

N432 Postpartum Worksheet

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	<ul style="list-style-type: none"> Breasts (Durham et al., 2023) 	<p>During the postpartum phase, a breast assessment is very important. Normally, the breasts will change size and shape. The breast may become asymmetrical due to breastfeeding. It will be important to educate the patient on switching sides for breastfeeding or pumping the other breast when not in use. Things that are not normal would include any firmness or blocked ducts and redness. These can indicate an infection or inflammation (Armata).</p>
U	<ul style="list-style-type: none"> Uterus (Durham et al., 2023) 	<p>After having the baby, women's uteruses are boggy. This needs to be handled because a boggy uterus means the uterus is not contracting which means their chances of hemorrhaging increase. Massaging the fundus will help it contract. The nurses will check the fundal deviation as well. If it is deviated, this may</p>

		indicate a full bladder, in which the mom will need to void (Armata).
B	<ul style="list-style-type: none"> Bladder (Durham et al., 2023) 	It is normal for women to have difficulty with urination right after birthing their baby. However, the mom will need to drink plenty of water to encourage voiding. This will help prevent urine from just sitting in the bladder or bladder distention (Armata).
B	<ul style="list-style-type: none"> Bowel (Durham et al., 2023) 	After having a baby, it is normal for the mom to have a decrease in motility in regard to the gastrointestinal tract, which leads to constipation. A provider may order a stool softener, all while encourage the patient to increase their fiber intake and drink lots of fluids. Another normal finding is women often get hemorrhoids. Creams, warm baths, and stool softeners can help ease the pain and help with the treatment (Armata).
L	<ul style="list-style-type: none"> Lochia (Durham et al., 2023) 	After pregnancy, the woman experiences what is essentially a long period for roughly six weeks. This is the uterus' way of returning to normal. The lochia has three stages. The first stage is the expulsion of bright red blood with some clots. After that, a pinkish-brown, watery, discharge is released. Then, the last stage is a yellowish-white discharge. It is not normal for these stages to regress backwards, soak a pad in fifteen minutes, or have a strong, smelly odor. This

		will guarantee a visit to the doctor (Armata).
E	<ul style="list-style-type: none"> Episiotomy, lacerations, perineum, hemorrhoids (Durham et al., 2023) 	After a woman gives birth, their perineum looks rough. It is normal for them to have redness, edema, swelling, and be uncomfortable. They may also have tears. It is not normal for them to get an infection after birth. Assessing is vital to help avoid risks for infection (Armata).
H	<ul style="list-style-type: none"> Homas Sign (Armata) 	A DVT is not a normal finding. A DVT can be painful, cause swelling in the calf, and edema. If not handled immediately, the clot could break off and travel to the lungs, causing a pulmonary embolism. The patient will want to dangle their legs off the bed and eventually walk within the first eight hours (Armata).
E	<ul style="list-style-type: none"> Emotions, bonding with infant, fatigue, psychosocial factors (Durham et al., 2023) 	Emotions are constantly going to change after giving birth and this is completely normal. It is such a life changing event as well as hormones are going crazy too. Their emotions may change rapidly due to stress, excitement, or lack of sleep. There are three phases a mom typically goes through. The taking in phase happens immediately after having a baby and may last a day or so. Then, the taking hold phase comes and can last up to several weeks. The focus shifts to the infant. Lastly, the letting go phase involves full independence of this new role (Armata).

1. Identify 3 patient education topics a postpartum patient would require. How would you educate the patient on each topic? (15 points)

- 1.) The patient needs to understand what to expect in regard to how their body is going to change, as well as understanding what is not normal. The typical changes a woman will experience after birth is weight loss, sweating, breast changes, and uterine changes. Some signs of complications might be soaking a pad within the first ten to fifteen minutes, increased temperature, pelvic or abdominal pain, increased urination accompanied by burning, leg pain, or thoughts of harming yourself and the baby (Durham et al., 2023). For me, I like teaching with a handout. After a mom delivers, there is a lot happening- lots of emotions, changes, and honestly, not a lot of time for education. I would go over the handout with them, but it will help ensure that they will have this information later on.
- 2.) The second education point would be to discuss the woman's nutrition. If a mom decides to breast feed, she will need to increase her calorie intake from 500 to 1,000 calories, as well as increasing fluid intake to two to three liters a day. Some women may experience anemia after birth. To help correct this, they should eat lots of leafy greens, beans, red meat, or bread. To prevent constipation, increase fruits, vegetables, and beans. Using MyPlate can help guide the new mother in regard to her eating choices (Durham et al., 2023). I would teach them verbally and follow up with a handout.
- 3.) Lastly, while it may be an uncomfortable subject to talk about, we have to educate the new mom about when she can resume sexual intercourse. It can begin again when lochia has stopped, the perineum is fully healed, and the woman is

ready, both emotionally and physically. Couples may need to use lubricant. Additionally, educate about the use of contraceptives (Durham, 2023). I would teach verbally and follow up with a handout.

2. Define postpartum hemorrhage. What interventions and medications would be implemented? **(10 points)**

- Postpartum hemorrhage is described as 1,000 mL or greater of blood loss with a 10% decrease in the hemoglobin and hematocrit. Some definitions add that the signs and symptoms of hypovolemia occur within the 24-hour postpartum period. The interventions are to manage the hemorrhage and shock as well as finding the underlying cause. There are lots of interventions in place for a situation like this. It would be best to try and identify how much blood was lost. Assess vital signs every fifteen minutes. Measure strict input and output. A transfusion of blood and fluids will probably be ordered. Some medications may be given to help with clotting, such as fresh frozen plasma or cryoprecipitate. Massage the fundus. Pain medications may be given to the mom. A foley may be inserted to help keep the bladder empty, which will help with measuring output as well as allowing the uterus for more room. The four main medications that may be given are the following: oxytocin, methylergonovine, ergot alkaloids, prostaglandins, misoprostol, and dinoprostone. A telemetry monitor may be connected to help detect shock. If these measures do not work, they may need to stuff the uterus with gauze or return the mom back to the operating room (Durham et al., 2023).

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

- The three primary causes of uterine subinvolution may be because of fibroids, endometritis, or part of the placenta is still attached. If it is caused by a remaining part of the placenta, a D&C will be done to remove it. If it is caused by fibroids, methergine will be prescribed. If it is caused by endometritis, an antibiotic will be ordered (Durham et al., 2023).

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

- It is a medication given to moms who do not have the Rh factor (negative) but are carrying a baby who does have the Rh factor (positive). At some point during the delivery, the chances of the baby's blood, which contains the Rh factor, mixing with the mom's blood, who does not have the Rh factor, are high. This is given after birth so the body will not form antibodies. If the mom chooses to have another baby in the future and that baby also has the Rh factor, the mom's immune system may attack the baby in the future (Durham et al., 2023).

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

- Acute pain related to perineal injury as evidenced by contusions, tears, wincing upon perineal assessment (Makic and Martinez-Kratz, 2023).
- Impaired mood regulation related to rapid decrease in hormones as evidence by feeling sad, worthless, and guilty (Makic and Martinez-Kratz, 2023).

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

- Mastitis is inflammation or infection of the breast tissue, which happens in lactating women. This can be prevented in a few ways. First, make sure the breasts are being emptied. If the baby is breastfeeding on one boob, pump the other one. We do not want the milk to be static in the breasts. Second, breastfeeding does need to be a clean process, so wash hands before to help prevent the spread of any bacteria. Third, a healthy diet and lots of fluids will help decrease the risk of infection. Fourth, massage the breasts often (Durham et al., 2023).

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

- 1.) The first intervention would be to apply ice packs, which is something that I see is done often. Applying ice decreases the risk of hematoma. This results from blood collecting in the tissues. When this happens, it can be difficult to determine how much blood is being lost. If this goes unnoticed the woman can go into hypovolemic shock and die. It is important to assess that area and apply ice (Durham et al., 2023).
- 2.) The second intervention would be sewing up the lacerations or wearing a pad of some sort if not too serious. During a vaginal delivery, it is common for the mom to tear. When this happens, it can cause a lot of bleeding leading to a

postpartum hemorrhage. This can be deadly. Assessing the perineum and getting the bleeding under control gives the mom the best chances of recovery (Durham et al., 2023).

3.) Increase fiber and water intake and sit in a warm bath for hemorrhoids. These can be very uncomfortable, especially when the whole perineum is sensitive. It is important for the mom to be able to heal and just be comfortable. Birthing a baby is tiring. The last thing she needs is to have a hard time sitting (Durham et al., 2023).

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

- The three nursing interventions to prevent a thromboembolic condition are to ambulate as soon as possible, wear compression socks, and still exercise and move the legs when the patient is still on bed rest. Every effort must be made to get the blood moving and circulating back throughout the body (Durham et al., 2023).

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

Mood Disorder	Definition	Signs and Symptoms
Baby Blues	Postpartum blues is a mild and short-term mood disorder that may happen	<ul style="list-style-type: none"> • Mood swings • Irritable

	postpartum (Langdon, 2024).	<ul style="list-style-type: none"> • Sadness • Uncontrolled crying • Anxiety/worry • Confused • Sleeping issues <p>(Langdon, 2024)</p>
Postpartum Depression	Postpartum depression is a mood disorder that lasts anywhere from six to twelve months after delivery (Durham et al., 2023).	<ul style="list-style-type: none"> • Sleep and appetite changes • Fatigue • Uncontrolled crying • Anxiety/fear • Cannot concentrate • Suicidal/homicidal towards baby • Cannot care for self or baby • Feelings of guilt or doubt <p>(Durham et al., 2023)</p>
Postpartum Psychosis	It is a “brief psychotic disorder with peripartum onset” (Durham et al., 2023).	<ul style="list-style-type: none"> • Paranoid • Grandiose/bizarre delusions relating to

		<p>baby</p> <ul style="list-style-type: none">• Agitated• Depressed and/or feeling invincible• Disorganized behavior• Confused thinking <p>(Durham et al., 2023)</p>
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References

Armata, N. (3 March 2025). *Postpartum Maternal Assessment Acronym*. Osmosis from Elsevier.

<https://www.osmosis.org/answers/bubble-he-postpartum-maternal-assessment-acronym>.

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Langdon, K. (19 December 2024). *Postpartum Blues*. Postpartum Depression. <https://www.postpartumdepression.org/postpartum-depression/types/blues/>.

Makic, M.B., and Martinez-Kratz, M. (2023). *Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning Care*. Elsevier.