N432 Newborn Care Plan

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N432: Maternal-Newborn Care

Professor Zoe Due

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Demographics (10 points)

Date & Time of Clinical Assessment 6/27/2023 @ 1100	**Patient Initials** I.C.	**Date & Time of Birth** 6/26/2023 @ 0931	**Age (in hours at the time of assessment)** 26 hours
Gender Male	**Weight at Birth** (gm) 3700 (lb.) 8 (oz.) 2.5	**Weight at Time of Assessment** (gm) 3640 (lb.) 8 (oz.) 0.5	**Age (in hours) at the Time of Last Weight** 13 hours
Race/Ethnicity Caucasian	**Length at Birth** Cm – 53.3 Inches - 21	**Head Circumference at Birth** Cm - 37 Inches – 14.6	**Chest Circumference at Birth** Cm – 34.5 Inches – 13.6

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: G5T1P2A2L3

When prenatal care started: The mother's first prenatal visit was when she was at 10 weeks' gestation.

Abnormal prenatal labs/diagnostics: None

Prenatal complications: None

Smoking/alcohol/drug use in pregnancy: Patient denies smoking, alcohol, or other drug use during pregnancy.

Labor History of Mother:

Gestation at onset of labor: 40 weeks 6 days

Length of labor: Approximately 7 hours from increase in contractions to completion of

cesarean section.

ROM: Spontaneous

Medications in labor: Fentanyl; oxytocin; morphine

Complications in labor and delivery: Fetal intolerance leading to completion of a cesarean delivery.

Family History Pertinent to infant: Genital herpes (mother)

Social History (tobacco/alcohol/drugs) Pertinent to infant: None

Father/Co-Parent of Baby Involvement: Father of baby active and involved in care.

Living Situation of Family: Mother and father of baby live together with mother's two other children.

Education Level of Parents (If applicable to parents' learning barriers or care of infant):

- Mother – some college
- Father – some college

Birth History (10 points)

Length of Second Stage of Labor: Approx. 30 minutes

Type of Delivery: Cesarean section (C-section)

Complications During Birth: Fetal intolerance

APGAR Scores:

1 minute: 8

5 minutes: 8

Resuscitation methods beyond the normal needed: None

Intake and Output (18 points)

Intake

If breastfeeding:

Feeding frequency: Every 3-4 hours

Length of feeding session: Mother states “off and on for about an hour”

One or both breasts: Both

If bottle feeding:

Formula type or Expressed breast milk (EBM): N/A

Frequency: N/A

Volume of formula/EBM per session: N/A

Output

Void

Age (in hours) of first void: ¾ hour

Number of voids in 24 hours: 7

Stool

Age (in hours) of first stool: ¾ hours

Type: Meconium – soft, sticky

Color: Black/green

Number of times in 24 hours: 4

Percentage of weight loss at time of assessment: 1.6%

Birth weight - current weight = weight change

Weight change / birth weight * 100 = % weight change

3700 g - 3640 g = 60 g / 3700 g * 100 = 1.6%

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

What is normal weight loss for an infant of this age? 5-10% (Ricci et al., 2021).

Is this neonate's weight loss within normal limits? According to Ricci et al. (2021), this newborn's weight loss is lower than the normal percentage of weight loss.

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	This test would be used to assess for hypoglycemia or hyperglycemia in newborns and infants (Ricci et al., 2021).	60-99 mg/dL (Ricci et al., 2021).	N/A	N/A
Blood Type and Rh Factor	This test is to determine the compatibility of the infant's blood type and the mother's	N/A – no expected results	N/A	N/A

	blood type, specifically the compatibility of the mother and child's Rh status (Ricci et al., 2021).			
Coombs Test	According to Ricci et al. (2021), the Coombs test is completed to evaluate hemolytic disease of the newborn.	**Negative** – positive results would indicate sensitized cells and subsequent hemolytic disease of the newborn (Ricci et al., 2021).	N/A	N/A
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	According to Ricci et al. (2021), bilirubin levels are monitored because bilirubin production	Less than 10.6 mg/dL for infant's age (BiliTool, 2023).	4.2 mg/dL	Patient's bilirubin levels are within the defined limits.

	increases after birth and peak after 3-5 days, and monitoring allows for the evaluation of hyper-bilirubinemia, which is very common in newborns.			
Newborn Screen (At 24 hours)	Newborn screening tests include help identify genetic and metabolic conditions in newborns (Ricci et al., 2021).	Negative for screened diseases/ conditions	**Results will not be available.**	N/A
Newborn Hearing Screen	According to Ricci et al. (2021), newborn	Negative for hearing deficits	**Passed** (negative)	This patient did not have any identified hearing deficits.

	hearing screenings are required by law in many states and help identify hearing loss or related conditions in newborns.			
Newborn Cardiac Screen (At 24 hours)	According to the March of Dimes (n.d.), newborn heart screens help identify congenital abnormalities of the heart.	Negative for cardiac abnormalities	**Passed** (negative)	This patient did not have any identified heart defects.

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

BiliTool. (2023). *Newborn values*. Bilitool.org. Retrieved on July 3, 2023, from https://bilitool.org/index.php

March of Dimes. (n.d.). *Newborn screening: Heart screen (infographic)*. Retrieved on July 3, 2023, from https://www.marchofdimes.org/find-support/topics/parenthood/newborn-screening-heart-screen-infographic

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Newborn Medications (10 points)

Contain in-text citations in APA format.

Brand/ Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**N/A – patient only had 3 medications**
Dose	1 mg	5 mg/1 g	0.5 ml	N/A
Frequency	Once	Once	Once	N/A
Route	IM	Topical	IM	N/A
Classification (Thera. & Pharma.)	T: Vitamin (Drugs.com, 2022).	T: Anti-infective P: Macrolide (Vallerand & Sanoski, 2023).	T: Vaccine/immunizing agent (Vallerand & Sanoski, 2023).	N/A
Mechanism of Action	Medication encourages the synthesis of vitamin K clotting factors by the liver (Drugs.com, 2022).	Medication inhibits protein synthesis at the ribosomal level, resulting in antibacterial properties (Vallerand & Sanoski, 2023).	Medication provides high titers of antibodies to the hepatitis B surface antigen providing immunity to hepatitis B infection (Vallerand & Sanoski, 2023).	N/A
Reason Client Taking	Prophylaxis – promotion of clotting factors to decrease bleeding risk (Drugs.com, 2022).	Prophylaxis – prevention of chlamydia and gonorrhea eye infections (Vallerand &	Prophylaxis – immunization against hepatitis B (Vallerand & Sanoski, 2023).	N/A

		Sanoski, 2023).		
Contraindications (2)	1. Hypersensitivity 2. Benzyl alcohol allergy (Drugs.com, 2022).	1. Hypersensitivity 2. Hypokalemia (Vallerand & Sanoski, 2023).	1. Thrombocytopenia 2. IgA deficiency (Vallerand & Sanoski, 2023).	N/A
Side Effects/Adverse Reactions (2)	1. Urticaria 2. Gasping syndrome (Drugs.com, 2022).	1. Eye irritation 2. Rash (Vallerand & Sanoski, 2023).	1. Urticaria 2. Redness at injection site (Vallerand & Sanoski, 2023).	N/A
Nursing Considerations (2)	1. Medication should be administered 1-2 hours after birth 2. Medication should be administered into the vastus lateralis (Ricci et al., 2021).	1. Gloves should be worn during medication administration. 2. The eye area should be cleaned before administration (Vallerand & Sanoski, 2023).	1. Medication should be stored in refrigeration prior to use. 2. Medication should be administered within 12 hours of birth (Vallerand & Sanoski, 2023).	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1. Assess the location of the client's vastus lateralis muscle prior to administration. 2. Ensure the correct needle size is being used – a 25-gauge needing is recommended (Ricci et al., 2021).	1. Assess eyes for signs and symptoms of infection prior to medication administration. 2.If suspected infection, obtain specimens for culture (Vallerand & Sanoski, 2023).	1. Assess the injection solution prior to administration – solution should be clear and viscous. 2. Assess site of injection prior to administration (Vallerand & Sanoski, 2023).	N/A
Client Teaching needs (2)	1. Educate the family on the purpose of the medication. 2. Educate the family to monitor for any adverse bleeding or reactions after medication	1. Educate family that medication is used prophylactically in all newborns. 2. Educate family that the medication will only have to be given once if no	1. Educate family on the purpose and efficacy of hepatitis B vaccine. 2. Educate family to report signs of pain or redness at the injection site (Vallerand &	N/A

	administration (Ricci et al., 2021).	symptoms of infection occur.	Sanoski, 2023).	

Medications Reference (1) (APA):

Drugs.com. (2022). *Aquamephyton prescribing information*. Retrieved July 3, 2023, from https://www.drugs.com/pro/aquamephyton.html#ID_70087e81-33aa-46cf-8e24-0596d2c66c78

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Vallerand, A. H. & Sanoski, C. A. (2023). *Davis's drug guide*. F.A. Davis Company. https://www.drugguide.com/ddo

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	Skin warm, intact, and smooth. Skin turgor good and well-hydrated.	Jaundice, acrocyanosis, milia, Mongolia spots, stork bites (Ricci et al., 2021).
Head	Head circumference 37 cm. Head normocephalic. Hair present. Coronal sutures overriding.	Microcephaly, macrocephaly, enlarged fontanels (Ricci et al., 2021).
Fontanels	Anterior and posterior fontanels present and soft.	Enlarged fontanels (Ricci et al., 2021).
Face	Face normal – cheeks full, face symmetrical.	Facial paralysis, nevus flammeus, nevus vasculosus (Ricci et al., 2021).
Eyes	Eyes normal – eyes symmetrical, eyelids opening, eyes in line with ears.	Conjunctivitis, subconjunctival hemorrhage (Ricci et al., 2021).
Nose	Nose normal – nose in midline of head and narrow.	Malformation or blockage (Ricci et al., 2021).
Mouth	Mouth normal – mouth midline of head, symmetrical, hard and soft palate intact, mouth open and closes freely.	Epstein pearls, erupted precocious teeth, thrush (Ricci et al., 2021).
Ears	Ears normal – ears soft, foldable with quick recoil, hearing present.	Low-set ears, hearing loss (Ricci et al., 2021).
Neck	Neck normal – neck and head move freely, child folds head at midline	Restricted movement, clavicular fractures (Ricci et al., 2021).
Chest	Chest normal – chest circumference 34.5 cm, symmetrical, smaller than head	Nipple engorgement, white discharge from nipple (Ricci et al., 2021).
Breath Sounds	Breath sounds clear and present posteriorly and anteriorly bilaterally – no adventitious breath sounds noted.	Fine crackles, diminished breath sounds, unilateral breath sounds (Ricci et al., 2021).

Heart Sounds	S1 and S2 heart sounds auscultated. Regular cardiac rate and rhythm.	Displaced point of maximal impulse, murmurs (Ricci et al., 2021).
Abdomen	Abdomen normal – abdomen soft, umbilical opening present, expected abdominal contour.	Distention, only two vessels in umbilical cord (Ricci et al., 2021).
Bowel Sounds	Bowel sounds present and normoactive.	Hyperactive, hypoactive, absent bowel sounds (Ricci et al., 2021).
Umbilical Cord	Three vessels present in umbilicus, no bleeding, redness, or inflammation.	Only two vessels present, infection, redness, inflammation, drainage (Ricci et al., 2021).
Genitals	Genitals normal – bandage present on penis due to recent circumcision, normal drainage on bandage when changed.	Edematous scrotum in males (Ricci et al., 2021).
Anus	Anal opening midline, wink reflex present.	Anus outside of midline, anal opening closed (Ricci et al., 2021).
Extremities	Extremities are symmetrical and move freely, 5 fingers and 5 toes present bilaterally.	Congenital hip dislocation, limited movement in extremities (Ricci et al., 2021).
Spine	Spine midline with no lateral curvature.	Tuft or dimple on spine (Ricci et al., 2021).
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	Infants ID band matches with parents. Hugs tag present around left ankle. Infant sleeping swaddled and on his back in an empty crib.	Nonmatching ID bands, hugs tag not present.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**

	(axillary)		
Birth	37.2 C	158 bpm	76 rpm
4 Hours After Birth	37.6 C	132 bpm	55 rpm
At the Time of Your Assessment	37.0 C	130 bpm	50 rpm

Vital Sign Trends: Respiratory rate gradually decreased after birth - infants vital signs stable through care.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1115	rFLACC	N/A	Indicators absent	N/A	Comfort from mom and dad; swaddling

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.
Swaddling (N)	Twice – occurred after assessment and after a bandage change	Swaddling the infant after assessments and procedures provides comfort to the newborn and provides a similar environment as the mother's womb.
Breastfeeding education (N)	Daily (as needed)	Breastfeeding education was provided to the mother because the infant was having trouble latching on to the breast.

		Enhancing breastfeeding increases the child's nutritional status.

Discharge Planning (3 points)

Discharge location: Home with mom and dad

Follow up plan (include plan for newborn ONLY): While the newborn is in the hospital, he will continue to be monitored by the nursing staff. After discharge, the child will follow-up with the primary care provider or pediatrician for well-child visits.

Education needs: Breastfeeding education for the mother and child should continue until the newborn demonstrates consistent feeding.

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)	**Rational (1 pt each)**	**Intervention/Rational (2 per dx) (1 pt each)**	**Evaluation (2 pts each)**
1. Impaired skin integrity related to circumcision as evidenced by bleeding and redness on penis. (Phelps, 2020).	This nursing diagnosis was chosen due to the current skin integrity issues the child has from the recent circumcision and the health risks associated with impaired skin integrity.	**1.** Inspect patient's skin every 4 hours, especially the affected area, and document any changes (Phelps, 2020). **Rationale:** This intervention allows for the care team to determine the effectiveness of the current skin care regimen (Phelps, 2020). **2.** Maintain infection control precautions as outlined in facility protocols every time when working with the infant (Phelps, 2020). **Rationale:** This intervention reduces the risk of further skin integrity issues related to infection (Phelps, 2020).	The family responded to these interventions well. The mother and father understood the risks associated with circumcision and were open to any interventions that would enhance healing.
2. Ineffective breastfeeding related to infant's inability to latch onto maternal breast correctly as evidenced by mother stating the infant would not feed consistently and child feeding "off and on" for an hour. (Phelps, 2020).	This nursing diagnosis was chosen due to the importance of nutrition for newborns and the health risks associated with poor breastfeeding.	**1.** Educate mother on correct breastfeeding techniques once a shift (Phelps, 2020). **Rationale:** This intervention will help reduce the mother's anxiety regarding breastfeeding and enhance the infant's nutrition (Phelps, 2020). **2.** Educate the mother on techniques to encourage the letdown reflex once a shift (Phelps, 2020). **Rationale:** This intervention will help the mother initiate breastfeeding and will increase the infant's nutrition (Phelps, 2020).	The family responded well to the breastfeeding interventions. The mother was frustrated with herself but was happy that there were educational opportunities provided to her regarding breastfeeding.
3. Risk for infection	This nursing	**1.** Educate the family on	The family was open to

related to alteration in skin integrity as evidenced by recent circumcision and bandage around penis. (Phelps, 2020).	diagnosis was chosen due to the risks associated with infection in infants – while there currently is not infection, a small infection can spread quickly in an infant.	proper hygiene measures before coming in contact with the infant every time they are in the facility (Phelps, 2020). **Rationale:** This intervention will help prevent the spread of potential pathogens to the infant (Phelps, 2020). **2.** Every shift, educate the family on signs and symptoms of infection and to alert the provider if any of these symptoms are noted (Phelps, 2020). **Rationale:** This intervention allows the family to actively participate in the infant's care and provide early identification of infection (Phelps, 2020).	interventions to decrease infection risk. The mom and dad of the infant were grateful that the entire family was receiving education on how to decrease the infant's risk for infection.
4. Risk for imbalanced nutrition: less than body requirements related to insufficient dietary intake as evidenced by inconsistent breastfeeding. (Phelps, 2020).	This nursing diagnosis was chosen due to the impacts of poor breastfeeding on the infant's overall nutritional status.	**1.** Every 8 hours, monitor and document the infant's intake and output (Phelps, 2020). **Rationale:** This intervention allows for the early identification of fluid loss (Phelps, 2020). **2.** Every day, assess the infant's parents' knowledge regarding infant nutrition and proper feeding techniques (Phelps, 2020). **Rationale:** This intervention allows for the early detection and correction of knowledge deficits from the child's parents (Phelps, 2020).	The mother and father were generally open to interventions regarding nutrition and understood that continued poor breastfeeding could result in decreased nutrition. After discussing with the nursing staff, they were open to all interventions.

Other References (APA):

Phelps, L. L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.).

Wolters Kluwer.