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	Breasts are being assessed (Durham et al., 2023).	The breasts do not exhibit much change in the first 24 hours after delivery, remaining soft and non-tender. They become a little firmer on the second day but are still non-tender. By the third day, the breastmilk has likely come in and this can cause the breasts to be tender, warm, and very firm. The nurse also needs to be checking the mother's nipples for signs of breakdown, generally due to poor latching by the infant (Durham et al., 2023).
U	The uterus is being assessed (Durham et al., 2023).	The nurse is assessing if involution is taking place, which consists of assessing the location, position, and tone of the fundus. This process is when the uterus starts returning to pre-pregnancy size and shape through contractions, atrophy, and smaller uterine cells. This can take 6 to 8 weeks after delivery. Involution can be more painful for breastfeeding mothers due to the release of oxytocin from the nursing infant and the uterus trying to stay contracted, and the degree of pain varies from person to person. The nurse will assess the uterus every 15 minutes for the first hour, every 30 minutes for the second hour, every 4 hours for the next 22 hours, and then once per shift or per hospital protocol. Normal findings would be a firm and midline fundus immediately following the delivery. The fundus should be in the umbilicus region (maybe 1 cm above) within 12 hours of postdelivery. By 24 hours after delivery, the fundus should be at or 1 cm below the umbilicus. The uterus will continue to shrink roughly 1 cm per day and by 2 weeks postdelivery, it is in the pelvic region and not palpable (Durham et al., 2023).
B	The bowel frequency and hemorrhoids are being assessed (Durham et al., 2023).	Constipation is common postdelivery due to decreased gastrointestinal motility and muscle tone, decreased physical activity, dehydration from labor, and fear of having a painful bowel movement. The nurse should assess bowel sounds for each shift and ask the patient about bowel movements, including size,

		color, consistency, and number of times. Hemorrhoids are also common during pregnancy and after birth. These can be painful following delivery, so the nurse should assess for hemorrhoids by visually observing and if they are noted, encourage side-lying, when possible, instead of on her bottom, Tuck's pads/witch hazel, sitz baths, and administer a stool softener to help alleviate the discomfort. Not all patients will experience constipation or hemorrhoids, and this should be addressed PRN (Durham et al., 2023).
B	The bladder is being assessed (Durham et al., 2023).	There are many complications with the bladder that can arise after delivery. Most commonly these are caused by intravenous fluids, decreased urge to urinate from medications, trauma in the perineal area and bladder, and vaginal deliveries. Signs of complications are bladder distention, rapid bladder filling, not emptying the bladder completely, and the inability to urinate. Expected findings would be for the mother to void 300 mL withing 2-4 hours after delivery with no frequency, urgency, or burning when urinating (Durham et al., 2023).
L	Lochia is being assessed (Durham et al., 2023).	"Lochia is a bloody discharge from the uterus that contains red blood cells, sloughed-off decidual tissue, epithelial cells, and bacteria." The nurse needs to chart her finding by listing scant, light, moderate, or heavy. She will need to note the color, if there is an odor, and clots. The color should be red for the first 3 days after delivery. If the nurse notices an odor, this could be an indication of infection. Small clots can be common but still require charting. However, if the nurse observes a clot egg size or larger, she should weigh it and notify the provider. The clots should also be observed thoroughly for placental tissue as this can lead to a hemorrhage and/or delay healing. Expected findings immediately following delivery would be scant to moderate with small clots and a slightly heavier flow when standing and breast-feeding with a fleshy odor (Durham et al., 2023).
E	The nurse is assessing the vagina and perineum, including the episiotomy site (Durham et al., 2023).	Following delivery, the nurse should assess the perineum when assessing the fundus and lochia. Following postdelivery, the mother will need assessed every shift observing for redness, edema, ecchymosis, discharge, approximation of edges of episiotomy or laceration (REEDA). Normal findings would include mild swelling, mild ecchymosis, approximation of edges, and mild to moderate pain, depending on the degree of laceration

		(Durham et al., 2023).
H (L)	The circulatory system, lower extremities, and thromboembolism (Homen) are being assessed (Durham et al., 2023).	Women are at increased risk for blood clot issues following pregnancy due to clotting factors decreasing, making them more prone to pulmonary emboli, which can be fatal. Assessing the woman's legs for different tenderness, warmth, pulse strength bilaterally, pain, redness, and edema. The nurse should check blood pressure and pulses every 15 minutes for the first hour, every 30 minutes for the second hour, every 4 hours for the next 22 hours, and every shift after the first 24 hours or per hospital protocol. Normal findings include normal range blood loss, labs within normal range, pulse rate within normal range, blood pressure within normal range. Some women do experience anemia and bradycardia following delivery. This should be assessed and appropriate actions taken, which can include iron supplements and monitoring. Expected findings would be no tenderness, edema, or warmth (Durham et al., 2023).
E	Emotional status is being assessed (Durham et al., 2023).	The postpartum period brings a lot of changes physiologically, mentally, emotionally, and psychologically. The first signs a mother is emotionally in a good place is if she is taking good care of herself and her baby. Performing a thorough postpartum assessment can help gauge the mother's physical and mental health by using the Edinburgh Postnatal Depression Scale. This is also the time to discuss contraception plans, quitting smoking/drug use, goals for feeding the baby, vaccination schedules, answer all questions to help ease anxiety or insecurities, and try to ensure the mother is calm and capable of handling the changes. Education about sleep deprivation is also very important (Durham et al., 2023).

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

a. One key point to educate the patient about is bleeding. There should be scant to moderate bleeding by the time of discharge with only small clots. The patient should be informed on what scant and moderate mean, when to notify the provider, and to call 911 immediately if they are completely saturating a pad within an hour (Durham et al., 2023).
b. Infection signs and symptoms would be very important, especially for a patient who had an episiotomy. The risk of infection tends to be higher because of the proximity to the rectum and potential exposure to stools. I would make sure the mother knows to watch for fever, edema, purulent drainage, disproportionate tenderness/pain, chills, and warmth in the area (Durham et al., 2023).
c. Breastfeeding education would also be important before the mother goes home. I would observe and make sure the baby is latching well and explain to the mother how to break the latch to reset if it is poor. I would talk to her about colostrum and that her milk supply will typically come in around the third day postpartum. This can cause some discomfort due to the sudden engorgement of the breasts. I would also discuss mastitis, an infection of the breast, and make sure she understands to call the provider if she starts to show signs and symptoms of this (Durham et al., 2023).

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

Uterus doesn't contract

The most common cause of postpartum hemorrhage is uterine atony. If the uterus is "boggy", the nurse or provider can massage the uterus with the palm of their hand between the umbilicus and symphysis pubis to help it contract. After doing this, the nurse should reassess the patient within 10 minutes. If the uterus is still boggy, the nurse should notify the provider and administer oxytocin to promote contractions. This is usually resolved within 24 hours (Durham et al., 2023).

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

Stretched uterine ligaments

The most common causes of subinvolution are placental fragments, infection, and overdistended uterus. This can delay healing and cause heavy and/or prolonged lochia. The nursing interventions are like those of uterine atony with a uterine massage and oxytocin. However, educating the patient about self-assessment, warning signs of infection, and what to expect are important since uterine subinvolution can go on after discharge, potentially for weeks (Durham et al., 2023).

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

RhoGam is an anti-D immunoglobulin medication given to mothers who are Rh negative but their fetus/infant is Rh positive. This helps prevent isoimmunization and risk of hemolytic disease in the infant and future pregnancies (Durham et al., 2023).

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

a. Anxiety related to role status as evidenced by current worries, fears, and concerns (Phelps, 2023).
b. Ineffective breast-feeding related to insufficient parental knowledge regarding breast-feeding techniques as evidenced by infant crying at the breast (Phelp, 2023).

c. Define mastitis. How is this prevented? **(5 points)**
Mastitis is a common inflammation or infection of the breast for bread-feeding women. Factors increasing the likelihood of developing mastitis are a history of it, partially plugged duct, break in the skin/nipples, oversupply of milk, missed/infrequent feedings, using only one position for feeding, tight-fitting bras, and rapid weaning. Ways to prevent this is to remove a clog as soon as it is detected or suspected, ensure a good latch with the infant to avoid skin breakdown on the nipples, position changes, feeding on a good schedule and making sure to empty the breast, wear looser fitting clothing, and gradually wean the infant (Durham et al., 2023).

d. Identify 3 nursing interventions for the perineal area of a postpartum vaginal delivery patient. Explain why each of these interventions are important. **(10 points)**
    a. The nurse can provide comfort measures like assisting the patient to a side-lying position to reduce pressure and applying ice to reduce swelling in the perineal area (Durham et al., 2023).
    b. Instruct the mother to use a sitz bath and peri-bottle. This can help with swelling, discomfort, and reduce the risk of infection by cleansing the perineal area (Durham et al., 2023).
    c. Instruct the mother to wear snug peri pads to prevent rubbing and administer a topical anesthetic to relieve pain PRN per the providers orders (Durham et al., 2023).

e. What 3 nursing interventions are completed to prevent a thromboembolic condition? **(10 points)**
   a. Encourage early ambulation to prevent blood stasis in the lower extremities (Durham et al., 2023).
   b. Apply compression stockings for women with blood clotting history (Durham et al., 2023).
   c. Instruct the patient not to cross her legs (Durham et al., 2023).

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

Mood Disorder	Definition	Signs and Symptoms
Baby Blues	Baby blues occur during the first few postpartum weeks, last a few days, and affect the majority of women. It is a time of heightened maternal emotions with the woman being tearful and irritable with emotional swings (Durham et al., 2023)	Signs and symptoms of baby blues include anger, anxiety, mood swings, sadness, weeping, difficulty sleeping, difficulty eating. Possible causes include changing hormone levels, fatigue, and stress. With baby blues, the mother is still able to take care of herself and her infant (Durham et al., 2023)
Postpartum Depression	Postpartum depression (PPD) is a mood disorder characterized by severe depression that occurs within the first 6-12 months postpartum (Durham et al., 2023)	PPD is classified as a major depressive disorder when the woman has a depressed mood or a loss of interest or pleasure in daily activities for at least two weeks in addition to four of the following symptoms: significant weight loss or gain or more than 5% of body weight in a month, insomnia or hypersomnia, changes in psychomotor activity (agitation or retardation), decreased energy, 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	Postpartum psychosis (PPP) is a variant of bipolar disorder that is the most serious form of postpartum mood disorders (Durham et al., 2023)	Signs and symptoms of PPP are paranoia, grandiosity, bizarre delusions (usually associated with the baby), hallucinations, disorganized speech, disorganized or catatonic behavior, mood swings, extreme agitation, depressed or elated

		moods, distraught feelings about ability to enjoy infant, confused thinking, strange beliefs (such as the mother or her infant must die), and disorganized behavior. Diagnostic criteria include one or more. (Durham et al., 2023)

References

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

Phelps, L.L. (2023) Nursing Diagnosis Reference Manual. Wolters Kluwer.

Spinningbaby.com- look it up for reference on positioning