N432 Labor & Delivery Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date & Time of Admission	**Patient Initials**	**Age**	**Gender**
6/4/2020 at 1328	PG	31	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Indian	Works for University of Illinois	Married	NKDA
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full Code	5’2”	183 lbs	Yes

Medical History (5 Points)

Prenatal History: Small for Gestational Age in the third trimester; Impaired glucose regulation with signs of insulin resistance; Vitamin D deficiency; Enlarged fetal stomach

Past Medical History: Postpartum Hemorrhage; G2T100L1

Past Surgical History: No surgical history

Family History: Mother (alive)- no medical history; Father (alive)- no medical history; Brother 1 (deceased)- heart disease, muscular dystrophy; Brother 2 (alive)- no medical history; Daughter (alive)- no medical history

Social History (tobacco/alcohol/drugs): Never a smoker, smokeless tobacco user, alcohol use, drug use, or e-cigarette use.

Living Situation: Lives at home with husband and daughter.

Education Level: Master’s Degree

Admission Assessment

Chief Complaint (2 points): Induction of Labor due to small for gestational age fetus.

Presentation to Labor & Delivery (10 points): PG presented to a routine 37-week prenatal visit. During this appointment, a biophysical profile (BPP) was performed to assess the fetus. The biophysical profile received a score of 6 out of 8, with an amniotic fluid index of 7.59. Upon

vaginal examination, PG's cervix presented at 2cm dilation, 50% effaced, and -2 station. This combined with the low-scoring BPP indicated readiness for induction due to the fetus being small for gestational age (SGA). PG was sent to the Labor and Delivery unit (L&D). Upon arrival to L&D, PG had no complaints of pain or contractions. Vital Signs- heart rate 87, blood pressure 118/76, temperature 98.4 degrees Fahrenheit, and oxygen saturation 100% on room air. IV started for fluids and oxytocin.

Diagnosis

Primary Diagnosis on Admission (2 points): Small for gestational age fetus requiring induction

Secondary Diagnosis (if applicable): Biophysical Profile of 6 out of 8 with an amniotic fluid index of 7.59

Stage of Labor

Stage of Labor Write Up, APA format (20 points) This should include the progression of cervical effacement & dilation as well as pain management techniques:

During the first stage of labor, there are two phases differentiated based on the maternal and fetal symptoms. PG presented to the unit in the latent phase of labor and remained in this phase throughout this nursing students care. The latent phase of labor can be recognized by its mild and irregular contractions of the uterus (Milton, 2019). Contractions during this stage are causing the cervix to soften and become shorter (Milton, 2019). As the latent phase progresses, contractions will become progressively more regular and stronger in nature (Milton, 2019). This client reported she did not feel any pain or feel as if she was having contractions during the beginning of this phase. As time progressed, she began to report lower back pain that increased throughout the latent phase of labor. The client presented as 2cm dilated, 50% effaced, and -2 station upon arrival to labor and delivery. During this time the client's membranes were still intact. These are also indications of the latent phase of labor (Ricci, Kyle, & Carman, 2017). Vital signs during

this phase remain normal and slowly show more signs of discomfort and pain, such as elevated heart rate and blood pressure, as labor progresses (Ricci, Kyle, & Carman, 2017). This client's vital signs remained stable between her four hours checks showing no signs of tachycardia or hypertension. During this phase, lab values should be obtained to ensure a current type and screen of the maternal blood type. A complete blood count should also be obtained to visualize the baseline red blood cells, hemoglobin, hematocrit, and platelet count prior to delivery. This information will assist the healthcare staff in proper preparation for the possibility of postpartum hemorrhage (Milton, 2019). Typical nursing interventions during the latent phase of labor include tocodynamometry (TOCO) monitoring of contractions, fetal heart rate monitoring, vital signs monitored every four hours. Other possible interventions include medications for pain relief, induction of labor, use of comfort measures such as a peanut ball, and mobility in attempt to continue the progression of dilation of the cervix. For this client, TOCO monitoring revealed that contractions were weak and irregular. Oxytocin was used to induce labor due to a small for gestational age fetus with low biophysical profile scores. Oxytocin was increased by 2 mu/min every thirty minutes until the mother's body began to react to the medication. After reaching 18mu/min of oxytocin, her contractions became more regular and began to increase in strength. At this time, the client began to complain of worsening lower back pain and was willing to attribute this to her contractions. The client agreed to another cervical exam which revealed 2cm in dilation, 80% effacement, and -2 station showing progression but remaining in the latent phase of labor.

Stage of Labor References (2) (APA):

Milton, S. (2019). Normal Labor and Delivery: Practice Essentials, Definition, Stages of Labor and Epidemiology. *EMedicine*. https://emedicine.medscape.com/article/260036-overview#a3

Susan Scott Ricci, Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (2nd ed.). Wolters Kluwer.

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	4.2-6.2 million/mm3	3.84	4.43	4.43	This may be due to iron-deficiency anemia associated with blood volume increase from pregnancy (Chandra et al., 2012). Has been corrected with the use of a prenatal vitamin and ferrous sulfate.
Hgb	12-18 g/dL	11.3	12.9	12.9	This may be due to iron-deficiency anemia associated with blood volume increase from pregnancy (Chandra et al., 2012). Has been corrected with the use of a prenatal vitamin and ferrous sulfate.
Hct	36-50 mL/dL	34.4	38.8	38.8	This may be due to iron-deficiency anemia associated with blood volume increase from pregnancy (Chandra et al., 2012). Has been corrected with the use of a prenatal vitamin and ferrous sulfate.
Platelets	150,000-350,000/mm3	150	166	166	
WBC	4,500-11,000/mm3	10.88	12.2	12.2	This is a normal finding during pregnancy due to the stress on the body (Chandra et al., 2012).
Neutrophils	52-62%	--	68.5	68.5	

Lymphocytes	25-33%	15.6	22.7	22.7	This is a normal finding during pregnancy due to the body allowing implantation (Chandra et al., 2012).
Monocytes	3-7%	4.8	6.8	6.8	
Eosinophils	0-3%	1	1.7	1.7	
Bands	3-5%	--	--	--	

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	B	B	B	
Rh Factor	+/-	+	+	+	
Serology (RPR/VDRL)	Nonreactive	Nonreactive	--	--	
Rubella Titer	Immune	Immune	Immune	Immune	
HIV	Undetected	Undetected	Undetected	Undetected	
HbSAG	Nonreactive	Nonreactive	Nonreactive	Nonreactive	
Group Beta Strep Swab	Negative	Negative	Negative	Negative	
Glucose at 28 Weeks	<153	142	--	--	
MSAFP (If Applicable)	0-40 ng/mL	--	--	--	

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
ABSC	Negative	--	Negative	Negative	

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 protein/creatinine ratio (if applicable)	<0.3 g	--	--	--	

Lab Reference (APA):

Chandra, S., Tripathi, A. K., Mishra, S., Amzarul, M., & Vaish, A. K. (2012). Physiological Changes in Hematological Parameters During Pregnancy. *Indian Journal of Hematology and Blood Transfusion, 28*(3), 144–146. https://doi.org/10.1007/s12288-012-0175-6

Pagana, K.D., Pagana, T.J., Pagana, T.N. (2019). *Mosby's diagnostic and laboratory test reference.* Elsevier.

Sorenson, M., Quinn, L., & Klein, D. (2019). *Pathophysiology: concepts of human disease*. Pearson.

White, K. (2016). *Fast facts for critical care*. Kathy White Learning Systems.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	1500- The baseline fetal heart rate averaged at 145 beats per minute. 1830- The baseline fetal heart rate averaged at 125 beats per minute.
Are there accelerations? • **If so, describe them and explain what these mean (for example: how high do they go**	1500- Accelerations at this time were present. They were greater than or equal to a rise of 15 beats per minute and lasted 15 seconds in duration.

and how long do they last?)	1830- Accelerations at this time were present. They were greater than or equal to a rise of 15 beats per minute and lasted 15 seconds in duration. These accelerations mean the fetal heart rate accelerated above the baseline at a healthy rate for a fetus of this gestational age.
What is the variability?	1500- The variability at this time was moderate. 1830- The variability at this time was moderate. Moderate variability means the fetal heart rate varies between six and twenty-five beats per minute from the baseline fetal heart rate. This is the desired variability in fetal heart rate.
Are there decelerations? If so, describe them and explain the following: What do these mean? o **Did the nurse perform any interventions with these?** o **Did these interventions benefit the patient or fetus?**	1500- There were no decelerations present at this time. 1830- There were no decelerations present at this time. Absence of decelerations means that during contractions, the fetus is still receiving an adequate amount of blood flow and oxygenation. This may be due to weaker contractions.
Describe the contractions: **Frequency:** **Length:** **Strength:** **Patient's Response:**	1500- The contractions at this time were irregular. They were mild in nature by palpation. The patient stated she felt no pain. 1830- The contractions at this time were irregular. They were mild in nature by palpation. The patient stated she felt minimal pain in her lower back.

EFM reference (APA format):

Susan Scott Ricci, Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (2nd 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	Prenatal vitamin with calcium, iron, and folic acid
Dose	325 mg	1 tablet
Frequency	Daily	Daily
Route	Oral	Oral
Classification	Iron Preparation Vitamin	Multivitamin
Mechanism of Action	Contributes to development of red blood cells and facilitates oxygen transport.	Addition of vitamins and minerals needed during pregnancy
Reason Client Taking	Prevention of iron-deficiency anemia during pregnancy	Pregnancy vitamin/mineral supplementation
Contraindications (2)	Milk with interfere with the absorption of Iron Contraindicated for clients who are hypersensitive to iron	Do not take more than recommended dose Use with caution while on a low-sodium diet
Side Effects/Adverse Reactions (2)	1. Gastrointestinal distress in the form of nausea, constipation, or heartburn 2. Hypotension	1. Upset stomach 2. Headache
Nursing Considerations (2)	1. Monitor for decrease of fatigue, pallor 2. Monitor length of treatment	1. May interact with blood pressure medications 2. Overdose symptoms may include stomach pain, hematuria, and easy bruising or bleeding
Key Nursing Assessment(s)/Lab(s	Obtain baseline reticulocyte and hemoglobin levels before	Sodium levels

) Prior to Administration	initiating therapy. Monitor levels consistently throughout therapy.	
Client Teaching needs (2)	1. Take on empty stomach 2. Anticipate a dark green or black color for stool	1. Continue use if breastfeeding 2. Tell your doctor all medications before initiating use

Hospital Medications (5 required)

Brand/Generic	Carboprost (HEMABATE)	Fentanyl PF (Sublimaze)	Methylergonovine (METHERGINE)	Oxytocin (Pitocin)	Misoprostol (Cytotec)
Dose	250 mcg	50 mcg	200 mcg	1-20 mu/min	1000 mcg
Frequency	Q15 minute PRN	Q2 hours PRN	Q2 hours PRN	Continuous	Once PRN
Route	IM	IV	IM	IV	Rectal
Classification	Prostaglandin, Uterotonic agent	Analgesic, Opioid	Ergot Derivative	Oxytocic Agent	Prostaglandin
Mechanism of Action	Stimulation of uterine contractility	Binds with sites in CNS to alter pain reception	Increase tone, rate, and intensity of contractions in smooth muscles of the uterus	Stimulates uterine contractions by increasing uterine prostaglandin production	Replaces protective prostaglandins to induce uterine contractions
Reason Client Taking	Bleeding	Severe Pain	Bleeding	Induction/ progression of labor	Postpartum Hemorrhage
Contraindications (2)	1. Hypersensitivity to any component of the medication. 2. Active cardiac, pulmonary, renal, or hepatic disease.	1. Respiratory depression 2. gastrointestinal obstruction	1. Hypertension 2. Use with caution in patients with hypersensitivity to components	1. Should not be used with fetus in transverse lie 2. Should not be used in patients with a hyperactive uterus	1. Hypersensitivity to any component of medication 2. Use caution in patients with hemorrhagic disorders
Side Effects/Adverse Reactions (2)	1. Hypertension 2. Increased	1. Drowsiness 2. Dehydration	1. Abdominal pain	1. Postpartum hemorrhage	1. Diarrhea 2. Abdominal

	body temperature		2. Dyspnea	2. Hypotension	pain
Nursing Considerations (2)	1. Use with caution in patients with anemia 2. Use with caution in patients with diabetes mellitus	1. Should not be used during labor and delivery 2. Monitor LOC when holding infant after use	1. Use with caution in patients with hypertension or preeclampsia 2. Use with caution in patients with hepatic impairment or disease	1. Monitor clients blood pressure frequently 2. Monitor TOCO closely for uterine hypertonicity.	1. Should not be used to reduce NSAID-induced ulcers 2. Uterine rupture has been associated with use for induction of labor
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Strength of uterine contractions Fetal heart rate in relation to contractions	Respiratory rate, heart rate	Liver panel Blood pressure	Blood pressure Fetal heart rate related to contractions Intake and output	Rh status Hemoglobin Hematocrit
Client Teaching needs (2)	1. Medication is used to treat bleeding that occurs after birth 2. Report any chest tightness, fever, or itching	1. Report slow, shallow, or difficulty breathing 2. Signs and symptoms of serotonin syndrome	1. Report vision changes 2. Report severe dizziness	1. Report excessive bleeding postpartum (soaking a pad within one hour) 2. Report difficulty urinating	1. Typically used to prevent NSAID-related gastric ulcers 2. Report severe abdominal pain

Medications Reference (APA):

Drugs.com. (2018). *Drugs.com | Prescription Drug Information, Interactions & Side Effects*. Drugs.Com. https://www.drugs.com/

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (18th ed.).

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Awake and alert Oriented to self, place, time, and situation Signs of slight distress manifesting as anxiety Appearance appropriate for situation
INTEGUMENTARY (2 points): **Skin color:**	Skin color appropriate for race

Character: **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Dry Warm <2 second return to normal No rashes noted No bruises noted No wounds noted 23
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head normocephalic, no tracheal deviation noted No excess cerumen, no hearing aid No vision aid Nose centered, no evidence of septal deviation Good dentition, teeth white, no dentures
CARDIOVASCULAR (1 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, S2 sounds clear throughout No S3, S4 or murmur noted Normal Sinus Rhythm Even bilaterally, strong Less than 3 seconds Trace edema, 1+ Left and Right ankles
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 Breath sounds clear all fields. No adventitious breath sounds noted.
GASTROINTESTINAL (5 points): **Diet at Home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	Low carbohydrate for non-passing glucose tolerance test Clear liquids 5’2” 183 lbs Bowel sounds present all four quadrants 6/3/2020 No pain with palpation. No masses or organomegaly noted. Mild contractions felt during palpation. No distension noted No incisions noted No scars noted No drains or wounds noted
GENITOURINARY (5 Points): **Bleeding:** **Color:**	 No bleeding present --

Character:	--
Quantity of urine:	Adequate, 2 occurrences
Pain with urination: Y ☐ N ☒	--
Inspection of genitals:	No redness, hernias, palpable lymph nodes.
Catheter: Y ☐ N ☒	Cervical exam revealed 2 cm dilation.
Type:	--
Size:	--
Rupture of Membranes:	Membranes intact
Time:	--
Color:	--
Amount:	--
Odor:	--
Episiotomy/Lacerations:	No episiotomy or lacerations present
MUSCULOSKELETAL (2 points): **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	0 Needs assistance to unhook wires. Mobility stand-by assistance.
NEUROLOGICAL (1 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** **Deep Tendon Reflexes:**	Oriented to self, place, time, and situation. Cognitive Clear, non-slurred. Purposeful. Appropriate. No sensory deficits No changes in level of consciousness L/R Patellar present but diminished. L/R Clonus absent.
PSYCHOSOCIAL/CULTURAL (1 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):**	Client copes by speaking with husband. Adult Muslim, partially practicing Husband and daughter at home. No assistance needed. Very well supported by family.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:**	No delivery during care.

Type (vaginal/cesarean): **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	Not recorded	118/68	Not recorded	Not recorded	Not recorded
Admission to Labor/Delivery	87	118/76	16	98.4 F	100 on room air
During your care	75	104/59 laying on left side	16	98.4 F	100 on room air

Vital Sign Trends: The patients vital signs had minimal fluctuation during this nursing students care. Their respiration rate, temperature, and oxygen saturation stayed the same from admission. The client had a change in heart rate from 87 bpm to 75 bpm. The clients blood pressure had the largest change. The blood pressure upon admission was 118/76 and decreased to 104/59 during this nursing students care.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1342	Numbers	NA	0	NA	NA
1924	Numbers	Lower back	3	Intermittent	No

				cramping consistent with contractions	interventions requested or performed

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge **Location of IV:** Top of left hand **Date on IV:** 6/4/2020 **Patency of IV:** Flushes without difficulty **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry, intact. Stabilization device present	Lactated Ringers running a continuous infusion at 125 mL/hr with Pitocin at adjusting dose per hospital protocol.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1115 mL	2 occurrences, unmeasured

Nursing Interventions and Medical Treatments during Labor & Delivery (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Increasing dose amount of Pitocin by 2mu/min every 30 minutes based on the client's response to new dose amount. -- T	Every 30 minutes as needed.	The patient received this treatment to assist in the induction of her labor. This patient needed to be included due to a small for gestational age fetus and a biophysical profile score of 6 out of 8.
This client requested and received a peanut ball for use. – N	As desired for comfort.	The peanut ball was given to this patient to aid in both her comfort during labor as well as to help her pelvis open and encourage the lowering of the fetal head.
This client was provided with anxiety reducing techniques for	As needed, most often revolving	The patient received this intervention during times of anxiety with exams to

anxiety related to the labor process. – N	around cervical/vaginal exams.	allow the nursing staff to complete exams as needed while providing a higher level of comfort to the patient.

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of them must be education related i.e. the interventions must be education for the client."

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 this 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 your rationale.	**Evaluation (1 pt each)** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for fetal injury related to tissue hypoxia as evidenced by high-rate dose of Pitocin.	This patient is receiving 18mu/min of Pitocin. This is a high dose and has so far been minimally effective. This may cause increased pressure on the fetus during contractions as labor progresses.	**1.** Assess fetal heart rate and maternal contractions continuously as labor begins to progress past the latent phase. **Rationale** Monitoring the strength of contractions and fetal heart rate will help nursing staff recognize decelerations in the fetal heart rate. **2.** Monitor mother for level of pain during contractions and perform palpations to determine intensity of each contractions. **Rationale** Monitoring the strength of maternal contractions can help nursing staff assess when the fetus may be at risk.	Patient and husband understood and were thankful for the consistent monitoring of the contractions and fetal heart rate. The family requested to see the monitor in their room so they could watch as well. Fetal heart rate shows no decelerations at this time. Will continue to monitor.
2. Risk for anxiety related to situational crisis	This client struggled during vaginal	**1.** Perform vaginal exams as infrequently as appropriate per the plan of	The client and husband were appreciative of the nursing staff's

as evidenced by hyperventilation during exams.	exams due to the pain of the exam. She also was uncomfortable due to having the exam performed.	care. **Rationale** Allowing the patient sufficient time between exams will help her remain calm and promote health of the fetus. **2.** Allow the client to talk herself through the exam and perform the exam at her pace. **Rationale** The client does well to talk herself through the exam and requested the staff proceed slowly as she allows.	willingness to work with her through the uncomfortable situation. Though anxiety continued during exams, the client was able to tolerate better and finish exams more quickly.
3. Impaired comfort due to lower back pain as evidenced by constant position changes.	This client changed position every few minutes due to being uncomfortable. This caused the fetal heart rate monitor and TOCO to provide poor tracings.	**1.** Educate client about the need to balance between position changes for comfort and ensuring proper fetal monitoring. **Rationale** Allowing the client to continue position changes will allow her to feel comfortable. Lowering the amount of times she changes position will ensure proper monitoring of the fetal heart rate. **2.** Educate patient about different methods of providing comfort, such as the use of the peanut ball. **Rationale** Assisting the client in finding methods to provide comfort that minimize movement will allow patient to be comfortable while still providing proper fetal monitoring.	Patient was reluctant to add more “equipment” to her care. After positioning the peanut ball and getting comfortable she expressed thanks for encouraging the idea. Patient comfort has improved. Husband was thankful his wife was more comfortable during this time.
4. At risk for deficient knowledge due to lack of recall as evidenced by questions about risks for small for gestational age fetus.	This family asked multiple questions about the risks for their baby due to the	**1.** Educate the family about the risks the child faces due to its small size and low biophysical profile score. **Rationale** Informing the family about the possible	The family was grateful for the education. The education provided answers to their questions but did not

	small size.	complications during or after birth of their child will provide answers to their questions and worries. **2.** Have family perform the teach-back method of the information. **Rationale** This will ensure proper and total understanding of the information given to them and prevent further confusion.	ease all present anxiety. The family requested a written form of the information as well so they can continue to further their understanding.

Other References (APA)

Swearingen, P.L. & Wright, J.D. (2019). *All-in-one nursing care plan resource: medical-surgical, pediatric, maternity, and psychiatric mental health* (5th ed.). Elsevier.