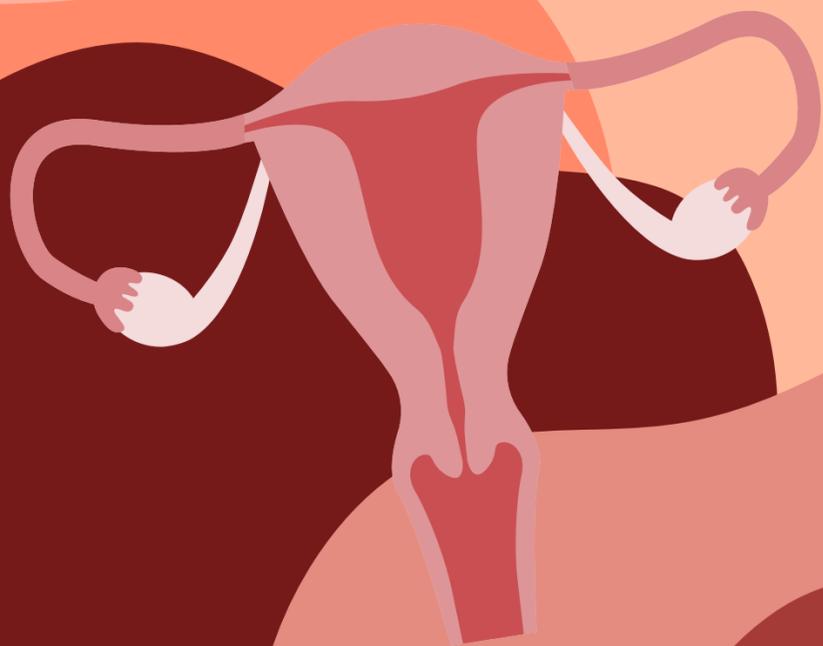
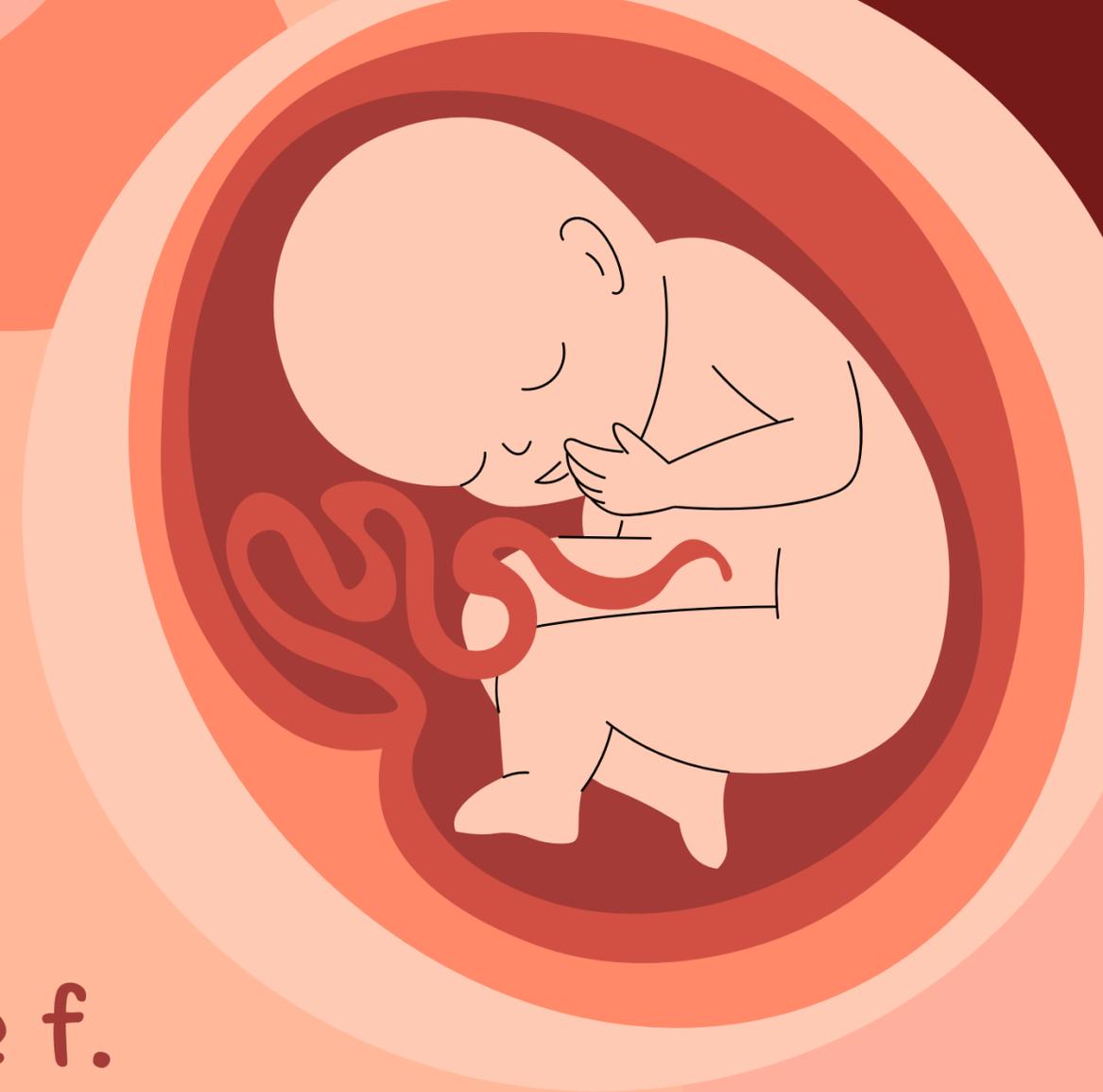


LOCHIA

by kadie b. & ernie f.



LOCHIA

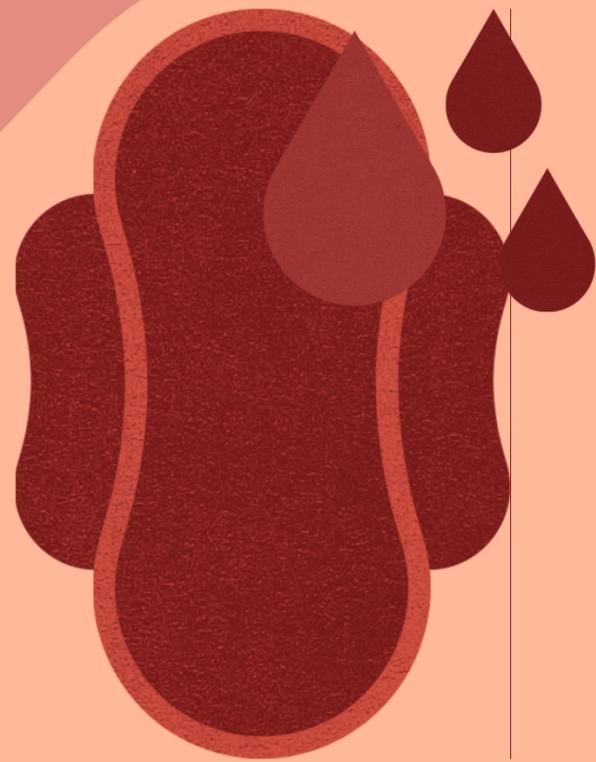
Normal vaginal discharge following childbirth

Made up of blood, tissue, and fluid from the placental site

Occurs as the uterus heals and returns to its pre-pregnancy state

LOCHIA STAGES

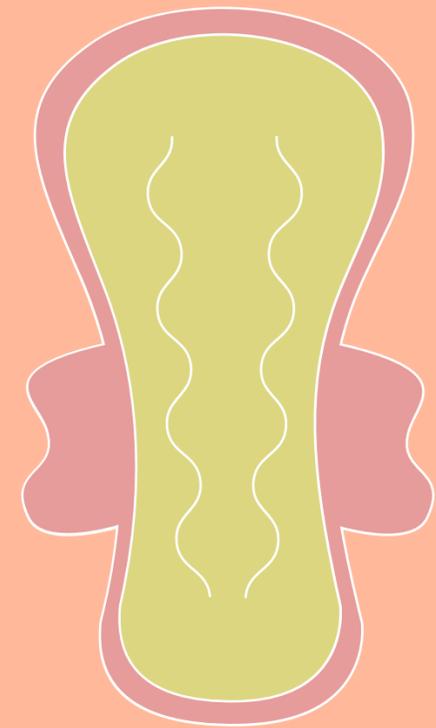
“Really Sore After”



RUBIA
1-3 days



SEROSA
4-10 days



ALBA
day 10

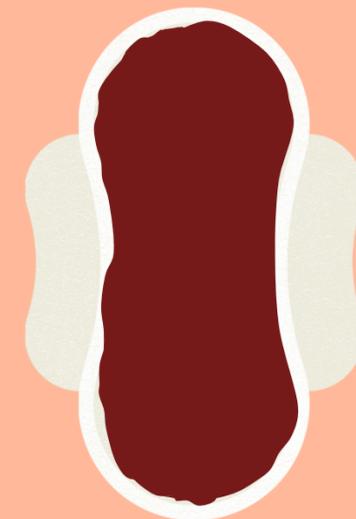
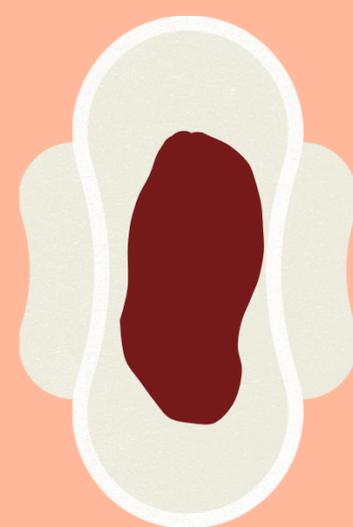
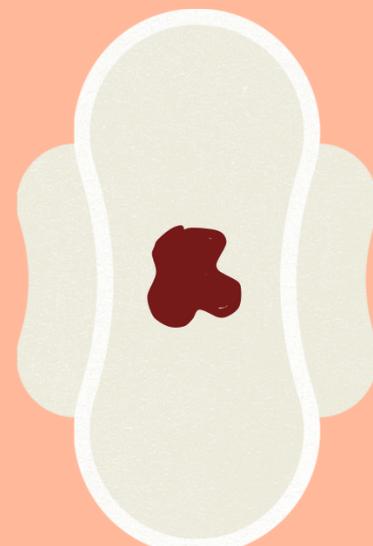
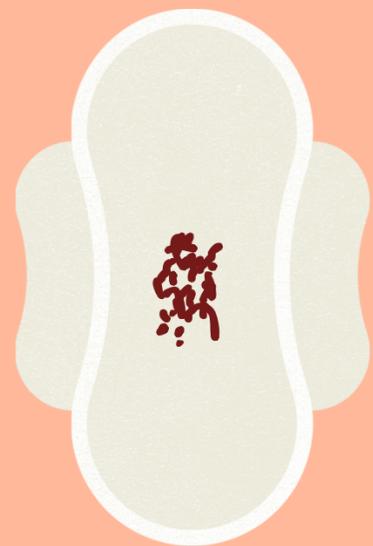
AMOUNT CLASSIFICATIONS

Scant: minimal staining on pad

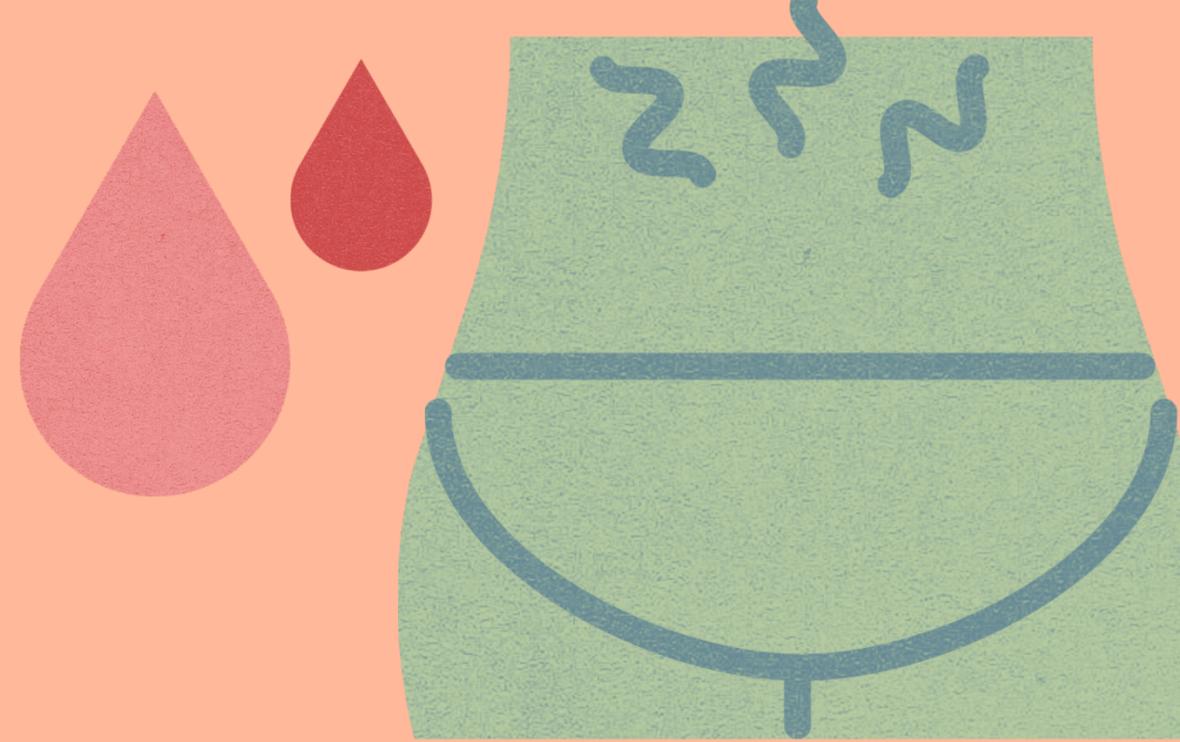
Light: small area of pad covered

Moderate: pad about half saturated

Heavy: pad mostly saturated



NORMAL CHARACTERISTICS

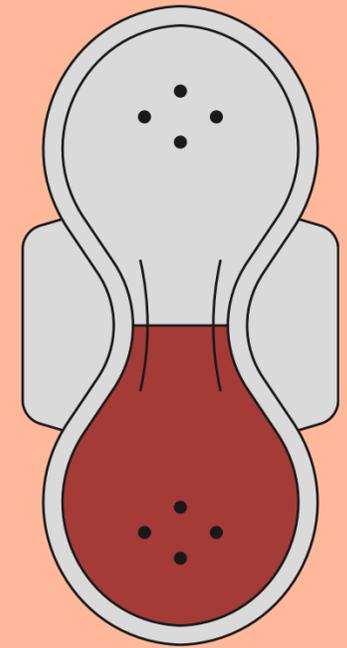


Odor similar to a menstrual period

Color and amount change as recovery progresses

Presence of small clots may be expected early postpartum

CHANGES OVER TIME



Amount generally decreases each day

Temporary increase may occur with walking or standing

Difficult to estimate visually, requiring careful assessment

MEASURING BLOOD LOSS

Visual estimation may be inaccurate

Weighing perineal pads improves accuracy

Used when bleeding is heavy or difficult to quantify



1 g = 1 mL of blood

EXCESSIVE BLEEDING

Pad fully soaked within 15 minutes is abnormal

May indicate postpartum hemorrhage

Requires immediate nursing assessment and intervention

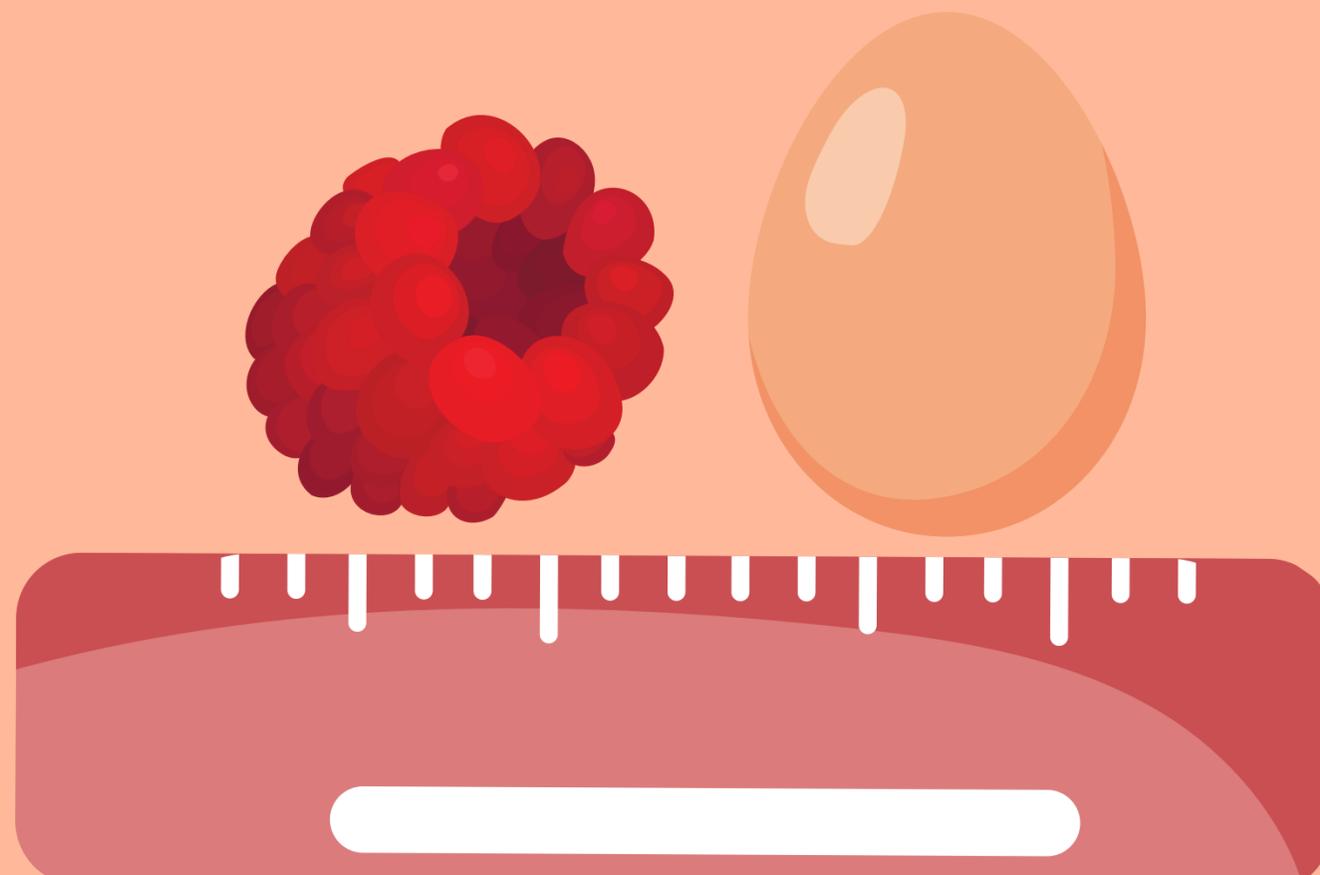


BLOOD CLOTS

Small clots: common and usually not concerning

Large clots: abnormal and can prevent effective uterine contraction

Large clots should be reported promptly



NURSING ASSESSEMENT

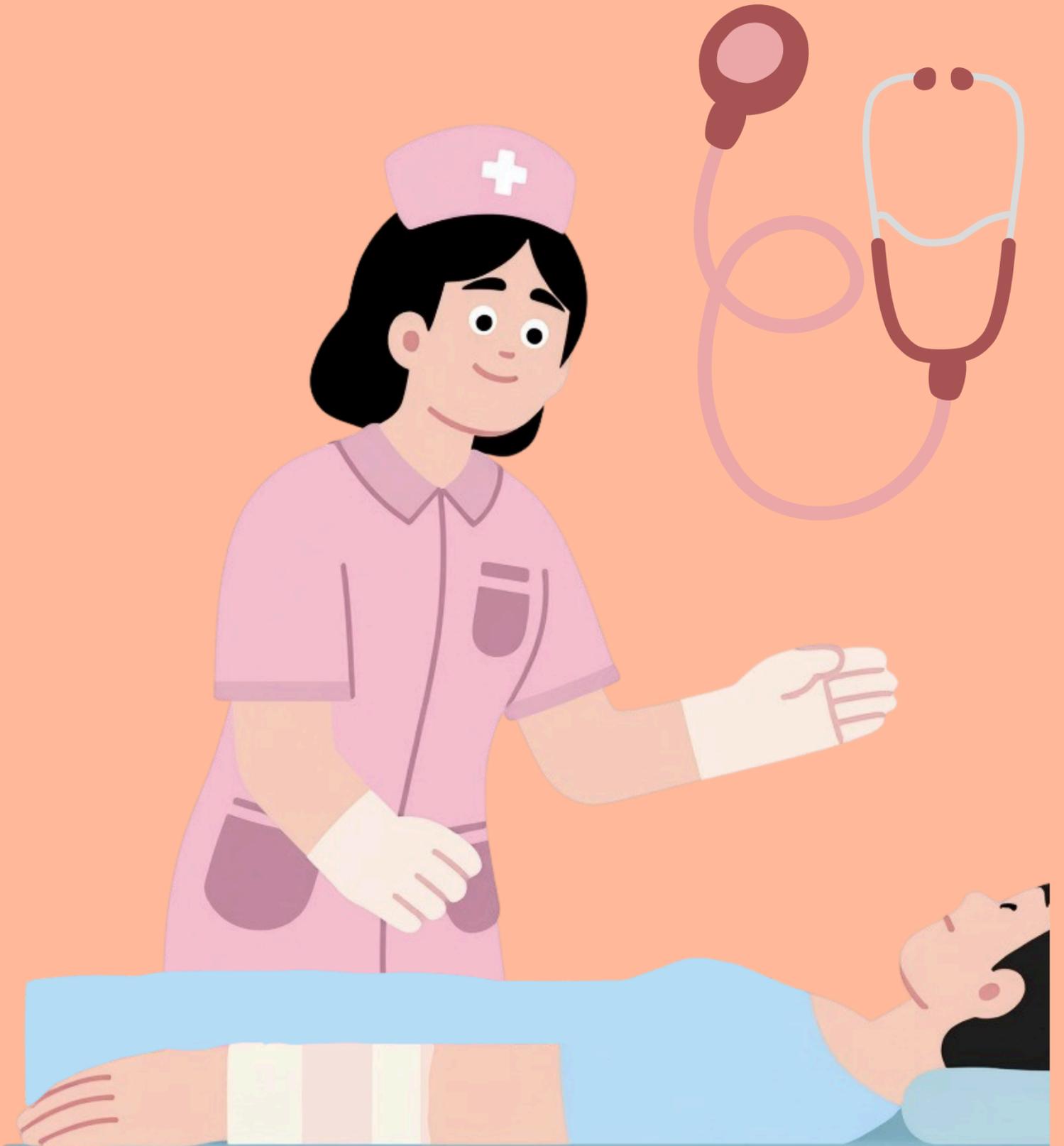
FOCUS

Amount of discharge

Odor and color

Presence and size of clots

Changes related to activity or position



WHEN TO NOTIFY THE PROVIDER



Pad soaked in 15 minutes or less

Large clots present

Bleeding not decreasing over time

Signs of uterine atony or hemorrhage

(fundus not firm w/ massage above the

umbilicus, saturated pad in 15 min)

KEY NURSING PRIORITIES

Early recognition of abnormal bleeding

Prompt intervention to prevent complications

Accurate documentation and communication with the care team

Assess vital signs, review H&H, large bore IV



A nurse is assessing a client 2 days postpartum following a vaginal delivery. Which finding related to lochia should the nurse report to the provider immediately?

- A. Lochia rubra with a mild menstrual-like odor**
- B. Small clots noted during the first ambulation**
- C. Saturation of one perineal pad in 15 minutes**
- D. Lochia that increases slightly with activity**

C. Saturation of one perineal pad in 15 minutes

The nurse is providing teaching to a postpartum client about expected lochia changes. Which statement by the client indicates a need for further teaching?

- A. “My bleeding should gradually decrease each day.”**
- B. “It’s normal for lochia to have a light menstrual smell.”**
- C. “Large clots are expected during the first week after birth.”**
- D. “My bleeding may increase when I start walking more.”**

C. “Large clots are expected during the first week after birth.”