N432 Labor & Delivery Care Plan

Lakeview College of Nursing

Joey Runde

Demographics (3 points)

Date & Time of Admission	**Patient Initials**	**Age**	**Gender**
11/18/2019 (Time-0600)	D.B	20	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Student	Single	Sulfonamides
Code Status	**Height**	**Weight**	**Father of Baby Involved**
Full Code	65.7 in	158.7 Ibs	Yes

Medical History (5 Points)

Prenatal History: D.B began her prenatal care on 4/08. She has a history of having chlamydia and thrombocytopenia during her pregnancy. She is a G1P0.

Past Medical History: N/A

Past Surgical History: N/A

Family History: N/A

Social History (tobacco/alcohol/drugs): The patient states that she does use alcohol occasionally but not during this pregnancy. Along with that, she says she does use marijuana and that she had done it during this pregnancy. She denies using any tobacco products.

Living Situation: The patient is currently living at home with her mother.

Education Level: The patient is currently in college studying nursing.

Admission Assessment

Chief Complaint (2 points): Induction of labor

Presentation to Labor & Delivery (10 points): D.B arrived at the hospital with not having any contractions or any visible contractions on the external fetal monitor. She is at thirty-eight weeks of gestation. A vaginal exam was done on the patient, and it showed that she was effaced forty

percent, one centimeter dilated, and the baby was a negative two station. Her membranes were still intact after the vaginal exam was completed. Her blood pressure showed 132/85, her pulse was 98, her respirations were 16, her temperature was 98.4℉, and her O2 saturation was 100% on room air. An IV was started. **Diagnosis**

Primary Diagnosis on Admission (2 points): Intrauterine growth restriction

Secondary Diagnosis (if applicable): N/A

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:

The patient was admitted to the hospital on 11/06 with not having any contractions. She was currently in stage one, phase one when she arrived at the hospital. During the latent phase, the cervix becomes dilated up to three centimeters and effaced up to forty percent (Kyle, Ricci, & Carman, 2017). On arrival, she was currently forty percent effaced, and one centimeter dilated. She was having contractions every two to three minutes that were lasting thirty to forty seconds long. This phase typically can last up to nine hours long (Kyle, Ricci, & Carman, 2017). At about 1300, the patient-rated her pain at an eight. After performing a vaginal exam, she was now ninety percent effaced, five centimeters dilated, and the infant was at a negative one station. With that being said, the patient has moved into the active phase of stage one. During the active phase, the cervix is dilated from four centimeters to seven centimeters (ATI, 2019). The contractions are thought to be more intense and more regular than the latent phase (ATI, 2019). Her contractions were occurring every two and half minutes to three minutes, and lasing seventy to eighty seconds long. Due to the contractions being so intense, the patient was given comfort measures, and she later received an epidural to help relieve the pain she was having. After

receiving the epidural, she rated her pain as a one. An hour after receiving the epidural, her amniotic sac ruptured, and another vaginal exam was performed. After performing the vaginal exam, the patient was now one hundred percent effaced, eight centimeters dilated, and the infant was at the zero station. That moved the patient into the transition phase, the final phase of stage one. During the final phase of step one, the patient will have extreme pain with the contractions that occur every two to three minutes (ATI, 2019). The contractions usually last about forty-five to ninety seconds, and the cervix will now be dilated eight to ten centimeters (ATI, 2019). According to the external fetal monitor, the patient's contractions were happening every one and a half to two and a half minutes and lasted eight to ninety seconds long. During this phase, the patient is usually feeling tired, restless, and irritable (ATI, 2019). Another vaginal exam was done, and it showed that the patient was fully dilated to ten centimeters moving her into stage two of labor.

During the second stage of labor, the fetus moves through the birth canal and out of the body (Kyle, Ricci, & Carman, 2017). The contractions usually occur every two to three minutes, and they last sixty to ninety seconds long (Kyle, Ricci, & Carman, 2017). The patient in the second stage is thought to feel more in control and less irritated during this stage (Kyle, Ricci, & Carman, 2017). D.B’s contractions were still occurring at about two minutes and lasting about ninety seconds. The nurses coached her to push when she felt the urge. The infant was then at a plus three-station, and crowing was seen. The infant was born at 1819 and immediately performed skin to skin contact with mom. That then moved the patient into the third stage of labor.

During the third stage of labor, the uterus continues to contract forcefully, and the placenta expulsion occurs (Kyle, Ricci, & Carman, 2017). The third stage usually lasts about two

to thirty minutes long (Kyle, Ricci, & Carman, 2017). At 1825, a gush of blood came from the vagina, and the umbilical cord started to lengthen. Ten minutes later, the placenta was delivered with all lobes in contact.

The fourth and final stage occurs after the placenta is fully delivered (Kyle, Ricci, & Carman, 2017). During this phase, the mother is stabilized and starts to feel a sense of peace (Kyle, Ricci, & Carman, 2017). During the fourth stage, the provider repaired the second-degree midline laceration. Along with that, the fundal and the lochia were assessed every fifteen minutes for one hour and then every hour for four hours. Ice packs were also applied to the perineum. At 2230 D.B was transferred to the postpartum unit with her infant.

Stage of Labor References (2) (APA):

ATI Nursing Education (2019). *RN maternal newborn nursing (11th ed.)* Assessment Technologies Institute, LLC.

Ricci, S.S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing (3rd ed.).* Philadelphia, PA: 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	3.50-5.20	4.60	4.48	N/A	N/A
Hgb	11-16	12.6	12.2	N/A	N/A
Hct	34-47	37.5	36.2	N/A	N/A
Platelets	140-400	251	180	N/A	N/A
WBC	4-11	7.0	7.6	N/A	N/A
Neutrophils	1.5-8	58	68.2	N/A	The patient had elevated neutrophils at her prenatal

					visit due to having chlamydia (Ricci, Kyle & Carman, 2017). The patient had elevated neutrophils at her admission visit due to testing positive for group beta streptococcus (Ricci, Kyle & Carman, 2017).
Lymphocytes	1-4.9	25	19.9	N/A	The patient had elevated lymphocytes at her prenatal visit due to having chlamydia (Ricci, Kyle & Carman, 2017). The patient had elevated lymphocytes at her admission visit due to testing positive for group beta streptococcus (Ricci, Kyle & Carman, 2017).
Monocytes	2-8	13	11.7	N/A	The patient had elevated monocytes at her prenatal visit due to having chlamydia (Ricci, Kyle & Carman, 2017). The patient had elevated monocytes at her admission visit due to testing positive for group beta streptococcus (Ricci, Kyle & Carman, 2017).
Eosinophils	0-0.5	2	0.0	N/A	The patient had elevated eosinophils at her prenatal visit due to having chlamydia (Ricci, Kyle & Carman, 2017).
Bands	0-0.2	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	B-	B-	B-	N/A	N/A
Rh Factor	-	-	-	N/A	N/A

Serology (RPR/VDRL)	-	-	Non-detected	N/A	N/A
Rubella Titer	>1.0	Immune	N/A	N/A	N/A
HIV	Negative	Negative	N/A	N/A	N/A
HbSAG	Negative	Negative	N/A	N/A	N/A
Group Beta Strep Swab	Negative	Positive	N/A	N/A	Group beta streptococcus is very life threatening in newborns (Ricci, Kyle & Carman, 2017). Group beta streptococcus can cause pneumonia or sepsis in a newborn (Ricci, Kyle & Carman, 2017).
Glucose at 28 Weeks	70-100	82	N/A	N/A	N/A
MSAFP (If Applicable)	0.5-5.0	Negative	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	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 protein/creatinine ratio (if applicable)	Negative	N/A	N/A	N/A	N/A

Lab Reference (APA):

ATI Nursing Education (2016). *RN maternal newborn nursing (10th ed.)* Assessment Technologies Institute, LLC.

Ricci, S.S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing (3rd ed.).* Philadelphia, PA: Wolters Kluwer.

Electronic Fetal Heart Monitoring (16 points)

Component of EFHM Tracing	Your Assessment
What is the Baseline (BPM) EFH?	1st strip- 120 BPM 2nd strip- 150 BPM 3rd strip- 150 BPM
Are there accelerations? • **If so, describe them and explain what these mean**	On strip 2, there are some accelerations on the strip. The accelerations go up to 170-180 BPM and last up to 30-40 seconds

(for example: how high do they go and how long do they last?) **What is the variability?**	long. Accelerations are a good sign because it shows the autonomic nervous system is working correctly and receiving enough oxygen (Ricci, Kyle & Carman, 2017).
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?**	On strip 3, there are some early decelerations. The decelerations occurred when the mother was having contractions. During contractions, the fetus isn't receiving adequate blood and oxygen, causing it to drop (Ricci, Kyle & Carman, 2017). The nurse moved the patient on her left side, and the decelerations stopped.
Describe the contractions: **Frequency:** **Length:** **Strength:** **Patient's Response:**	Strip 1: Frequency: about 2-3 min Length: 30-40 seconds Strength- mild/moderate Patient Response: She rated her pain as 5 out 10 and wanted pain medication. She was given fentanyl Strip 2: Frequency: about 2.5 – 3min Length: 70-80 seconds Strength: strong Patient Response: The Patient rated her pain as an 8 out of 10. She was showed comfort measures and she was given an epidural. Strip 3: Frequency: about 1.5-2.5 min Length- 80-90 seconds Strength: strong Patient Response: The patient was coached to begin pushing when she felt pressure.

EFM reference (APA format):

Ricci, S.S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing (3rd ed.).* Philadelphia, PA: 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	Prenatal Vitamin-Fe Furmarate-Fa/ Brand N/A	Tylenol/ Acetaminophen			
Dose	1 tablet	650 mg			
Frequency	daily	PRN			
Route	PO	PO			
Classification	Prenatal	Analgesic			
Mechanism of Action	Gives the pregnant women vitamins and minerals that are needed to support the pregnant women and the fetus	To diminish pain, it acts via an unknown mechanism of action			
Reason Client Taking	Prenatal	Headaches			
Contraindications (2)	1.Gastritis 2.Ulcerative Colitis	1.Renal Impairment 2.Chronic Alcohol Use			
Side Effects/Adverse Reactions (2)	1.Nausea 2.Constipation	1.Nausea 2.Rash			
Nursing Considerations (2)	1.Make sure the patient is receiving a well-balanced diet to support the medication	1.Should be given with food to avoid GI upset 2. Try not to			

	2.Make sure they are taking them correctly	take consecutively for longer than 10 days			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1.Iron 2.Calcium	1.Liver enzymes 2. Vital Signs			
Client Teaching needs (2)	1.Notify the provider if you are having any serious side effects 2. Take this medication every day	1.Caution patient to not exceed the recommended dosage 2.Inform the patient that acetaminophen may cause reduced fertility			

Hospital Medications (5 required)

Brand/Generic	Pitocin/oxytocin	Abstral/ fentanyl	Bicillin C-R/ penicillin G	Naropin/ ropivacaine	Cytotec/ misoprostol
Dose	1-20 mL	25 mcg	2.5 million units	10mL/hr	800mg
Frequency	Titrated/hr	once	Q4 hrs	Once	once
Route	IV	IV Push	IV	Epidural	Vaginally
Classification	Oxytocic	Opioid	Penicillin's	Anesthetics	Prostaglandins
Mechanism of Action	Binds to oxytocin receptors in myometrium, increasing intracellular Ca and stimulating	Binds to various opioid receptors, producing analgesia and sedation	Bactericidal: inhibits cell wall mucopeptide synthesis	Inhibits Na ion channels, stabilizing neuronal cell membranes and inhibiting nerve impulse	Inhibits gastric acid secretion and increases bicarbonate to protect lining of the stomach

	uterine contractions			initiation and conduction	
Reason Client Taking	To stimulate contractions	To reduce pain from contractions	Positive for Group B Streptococcus	To reduce pain during labor	Postpartum hemorrhage
Contraindications (2)	1.Cord presentation or prolapse 2.Uterine rupture risk	1.Hepatic Impairment 2.Alcohol use	1.Renal Impairment 2.Seizure disorders	1.Hepatic Impairment 2.Hypovolemia	1.Prior cesarean section 2.Uterine surgery
Side Effects/Adverse Reactions (2)	1.Hypertension 2.Arrhythmias	1.Cardiac Arrest 2.Seizures	1.Nausea 2. Abdominal Pain	1.Heart Block 2.Bradycardia	1.Uterine rupture 2.Myocardial infarction
Nursing Considerations (2)	1.Electronic fetal monitoring 2.Watch for adverse effects	1.Do not give to patients that are bradypnea 2. Watch for adverse effects	1. Assess patient for signs of secondary infection; such as diarrhea 2. This drug can cause fluid overload	1.This medicine can cause severe hypotension 2. This medication puts patient at a huge fall risk	1. This medication can cause hypertension and hypotension 2. Watch for excessive bleeding
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1.Fetal heart rate 2.Maternal Vital signs	1.ECG 2. Vital signs	1.Serum sodium levels 2.Vital signs	1.ECG 2. Neurological status	1. Vital signs 2. Monitor for hyperstimulation of the uterus
Client Teaching needs (2)	1.This medication will help stimulate your contractions 2.Explain to the patient the adverse effects they can experience while on this medicine	1. Warn patient that this medication could decrease respirations 2. Explain to the patient the adverse effects	1. Instruct patient to report previous allergies to penicillin 2. Urge patients to tell the provider if diarrhea develops	1. Do not try to walk while this medication is in effect 2. Explain to the patient the adverse effects she could expect	1. Explain to the patient that this medication is given to stop the bleeding 2. Explain to the patient the adverse effects she could expect

Medications Reference (APA):

Epocrates.com (2020). Search. Diagnose. Treat. Retrieved June 27, 2020. Retrieved form online.epocrates.com

Frandsen, Geralyn. (2020). *Abrams Clinical Drug Therapy: rationales for nursing practice*. S.l.: Wolters Kluwer Medical.

Jones & Bartlett Learning. (2019). 2019 Nurses drug handbook. Burlington, MA.

Diagnose. Treat. Retrieved June 27, 2020. Retrieved form online.epocrates.com

Assessment

Physical Exam (18 points)

GENERAL (0.5 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&O x 4 The patient is not under any stress other than having pain with her contractions. Her overall appearance looks well kept.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds/Incision:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 The skin was normal for her race, it was warm to touch, & slight sweating was visible. Her skin returned when it was pulled on. The patient did not have any visible rashes, bruises, or wounds. Braden score was a 19 and she did not have any drains present.
HEENT (0.5 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Her head was normocephalic and the neck was midline with no distensions. The patient's ears were intact and the tympanic membrane was pearly gray. PERRLA The nose was intact, no drainage, or septum deviation. White teeth and very clean
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:**	Clear S1 and S2 noted No murmurs or gallops heard The patient had a normal heart rhythm, 2+ pulses in all locations Less than 3 seconds for capillary refill
RESPIRATORY (1 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Clear breath sounds heard in all lobes. No crackles, wheezes, or rhonchi heard. Her respiratory rate was in the normal range.
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:**	A normal diet is followed at home Normal diet 65.7 inches 158.7 Ibs Active bowel sounds heard in all four quadrants Last BM-11/17/2019 The patient had no masses or pain in her abdomen. D.B did not have any abdominal distention, no incisions, no scars, no drains, or wounds on her abdomen.
GENITOURINARY (5 Points): **Bleeding:** **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **Rupture of Membranes:** **Time:** **Color:** **Amount:** **Odor:** **Episiotomy/Lacerations:**	The patient had a total blood loss of 650 mL. The urine was yellow and clear. Total urine output- 1545 mL D.B's genitals are red and very tender. Her membranes ruptured at 1500. She is using a 16-gauge indwelling catheter. Her membranes ruptured at 1500. The color was clear, there was a large amount of fluid, and it was odorless. She has a 2nd degree laceration

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** ☐	The patient is on a slight fall risk due to the pain. She does not need assistance with her activities of daily living Her fall score is a 3 and she need some assistance with the equipment.
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:**	A&O x4 The patient is well educated and has no mental deficits. He speech and sensory levels are normal for her age and her deep tendon reflexes are present.
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):**	The patient is doing well and is not under any stress. She is developing well after her labor. The patient is a Christian and it means a lot to her. The patient lives at home with her mother and she is very supportive. The father is also supportive.
DELIVERY INFO: (1 point) **Delivery Date:** **Time:** **Type (vaginal/cesarean):** **Quantitative Blood Loss:** **Male or Female** **Apgars:** **Weight:** **Feeding Method:**	 Date: 11/06/2019 Time: 1819 Type: Vaginal Blood Loss: 650 mL Male 1 min APGAR 7 5 min APGAR 8 Weight: 2006 grams Feeding: Breast feeding

Vital Signs, 3 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
Prenatal	84 BPM	128/65 mmHg	18 BPM	98.8℉ oral	100% room air

Admission to Labor/Delivery	98 BPM	132/85 mmHg	16 BPM	98.4℉ oral	100% room air
During your care	92 BPM	132/84 mmHg	18 BPM	99.3℉ oral	97% room air

Vital Sign Trends: The patient's vital signs were overall really good. Her blood pressure was slightly elevated, but other than her vital signs were all in the normal ranges.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0600	1-10	Bottom	5 out of 10	Pressure	Fentanyl
1430	1-10	Bottom	1 out of 10	Pressure	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18g **Location of IV:** Right basilic vein **Date on IV:** 11/06 0600 **Patency of IV:** No infiltration or phlebitis **Signs of erythema, drainage, etc.:** No signs of erythema and drainage **IV dressing assessment:** The IV is clean, dry, and intact	Lactated Ringer Solution- 100 mL per hour Oxytocin titrated dose 1-20 mL/hr @ 0700 Penicillin G 5 million units & then 2.5 million units given Q4 hours during labor

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
953 mL	2,195 mL

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.**
Turned her to her left side (N)	Once	The fetal heart rate was experiencing decelerations.
Monitor patient's vital signs (N)	Q 3-4 hrs	This intervention was done to make sure the patient was not experiencing hypotension from the epidural.
Administer misoprostol (T)	Once	This intervention was done to prevent the mother from having post-partum hemorrhage.

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. Potential for hemorrhage related to	The possibility of excessive blood loss	1.Assess maternal vital signs for shock.	D.B understood that she is at a high risk for blood loss because she

pregnancy and as evidenced by the order for the prescription of misoprostol.		Rationale: *Changes in the vital signs will show signs of too much blood loss.* 2.Assess the amount of blood that is being lost. Rationale: *This will help the nurse know if they should start an IV for fluid replacement.* Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.	just had a baby. She said she will do anything to prevent this from happening.
2. Acute pain related to the contractions during pregnancy and as evidenced by the client saying that is pain level is a five out of a ten.	The pain the patient is having with contractions	1. Teach the patient how to use non pharmacological techniques to help with the pain. Rationale: *This will help to reduce stress, relieve the pain, and she will have fewer side effects.* 2. Assess the patient's pain level consistently. Rationale: *Assessing for pain will let the nurse know when to administer medication or to use other methods to help the pain.* Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*.	The patient was very agreeable to try the non-pharmacological methods and to notify someone when her pain gets unbearable.

		St. Louis, MO: Elsevier.	
3. Need for health teaching due to not providing safety measures for the fetus and as evidenced by the client saying she smoked marijuana while she was pregnant.	Drugs are harmful to the fetus	1. Educate the mother how drugs can cause defects in the baby. Rationale *Educating the mother will help her know how harmful smoking marijuana can be to the fetus.* 2. Educate the mom about setting up a counseling appointment to help her stop smoking marijuana Rationale. *The counselor will help her stop smoking marijuana safely and effectively.* Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.	The mother was agreeable to stop smoking marijuana and an appointment to the counselor was made.
4. Need for health teaching due to not knowing when the right time to push and as evidenced by the client saying this is her first pregnancy.	This is the patients first pregnancy.	1. Educate the mother that she should push when she feels an urge. Rationale: *Educating the mother when to push will help the labor go a lot smoother.* 2. Educate the mother not to push during stage one of labor. Rationale: *Educating the mother not to push during stage one can help prevent her from having complications.*	The mother understood that she needs to wait till stage two, too push and that she should push when she feels an urge.

		Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.	

Other References (APA)

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.