

TEACHING PLAN FOR: Infant Care Educational Needs

DESIRED PATIENT

OUTCOMES: Parents will appropriately carry out infant care tasks, assume responsibility for their own learning, and verbalize the rationale for their action.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Assess previous experience with infant care.
 2. Assess ability to understand instruction - language barrier, disabling mental/emotional capacity.
 3. Assess level of consciousness secondary to narcotic medication and/or Magnesium Sulfate administration.
 4. Assess physical ability to perform infant care activities.
 5. Assess family interaction with/without baby in room.
 6. Assess need for outside resources - VNA, WIC, Social Work.
 7. Assess pain level in mother as per mother's report.
 8. Assess labor and delivery experience.

- INTERVENTIONS:**
1. Instruct patient in a quiet environment.
 2. Instruct patient using lay terms.
 3. Include FOB, siblings and significant family members in instruction process when possible.
 4. Reinforce verbal instructions using videos, pamphlets, handouts.

PATIENT EDUCATION: The nurse is responsible for identifying the educational needs of the patient and providing instruction in basic infant care skills. Using the following guidelines:

I. NEWBORN SAFETY

1. Infant security
 - a. Follow protocol: Safety and Security of Newborn.
 - b. Follow procedure: Identification and Security of Newborn.
2. Handwashing
3. Crib
4. Car seat
5. Back to sleep

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II. NEWBORN CARE

1. Diapering:

- a. Cleanse genitals and buttocks with plain water on 4x4 gauze with each diaper change.
- b. Clean female infants from front to back. Do not attempt to remove normal mucous secretions.
- c. Point penis of male infants down into the thickest part of the diaper.
- d. Fold front part of diaper away from cord area.
- e. Do not use powders.
- f. Apply a thin coat of Vaseline to buttocks after cleaning.

2. Cord Care:

- a. Keep cord and area around it clean and dry.
- b. Allow cord to air dry. Fold diaper away from cord. Avoid any constricting clothing.
- c. Report any redness around umbilicus, foul smell or drainage from cord to MD immediately.
- d. Cord should fall off in 7 to 14 days.

3. Circumcision: Circumcision is the surgical removal of the foreskin of the penis. It is the responsibility of the MD to discuss the procedure and have the parents sign the informed consent for surgery. The nurse should provide facts and provide time for parents to explore their feelings before signing the permit. Review the following with parents:

- a. Circumcision Care: Have parents call for assistance with first diaper change after circumcision.
- b. Instruct parents to place Bacitracin (2-3 packages) on a 2x2 dressing and place Bacitracin against penis.
- c. Change Bacitracin and gauze with each diaper change. If the gauze appears adhered to circumcision, use warm water to loosen secretions and gently remove gauze. If bleeding occurs, hold 2x2 over penis and apply pressure.
- d. After discharge, parents should report any bleeding, redness, discharge, or inability to void to pediatrician.
- e. Use Bacitracin for 48 hours then use Bacitracin or petrolatum for 8 days. Long-term use of emollient is for the prevention of adhesions. Avoid soap until redness is gone.

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4. Temperature taking: Taking an infant's temperature is only necessary if baby appears sick or feverish, or if instructed to do so by MD.
 - a. Axillary Temperature:
 - 1) Place thermometer under infant's arm.
 - 2) Hold baby's arm close to his body for 5 minutes.
 - 3) Normal temperature is approximately 97.6.
 - b. Rectal Temperature:
 - 1) Use blunt (round) tipped thermometer.
 - 2) Lubricate tip with Vaseline or K/Y jelly.
 - 3) Insert tip into infant's rectum for approximately 3 minutes.
 - 4) Normal temperature is 99.6.
5. Elimination Patterns:
 - a. Infant should have 6-10 wet diapers in 24 hours.
 - b. Stools will vary in number and consistency:
 - 1) Meconium (first 24 hours): thick, black, sticky
 - 2) Transitional (first 2-6 days): greenish brown to greenish yellow, possibly with mucous
 - 3) Breast-fed: yellow, curd-like, may be loose consistency
 - 4) Bottle-fed: drier, more formed, yellow to brown color
 - 5) Number varies from one every other day to 4-8 a day.
6. Bathing (Sponge bath is recommended until the cord has fallen off and the umbilicus is completely healed, 7-10 days)
 - a. Instructions:
 - 1) Maintain body temperature - room temperature should be warm, draft free; undress as bath progresses.
 - 2) Bathe from head down.
 - 3) Wash hair with infant in football position. Use a mild baby shampoo and rinse completely with warm water. Dry hair and comb with a fine tooth comb.
 - 4) Wash face with plain water.

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- 5) Cleanse eyes from inner to outer corner using a clean portion of washcloth and plain water.
 - 6) Wash in and behind external ear with washcloth - do not use Q-tips.
 - 7) Use a mild soap and warm water to wash remainder of body (avoid perfumed oils, soaps, powders).
 - 8) Cleanse diaper area was described in Diapering.
 - 9) Never leave infant unattended on counter or bed.
7. Bottle Feeding: Feeding time is important for bonding, as well as nutrition. Discuss the following with the patient who is bottle feeding their baby:
- a. Hold baby close to body with baby's head elevated about 45°. Never prop baby and bottle for feeding.
 - b. Stroke infant's cheek closest to mom to initiate rooting reflex.
 - c. Insert nipple well back into baby's tongue.
 - d. Observe for air bubbles in bottle as infant sucks.
 - e. Newborn will take 1-3 oz. every 3-4 hours on demand.
 - f. Burp baby every ounce - more often if "spitty".
 - g. Use a new bottle and nipple for each feeding. Do not re-feed from any bottle, which has been opened for more than 1 hour.
 - h. Formula preparation: read package instructions.
 - 1) Powdered formula - mix with specific quantities to yield full-strength formula.
 - 2) 13 oz. concentrated formula when mixed with 13 oz. boiled water yield 26 oz. of full-strength formula.
 - 3) Ready to use formula in 32 oz. cans; convenient, but expensive.
 - i. Wash nipples and bottles in hot soapy water and rinse well.

III. Newborn Care: Breastfeeding

NICU/NBN/OB-GYN/MFICU Unit Practice Manuals

1. Refer to: Protocol for Breastfeeding and Protocol for Breast Pumping, Breast Milk Use and Storage.
 - a. Newborn/NICU Breastfeeding Packet

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- b. Breastfeeding Diary
- c. Breastfeeding Checklist
- d. Vitamins
- e. Manual Breast Pump

IV. Newborn Teaching

- 1. Metabolic Screen
- 2. Cystic Fibrosis Screen
- 3. Bilirubin
- 4. Hearing

V. Newborn Characteristics

- 1. Reflexes - include:
 - a. Startle
 - b. Rooting
 - c. Moro
- 2. Sleep/awake states
 - a. Communication of needs
 - 1) Hunger cues
 - 2) Crying
- 3. Uncoordinated movements
 - a. Support of head and neck
- 4. Jaundice
- 5. Vision
 - a. Visual field (10-14 inches)
 - b. Prefer contrast
 - 1) Light and dark (black and white)

VI. Discharge Planning

- 1. Appointments
- 2. When to call pediatrician

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3. VNA
4. WIC
5. Social Work

- REPORTABLE
CONDITIONS:**
1. Disinterest by either parent regarding infant and/or infant care.
 2. Inappropriate handling of baby.
 3. Patient unable to comprehend instructions.
 4. Patient physically unable to perform tasks.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 3/91

REVISION DATES: 10/91, 9/94, 10/00, 5/06, 12/06, 2/09