N432 Postpartum Worksheet

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Date: 5/29

This assignment is due at 2359 CST the evening before your assigned Postpartum rotation.

Describe the nursing assessment of the postpartum patient in table **(15 points)** **Include in-text citations in APA format for entire assignment.** **Attach Reference page**

	What area is being assessed?	**Normal findings**
B	Breast	Breasts are soft and should not be tender within the first 24hrs postpartum. Within the next 24hrs, the breasts should start to firm up. 36hrs postpartum, the breasts should be firm, warm, and tender. The nipples should be assessed as well if the mother is breastfeeding since improper latch may cause irritation and breakdown. Soreness is common but should be addressed (Durham et al., 2022).
U	Uterus	The uterine fundus is palpated between the umbilicus and symphysis pubis and should be firm and midline immediately after birth. 12hrs from the birth of the placenta, the fundus will be at the umbilicus (or slightly above), still firm and midline. Within another 12hrs, the fundus should drop 1cm below the umbilicus but remain firm and midline. Each day the uterus will descend 1 cm until day 14, the uterus is fully descended and no longer palpable (Durham et al., 2022).
B	Bladder	The patient should be able to void within 2-4 hrs after birth with a minimum output of 300mL. Unable to void, incomplete bladder emptying, bladder distention, and rapid bladder filling are expected during the next few days after birth. Urine output may exceed more than 3000 mL due to the decrease in estrogen levels (Durham et al., 2022).

B	Bowels	Increased appetite, hemorrhoids, constipation, and weight loss are common after birth (Durham et al., 2022).
L	Lochia	In the first 1-3 days (rubra) after birth, the lochia should be at a moderate to scant amount, flesh smell, bloody with small clots, and an increase of output upon movement or breastfeeding. Days 4-10 (serosa), lochia should still have a flesh smell but should be pink or brown with a scant amount and increases during physical activity. Day 10 (alba), lochia should be yellow to white and a scant amount with a fleshy odor (Durham et al., 2022).
E	Episiotomy and perineum	Use the REEDA (redness, edema, ecchymosis, discharge, approximation of edges of episiotomy) scale for postpartum assessment. Mild pain and minor ecchymosis are expected. If the laceration is visible, the edges should be approximate (Durham et al., 2022).
H	Homan	This should be negative, the patient should not feel pain when the foot is dorsiflexed (Durham et al., 2022).
E	Emotions	The mother being emotional after birth is normal and a sense of relief with happiness. This may not always be the case but experiencing slight mood swings may be normal if the patient had gone through a tough labor and is experiencing fatigue (Durham et al., 2022).
D	Diastasis recti	The rectal muscles of the abdomen will be separated from each other. This is a normal finding during pregnancy but should return to normal over time following delivery Diastasis recti

1. Identify 3 patient education topics that a postpartum patient would require. How would you educate the patient on each topic? **(15 points)**

The patient should be informed of when she needs to seek medical attention for postpartum bleeding. I would tell the patient that if she saturates a pad with blood within one hour of wearing it, she needs to contact her provider (Durham et al., 2022). If the patient decides she would like to continue breastfeeding at home she needs to increase her caloric intake by 500 to 1000 calories each day (Durham et al., 2022). The patient should also be educated on signs of infection such as increased temperature, confusion, foul-smelling lochia, and new or worsening abdominal pain (Durham et al., 2022). I would educate this patient by speaking with her before discharge and allowing the opportunity of questions.

2. Define postpartum hemorrhage. What intervention would be completed? **(10 points)**

   Postpartum hemorrhage (PPH) is a loss of blood that is greater than 500 mL for a vaginal birth and 1000 mL for a c-section. This is also accompanied with a 10% drop of hematocrit or hemoglobin (Durham et al., 2022). The healthcare team should be assessing this patient prior to delivery to determine their risk for PPH. The healthcare team should be measuring the amount of blood lost to determine if greater interventions need to be put in place such as a fundal massage or blood transfusion. As a nurse, the first thing we need to do is ask for help and get more people in the room. We should also monitor vital signs and assess fluid volume (Durham et al., 2022).

3. What is the primary cause of uterine subinvolution? What interventions would be done to alleviate this issue? **(5 point)**

   The primary cause of subinvolution of the uterus of atony. This can also happen with patients who have retained placental tissue, fibroids, or endometritis (Durham et al., 2022). Interventions are done depending on the cause. For example, antibiotics would be administered for endometritis and methergine for fibroids (Durham et al., 2022).

4. What is Rhogam? Why is this given to a postpartum patient? **(5 points)**

   Rhogam is a medication given to a Rh-negative mother who is carrying a Rh-positive baby. This medication prevents the antibodies from producing anti-Rh factors (Durham et al., 2022). Rhogam is given to a postpartum patient to prevent the future rejection of Rh-positive babies and protection during the current delivery if the baby and mother blood comes in contact with one another (Durham et al., 2022).

5. Identify 2 nursing diagnoses for a postpartum patient. **(10 points)**

   Pain related to incision site of a c-section or tissue trauma from a vaginal delivery. Risk for fluid volume deficit related to PPH (Durham et al., 2022).

6. Define mastitis. How is this prevented? **(5 points)**

Mastitis is the infection of the breast. Mastitis can be prevented with the proper emptying of the breast and having a strong breastfeeding technique (Durham et al., 2022).

7. Identify 3 nursing interventions for the perineal area for the postpartum patient. Explain why each of these interventions are important. **(10 points)**

   One intervention is to apply ice or a cold pack to the area that causes vasoconstriction and help numb the area, helping with pain. Another intervention is positioning the patient on their side so they do not have direct pressure on their perineal area to also reduce pain. Another intervention would be to promote warm sitz baths two times daily for 20 minutes (24 hrs after birth) to promote relaxation and healing (Durham et al., 2022).

8. What 3 nursing interventions are completed to prevent a thromboembolic condition? **(10 points)**

   When the patient is able, they should be ambulating and getting exercise. The patient should also be wearing SCDs or compression stockings. The patient should also be advised to not cross their legs (Durham et al., 2022).

Complete table (15 points) Include in-text citations in APA format

Mood Disorder	**Definition**	**Signs and Symptoms**
Baby Blues	The mother cries often and feels sad but is still able to care for herself and her baby safely. This occurs within the first few weeks following the delivery but should only last for a few days (Durham et al., 2022).	Trouble sleeping and eating, crying, mood swings, sadness, anger, and anxiety (Durham et al., 2022).
Postpartum Depression	This is major depressive disorder that occurs at the onset of peripartum (Durham et al., 2022).	Lack of interest or depressed mood for at least 2 weeks or more. This must occur along with at least four of the following symptoms: hypersomnia or insomnia, apathy, feelings of guilt, weight loss or

		gain (more than 5% change of body weight), low energy, fatigue, and agitation (Durham et al., 2022).
Postpartum Psychosis	A psychotic disorder at the onset of peripartum that is brief (Durham et al., 2022).	Delusions, hallucinations, catatonic behavior, and disorganized speech (Durham et al., 2022).

Attach Reference page

References

Durham, R. F., Chapman, L., & Miller, C. S. (2022). *Davis advantage for maternal-newborn nursing: critical components of nursing care* (4th ed.). F.A. Davis Company.