

N432 Postpartum Worksheet

Name: Tirae Littles

Date: 9/18/24

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	“Tenderness, feeling of fullness, and tingling sensation Increase in weight of breast by 400 g Enlargement of breasts, nipples, areola, and Montgomery follicles (small glands on the areola around the nipple) Darkening of the areola and nipple Striae: Caused by stretching of skin with enlarging breast tissue and Prominent veins caused by a twofold increase in blood flow” (Durham et al., 2023).
U	Uterus	“Immediately after birth, the uterine fundus is palpated midway between the umbilicus and symphysis pubis and is firm and midline. In the next few hours, it is palpated at the umbilicus” (Durham et al., 2023). “Within 12 hours after birth of the placenta, 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). “24 hours after birth of the placenta, the fundus is located at 1 cm below the umbilicus and is firm and midline” (Durham et al., 2023). “The uterus descends 1 cm per day; by day 14, the fundus has descended into the pelvis and is not palpable” (Durham et al., 2023).

B	Bowel	“Women are at risk for constipation due to decreased GI motility from the effects of progesterone; decreased physical activity; dehydration and fluid loss from labor; fear of having a bowel movement after perineal lacerations or episiotomy; and perineal pain and trauma” (Durham et al., 2023).
B	Bladder	“The woman spontaneously voids within 2 to 4 hours post birth. Each voiding is at least 300 mL. The woman does not have frequency, urgency, and burning on urination” (Durham et al., 2023).
L	Lochia	“Bloody with small clots Moderate to scant amount Increased flow on standing or breastfeeding Fleshy odor” (Durham et al., 2023)
E	Episiotomy	“The most common types of episiotomies are midline (cut at a 90-degree angle toward the rectum) and mediolateral (cut at a 45-degree angle)” (Durham et al., 2023). “Midline episiotomies are associated with higher risks of severe perineal trauma, including third- and fourth-degree lacerations” (Durham et al., 2023). “Mediolateral episiotomies were thought to be protective against severe perineal trauma, but recent research indicates that they are neither helpful or harmful and should not be used for that reason” (Durham et al., 2023).
H	Hemorrhoids	“Most thromboemboli develop postpartum and result from vascular trauma during delivery (1). The risk of developing a thromboembolic disorder is likely increased for about 6 weeks after delivery. Cesarean delivery, like other surgeries, also increases risk” (Muñoz, 2024).
E	Extremities	“Edema of lower extremities Varicosities in legs and vulva Hemorrhoids” (Durham et al., 2023).
D	Delivery	“Safe recovery for mom and baby Facilitate family bonding. Assess maternal vital signs and pain. Assess maternal stability, fundus, lochia, bladder, and perineum.

		Provide comfort measures and pain meds. Initiate breastfeeding. Provide food and fluids for patient when stable” (Durham et al., 2023).
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1. Identify 3 patient education topics that a postpartum patient would require. How would you educate the patient on each topic? **(15 points)**

Breastfeeding, I would educate this client by explaining that newborns experience latching problems, the client should also be aware how to hold the newborn when feeding. **How would you educate her?**

Postpartum depression, I would educate the client on signs and symptoms associated with PPD, so she is able to identify when she is experiencing PPD. **How would you educate her?**

Exercise and physical activity, I would educate the client that physical activity is important after birth as it promotes blood flow and prevent clots. I will also give the client printed visuals of activities that are beneficial.

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

Postpartum hemorrhage is excessive bleeding that occurs after birth. PPH can be detrimental, and clients usually go to OR. “(PPH), defined as blood loss over 1,000 mL, hemorrhage is the most common serious complication of childbirth and the most preventable cause of maternal mortality, making it critical that RNs are able to accurately quantify blood loss after delivery” (Durham et al., 2023). An important intervention that should be completed is monitoring blood loss. **What interventions would be completed to prevent this?**

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

“Subinvolution of the uterus refers to a condition where the uterus does not shrink to its pre-pregnancy size in the expected timeframe after childbirth” (Lecturio, 2024). “Often caused by retained placental tissue or infections, this can lead to heavy bleeding and increased risk of infection, nurses need to know how to perform fundal checks and educate clients on what to look out for in the postpartum period” (Lecturio, 2024).

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

“Rhogam is laboratory screening during an initial prenatal visit includes blood type and Rh factor with antibody screening to identify isoimmunization” (Durham et al., 2023). “Patients found to be Rho(D)-negative should be rescreened in the second trimester and given RhoGAM at 26 to 28 weeks and again after delivery if the infant is Rho(D)-positive” (Durham et al., 2023). This is given to postpartum clients because it “prevents production of anti-Rho(D) antibodies in Rho(D)-negative women exposed to Rho(D)-positive blood” (Durham et al., 2023). “Prevention of antibody response and hemolytic diseases of the newborn (erythroblastosis fetalis) in future pregnancies of women who have conceived a Rho(D)-positive fetus” (Durham et al., 2023)

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

“Pain related to tissue trauma secondary to vaginal delivery as evidenced by client stating ~~vaginal~~ perineal pain” (Durham et al., 2023). “At risk for constipation related to hormonal effects on smooth muscles as evidenced by patient being up able to poop” (Durham et al., 2023). ?

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

“Mastitis typically occurs at 3 to 4 weeks post birth, the infection may be caused by bacterial entry through cracks in the nipples and is associated with milk stasis, engorgement, long intervals between feedings, stress, and fatigue” (Durham et al., 2023). “This is prevented by ensuring the client is wearing a supportive bra, examining the nipples and breast for signs of infection, and by educating the client to keep her hands clean to prevent the spread of infection” (Durham et al., 2023).

Encourage complete emptying of the breasts; applying breast milk to nipples after nursing and allow to air dry. Wash nipples before and after feedings.

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

Kegel exercises, Kegel exercises are important as it assists with tightening the pelvic floor muscles. This is not an intervention.

Ice packs, ice packs are a nonpharmacological way that is used to provide pain relief, after birth women can experience swollen or sore labia/perineum.

Monitoring for signs of infection, monitoring for signs of infection is important because this can lead to further postpartum complications. If the infection spreads it can cause the patient to develop sepsis.

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

Nursing interventions in preventing a thromboembolic condition include physical activity as simple as walking, proper nutrition/hydration, and the use of SCDS especially if the patient is bed bound. **Compression stockings?**

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

Mood Disorder	Definition	Signs and Symptoms
Baby Blues	“Postpartum blues, also known as baby blues, occur during the first few postpartum weeks, last for a few days, and affect the majority of women. During this period, the woman feels sad and cries easily but is still able to take care of herself and her infant” (Durham et al., 2023).	“Changes in hormonal levels, Fatigue, Stress from taking on the new role of mother, Anger, Anxiety, Mood swings, Sadness, Weeping And Difficulty sleeping & eating” (Durham et al., 2023).
Postpartum Depression	“PPD is a mood disorder characterized by severe depression that occurs within the first 6 to 12 months postpartum and affects about 11.5% of postpartum women (Ko et al., 2017)” (Durham et al., 2023). “PPD affects the woman, her partner, and other children within the family unit. Women who identify as lesbian or bisexual have a higher prevalence of PPD as compared with women who identify as heterosexual” (Durham et al., 2023).	“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; inability to make decisions, and Decreased interest in normal activities” (Durham et al., 2023).
Postpartum Psychosis	“Brief psychotic disorder with peripartum onset is the official diagnosis for postpartum psychosis (Beck, 2020). Postpartum psychosis is relatively rare, with prevalence in the general	“Paranoia, as well as grandiose 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, such as

	population of 0.1% to 2.6% per 1,000 births (Beck, 2020; VanderKruik et al., 2017). The onset of symptoms is rapid and can occur as early as 2 to 3 days after childbirth” (Durham et al., 2023).	that the mother or her infant must die, and Disorganized behavior” (Durham et al., 2023).
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Attach Reference page

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Muñoz, J. L. (2024, July 3). *Thromboembolic Disorders in Pregnancy*. MSD Manual Professional Edition; MSD Manuals.

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(Beck, 2020; VanderKruik et al., 2017). Where is reference for this?

Ko et al., 2017)” Where is reference for this?