

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	The breasts should be firm 1-2 days after giving birth. The nipples should be intact (no cracks), with no bleeding or redness, swelling, or signs of mastitis. Colostrum or milk should be present, and there should be no pain (only tenderness) during let down (Durham et al, 2023).
U	Uterus	The fundus of the uterus should be firm, midline, and at or below the umbilicus 24 hours after giving birth (Durham et al, 2023).
B	Bladder	The client should be able to void without difficulty and no distention of the bladder should be present. The client should be producing adequate urinary output and urine that is clear and odorless, with no signs of a urinary tract infection (Durham et al, 2023).
B	Bowels	The client's abdomen should be soft and non-distended, no severe pain or signs of constipation, normo-active bowel signs should be present, and the client should be able to pass gas or have a bowel movement (Durham et al, 2023).
L	Lochia	Day 1-3: Lochia rubra (dark red, small clots, earthy odor). Day 4-10: Lochia Serosa (pinkish brown) Day 10: Lochia alba (yellowish white) The amount should be moderate or scant, with no foul odor or large clots present (Durham et al, 2023).
E	Episiotomy/Cesarean section incision	Episiotomy site should be approximated with no redness, edema, ecchymosis, or discharge present.

		Cesarean section incision site should be clean, dry, and intact with no signs of infection. The client's pain level should be closely monitored and managed (Durham et al, 2023).
H	Homan's sign	The client should be able to ambulate without pain or difficulty, there should be no pain present in the calves, and the extremities should be warm to the touch with no signs of swelling or redness (Durham et al, 2023).
E	Emotional status	The client should be exhibiting a positive demeanor, with no signs of anxiety or depression, and they should be bonding with their infant without difficulty (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)

How to recover physically from the stress of the birthing process. The postpartum phase is not easy to adapt to, because not only is the patient trying to recover physically, but they are also trying to learn how to adapt to caring for an infant as well. This can be a stressful, exhausting, and hectic time for the patient and because of this I feel that it is important to provide postpartum patients with printed information that is easy for them to access and reference as needed. The information provided to the patient should include proper perineal care after a vaginal delivery (using a sitz bath, with hazel pads, ice packs, and the appropriate use of pain relievers), how to properly maintain a cesarean section incision site and how to monitor it for signs of infection (foul smelling discharge, purulent discharge, redness, swelling, inflammation), and advice for the patient on how to maintain their own health (rest, adequate diet, and how to gradually return to exercising regularly safely) (Durham et al, 2023).

How to take proper care of the breasts while breastfeeding (if the client has chosen to do so), and how to avoid complications that may arise because of breastfeeding. This information should include how to properly empty the breasts, how to massage blocked ducts, the signs of mastitis, and when to call a provider (Durham et al, 2023). Visual aids can also be beneficial here because they can provide charts on proper positioning and latch techniques that are easy for the patient to understand (Durham et al, 2023).

Mental health and signs of postpartum depression. Postpartum depression is common after delivery and can take weeks to months to set in but can cause severe mental trauma if not caught and treated as soon as possible. A patient who has recently delivered an infant should be provided with information on what signs and symptoms to be on the lookout for pertaining to postpartum depression, and these symptoms can include: feeling overwhelmed, persistent sadness, changes in sleep and appetite, irritability, anxiety, trouble bonding with the infant, or thoughts of harming yourself or the infant (Durham et al, 2023). Patients should also be provided with information on how to seek help if they find themselves suffering from the signs of postpartum depression, advice on how to talk to someone they can trust, when to contact their provider and seek out a screening, organizations that can provide counseling, and information on local support groups that specialize in postpartum depression (Durham et al, 2023).

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

Postpartum hemorrhage is defined as excessive bleeding experienced by the client after the delivery of an infant (Durham et al, 2023). It is often caused by uterine atony, retained placental fragments, lacerations obtained during the birthing process, and issues with clotting factors in the blood (Durham et al, 2023). If a nurse suspects postpartum hemorrhage they should call for help, attempt fundal massage, and monitor the client's vital signs for signs of shock (Durham et al, 2023). A patient suspected to be experiencing a postpartum hemorrhage may also be taken to the operating room to have any retained placenta fragments removed through a procedure called dilation and curettage, or in extreme cases a hysterectomy may need to be performed to stop the bleeding (Durham et al, 2023). Pharmacological interventions that could be implemented include administering uterotonics such as oxytocin and methergine to promote uterine contractions and slow the bleeding (Durham et al, 2023).

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

Uterine subinvolution occurs when the uterus delays in returning to its pre-pregnancy size (Durham et al, 2023). The most common cause of uterine subinvolution is retained placental fragments, but it can also be caused by infection, prolonged labor, uterine atony, or overdistention of the uterus (Durham et al, 2023). To remove the retained placental fragments a client will often be taken to surgery to undergo a dilatation and curettage (sometimes with ultrasound) to

remove the retained fragments. The patient may also be subjected to the administration of oxytocin, fundal massage, or broad-spectrum antibiotics to prevent infection (Durham et al, 2023).

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

Rhogam is a brand name for the medication Rho immune globulin (Durham et al, 2023). When an Rh- mother is confirmed to be having an Rh+ baby Rh incompatibility occurs (Durham et al, 2023). Rhogam is given to Rh- women at 28 weeks gestation to prevent their immune systems from forming antibodies against their developing fetus's Rh+ blood. Without the administration of Rhogam Rh incompatibility can cause anemia, jaundice, and enlarged organs in the fetus, or even stillbirth in extreme cases (Durham et al, 2023).

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

Acute pain related to perineal trauma or incision site as evidenced by the patient grimacing or verbalizing that they are in pain (Durham et al, 2023).

Risk for hemorrhage related to uterine atony, trauma, or retained placental fragments as evidenced by a boggy uterus when palpated, excessive vaginal bleeding (including the passing of egg sized blood clots or larger), or an ultrasound that reveals retained placental fragments (Durham et al, 2023).

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

Mastitis is an inflammation of the breast tissue that can occur during breastfeeding (Durham et al, 2023). It is mostly caused by stagnant milk in the breast, but it can also be caused by pressure on the breast, poor latching while breastfeeding, and cracked nipples (Durham et al, 2023). Mastitis can be prevented by feeding regularly, ensuring a proper latch is achieved by the infant, alternating which breast is offered first during feedings, using a handpump to completely drain the breasts if the infant does not accomplish this, wearing loose comfortable clothing, and using lanolin to soothe the nipples (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)**

Applying icepacks during the first 24 hours to reduce swelling and numb pain (Durham et al, 2023). Vaginal delivery of an infant causes trauma to the tissues of the perineum that can result in swelling, stretching and tears (Durham et al, 2023). The application of ice packs helps to narrow the blood vessels in the perineum which slows the bleeding in these tissues, therefore minimizing the risk for hematoma formation and reducing swelling (Durham et al, 2023). The application of icepacks also naturally reduces the pain that is caused by the trauma the perineal tissues receive during a vaginal delivery (Durham et al, 2023).

Encourage the use of a peri bottle after voiding and/or bowel movements to gently clean the perineum while avoiding infection and irritation of the perineal tissues and sutures if sutures are present (Durham et al, 2023). Rinsing the recently traumatized perineum with a peri bottle will cause less irritation than wiping with toilet paper or washcloths (Durham et al, 2023).

Encourage the patient to use peri pads and change them regularly (Durham et al, 2023). By using peri pads and changing them frequently the patient is keeping the perineal area clean, while also providing themselves with a way to monitor blood loss, changes in lochia, and early signs of a developing infection (Durham et al, 2023).

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

Encouraging early ambulation. Early ambulation promotes venous return and increases circulation in the lower extremities, therefore reducing the risk for venous stasis (an important risk for clot formation) (Durham et al, 2023).

Use compressive stockings. Anti-embolism stockings help maintain circulation in the lower extremities and are especially useful with cesarean section patients (Durham et al, 2023).

Promote adequate hydration. Maintaining proper hydration helps to keep the blood thin and prevent clot formation (Durham et al, 2023).

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

Mood Disorder	Definition	Signs and Symptoms
Baby Blues	A time of heightened maternal emotions that occurs during the first few weeks postpartum and lasts for a few days (Durham et al, 2023).	Mood swings, irritability, anxiety, sadness, trouble sleeping, fatigue, loss of appetite, poor concentration (Durham et al, 2023).
Postpartum Depression	A mood disorder that is characterized by severe depression that occurs within the first six to twelve months postpartum (Durham et al, 2023).	Persistent feelings of sadness, irritability, anxiety, and anger. Feelings of guilt and worthlessness, difficulty bonding with the infant, feeling overwhelmed, withdrawal, suicidal ideation, thought of harming self or the infant (Durham et al, 2023).
Postpartum Psychosis	A variant of bipolar disorder that is the most serious of the postpartum mood disorders, usually occurring within the first one to two weeks postpartum (Durham et al, 2023).	Hallucinations, delusions, disorientation, paranoia, insomnia, rapid mood swings, thoughts of harming yourself or the infant (Durham et al, 2023).

Attach Reference page

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.

