

# N432 Postpartum Worksheet

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**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**

	<b>What area is being assessed?</b>	<b>Normal findings</b>
<b>B</b>	Breast	<p>“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., 2022, p.414).</p>
<b>U</b>	Uterus	<p>“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., 2022, p.400).            “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., 2022, p.400).            “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., 2022, p.400).            “The uterus descends 1 cm per day; by day 14, the fundus has descended into the pelvis and is not palpable” (Durham et al., 2022, p.400).</p>

<b>B</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., 2022, p.400).
<b>B</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., 2022, p.406).
<b>L</b>	Lochia	“Bloody with small clots Moderate to scant amount Increased flow on standing or breastfeeding Fleshy odor” (Durham et al., 2022, p.390)
<b>E</b>	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., 2022, p.272). “Midline episiotomies are associated with higher risks of severe perineal trauma, including third- and fourth-degree lacerations” (Durham et al., 2022, p.272). “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., 2022, p.272).
<b>H</b>	Hematomas	“Most thromboembolisms develop postpartum and result from vascular trauma during delivery (1). The risk of developing a <a href="#">thromboembolic disorder</a> is likely increased for about 6 weeks after delivery. Cesarean delivery, like other surgeries, also increases risk” (Muñoz, 2024, p.1).
<b>E</b>	Extremities	“Edema of lower extremities Varicosities in legs and vulva Hemorrhoids” (Durham et al., 2022, p.60).
<b>D</b>	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., 2022, p.124).
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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 is an important topic to discuss with a postpartum patient. This nursing student would explain to the client that newborns experience latching problems, and the client should be aware how to hold the newborn when feeding. This nursing student would educate the client by providing her with videos on how to properly breastfeed and with demonstration.

Postpartum depression is a commonly known postpartum complication. This nursing student would inform the client about the signs and symptoms associated with PPD, so she is able to identify when she is experiencing PPD. This nursing student would educate the client by offering resources such as local support groups or hotlines. Providing clear thorough information and encouraging the client to participate in teach back is also helpful when educating the client.

Exercise and physical activity are important for postpartum clients as they can help improve physical and emotional well-being. 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 and that are not hard on the body.

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., 2022, p.461). To decrease the chances of postpartum hemorrhage, the nurse should perform fundal massages. Fundal massages assist with stimulating contractions and minimizing bleeding. A pharmacological intervention would be to give uterotonics such as oxytocin. Oxytocin helps the uterus contract and reduces bleeding. Important interventions that should be completed if postpartum hemorrhage occurs; is monitoring blood loss and providing appropriate medications. TXA and Carboprost are medications that are used to help manage postpartum hemorrhages (Durham et al., 2022).

3. What is the primary cause of uterine subinvolution? **(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, p.1). “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, p.1). Gentle massage of the uterus, pain management, hydration and nutrition are all interventions that can be done to prevent the complication of uterine subinvolution.

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., 2022, p.569). “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., 2022, p.569). 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., 2022, p.569). “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., 2022, p.569).

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 perineal pain (Durham et al., 2022).  
At risk for constipation related to hormonal effects on smooth muscles as evidenced by patient being unable to eliminate their bowels (Durham et al., 2022).

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., 2022, p.408). The postpartum client should be informed to wear a supportive bra, assess the nipples and breast for signs of infection, and be educated to keep her hands clean to prevent the spread of infection. “The nurse should explain to the client that Emptying the affected breast, antibiotic therapy, analgesia, rest, adequate nutrition, and hydration are all interventions used to prevent mastitis” (Durham et al., 2022, 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)**

Proper hygiene practices, such as cleansing the perineal area with warm water and keeping it dry can significantly reduce the risk for bacteria. After childbirth the perineal area is more susceptible to infections due to episiotomies and tears. Proper hygiene allows the body to heal, and it keeps the client comfortable.

Ice packs are used as a nonpharmacological intervention. After birth women can experience a swollen or sore labia/perineum, so ice packs are provided to support pain relief.

Monitoring for signs of infection is an important intervention. Monitoring for signs of infection is important because infection can cause additional postpartum complications. If the infection spreads it can lead to a systemic inflammatory response.

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

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

**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	“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., 2022, p.442).	“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., 2022, p.442).
Postpartum Depression	PPD is a mental health condition that can affect women after childbirth. “PPD affects the woman, her partner, and other	Signs and symptoms of postpartum depression can vary depending on the patient. “Significant weight loss or gain: a change of more than 5% of body

	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., 2022, p.470).	weight in a month, Insomnia or hypersomnia, Changes in psychomotor activity: 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., 2022 p.470).
Postpartum Psychosis	“Postpartum psychosis (PPP) is a mental health emergency” (Cleveland Clinic, 2022, p.1). “This condition affects a person’s sense of reality, causing hallucinations, delusions, paranoia, or other behavior changes. In severe cases, people with PPP may attempt to harm themselves or their newborn” (Cleveland Clinic, 2022, p.1). “This condition is treatable, and early treatment increases the odds of a good outcome” (Cleveland Clinic, 2022, p.1).	“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 that the mother or her infant must die, and Disorganized behavior” (Durham et al., 2022, p.476).

### Attach Reference page

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