N432 Postpartum Care Plan

Lakeview College of Nursing

Beatriz Amaya

Demographics (3 points)

Date & Time of Admission 2/21/23	**Patient Initials** A.W.	**Age** 37	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Attorney	**Marital Status** Married	**Allergies** Augmentin
Code Status Full	**Height** 170.18 cm	**Weight** 105.8 kg	**Father of Baby** Involved

Medical History (5 Points)

Prenatal History: G-2 T-2 P-1-A-0 L-2 No complications in prior pregnancy. Prior pregnancy baby was full term (3-17-18/ 12-27-18). Current baby was born at 40.4 weeks gestation.

Past Medical History: Pregnancy from (3/17/18-12/27/18)

Past Surgical History: Foot (2018), Wisdom tooth (2015)

Family History: Grandfather- Stroke, Grandfather- cardiovascular disease

Social History (tobacco/alcohol/drugs): Denies use of tobacco, alcohol, and drugs.

Living Situation: Lives at home with spouse and child.

Education Level: Law School

Admission Assessment

Chief Complaint (2 points): Induction of labor at 40.4 weeks gestation**.**

Presentation to Labor & Delivery (10 points): Patient presents to the emergency department due to an induction of labor. The symptoms to being induced started on 2/21/23. Location was in the abdomen region. Characteristics included being 40.4 weeks gestation period and being at an advanced maternal age. Patient did not state any aggravating factors. Relieving symptoms

included ambulating hallways. No prior treatment was taken by this patient other than prenatal vitamins. Severity at the time was an 6/10.

Diagnosis

Primary Diagnosis on Admission (2 points): Induction of labor at 40.4 weeks gestation**.**

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	4.0-5.8x10^6/mcL	**N/A**	**3.55** 10^6/mcL	**N/A**	Red blood cells are decreased due to anemia (Capriotti,2020) in this case was caused by post partum.
Hgb	12.0-15.8 g/dL	**N/A**	10.9 g/dL	**9.9** g/dL	Low hemoglobin due to blood loss post-partum (Yefet et al. 2020)
Hct	36.0-47.0%	**N/A**	**30.5 %**	**27.8 %**	Low hematocrit due to blood loss during post partym delivery of baby (Yefet et al. 2020).
Platelets	140-440K/mcL	**N/A**	**267** K/mcL	**N/A**	**N/A**
WBC	4.0-12.0K/mcL	**N/A**	**12.3** K/mcL	**N/A**	White blood count elevated due to perineal trauma and irritation from vaginal birth (Boushra & Rahman, 2022).
Neutrophils	45.3-75.0%	**N/A**	**74.2 %**	**N/A**	**N/A**
Lymphocytes	19-49%	**N/A**	**19.1%**	**N/A**	**N/A**

Monocytes	3.0-13.0%	**N/A**	**5.8%**	**N/A**	**N/A**
Eosinophils	0.0-8.0%	**N/A**	**0.5%**	**N/A**	**N/A**
Bands	0.0-10.0%	**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	**O+**	**N/A**	**O +**	**N/A**	**N/A**
Rh Factor	**+**	**N/A**	**+**	**N/A**	**N/A**
Serology (RPR/VDRL)	**Non-reactive**	**N/A**	**Non-reactive**	**N/A**	**N/A**
Rubella Titer	**Negative**	**N/A**	**Negative**	**N/A**	**N/A**
HIV	**Negative**	**N/A**	**Negative**	**N/A**	**N/A**
HbSAG	**Negative**	**N/A**	**Negative**	**N/A**	**N/A**
Group Beta Strep Swab	**Negative**	**N/A**	**Positive**	**N/A**	It is a natural occurring bacteria but if not detected early and treated can cause infection to newborn (Hanna & Noor,2022.
Glucose at 28 Weeks	less than 140 mg/dL	**N/A**	**102**	**N/A**	**N/A**
MSAFP (If Applicable)	**Negative**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**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	Prenatal	Value on	Today's	Reason for Abnormal

	Range	Value	Admission	Value	
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**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)	75-151	**N/A**	**N/A**	**N/A**	**N/A**

Lab Reference (1) (APA):

Boushra, M., & Rahman, O. (2022). Postpartum Infection. In *StatPearls*. StatPearls Publishing.

Capriotti, T. M. (2020). Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

Hanna, M., & Noor, A. (2022). Streptococcus Group B. In *StatPearls*. StatPearls Publishing.

Yefet, E., Yossef, A., Suleiman, A., Hatokay, A., & Nachum, Z. (2020). Hemoglobin drop following postpartum hemorrhage. *Scientific reports*, *10*(1), 21546. https://doi.org/10.1038/s41598-020-77799-0

Stage of Labor Write Up, APA format (30 points):

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	Patients' length of labor was eight hours with eighty-five minutes. Vaginally induced on February 21,2023. First stage lasted eight hours with sixty-two minutes. Second stage lasted fourteen minutes. Third stage lasted four minutes.
Current stage of labor	My patient is currently in post-partum stage of labor as her baby was born yesterday (2/21/23). The patient currently resides in the hospital. Normal findings included with palpation of the fundus firm approximately in the umbilical region. With no pain upon palpation. No abnormal findings at the time during patients' post-partum course other than hemoglobin 9.9 g/dL and hematocrit

	10.8 % being slightly low due to blood loss after delivering baby. The patient is at the taking hold stage as she has had a previous birth in her history. Patient expressed readiness to go home as well as eager to go home and be independent with her own self-care with her newborn. Patient is presenting confident in motherhood care for her newborn. There are various complications that can lead after delivering a baby. Complications after post-partum include postpartum hemorrhage, infections, and post-partum mood disorder. According to Wormer et al. (2022) postpartum hemorrhage (PPH) has been defined as greater than 500 mL estimated blood loss associated with vaginal delivery. This is something that needs to be monitored very closely due patient being vulnerable to going into hypovolemic shock. Infections is something to closely monitor as well as it can also harm the newborn as well as the mother. Patients' vaginal area was closely monitored for bleeding as well and labs work mentioned above hemoglobin 9.9 g/dL and hematocrit 10.8 % being slightly low due to blood loss after delivering baby. Symptoms of infection include uterine tenderness, bleeding, and foul-smelling lochia (Boushra & Rahman2022). Further on complications if it is not treated can lead to sepsis, bacteremia, shock, and death if not treated appropriately (Boushra & Rahman2022). My patient was had a Group Beta Strep Swab

	(GBS) done and tested positive. This was important to find before delivering baby to be treated and not cause harm to the newborn. According to Morgan et al. (2022) GBS infection is vertical transmission from colonized mothers during passage through the vagina during labor and delivery. Cefazolin was administered to the mother to treat the infection. This Is why it is vital for patients as well as nurses to monitor for any sign and symptoms of infections that can result in post-partum complications. Post-partum mood disorder is that can affect lots of mothers and it is important to be educate mothers so they can understand their own feelings. According to Mughal et al. (2022) severely affects women's ability to return to normal function as well as the relationship between the mother and infant. Many women fear speaking up and feeling vulnerable at this time in their life. It is vital to educate the family members as well about this so if they were to experience, they do not feel a lack of support and they will recognize these symptoms and reach out for help and our resources.

Stage of Labor References (2) (APA):

Boushra, M., & Rahman, O. (2022). Postpartum Infection. In *StatPearls*. StatPearls Publishing.

Morgan, J. A., Zafar, N., & Cooper, D. B. (2022). Group B Streptococcus And Pregnancy. In *StatPearls*. StatPearls Publishing.

Mughal, S., Azhar, Y., & Siddiqui, W. (2022). Postpartum Depression. In *StatPearls*. StatPearls Publishing.

Wormer, K. C., Jamil, R. T., & Bryant, S. B. (2022). Acute Postpartum Hemorrhage. In *StatPearls*. StatPearls Publishing.

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

Home Medications (2 required) (ONLY ONE MEDICATION TAKEN AT HOME)

Brand/Generic	Berocca /Multi Vitamins	**N/A**	**N/A**	**N/A**	**N/A**
Dose	N/A	**N/A**	**N/A**	**N/A**	**N/A**
Frequency	**Daily**	**N/A**	**N/A**	**N/A**	**N/A**
Route	**PO**	**N/A**	**N/A**	**N/A**	**N/A**
Classification	**Pharmacological: Vitamin therapeutic: Vitamin**	**N/A**	**N/A**	**N/A**	**N/A**
Mechanism of Action	**Used to provide vitamins that there is lack of in the consumers diet(Multum, 2023)**	**N/A**	**N/A**	**N/A**	**N/A**
Reason Client Taking	Patient takes it for her prenatal supplements.	**N/A**	**N/A**	**N/A**	**N/A N/A**
Contraindications (2)	Impaired renal function, Nephrolithiasis	**N/A**	**N/A**	**N/A**	**N/A**

Side Effects/Adverse Reactions (2)	Constipation, Upset Stomach	**N/A**	**N/A**	**N/A**	**N/A**
Nursing Considerations (2)	Educate patient the importance of taking it as prescribed, Instruct patient to not take two doses at one time as an overdose on vitamins can occur.	**N/A**	**N/A**	**N/A**	**N/A**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Look at other medications due to possible contraindication with other medication,	**N/A**	**N/A**	**N/A**	**N/A**
Client Teaching needs (2)	Use directly as indicated on the bottle, tell provider of any past medical history in case multivitamins could affect the medical history.	**N/A**	**N/A**	**N/A**	**N/A**

Hospital Medications (5 required)

Brand/ Generic	Tylenol/ Acetaminophen	Ancef/ Cefazolin	**APO-Cal/ Calcium Carbonate**	**Ibuprofen**	**Dermacort /Hydrocortisone Pro Max**
Dose	1,000 mg	**200 mL**	**1,000 mg**	**400 mg**	**1 Application**
Frequency	Q6, PRN	**Q8**	**Q6, PRN**	**Q4, PRN**	**Q6, PRN**
Route	**PO**	**IV**	**PO**	**PO**	**Rectal**

Classification	**Pharmacological: Non-salicylate Therapeutic:** Non opioid analgesic	**Pharmacological:** First generation cephalosporin **therapeutic:** Antibiotic	**Pharmacological:** Calcium Salts **therapeutic:** Calcium replacement	Pharmacological: NSAID Therapeutic: Analgesic	Pharmacological: Corticosteroid Therapeutic: Anti-inflammatory
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generational in the peripheral nervous system (Jones, 2021, p.9)	Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan strands (Jones, 2021, p.178)	Increase levels of intracellular and extracellular calcium needed to maintain homeostasis	Reduces inflammatory symptoms and relieves pain (Jones,2021, p.557)	Binds to intracellular glucocorticoid receptors and suppresses inflammatory responses (Jones,2021, p.545)
Reason Client Taking	Patient takes it for her mild pain.	Due to patient being positive for Group Strep B.	To increase calcium intake body, to decrease bone loss density.	Patient takes it in for pain medication.	Patient takes it due to her hemorrhoids.
Contraindications (2)	Hypersensitivity to acetaminophen, Hepatic impairment	Hypersensitivity to cefazolin Avoid mixing with other drugs	Concurrent use of calcium supplements, Hypercalcemia	Hypersensitivity to ibuprofen, Hypersensitivity to Aspirin	Drug is present in. breast milk and could suppress growth, Patient. Should check with the prescriber before breastfeeding. (Jones, 2021, p.546)
Side Effects/Advers	Hypotension,	Hemolytic anemia,	Hypercalcemia,	Drug may delay or	Bleeding adrenal

e Reactions (2)	hypokalemia	thrombocyto penia (Jones, 2021, p.178)	Hypotension	prevent rupture of ovarian follicles, infertility (Jones, 2021, p.557)	insufficiency during stress (Jones, 2021, p.546).
Nursing Considerations (2)	Monitor for symptoms of hepatoxicity. Advise patient to tell provider any over the counter medication they are taking as it might also contain acetaminophen.	Monitor I.V. for sings of phlebitis and irritation. Assess bowel patterns daily to watch out for pseudomembranous colitis (Jones, 2021 p.179).	Take one to two hours after meals, monitor calcium levels to evaluate therapeutic response	Woman over 30 weeks' gestation should not be used due to premature closure of ductus arteriosus, watch for peptic ulcers (Jones, 2021, p.558)	Wear gloves when applying medication, assess skin prior to administration.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor renal functions. (creatinine), Monitor liver functions (AST, ALT)	Monitor BUN and creatinine for nephrotoxicity (Jones, 2021 p.179) Obtain culture and sensitivity test before administering	Monitor electrolytes such as calcium before administering. Monitor for Chvostek's sign	Monitor platelet count due to being an antiplanet drug, ensure rights of medication have been applied	Do not give with patients who are immunocompromised, assess area prior to application in case patient has an allergic reaction to it.
Client Teaching needs (2)	Drug is present in breastmilk. Teach patient about hepatotoxicity symptoms such as easily bruising	Complete full course of medication Report watery, bloody stool to provider (Jones, 2021 p.178).	Take separate from other medication. Store this medication at room temperature **(**Jones, 2021 p.158).	Report flu like symptoms, avoid patient taking two NSAIDS at the same time **(**Jones, 2021	Wash hands prior and after administration of this medication, apply a thin layer to area needed.

	bleeding, and malaise (Jones, 2021 p.10).			p.559).	

Medications Reference (1) (APA):

Multum, C. (2023). *Multivitamins uses, side effects & warnings*. Drugs.com. Retrieved February 28, 2023, from https://www.drugs.com/mtm/multivitamins.html#uses

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	he patient was alert and oriented to person, place, time, and situation. Alert and Oriented times four. (A&O x4) The patient showed no signs of distress. Overall physical hygiene was well maintained and cared for.
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patient's skin color is an even tone throughout the skin usual for ethnicity. Skin is dry and warm to the touch. Skin turgor is tight with no lesions, bruises, or wounds present. During rounds accompanied nurses to check the laceration and stitches intact from past partum. Patient Braden's score is 23. No drains present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head is normal cephalic and symmetrical. Ears are symmetrical with no serum or epistaxis. The patient's PERLA was not assessed due to patient wanting to shower after assessment. Assessment would be done after patient was showered. The patient teeth are intact and self-care hygiene can be done independently as she is able to ambulate by

	herself and complete her activity of daily livings per self.
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:**	Patients' heart sounds S1 and S2 were auscultated. No present murmurs were heard. Cardiac rhythm was not assessed. Peripheral pulses pulse demonstrating a rating of 3+. Capillary refill less than three seconds. No neck vein distention and no edema present.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No accessory muscles were used. The patient's breath sounds were auscultated anterior and posterior sounding regular, clear bilaterally. Lung aeration is equal 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:**	The patient's diet at home is regular. The current diet is regular. Patient height is 170.18 cm. and weight 105.8 kg. Bowel sounds were active in all four quadrants. Last bowel movement 2/21/2023.. Upon palpation of abdomen no pain or masses present. Fundus palpated felt firm. Minimal distention due to being a post partum patient. No incision, scars, or drains present. Patient does not ostomy or nasogastric tube. No feeding tubes either.
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient urine was yellow and clear. Total urine voided was 600 mL documented throughout shift.Patient did not express any pain with urination. Patient does not have dialysis. Genitals were bloody but with constant perineal care provided by herself and pad change. Laceration in perineal area post-partum as well as episiotomy performed during labor. The catheter was not needed or ordered by the physician.
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:**	Patients' neurovascular status is intact. Active range of motion present and demonstrated. Patient does not use any assistive device. Patient showed 5/5 strength on upper extremities

Independent (up ad lib) Yes☐ **Needs assistance with equipment ☐ No** **Needs support to stand and walk☐No**	bilaterally. Patient showed 5/5 strength bilaterally on lower extremities. Patients' fall score was 20. Mobility status is independent able to complete activity of daily livings per self. Patient does need help with use and set up of equipment
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:**	Patient can move all extremities well. PERLA not assessed as patient wanted to shower and I was going to check assess after her shower. The patient has equal strength of 5/5 for the upper extremities. Equal strength for lower extremities 5/5. The patient is alert and oriented times four (A&Ox4). Mental status is alertness. Speech is clear. Patient sensory is intact. No loss of consciousness. Deep tendon reflexes not assessed as I did not have proper equipment to assess.
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):**	Patients coping mechanism is death. With dealing through things logically. Expressed she liked to think about things in a rational logical way. Patient is in intimacy vs isolation developmental level. Patient expressed to be an atheist. Patients' lives with husband and their first child. Personal data she states to be her own boss and owns a law firm as an attorney.
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	Fundal height was at umbilicus positioned midline. A scant bleeding amount of 156mL documented on labor process. Lochia color was Rubia. Character N/A at the time. Patient had documented of n episiotomy and laceration. During rounds accompanied nurses to check the laceration and stitches intact.
DELIVERY INFO: (1 point) **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:**	The rupture of the membrane occurred at 16:24 the color, amount, and odor were not documented during occurrence. Delivery date is 2/21/23 at 16:24. It was a vaginal delivery. A blood loss of 156mL. Newborn was a male weighing 9.6lbs (4.3 kg). Apgar not assessed. Feeding method is breast feeding.

Weight: **Feeding Method:**	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**89**	**127/85**	**18**	**37 °C**	**100% RA**
Labor/Delivery	**107**	**142/73**	**20**	**37 °C**	**100% RA**
Postpartum	**83**	**129/73**	**18**	**36.9 °C**	**100% RA**

Vital Sign Trends: Vital signs seemed to trend up as patient got closer to delivery, we see an increase in heart rate and blood pressure. After delivery we see a decrease from the last vital sign measurement back to normal limits with heart rate and blood pressure.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:00	**Numerical**	**N/A**	**N//A**	**N/A**	**N/A**
10:00	**Numerical**	**N/A**	**N/A**	**N/A**	**N/A**

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:**	18 gauge Left peripheral wrist. 2/21/23 Patent and flushes easily as well as saline locked No signs of erythema or drainage Iv is dry, clean and intact

Intake and Output (2 points)

Intake	Output (in mL)
600 mL (Water)	600 (Urine) "Patient stated she emptied her hat at 600ml"

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 "M" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Education on breast feeding (N)	PRN	This intervention was provided to the patient because as a newborn it is vital the baby gets as much nutritional intake as he can.
Acute pain management (M)	Q6, PRN	This intervention was chosen due to the patient having acetaminophen ordered to reduce pain level post-partum.
Newborn Education Care (N)	PRN	This intervention was chosen due to the importance of knowing that the mother has a basic level understanding for a newborn baby care to ensure newborn can safely go home.
Vital signs (N)	Q4	Postpartum care vitals are assessed to monitor for any complications that can occur.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? The mother is in taking hold phase.

What evidence supports this? The patient can do activities per self. Patient does not need support from others to complete her tasks and be able to take care of her newborn. She is also cooperative, receptive to teaching from nurses and in a enthusiastic mood.

Discharge Planning (3 points)

Discharge location: Patient will be discharged home with husband.

Equipment needs (if applicable): Patient did not express any needs of equipment as she was prepared since this is her second child.

Follow up plan (include plan for mother AND newborn): Follow up with provider to check up on newborn health status as well as the mother's wellbeing and adaptation to motherhood.

Education needs: Educate on breast feeding and follow up appointments with vaccination needed for the newborn as they grow older. Educate on importance of healthy diet and sleep schedule.

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 each of the rationales.	**Evaluation (2 pt each)** How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. At risk for infection related to skin alteration as	This nursing diagnosis was chosen due to the patient	**1.**Assess skin for signs of infections. **Rationale** Examination of the skin for repentance, bullae, erythema,	The client was cooperative and satisfied with the measures in place to ensure infection

evidence by laceration.	requiring a laceration upon giving birth.	induration or drainage (Boushra & Rahman, 2022). **2**.Promote proper perineal care and hand hygiene. **Rationale:** Hand hygiene is the first line of defense in preventing transmission of an infection (Boushra & Rahman, 2022).	did not occur. The outcome was met as patented sustained free of an infection.
2. At risk for acute pain related to incision as evidence by episiotomy.	This nursing diagnosis was chosen due to mother having an episiotomy potential for post birth pain.	**1.** Assess pain level by numerical scale **Rationale** "Using a pain flow chart, assessment to monitor the therapy's effectiveness" (Phelps, 2020) **2.**Assess vital signs Q4 **Rationale** "Vital signs can be affected by pain in several ways" Vitals were assessed to also determine pain level.	The patient responded well and was cooperative expressing no pain now. The goal was to maintain pain to a minimal to tolerable level during hospitalization. Outcome was met ensuring comfort level of the patient.
1. Readiness for enhanced breastfeeding related to the client's experience in childbearing as evidence by this being her second child.	This nursing diagnosis was chosen due to mother being encouraged to breastfeed to ensure nutrients needs are met for newborn.	**1.** Demonstrate techniques on proper breast-feeding techniques as needed. **Rationale** "Recognizing timely feeding promotes a better experience for mom and baby" (Wagner,2023) **2.** Teach mother to recognize cues when newborn wants to be fed**.** **Rationale** "Infant will display effective breastfeeding as evidenced by appropriate weight gain" (Wagner,2023)	Mother was satisfied with outcomes as her new born gained weight with the follow up checkup and seems to be meeting nutritional needs at the time. No modifications to be done at this time.
1. Readiness for enhanced postpartum education related to patients' cooperative behavior evidenced by active listening	This nursing diagnosis was chosen due to the patient being eager and receptive	1. Provide pamphlets for newborn education materials. **Rationale** "allows adequate time to synthesize and understand	The patient was eager to learn new information that was not provided from her last birth. The outcome was met as she was able to teach back

	to information the nurses were providing and willingness to learn.	new information" (Phelps, 2020). **2.** Have the patient teach back what was taught (ex. How to swaddle a newborn) **Rationale** "Helps identify and resolve knowledge deficits" (Phelps, L. 2020).	methods taught from nurses. Patient demonstrated oamphlet to spouse to be educated as well. No modifications to be done at this time.

Other References (APA)

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