

Clinical Experience Summary

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N432: Maternal Newborn

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My patient was a premature infant in the NICU. A primary nursing diagnosis for this baby would be an ineffective feeding pattern related to premature birth as evidenced by impaired

suck/swallow coordination (Phelps, 2023). I chose this diagnosis because this infant was not able to drink from a bottle well and would get too tired to finish their bottle. They could be able to suck and swallow for only a couple of minutes; then, the rest would have to be given through a nasogastric tube. Since this baby was premature, their goal is to learn how to feed and grow.

The first nursing intervention would be to assess the infants feeding patterns (Phelps, 2023). By assessing the infant, it will determine if you need to consult any of the interpersonal team such as a speech language pathologist or a lactation consultant on helping the baby with their suck/swallow motion as well as breathing pattern during feeding. These professionals can help the mother and nurse, learn how to work with the baby on feeding. Documenting the newborns feed patterns as well and how they tolerate each feeding is important in determining any other interventions needed and tracking the baby's progress for the health care team as well as the caregivers. Another nursing intervention that is important is to provide a safe, quiet, and calm environment when feeding the baby. An appropriate environment ensures the baby will be able to focus on feeding rather than being in a stimulating environment. The environment also includes position of the baby which is important in developing the suck/swallow motion and preventing aspiration. Another important nursing intervention is education for the caregiver on feeding and growth. This can be as simple as showing the caregiver a certain position to keep the baby, how often to feed them, signs of struggle in the baby, as well as how to pace the baby so they are not at risk for aspiration. Since the baby is premature, it is important to be knowledgeable on how to feed them appropriately since they are still learning how to suck, swallow, and breathe. Reassuring the caregiver during this time is extremely important as well so they know they are doing a great job and that they are taking good care of their baby. This encouragement can lead to success in healing and growing in the baby. Educating the caregiver

on growth is important so they know their baby is well fed and happy. They can be educated on the cues of when baby is hungry, when to burp, and when to take a break for adequate nutritional intake.

The infant will be able to demonstrate the ability to feed sufficiently and correctly without the need for a nasogastric tube (Phelps, 2023) is an expected outcome. The infant will also be able to appropriately demonstrate sucking, swallowing, and breathing while eating. The caregiver will express how to confidently feed the infant, and the environment needed for success with feeding. The infant will respond appropriately to the interventions provided and techniques suggested by the speech language pathologist and/or the lactation specialist. The caregiver will be able to become confident in feeding the infant, caring for the infant, recognize cues, and verbalize the importance of the interventions regarding position, timing, and nourishment. There will be sufficient caregiver-infant bonding as well which is an expected outcome.

My patients culture was of Hispanic descent. I observed a handknitted quilt at the patient's bedside, assuming it was brought by the family. This quilt was specifically made for this baby and was brought to provide comfort for the family and baby when the family is not around. There was also a handknitted hat that was made for this baby in purple, matching their quilt. There was a language barrier with my patients family. When the mother arrived, I smiled and said hello, and they smiled back with no response, showing me there is a language barrier. This culture is very family oriented and that was shown through this visitation, where the mother held the baby the whole time and was caring for them. It is important to have a translator so the family can feel safe and comfortable with knowing the care that is being provided. It is important

to keep the family informed as much as possible and to use a translator so there is no confusion or doubt.

When I first held a baby in the NICU, I was nervous since they were so tiny. But when I offered to feed them, I was putting myself outside of my comfort zone. I know it was important for these babies to learn how to feed properly and grow, so I was unsure if I was doing it correctly, but I was getting positive words from the nurses there which made me feel confident in feeding these babies appropriately. I was able to learn a lot on the proper way to care for and feed a NICU baby. I observed the speech language pathologist come to the patient's bedside and feed them to observe their feeding patterns. They observed the patients vitals while they were eating to see if they were breathing properly and not desatting when feeding, which can be dangerous. The speech language pathologist also communicated with nurse, to use a special nipple with this patient to control the flow rate of the formula. They encouraged the baby as well as providing interventions to help the baby with their suck, swallow, and breathing method.

References

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed). Wolters Kluwer.