

N432 Postpartum Worksheet

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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 Breasts	With the breasts, we are inspecting and palpating for signs of engorgement. We want to be aware of tenderness, firmness, warmth, or engorgement (Durham et al., 2023).	“During the first 24 hours of being postpartum, the breasts should be soft and nontender” (Durham et al., 2023, p. 407). On day 2, the breast should start to become slightly firm and nontender (Durham et al., 2023). Then by day 3, the breast become firm, tender, and warm to touch (Durham et al., 2023).
U Uterus	We need to assess the uterus for location, position, and tone of the fundus” (Durham et al., 2023, p. 401). We should be measuring the distance between the fundus and the umbilicus with each fingerbreadth equaling 1 cm (Durham et al., 2023).	“Within 12 hours after birth, the fundus is located at the level of the umbilicus or 1 cm above the umbilicus and is firm and midline (Durham et al., 2023 p. 402). 24 hours after delivery, the fundus should be located 1 cl below the umbilicus and is firm and midline (Durham et al., 2023). We need to be sure the uterus descends 1 cm per day. By day 14, the fundus should not be palpable because of being descended into the pelvis (Durham et al., 2023).
B Bladder	We want to assess urinary disturbances and make sure we are measuring the urinary output post birth (Durham et al., 2023). Medications, edema, and anesthesia can decrease sensation on the urge to void (Durham et al.,	We would like to see our postpartum mom to spontaneously void within 2-4 hours after birth (Durham et al., 2023). With that, each void should be at least 300 mL. The patient should also not be experiencing any burning, frequency, or urgency when voiding (Durham et al., 2023).

	2023).	
B Bowel	The nurses should be assessing bowel sounds at each shift, along with assessing for constipation and asking when her last bowel movement was (Durham et al., 2023).	The nurse should be able to hear bowel sounds each shift assessment. “Gastrointestinal muscle tone and motility decrease post birth with a return to normal bowel function by the end of the second postpartum week” (Durham et al., 2023, p. 413). It is normal for the postpartum mom to feel the urge to have a bowel movement within the first couple days of delivery but might need assistance of a stool softener to help.
L Lochia	“This is the bloody discharge from the uterus that contains red blood cells, sloughed-off decidual tissue, epithelial cells, and bacteria” (Durham et al., 2023, p. 403). Lochia is described as scant, light, moderate, or heavy (Durham et al., 2023).	Days 1-3 should be expected to have bloody with small clots (moderate to scant amount), increased flow when standing or breastfeeding, and a fleshy odor (Durham et al., 2023). Days 4-10 should have a pink or brown colored drainage, scant amount, increased during physical activity and a fleshy odor (Durham et al., 2023). Day 10 will be yellow to white in color, scant amount, with fleshy odor (Durham et al., 2023).
E Episiotomy Lacerations Perineum Hemorrhoids	“The perineum is assessed when the fundus and lochia are checked in the postdelivery. After that, the perinium is assessed every shift using the acronym REEDA (redness, edema, ecchymosis, discharge, approximation of edges of episiotomy or lacerations)” (Durham et al., 2023, p. 405).	We would expect to find mild edema, minor ecchymosis, approximation of the edges of the episiotomy or laceration visible (most lacerations are internal and not visible), and mild to moderate pain (Durham et al., 2023). These expected findings can also vary depending on the patients’ degree of tear during pregnancy.
H Homan’s sign	When assessing for this, we want to press down gently on the patient’s knee (legs extended and flat on bed) while asking the patient to flex her foot.	When the patient is doing this, we want to make sure she is not feeling any type of pain within her calf/lower leg. We also want to look and make sure there is not redness, swelling or warmth of touch when assessing her lower extremities. We would expect the mother to be moving around the room and going to the bathroom within a short period of time after giving birth. We want the mother to be up and moving to help with Venus stasis and decrease the risk for blood clots.
E Emotions	There is a fluctuation in estrogen levels in postpartum mothers that	Nurses will want to see the mother hold the baby, call it by its name, respond to the infants’ needs, and speak positively about the baby (Durham et al.,

	can send their emotions on a roller-coaster. We want to make sure the patient is filling out a postpartum form while also assessing her emotions towards the newborn. We also should assess the patients support system.	2023). We should also see the mother engaged and interested in learning about the infant, along with asking appropriate questions involving the infant (Durham et al., 2023). The mother should be and look comfortable while holding the newborn as well.
D Diaphoresis	We need to assess the patient's temperature, any signs of profuse sweating (often occurs during night).	With diaphoresis, we expect to see temperatures within normal ranges. We want to educate on comfort measures such as wearing cotton nightwear. We also want to Educate the patient on feelings of warmth, sweating, and chills are signs of fever and infection and to contact their provider (Durham et al., 2023).

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

The first topic I would educate my patient on is perineal care. After having a vaginal delivery, mom is at risk of infection. We want to educate our new mom to make sure she is changing her pad/underwear every time she goes to the bathroom. She needs instructions on how to use her peri bottle and to make sure she cleans any extra blood that might be in/around the peri area. Instruction on wearing the peri pads snug to prevent rubbing is important as well. Using topical anesthetics could help relieve localized discomfort as well, along with ice packs (Durham et al., 2023).

The second topic I would educate my patient on is ways to take care of herself while breastfeeding. The patient will need education on signs of irritation and nipple tissue breakdown. Signs of irritation would be cracked, blistered, or reddened areas around the nipple. The patient needs to be aware to wear a supportive bra 24 hours a day until her breasts become soft (Durham et al., 2023). She also needs to understand the signs of symptoms of engorgement in case she comes across an episode of discomfort.

The third topic I could educate my client on is her nutrition and fluids. If the mother is breastfeeding, she needs to increase her caloric intake by 500 to 1.000 calories per day and have a fluid intake of approximately 2 to 3 liters per day (Durham et al., 2023). If the mother became anemic during or after delivery, they need to increase consumption of leafy green vegetables, beans, red meats, poultry, iron-fortified cereal, breads, pasta, and dried fruits such as raisins (Durham et al., 2023). Eating these foods also will help decrease the risk for constipation for the mother.

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

A postpartum hemorrhage is typically defined as a “blood loss that is greater than 500 mL for vaginal deliveries and greater than 1,000 mL for cesarean deliveries that result in a 10% drop in hemoglobin or hematocrit” (Durham et al., 2023). The nurse should be sure that they are weighing peri pads and/or chux pads. Assessing for excessive bleeding is another major intervention that nurses need to be doing. Excessive bleeding could be defined as “one perineal pad saturated within 15 minutes” (Durham et al., 2023, p. 454). Vital signs should also be assessed every 15 minutes, or more often if indicated (Durham et al., 2023). These are just a few interventions that need to be done for a postpartum hemorrhage, there are many more.

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

Uterine subinvolution is a rare and severe cause of why a postpartum mom has a secondary hemorrhage (Durham et al., 2023). These secondary hemorrhages can occur after the patient has been discharged. The patients’ uterus becomes “boggy” and does not shrink back to its normal size before giving birth. We want to teach our patients how to massage the uterus if it does become boggy and instruct her to notify the nurse while in the hospital and healthcare provider after discharge (Durham et al., 2023). The women need to be educated and understand the “normal progression of lochia and uterine involution and report abnormal amounts of bleeding” (Durham et al., 2023, p. 404). Other possible causes of secondary hemorrhage include “placental site subinvolution, infection, retained placental tissue, and von Willebrand disease” (Durham et al., 2023, p. 404). Education on the normal stages of lochia, and the increase when getting up and moving is normal.

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

This injection is a two-step injection. It is given once at 28 weeks when the mother is Rh-negative. The second injection of rhogam is an immune globulin that is administered to Rh-negative women who have a Rh-positive neonate (Durham et al., 2023). Even if the mother is Rh-negative, mother could be Coomb’s positive. The point of giving this is to help prevent production of anti-Rh (D) antibodies (Durham et al., 2023). This immune globulin needs to be administered IV or IM within 72 hours post birth.

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

- a. Risk for bleeding related to cesarean delivery/perineal lacerations as evidenced by infant being delivered.
- b. Risk for ineffective breastfeeding related to poor sucking reflex of infant as evidenced by expressed or observed difficulty in breastfeeding.

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

Mastitis is defined as an “inflammation or infection of the breast tissue common among lactating women” (Durham et al., 2023, p. 465). It typically occurs in only one breast and in the upper outer breast quadrant (Durham et al., 2023). Mastitis can occur within the first 3 to 6 months of breastfeeding. Mothers with mastitis can experience tender, engorged, erythematous breasts, and infection is frequently unilateral (Durham et al., 2023). The mother will want to make sure she is “changing infant feeding positions, apply warm compression to breast or take a warm shower before feeding sessions, wear a supportive bra, examine nipples before feedings for signs of irritation, expose nipple to air after feeding, and make sure baby as an appropriate latch” (Durham et al., 2023, p. 408).

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

- a. The nurse should educate the patient on applying ice to the perineum or encourage the use of cold sitz baths for the first 24-48 hours to help with swelling (Durham et al., 2023, p. 406). The ice can cause vasoconstriction, which will help decrease edema and cause a numbing effect (Durham et al., 2023).
- b. Education can be done for the women to take warm sitz baths 24 hours after delivery, twice a day (Durham et al., 2023). The warm sitz bath can promote circulation, healing, and comfort (Durham et al., 2023, p. 406).
- c. Educating the patient to lie on her side can also help with healing of the perineal area. The side-lying position decreases the pressure on the perineum (Durham et al., 2023, p. 406).

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

One nursing intervention to prevent blood clots is to apply antiembolic support stockings (Durham et al., 2023). Another nursing intervention we should do is monitor vital signs every 4 hours and pay attention to a slight increase in temperature (Durham et al., 2023). Nurses will also want to make sure patients are up and moving as soon as orders allow to increase venous stasis. (Durham et al., 2023).

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

Mood Disorder	Definition	Signs and Symptoms
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Baby Blues	Baby blues is also known as “postpartum blues” (Durham et al., 2023). We can see this within the first few weeks from when the baby was born and it could last for a couple of days (Durham et al., 2023). Mother becomes very emotional and could have emotional swings.	The nurse should look for heightened maternal emotions. Mother could become tearful, and irritable (Durham et al., 2023). It is possible for symptoms to disappear without medical intervention (Durham et al., 2023). We should be looking for signs within the first 2 weeks postpartum (Durham et al., 2023).
Postpartum Depression	This is “a mood disorder characterized by severe depression that occurs within the first 6 to 12 months postpartum” (Durham et al., 2023, p. 660). This disorder can “affect the woman, her partner, and other children within the family unit” (Durham et al., 2023, p. 471).	The nurse needs to be looking for “significant weight loss or gain (a change of more than 5% of body weight in a month), insomnia or hypersomnia, changes in psychomotor activity (agitation or retardation), decreased energy or fatigue, feelings of worthlessness or guilt, decreased ability to concentrate, and decreased interest in normal activities” (Durham et al., 2023, p. 471).
Postpartum Psychosis	Postpartum psychosis is a type of bipolar disorder that “is the most serious form of postpartum mood disorders” (Durham et al., 2023, p. 661).	Symptoms to look for are, “paranoia or bizarre delusions (usually associated with the baby), mood swings, extreme agitation, depressed or elated moods, distraught feelings about ability to enjoy infant, confused thinking, strange beliefs, and disorganized behavior” (Durham et al., 2023, p. 471).

Attach Reference page

References:

Durham, R. F., Chapman, L. L., & Miller, C. S. (2023). *Maternal-Newborn Nursing* (4th ed.). F.A. Davis Company.

