

N432 Postpartum Care Plan

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date &amp; Time of Admission</b> 4-11-23	<b>Patient Initials</b> KG	<b>Age</b> 38 years old	<b>Gender</b> Female
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> PRN Carle	<b>Marital Status</b> Married	<b>Allergies</b> Betadine
<b>Code Status</b> Full Code	<b>Height</b> 64 inches	<b>Weight</b> 90.9 kg	<b>Father of Baby Involved</b> Yes

**Medical History (5 Points)**

**Prenatal History:** The mother started prenatal care as soon as she found out she was pregnant.

**Past Medical History:** Anxiety, GERD, Gestational DM, Morbid Obesity

**Past Surgical History:** Appendectomy (10-13-07), Cyst-diagnostic aspiration (1985)

**Family History:** Father: Aneurysm of heart, Arthritis, Graves Disease, Hyperlipidemia, Hypertension

Mother: Arthritis, Hyperlipidemia, Hypertension

**Social History (tobacco/alcohol/drugs):** The patient has not drunk alcohol since found out she was pregnant. The patient denied drug or tobacco history.

**Living Situation:** The patient lives with her children and spouse at home.

**Education Level:** The patient has an associate degree.

### **Admission Assessment**

**Chief Complaint (2 points):** Contractions

**Presentation to Labor & Delivery (10 points):** The patient came in for stronger intensity in contractions and increasing frequency. The patient experienced lower back and sharp pain. The patient had to have a C-section due to non-reassuring fetal status. She was dilated to 4 centimeters before deciding to have a C-section. The baby was then transferred to Carle for respiratory depression.

### **Diagnosis**

**Primary Diagnosis on Admission (2 points):** Term Pregnancy

**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
<b>RBC</b>	4.28-5.56 trillion cells/L (Capriotti & Frizzell, 2020).	N/A	4.86 trillion cells/L	4.35 trillion cells/L	N/A
<b>Hgb</b>	13.0-17.0 g/dL (Capriotti & Frizzell, 2020).	N/A	13.9 g/dL	13.5 g/dL	N/A
<b>Hct</b>	35%-47% (Capriotti & Frizzell, 2020).	N/A	37.7%	35.8%	N/A

<b>Platelets</b>	149,000-393,000 billion/L (Capriotti & Frizzell, 2020).	N/A	170,000 billion/L	152 billion/L	N/A
<b>WBC</b>	4,000-11,000 cells/mL (Capriotti & Frizzell, 2020).	N/A	10.2 cells/mL	9.4 cells/mL	N/A
<b>Neutrophils</b>	45%-75% (Capriotti & Frizzell, 2020).	N/A	73%	74.5%	N/A

<b>Lymphocytes</b>	20% - 40% (Capriotti & Frizzell, 2020).	N/A	20.4%	21.2%	N/A
<b>Monocytes</b>	1.0% - 10% (Capriotti & Frizzell, 2020).	N/A	7.6%	6.8%	N/A
<b>Eosinophils</b>	1% - 4% (Capriotti & Frizzell, 2020).	N/A	1.3%	1.1%	N/A

<b>Bands</b>	0% - 3% (Capriotti & Frizzell, 2020).	N/A	0.7%	0.4%	N/A
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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
<b>Blood Type</b>	A, B, AB, & O (+ or -)	O+	O+	O+	N/A
<b>Rh Factor</b>	+	+	+	+	N/A

<b>Serology (RPR/VDR L)</b>	-	N/A	N/A	N/A	N/A
<b>Rubella Titer</b>	+	N/A	N/A	N/A	N/A
<b>HIV</b>	-	N/A	N/A	N/A	N/A
<b>HbSAG</b>	>5	N/A	N/A	N/A	N/A
<b>Group Beta Strep Swab</b>	-	(-)	(-)	(-)	N/A
<b>Glucose at 28 Weeks</b>	< 140 mg/dL	N/A	N/A	N/A	N/A

<b>MSAFP (If Applicable)</b>	0.5 to 2.0	N/A	N/A	N/A	N/A

There was no proof in the chart of these lab values and the patient could not recall the results or the day she took them.

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Prenatal Value</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
N/A	N/A	N/A	N/A	N/A	N/A

The patient has no additional admission labs.

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

<b>Test</b>	<b>Normal Range</b>	<b>Prenatal Value</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>

<b>Urine Creatinine (if applicable)</b>	0.7 to 1.3 mg/dL	N/A	N/A	N/A	N/A

**Lab Reference (1) (APA):**

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2<sup>nd</sup> ed.). F.A. Davis Company.

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

	<b>Your Assessment</b>
<b>History of labor:</b>  <b>Length of labor</b>  <b>Induced/spontaneous</b> <b>Time in each stage</b>	<p>The patient started in labor and soon went to a caesarean section due to non-reassuring fetal status. The patient was induced after a couple hours. The mother was in labor for two hours before moving to a caesarean section and was dilated to 4 centimeters. The baby was transferred to Carle for respiratory distress.</p>

<p><b>Current stage of labor</b></p>	<p>The patient was only dilated to 4 centimeters. “During this latent phase of labor, the cervix typically dilates to four centimeters” (BIDMC of Boston, 2022, para 4). Otherwise, the patient did not go through the stages of labor due to having a caesarean section. “Contractions will last about 30-45 seconds, giving you 5-30 minutes of rest between contractions” (American Pregnancy Association, 2022, para 5).</p>
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There unfortunately was not enough information in my chart to receive all the information. My patient also left early in the morning during the clinical day to be with her baby at Carle.

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

Editor. (2022, February 14). *First Stage of Labor*. American Pregnancy Association. Retrieved from <https://americanpregnancy.org/healthy-pregnancy/labor-and-birth/first-stage-of-labor/>

*Stages of labor*. BIDMC of Boston. (2022). Retrieved from <https://www.bidmc.org/centers-and-departments/obstetrics-and-gynecology/programs-and-services/pregnancy/labor-and->



<b>Classification</b>	<p>Pharmacological class: “Selective serotonin reuptake inhibitors (SSRI)” (Nurse’s Drug Handbook, 2020, p. 279).</p> <p>Therapeutic class: “Antidepressant” (Nurse’s Drug Handbook, 2020, p. 279).</p>	<p>Pharmacological: “Leukotriene receptor antagonist” (Nurse’s Drug Handbook, 2020, p. 905).</p> <p>Therapeutic class: “Antiallergen” (Nurse’s Drug Handbook, 2020, p. 905).</p>
<b>Mechanism of Action</b>	<p>“Blocks serotonin reuptake by adrenergic nerves, which normally release this neurotransmitter from their storage sites when activated by a nerve impulse. This blocked reuptake increases serotonin levels at nerve synapses, which may elevate mood and reduce depression” (Nurse’s Drug Handbook, 2020, p. 280).</p>	<p>“Antagonizes receptors for cysteinyl leukotrienes, produced by arachidonic acid metabolism and released from eosinophils, mast cells, and other cells. When cysteinyl leukotrienes bind to receptors in bronchial airways, they increase endothelial membrane permeability, which leads to airway edema, smooth muscle contraction, and altered activity of cells in asthma’s inflammatory process. Also, antagonizes receptors for cysteinyl leukotrienes in nasal tissue that are responsible for</p>

		producing rhinitis caused by allergens. Motelukast blocks these effects” (Nurse’s Drug Handbook, 2020, p. 906).
<b>Reason Client Taking</b>	To treat depression and anxiety.	To treat seasonal allergies.
<b>Contraindications (2)</b>	<p>“Hypersensitivity to citalopram” (Nurse’s Drug Handbook, 2020, p. 280).</p> <p>“Pimozide theory, use within 14 days of MAO inhibitor therapy including I.V. methylene blue or linezolid” (Nurse’s Drug Handbook, 2020, p. 280).</p>	<p>“Hypersensitivity to montelukast” (Nurse’s Drug Handbook, 2020, p. 906).</p> <p>“Acute Bronchospasm” (Nurse’s Drug Handbook, 2020, p. 906).</p>
<b>Side Effects/Adverse Reactions (2)</b>	<p>“Anxiety” (Nurse’s Drug Handbook, 2020, p. 280).</p> <p>“Indigestion” (Nurse’s Drug Handbook, 2020, p. 280).</p>	<p>“Anxiousness” (Nurse’s Drug Handbook, 2020, p. 906).</p> <p>“Restlessness” (Nurse’s Drug Handbook, 2020, p. 907).</p>

<b>Nursing Considerations (2)</b>	<p>“Expect to reduce dosage gradually when drug is no longer needed to avoid serious adverse reactions” (Nurse’s Drug Handbook, 2020, p. 280).</p> <p>“Be aware that citalopram should not be given to patients with congenital long QT syndrome, bradycardia, hypokalemia, or hypomagnesemia” (Nurse’s Drug Handbook, 2020, p. 281).</p>	<p>“Shouldnt be abruptly substituted for inhaled or oral corticosteroids” (Nurse’s Drug Handbook, 2020, p. 907).</p> <p>“Monitor for adverse reactions” (Nurse’s Drug Handbook, 2020, p. 907).</p>
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	<p>“Monitor patient closely for suicidal tendencies, especially when therapy starts or dosage changes, because depression may worsen” (Nurse’s Drug Handbook, 2020, p. 281).</p> <p>Monitor CMP while on medication for adverse reactions.</p>	<p>“Monitor patients for adverse neuropsychiatric effects that may become serious and may occur even after the drug is discontinued” (Nurse’s Drug Handbook, 2020, p. 907).</p> <p>“Watch patient closely for suicidal tendencies during montelukast therapy, especially when therapy starts or dosage changes” (Nurse’s Drug Handbook, 2020, p. 907).</p>

<b>Client Teaching needs (2)</b>	<p>“Inform patient that citalopram’s full effects may take up to 4 weeks” (Nurse’s Drug Handbook, 2020, p. 281).</p> <p>“Caution patient not to stop citalopram abruptly because doing so may lead to serious adverse reactions” (Nurse’s Drug Handbook, 2020, p. 281).</p>	<p>“Advise patient to take montelukast daily as prescribed, even when he feels well” (Nurse’s Drug Handbook, 2020, p. 907).</p> <p>“Caution patient prescribed drug for asthma not to use drug for acute asthma or status asthmaticus; make sure he has appropriate short-acting rescue drug available” (Nurse’s Drug Handbook, 2020, p. 907).</p>

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	N/A	N/A	N/A	N/A	N/A
<b>Dose</b>	N/A	N/A	N/A	N/A	N/A

<b>Frequency</b>	N/A	N/A	N/A	N/A	N/A
<b>Route</b>	N/A	N/A	N/A	N/A	N/A
<b>Classification</b>	N/A	N/A	N/A	N/A	N/A
<b>Mechanism of Action</b>	N/A	N/A	N/A	N/A	N/A

<b>Reason Client Taking</b>	N/A	N/A	N/A	N/A	N/A
<b>Contraindications (2)</b>	N/A	N/A	N/A	N/A	N/A
<b>Side Effects/Adverse Reactions (2)</b>	N/A	N/A	N/A	N/A	N/A
<b>Nursing Considerations (2)</b>	N/A	N/A	N/A	N/A	N/A
<b>Key Nursing Assessment(s)/Lab (s) Prior to Administration</b>	N/A	N/A	N/A	N/A	N/A

<b>Client Teaching needs (2)</b>	N/A	N/A	N/A	N/A	N/A

The patient is only taking montelukast and citalopram at the hospital and home. Professor Kamradt told me to do these 2 medications.

**Medications Reference (1) (APA):**

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

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> Alertness: Orientation: Distress: Overall appearance:	N/A
<b>INTEGUMENTARY (1 points):</b> Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: Briden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	N/A

<p><b>HEENT(1 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>              <b>Nose:</b>              <b>Teeth:</b></p>	<p>N/A  .  .</p>
<p><b>CARDIOVASCULAR (2 point):</b>  <b>Heart sounds:</b>    <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Edema Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Location of Edema:</b></p>	<p>N/A  .  .</p>
<p><b>RESPIRATORY (1 points):</b>  <b>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Breath Sounds: Location, character</b></p>	<p>N/A  .  .</p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at Home:</b>  <b>Current Diet:</b>  <b>Height:</b>              <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>  <b>Incisions:</b>  <b>Scars:</b>  <b>Drains:</b>              <b>Wounds:</b></p>	<p>N/A  .  .</p>

<p><b>GENITOURINARY (2 Points):</b>  <b>Quantity of urine:</b></p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Type:</b></p> <p><b>Size:</b></p>	<p>N/A</p>
<p><b>MUSCULOSKELETAL (1 points):</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Fall Score:</b></p> <p><b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b>  <b>Needs assistance with equipment</b>  <b>Needs support to stand and walk</b></p>	<p>N/A</p>
<p><b>NEUROLOGICAL(2 points):</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no - <b>Legs</b>  <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/></p> <p><b>Orientation:</b></p> <p><b>Mental Status:</b></p> <p><b>Speech:</b></p> <p><b>Sensory:</b></p> <p><b>LOC:</b></p> <p><b>DTRs:</b></p>	<p>N/A</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b></p> <p><b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>N/A</p>

<b>Reproductive: (2 points)</b> <b>Fundal Height &amp; Position:</b> <b>Bleeding amount:</b> <b>Lochia Color:</b> <b>Character:</b> <b>Episiotomy/Lacerations:</b>	N/A
<b>DELIVERY INFO: (1 point)</b> <b>Rupture of Membranes:</b> <b>Time:</b> <b>Color:</b> <b>Amount:</b> <b>Odor:</b> <b>Delivery Date:</b> <b>Time:</b> <b>Type (vaginal/cesarean):</b> <b>Quantitative Blood Loss:</b> <b>Male or Female</b> <b>Apgars:</b> <b>Weight:</b> <b>Feeding Method:</b>	N/A

I was unable to do an assessment on my patient due to the patient leaving early in the clinical day to be with her baby. Shelby and I were going to do an assessment on the mother of her patient, but the nurse misunderstood us so instead we did an assessment on the neonate.

**Vital Signs, 3 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>Prenatal</b>	100 bpm	121/65 mmHg	17 breaths per minute	37.2 C	97%
<b>Labor/Delivery</b>	95 bpm	136/64 mmHg	17 breaths per minute	37.2 C	97%

<b>Postpartum</b>	96 bpm	134/82 mmHg	16 breaths per minute	36.9 C	97%

**Vital Sign Trends:** The vital signs are all within normal ranges besides the blood pressure. The patient's labor/delivery and postpartum blood pressure was slightly elevated.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
0800	Numeric	Perinium	2	Tingling	The patient requested there to be no intervention at this time
N/A	N/A	N/A	N/A	N/A	N/A

I was only able to assess the patient for 1 pain assessment due to the patient leaving.

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<p><b>Size of IV:</b> 18 gauge  <b>Location of IV:</b> Right peripheral  <b>Date on IV-:</b> 4-11-23  <b>Patency of IV:</b> Unable to assess the patency  <b>Signs of erythema, drainage, etc.:</b> Unable to assess the signs of erythema and drainage.  <b>IV dressing assessment:</b> Unable to do an assessment on the IV dressing due to patient leaving.</p>	<p>The patient did not have any fluid or a saline lock running.</p>

**Intake and Output (2 points)**

Intake	Output (in mL)
<p>240 mL of water</p>	<p>The patient had no output while I was there in the clinical.</p>

**Nursing Interventions and Medical Treatments During Postpartum (6 points)**

<p><b>Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “M” after you list them.)</b></p>	<p><b>Frequency</b></p>	<p><b>Why was this intervention/ treatment provided to this patient? Please give a short rationale.</b></p>

Monitor for Postpartum Depression (M)	Monitor every neonatal follow-up appointment.	This medical management is particularly important due to the patient having a history of anxiety already. The history of anxiety can lead to postpartum depression.
Managing vaginal pain (N)	Q4h	The patient's pain is important to keep under control. Having consistent pain can also lead to postpartum depression.
Breastfeeding teaching (N)	The nurses need to teach the patient the steps of breastfeeding at least once before she leaves.	It is important for the mother to learn the techniques because she will need to breastfeed her neonate when the baby is out of the hospital. The patient will also need to have an understanding of breastfeeding, so the neonate gets the proper nutrition.

Monitoring the mother's incision site (M)	Monitor the mother's incision site at every neonatal follow up appointment.	This medical treatment is important to monitor for infections or wound dehiscence of the incision site.
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**Phases of Maternal Adaptation to Parenthood (3 point)**

**What phase is the mother in?** The patient is in the “taking in” phase.

**What evidence supports this?** The timing and age of the newborn supports this evidence.

**Discharge Planning (3 points)**

**Discharge location:** The patient is going to be discharged and go to Carle to be with her baby.

**Equipment needs (if applicable):** The patient does need breastfeeding equipment.

**Follow up plan (include plan for mother AND newborn):** As of now we are unaware of when the follow up plan would be due to the neonate being transferred to Carle.

**Education needs:** The patient does need all of the education needs due to this being the first child.

**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**

<p><b>Nursing Diagnosis (2 pt each)</b> Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p><b>Rational (1pt each)</b> Explain why the nursing diagnosis was chosen</p>	<p><b>Intervention/Rational (2 per dx) (1 pt each)</b> 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.</p>	<p><b>Evaluation (2 pt each)</b> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.</p>
<p>Impaired comfort related to no support system when leaving the hospital as evidenced by patient experiencing anxiety.</p>	<p>The patient has a history of anxiety. The patient's baby is also at Carle which causes more anxiety.</p>	<p>1. “Provide a quiet and relaxing atmosphere” (Phelps, 2020, p. 95).  Rationale: The patient needs a quiet and relaxing environment to calm down and use breathing techniques (Phelps, 2020).</p> <p>2. “Teach relaxation exercises and techniques to promote reduced pain levels, sleep, and reduce anxiety” (Phelps, 2020, p. 96).  Rationale: Thee patient needs to be taught relaxation techniques to lower her anxiety (Phelps, 2020).</p>	<p>The patient responded well to the goals and verbally acknowledged the status of the goals and outcomes.</p>
<p>Risk for impaired attachment related</p>	<p>The neonate and mother</p>		<p>The patient responded well to the goals and</p>

<p>to parent – child separation as evidenced by baby being transferred to Carle for respiratory distress.</p>	<p>being separated can affect the mom and baby severely. The baby needs that chest-to-chest time to establish trust.</p>	<p>1. “Assess parents' knowledge of childcare and development” (Phelps, 2020, p. 37).</p> <p>Rationale: Assessing the parent's knowledge in appropriate care for her baby can enhance trust after the baby is discharged (Phelps, 2020).</p> <p>2. “Teach parents to provide physical care for their child to increase their sense of competence and self-confidence” (Phelps, 2020, p. 37).</p> <p>Rationale: Caring for the child and assisting with care can increase the confidence in gravida 1 para 1 patient (Phelps, 2020).</p>	<p>verbally acknowledged the status of the goals and outcomes.</p>
<p>Deficient knowledge related to insufficient information as evidenced by gravida 1 para 1.</p>	<p>This mother can have a deficient knowledge due to this being her first child.</p>	<p>1. “Find a quiet, private environment for teaching patient and support person” (Phelps, 2020, p. 349).</p> <p>Rationale: Providing a quiet environment can allow the mother to focus more (Phelps, 2020).</p> <p>2. “Communicate openly and honestly with patient and</p>	<p>The patient responded well to the goals and verbally acknowledged the status of the goals and outcomes.</p>

		<p>encourage parents to do the same” (Phelps, 2020, p. 349).</p> <p>Rationale: Communicating honestly can lead to concerns the parents have for being a new parent (Phelps, 2020).</p>	
<p>Interrupted breastfeeding related factors maternal-infant separation as evidenced by the neonate transferred to Carle due to respiratory distress.</p>	<p>The mother was wanting to breastfeed and the neonate being at Carle hospital can interfere with bonding and breastfeeding pattern.</p>	<p>1. “Assess the mothers understanding of reasons for interrupting breastfeeding” (Phelps, 2020, p. 73).</p> <p>Rationale: The mothers understanding of why this would cause an interruption is important for teaching purposes (Phelps, 2020).</p> <p>2. “Encourage the mother to save her breast milk in a sterile container and store it in the refrigerator or freezer for future feedings” (Phelps, 2020, p. 73).</p> <p>Rationale: Since you can refrigerate or freeze the breastmilk for a decent period, not wasting the mother milk is important (Phelps, 2020).</p>	<p>The patient responded well to the goals and verbally acknowledged the status of the goals and outcomes.</p>

**Other References (APA)**

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11<sup>th</sup> ed.), p. 37, 73, 95, 96, & 349. Wolters Kluwer.