

N432 Postpartum Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission 9/25/2025 - 2019	Patient Initials MECSA	Age 35	Gender Female
Race/Ethnicity White/NonHispanic	Occupation Fulltime	Marital Status Married	Allergies NKA
Code Status Attempt CPR/Full treatment	Height 152.4 cm (5')	Weight 67.6 kg (149lb)	Father of Baby Involved BA- involved

Medical History (5 Points)

Prenatal History: IUGR (08/21/2023), G1T1P1A0L1, 41w3d, fetal intolerance

Past Medical History: none

Past Surgical History: none

Family History: father- diabetes and HTN

Social History (tobacco/alcohol/drugs): never smoked, never used tobacco use, not currently drinking alcohol

Living Situation: lives with husband

Education Level: ESL but speak and understand English well

Admission Assessment

Chief Complaint (2 points): induction of labor

Presentation to Labor & Delivery (10 points): The patient presented with an induction of labor. She was a 35-year-old woman; she was 41w0d. She was of advanced maternal age with normal fetal movement. Her contractions are irregular, with no bleeding or leakage. There was fetal intolerance, which led to a low transverse c-section, which was unplanned.

Diagnosis

Primary Diagnosis on Admission (2 points): induction of labor

Secondary Diagnosis (if applicable): gestational hypertension

Laboratory Data (15 points)

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

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.5-5.2	3.87	3.57	2.80	The client experienced blood loss (Pagana et al., 2022).
Hgb	11-16	12.2	11.8	9.4	The client experienced blood loss (Pagana et al., 2022).
Hct	34-47	34.5	37.5	26.9	(The client experienced blood loss (Pagana et al., 2022).
Platelets	140-400	384	286	240	
WBC	4-11	10-70	9.23	13.56	
Neutrophils	47-73	69.5	N/A	N/A	
Lymphocytes	18-42	22	22.5	N/A	
Monocytes	4-12	5.9	N/A	N/A	
Eosinophils	0-5	2.1	N/A	N/A	
Bands	N/A	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	A, B, AB, O	O	O	O	
Rh Factor	Pos or neg	Pos	Pos	Pos	
Serology (RPR/VDRL)	Pos or neg	neg	neg	neg	

N432 POSTPARTUM CARE PLAN

Rubella Titer	Immune or not	Not	Not	Not	
HIV	Pos or neg	Neg	Neg	Neg	
HbSAG	Pos or neg	Neg	Neg	Neg	
Group Beta Strep Swab	Pos or neg	Pos	Pos	Pos	
Glucose at 28 Weeks	<140	106	106	106	
MSAFP (If Applicable)	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 Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Calcium	8.9-10.6	N/A	9.8	9.8	
Sodium	136-145	N/A	135	135	The client went through a surgical procedure (Pagana et al., 2022).
Potassium	3.5-5.1	N/A	3.4	3.4	The client has gestational hypertension (Pagana et al., 2022).
Chloride	98-107	N/A	102	102	
CO2	22-29	N/A	16	16	The client was pregnant and exhales more carbon dioxide (Pagana et al., 2022).
BUN	7-19	N/A	15	15	
Creatine	0.55-1.02	N/A	0.69	0.69	

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)	0.021-0.127	N/A	0.7	0.7	The client was pregnant and blood volume and kidney function is increased (Pagana et al., 2022).

N432 POSTPARTUM CARE PLAN

Lab Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2022, December 20). *Mosby's® Diagnostic and Laboratory Test Reference*. Mosby.

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

	Your Assessment
History of labor:	
Length of labor	- 9/25 2019 – 9/27 2226
Induced /spontaneous	- Spontaneous
Time in each stage	- Fetal intolerance
	Stage 1: not documented
	Stage 2: C-section
	Stage 3: 0 min
Current stage of labor	Stage 4: The first hour or so following delivery constitutes the fourth stage of labor. The healthcare professional might need to sew up any tears or incisions from the birth process during this time. She will receive stitches created from the thread that automatically absorbs to make this repair. The primary nurse will check her blood pressure, pulse, and temperature during the fourth stage. The amount of vaginal bleeding she

	<p>is experiencing and how effectively her uterus is constricted will also be examined. The nurse will weigh the infant, check the vital signs (heart rate, respiration, and temperature), and do a preliminary exam. If the mother wants to start breastfeeding, the primary nurse will assist. Her baby will be sent to the newborn nursery within two hours of delivery, and the mother will be moved to a postpartum (after childbirth) room where she will spend the remainder of her hospital stay. It is advised to bring the infant to the room once the nursery examination is finished and he or she maintains an average temperature.</p> <p>When a woman gives birth naturally via the vagina, genital tract trauma is evident. While large tears could take longer, mild vaginal tears during delivery usually heal in a few weeks. Encourage women to use over-the-counter painkillers like ibuprofen or acetaminophen, sit on a padded chair, or apply ice to the affected area to reduce discomfort. Women should be advised about the symptoms of infection, such as fever, and encouraged to seek medical help if their discomfort is severe or persistent (Lopez-Gonzalez & Koppurapu, 2022). Also, voiding must be encouraged and closely monitored to avoid asymptomatic bladder overfilling. If defecation has not occurred within three days following delivery, women are</p>
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	<p>advised to use mild laxatives such as docusate, psyllium, or bisacodyl. Osmotic laxatives like polyethylene glycol and lactulose are another factor to consider. Women with higher prenatal weight gain, being black, and having lower socioeconomic positions are at higher risk for postpartum weight retention, raising their chance of developing future obesity and type 2 diabetes (Lopez-Gonzalez & Kopparapu, 2022). Encourage ladies to resume their regular eating habits and eat healthy, balanced foods. All nursing women must consume an additional 500 calories each day. It is advised to refrain from heavy activity in the first two to three weeks after giving birth, get lots of rest, gradually introduce low-impact exercises like walking, and then gradually resume previous activities. Both the mom and the baby benefit from breastfeeding. Breast cancer, ovarian cancer, and type 2 DM are less than ordinary among nursing mothers. The infants' latch, swallow, nipple type and condition, and hold are all examined by caregivers for any issues (Ricci et al., 2021). Interventions might include formal education, peer assistance, and professional support. Unless it is prohibited, healthcare professionals should strongly advise mothers to breastfeed their babies. Every three to four hours throughout the day, for at least four to six months, is what the World</p>
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N432 POSTPARTUM CARE PLAN

	<p>Health Organization (WHO) suggests. Breastfed infants are less likely to develop atopic dermatitis, pediatric malignancies, or gastrointestinal tract infections. Every postnatal visit should include an assessment of breastfeeding (Lopez-Gonzalez & Kopparapu, 2022).</p>
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Stage of Labor References (2) (APA):

Lopez-Gonzalez, D. M., & Kopparapu, A. K. (2022, December 11). *Postpartum Care of the New Mother*. NIH National Library of Medicine.
<https://www.ncbi.nlm.nih.gov/books/NBK565875/>

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

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

Home Medications (2 required)

Brand/Generic	Aspirin (Ecotrin)	Ferrous sulfate (Iron)	N/A	N/A	N/A
Dose	81mg	325mg	N/A	N/A	N/A
Frequency	daily	daily	N/A	N/A	N/A
Route	oral	oral	N/A	N/A	N/A
Classification	T- Platelet aggregation	T-oral iron bivalent	N/A	N/A	N/A

N432 POSTPARTUM CARE PLAN

	inhibitors, P- salicylates	preparations P-transition metal sulfates			
Mechanism of Action	Reduces substances in body that cause pain, fever, and inflammation (Jones & Bartlett Learning, 2021)	used to treat or prevent low blood levels of iron (Jones & Bartlett Learning, 2021)	N/A	N/A	N/A
Reason Client Taking	Prevention of blood clots	Iron supplement	N/A	N/A	N/A
Contraindications (2)	Bleeding disorders, allergy, other medications (Jones & Bartlett Learning, 2021)	Liver problems, alcohol abuse (Jones & Bartlett Learning, 2021)	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	Bleeding, anemia, hemolysis (Jones & Bartlett Learning, 2021)	Constipation, diarrhea, upset stomach (Jones & Bartlett Learning, 2021)	N/A	N/A	N/A
Nursing Considerations (2)	Be aware that elderly patients and dehydrated febrile children risk for toxicity and monitor salicylate levels (Jones & Bartlett Learning, 2021)	Passes into breast milk, should be used only when needed (Jones & Bartlett Learning, 2021)	N/A	N/A	N/A
Key Nursing Assessment(s)/Lab(s)	Monitor platelet count	Monitor levels of iron	N/A	N/A	N/A

N432 POSTPARTUM CARE PLAN

Prior to Administration	(Jones & Bartlett Learning, 2021)	and vitamin B12 (Jones & Bartlett Learning, 2021)			
Client Teaching needs (2)	Drink full glass of water with it, if stomach upset occurs, take with food (Jones & Bartlett Learning, 2021)	Best absorbed on empty stomach, take with full glass of water (Jones & Bartlett Learning, 2021)	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/Generic	Tylenol (acetaminophen)	prenatal vitamin sel iron fumarate folic acid	Ketorolac injection (Toradol)	Sennoside s docusate sodium (Senna S)	Oxytocin (Pitocin)
Dose	1000 mg	27 mg	15 mg	8.6 -50 mg	30 units
Frequency	Every 6hrs	daily	PRN	2 tabs at bedtime	PRN (L and D)
Route	oral	oral	IV push	oral	intravenous
Classification	T- Antipyretic effects P- Analgesic	T- Prenatal vitamin preparations P-ferrous fumarate	T- NSAIDs P- Cyclooxygenase inhibitor type analgesics	T- Stimulant laxatives P- cathartics	T- nonpeptide P-oxytocic hormones
Mechanism of Action	used for the treatment of mild to moderate pain and reduction of fever (Jones & Bartlett Learning, 2021)	used to treat or prevent vitamin deficiency due to poor diet, certain illnesses, or during pregnancy	used for the short-term treatment of moderate to severe pain (Jones & Bartlett Learning, 2021)	works by keeping water in the intestines, which helps to cause movement of the intestines	Aids in the management to precipitate labor and accelerate normal parturition (Jones & Bartlett Learning,

N432 POSTPARTUM CARE PLAN

		(Jones & Bartlett Learning, 2021)		(Jones & Bartlett Learning, 2021)	2021)
Reason Client Taking	pain	vitamin	Severe/ Moderate pain	constipation	Post-partum hemorrhage
Contraindications (2)	Liver problems, allergy, alcohol use (Jones & Bartlett Learning, 2021)	Liver problems, alcohol use, GI problems (Jones & Bartlett Learning, 2021)	Liver disease, low body weight, kidney problems (Jones & Bartlett Learning, 2021)	Allergy, appendicitis, bleeding, intestinal blockage (Jones & Bartlett Learning, 2021)	Hyperactive or hypotonic uterus, cephalopelvic disproportion, fetal distress (Jones & Bartlett Learning, 2021)
Side Effects/Adverse Reactions (2)	Disorientation, dizziness, skin swelling (Jones & Bartlett Learning, 2021)	Constipation, diarrhea, upset stomach (Jones & Bartlett Learning, 2021)	Stomach bleeding, headache, drowsiness (Jones & Bartlett Learning, 2021)	Cramping, nausea, weakness, diarrhea (Jones & Bartlett Learning, 2021)	Slow and fast heart rate, neonatal seizure, fetal death (Jones & Bartlett Learning, 2021)
Nursing Considerations (2)	Excreted in breast milk, safe to use in all stages of pregnancy (Jones & Bartlett Learning, 2021)	Passes into breast milk, contact provider before use if pregnant (Jones & Bartlett Learning, 2021)	Should not be used during labor/delivery, passing into breast milk (Jones & Bartlett Learning, 2021)	Do not use for long periods, passes into breastmilk (Jones & Bartlett Learning, 2021)	May cause intracranial ridge, asphyxia, assess the fetus (Jones & Bartlett Learning, 2021)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor liver panel (Jones & Bartlett Learning, 2021)	Monitor levels of vitamin B12 (Jones & Bartlett	Monitor blood pressure (Jones & Bartlett	Evaluate response, assess presence of bowel	Monitor intrauterine pressure and fetal heart rate

N432 POSTPARTUM CARE PLAN

		Learning, 2021)	Learning, 2021)	sounds (Jones & Bartlett Learning, 2021)	(Jones & Bartlett Learning, 2021)
Client Teaching needs (2)	Do not take more than 4,000 mg per 24 hours, do not take with alcohol (Jones & Bartlett Learning, 2021)	Take on an empty stomach, take it full glass of water (Jones & Bartlett Learning, 2021)	Do not take before any surgery, should not use after 30 weeks of pregnancy (Jones & Bartlett Learning, 2021)	Take with a full glass of water, may take up to 6 to 12 hours before causing bowel movement (Jones & Bartlett Learning, 2021)	Report sign and symptoms, will affect contraction (Jones & Bartlett Learning, 2021)

Medications Reference (1) (APA):

Jones & Bartlett Learning, J. (2021, December 21). *2022 Nurse’s Drug Handbook*. NDH

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	<ul style="list-style-type: none"> - A/O x 3 - No distress - Well groomed
INTEGUMENTARY (1 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises:	<ul style="list-style-type: none"> - Usual for ethnicity, no cyanosis, no pallor - Moist, intact - Warm - Elastic - No bruises/rashes - Surgical; transverse

N432 POSTPARTUM CARE PLAN

<p>Wounds/Incision: . Braden Score: 19 Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: pressure dressing</p>	<ul style="list-style-type: none"> - Dried drainage, unable to visualize
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<ul style="list-style-type: none"> - Symmetrical - Trachea midline, thyroids palpable - EOM intact - Good dentition - No nasal discharge
<p>CARDIOVASCULAR (2 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: lower extremities left and right</p>	<ul style="list-style-type: none"> - RRR - No murmurs or gallops - 3+ normal - Less than 3-sec capillary refill - 2+ mild pitting
<p>RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<ul style="list-style-type: none"> - Regular unlabored - Regular - Clear to auscultation - equal
<p>GASTROINTESTINAL (2 points): Diet at Home: regular Current Diet: regular Height: 152.4 cm (5') Weight: 67.6 kg (149 lb) Auscultation Bowel sounds: Last BM: N/A Palpation: Pain, Mass etc.: N/A Inspection: N/A Distention: N/A Incisions: N/A Scars: N/A Drains: N/A Wounds: N/A</p>	<ul style="list-style-type: none"> - active - Present, normal - Soft nontender - No uterine tenderness

N432 POSTPARTUM CARE PLAN

<p>GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: urethral Size: 16 ft</p>	<ul style="list-style-type: none"> - Yellow - Clear
<p>MUSCULOSKELETAL (1 points): ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 0 Activity/Mobility Status: N/A Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<ul style="list-style-type: none"> - Less than 3 secs capillary refill - Active - 5 active motion against full resistance (normal)
<p>NEUROLOGICAL (2 points): MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: DTRs:</p>	<ul style="list-style-type: none"> - Oriented to person, place, situation, time - Normal cognition - Clear - Alert- awake & answers questions appropriately - Patella 2/4, Achilles 2/4
<p>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):</p>	<ul style="list-style-type: none"> - Talking to loved one - No pain meds - With husband - Catholic - Can read/write
<p>Reproductive: (2 points) Fundal Height & Position: Bleeding amount: Lochia Color: Character: Episiotomy/Lacerations: none</p>	<ul style="list-style-type: none"> - Under umbilicus, midline - Scant, 450 - Rubra - Bright
<p>DELIVERY INFO: (1 point) Rupture of Membranes: Time: 9/26 1947 Color: clear Amount: moderate</p>	<ul style="list-style-type: none"> - Spontaneous - female

N432 POSTPARTUM CARE PLAN

Odor: NO Delivery Date: 9/27 Time: 2226 Type (vaginal/cesarean): cesarean Quantitative Blood Loss: 403 Male or Female Apgars: 8 at 1 min, 9 at 5 min Weight: 7lb 3 oz Feeding Method: breastfeeding	
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Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	85	116/78	N/A	N/A	98
Labor/Delivery	68	119/77	14	36.7	N/A
Postpartum	68	122/76	17	98.2	95

Vital Sign Trends: Vital signs have been stable throughout prenatal, labor/delivery and postpartum.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	0-10	abdomen	0	Intermittent tightness	Medication offered but refused
1155	0-10	abdomen	5-6	Sore, tenderness	Tylenol given

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV:	- 18G - Forearm, anterior lower right - 9/25/2023

N432 POSTPARTUM CARE PLAN

Patency of IV: Signs of erythema, drainage, etc.: none IV dressing assessment:	<ul style="list-style-type: none"> - Iv flushed, normal saline lock - Clean, dry, intact, transparent
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Intake and Output (2 points)

Intake	Output (in mL)
Regular diet	Blood loss
Lactated ringer infusion	Urine output
6206 mL	1075 mL

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.
M- foley care	Twice a day	To keep the keep the catheter clean and make sure it is still secured.
N- ambulate	Every 2 hours	To promote the descent of lochia and improve bladder function.
N- comfort care (position change)	Every 2 hours	To relief the pain of discomfort.
M- SCD (stocking compression device)	All day	To help reduce fluid buildup.

Phases of Maternal Adaptation to Parenthood (3 point)

N432 POSTPARTUM CARE PLAN

What phase is the mother in? Taking-in Phase

What evidence supports this? Passive role allows the nurse to make decisions for her.

Discharge Planning (3 points)

Discharge location: home with husband

Equipment needs (if applicable): none

Follow up plan (include plan for mother AND newborn): 2- and 6-weeks follow-up for c-section

Education needs: infection information and how to identify blood clot

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? <ul style="list-style-type: none">Client response, status of goals and outcomes, modifications to plan.
1. Decreased cardiac output related to decreased venous return as evidenced by edema	The client has gestational hypertension.	1. Assess the patient's blood pressure. Rationale- During pregnancy, hypertension is defined as blood pressure >140/90 mm Hg. Preeclampsia is diagnosed with new onset hypertension with proteinuria after 20 weeks of pregnancy (Ackley et al., 2019). 2. Assess the patient's platelet count.	The client verbalizes understanding of the need for close monitoring of weight, BP, urine protein, and edema. The client is free of signs of generalized, pulmonary, and cerebral edema (Ackley et al., 2019).

N432 POSTPARTUM CARE PLAN

		Rationale- In preeclamptic women, a low platelet count is linked to a higher risk of abnormal coagulation and decreased cardiac output (Ackley et al., 2019).	
2. Risk for infection related to c-section as evidenced by indwelling catheter	The client has indwelling catheter.	<p>1. Wash your hands and use aseptic technique for nursing tasks involving non-intact skin or invasive lines. Rationale- Hand washing and using aseptic technique reduces the likelihood of transmitting pathogens to the patient that can cause infection (Ackley et al., 2019).</p> <p>2. Teach the patient, family, and caregivers signs and symptoms of infection and when to contact a healthcare provider. Rationale- It is important to recognize signs of infection early in order to seek prompt treatment (Ackley et al., 2019).</p>	Patient will not develop an infection during the postpartum period. Patient will display surgical site healing following c-section or episiotomy without signs of redness, warmth, or drainage (Ackley et al., 2019).
3. Knowledge deficit related to ambulation as evidenced by no ambulation	The client has not ambulated since the c-section.	<p>1. Check for functional level of mobility. Rationale- Understanding the particular level guides the design of the best possible management plan (Ackley et al., 2019).</p> <p>2. Assess the type of assistance the client requires. Rationale- The level of assistance required is based on the client's ability to transfer, stand, and cooperate in care activities (Ackley et al., 2019).</p>	The client performs physical activity independently or within the limits of the disease. The client demonstrates measures to increase mobility (Ackley et al., 2019).
4. Deficient	The clients are	1. Assess the client's	The client is able to

N432 POSTPARTUM CARE PLAN

<p>knowledge related to feeding as evidence by questions</p>	<p>first time parents.</p>	<p>baseline knowledge and expectations during pregnancy Rationale- Knowing and recognizing what is normal and not normal can help ensure the safe provision of care (Ackley et al., 2019).</p> <p>2.Educate them about the importance of breastfeeding and tips on how to incorporate it into a busy lifestyle Rationale- During the initial feeding, a term newborn could be fed immediately after birth while a formula-fed one should be fed at 2 to 4 hours of age (Ackley et al., 2019).</p>	<p>manage breastfeeding and formula feeding the infant after discharge (Ackley et al., 2019).</p>
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Other References (APA):

Ackley, B. J., Ladwig, G. B., Flynn Makic, M. B., Martinez-Kratz, M. R., & Zanotti, M. (2019, March 1). Nursing Diagnosis Handbook. In *An Evidence-Based Guide to Planning Care*. Mosby.