N432 Postpartum Worksheet

Name: Ginaveve Jessup

Date: February 11, 2025

This assignment is due at 2359 CST the Tuesday 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 (Durham et al., 2022).	Breast milk production is increased after delivery from the estrogen and progesterone (Durham et al., 2022). Breast engorgement is normal along with swelling, hardness, and tenderness.
U	Uterus (Durham et al., 2022).	After delivery the uterus begins to return to its normal shape and size as well as location (Durham et al., 2022). This happens form uterine contractions and a decrease in muscle cells. The contracting can prevent postpartum hemorrhage. Pain is normal and will decrease after the third postpartum day. the contracted uterine muscles compress the vessels to decrease the amount of blood loss. Assess the uterus for location, ton of fundus, and position. Assess the uterus every 15 minutes after the first hours, ever 30 minutes after he second hour, every 4 hours for the next 22 hours, and then every shift for the first 24 hours. Make sure to tell the patient what you are always doing and provide privacy. Locate the fundus with the other hand using downward pressure and assess it. Measure the distance between the fundus and umbilicus with your fingers. each day this will shrink down. Uterine atony can occur so massaging the fundus is important. This means the uterus is not contracting.
B	Bladder (Durham et al., 2022).	Post birth, distention, rapid filling, incomplete emptying are common after the first few days (Durham et al., 2022). The mother should be able to spontaneously void within 2-4 hours, each void is around 300 mL, no frequency, urgency, or burning. No odor, cloudiness, with normal color, and clear.

B	Bowel (Durham et al., 2022).	GI motility and mobility will return the end of the second postpartum week (Durham et al., 2022). No constipation or pain with blood in bowels should happen. Regular diet will return and some patients will lose weight rapidly after birth which is normal.
L	Lochia (Durham et al., 2022).	Lochia is a scant, light, moderate, or heavy (Durham et al., 2022). This is discharge that occurs after birth. Changes in this can refer to the healing stages of the uterine placental site. Assessing this can occur the same time the uterus is assess. The first couple days it is red and bloody. The next stage should be pink or brown. The last stage is clear and white. It should have a fleshy odor and smell like menstrual blood. The amount is described as light, moderate, heavy, or scant. Assess for clots and if it is larger than an egg it should be weighed, and the findings should be reported. 1 gram in weight equals 1 milliliter of blood loss. The first stage, lochia rurbra, is 1-3 days and small clots with blood is expected, and an increase of that when standing or breastfeeding. Lochia serosa lasts 4-10 days and it is normally pink or brown, with a scant amount, increases with activity. Lochia alba is on day 10, and yellow to white is expected only in scant amount.
E	Episiotomy (Durham et al., 2022).	A midline episiotomy is midline on the perineum which heals quickly and can cause less pain (Durham et al., 2022). A mediolateral episiotomy is at a 45-degree angle of an incision of the perineum. Mild to severe pain may be experiencing since it is trauma. The site should be free of infection. Mild edema, minor ecchymosis, and discomfort is normal.
H	Homans sign (Durham et al., 2022).	The lower extremities can be at risk for a deep vein thrombosis (Durham et al., 2022). Assessing this area is important in identifying and providing interventions to these patients. Venous stasis occurs after delivery as well as increased coagulability. Normal assessment includes no redness, edema, tenderness, warmth, even and palpable pulses, and no pain in the calf when looking for the Homans sign. Also no shortness of breath or tachycardia which can be a sign of a pulmonary embolism.
E	Emotional status (Durham et al., 2022).	Normal is no mood disorder, no postpartum depression, no homicidal or suicidal thoughts, no sadness or anxiety with a normal appetite, concertation, and sleep frequency (Durham et al., 2022).

1. Identify three patient education topics a postpartum patient would require. How would you educate the patient on each topic? **(15 points)**
   Increasing fluid and fiber intake is essential post-partum since it can help decrease the risk of constipation (Durham et al., 2022). I would educate this patient on staying hydrated and help them figure out a goal of how many bottles of water we can drink in a day as well as the importance of getting adequate hydration. I would also educate them on the importance of rest and sleep. I would educate them on sleeping when the baby does so they can heal properly and well. Focusing on self-care will help the mothers ‘ well-being and the baby in the long run. I would also encourage and educate on ambulation to reduce the risk of a blood clot. Venous stasis can be harmful, so educating people on using compression socks is key. Ambulation can also help healing.

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

Postpartum hemorrhage is a large amount of bleeding after delivery (Durham et al., 2022). The first intervention a nurse should make is stopping the bleeding. Assessing the fundus is also essential to promoting uterine contractions. Medication can help, and surgery may be necessary. Assessing vitals is necessary to relate it to hypovolemia. A balloon tamponade may also be used to stop the bleeding.

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

The primary cause of uterine subinvolution is that the uterus does not descend as expected (Durham et al., 2022). This can be caused by retained placental debris, infection, or a large baby that cannot return to its original size. Excessive bleeding results. This is why monitoring the uterus and measuring the fundus is important in aftercare.

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

This medication is given to Rh-negative women who have a positive baby (Durham et al., 2022). This is given IV or IM within 72 hours after birth. This is to prevent the production of anti-Rh antibodies for the mother. This is an adverse effect if the patient has anemia or an allergic reaction.

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

Pain related to congestion and increased milk accumulation secondary to breast engorgement (Durham et al., 2022). At risk for fluid volume deficit related to hemorrhage from uterine atony (Durham et al., 2022).

6. Define mastitis. How is this prevented? **(5 points)**
   Mastitis is when the breast tissue becomes inflamed or infected (Durham et al., 2022). This usually develops in the first three months of breastfeeding. The infection can come from the infant's mouth, usually Staphylococcus aureus. To prevent this from happening, making sure you empty the breast is important. Also, breastfeeding frequently and feeding a baby is important to keep up the supply and prevent this from happening.

7. Identify three nursing interventions for the perineal area of a postpartum vaginal delivery patient. Explain why each of these interventions is important. **(10 points)**
   The first intervention would be to administer pain medication for pain management post-birth (Durham et al., 2022). This is important to keep the patient pain-free and focused on recovery. The second intervention would be to monitor the pain and assess it frequently. This is important to ensure no complications, such as a hematoma, occur. The third intervention would be to apply ice to the perineum. This can relieve pain and prevent hematomas.

8. What three nursing interventions are completed to prevent a thromboembolic condition? **(10 points)**
   The first intervention would be to apply compression stockings to the patient (Durham et al., 2022). The following intervention would be to ambulate soon and frequently. The last intervention would be to administer medication to prevent a blood clot.

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

Mood Disorder	**Definition**	**Signs and Symptoms**
Baby Blues	This normally occurs within the first two weeks postpartum, and this is anxiety in taking care of yourself and the baby at once (Durham et al., 2022). The mother is still able to care for baby.	Symptoms include changes hormonally such as stress, fatigue, anxiety, difficulty sleeping and eating, crying, and mood swings (Durham et al., 2022).
Postpartum Depression	Postpartum depression is a mood illness that manifests in the first 6-12 months postpartum (Durham et al., 2022).	Symptoms the mother can have include weight loss/gain, trouble sleeping, agitation, low energy, the feeling of guilt, decreased ability to concentrate and no interest in normal activities

		(Durham et al., 2022).
Postpartum Psychosis	This is a brief psychotic disorder with peripartum onset (Durham et al., 2022). This is rare and the onset can be rapid and early.	Symptoms include hallucinations, poor speech, catatonic behavior, and delusions (Durham et al., 2022).

Attach Reference page

References

Durham, R., Chapman, L., & Miller, C. (2022). *Davis advantage for maternal-newborn nursing: Critical components of nursing care* (4th ed.). F.A. Davis Company