N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 0945 3/22/23	**Patient Initials** AS	**Date & Time of Birth** 0742 3/22/23	**Age (in hours at the time of assessment)** 2 hours old
Gender: Female	**Weight at Birth** (gm): 3674 (lb.): 8 (oz.): 2	**Weight at Time of Assessment** (gm): 3674 (lb.): 8 (oz.): 2	**Age (in hours) at the Time of Last Weight** 2 hours old
Race/Ethnicity White	**Length at Birth** Cm: 52.07 Inches: 20.5	**Head Circumference at Birth** Cm: 34.5 Inches: 13.58	**Chest Circumference at Birth** Cm: 33 Inches: 12.99

There are times when the weight at the time of your assessment will be the same as birth

Mother/Family Medical History (15 Points)

Prenatal History of the Mother:

GTPAL: G: (1) T: (0) P: (0) A: (0) T: (1)

When prenatal care started: Prenatal care for this patient started as soon as the patient found she was pregnant. The prenatal care included vitamins and doctors' visits.

Abnormal prenatal labs/diagnostics: There are no abnormal prenatal labs and diagnostics.

Prenatal complications: There were no prenatal complications during pregnancy.

Smoking/alcohol/drug use in pregnancy: There is no history of smoking or drug abuse during pregnancy. The patient stated she stopped drinking as soon as she found out she was pregnant.

Labor History of Mother:

Gestation at onset of labor: The patient was 39 weeks and 3/7 days.

Length of labor: The patient had a voluntary C-section and was not in labor.

ROM: There was no rupture of membranes due to a voluntary C-section.

Medications in labor: During the C-section the patient had several medications administered. The patient had Lactated Ringers, Morphine, Ondansetron, Cefazolin, dexmedetomidine, famotidine, and fentanyl. Several of these medications were for pain, spinal block, and nausea.

Complications of labor and delivery: The baby's placental cord was found wrapped around the babies left leg. The assessment of the baby was within normal range.

Past Surgical History: The mother had no past surgical history.

Family History:

Pertinent to infant: The maternal figure has a history of depression.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: The mother stated she stopped drinking as soon as she found she was pregnant. Otherwise, there were no history of tobacco and drugs.

Father/Co-Parent of Baby Involvement: The father is and will be involved in the baby's life.

Living Situation: The baby will go home with the mother and father.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The mother has an associate degree and a job as a youth pastor. The father does have a bachelor's degree. The father does have a few barriers when it comes to caring for the infant. The father left the baby unattended on the couch while getting the breast pump ready. The father also tried feeding the baby while propping a pillow under her. As new parents they do have techniques to learn for the safety of the child.

Birth History (10 points)

Length of Second Stage of Labor: There were no second stage of labor due to patient getting a voluntary C-section.

Type of Delivery: Caesarean section, low transverse

Complications of Birth: The placenta cord was found wrapped around the baby's left leg.

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: There was no resuscitation indicated.

Feeding Techniques (10 points)

Feeding Technique Type: The mother wants to breastfeed but bottle-feed the baby for her first feeding.

If breastfeeding:

LATCH score: The mother has not started to breastfeed yet.

Supplemental feeding system or nipple shield: The mother has not started to breastfeed yet.

If bottle feeding:

Positioning of bottle: The bottle was positioned semi-upright.

Suck strength: The baby has a smooth, strong, and rhythmic suck.

Amount: 30 mL

Percentage of weight loss at time of assessment: 0%

****Show your calculations; if today's weight is not available, please show how you would calculate weight loss (i.e. show the formula)****

(Starting weigh – current weight) / (Starting weight) x 100 = % of weight loss

What is normal weight loss for an infant of this age? The normal weight loss in a newborn 72 hours after birth is 7%-10% of their original birth weight.

Is this neonate's weight loss within normal limits? The last weight showed the neonate loss 0% of their weight within the first 2 hours of life.

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding: The mother bottle feed, her first feeding but is going to breastfeed via through a bottle after.

Feeding frequency: Every 2 hours

Length of feeding session: 10-15 minutes

One or both breasts: Both

If bottle feeding:

Formula type or Expressed breast milk (EBM): Breast milk

Frequency: Every 2 hours

Volume of formula/EBM per session: 30 mL

If EBM, is fortifier added/to bring it to which calorie content: No, it is not added.

If NG or OG feeding:

Frequency: N/A

Volume: N/A

If IV:

Rate of flow: N/A

Volume in 24 hours: N/A

Output

Void

Age (in hours) of first void: 1 hour old

Number of voids in 24 hours: The neonate voided 3 times within the 4 hours of being present for clinical.

Stool

Age (in hours) of first stool: The neonate has not had a bowel movement since birth.

Type: N/A

Color: N/A

Consistency: N/A

Number of times in 24 hours: Unable to assess due to only staying 4 hours after birth.

Laboratory Data and Diagnostic Tests (15 points)

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Name of Test	Why is this test ordered for any infant?	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	Neonate uses glucose to help with development. Low levels can indicate brain injury and development disabilities (U.S. Department of Health and Human Services, 2018).	1.5-6.0 mmol/L	N/A	N/A
Blood Type and Rh Factor	The importance of this test is to know when the neonate and mother have compatibility when mixed. If the results are not compatible Rhogam will be given to counteract the effects.	Rh+ and O+	O+ and Rh +	The neonate and mother are compatible.

Coombs Test	This test is important for checking antibodies. This screen looks for red blood cells that are attacked by those antibodies (Coombs test, 2023).	1+ to 4+	N/A	N/A
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	The bilirubin level is important for babies that turn jaundice within the first 24 hours. These levels are checked consistently in bilirubin babies.	5-6 mg/dL	N/A	N/A
Newborn Screen (At 24 hours)	These screenings are used to detect health conditions that could harm the patient short and long term. This can prevent early death in the newborn.	WNL/Negative	**Results will not be available.**	N/A
Newborn Hearing Screen	The hearing screening is important for babies that are	-10 to 15 dB	N/A	N/A

	found to be deaf or hard of hearing. This can help with development and early treatment.			
Newborn Cardiac Screen (At 24 hours)	Cardiac screening is used to detect congenital heart defects. Early detection can prevent early death and can be treated for the specific diagnosis.	95%-100% for pulse oximetry	N/A	N/A

Lab Data and Diagnostics Reference (1) (APA):

Coombs test. Cleveland Clinic. (2023). Retrieved from https://my.clevelandclinic.org/health/diagnostics/22978-coombs-test

U.S. Department of Health and Human Services. (2018). *Treating low blood sugar in newborns*. National Institutes of Health. Retrieved from https://www.nih.gov/news-events/nih-research-matters/treating-low-blood-sugar-newborns#:~:text=A%20newborn's%20brain%20relies%20on,is%20common%20and%20easily%20treated.

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**
Dose	1 mg = 0.5 mL	0.25 mg	10 mcg = 0.5 mL
Frequency	Once	Once	Once
Route	Intramuscular	Ointment	Intramuscular
Classification	Pharmacological class: "Anticoagulant" (Drugs.com, 2023). Therapeutic class: "Mephyton" (Drugs.com, 2023).	Pharmacological class: "Macrolide" (Nurse's Drug Handbook, 2021, p. 447). Therapeutic class "Antibiotic" (Nurse's Drug	Pharmacological class: "Recombivax" (Drug Bank, 2023). Therapeutic class: "Vaccines" (Drug Bank, 2023).

		Handbook, 2021, p. 447).	
Mechanism of Action	"Phytonadione aqueous colloidal solution of vitamin K1 for parenteral injection, possesses the same type and degree of activity as does naturally occurring vitamin K, which is necessary for the production via the liver of active prothrombin (factor II), proconvertin (factor VII), plasma thromboplastin component (factor IX), and Stuart factor (factor X). Vitamin K is an essential cofactor for a microsomal enzyme that catalyzes the post-translational carboxylation of multiple, specific, peptide-bound glutamic acid residues in inactive hepatic precursors of factors II, VII, IX, and X. The resulting gamma-carboxy-glutamic	"Binds with the 50S ribosomal subunit of the 70S ribosome in many types of aerobic, anaerobic, gram-negative, and gram-positive organisms. This action inhibits RNA dependent protein synthesis in bacterial cells, causing them to die" (Nurse's Drug Handbook, 2021, p. 447).	"ENGERIX-B induces specific humoral antibodies against HBsAg. It is generally accepted that an anti-HBs titer greater than 10 IU/L correlates with protection against hepatitis B virus infection. More than 90% of healthy adults, children and neonates developed protective anti-HBs titers one month after completing a primary vaccination schedule of ENGERIX-B" (Drug Bank, 2023).

	acid residues convert the precursors into active coagulation factors that are subsequently secreted by liver cells into the blood" (Drugs.com, 2023).		
Reason Client Taking	This medication forms clots because babies are born with low vitamin K.	To treat bacterial infections in the eye.	To fight against the hepatitis B infection.
Contraindications (2)	"Hypersensitivity to vitamin K" (Drugs.com, 2023). "Benzyl alcohol preservative" (Drugs.com, 2023).	"lovastatin" (Nurse's Drug Handbook, 2021, p. 447). "simvastatin" (Nurse's Drug Handbook, 2021, p. 447).	"Allergic reaction to yeast" (Drug Bank, 2023). "Allergic reaction to neomycin" (Drug Bank, 2023).
Side Effects/Adverse Reactions (2)	"Difficulty in swallowing" (Drugs.com, 2023).	"Hearing loss" (Nurse's Drug Handbook, 2021, p. 447).	"Soreness or swelling in the arm" (Drug Bank, 2023).

	“Fast or irregular breathing” (Drugs.com, 2023).	“Infantile hypertrophic pyloric stenosis” (Nurse’s Drug Handbook, 2021, p. 447).	“Headache" (Drug Bank, 2023).
Nursing Considerations (2)	“Monitor for side effects” (Drugs.com, 2023). “Educate parents that this is to prevent bleeding in newborns” (Drugs.com, 2023).	“Use erythromycin cautiously in patient with impaired hepatic function because drug is metabolized by the liver” (Nurse’s Drug Handbook, 2021, p. 447). “Monitor infants for vomiting or irritability with feeding because infantile hypertrophic pyloric stenosis has been reported” (Nurse’s Drug Handbook, 2021, p. 447).	“Additional doses may be required for individuals with a suppressed immune system” (Drug Bank, 2023). “Obtain consent for the vaccine from the parents before administration” (Drug Bank, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Receive consent from the parents before administration.	Cleanse the newborns eyes prior to administration	“Check the expiration date and batch number before administration” (Drug Bank, 2023).

Client Teaching needs (2)	Instruct parents to notify the provider if adverse reactions occur. Do not take other medications unless verified by the doctor.	Instruct parents to notify the provider if side effects occur. Teach the parents the importance of receiving this medication.	"Educate parents there are several administrations of the hepatitis vaccine throughout the years" (Drug Bank, 2023). "The first dose will be given within the first 24 hours of birth if consent is given" (Drug Bank, 2023).

Medications Reference (1) (APA):

Aquamephyton. Drugs.com. (2023). Retrieved from https://www.drugs.com/cons/aquamephyton.html#warnings

Hepatitis B vaccine. DrugBank. (2023). Retrieved from https://go.drugbank.com/drugs/DB11627

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed), p. 447. Jones & Bartlett Learning.

Newborn Assessment (20 points)

Area	**Your Assessment**	**Expected Variations and Findings**

		***This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2021.**
Skin	The patient has smooth and flexible skin. The baby was well hydrated and had a non-tenting skin turgor. The skin was warm, moist, and intact. Capillary refill is less than 3 seconds. There were no signs of jaundice or acrocyanosis.	The patient will have smooth, warm, and flexible skin. The skin should be well hydrated with good skin turgor. The patient should have warm, moist, and intact skin. Capillary refill should be less than 3 seconds. No signs of erythema, jaundice, and acrocyanosis should be noted.
Head	The head was symmetrical with normal size for age, gender, and ethnicity. There were no signs of microcephaly or macrocephaly. Enlarged fontanels were not noted.	The head is symmetrical with normal shape for age, gender, and ethnicity. There were no signs of microcephaly, macrocephaly, and enlarged fontanels.
Fontanels	Anterior and posterior fontanels are intact with proper placement. Fontanels were soft and flat upon palpation.	Posterior and anterior fontanels are present and with correct placement. Upon palpation they should be soft and flat.
Face	The patient has symmetric features with even placement. The baby should have full cheeks. No facial nerve paralysis, nervus flammeus, and nevus vasculosus noted.	The patient should have full cheeks with symmetric features and even placement. There should be no facial nerve paralysis, nervus flammeus, or nevus vasculosus.
Eyes	The eyes are clear from drainage. They are symmetrically placed on the face and aligned with ears. There are no conjunctivitis or subconjunctival hemorrhages noted.	Eyes are symmetrical and evenly placed upon the face. The eyes are evenly placed with the ears. The eyes are clear from drainage. There are no conjunctivitis or subconjunctival hemorrhages noted.

Nose	The nose is midline and narrow. It is normal size for age. The newborn does have the ability to smell. There were no malformation or blockage noted.	Upon assessment the nose is midline, narrow, and normal size. The newborn will have the ability to smell. There were no blockages and malformation noted.
Mouth	The mouth is symmetrical and aligned midline. The soft and hard palate are intact. The mucous membranes are noted. There were no Epstein pearls, erupted precocious teeth, and thrush noted.	The patient's mouth should be symmetrical and midline in the face. The hard and soft palate is intact. The mucous membranes should be present. There should be no Epstein pearls, erupted precocious teeth, and thrush noted.
Ears	The ears are soft and when folded and released they do quick recoil. There were no low-set ears or hearing loss noted.	The ears should quickly recoil when folded and released. The ears should be soft. There should be no low-set ears or hearing loss noted.
Neck	The baby's neck is short and crease. The neck moves freely and holds head in midline. There were no restricted movement or clavicular fractures noted.	The neck should be able to move freely and hold the head midline. The neck should be short and crease. There should be no restricted movement or clavicular fractures noted.
Chest	The chest was smaller than the head. The baby's chest was round and symmetric. There were no nipple engorgement and whitish discharge noted.	The baby's chest should be round and symmetrical. The chest should be smaller than the head. No nipple engorgement and whitish discharge should be noted.
Breath Sounds	The breath sounds are nonlabored on room air. Upon assessment the baby's breath sounds were irregular rhythm.	Breath sounds should be nonlabored on room air. The rhythm should be regular.

Heart Sounds	Heart sounds were regular and clear. There were no gallops, rubs, or murmurs noted.	Heart sounds should be regular and clear. There should be no gallops, rubs, or murmurs noted.
Abdomen	The abdomen has a protuberant contour and is soft. There were three vessels present in the umbilical cord.	There should be three vessels resent in the umbilical cord. The abdomen should be soft and protuberant contour.
Bowel Sounds	The bowel sounds were normoactive in all four quadrants.	The bowel sounds should be normoactive in all four quadrants.
Umbilical Cord	There were three vessels present in the umbilical cord. There were pieces missing of the placenta on the maternal side. There were no concerns that the pieces were still left inside. The cord was tested and was O+.	There should be three vessels present in the umbilical cord. There should be no pieces missing. The cord will be tested.
Genitals	The female genitals were swollen. There was no female discharge noted.	The female genitals are supposed to be swollen because of the maternal estrogen. There should be no discharge.
Anus	The anus was visible and patent.	The anus should be visible and patent.
Extremities	Extremities are symmetrical will free movement. The patient can move all extremities well. There was no congenital hip dislocation noted.	The patient should be able to move all extremities well. All extremities should be symmetrical and with free movement. There should be no congenital hip

		dislocation noted.
Spine	The spine is intact with no curvature. There was no tuft or dimple on spine.	The spine should be intact with no curvature. There should be no tufts or dimples on the spine.
Safety • **Matching ID bands with parents** • **Hugs tags** • **Sleep position**	The baby's ID bands match the mother ID band. The hug tag number was 90134 and placed on the baby's left ankle. The sleep position is supine.	The baby's and mother's ID band should match numbers. The baby should have a hug tag on to allow for an alarm system to go off if they get too close. The baby should be sleeping in a supine position.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	37.0 C	147 bpm	51 breaths per minute
4 Hours After Birth	37.2 C	130 bpm	52 breaths per minute
At the Time of Your Assessment	36.9 C	126 bpm	51 breaths per minute

Vital Sign Trends: The vital signs are all within normal range. The 4-hour vital after birth were not taken due to end of the clinical day.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0945	Neonatal Infant Pain Scale (NIPS)	There was no pain noted in the assessment.	0	There was no pain noted in the assessment.	No interventions done at this time due to no pain noted.
1130	Neonatal Infant Pain Scale (NIPS)	There was no pain noted in the assessment.	0	There was no pain noted in the assessment.	No interventions done at this time due to no pain noted.

Summary of Assessment (4 points)

Discuss the clinical significance of the findings from your physical assessment:

****See the example below****

This neonate was delivered on 5.15.14 at 0522 by normal spontaneous vaginal delivery (NSVD). The nuchal cord was around the neck x1. The Apgar scores were 1/3/9. The EDD was 5/10/14 by US. The new Ballard scale assessment revealed neonate is 39 2/7 weeks and LGA. The prenatal history shows this

pregnancy was complicated by PIH and GDM (diet controlled). The birth weight was 9 lbs 4 ozs (4440 grams); length was 21" (53.34 cms); head circumference was 13" (33 cms); and chest circumference was 12" (30.5 cms). Upon assessment all systems are within normal limits. The last set of vitals was: 38.4/155/48. Breath sounds x3 after delivery were WNL with the lowest being 52. The neonate is breastfeeding and nursing well with most feedings 20"/20" q2-3 hrs. The bilirubin level at 24 hours per scan was 4.9. The neonate is expected to be discharged with mother later today and to see the pediatrician in the office for first well baby check within 48 hours.

The neonate was delivered on 3.22.23 at 0742 by an elective caesarean section. The nuchal cord was around found wrapped around the left leg. The Apgar scores were 8/9. The EDD was 3/26/23. The Ballard scale assessment revealed neonate is 39 3/7 weeks and was not LGA. There was no prenatal history. The birth weight was 8 lbs and 2 oz (3674 grams); length was 20.5" (52.07 cm); head circumference was 13.58" (34.5 cm); and chest circumference was 12.99" (33cm). Upon assessment all systems are within normal limits. The last set of vital signs were: 36.9/126/51. Breath sounds x2 after delivery were WNL with the lowest being 51. The neonate is going to breastfeed, although the first feeding was a bottle-feed. The neonate is intaking 30 mL q2-3 hrs. The bilirubin test was not back with results before the end of the clinical day. The neonate is expected to be discharged with parents on 3.24.23. She will meet her pediatrician in the office 48 hours after discharge for the first well baby check.

Nursing Interventions and Medical Treatments for the Newborn (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.**
The neonate needs to be kept warm to maintain the proper temperature. (N)	q24h	After birth neonates must learn how to regulate their temperature on their own. By keeping the neonate warm all hours of the day it will conserve their energy. Neonates do not have as much fatty tissue to keep them warm, so they lose temperature faster.
The neonate received Vitamin K, antibiotic eye ointment, and	The neonate will receive these once	Vitamin K is used to help the neonates blood clot. This helps to prevents serious

hepatitis B vaccine. (M)	during the hospital stay.	bleeding and early death of the neonate. The antibiotic eye ointment is used to prevent eye infections such as conjunctivitis. The hepatitis B vaccine is used to prevent the possible infection of the disease from a family member that may not realize they are infected.
Monitoring respiratory status per protocol. (N)	q1h	In the womb the placenta is supplying everything for the fetus. After birth, the neonate must adapt right away in order to maintain proper oxygen. Decreased respiratory status can cause severe complications in the long term.
Breastfeeding assistance. (N)	Depending how well the neonate latches will depend on how often the mother will need assistance with feeding the neonate.	The newborn needs to be fed every 2-3 hours. The neonate needs to receive nutrients through breastmilk in order to keep developing.

Discharge Planning (2 points)

Discharge location: The mom and dad expected discharge is 3.24.23. They will be returning home with their neonate.

Equipment needs (if applicable): There was no need for equipment due to parents already having their breast pump and a car seat.

Follow up plan (include plan for newborn ONLY): The neonate will have her first well baby check 48 hours after being discharged.

Education needs: The parents do need to be educated on safety concerns for the newborn. The father left the neonate unattended on the couch. This is the parents' first child so breast feeding, and car seat safety need to be included as well.

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	**Rational (1pt 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	**Evaluation (2 pts each)** • How did the patient/family respond to the nurse's actions? • Client respons e, status of

evidenced by" components		each intervention and using APA format, cite the source for your rationale.	goals and outcomes, modifications to plan.
Risk for aspiration related to not proper positioning as evidenced by father feeding while the neonate was in supine position.	The parents need to be educated on proper positioning for the neonate. Neonate could aspirate on the milk leading to complications long term if it continues.	**1.** "Keep suction equipment available at all times, especially when feeding the patient" (Phelps, 2020, p. 35). **Rationale:** Suction equipment is necessary because it can decrease the amount of fluid the neonate could aspirate (Phelps, 2020, p. 35). **2.** "Hold infant with head elevated during feeding and position in an infant seat after feeding" (Phelps, 2020, p. 35). **Rationale:** Elevated the head of the neonate will decrease the risk for aspiration (Phelps, 2020, p. 35).	The parents responded well to the goals and verbally acknowledged the importance of the risk for aspiration.
Impaired parenting care plan related to knowledge deficit as evidenced by father leaving neonate unattended on the hospital couch.	The parents need to be educated on safety concerns for the neonate due to this being their first child.	**1.** "Establish environment of mutual trust and respect to enhance learning" (Phelps, 2020, p. 349). **Rationale:** When establishing trust, the parents are more likely to listen to the nurses about the information they are receiving (Phelps, 2020, p. 349). **2.** "Assess parents' level of knowledge to determine whether the parents require	The parents responded well to the goals and verbally acknowledged the status of the goals and outcomes. The parents understood the safety concerns for the neonate.

		the basic information or reinforcement of previous learning" (Phelps, 2020, p. 349). **Rationale:** Assessing the parent's level of knowledge will depend on how the nurse will educate the parents to comprehend the information (Phelps, 2020, p. 349).	
Risk for postpartum depression related to firstborn child as evidenced by history of depression.	The patient has a history of depression, and this is her firstborn child. Since this is her firstborn child, she doesn't know how her body will respond to the after birth. The history of depression increases her risk for postpartum depression.	**1.** "Assess the patient's family patterns and social interactions" (Curran, 2022). **Rationale:** The nurse will understand what is normal for the patient and then evaluate if abnormal behavior happens (Curran, 2022). **2.** "Encourage the patient to share feelings and thoughts about her problems" (Curran, 2022). **Rationale:** The patient needs to express her feelings so the doctor will be able to diagnosis postpartum depression and get started on medication as soon as possible (Curran, 2022).	The parents responded well to the goals and verbally acknowledged the status of the goals and outcomes. The mother understood the risk for postpartum depression and will report any signs and symptoms.
Ineffective breastfeeding is related to inadequate knowledge of breastfeeding techniques as evidenced by firstborn child.	The mother needs to be educated on proper positioning of ways to breastfeed. Although, the mom decided she wanted to breastfeed through a	**1.** "Provide emotional support as needed and allow the patient to express her expectations" (Wagner, 2023). **Rationale:** The mother needs to be able to feel that she can trust and express her feelings to the nurses (Wagner, 2023).	The parents responded well to the goals and verbally acknowledged the status of the goals and outcomes. The parents agreed to consult a lactation specialist throughout the process.

	bottle instead of the child latching on. The mother needs to be educated on the benefits from breastfeeding from the breast.	**2.** "Refer the patient to lactation consultants" (Wagner, 2023). **Rationale:** A lactation consultant can provide the full information to the patient and answer any questions the mother may have (Wagner, 2023).	

Other References (APA):

Curran, A. (2022). *Postpartum depression nursing diagnosis and nursing care plan*. NurseStudy.Net. Retrieved from https://nursestudy.net/postpartum-depression-nursing-diagnosis/

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.), p. 35 & 349. Wolters Kluwer.

Wagner, M. (2023). *Breastfeeding Nursing Diagnosis & Care Plan*. NurseTogether. Retrieved from https://www.nursetogether.com/breastfeeding-nursing-diagnosis-care-plan/