N432 Postpartum Care Plan

Lakeview College of Nursing

Hannah Winn

Demographics (3 points)

Date & Time of Admission 06/04/2020 0619	**Patient Initials** D.N.S.	**Age** 25	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Librarian	**Marital Status** Married	**Allergies** NKA
Code Status FULL	**Height** 5'2"	**Weight** 179 lb.	**Father of Baby Involved** YES

Medical History (5 Points)

Prenatal History:

G-4 **P**-2 **T**-2 **A**-1 **L**-2

Past Medical History: Asthma, hip dysplasia, PAP smear for cervical screening on 2/6/19.

Past Surgical History: Leg (femur) surgery and tonsillectomy

Family History: Diabetes mellitus (mother), cardiac issues (maternal grandmother), and cancer (paternal grandmother)

Social History (tobacco/alcohol/drugs): Never used drugs or tobacco, does not currently use alcohol.

Living Situation: Married, with two children.

Education Level: High school education level.

Admission Assessment

Chief Complaint (2 points): Induction of labor for gestational hypertension

Presentation to Labor & Delivery (10 points):

The patient is a twenty-five-year-old female who is presenting to labor and delivery with her husband for induction of delivery without contractions. When the patient arrived, blood pressure measured at 154/80. Because of this patient's high blood pressure, magnesium sulfate was

administered intravenously. The onset of contractions began after oxytocin was administered. Pain from contractions took place in the lower abdomen and back. The patient explained that the characteristics of the contractions were “cramping and achy”. Epidural was given to relieve pain from contractions. Patient stated the severity of pain was an 8/10 before receiving epidural anesthesia.

Diagnosis

Primary Diagnosis on Admission (2 points): Pregnancy with gestational hypertension.

Secondary Diagnosis (if applicable): N/A

Postpartum Course (18 points)

This patient is a 25-year-old woman who has had 3 previous pregnancies. The client came into labor and delivery on 06/04/2020 for induction of labor for gestational hypertension. Her prenatal blood pressure measured at 153/92, which is considered stage 2 hypertension. For stabilization of gestational hypertension, magnesium sulfate was administered at 2g/hr intravenously. While in labor and delivery, blood pressure lowered down to 143/77, which was an improvement from the prenatal readings. The client’s postpartum blood pressure read at 137/79, which is still elevated, but is a significant improvement from when the patient first arrived at the hospital. Oxytocin was administered at 0752, and the pushing started at 1312. Her induced vaginal labor lasted for a total of 11 minutes. This patient is now in the 4th stage of labor, which is considered one to four hours after birth. She is in the dependent phase of parenthood- she relies on the nurses to make decisions for her concerning activities and care of herself (Ricci, Kyle, & Carman, 2017). Risk factors for postpartum complications include infection of perineal tear, postpartum mood disorder, constipation, pain in the perineal area, urinary retention,

excessive vaginal bleeding, and breast issues such as clogged ducts. Signs and symptoms of infection include loss or urinary or bowel control, fever, chills, redness at the site, foul-smelling discharge, or excessive bleeding from the tear site. Signs and symptoms of postpartum mood disorder include insomnia, difficulty bonding with the baby, loss of appetite, and intense irritability. Signs and symptoms of clogged ducts include appearance of a lump in the breast, engorgement or pain around the lump, pain during letdown, and milk plug/blister at the opening of the nipple (Barlow, 2019).

Postpartum Course References (2) (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing.* (3rd ed.). LWW.

Holman, H.C., McMichael, M., Johnson, J., Williams, D., Sommer, S., Wheless, L., Wilford, K., Barlow, M.S. (2019). *RN Maternal newborn nursing.* (11th ed.). Leawood, KS: Assessment Technologies Institute.

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	**3.80-5.30**	**4.02**	**4.14**	**4.14**	
Hgb	**12-15.8**	**12**	**12.3**	**12.3**	
Hct	**36-47**	**34.5**	**35.7**	**35.7**	**Low Hct levels can be established by anemia from pregnancy (Cunningham,**

					2009).
Platelets	**140-440**	**153**	**128**	**128**	**Increased removal and destruction from pregnancy can cause low platelet count (Cunningham, 2009).**
WBC	**4-12**	**7.90**	**6.90**	**6.90**	
Neutrophils	**47-73**	**72.4**	**70.5**	**70.5**	
Lymphocytes	**18-42**	**18.6**	**23.2**	**23.2**	
Monocytes	**4-12**	**5.2**	**5.5**	**5.5**	
Eosinophils	**0-5**	**0.3**	**0.5**	**0.5**	
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	**N/A**	**AB**	**AB**	**AB**	
Rh Factor	**N/A**	**Positive**	**Positive**	**Positive**	
Serology (RPR/VDRL)	**Non-reactive**	**Non-reactive**	**Non-reactive**	**Non-reactive**	
Rubella Titer	**Positive**	**Positive**	**Positive**	**Positive**	
HIV	**Non-reactive**	**Non-reactive**	**Non-reactive**	**Non-reactive**	
HbSAG	**Non-reactive**	**Non-reactive**	**Non-reactive**	**Non-reactive**	
Group Beta Strep Swab	**Negative**	**Negative**	**Negative**	**Negative**	
Glucose at 28 Weeks	**< 140**	**123 4/6/2020**	**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
UR protein rand	0-12	29.6	22.3	22.3	Excessive protein in the urine can be caused by hypertension (MedlinePlus, 2020).
Uric acid	2.4-5.7	5.2	7.8	7.8	Increased uric acid can come from pregnant women with hypertension (Roberts, et al., 2005).
Lactate dehydrogenase	140-271	134.32	118.75	118.75	Mutations in the LDHA gene cause lactate dehydrogenase deficiency (Genetics Home Reference, 2020).
ABSC	Negative	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 Creatinine (if applicable)	28-217	86.6	148.5	148.5	

Lab Reference (APA):

- Cunningham, FG. (2009, December). Pregnancy and laboratory studies: a reference table for clinicians. Obstet Gynecol. https://pubmed.ncbi.nlm.nih.gov/19935037/
- MedlinePlus. (2020, February 26). Protein in urine. MedlinePlus. https://medlineplus.gov/lab-tests/protein-in-urine/#:~:text=Proteins%20are%20substances%20that%20are,urine%20may%20indicate%20kidney%20disease.
- Roberts, J.M., Bodnar, L.M., Kristine L.Y., Hubel, C.A., Markovic, N., Ness, R. (2005, October 24). Uric acid is as important as proteinuria in identifying fetal risk in women with gestational diabetes. AHA journals. https://www.ahajournals.org/doi/full/10.1161/01.hyp.0000188703.27002.14
- Genetics Home Reference. (2020, May 26). Lactate dehydrogenase deficiency. U.S. National Library of Medicine. https://ghr.nlm.nih.gov/condition/lactate-dehydrogenase-deficiency

Stage of Labor Write Up, APA format (15 points):

	Your Assessment
History of labor:	**G**-4 **P**-2 **T**-2 **A**-1 **L**-2
Length of labor	**11 minutes**
Induced /spontaneous	**Induced vaginal labor**
Time in each stage	**2nd stage: lasted 9 minutes, 3rd stage: lasted 2 minutes** Dilation finished: 1305 Start pushing: 1312

	Head delivered: 1314 Time of birth: 1314 Cord clamped: 1315 Placenta delivered: 1316
Current stage of labor:	4th stage of labor The fourth stage of labor begins after the birth of the placenta and membranes and ends with the initial physiologic adjustment and stabilization of the mother (1-4 hours after birth). The mother's fundus is firm and well contracted. Fundal height is at 2cm above umbilicus. Lochia is normal, red, and moderate in flow. Vital signs are stable. No complications or abnormalities present. (Ricci, Kyle, & Carman, 2017).

Stage of Labor References (2) (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing.* (3rd ed.). LWW.

Holman, H.C., McMichael, M., Johnson, J., Williams, D., Sommer, S., Wheless, L., Wilford, K., Barlow, M.S. (2019). *RN Maternal newborn nursing.* (11th ed.). Leawood, KS: Assessment Technologies Institute.

Current Medications (7 points, 1 point per completed med)
7 <u>different</u> medications must be completed

Home Medications (2 required)

Brand/Generic	**Prenatal Plus**	**Tylenol (acetaminophen)**			
Dose	**1 mg**	**650 mg**			
Frequency	**1x day**	**Q4 hours**			
Route	**Oral**	**Oral**			
Classification	**Multivitamin**	**Analgesic**			
Mechanism of Action	**Provides additional vitamins which are essential for pregnancy.**	**Reduces the production of prostaglandins in the brain.**			
Reason Client Taking	**Pregnancy**	**Pain**			
Contraindications (2)	**Iron deficiency & ulcerative colitis**	**Acute liver failure & severe renal impairment.**			
Side Effects/Adverse Reactions (2)	**Constipation and nausea**	**Headache, loss of appetite.**			
Nursing Considerations (2)	**Be sure that patient takes with full glass of water. Monitor for any allergic reactions.**	**Should not be taken for more than 4-5 days. Do not exceed 4 g of acetaminophen in a day.**			
Key Nursing	**Assess for**	**Assess for**			

Assessment(s)/Lab(s) Prior to Administration	**allergies and use of alcohol or tobacco.**	**alcohol use before administration.**			
Client Teaching needs (2)	**Do not take with dairy products. Avoid salt substitutes.**	**Overdose will lead to hepatotoxicity. Do not exceed recommended dose.**			

Hospital Medications (5 required)

Brand/Generic	**Toradol (Ketorolac)**	**Magnesium sulfate (Epsom salt)**	**Ibuprofen (Advil)**	**Docusate sodium (Colace)**	**Benzocaine Topical (Dermoplast)**
Dose	**30 mg**	**2g/hr**	**800 mg**	**100 mg**	**1 spray**
Frequency	**Continuous**	**Continuous**	**Q8 hours**	**2x day PRN**	**4x daily PRN**
Route	**IV**	**IV**	**Oral**	**Oral**	**Topical**
Classification	**NSAID**	**Anticonvulsant**	**NSAID**	**Laxative**	**Local anesthetic**
Mechanism of Action	**Inhibits key pathways in prostaglandin synthesis**	**Direct inhibition of action potentials in myometrial muscle cells.**	**Inhibit the pathways in prostaglandin synthesis**	**Lowers the surface tension at the oil-water interface of the feces.**	**Blocks nerve signals in the body.**
Reason Client Taking	**Postpartum pain**	**Gestational HTN**	**Pain**	**Constipation**	**Perineal pain**
Contraindications (2)	**Peptic ulcer disease & renal impairment**	**Hypermagnesemia & skeletal muscle disorder.**	**Renal impairment & liver cirrhosis**	**GI bleed & appendicitis**	**Abnormal cardiac rhythm & large open wound**
Side Effects/Adverse	**Fever, tachycardia**	**Decreased respiratory**	**Nausea & constipation**	**Diarrhea, abdominal pain**	**Tachycardia & dizziness**

Reactions (2)		**rate and DTR's**			
Nursing Considerations (2)	**Use lowest effective dose for shortest period-of-time. Should always be given IV or IM.**	**Monitor vital signs every hour. Assess reflexes hourly.**	**Do not take for more than 10 days.**	**Evaluate therapeutic response. Administer alone for better absorption.**	**Warn the patient that the spray will feel cold. Teach how to apply to relieve pain.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Serum creatinine, allergies to NSAIDs**	**Magnesium blood test & vital signs prior to administration**	**Allergies to NSAIDs, CBC**	**Last BM and assess for abdominal distention.**	**Assess the severity of pain before and after administration.**
Client Teaching needs (2)	**Use the lowest dose possible. Should not be given for more than 5 days.**	**Short-term need for drug, and the adverse effects of this medication.**	**Avoid duplication. This may increase the risk of a GI bleed.**	**Drink plenty of water. This should only be used as short-term therapy.**	**Do not use large amounts. Store at room temperature.**

Medications Reference (APA):

Jones & Bartlett learning: Nurse's Drug Handbook. (2019)

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is alert and oriented x4.** **No visual distress.** **Overall appearance is satisfied and happy.** **Well groomed, appropriate mood and tone.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:**	 **Skin is pink, warm, and dry.** **97.9 F**

Turgor: **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Rapid skin turgor** **No rashes, bruises, or wounds/incisions.** **Braden score: 23** **No drains present.**
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head and neck are normocephalic.** **Outer auricle and inner canal are clean.** **No drainage from eyes or nose, clear to appearance. PERRLA. No changes in vision.** **Good dentition.**
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:**	**Normal S1 and S2.** **No S3, S4, or murmurs present.** **Regular cardiac rhythm.** **Pulses are present but diminished.** **Capillary refill <3 seconds.** **No neck vein distention.** **No edema is present.**
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**No use of accessory muscles.** **Lung sounds are regular, clear, and equal bilaterally.**
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:** **Fundal Height & Position:**	 **Regular diet** **Regular diet** **5'2"** **179 lbs.** **Audible in all 4 quadrants.** **6/3/2020** **Pain upon deep palpation.** **No abdominal distention, no incisions, one scar from previous cesarean section, no drains or wounds.** **Fundus is palpable at 2 cm below the umbilicus.**
GENITOURINARY (5 Points): **Bleeding:** **Color:**	 **No signs of blood in urine.** **Yellow**

Character:	**Pale, cloudy**
Quantity of urine:	**550 mL**
Pain with urination: Y ☐ N ☒	**No pain with urination.**
Inspection of genitals:	**Genitals are clean and moisturized.**
Catheter: Y ☐ N ☒	**No catheter is present.**
Type:	
Size:	
Rupture of Membranes:	**6/4/2020.**
Time:	**9:20 a.m.**
Color:	**Clear in color.**
Amount:	**N/A**
Odor:	**No odor is present.**
Episiotomy/Lacerations:	**1 perineal laceration.**
MUSCULOSKELETAL (2 points):	
ADL Assistance: Y☐ N ☒	**No assistance needed for ADLs**
Fall Risk: Y ☒ N☐	**This patient is considered a fall risk**
Fall Score:	**Fall score: 13**
Activity/Mobility Status:	
Independent (up ad lib) ☐	**Needs support to stand and walk.**
Needs assistance with equipment ☐	
Needs support to stand and walk ☒	
NEUROLOGICAL (1 points):	**Moves all extremities well. Normal ROM.**
MAEW: Y ☒ N☐	**Pupils are equal and reactive to light with accommodation.**
PERLA: Y ☒ N☐	**Strength is equal throughout.**
Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐	
Orientation:	**Oriented x3.**
Mental Status:	**Stable mental status**
Speech:	**Speech is clear**
Sensory:	**Senses are clear**
LOC:	**DTRs are present but diminished**
DTRs:	
PSYCHOSOCIAL/CULTURAL (1 points):	
Coping method(s):	**Acceptance, hopefulness, questions asked.**
Developmental level:	**Stage 7 in Erikson's psychosocial theory.**
Religion & what it means to pt.:	**No religion affiliation.**
Personal/Family Data (Think about home environment, family structure, and available family support):	**Husband is present and supportive. This patient also has two other children at home.**
DELIVERY INFO: (1 point)	
Delivery Date:	**6/4/2020**
Time:	**1314**
Type (vaginal/cesarean):	**Vaginal**
Quantitative Blood Loss:	**134 mL**

Male or Female **Apgars:** **Weight:** **Feeding Method:**	**Male** **Apgar score: 9** **2,655 g** **Breastfeeding**

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	**81**	**153/92**	**16**	**97.8**	**97% room air**
Labor/ Delivery	**80**	**143/77**	**18**	**98.0**	**97% room air**
Postpartum	**83**	**137/79**	**16**	**97.9**	**98% room air**

Vital Sign Trends: Vital signs are stable, and we were able to lower this patient's high blood pressure due to gestational hypertension.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1500	**0-10**	**N/A**	**0**	**N/A**	**N/A**
1250	**0-10**	**N/A**	**0**	**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.:**	18 G needle Left basilic vein 06/04/2020 Infusing lactated ringers @ 125 mL/hr and magnesium sulfate @ 50 mL/hr

IV dressing assessment:	No signs of erythema or drainage. Dressing is dry and intact.

Intake and Output (2 points)

Intake	**Output (in mL)**
1,500 mL (Lactated ringers 125 mL/hr, Magnesium sulfate 50 mL/hr, water.)	**1,125 mL of urine**

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 "T" after you list them.)	**Frequency**	**Why was this intervention/ treatment provided to this patient? Please give a short rationale.**
N: Manage HTN **T**: Magnesium sulfate	Continuous, IV	**Magnesium sulfate is used extensively for gestational hypertension. This medication acts as a vasodilator, to decrease peripheral vascular resistance and/or relieve vasoconstriction.**
N: Manage (systemic) pain level **T:** Ketorolac	Continuous, IV	**This medication was given to relieve postpartum systemic pain. A pro of this medication is that it is safe for breastfeeding women to use.**
N: Managing constipation T: Docusate sodium	2x daily PRN	**Magnesium sulfate is being administered to this client for gestational hypertension. An adverse reaction of magnesium sulfate is constipation- therefore, a prescription for docusate sodium will be needed to help relieve any constipation issues.**
N: Manage (local) pain level	4x daily PRN	**This topical spray helps postpartum**

T: Dermoplast		**patients relieve localized pain within the perineal area.**

Phases of Maternal Adaptation to Parenthood (1 point)

What phase is the mother in? The mother is in the dependent phase of parenthood, also known as the taking-in phase. **What evidence supports this?** This phase is characterized by dependent behavior. During the first 24 to 48 hours after giving birth, mothers often assume a very passive role in meeting their own physical needs for food, fluids, and rest, allowing the nurse to make those decisions for them. These actions help the mother integrate the birth experience into reality- the pregnancy is over, the newborn is now a unique individual, separate from herself. During this phase, the mothers spend time bonding with their newborn, examining their beautiful creation, and commonly identifying specific features in their newborn.

Discharge Planning (2 points)

Discharge location: This patient is going home with her husband.

Equipment needs (if applicable): BP cuff

Follow up plan (include plan for mother AND newborn): The newborn needs to have his 1st pediatric appointment & the mother needs an appointment to L&D for evaluation, both being 3-5 days after birth. The mother's blood pressure should be checked at her appointment to see if any improvements have been made since her labor.

Education needs: The mother needs education on how to monitor her own blood pressure at home.

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 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 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 ineffective breathing pattern related to magnesium sulfate administration as evidenced by lower respiratory rate.	**Magnesium sulfate may have adverse effects on patients. Magnesium sulfate can lower respiratory rate, lower reflex ability, and can even cause urinary retention.**	**1. Assess vitals Q1 hour.** **Rationale: We need to assess vitals frequently to monitor for any changes that may occur from magnesium administration.** **2. Keep calcium gluconate within the room of the patient.** **Rationale: Calcium gluconate is an antagonist to magnesium sulfate. We need to have this on hand in case of any adverse reactions occurring from magnesium.**	**1.The patient is aware of the adverse reactions that may take place from magnesium administration. She shows an understanding in the importance of monitoring vital signs and reflexes hourly.**
2. Risk for infection related to inadequate primary defense (skin)	**Any wound site has a potential risk of acquiring infection. Encouraging**	**1. Observe for localized signs of infection at the site.** **Rationale: Observing the wound site will establish presence of infection.**	**2.The patient stated that she understands she must keep her perineal area cleansed regularly to prevent infection. The peri**

as evidenced by a perineal tear.	**appropriate cleansing and handwashing after using the restroom is a significant precaution for infections.**	**2. Encourage the use of a peri-bottle during and after using the restroom. Rationale: Cleaning the wound site after using the restroom will help prevent infections.**	**bottle has helped this patient tremendously in assisting with perineal cleansing, and this is her preferred method.**
3. Readiness for enhanced knowledge related to identifying own healthcare needs as evidenced by expressing the desire to learn.	**This client was concerned about how she will be measuring her own blood pressure from home.**	**1. Educate the client about signs and symptoms of HTN after pregnancy. Rationale: This client needs to know which symptoms may occur with HTN, so that she knows when to measure BP appropriately. 2. Teach the patient step-by-step how to use at-home blood pressure monitor, educate what the numbers in the reading mean. Rationale: This client must know how to correctly use the device for an accurate reading. She also needs to know which numbers indicate a high blood pressure so that she can notify the provider if necessary.**	**3.The patient and spouse verbally repeated the step-by-step process of at-home blood pressure monitoring accurately. The patient understands that a normal blood pressure range is less than 120 (systolic) and less than 80 (diastolic). Patient is aware that readings above those values are categorized as an elevated blood pressure.**
4. Deficient knowledge related to lack of recall as evidenced by frequent questioning.	**This client frequently asked about the proper method of cleansing herself after returning home.**	**1. Take showers rather than baths for at least two weeks. Rationale: To prevent infections after delivery. 2. Cleanse the area by squirting warm water (peri-bottle) over the area during and after using the restroom. Rationale: To prevent infections after delivery.**	**4.The patient stated that she feels refreshed on her knowledge about perineal cleansing post-partum. Her goal is to take showers for at least a month after delivery and to continue to use the peri bottle while using the restroom.**

Other References (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing.* (3rd ed.). LWW.