

You Make the Diagnosis

Case Study: Integration of the Neuman Systems Model With the Theory of Nursing Diagnosis in Postpartum Nursing

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Cheryl is a 29-year-old married primipara who delivered vaginally a healthy full-term 8 pound 4 ounce boy the previous afternoon. Her baby was placed in the central nursery and brought to Cheryl for feedings every 4 hours and on demand when requested. On admission to the postpartum unit the previous evening, she stated that she planned to breast-feed but, in the shift report, the night nurse said Cheryl had bottle-fed during the evening and night shifts because of "difficulty in getting the baby to latch on."

When the primary nurse entered Cheryl's room that morning, she had just completed her morning care and was carefully rearranging new nightgowns designed for breast feeding. When asked, "How are you feeling today?" Cheryl smiled and responded cheerfully, "A little sore, but OK." The physical exam revealed her episiotomy well approximated, with no erythema, edema, ecchymosis, or drainage. The lochia rubra was moderate, fundus firm and one finger breadth below the umbilicus. Her breasts were soft and nontender, nipples were intact with no signs of flatness or inversion, and a new nursing bra was in place.

When her baby was brought, Cheryl quickly got out of bed and moved to the bassinet to respond to his cries. She spoke to him in a soothing voice, assuring him "Mommy will feed you right away." Because Cheryl had voiced a desire to breast-feed, there were two bottles of sterile water in the bassinet and no formula. Cheryl asked the nurse technician for a bottle of formula. The primary nurse asked if she had initiated breast feeding, and Cheryl replied, "I tried yesterday, but he doesn't seem to want it, he sort of pulls away."

The nurse remarked that this is not unusual in the first few days and asked Cheryl if she would like some help to initiate breast feeding again. Cheryl agreed, somewhat hesitantly, saying "OK, I will try but he gets so upset and does not seem to want it." The baby was

quiet now, so the nurse showed Cheryl how to position him and guide the full areola to his mouth. Her nipple was erect and the baby latched on initially but lost his grasp when Cheryl pulled the breast back to "see if he has it." With the next attempt, he successfully latched on and Cheryl jerked abruptly, exclaiming, "Ouch, that really hurts." In response to her sudden movement, the baby lost his tenuous grasp and Cheryl said "He keeps losing it."

After several hesitant attempts to guide the areola to his mouth and several unsuccessful attempts by the baby to latch on, the baby began to cry again. The nurse picked up the baby to quiet him while Cheryl composed herself. After several more unsuccessful attempts, the baby fell asleep.

When the phone rang, Cheryl reached over quickly to answer it. It was one of her coworkers, and Cheryl related the highlights of her birth experience. In response to an apparent question about breast feeding, she said, "We're working on it; I tried some of the different positions your book recommended." She assured her coworker that she brought the breast-feeding book to the hospital and agreed to call her if she needed breast-feeding advice.

When Cheryl's husband, Ron, and her mother arrived, the baby was still in her lap and her left breast exposed. Ron inquired how the baby was feeding; Cheryl responded that he "had it but keeps losing it." Ron became anxious and said, "Did he eat *anything*?" Cheryl was visibly upset and responded, "I'm trying my best! He takes the bottle so well but he just does not like the breast. Maybe I can pump the milk and give it to him, he sucks so well from a bottle." Cheryl's mother said, "Maybe he's not getting anything, so he gets upset. That happened to me, so I bottle-fed. That way you're sure the baby is getting enough." Cheryl glanced at her silent but distressed husband and said to the nurse, "Could you get me a bottle? I gave him one last night and he drank 2 ounces and went right to sleep. I'll try breast feeding again this afternoon."

Based on these data, what nursing diagnosis would you make? Turn to page 34 for a discussion.