

PROBLEM/NEED

SHORT-TERM GOAL

APPROACHES/DISC

Knowledge deficit related to breastfeeding.

Will verbalize and demonstrate understanding of correct breastfeeding techniques, concepts such as demand vs scheduled feeding, indicators of successful feeding (8-10 wet/messy diapers/day, good skin turgor, flat ant fontanel) by: / /2003

Will demonstrate correct positioning for 3 different breastfeeding positions, ie cradle, football, side-lying positions by: / /2003

Will identify appropriate situations for calling lactation consultant/pediatrician: ie call LC for latching on difficulties, difficulty with feeding techniques, further questions. Call MD for weight loss, fever, listlessness, <8 wet diapers in 24 hours, poor skin turgor, sunken anterior fontanel.

Demonstrate, instruct, provide hands-on guidance:

- Breastfeeding positions, including cradle hold, football hold, side-lying position
- Latching on (ensure wide open mouth, entire nipple and areola area into mouth)
- Rooting reflex (stroke cheek gently, infant will “root” for nipple)
- Adequate suckling: should observe rhythmic suck/swallow pattern
- According to MD orders/facility protocol, begin with 5 minutes on each side, increase as tolerated to 15 minutes each side
- To break suction, gently insert 1 finger between infant’s gum and nipple (decreases cracking and soreness of nipples)/N

Provide instructions regarding s/sx of mastitis. (Painful, swollen, reddened, hot to touch area on breast, fever, chills, malaise, general body aches) Notify MD asap for s/sx of infection./N

Observe feeding techniques and provide reinstruction prn./N

PROBLEM/NEED

SHORT-TERM GOAL

APPROACHES/DISC

Potential for complications related to breastfeeding.

Will remain free of maternal or neonatal complications related to breastfeeding through review date.

Observe/record/notify MD prn:

Maternal Complications:

- Mastitis (fever, chills, malaise, red/swollen/hot areas on breast)
- Local irritation or dermatitis (soreness, cracked skin around nipples/areolae)

Neonatal Complications:

- Dehydration (fever, listlessness, wt loss, tachycardia, sunken fontanel, poor skin turgor, decreased urine output)
- Jaundice (yellow coloring of skin, sclerae, elevated bilirubin)
- Failure to thrive (slow or no weight gain, poor development)

Provide/instruct re local skin treatments per facility protocol (A and D ointment, Hydrous Lanolin, etc)/N

Monitor vital signs (mother and baby)per protocol and record. Notify MD of significant abnormalities./N

Monitor baby's weight per protocol and record. Notify MD of abnormal wt gain or wt loss./N

PROBLEM/NEED

SHORT-TERM GOAL

APPROACHES/DISC

---

Provide mother with telephone list, including Lactation Consultant, La Leche League local contact, Nursery, and Pediatrician./N,S

Spend time talking with mother. Encourage/allow her to express concerns, fears regarding breastfeeding or other issues prn./SS

Serve diet and fluids as ordered and encourage adequate fluid intake./N,C,DM