema or drainage Clean, dry, intact Saline lock

Intake and Output during your clinical day (2 points)

Intake (in mL)	**Output (in mL)**
3600 mL LR @ 100 mL/hr 600 mL Penicillin B potassium @ 200 mL/hr 1000 mL bolus 1000 mL LR with Pitocin	350 mL blood loss Unmeasured ROM No voids recorded No bowel movements recorded

Electronic Fetal Heart Monitoring (20 points)

Component of EFHM Tracing	**Your Assessment**
What is the Baseline (BPM) EFH? **Has it changed during your clinical day? If yes, how has it changed?**	During the client's final non-stress test, the fetal heart rate was 145 beats per minute. This baseline was not shown to change throughout the clinical day. The normal range for the baseline fetal heart rate is between 110 and 160 beats per minute, so this is an appropriate baseline for this fetus (Ricci et al., 2020).
Are there accelerations? • **If so, describe them and explain what these mean (for example: how high do they go and how long do they last?)**	The fetal heart monitor does show the presence of accelerations. Typical accelerations last longer than 15 seconds but less than two minutes, and they are an elevation in heart rate of at least 15 beats per minute (Ricci et al., 2020). The variability for the occasional

What is the variability?	accelerations is minimal, which shows a lack of development and oxygenation of the central nervous system and is common in premature infants (Ricci et al., 2020).
Are there decelerations? If so, describe them and explain the following: What do these mean? o **Did the nurse perform any interventions with these?** o **Did these interventions benefit the patient or fetus?**	There are initially no decelerations, but they do present later in labor. Early decelerations began to occur, indicating fetal head compression (Ricci et al., 2020). The staff began to set up for delivery. Shortly after the early decelerations began, the neonate was delivered. No other interventions were completed.
Describe the contractions at the beginning of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	The patient's membranes ruptured early in the morning, and the contractions became more frequent than before. The contractions of 60 seconds were occurring every 3-4 minutes. At this stage, the typical duration of contractions is 45-60 seconds occurring every 2-5 minutes (Ricci et al., 2020). These contractions are still moderate in strength. The patient appeared to experience discomfort but was tolerating it well.
Describe the contractions at the end of your clinical day: **Frequency:** **Length:** **Strength:** **Patient's Response:**	The contractions immediately preceding labor were intense and occurred every two minutes. The contractions lasted 75 seconds and were of intense strength. The typical length of these contractions is 60-90 seconds in duration, which occurs every 2-3 minutes (Ricci et al., 2020). These contractions did not occur for

	long, as the neonate was delivered shortly after. The patient expressed significant discomfort in her bottom and requested an epidural, which she did not have a chance to receive.

EFM reference (1) (APA format):

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

Stage of Labor (40 points)

Stage of Labor Write Up, APA format This should include what is expected during the stage(s) of labor you observed; the progression of cervical effacement & dilation; pain management techniques; and what you observed and did during your clinical day. See the grading rubric for details to be included.

This should include the following reproductive data if it occurs during your clinical day.

Rupture of Membranes:

- **Time:**
- **Color:**
  Amount: Reproductive
- **Odor:**

Pain medication or Epidural:
Assistive delivery:
Episiotomy/Lacerations:
Immediate Postpartum:

- **Fundal Height & Position:**
- **Bleeding amount:**
- **Lochia Color:**
- **Character:**

Delivery

- **Date:**
- **Time:**
- **Type (vaginal/cesarean):**
- **Quantitative Blood Loss:**
- **Male or Female**
- **Apgars:**
- **Weight:**
- **Feeding Method:**

This G1P0 patient was in the first stage of labor at the start of the clinical day. She arrived in the labor and delivery unit on 4/1/21 in the latent phase of the first stage. She was transferred to antepartum after her contractions subsided. On the morning of the clinical day on 4/3/21, she experienced a rupture of membranes at 0510. The typical characteristics of amniotic fluid following the rupture of membranes are clear and odorless (Ricci et al., 2020). The amount in this patient was not measured. The usual amount of fluid is between 700 and 1,000 mL (Barlow et al., 2019). The rupture occurred at the same time her contractions started again. She was transferred back to labor and delivery.

Once she returned to the labor and delivery unit, she was placed on continuous fetal monitoring. She is found to be 5 cm dilated and 100% effaced. The baby was at 0 station. Contractions continue to become more frequent and stronger with little time between them for relaxation. These findings are consistent with the active phase of the first stage of labor (Barlow et al., 2019). At this point, the mother has requested to receive an epidural. Standard interventions at this point include monitoring vital signs, assessing fetal heart rate, and positioning the patient as needed (Ricci et al., 2020).

This patient did not receive her requested epidural and did not require any assistive devices for delivery. She began to show signs of transition to the second stage of labor. These signs include the feeling of pressure in her bottom, the rapid change in fetal heart rate, and the increasingly frequent and intense contractions. At this time, the uterus should be 10 centimeters dilated and 100% effaced with the fetus descending (Barlow et al., 2019). The delivery was completed on 4/3/21 at 0835. It was a vaginal delivery of a premature male neonate. He was born at 2013 grams. His 1-minute Apgar score was 6, and his 5-minute Apgar score was 8. Stimulation and positive pressure ventilation were needed before he was transferred to the NICU.

The quantitative blood loss was 350 mL during delivery, which is within the normal limit of 500 mL lost during a vaginal delivery (Barlow et al., 2019). This mother plans to breastfeed her newborn. The nurse instructs the patient on utilizing her breast pump while her newborn is in the NICU.

At this stage the nurse should assess the perineum for laceration, monitor vital signs every 15 minutes for the first hour, assess lochia, monitor blood loss, and perform fundal assessments and massage (Barlow et al., 2019). There was no evidence of laceration, and there was no episiotomy completed. Following the placental delivery, there was a 350 mL gush of blood with no more gushes observed. Her lochia was dark red with no foul odor noted. The amount of lochia was light. These are the expected lochia findings following birth (Barlow et al., 2019). Recovery was described as uneventful, with minimal uterine massage needed. Uneventful recovery likely means there was no excessive blood loss, the uterus was palpated at the umbilicus and midline and gradually descending, and her vital signs remained stable (Ricci et al., 2020). Her vital signs were stable throughout the labor process, which is expected. The only abnormality was occasional tachycardia. Expected vital signs are a temperature below 100.4 F, a heart rate between 60-100 bpm, blood pressure below 140/90, a respiratory rate of 12-20 breaths per minute, and an oxygen saturation greater than 95% (Barlow et al., 2019). Following delivery, her vitals were: temperature of 99, a pulse of 104, respirations at 16, blood pressure of 124/75, and oxygen saturation of 98%.

Stage of Labor References (2 required) (APA):

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

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). *RN maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
2 points for the 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	**Rationale (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rationale(2 per dx) (1 pt each)** Interventions should be specific and individualized for this 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 each of the rationales.	**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 unstable blood glucose level related to insulin resistance as evidenced by elevated blood glucose levels during pregnancy.	This patient has gestational diabetes, which puts her at risk for developing type 2 diabetes mellitus in the future. She had elevated glucose levels during her hospital stay, so she already does not have proper control over it.	**1.** Frequently educate the patient on lifestyle changes that will prevent the chronic development of the condition. **Rationale** Dietary modifications, exercise, frequent blood glucose monitoring, and frequent lab tests can help prevent lifelong complications of gestational diabetes (Ricci et al., 2020). **2.** Perform fasting glucose checks and accuchecks as ordered. **Rationale** Gestational diabetes requires frequent monitoring of blood glucose levels to ensure the patient does not develop hyperglycemia (Ricci et al., 2020).	The patient was receptive to the information presented and showed an interest in learning. She also was cooperative in each blood glucose test. Both goals were met, as she did not miss a glucose test and could teach back lifestyle changes.
2. Risk for	This woman's	**1.** Encourage the patient to	The patient was willing

powerlessness related to premature delivery as evidenced by her son being admitted to the NICU.	first newborn was just admitted to the NICU, so she is likely experiencing several emotions. She may feel powerless because she cannot care for her baby independently, and because she did not reach term.	express feelings frequently. **Rationale** This can help reinforce autonomy and power for the patient to relieve her negative feelings (Barlow et al., 2019). **2.** Encourage interaction between the mother and her newborn in the NICU frequently. **Rationale** This will help promote bonding between the mother and her newborn and give her peace as she sees her newborn grow and develop safely (Barlow et al., 2019).	to express her feelings regarding the premature birth of her first newborn. She also was eager to interact with her newborn as much as possible. Both goals were met.
3. Knowledge deficit related to breast feeding as evidenced by the patient expressing that she does not know how to since her family never has.	This mother does not have experience breastfeeding and does not have family support to help her when she is struggling.	**1.** Teach the patient how to ensure a proper latch frequently. **Rationale** If the newborn does not secure the nipple and part of the areola while feeding, the nipples may become irritated (Barlow et al., 2019). **2.** Teach the patient the proper frequency of feedings frequently. **Rationale** The newborn should be fed 8 to 12 times a day, and he should be allowed to nurse on demand (Barlow et al., 2019).	The mother explained how to ensure the newborn has a proper latch. She also was able to restate how often to feed her newborn, and how she should feed the newborn on demand. Both goals were met.
4. Knowledge deficit related to nutrition following birth as evidenced by the mother having her first child.	This mother has never had a child, and education regarding proper nutrition following delivery is vital in maintaining health in her and her	**1.** Frequently educate the mother that she should eat 450 to 500 additional calories than her pre-pregnancy diet required. **Rationale** Mothers who are lactating need additional calories to support the nutritional needs of their newborns**.** **2.** Frequently educate the mother that her diet should	The mother was receptive to the teaching and was able to explain her new nutritional needs while she will breastfeed her newborn and what foods she should consume to meet these needs. Both goals were met.

	newborn.	include all food groups with calcium-enriched foods and high-protein foods. **Rationale** The protein will help her body heal, and the calcium is essential for nourishing her breastfeeding newborn (Barlow et al., 2019).	

Other References (APA)

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

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). *RN maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.