

Alliance University
Cheryl Phenicie School of Nursing
NURSING CARE PLAN

Student's Name: Stephanie Duque

Nursing Diagnosis:

P Risk for Ineffective breastfeeding

E r/t poor infant sucking reflex, secondary to tongue-tied birth defect

S

Patient's Initials: F.A

Date: 1/27/23

Admitting Diagnosis: Vaginal Delivery

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
<p>The patient will exhibit an enhanced breastfeeding regimen, and newborn will be satisfied after feeding during 8hrs of the shift worked.</p>	<ol style="list-style-type: none"> 1. Educate parent on s/s of infant inadequate intake of milk. 2. Teach mother to breast feed in an upright position 3. Refer to feeding/swallow specialist 4. Demonstrate mother on how to use nipple shield 5. Exclusively breast feed every 2 hrs. 6. Evaluate mother's readiness to learn about breastfeeding. 	<ol style="list-style-type: none"> 1. Important for parents to know the s/s of inadequate intake of milk in the newborn it may indicate inefficient breastfeeding 2. An upright position is the most comfortable position for tongue tied babies. 3. Feeding/ swallow specialists will Assess oral motor pattern and swallow function to determine what seems to be causing or contributing to the feeding issues 4. Nipple shield allows neonate to maintain a good latch 5. Breastfeeding every 2hrs will help the production of frequent breast milk. 6. Breastfeeding techniques and nursing interventions are essential for the baby. 	<p>Goal was met; After 8hrs of proper breastfeeding techniques newborn was satisfied after feeding and showed no signs of inadequate intake of milk.</p>

References:

<https://www.medela.com/breastfeeding/mums-journey/breastfeeding-positions#:~:text=The%20upright%20or%20koala%20hold%20is%20often%20the%20most%20comfortable,tie%20or%20low%20muscle%20tone.>

<https://www.chla.org/blog/rehab-therapies-and-audiology/tongue-tie-and-your-baby>