

N432 Postpartum Care Plan

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Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Debra Kamradt

3/28/2024

Demographics (3 points)

Date & Time of Admission 3/26/2024	Patient Initials TH	Age 20	Gender Female
Race/Ethnicity African American	Occupation Unemployed	Marital Status Single	Allergies Buspirone, Paxil, and Strawberries
Code Status Full	Height 177.8 cm (5'10)	Weight 81.6 kg (180 lbs.)	Father of Baby Involved Yes

Medical History (5 Points)

Prenatal History: G2T2P0A0L2

Past Medical History: Unspecified Anxiety Disorder, Chronic Headaches, Depression, Stomach Ulcers, Mood Disorder, Pyelectasis of fetus on prenatal ultrasound, Right Ovarian Cyst

Past Surgical History: N/A

Family History: Father: Hypertension; Mother: Hypertension, Asthma, Heart Problems, Arthritis; Maternal Grandmother: Heart problems, Diabetes; Paternal Grandmother: Diabetes; Brother: Hypertension, Heart Problems; Maternal Aunt: Breast Cancer

Social History (tobacco/alcohol/drugs): Smoking: Never; Alcohol: Not Currently; Drugs: N/A

Living Situation: Lives w/ father of children

Education Level: Some college

Admission Assessment

Chief Complaint (2 points): Contractions & Pain

Presentation to Labor & Delivery (10 points): The patient came to the floor complaining of contractions and pain on 3/26/2024. The patient was admitted to the unit with the diagnosis of a spontaneous onset of labor and an ineffective contraction pattern. When the patient presented to the floor, she was 40 weeks and 2 days. The patient's prenatal history before the birth of the baby was G2T2P0A0L1. The location of her pain was in her abdomen, which was where her uterus was contracting to push out the baby. This pain lasted for about an hour with her pain being relieved by the birth of her baby. Before she came into the unit, she stated that some of her treatments included repositioning her self along with taking pain medication. Some aggravating factors also included her positioning, depending on if the baby appreciated the position she was in at the time.

Diagnosis

Primary Diagnosis on Admission (2 points): Pregnant (40w2days); Spontaneous Onset of Labor

Secondary Diagnosis (if applicable): Ineffective Contraction Pattern

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	3.66	4.41	3.79	

Hgb	11-16	10.7	13	11.2	It is likely that her hemoglobin was low because of physiological anemia of pregnancy where there is an increase of plasma volume relative to amount of red blood cells in the body (Gandhi & Gupta, 2023).
Hct	34-47	31.8	39.8	34.9	It is likely that her hematocrit was low because of physiological anemia of pregnancy where there is an increase of plasma volume relative to amount of red blood cells in the body (Gandhi & Gupta, 2023).
Platelets	140-400	221	152	127	The patient's platelet count could be low due to the fact that she just had a baby, and her body hasn't had the time to recover from the physiological anemia of pregnancy (Gandhi & Gupta, 2023).
WBC	4-11	8.71	13.13	11.47	The patient's elevated WBC count may be due to stress. The patient was in labor when she presented to the department and soon after she gave birth. Her levels may not have had time to recover since then (Martin, 2023).
Neutrophils	1.60-7.70	5.64	n/a	7.93	The patient's elevated WBC count may be due to stress. The

					patient was in labor when she presented to the department and soon after she gave birth. Her levels may not have had time to recover since then (Martin, 2023).
Lymphocytes	1-4.9	2.07	n/a	2.38	
Monocytes	0-1.1	0.65	n/a	0.85	
Eosinophils	0-0.5	0.27	n/a	0.17	
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	ABO	O	O	O	
Rh Factor	+/-	+	+	+	
Serology (RPR/VDRL)	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
Rubella Titer	Greater than 1	20.30	20.30	20.30	
HIV	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
HbSAG	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
Group Beta Strep Swab	Negative	Negative	Negative	Negative	
Glucose at 28 Weeks	Less than 140	98	n/a	n/a	
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
n/a	n/a	n/a	n/a	n/a	

n/a	n/a	n/a	n/a	n/a	
n/a	n/a	n/a	n/a	n/a	
n/a	n/a	n/a	n/a	n/a	
n/a	n/a	n/a	n/a	n/a	
n/a	n/a	n/a	n/a	n/a	
n/a	n/a	n/a	n/a	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)	Greater than or equal to 20	118.7	n/a	n/a	

Lab Reference (1) (APA):

Gandhi, M. H., & Gupta, V. (2023, April 24). *Physiology, maternal blood*. StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK557783/>

Martin, P. (2023, September 3). *Normal laboratory values guide and free cheat sheet for nurses*. Complete Normal Lab Values Reference Guide & Cheat Sheet . <https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-white-blood-cells-and-differential>

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

	Your Assessment
History of labor: 5 hours and 7 minutes Length of labor Induced /spontaneous Time in each stage:	This week, the patient came to the unit while experiencing a spontaneous rupture of membranes. The 20 year old patient presented to the unit at 40 weeks and 2 days. She came to the unit on 3/26/2024. Her membrane rupture occurred at 21:53 and she

delivered her baby an hour later at 22:53. Her birthing process lasted a total of 5 hours and 7 minutes, with the 1st stage lasting 4 hours and 51 minutes, the 2nd stage was 12 minutes, and the 3rd stage lasted 4 minutes. The patient is currently 48 hours postpartum. The first stage of labor is characterized by full cervical dilation and effacement, while the second stage ends with fetus delivery, and the 3rd stage ends with placenta delivery. (Hutchison et al, 2023). Currently, the patient is in the taking hold stage of labor. The patient exhibited this by taking active care of her child. She was breastfeeding and holding/comforting her baby, but there were times when she asked her husband to take over care. According to Ricci et al, in the taking hold phase, mothers are willing to take care of their child in a more active role, but still need support (Ricci et al, 2021). In terms of postpartum risks, the patient is currently at risk for postpartum depression. This is evidenced by the patient's history of Anxiety, Mood Disorder, and Depression.

Current stage of labor	
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Stage of Labor References (2) (APA):

Hutchison, J., Mahdy, H., & Hutchison, J. (2023, January 30). *Stages of labor*. StatPearls .
<https://www.ncbi.nlm.nih.gov/books/NBK544290/#:~:text=The%20first%20stage%20starts%20when,when%20the%20placenta%20is%20delivered.>

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

Current Medications (7 points, 1 point per completed med)

7 different medications must be completed

Home Medications (2 required)

Brand/Generic	Hydroxyzine (Atarax)	Prenatal Vitamins			
Dose	10 mg	100 mg			
Frequency	2 times/day PRN	Every Day			
Route	Oral	Oral			
Classification	Pharmacologic: Piperazine Derivative (NDH, 2023). Therapeutic: Anxiolytic, Antiemetic, Antihistamine, Sedative-Hypnotic (NDH, 2023).	Vitamin and mineral combinations (Drugs.com, 2024).			
Mechanism of Action	Competes with histamine for receptor sites and	N/A			

	suppresses results of histamine activity (NDH 2023).				
Reason Client Taking	The patient is taking this to relieve her anxiety	To increase iron			
Contraindications (2)	<ul style="list-style-type: none"> - Early Pregnancy (NDH, 2023). - Prolonged QT Interval (NDH, 2023). 	<ul style="list-style-type: none"> - Liver Cirrhosis (Drugs.com, 2024) - Iron overload disorder (Drugs.com, 2024) 			
Side Effects/Adverse Reactions (2)	<ul style="list-style-type: none"> - Hallucinations - Dry Mouth 	<ul style="list-style-type: none"> - Constipation (Drugs.com, 2024) - Swelling (Drugs.com, 2024) 			
Nursing Considerations (2)	<ul style="list-style-type: none"> - This drug may cause fetal harm in pregnant mothers (NDH, 2023). - It isn't known if this medication shows up in breast milk so breastfeeding mother should use cautiously (NDH, 2023). 	<ul style="list-style-type: none"> - May cause bruising (Drugs.com, 2024) - May cause bleeding (Drugs.com, 2024) 			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	<ul style="list-style-type: none"> - Monitor for QT prolongation or ventricular arrhythmia (NDH, 2023). - Observe for oversedation 	Ask if patient has any allergies to this medication or medications like this (Drugs.com, 2024)			

Client Teaching needs (2)	<ul style="list-style-type: none"> - Tell patient to shake suspension well before measuring dose (NDH, 2023). - Tell patient to avoid alcohol (NDH, 2023). 	<ul style="list-style-type: none"> - Teach the client to watch for any allergic reactions (Drugs.com, 2024) - Teach the client about electrolyte toxicity and how to monitor for symptoms of it (Drugs.com, 2024) 			
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Hospital Medications (5 required)

Brand/Generic	Levonorgestrel (Mirena)	Sennosides Docusate Sodium (Senokot-s)	Carboprost Tromethamine (Hemabate)	Calcium Carbonate (TUMS)	Diphenhydramine (Benadryl)
Dose	21 mcg/24 hrs	8.6-50 mg tablet (2tabs)	250 mcg	500 mg	50 mg
Frequency	Every 8 years	At bedtime	PRN	Every 4 hrs. PRN	PRN
Route	IUD	Oral	Intramuscular	Oral	Oral
Classification	Pharmacologic: Progestins (Jacob, 2023). Therapeutic: Oral Contraceptives (Jacob, 2023).	Pharmacologic: Stimulant Laxative (Cleveland Clinic, 2024). Therapeutic: Laxative (Cleveland Clinic, 2024).	Pharmacologic: Prostaglandins (Khan, 2022). Therapeutic: Abortifacient (Khan, 2022).	Pharmacologic: Calcium Salts (NDH, 2023). Therapeutic: Antacid (NDH, 2023).	Pharmacologic: Antihistamine (NDH, 2023). Therapeutic: Antiemetic, antitussive, antivertigo (NDH, 2023).
Mechanism of Action	This drug suppresses gonadotropin which in turn inhibits ovulation (DrugBank, 2023).	Reduces the surface tension of the oil and water interface within the stool, facilitating the passage of water and lipids into the stool mas (Annamaraju et al., 2023).	"binds the prostaglandin E2 receptor, causing myometrial contractions, causing the induction of labor or the expulsion of the placenta" (DrugBank, 2023).	Increases levels of intra/extracellular calcium (NDH, 2023).	Produces antihistamine effects by blocking histamine (NDH, 2023).
Reason Client Taking	The patient is taking this medication to lower the chances of her getting pregnant	The client is taking this medication to combat constipation	The client was taking this medication to induce contractions	The client is taking this medication to prevent hypocalcemia	Patient is taking this medication to prevent/treat allergies
Contraindications (2)	<ul style="list-style-type: none"> - Breastfeeding (Jacob, 2023). - Hypersensitivity to the drug and its components (Jacob, 2023). 	<ul style="list-style-type: none"> - Acute abdominal pain (Annamaraju et al., 2023). - Intestinal obstruction (Annamaraju et al., 2023). 	<ul style="list-style-type: none"> - Active pelvic inflammatory disease (Khan, 2022). - Active cardiac, pulmonary, renal, or hepatic disease (Khan, 2022). 	<ul style="list-style-type: none"> - Renal Calculi (NDH, 2023). - Presence of ventricular fibrillation (NDH, 2023). 	<ul style="list-style-type: none"> - Breastfeeding (NDH, 2023). - Use in newborns (NDH, 2023).
Side Effects/Adverse Reactions (2)	<ul style="list-style-type: none"> - Diarrhea (Jacob, 2023). - Mild Stomach Pain (Jacob, 2023). 	<ul style="list-style-type: none"> - Anorexia (Annamaraju et al., 2023). - Diarrhea (Annamaraju et al., 2023). 	<ul style="list-style-type: none"> - Hiccups (Khan, 2022). - Mild Pelvic Pain (Khan, 2022). 	<ul style="list-style-type: none"> - Hypotension (NDH, 2023). - Diaphoresis (NDH, 2023). 	<ul style="list-style-type: none"> - Thrombocytopenia(NDH, 2023). - Blurred Vision (NDH, 2023).
Nursing	- The medication	- This	- This drug	- Drug is present in	- This drug is present in

Considerations (2)	<ul style="list-style-type: none"> - is present in breast milk (Jacob, 2023). Monitor for the development of jaundice (Jacob, 2023). 	<ul style="list-style-type: none"> - medication has an interaction with mineral oil (Cleveland Clinic, 2024). This medication should be taken with a full glass of water (Cleveland Clinic, 2024). 	<ul style="list-style-type: none"> - has an interaction with eluxadoline (Khan, 2022). Caution use of this drug in patient with a history of glaucoma (Khan, 2022). 	<ul style="list-style-type: none"> - breast milk (NDH, 2023). Check IV site because calcium can cause necrosis (NDH, 2023). 	<ul style="list-style-type: none"> - breast milk (NDH, 2023). If used as an antihistamine, it poses a higher risk of adverse reactions in breastfed infants (NDH, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	<ul style="list-style-type: none"> - Assess the patient for symptoms of endometriosis (Jacob, 2023). - Assess the patient for symptoms of Lupus (Jacob, 2023). 	<ul style="list-style-type: none"> - Monitor electrolytes (Annamaraju et al., 2023). - Assess the patient for intestinal obstructions or abdominal pain (Annamaraju et al., 2023). 	<ul style="list-style-type: none"> - Assess for increased intraocular pressure (Khan, 2022). - Assess for signs of renal or hepatic impairment (Khan, 2022) 	<ul style="list-style-type: none"> - Monitor for aluminum toxicity (NDH, 2023). - Monitor serum calcium level and check Chvostek/Trousseau sign to check to toxicity (NDH, 2023). 	<ul style="list-style-type: none"> - Assess patient for GI distress (NDH, 2023). - Check labs for thrombocytopenia (NDH, 2023).
Client Teaching needs (2)	<ul style="list-style-type: none"> - Teach the patient not to smoke while taking this medication (Jacob, 2023). - Teach the patient to report visual changes to their provider (Jacob, 2023). 	<ul style="list-style-type: none"> - Teach the patient to keep out of reach of children and pets (Cleveland Clinic, 2024). - Store at room temperature between 15 and 30 degrees Celsius (Cleveland Clinic, 2024). 	<ul style="list-style-type: none"> - Teach the patient to reports signs of hepatic/renal impairment (Khan, 2022). - Teach patient to report hypotension or hypertension (Khan, 2022). 	<ul style="list-style-type: none"> - Take tablets 1-2 hours after meals (NDH, 2023). - Store calcium at room temp away from light, heat, and moisture (NDH, 2023). 	<ul style="list-style-type: none"> - Take this drug with food to minimize GI distress (NDH, 2023). - Use sunscreen to prevent photosensitivity reactions (NDH, 2023).

Medications Reference (1) (APA):

Carboprost tromethamine. Uses, Interactions, Mechanism of Action | DrugBank Online. (2024).
<https://go.drugbank.com/drugs/DB00429>

Docusate sodium & senna stool softener (Senna-plus). Cleveland Clinic. (n.d.).
<https://my.clevelandclinic.org/health/drugs/20511-docusate-senna-tablets>

Hannoodee, S., Patel, P., & Annamaraju, P. (2023, August 17). *Docusate*. StatPearls .
<https://www.ncbi.nlm.nih.gov/books/NBK555942/>

Jacob, D. (2023, July 27). *Levonorgestrel oral: Side effects, uses, dosage, interactions, warnings*. LEVONORGESTREL ORAL. https://www.rxlist.com/levonorgestrel_oral/generic-drug.htm

Khan, S. (2022, January 28). *Carboprost tromethamine: Side effects, uses, dosage, interactions, warnings*. CARBOPROST TROMETHAMINE.
https://www.rxlist.com/carboprost_tromethamine/generic-drug.htm

Levonorgestrel. Uses, Interactions, Mechanism of Action | DrugBank Online. (2023).
<https://go.drugbank.com/drugs/DB00367>

Jones & Bartlett Learning. (2023). *2023 nurse's drug handbook*. Jones & Bartlett Learning.

Prenatal multivitamins uses, side effects & warnings. Drugs.com. (2023, October 6).
<https://www.drugs.com/mtm/prenatal-multivitamins.html>

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	AxO x4; Patient is well-groomed and does not look to be in any acute distress
INTEGUMENTARY (1 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds/Incision: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	No rashes, bruising or wounds noted. Patient's skin turgor was normal; skin temperature and character were normal and skin was warm to the touch
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Patient's head and neck are symmetrical, and trachea is midline; Thyroid isn't palpable, carotid pulses are palpable bilaterally 2+; Sclera white, conjunctiva pink, no drainage bilaterally; PERRLA present bilaterally, red light reflex present, EOMs intact; Ears have no deformities, lumps, or lesions with pearly gray tympanic membranes bilaterally; Septum is midline, turbinates are moist and pink with no polyps and bleeding bilaterally
CARDIOVASCULAR (2 point): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable):	S1 and S2 are present with no gallops or rubs; Patient had no edema present and pulses were 2+ bilaterally; Capillary refill was less than 2 secs.

Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	
RESPIRATORY (1 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character	Respirations had normal rate and rhythm, symmetrical and non-labored, No wheezes, crackles, or rhonchi present.
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:	Abdomen is soft upon palpation with no masses or organomegaly noted. Bowel sounds are active in all 4 quadrants; Uterus is midline and firm and fundus is at the umbilicus; No distention, incisions, scars, drains, or wounds noted. Last bowel movement was the day before.
GENITOURINARY (2 Points): Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:	Patient didn't urinate during clinical time
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: 23 Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	All extremities have full range of motion; pedal pushes and pulls are normal and of equal strength; gait was normal; deep tendon reflexes are 2+ bilaterally
NEUROLOGICAL (2 points): MAEW: Y <input type="checkbox"/> N <input 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: AxOx4 Mental Status: Normal	

Speech: Normal Sensory: Normal LOC: N/A DTRs: 2+ Bilaterally	
PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Time w/ family Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	Patient states that she has a very good support system that will be able to help her with her newborn. She lives w/ the father of her children in a house that is rented in Rantoul. She also has family close by that are willing and available to help if needed.
Reproductive: (2 points) Fundal Height & Position: @ U Bleeding amount: Scant Lochia Color: Rubra Character: No odor Episiotomy/Lacerations: N/A	
DELIVERY INFO: (1 point) Rupture of Membranes: Time: 2153 Color: Meconium stained Amount: Moderate Odor: None Delivery Date: 3/26/2024 Time: 22:53 Type (vaginal/cesarean): Quantitative Blood Loss: 376 Male or Female Apgars: 8&9 Weight: 9lbs 7.3 oz Feeding Method: Breastfeeding	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	91	108/64	18	97.9	100
Labor/Delivery	80	103/78	18	98.1	100
Postpartum	80	118/72	20	97.6	99

Vital Sign Trends: Patient's vital signs remained the same throughout pregnancy. The patient received an epidural during pregnancy, which can attest to why the patient's BP and RR didn't change much. The epidural can cause lower blood pressure and respiration rates than what is normally seen in mother's who deliver without.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:00	0-10	Uterus	3/10	Cramping	Offered heating pad
11:47	0-10	Uterus	4/10	Cramping	Changed Positions

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 Location of IV: Right AC Date on IV: 3/26/2024 Patency of IV: Line is open and flushing Signs of erythema, drainage, etc.: N/A IV dressing assessment: The IV had no redness around the site or signs of leaking, swelling, or tenderness	

Intake and Output (2 points)

Intake	Output (in mL)
925.5 ml – 3/26/24	500 ML (urine) + 376 ml (blood)

Nursing Interventions and Medical Treatments During Postpartum (6 points)

Nursing Interventions and Medical Treatments (Identify nursing)	Frequency	Why was this intervention/treatment provided to this patient? Please give a short

interventions with “N” after you list them, identify medical treatments with “M” after you list them.)		rationale.
Fundal Assessment (N)	PRN + QS	This was done to ensure that the fundus was in the proper area and that there was no risk for postpartum hemorrhage due to boggy fundus; Uterine placement can also indicate
Pain Medication (M)	PRN	This was given to the patient to help mitigate the cramping pain
Heat Pack (N)	PRN	This was placed on the patient’s abdomen to help with cramping
Encourage Patient Ambulation and Interaction with the baby (N)	PRN	This was done to help the patient ease the pain of cramping and lowers the risk of DVT.

Phases of Maternal Adaptation to Parenthood (3 point)

What phase is the mother in? Taking-hold phase

What evidence supports this? The patient exhibited this by taking active care of her child. She was breastfeeding and holding/comforting her baby, but there were times when she asked her husband to take over care.

Discharge Planning (3 points)

Discharge location: Patient will be discharged to go home

Equipment needs (if applicable): N/A

Follow up plan (include plan for mother AND newborn): Postpartum exam within the next 7-10 days where the baby will also be assess for good health

Education needs: Inform the patient about maternal mental health hotline that can be used to combat her high risk for maternal depression

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>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</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>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.</p>	<p>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. </p>
<p>1. Risk for knowledge deficit related to postpartum depression as evidenced by history of mood disorders</p>	<p>The patient has a history of mood disorders which include anxiety and depression.</p>	<p>1. Allow the patient to talk through concerns with their provider (Mayo Clinic, 2022). Rationale – through therapy, the patient can let how to set realistic goals and learn how to respond to situations in a more positive way (Mayo Clinic, 2022). 2. Administer antidepressants Rationale – Antidepressants will help stabilize the patient's mood, but the mother should be warned about the medicine entering the breast milk and</p>	<p>- The patient was attentive and listened to the nurse when she mentioned the mental health hotline for mothers - The patient also listened attentively and discussed her use of antidepressants previously</p>

		should talk to their provider about this option (Mayo, Clinic, 2022).	
2. Risk for knowledge deficit related to deep vein thrombosis as evidenced by verbalization of confusion about the signs and symptoms	The patient had a few questions about deep vein thrombosis and what she should be looking for in terms of if there might be any issues	<ol style="list-style-type: none"> 1. Compression therapy Rationale - Teach patient about the use of compression stockings and devices that can increase blood flow to the legs (Simple Nursing, 2022). 2. Teach patient about positioning and exercise Rationale – teaching the patient about different exercises that she can do to improve blood flow will help lower the risk of DVT (Simple Nursing, 2022). 	<ul style="list-style-type: none"> - The patient was engaged in conversation and even looked up compression stockings to buy for herself on Amazon - The patient took note of different exercises that she could do to stay mobile and mentioned that she was a pretty active person beforehand. She said that she would continue to be as active as possible without putting herself at risk for injury.
3. Risk for pain related to uterine involution as evidenced by patient complains of cramping	The patient complained of cramping throughout the shift, rating the pain as a 3 and a 4 out of 10 respectively	<ol style="list-style-type: none"> 1. The patient can get up and gently walk around as soon as capable (Marcin, 2020). Rationale – this can help ease some of the afterpains of birth and also help with constipation (Marcin, 2020). 2. The patient can be given heating pads (Marcin, 2020). 	<ul style="list-style-type: none"> - The patient made it a point to walk herself to the restroom so that she was ambulating as much as possible. - Once the patient learned of heating pads, she asked for one and used it to relieve some

		Rationale – warm heating pads can provide pain relief when put on the abdomen (Marcin, 2020).	of her cramping pains
4. Risk for postpartum fatigue related to childcare as evidenced by having 2 children under the age of 3 in the home.	The patient has another child at home that is 1 year old, along with the baby that she just gave birth to.	1. Teach the patient to know when to and not be afraid to ask for help Rationale – “Having more support can help combat fatigue” (Watson, 2022). 2. Teach the patient about fluid needs and how important it is to stay hydrated Rationale – “Staying hydrated gives you energy and helps replenish the fluid you lose through sweating, urinating, breathing, and nursing” (Watson, 2022).	- The patient was attentive and joked with the father of her children about making sure she got as much rest as possible after giving him two babies back-to-back. - The patient stated that she would need to actively think about her fluid needs as she is used to sometimes forgetting that she needs to drink water, but stated that it would not be an issue because she did a good job while breastfeeding her last child.

Other References (APA):

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Watson, S. (2022, February 23). *Postpartum fatigue: What it is and how to Cope*. How to cope with postpartum fatigue: Tips for exhausted moms. https://www.babycenter.com/baby/postpartum-health/postpartum-fatigue-how-to-cope_1152217