

KEY TERMS-- Be able to define and discuss the following terms:

- **Puerperium**
 - The period of about six weeks after childbirth during which the mother's reproductive organs return to their original nonpregnant condition.
- **Postpartum period**
 - Following childbirth or the birth of young; six weeks after childbirth
- **Involution**
 - Involution is the process by which the uterus is transformed from pregnant to non-pregnant state. This period is characterized by the restoration of ovarian function in order to prepare the body for a new pregnancy.
- **Lochia**
 - Lochia is the vaginal discharge you have after a vaginal delivery. It has a stale, musty odor like menstrual discharge. Lochia for the first 3 days after delivery is dark red in color. A few small blood clots, no larger than a plum, are normal.
- **Afterpains**
 - Afterpains are sharp pains in the belly that occur in the first few days after childbirth. They may cause some discomfort. But afterpains help reduce uterine bleeding. They also help shrink the uterus back to the size it was before you were pregnant.
- **Diastasis recti**
 - “Diastasis recti means that your belly sticks out because the space between your left and right belly muscles has widened. You might call it a “pooch.” It's very common among pregnant women. About two-thirds of pregnant women have it. Newborn babies also can have this belly spread, and it should go away on its own.
- **Engorgement**
 - Blood flows to your breasts, and your milk usually comes in 1 to 4 days after the birth. Breast engorgement is when the breast tissue overfills with milk, blood and other fluids and is a common problem in the early days and weeks of breastfeeding.
- **Lactation**
 - Lactation, secretion and yielding of milk by females after giving birth. The milk is produced by the mammary glands, which are contained within the breasts. breast-feeding; lactation. A mother holding and breast-feeding her newborn baby girl.
- **Postpartum blues**
 - Baby blues are feelings of sadness a woman may have in the first few days after having a baby. Baby blues are also called postpartum blues.
- **Taking-in phase**
 - The mother is reacting to the intense, physical effort expended during delivery and the intense, emotional effort required of her during labor. The mother does not usually initiate contact with the infant. This is not out of disinterest. It may result from her own immediate dependency.
- **Letting-go phase**
 - This phase usually occurs when the mother returns home. The mother must accomplish two separations during this phase. The separations are to

realize and accept the physical separation from the baby and to relinquish her former role of a childless person.

MEDICATIONS FOR REVIEW--Be able to discuss common uses for each of the following

- **Methergine (brand name: methylergonovine maleate)**
 - **Uses:** This medication is used after childbirth to help prevent or stop bleeding from the uterus that can happen after childbirth or an abortion. Methylergonovine belongs to a class of drugs known as ergot alkaloids. It works by increasing the rate and strength of contractions and the stiffness of the uterus muscles.
- **Carboprost tromethamine (brand name: Hemabate)**
 - Carboprost is given by injection to cause abortion. It is an oxytocic, which means it acts by causing the uterus to contract the way it does during labor and also helps the cervix to dilate.
- **Oxytocin (brand name: Pitocin)**
 - Pitocin (oxytocin injection) is a natural hormone that causes the uterus to contract used to induce labor, strengthen labor contractions during childbirth, control bleeding after childbirth, or to induce an abortion.
- **Docusate sodium (brand name: Colace)**
 - Docusate is used to treat occasional constipation. Docusate is often used when straining to have a bowel movement should be avoided. Docusate is a stool softener. It works by increasing the amount of water the stool absorbs in the gut, making the stool softer and easier to pass.
- **Rho(D) Immune Globulin (Brand name: Rhogam)**
 - When the same woman has a second baby with Rh-positive blood, the antibodies will destroy the red blood cells in the baby. Rho(D) immune globulin is given to these women during pregnancy or after delivery to prevent them from making antibodies.
 - Rho(D) immune globulin is used to treat immune thrombocytopenic purpura (ITP) in patients with Rh-positive blood. ITP is a type of blood disorder where the person has a very low number of platelets. Platelets help to clot the blood. Rho(D) immune globulin is also used to prevent antibodies from forming after a person with Rh-negative blood receives a transfusion with Rh-positive blood, or during pregnancy when a mother has Rh-negative blood and the baby is Rh-positive. It belongs to a group of medicines called immunizing agents. Rho(D) immune globulin works to boost the immune system and prevent excessive bleeding.
- **Anticoagulants such as Lovenox & Heparin**
 - Lovenox and heparin are both injectable drugs that are part of a larger group of medications called anticoagulants. As anticoagulants, or blood thinners, Lovenox and heparin help treat and prevent deep vein thrombosis (DVT) and pulmonary embolism (PE).
 - After delivery, women with clotting disorders need to resume anticoagulation or blood thinner therapy. Women need to continue taking anticoagulants for at least six weeks post-delivery, either injections or an oral anticoagulant, as the risk for bleeding is reduced, to protect themselves from blood clots.

1. Review the actions of the nurse during the immediate postpartum period.

- In the immediate postpartum period the nurse is assessing for bleeding, assessing the fundus, bladder, pain, and laceration if one was made. The nurse is assessing the overall condition of the patient.

2. Outline the normal body changes during the postpartum period

	Changes	Signs and Symptoms	Nursing implications
Thermoregulation	Mothers will experience higher body temperature after giving birth.	Sweating during rest and sleep.	Prepare mother for these temperature changes. Educate client on how to anticipate this experience. (sleeping with less covers, etc.)
Uterus (Fundus) Immediately Day 3 Day 10 etc.	Fundus will move about a centimeter each day after birth down towards the pelvis. Day 3-3 cm Day 10 - 10 cm	Uterine contractions may be worse after giving birth.	Provide pain relief for mothers experiencing postpartum contractions.
Lochia Day 1 Day 7 Day 14	After first 3 days- dark red, few small blood clots Day 7 the lochia will be watery and serosanguinous. Day 14- Yellow color with little to no blood.	Change in lochia color.	Educate clients on expected discharge and to see a provider if lochia remains dark red and clotty after 14 days.

3. What is included in a postpartum assessment (see the BUBBLE HE handout)? What would be different in assessment for a vaginal delivery postpartum versus a cesarean delivery?

- B - Breasts
- U - Uterus
- B - Bowel
- B- Bladder
- L- Lochia
- E- Episiotomy

4. What are 5 areas of assessment of the perineum postpartum?

- Assessment of redness, edema, ecchymosis, discharge, approximation.

5. What is the teaching the nurse would do in relationship to the postpartum assessment?

Provide the client with information about lochia changes, fundal changes, and expected body changes that will occur throughout the next few weeks and months.

6. Define causes of postpartum uterine atony.
- It occurs when the uterus fails to contract after the delivery of the baby, and it can lead to a potentially life-threatening condition known as postpartum hemorrhage. After the delivery of the baby, the muscles of the uterus normally tighten, or contract, to deliver the placenta.
7. List 5 manifestations of abnormal lochia.
- Bright red bleeding beyond the third day after birth; blood clots bigger than a plum; bleeding that soaks more than one sanitary pad an hour and doesn't slow down or stop; blurred vision; foul smelling bleeding or discharge.
8. What are the risk factors for hypovolemic shock? Compare the normal cardiovascular system changes during the postpartum period with hypovolemic shock.
- Uterine atony, retained placenta, lower genital tract lacerations, hematoma, and uterine rupture.
9. Write a paragraph that helps you understand exactly what is occurring with Disseminated Intravascular coagulation and its treatment.
- DIC occurs when the normal clotting process is disturbed. Blood is lost but coagulation of blood is altered. These abnormal clots use up the blood's clotting factors, which can lead to massive bleeding in other places. So the patient is losing blood and it is not clotting. Symptoms include blood clots and bleeding. In this case you would want to give the patient IV fluids and blood.
10. What are the risk factors for Postpartum hemorrhage? What are the steps for nursing management of Postpartum hemorrhage?
- Placental abruption, placenta previa, overdistended uterus, multiple gestation pregnancy, gestational hypertension or preeclampsia, prolonged labor, infection, and a history of multiple previous births. The nurse will get the patient's vital signs, assess for signs of shock, assess the amount of bleeding, and assess the condition of the uterus. Assess lochia, place the woman in a side lying position, calculate blood loss continuously.

11. What contraindications must the nurse know about Pitocin (oxytocin), Cytotec (misoprostol), methergine (methylergonovine) and hemabate (carboprost tromethamine)?

Pitocin- should not be taken by those who have high blood pressure, placenta previa, fetal distress, malpresentation of fetus, or previous C section.

Cytotec- Should not be taken by those who have severe dehydration, previous CC section, or inflammatory bowel disease.

Methergine- Should be taken by those who have coronary artery disease, high blood pressure, and liver or kidney issues.

Hemabate- Should not be taken by those who have cardiac, renal, or hepatic disease, pelvic inflammatory disease, or hypersensitivity to hemabate.

12. What is venous thromboembolism and how is it assessed and treated? What education does the nurse provide in relationship to the side effects of anticoagulant use?

A venous thromboembolism, or a DVT, is a blood clot that forms within the deep veins. This happens most frequently in the veins of the legs. The clot then can move throughout the venous system, commonly getting stuck within the lungs. This is a pulmonary embolism.

These can be diagnosed through d-dimers, MRI, contrast venography, and ultrasonography. To treat these, anticoagulants are used or in severe, emergent cases, the thrombolytic medicine alteplase can be used.

Patients should be given education on how to reduce the risk of falls or any other issues that can initiate bleeding as anticoagulants cause uncontrollable bleeding.

13. Postpartum infection is defined as a temperature _____ or higher for 2 consecutive days during the first ____ days of the postpartum period.

- 100.4
- The first ten days

14. List three interventions to promote comfort related to breast engorgement for breastfeeding women and three for non-breastfeeding women.

- **Breastfeeding:** use a breast pump to empty the breast if the baby does not empty it. Use hand expression to make your nipple graspable if there is an issue latching, cabbage leaves may be applied before feedings to reduce swelling.
- **Non-breastfeeding:** Apply cold, lying on your back, gentle breast massage.

15. List 3 causes and 3 prevention techniques for breast infections (mastitis).

- A blocked milk duct, normal bacteria that can get through a cut or break in the skin, and breastfeeding. Prevention techniques- fully drain the milk from the breast after breastfeeding, allow your baby to completely empty one breast before switching to the other, make sure your baby latches on properly.

16. Compare and contrast postpartum (Baby) blues, postpartum depression, and postpartum psychosis.

- **Baby blues:** women feel anxious, tearful or irritable. This is very common and occurs in 50-85% of women. These symptoms do not impair the woman's ability to function and it goes away on its own typically in a week or so.
- **Postpartum depression:** depressed, tearful, feelings of guilt, fatigue, sleep disturbance, change in appetite, weight loss, inability to connect to newborn, feeling of worthlessness, and poor concentration. Postpartum depression does require treatment (counseling and possible antidepressants). This interferes with the woman's daily life.
- **Postpartum psychosis:** Serious complication of postpartum depression and is rare. A rapid shift in the woman's mood occurs and can be accompanied by restlessness, irritability, and insomnia. Hallucinations and delusions also occur. The risk for suicide is great. This requires medical intervention immediately.

17. What are the risk factors for postpartum depression?

- Some risk factors include: you have a history of depression, either during pregnancy or at other times; you have bipolar disorder; you had postpartum depression after a previous pregnancy; you have family members who've had depression or other mood disorders; you've experienced stressful events during the past year, such as pregnancy complications, illness or job loss; your baby has health problems or other special needs; you have twins, triplets or other multiple births; you have difficulty breast-feeding, you're having problems in your relationship with your spouse or significant other; you have a weak support system; you have financial problems; the pregnancy was unplanned or unwanted

18. Write up 5 things you would include in postpartum discharge teaching comparing a vaginal delivery with a 2nd degree tear versus a cesarean section delivery.

- Report any indications of possible depression; including apathy towards the infant, inability to provide self-care or infant-care.
- Report any pain that doesn't resolve with analgesics, foul-smelling drainage, redness or edema.
- Report any localized pain, tenderness, redness in the calves.
- Regain pelvic floor muscles control by performing kegel exercises.

- **Instruct the lactating client to increase their caloric intake and include calcium rich foods.**