

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 |
|----------------|--|--|
| Breast | The breast is being inspected for the following signs of engorgement: tenderness, firmness, warmth, or enlargement (Durham et al., 2022). The nipples are also assessed for any sign of irritation or nipple tissue breakdown if the woman is breastfeeding. | Twenty-four hours after postpartum the breasts should be soft and nontender. On day two of postpartum the breast will become slightly firm and nontender. By postpartum day three the breasts will be firm and tender. |
| Uterus | The uterus location, position, and the tone of the fundus will all be inspected (Durham et al., 2022). | Immediately after birth, the uterine fundus should be palpated midway between the umbilicus and symphysis pubis with it being firm and midline (Durham et al., 2022). Twelve hours after birth, the fundus should be firm and midline and located at the level of the umbilicus. 24 hours after birth the fundus will be one cm below the umbilicus. The uterus should be descending one cm per day. |
| Bladder | Bladder distention, rapid bladder filling, incomplete emptying, and the inability to void are all common issues of the bladder and urinary system during the first few days after giving birth (Durham et al., 2022). | The woman should be encouraged to void within two to four hours after giving birth (Durham et al., 2022). The woman should be able to spontaneously void during this time period, each void should be at least 300 mL, and not display any signs of frequency, urgency, or burning. |

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| Bowel | The gastrointestinal muscle tone and normal bowel function are being tested and should return to normal by the second week of postpartum (Durham et al., 2022). | Normal bowel function should return in two to three days after birth. The woman should not be constipated. |
| Lochia | The lochia should be assessed at the same time as the uterus. The lochia stage, amount, and any presence of odor should be documented. | Lochia is the vaginal discharge that occurs after giving birth. The first three days after birth will have a red bloody lochia, followed by a pink or brown color (Durham et al., 2022). The final stage of lochia will be a clear or white color. Normal lochia odor will have a fleshy smell that is like period blood. |
| Episiotomy | An episiotomy is an incision in the perineum that widens the vaginal opening. The edges of the episiotomy should be approximated (Durham et al., 2022). | The incision of the episiotomy should heal quickly and show no signs of redness, edema, or ecchymosis. |
| Homan's | Homan's sign assesses for deep vein thrombosis, and it is done on the leg. | When dorsiflexing the foot, the patient should not feel any pain in the calf. If pain is felt this is a positive Homan's sign and there is possible deep vein thrombosis. |
| Extremities | The lower extremities are being assessed to ensure cardiovascular system is within normal ranges. | Normal findings for the lower extremities include: no tenderness or sensation of warmth, hemoglobin and hematocrit are within normal ranges, and the pulse rate should also be normal. |
| Diastasis recti Abdominis | The abdominal muscles are being assessed. | The nurse should expect to feel the separation of the rectus muscle when assessing the fundus. The nurse should expect mild to no muscle soreness. |

1. Identify 3 patient education topics that a postpartum patient would require. How would you educate the patient on each topic? **(15 points)**
 - a. If the patient is planning on breastfeeding, she should be educated on how to do it and what to expect. The best time to educate the patient on this would be when it's time for the baby to eat and I would walk her through all the steps and the entire process.

- b. Before the patient is discharged, I would educate them on post birth warning signs of conditions that should require immediate medical attention (Durham et al., 2022). I would present handouts and information about the topic but make sure to give it to them a few hours before discharge to make sure the mother isn't distracted that she's about to leave.
- c. The postpartum patient should be educated when they can resume sexual intercourse. The provider should give them the time frame of when they can resume intercourse. After the provider informs them of when they can resume intercourse, I would explain the importance of using contraceptives and what the general guidelines are for when the woman is physically and emotionally ready (Durham et al., 2022).

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

Postpartum hemorrhage is blood loss exceeding 500 mL after a vaginal birth or 1,000 mL following a cesarean birth (Durham, 2022). The nurse should assess the fundus and lochia every hour for the first four hours and then as needed, the nurse should then teach the woman on how to check it herself (Durham, 2022). Administering Methergine can help treat postpartum hemorrhage. Risk of anemia following postpartum hemorrhage is higher so the nurse should give a diet high in iron or iron rich.

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

Subinvolution of the uterus occurs when the uterus does not decrease in size and does not descend into the pelvis. This can happen to women who have fibroids, endometritis, or retained placental tissue (Durham et al., 2022). The medical intervention depends on the cause of the subinvolution. A D&C is performed if the subinvolution is caused by retained placental tissue. Methergine PO is prescribed if the cause is from fibroids. Antibiotic therapy is initiated if the cause is from endometritis.

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

Rhogam is a medication that is given prophylactically to prevent isoimmunization from potential exposure to Rho(D)-positive fetal blood during pregnancy (Durham et al., 2022). This is given when a woman has Rh0(D)- negative blood and the fetus they are caring has Rho(D)-positive blood.

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

- a. Impaired parenting in relation to dysfunctional family process as evidenced by being a single mother.

- b. Ineffective breastfeeding in relation to maternal anxiety as evidenced by being a first-time mother and expressing nervousness about breastfeeding.

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

Mastitis is an inflammation or infection of the breast tissue that commonly happens in lactating woman (Durham, 2022). This infection can be prevented by completely emptying the breasts and practicing good breastfeeding techniques. Patients should try to avoid missed feedings since this can cause the breast to be engorged (Durham, 2022).

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

a. Three nursing interventions for the perineal area are:

- i. Encourage the woman to lie on her side because it will decrease the pressure on the perineum.
- ii. Frequently dispose of soiled pads due to the lochia being a medium of bacterial growth. Frequent pad changes will reduce the risk for infection (Durham et al., 2022).
- iii. Assessment for discomfort should be done and comfort measures should be provided to relieve the mother of any pain.

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

- a. Three nursing interventions to prevent thromboembolic conditions are promoting ambulation, putting on compression stockings, and promote range of motion exercises (Durham et al., 2022).

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

| Mood Disorder | Definition | Signs and Symptoms |
|-----------------------|--|---|
| Baby Blues | The feeling of sadness during the first few weeks of postpartum. | Signs and symptoms of baby blues are the woman feeling sad and cries easily but is still able to take care of herself and her baby (Durham et al., 2022). |
| Postpartum Depression | Postpartum depression is a disorder that | Postpartum depression will have signs and |

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| | is characterized by severe depression that will occur within the first six to twelve months postpartum (Durham et al., 2022). | symptoms of sleep and fatigue disturbances, fatigue, uncontrolled crying, as well as anxiety, fear, or panic (Durham et al., 2022). |
| Postpartum Psychosis | Postpartum psychosis is a form of bipolar disorder that is the most serious of the postpartum mood disorders (Durham et al., 2022). | Postpartum psychosis will be characterized by paranoia, mood swings, extreme agitation, or depression (Durham et al., 2022). |

Attach Reference page

References

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