

# N432 Postpartum Worksheet

Name: Tyranny Davis

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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>B</b>	The breasts are being assessed (Durham et al., 2023).	After birth, the breasts may be visibly full and swollen, and the expulsion of milk products may be seen (Durham et al., 2023). Additionally, the breasts may secrete a yellow liquid, called colostrum, after delivery (Durham et al., 2023).
<b>U</b>	The uterus is being assessed (Durham et al., 2023).	Periodic uterine pain and cramping may be experienced postpartum as the uterus contracts to return to original size and shape and to manage bleeding (Durham et al., 2023). The uterus should progressively contract and be noted from fundal compression (Durham et al., 2023).
<b>B</b>	The bladder is being assessed (Durham et al., 2023).	After birth, one might expect to see a distended bladder, incomplete emptying, or the inability to empty, and frequent urination (Durham et al., 2023). Another expected finding during this time is excessive urination (Durham et al., 2023).
<b>B</b>	The bowel is being assessed (Durham et al., 2023).	After delivery, the postpartum person may find themselves extra hungry in the coming days/weeks and bowel sounds should be present (Durham et al., 2023). Constipation is not an uncommon side effect immediately postpartum, and hemorrhoids may protrude from the rectum and be painful (Durham et al., 2023).

<b>L</b>	The lochia is being assessed (Durham et al., 2023).	Vaginal discharge of the postpartum person is bright red and progresses towards pink before gradually ceasing (Durham et al., 2023). The lochia should be odor free and should gradually decrease in the amount discharged (Durham et al., 2023).
<b>E</b>	The episiotomy and perineal area are to be assessed (Durham et al., 2023).	Some pain, bruising, and bleeding may be present in the perineal area following a vaginal delivery (Durham et al., 2023). Other things that may be present include hemorrhoids, hematoma, and well approximated stitching if the delivery caused or required a tear or cut (Durham et al., 2023). Also present might be minor lacerations and edema (Durham et al., 2023).
<b>H</b>	Homan's sign is being assessed (Durham et al., 2023).	The normal or ideal Homan's sign would be negative, meaning that when the foot is dorsiflexed, the client reports no calf pain (Durham et al., 2023).
<b>E</b>	It is important to include emotions in the postpartum assessment (Durham et al., 2023).	Normal findings for emotional status would include an attachment between the mother and child (Durham et al., 2023). Other normal findings during this time are fatigue, anxiety, and a variety of emotions including sadness (Durham et al., 2023). The postpartum person should be able to articulate how to care for their child and identify support people at this time, as well.
<b>D</b>	The client is being assessed for diastasis recti (Durham et al., 2023).	Upon palpation of the abdomen down the center, no gaps in muscle tone from one side to the other is negative for diastasis recti, whereas a gap between sides would indicate possible diastasis recti (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 educational topic I would like to educate the postpartum client on is the concerning signs and symptoms of postpartum complications such as hypertension (Durham et al., 2023). I would educate the client that this complication can arise up to 6 weeks postpartum and can come in the form of headaches unrelieved by rest and Tylenol, stomachache, vision changes, and swelling of the hands and face (Durham et al., 2023). I would provide this education verbally several times over the course of the hospital stay and provide a printout of the information to the client and members of their support system. I would make sure to include the importance of seeking medical attention promptly, and instruct them to let the medical

personnel know they recently had a baby and were warned of the signs of pre-eclampsia. The next educational topic I would like to discuss with the client and their partner is postpartum depression and its ability to manifest in birth givers and non-birth givers (Durham et al., 2023). I would teach partners to look out for significant changes in weight, unreasonable changes in sleep patterns (aside from those typical to having an infant), decreased energy levels, social isolation, decreased interest in activities, and feeling down, and provide them with appropriate resources to support groups and other management options (Durham et al., 2023). Similarly to the previous educational topic, I would provide handouts with the information and be sure to go over these topics in a destigmatizing way several times to increase the chances that they are able to retain the information. I would provide information regarding medication management of postpartum depression and provide access to support groups and talk therapy to cope with this complication. Finally, I would provide some education to the postpartum parents regarding self-care. I would do this by inquiring about activities and rituals they may have had before the baby and stress the importance of taking time to continue to do things that they enjoy and that make them feel good. I will provide suggestions such as taking walks, having meals with friends, or listening to a podcast, and verbalize the importance of self-care, as well as the benefits to their patience and ability to care for their infant. Similarly to the others, I will repeat this educational point multiple times and be sure to ask the parents how they plan to incorporate self-care, and what they plan to do.

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

To be defined as postpartum hemorrhage, a client must have at least a 10% decrease in hematocrit or hemoglobin and have lost more than 500 mL of blood for vaginal deliveries, and more than 1000 mL for caesarean section deliveries (Durham et al., 2023). Treating postpartum hemorrhage involves easy access to resuscitative equipment, replacing the lost fluid volume, and identifying and addressing the cause of the bleeding (Durham et al., 2023). Aside from measuring the output of blood, signs to look for would be those of hypovolemia such as pallor, cool skin, tachypnea, and decreased urine output (Durham et al., 2023). Postpartum hemorrhage can be a life-threatening complication that requires diligent monitoring and immediate attention.

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

The primary cause of uterine subinvolution is tissue from the placenta remaining in the uterus after delivery (Durham et al., 2023). To alleviate this issue, dilatation and curettage or D&C is performed, and the individual is given antibiotics to address the infection risk and swelling of the endometrium (Durham et al., 2023).

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

Rhogam is an immune globulin given to pregnant and postpartum people at risk for developing antibodies against the baby's blood (Durham et al., 2023). Rhogam is given to a postpartum client who is Rh-negative and gave birth to a child who is Rh-positive (Durham et al., 2023). Rh-negative and Rh-positive blood are not compatible, and when a mother births a child with this incompatible blood type it may trigger her immune system to create antibodies against Rh-positive blood cells and cause fetal complications in future pregnancies (Durham et al., 2023).

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

One nursing diagnosis for the postpartum client is risk for low fluid volume related to postpartum hemorrhage and uterine atony as evidenced by blood loss over 1000 mL and a 10% decrease in hemoglobin or hematocrit (Durham et al., 2023). Another nursing diagnosis for this client is impaired mood regulation related to postpartum hormonal changes as evidenced by social isolation, feelings of hopelessness, and anhedonia (Durham et al., 2023).

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

Mastitis is a condition of the breasts that involves inflammation or infection, and generally occurs in individuals who are breastfeeding (Durham et al., 2023). Mastitis often involves swollen, red, painful breasts, and can occur in both sides, or remain in one breast (Durham et al., 2023). Mastitis can be prevented by following appropriate breast-feeding techniques and ensuring the breasts are routinely emptied (Durham et al., 2023).

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

One nursing intervention for the postpartum client's perineal area is applying ice packs (Durham et al., 2023). This intervention is important because the ice can manage the client's pain and swelling of the perineal area. Another nursing intervention for the perineal area postpartum is educating the client on a Sitz bath (if recommended by provider) to help soothe and heal the perineal area (Durham et al., 2023). This is an important intervention because the Sitz bath can aid in reducing the pain and promote healing, especially if there were lacerations that occurred during delivery. Providing education on the Sitz bath is important to ensure clients are doing it correctly. Finally, the nurse should educate the client on proper perineal care postpartum (Durham et al., 2023). This intervention is important because it is geared at promoting healing, infection prevention, and minimizing discomfort in the postpartum client to an area that has essentially gone through a trauma (Durham

et al., 2023). This education will include proper wiping technique from front to back, avoiding irritating products, and the use of the prescribed healing products such as Sitz baths, ointments, and cold packs (Durham et al., 2023). This is important because these things aren't necessarily common sense and performing them incorrectly can increase infection risk or cause discomfort for the client.

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

One nursing intervention to prevent a thromboembolic condition is applying antiembolic stockings to clients, especially to those who received an epidural, caesarean section, and who won't be getting up to ambulate frequently (Durham et al., 2023). Another preventative nursing intervention for thromboembolic events is frequent ambulation as ordered and tolerated (Durham et al., 2023). This intervention encourages blood flow through the lower extremities and lowers the risk of deep vein thrombosis. Another reasonable intervention to prevent thromboembolic conditions is to administer anticoagulant medications as prescribed by the provider (Durham et al., 2023). This thins the blood and decreases the risk of blood clotting and causing thromboembolic conditions.

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

<b>Mood Disorder</b>	<b>Definition</b>	<b>Signs and Symptoms</b>
Baby Blues	The period of the first couple weeks after birth where one can care for themselves and the child, but expresses sadness and frequent tears (Durham et al., 2023).	The signs and symptoms of baby blues include mood swings, difficulty with eating and sleeping, crying, sadness, anger, and anxiety (Durham et al., 2023).
Postpartum Depression	A major depressive disorder that occurs within 6 to 12 months after delivery that involves a down mood or disinterest in activities and several other potential symptoms (Durham et al., 2023).	Symptoms of postpartum depression can be unintentional weight changes, unexplained sleep disturbances, psychomotor deviations, fatigue, feeling worthless, and decreased concentration (Durham et al., 2023).
Postpartum Psychosis	Postpartum psychosis is defined as a psychosis that begins just before, during, or after birth, and is short-lived (Durham	The signs and symptoms associated with postpartum psychosis include catatonic or disorganized behavior, hallucinations, disordered

	et al., 2023).	speech, and delusions (Durham et al., 2023).
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References

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Durham, R. F., Chapman, L., & Miller, C. S. (2023). *Davis advantage for maternal-newborn nursing: Critical components of nursing care* (4th ed.). F.A. Davis Company.