N432 Postpartum Care Plan

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Lakeview College of Nursing

N432: Maternal-Newborn Care

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October 31, 2023

Demographics (3 points)

Date & Time of Admission 10/24/23; 1800	**Patient Initials** R.T.	**Age** 28	**Gender** Female
Race/Ethnicity African American	**Occupation** Not discussed	**Marital Status** Single	**Allergies** Pollen
Code Status Full Code	**Height** 144 cm	**Weight** 94.8 kg	**Father of Baby Involved** Yes

Medical History (5 Points)

Prenatal History: G4 T3 P0 A1 L3; Pregnancy was complicated by intrauterine growth restriction.

Past Medical History: Morbid Obesity & Anemia

Past Surgical History: Wisdom tooth removal in 2018

Family History: Mom: Hypertension and diabetes

Social History (tobacco/alcohol/drugs): No alcohol or drug use. The patient smoked tobacco daily for 6 months but stopped in June of 2018. The patient also smoked marijuana twice a week throughout her pregnancy.

Living Situation: Lives alone with her two children

Education Level: High School Diploma

Admission Assessment

Chief Complaint (2 points): Induction of labor

Presentation to Labor & Delivery (10 points): The patient presented to Carle Hospital around 1800 on 10/24/23. The patient was scheduled for an induction of labor. The patient at the time was 39 weeks and 4 days pregnant. Upon admission to the hospital, the patient was put on Pitocin to start progressing labor. The patient was positive for

group beta strep and was started on antibiotics. The patient's membranes were artificially ruptured. The patient also stated that she did not have contractions upon admission.

Diagnosis

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

Secondary Diagnosis (if applicable): N/A

Laboratory Data (15 points)

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

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC ($x10^6$/µL)	3.50-5.20	3.38	3.68	3.83	The patient's red blood cell was decreased because the patient has a history of anemia (Capriotti, 2020)
Hgb (g/dL)	11.0-16.0	10.2	10.5	11.2	The patient's hemoglobin was decreased because the patient has a history of anemia (Capriotti, 2020).
Hct (%)	34.0-47.0	30.0	32.6	33.8	The patient's hematocrit was decreased because the patient has a history of anemia (Capriotti, 2020).
Platelets ($x10^3$/µL)	140-400	231	227	229	N/A
WBC ($x10^3$/µL)	4.00-11.0	5.61	5.71	8.34	N/A

Neutrophils (%)	40-80	56.2	66.1	71.3	N/A
Lymphocytes (%)	20-40	25.5	29.3	31.0	N/A
Monocytes (%)	2-10	6.1	6.6	7.3	N/A
Eosinophils (%)	1-7	1.2	1.3	1.3	N/A
Bands (%)	0-10	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, or O)	O	O	O	N/A
Rh Factor	+ or -	+	+	+	N/A
Serology (RPR/VDRL)	Nonreactive	Nonreactive	Nonreactive	Nonreactive	N/A
Rubella Titer	Positive (immune)	Immune	Immune	Immune	N/A
HIV	Negative	Negative	Negative	Negative	N/A
HbSAG	Nonreactive	Nonreactive	Nonreactive	Nonreactive	N/A
Group Beta Strep Swab	Negative	Positive	Positive	Positive	The patient is positive because she is a carrier of gram-positive bacteria, which are colonized in the genitourinary and gastrointestinal tracts (Ricci et al., 2021).
Glucose at 28 Weeks	74-109 mg/dL	107	107	107	N/A
MSAFP (If Applicable)	10-150 ng/ML	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
Uric Acid	2.6-6.0	3.1	3.1	3.1	N/A
Calcium	8.9-10.6	9.0	9.0	9.0	N/A
Glucose	74-109	100	100	100	N/A
BUN	7-19	10	10	10	N/A
Creatinine	0.55-1.02	0.59	0.59	0.59	N/A
Albumin	3.5-5.0	3.5	3.5	3.5	N/A
LD	117-278	162	162	162	N/A

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

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine (if applicable)	11.00-47.00	38.81	38.81	38.81	N/A

Lab Reference (1) (APA):

Capriotti, T. (2021). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Carle Foundation Hospital. (2023). *Lab values*. Carle Foundation Hospital.

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

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

	Your Assessment
History of labor: **Length of labor** **Induced /spontaneous** **Time in each stage**	The patient presented to Carle Hospital on 10/24/23 at 1800 for an induction of labor. When arriving at Carle, the patient did not have contractions, and her membranes were not yet ruptured. On admission, the patient was given Pitocin to start contractions and active labor. The patient's membranes were artificially ruptured in 1936. The membranes were transparent and did not have any odor to them. According to the patient's chart, the first stage of labor totaled an hour and eighteen minutes. The second stage of labor, or delivery of the newborn, lasted for fourteen minutes. Finally, the third stage of labor, or delivery of the placenta, lasted for four minutes. The patient delivered her newborn at 2139. Total blood loss was around 124 cc. The patient is in the fourth stage of labor, known as the recovery phase. After delivery, the patient remained on the labor and delivery floor until she was moved to the postpartum floor. The mother's vital signs remained stable throughout labor and delivery. The fetal heart rate was also stable after delivery. The mother had no episiotomies or lacerations after delivery and had no postpartum complications.

	A complication that happened was with the newborn having intrauterine growth restriction (IUGR). The cause of this was because their mother smoked marijuana during her pregnancy. A study showed that smoking marijuana could cause placental resistance, which could be a cause of IUGR (Brar et al., 2019). Other than this, there were no other complications that happened with the mom or newborn.
Current stage of labor	The patient is in the postpartum/recovery stage of labor. During this stage of labor, the mom will start to bond with the baby and begin to rest (Ricci et al., 2021). Nurses will closely monitor the mom's vital signs, bleeding amount, comfort status, and fundal assessments (Ricci et al., 2021). The uterus should be globular and firm and start to descend from the umbilicus (Ricci et al., 2021). Large amounts of bleeding can indicate postpartum hemorrhage (Ricci et al., 2021). In this patient, the patient was bleeding moderately, which is considered expected after birth. This patient also had a firm uterus, which was midline when descending from the umbilicus. There were no lacerations or wounds after birth. If there was an infection, signs and symptoms would include pain, swelling, foul smell, redness, fever, and purulent drainage (Ricci et al., 2021). In this

	stage, postpartum mood disorder can arise. Symptoms include depressive episodes, changes in mood, loss of appetite, disturbance of sleep, difficulty bonding with the baby, irritability, and anxiety (Ricci et al., 2021). These symptoms can arise within two to five days of postpartum recovery.

Stage of Labor References (2) (APA):

Brar, B. K., Patil, P. S., Jackson, D. N., Gardner, M. O., Alexander, J. M., & Doyle, N. M. (2019). Effect of intrauterine marijuana exposure on fetal growth patterns and placental vascular resistance. *The Journal of Maternal-Fetal & Neonatal Medicine*, *34*(20), 3330–3334. https://doi.org/10.1080/14767058.2019.1683541

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 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	Ferrous Sulfate/Iron Supplement	Senna/ Docusate Sodium			
Dose	325 mg	50 mg			
Frequency	Daily	As needed			
Route	PO	PO			
Classification	Hematinic; Antianemic (Jones & Bartlett,	Sulfonic acid & stool softener (Jones &			

	2023)	Bartlett, 2023)			
Mechanism of Action	"Normalizes RBC production by binding with hemoglobin or being stored by hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen" (Jones & Bartlett, 2023, p. 549).	"Irritates the luminal sensory nerve endings which stimulate colonic motility and reduce colonic water absorption" (Jones & Bartlett, 2023).			
Reason Client Taking	Anemia	Stool Softener			
Contraindications (2)	Thalassemia and iron overload syndrome (Jones & Bartlett, 2023).	Intestinal obstruction & Nausea/Vomiting (Jones & Bartlett, 2023).			
Side Effects/Adverse Reactions (2)	Constipation & Stool discoloration (Jones & Bartlett, 2023).	Cramping & Diarrhea (Jones & Bartlett, 2023).			
Nursing Considerations (2)	Assess for constipation & do not give with antacids (Jones & Bartlett, 2023).	Assess bowel sounds & Ensure patient is getting adequate fluid intake (Jones & Bartlett, 2023).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check hematocrit and hemoglobin levels (Jones & Bartlett, 2023).	Check electrolyte levels (Jones & Bartlett, 2023).			
Client Teaching needs (2)	Do not chew or crush the tablet & take with orange juice to improve absorption (Jones & Bartlett, 2023).	Increase fluid intake & Monitor for cramps/stomach pain (Jones & Bartlett, 2023).			

Hospital Medications (5 required)

Brand/Generic	Tylenol/ Acetaminophen	Zofran/ Ondansetron	Pitocin/ Oxytocin	Advil/ Ibuprofen	Nature made prenatal Multi/prenatal vitamin (Fumarate, folic acid,

					iron)
Dose	1000 mg	4 mg	30 mg	600 mg	325 mg
Frequency	As needed	As needed	Once	As needed	Daily
Route	PO	PO	IV	PO	PO
Classification	Nonsalicylate, Para-aminophenol derivative & Antipyretic, nonopioid analgesic (Jones & Bartlett, 2023).	Selective serotonin (5-HT3) receptor antagonist & Antiemetic (Jones & Bartlett, 2023)	Oligopeptide hormone (Osilla & Sharman, 2023).	NSAID & Analgesic (Jones & Bartlett, 2023).	Supplement (Jones & Bartlett, 2023).
Mechanism of Action	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system" (Jones & Bartlett, 2023, p. 8).	"Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine… reduces nausea and vomiting by preventing serotonin release in the small intestine and by blocking signals to the CNS" (Jones & Bartlett, 2023, p. 1002).	"Oxytocin stimulates uterine contractions in myometrium by causing G-protein coupled receptors to stimulate a rise in intracellular calcium in uterine myofibrils" (Osilla & Sharma, 2023, para. 4).	"Blocks activity of cyclooxygenase which inhibits prostaglandin. This will reduce inflammatory systems and relieve pain" (Jones & Bartlett, 2023, p. 670).	"Increases supplement supply of folic acid, iron, and fumarate" (Jones & Bartlett, 2023).
Reason Client Taking	Pain	Nausea	To prevent excess bleeding	Pain	Prenatal Supplement
Contraindications (2)	Breastfeeding & Liver dysfunction (Jones & Bartlett, 2023).	Apomorphine use and hypomagnesemia (Jones & Bartlett, 2023).	Fetal distress & Fetus in a transverse lie (Osilla & Sharma, 2023).	Thrombocytopenia & Bleeding (Jones & Bartlett, 2023).	Liver dysfunction & Hemochromatosis (Jones & Bartlett, 2023).
Side Effects/Adverse	Hypotension & Hepatotoxici	Hypotension & Arrhythmias (Jones &	Blurred vision & Confusion	Melena & Hematuria (Jones &	Constipation & Bloating (Jones &

Reactions (2)	ty (Jones & Bartlett, 2023).	Bartlett, 2023).	(Osilla & Sharma, 2023).	Bartlett, 2023).	Bartlett, 2023).
Nursing Considerations (2)	Monitor renal output & Monitor liver function (Jones & Bartlett, 2023).	Monitor potassium and magnesium levels & monitor for cardiac arrhythmias (Jones & Bartlett, 2023)	Monitor intake and outputs & Monitor blood pressure (Osilla & Sharma, 2023).	Use cautiously in patients with hypertension & Monitor for decreased levels of hematocrit and hemoglobin (Jones & Bartlett, 2023).	Do not give with milk & education on supplements and their benefits (Jones & Bartlett, 2023).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	ALT/AST Levels, Bilirubin levels (Jones & Bartlett, 2023).	Assess electrolyte levels and monitor EKG strip (Jones & Bartlett, 2023).	Monitor vital signs (blood pressure/pulse) & Assess patient fluids (Osilla & Sharma, 2023).	Check CBC and liver enzymes. Assess blood pressure (Jones & Bartlett, 2023).	Check liver labs and assess if breastfeeding (Jones & Bartlett, 2023).
Client Teaching needs (2)	Monitor for signs of jaundice & Do not mix with alcohol (Jones & Bartlett, 2023).	Let dissolve under tongue before swallowing & do not take when blood pressure is low (Jones & Bartlett, 2023).	Report heart palpitations & report signs of worsening symptoms (Osilla & Sharma, 2023).	Take with meals or after meals & Take with a full glass of water (Jones & Bartlett, 2023).	Do not take with milk. Educate the benefits of taking this supplement after giving birth (Jones & Bartlett, 2023).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *2022 Nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Osilla, E. V., & Sharma, S. (2023). *Oxytocin*. National Library of Medicine. Retrieved October 31, 2023, from https://www.ncbi.nlm.nih.gov/books/NBK507848/

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A/O x4. Patient was alert and oriented. Patient was in no acute distress. Patient was well groomed.
INTEGUMENTARY (1 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** 23 **Drains present: Y☐ N ☒** **Type:**	The patient skin color was dark brown and appropriate to ethnicity. The patient skin was warm and elastic. Skin turgor was less than three seconds. The patient was free from rashes, lesions, and bruises. Braden score is 23.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patients head and neck are symmetrical. Thyroid is non palpable. Trachea is midline with no deviation. Bilateral carotid pulses are palpable and 2+. Bilateral sclera white, bilateral conjunctiva is pink, and bilateral cornea is clear. Bilateral lids are pink and moist without any lesions or discharge. PERRLA is bilaterally and EOM's intact bilaterally. The nose is midline, and the septum is midline. Turbinate's are moist and pink bilaterally with no visible drainage or polyps. Bilateral frontal sinuses are nontender to palpation. Tongue and buccal mucosa were pink, and moist, with no lesions. Patient had good dentition and 32 teeth were present.
CARDIOVASCULAR (2 point): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	S1 and S2 heart sounds were clear and audible without murmurs or gallops. Cardiac rhythm is steady and regular. Carotid and radial pulses were palpable and are 2+. Dorsalis pedis pulses were 2+ in feet bilaterally. Capillary refill was less than 3 seconds in fingers and toes bilaterally. No jugular vein distention was seen.
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No abnormal lung sounds during auscultation. Lung sounds were clear anterior/posterior bilaterally. No accessory muscles were used for respiration. No

	wheezes, crackles, or rhonchi were noted.
GASTROINTESTINAL (2 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	The patient was on a regular diet at home and in the hospital. The patient's weight was 94.8 kg and height was 144 cm. Active bowel sounds in all four quadrants. The abdomen waws free of scars, drains, incisions, and wounds. The patients last bowel movement was on 10/23/23.
GENITOURINARY (2 Points): **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Did not assess urine. The genitals were intact and had moderate bleeding from the vaginal canal.
MUSCULOSKELETAL (1 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** 10 **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Intact neurovascular status. The patient has active range of motion in both arms and both legs. The patient does not use any assistive devices. Both arms are a 5/5 with strength. Both legs are a 5/5 with strength. The patient is ad-lib. The fall score is a 10.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **DTRs:**	The patient is A&Ox4. The patient's strength is equal in both arms and both legs. The patient is awake and oriented to her surroundings. The patient has clear speech and can answer questions appropriately.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:**	The patient enjoys spending time with her children. The patient likes to sleep and watch television to cope. The patient's developmental level is appropriate for her

Religion & what it means to pt.: **Personal/Family Data (Think about home environment, family structure, and available family support):**	age. The patient is Christian but does not go to church. The patient has support from family and friends.
Reproductive: (2 points) **Fundal Height & Position:** **Bleeding amount:** **Lochia Color:** **Character:** **Episiotomy/Lacerations:**	The fundal height was 1 finger below the umbilicus and was midline. The patient had moderate bleeding. Lochia color was rubra and dark red. The was no episiotomy or lacerations.
DELIVERY INFO: (1 point) **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	**Rupture:** Artificially **Time:** 1936 **Color:** Clear **Amount:** Not documented **Odor:** None **Delivery Date:** 10/24/23 **Time:** @2139 **Type:** Vaginal **Quantitative Blood Loss:** 124 cc **Male or Female:** Female **Apgars:** 8 & 9 **Weight:** 2835 g **Feeding method:** Breastfeeding

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	Not documented	Not documented	Not documented	Not documented	Not documented
Labor/Delivery	67	125/75	18	36.8	98%
Postpartum	86	120/65	16	36.9	99%

Vital Sign Trends: Vital signs remained stable before and after delivery.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Numeric	Lower back	4/10	Dull	Given Ibuprofen
1030	Numeric	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	The patient's IV had been discontinued and took out.

Intake and Output (2 points)

Intake	Output (in mL)
Eating regular diet	Voided independently

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.
Ibuprofen administration (M)	Once	The patient was given pain medication to help with her pain management.
Education (N)	Once	The patient was educated on breastfeeding and when the baby should eat. The patient was also educated on different positioning techniques when feeding.

Therapeutic communication (N)	Multiple times	The patient was worried about going home with her newborn as she is a single parent and has other kids. Therapeutic communication was used to ease her anxiety.
Peri-bottle (N)	Once	The patient was given a peri-bottle to use when urinating to help with the soreness from giving birth.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? Phase 2- Taking-Hold Phase

What evidence supports this? The mother was focusing on baby care and expanding her knowledge of how to care for her baby. Although the mother has two children, the mom asked questions about breastfeeding and wanted to see if the baby was latching correctly. The mother was also asked if she needed help swaddling the baby, but she declined as she knew how to do it as she did it with her other children.

Discharge Planning (3 points)

Discharge location: Home

Equipment needs (if applicable): None.

Follow up plan (include plan for mother AND newborn): Monitor for vaginal bleeding and signs of distress in the newborn. The patient will have a postpartum appointment in 6 weeks. The newborn follow-up appointment should be on 10/30/2023.

Education needs: Education is needed on breastfeeding, car seat safety, and sleep safety for the newborn.

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of priority
Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client."
2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rational (2 per dx) (1 pt each)** Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for each of the rationales.	**Evaluation (2 pt each)** How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Acute pain related to postpartum labor as evidenced by the patient stating she rates her pain as a 4 out of 10.	This was chosen because the patient was having pain during her postpartum recovery phase.	**1.**Provide pain medication (Phelps, 2020). **Rationale:** Using pain medication can help reduce pain quickly and make the pain tolerable (Phelps, 2020). **2.** Provide nonpharmacological pain methods like heat or ice packs (Phelps, 2020). **Rationale:** Using nonpharmacological pain methods can help reduce pain instead of using pain medications (Phelps, 2020).	The patient responded well to the interventions being placed to reduce her pain. The patient was given Ibuprofen and heat packs to help reduce the pain she was feeling.
2. Risk for hemorrhage related to vaginal delivery.	This was chosen because the patient had a vaginal delivery and is now at risk for a postpartum hemorrhage.	**1.** Continuously monitor vital signs (Phelps, 2020). **Rationale:** Decreased vital signs can indicate that the patient is severely bleeding (Phelps, 2020). **2.** Asses for large amounts of bleeding from the vaginal canal (Phelps, 2020). **Rationale:** This would ensure that the patient is not having severe bleeding after birth (Phelps, 2020).	The patient understood why she was being monitored closely for severe bleeding. The patient got their vitals assessed every four hours, and her bleeding was assessed continuously.
3. Knowledge deficit on breastfeeding as evidenced by mom asking, "Why isn't my baby eating?".	This was chosen because the mom breastfeeds her baby and she was concerned why her baby wasn't eating correctly.	**1.** Assist and educate on breastfeeding positioning (Phelps, 2020). **Rationale:** Having proper positioning can reduce discomfort and promote effective breastfeeding (Phelps, 2020). **2.** Refer the patient to a lactation consultant (Phelps, 2020).	Mom was educated on different positioning methods to help the baby effectively breastfeed. Mom agreed and wanted a lactation consult.

		Rationale: Utilizing a lactation consultant can help educate the mom on how to properly latch the baby and ensure the baby is correctly feeding off the mom (Phelps, 2020).	
4. Knowledge deficit on phototherapy as evidenced by the patient asking, “why does she need to keep her baby under lights?”.	This was chosen because the baby was placed in phototherapy, and the mom didn’t understand why she couldn’t hold the baby and why it needed to be under light therapy.	**1.** Educate on why the infant is under phototherapy (Phelps, 2020). **Rationale:** Educating the mom on why the baby needs phototherapy can help reduce her anxiety of keeping her baby under light therapy (Phelps, 2020). **2.** Assess the patient's knowledge and level of understanding of phototherapy (Phelps, 2020). **Rationale:** Assessing the patient's knowledge and understanding can help clarify previous information and determine the specific needs the patient is looking for (Phelps, 2020).	Mom was asked about her concerns and questions about her baby needing phototherapy. Mom was then educated on the importance of keeping her newborn under light therapy and how it would help the baby break down bilirubin. After education, the mother felt less anxious and at ease with her baby being in phototherapy.

Other References (APA)

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

References

Brar, B. K., Patil, P. S., Jackson, D. N., Gardner, M. O., Alexander, J. M., & Doyle, N. M. (2019). Effect of intrauterine marijuana exposure on fetal growth patterns and placental vascular resistance. *The Journal of Maternal-Fetal & Neonatal Medicine*, *34*(20), 3330–3334. https://doi.org/10.1080/14767058.2019.1683541

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