
Baby H. was just born in a hospital that provides single-room maternity care (SRMC). SRMC allows the infant to remain with the parents after birth. H.'s mother was in labor for 12 hours and gave birth vaginally. Baby H. is the first baby born to these parents. The nurse will complete the physical assessment and observe for physiologic changes in the infant's transition from intrauterine to extrauterine life.

1. Name the three phases that occur during this transition period and state an approximate time frame for each.

1. The first period of reactivity generally lasts six to eight hours. For the first 30 minutes after birth, the newborn is generally very alert and active. The infant will usually have a vigorous suck reflex during this time, and it is generally an excellent time to begin breastfeeding. The infant will have open eyes and will be interested in looking around. Physiologically, the infant's respiratory rate may be increased and the lungs will sound quite wet. The heart rate may be increased, bowel sounds are active, mucus production is increased, and body temperature may be slightly decreased
2. After this initial period of alertness, the newborn will go into a deep sleep that generally lasts from two to four hours, though it may continue much longer. During this period, the infant is very calm. Attempts to stimulate the infant will generally be unsuccessful. Ideally, the physical examination should be completed before this time and the infant can then be left alone to sleep. Physiologically, the infant will experience a decrease in respiratory rate, mucus production, and temperature and will likely not void or stool.
3. The second period of reactivity, which usually lasts two to five hours, begins when the newborn wakes from this deep sleep state. The infant is generally very alert once again and showing signs of hunger. This is an excellent opportunity for the infant and family to interact with each other and for the nurse to begin some teaching regarding hunger cues and other ways that the infant may communicate needs. Physiologically, the newborn's heart and respiratory rates increase, the gag reflex is active, and the production of mucus and meconium resumes

2. What care is specific to the first period of reactivity?

- Apgar score is completed at 1 and 5 minutes.
- Assess and monitor heart rate and respiration and color every 15 to 30 minutes for the first hour.
- Maintain body temperature; thoroughly dry infant after birth. Stabilize temperature by placing infant directly on mother's abdomen and covering with warm blankets. If infant is not with mother, place infant under a radiant warmer until body temperature stabilizes.
- Maintain airway; suction with bulb syringe as needed to remove secretions.
- Facilitate mother and infant interaction by having the new parents hold their infant.
- May delay eye prophylactics for the first hour to facilitate parent-infant interaction through eye contact. This period often occurs in the delivery area.
- Weigh and measure infant.
- Vitamin K shot
- Breastfeeding can be initiated

3. The sleep phase and second reactive phase might occur in the SRMC or in the nursery. Identify eight assessments or tasks that the nurse needs to do during the transitional care period.

1. Skin assessment
2. Head assessment
3. Eye assessment
4. Ear assessment
5. Nose assessment
6. Mouth assessment
7. Chest assessment
8. Respiratory and cardiovascular assessments
9. Abdomen assessment

4. You are preparing to give the injection of vitamin K (AquaMEPHYTON). The order is to give 0.5mg subcutaneously on arrival in the nursery. The medication comes in a solution of 1mg/0.5mL. Calculate how much medication you will draw up into the syringe.

0.25 mL

5. Erythromycin ointment is instilled in both eyes to prevent which of these infections?

- a. Chlamydia
- b. Herpes simplex virus infection
- c. Gonorrhea
- d. Human papillomavirus (HPV) infection

6. Once the transitional care and documentation are completed, the infant might be transferred to the normal newborn nursery if the hospital does not use SRMC. The newborn nursery nurse is responsible for what ongoing care of the newborn infant?

- Administer Medical Treatments, Procedures, and Medications such as: duties include dispensing medication and performing diagnostic tests and procedures, such as blood draws and intubation
- Infant Care: spend time holding and rocking babies, feeding them bottles, and changing diapers
- Assist Physicians: treatment administration and surgery and report to physicians on changes in patient conditions
- Create and Implement Patient Care Plans: consult and coordinate with doctors and healthcare team members to assess, implement, and evaluate patient care plans
- Maintain Patient Records like vital signs and symptom changes and maintaining accurate and detailed reports of this information in patient records
- Educate Parents: update parents on the baby's condition and educate parents on how to care for the infant once the baby leaves the hospital. Concerned parents usually have a lot of questions, and the nursery nurse provides answers or directs them to a physician or medical staff who can.

7. The laboratory performs a Coombs test on Baby H. What is the purpose of the Coombs test?

- a. It is done to identify the infant's blood type.
- b. It tests for damage to the red blood cells (RBCs) from maternal antibodies.
- c. It checks the RBCs for anemia.
- d. It is a test for immunity to the hepatitis virus.

8. True or False: A phenylketonuria (PKU) blood test can be done any time before an infant is discharged to home. If false, explain your rationale.

True only if child is in the hospital for 3 days or less.

Case Study Progress

Baby H.'s mother has decided to breastfeed her infant. She asks for assistance.

9. Identify six important points to include in your teaching plan.

- 1) Nurse frequently, 10-15 minutes on each breast every two to two and a half-hours; breast feeding at least 8 times in 24 hours.
- 2) Drink lots of fluids, preferably an 8-ounce glass of water every time you pick up your infant to feed. Consume as much juice, milk, herbal tea as you wish in addition to a lot of water. Try beverages like Ginger Ale, but avoid too much coffee or colas.
- 3) Check to see that your baby has 6-8 wet diapers in 24 hours.
- 4) Use hot compresses and hand expression to help initiate let down and encourage your baby to nurse.
- 5) Do not give a pacifier or bottle until breastfeeding is well established.
- 6) Signs of a good latch-on:
 - The top and bottom lips should be open to at least 120°
 - The lower lip (and, to a lesser extent, the upper lip) should be turned outward against the breast
 - The chin should be touching the breast, while the nose should be close to the breast
 - The cheeks should be full
 - The tongue should extend over the lower lip during latch-on and remain below the areola during nursing (visible if the lower lip is pulled away)

10. H.'s mother calls you to tell you that her baby seems too sleepy and is not feeding well. What will your next action be?

Use various techniques to try to stimulate the infant. If unsuccessful, you might want to check the baby's glucose level according to hospital policy, and notify the primary care provider.

Case Study Progress

You are meeting with Baby H.'s mother to review discharge instructions. She has many questions.

11. Baby H.'s mother asks you about cord care and circumcision care for her infant. What will you tell her?

Use the following guidelines for your newborns umbilical cord stump care:

- The umbilical cord stump will look bluish-purple and have a plastic clamp on it. The clamp will be removed at the hospital before going home. The umbilical stump will fall off in about two or three weeks.

- Until it falls off, keep the stump clean and dry.
- Wipe the cord with alcohol and always fold the diaper below the cord.
- It is normal for there to be a bit of bleeding when the cord falls off.

Circumcision:

- After the circumcision, the physician will place a small amount of petroleum jelly on your baby's penis and wrap a thin strip of gauze over the wound.
- Keep this area clean and dry and at each diaper change, apply petroleum jelly and a clean gauze pad. Continue this care until the discharge stops and the redness fades away in about two to three days.
- The penis usually heals in five to seven days. During this time, you may gently wash the penis with warm water and pat dry. A tub bath should be avoided until the penis has healed and the umbilical cord has fallen off.

12. Baby H.'s mother asks you how she can keep her infant from catching a cold or some other type of infection. What is the most important measure to teach her?

- Breastfeeding.
- Hand washing.
- Keep contaminated objects out of baby's mouth.
- Avoid crowds and sick people.
- Cover your mouth when you cough.
- Make sure minimal guests and visitors around baby; make sure they wash their hands and are not sick or show any symptoms.

13. After discharge, it is important for Baby H. to receive follow-up care. What should you teach the mother to help her understand the importance of regular visits?

Childhood is a time when change and rapid growth are normal. Checking in with your pediatrician helps him or her determine or prevent any developmental problems. At the pediatric visit your pediatrician will measure and weigh your child and check his or her vitals, necessary vaccinations. You can discuss your child's developmental milestones learning and behavior.

14. You realize that Baby H.'s mother needs information about safety issues before being discharged.

After a review of safety issues, which statement by Baby H.'s mother indicates that she needs further instruction?

- a. "I have a car seat and will use it for my baby every time we use the car."
- b. "I can leave him on the infant table for just a few moments while he is a newborn."**
- c. "I will not drink hot coffee while holding my baby."
- d. "I will check the bath water temperature before bathing him."

Case Study Outcome

Baby H. is discharged to home with his parents.

This study resource was
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