

# OB: A CASE STUDY

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Ohhh Baabyy!



# DEMOGRAPHICS...

- ◉ R.M. born January 15, 1987 =24 years of age
- ◉ Caucasian
- ◉ Lives suburban area home with fiancé
- ◉ Works as a home health care aid
- ◉ She was adopted as a baby into an orthopedic doctor's home w/ two other siblings
- ◉ G 4; P 3; L 3; AB 1
- ◉ A(+), immune, GBS(-)
- ◉ Smoker (7 years) 5 cigarettes q day
- ◉ Social drinker

# HISTORY

- Iron deficiency anemia
  - ↑WBC
- Seasonal allergies
- Migraines
- Kidney/ bladder infections
- Sciatica
- Mental retardation (FOB) side→cousin having (MRDD)
- FOB's brother deceased at birth-unknown cause





- ◉ Admitted March 29, 2011 @ 1145 for pelvic pressure, contractions & pain
  - ◉ Baby born @1302, 3-29-11
    - ◉ APGAR 8/9
      - ◉ 6lb 2oz girl born term @ 39 weeks
- ◉ Repeat c-section sedated w/ spinal anesthesia
  - ◉ Breast feeding



## **Prenatal:**

- Percocet 5/325
- Flexeril/Cyclobenzaprine
- PreNatalVitamin (PNV)
- Pepcid

## **PP:**

- Feosol/Ferrous Sulfate
- Heparin
- Toradol IVP
- NaCl
- Depo-Provera Contraceptive
- Percocet 5/325
- Mefoxin IVPB

# ASSESSMENT: MOTHER

- ◉ BP-118/68, P-90, RR-15, T-36.8° C, Pain 7/10
- ◉ Skin turgor-WNL; cap refill-WNL. IV HL in LFA, dressing clean, dry, & intact
- ◉ L expiratory & inspiratory wheezes (clears with cough)
- ◉ Pt ordered respiratory status assessments q h to monitor RR & lung sounds.
- ◉ Bowel sounds- present X4 quadrants
- ◉ Moist productive cough
- ◉ R breast soft non-tender/L breast soft tender
- ◉ Fundus- firm, midline, -2
- ◉ Surgical incision- clean, dry, & intact
- ◉ Moderate lochia: rubra: Ø clots; Perineal area intact
- ◉ Pedal pulses +2/bil; +1 pedal edema; SCD devices in use, abdominal binder in place

# ASSESSMENT: BABY-GIRL

- ◉ T- 37° C, R-50, HR-146
- ◉ Skin warm and dry. Pulses normal. Lung sounds-clear. Bowel sounds present.
- ◉ Anterior fontanel=smooth/even; posterior =smooth/even.
- ◉ Eyes aligned with ears.
- ◉ Small amount of caput succedaneum
- ◉ Reflexes normal: Moro (+), grasp (+), rooting (+), sucking (+), babinski (+)
- ◉ Small amount of lanugo
- ◉ Ø dimples
- ◉ Genital/ diaper area clear
- ◉ Last feeding @ 0700, duration- 20 mins L breast. Infant response-sleeping.

# RISK FOR INFECTION RELATED TO CURRENT HEALTH STATUS

## Supporting data:

- ◉ Foley catheter
- ◉ C-section
- ◉ history of increased WBC
- ◉ history of kidney infection/stones
- ◉ WBC 18.07↑
- ◉ history of anemia
- ◉ left lung expiratory and inspiratory wheezes
- ◉ Mefoxin 2g IVPB

# GOALS

- ◎ **Short term:** The patient will have a decrease in audible wheezes by the end of clinical shift.
- ◎ **Long term:** The patient will not have further signs of infection as evidence by no additional increase of WBCs, a decrease in wheezes, maintenance of temperature, and clean/intact incision no longer than 1 week PP

# INTERVENTION/RATIONALE

- ◉ **I: Encourage fluids at every assessment.**
- ◉ **R: Urinary catheters provide a site for microorganism entry. Increased fluid intake can help to flush the urinary tract.**
- ◉ **I: Prompt patient to cough, deep breath, and encourage incentive spirometer every hour.**
- ◉ **R: Individuals with pain and post-anesthesia, compromised ability to move, and those with ineffective cough are at risk for infection due to pulling of respiratory secretions.**

# INTERVENTION/RATIONALE

- ◉ **I: Wash hands before and after all contact with client**
- ◉ **R: Hand washing is one of the most important means to prevent the spread of infection.**
- ◉ **I: Educate patient on proper post-discharge surveillance of vaginal discharge and incision for signs or symptoms of infection and when notify health care provider.**
- ◉ **R: Many post-partum infections are evident after discharge due to brief period of hospitalization for this type of surgery**

# EVALUATION

## *Short Term Goal Evaluation:*

- ⦿ The patient's audible wheezes decreased from left inspiratory and expiratory wheezes, to only expiratory wheezes that cleared with cough by end of clinical shift.

## *Long Term Goal Evaluation:*

- ⦿ The patient shows no further signs of infection as evidence by no additional increase of WBCs, no increase in wheezes, maintenance of temperature, and clean/intact incision but is unable to be evaluated at the time. Will continue to monitor

# ANXIETY RELATED TO ALTERED EMOTIONAL STATUS AEB. . .

## Supporting data:

- ⊙ Pt questions when she is able to receive pain medication
- ⊙ Patient states pain medication “is not enough”
- ⊙ Patient cries often
- ⊙ Patient cries while attempting to breastfeed
- ⊙ Consistent pain of 8/10 throughout clinical shift
- ⊙ Patient experiencing post partum hormonal changes

# GOALS

- ◉ Short term: The patient will have decreased anxiety by less crying and more signs of psychological comfort within eight hours.
- ◉ Long term: The patient's anxiety will not progress or last longer than two weeks.

# INTERVENTIONS/RATIONALE

- ⦿ **I: Provide reassurance and comfort to the patient when needed.**
- ⦿ **R: Reassurance and comfort can help reduce anxiety in a post partum patient**
  
- ⦿ **I: Give concise directions at all times.**
- ⦿ **R: Some fears are based on inaccurate information which accurate data can relieve**

# INTERVENTIONS/RATIONALE

- ◉ **I:** Encourage expression of feelings.
- ◉ **R:** Asking a client to express feelings and emotions may help relieve the patient's anxiety by letting them know they have someone to talk to instead of keeping it to themselves



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- ⦿ I: Encourage patient to bond with baby as much as possible
- ⦿ R: More mother-infant bonding can help to reduce the mother's anxiety and depression

# EVALUATION

## *Short Term Goal Evaluation:*

- ⦿ Patient showed a decrease in anxiety by reduced episodes of crying and improved psychological comfort within eight hours.

## *Long Term Goal Evaluation:*

- ⦿ The patient shows signs that anxiety will continue to diminish by reduced episodes of crying and improved psychological comfort, but is unable to be evaluated at the time. Will continue to monitor.

# INEFFECTIVE BREASTFEEDING RELATED TO LACK OF KNOWLEDGE

## Supporting data:

- Pt crying and states “I am so bad at this. She seems hungry but when I try it doesn’t seem like she gets anything”
- When pt educated about colostrum pt states “Oh, I didn’t know that. It would’ve been nice to know with my first two kids”
- Pt states she’s very tired and didn’t sleep much
- Pt has small appetite- only ate 25% of breakfast
- Pt states she “wants a cigarette”

# GOALS

- ◉ Short term: The patient will exhibit confidence in establishing satisfying, effective, breastfeeding by the end of clinical shift.
- ◉ Long term: The patient will demonstrate effective breastfeeding independently within three days post partum.

# INTERVENTIONS/RATIONALE

- ◉ **I:** Explain the process of breastfeeding to patient
- ◉ **R:** Constant positive feed back is essential for breastfeeding mother. The decision to breast feed is very personal and should not be made without adequate information
- ◉ **I:** Offer the use of available support systems through peer counselor programs or visual education programs as needed.
- ◉ **R:** Peer and visual programs are more effective in encouraging and educating a struggling breast feeding mother

# INTERVENTIONS/RATIONALE

- ◉ **I:** Ensure the infant grasps a good portion of the areola, not just the nipple.
- ◉ **R:** Successful breastfeeding is dependent on the ability of the infant to latch on
  
- ◉ **I:** Ask patient to list anticipated difficulties.
- ◉ **R:** listening to mother and partner's concerns can help prioritize apprehensions.

# EVALUATIONS

- ⦿ **Short term evaluation:** The patient exhibited more confidence in breast feeding by understanding education of colostrum and effective breast feeding with a content infant in afternoon assessment.
- ⦿ **Long term goal evaluation:** The patient showed signs of ability to demonstrate effective breast feeding independently but was unable to be evaluated at this time. Will continue to monitor.

# INEFFECTIVE HEALTH MAINTENANCE RELATED TO EFFECTS OF DAILY HABITS..

## Supporting Data:

- Late prenatal care
- Pt states she's very tired and didn't sleep much
- Pt has small appetite- only ate 25% of breakfast and 30% of lunch
- Pt states she "wants a cigarette"
- Pt has L exp and insp wheezes
- Pt has moist productive cough
- Pt has BMI of 18.85 (lower end of normal)
- pt has signs and symptoms of stress and anxiety
- Smoker for 7 years with 5 cigarettes/day, socially drinks alcohol.

# GOALS

## Short term:

- ⦿ **The patient will verbalize intent to improve daily habits related to health maintenance by end of clinical shift.**

## Long term:

- ⦿ **The patient will have an improvement in daily habits pertaining to health maintenance within the next month.**

# INTERVENTIONS/RATIONALE

- ◉ **I:** Offer patient the opportunity to explore strategies to quit smoking.
- ◉ **R:** The best quit-smoking programs are those that combine multiple strategies
  
- ◉ **I:** Educate patient on proper nutrition and sufficient caloric intake while breastfeeding
- ◉ **R:** Caloric intake should increase 200kcal/day for a breastfeeding mother because more calories are burned through the breastfeeding process

# INTERVENTIONS/RATIONALE

- ◉ **I:** Advise the patient to use distraction, relaxation, and imagery to reduce stress.
- ◉ **R:** Reduction of stress can help to improve the quality of health
- ◉ **I:** Discuss and encourage patient and fiancé to pursue smoking cessation together at next assessment.
- ◉ **R:** Eliminating a smoking environment can help to reduce the psychological need for smoking. If both household members decide to quit there is no trigger to remind the other

# EVALUATION

- ◉ **Short term goal evaluation:** The patient verbalized intent to improve smoking habits related to health maintenance by stating “I guess I better wait ‘til after she’s done breastfeeding then.”
- ◉ **Long term goal evaluation:** The patient verbalized intent to improve daily habits pertaining to health maintenance, but requires strict, further monitoring to be evaluated effectively.