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 (Durham et al., 2023)	First 24 hours postpartum: Soft/ nontender (Durham et al., 2023) Day 2: Slightly firm/ nontender (Durham et al., 2023) Day 3: firm/tender/ warm to touch (Durham et al., 2023) Common: Breast engorgement, swollen, hard, swollen, painful, red, tender, warm, throbbing, difficulty latching infant (Durham et al., 2023).
U	Uterus (Durham et al., 2023)	Firm, midline, 1cm under umbilicus 24 hours after birth. Descends 1cm per day, by day 14 fundus is non palpable (Durham et al., 2023).
B	Bladder (Durham et al., 2023)	Spontaneously voids 2-4 hours after birth, voids greater than 300ml, so signs of frequency, urgency, or burning with urination. No bladder distention -uterus will be moved up and to the right (Durham et al., 2023).
B	Bowel (Durham et al., 2023)	Muscle tone and mobility is decreased post birth, with return to normal function by the end of week 2 post partum (Durham et al., 2023).

L	Lochia (Durham et al., 2023)	Days 1-3: (Rubra) Red/ bloody, small clots, moderate to scant amounts, fleshy odor, increased when standing or breastfeeding (Durham et al., 2023). Days 4-10: (Alba) Pink or brown in color, scant, increased during physical activity, fleshy odor (Durham et al., 2023). Day 10: (Alba) Clear, yellow, or white in color, scant, fleshy odor Measured by weight 1g=1ml (Durham et al., 2023).
E	Episiotomy (Durham et al., 2023)	Mild edema, minor ecchymosis, Approximation of the edges of the episiotomy or laceration if they are visible. Common internal lacerations are not visible. Mild to moderate pain (Durham et al., 2023).
H	Homan's Sign – Lower extremities for a deep vein thrombosis (DVT) (Mayoclinic, 2022).	Legs should be nonpainful, warm not hot, dry, leg should not be swollen, no cramping or soreness, and should be normal in color not purple or red (Mayoclinic, 2022).
E	Emotional Status (Durham et al., 2023)	How does the mother bond with the infant? (Durham et al., 2023) • Calls baby by name, cuddles, talks/ sings to infant, holds baby close at feeding/ breastfeeding, responds to infant crying, entertains infant when awake, "cue sensitive" to infant (Durham et al., 2023).

		Signs of not bonding (Durham et al., 2023) • Calls baby “it”, avoids eye contact, parent dose not respond to infant cries, shows no interest in infant, poor feeding techniques/ uncomfortable or irritated when feeding (Durham et al., 2023). Is the mother overly fatigued? (Durham et al., 2023) Psychosocial factors (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.) Risk for bleeding- Patients are at risk for bleeding and should be educated on how much blood is normal, and how much is to be concerning. Some lochia is normal, the first three days postpartum it will be red and bloody and it is possible to have small blood clots and should range between scant and moderate amounts with an increased amount with standing and breastfeeding, with a fleshy smell to it (Durham et al., 2023). Days 4-10 lochia should be pink or brown in a scant amount with an increased amount during physical activity (Durham et al., 2023). By day 10 postpartum, lochia should be in a range of white to yellow in color with minimal amounts (Durham et al., 2023). At any time, large clots, excessive bleeding, bright red

blood (after the first 3 days), and a foul-smelling discharge are not normal, and the patient should seek medical help (Durham et al., 2023).

b.) Risk for impaired urinary elimination- Impaired urinary elimination can be caused by lack of bladder tone, decreased sensation due to anesthesia, trauma to the GU tract, edema of the urethra, or because of the increase of IV fluid during labor and delivery rapidly filling the bladder (Durham et al., 2023).

c.) Pain or impaired comfort- It's important to educate the patient about nonpharmacological ways to improve pain and discomfort postpartum. The patient can use ice packs for the first 48 hours postpartum (Durham et al., 2023). They can also try repositioning, deep breathing, sitz baths for the first 24 hours, warm compresses, or warm showers to help relieve pain (Durham et al., 2023). They should also be using a peri-bottle with warm water to rinse after each elimination (Durham et al., 2023). The mother should be taught the signs of a perineal infection such as drainage, swelling pain, and fever, thes should then be reported to the provider (Durham et al., 2023).

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

Postpartum hemorrhage is greater than 500 ml volume of blood loss for a vaginal delivery and greater than 1,000 ml volume of blood loss for a cesarean delivery (Durham et al., 2023). A hemorrhage is the loss of 1,000 ml blood volume total, with hypovolemia signs and symptoms within 24 hours post birth (Durham et al., 2023). Patients with postpartum hemorrhage are often treated with a two-step process (Durham et al., 2023). Step one is to resuscitate the patient and manage the hemorrhage and hypovolemic shock if present

(Durham et al., 2023). The second step is to find the issue for the hemorrhage and to get it to stop (Durham et al., 2023). Interventions would be weighing pads to see how much blood is lost 1g=1ml (Durham et al., 2023). Severe bleeding is saturation of one perineal pad within 15minutes (Durham et al., 2023). Monitor for tachycardia and tachypnea which can indicate low blood pressure due to excessive blood loss (Durham et al., 2023). Replace volume with normal saline or lactated ringer's 1:3 ratio while waiting for blood or transfusion decision (Durham et al., 2023). Patient needs a minimum urine output of 30ml/hour and 30% hematocrit level (Durham et al., 2023). To get a more accurate urine volume measurement use a foley catheter (Durham et al., 2023). Medications that can be used for hemorrhage protocol include oxytocin, methylergonovine, ergot, alkaloids, 15-methyle-prostaglandin F2, prostaglandin F2, misoprostol, and dinoprostone (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 primary cause of uterine subinvolution is retained placental tissue left behind in the uterus after the 3rd stage of labor (Durham et al., 2023). The removal of tissue through a D&C, Antibiotics ran through an IV, and abdominal/ pelvic massage are all interventions that can be used to alleviate uterine subinvolution (Durham et al., 2023).

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

   Rhogam is Rho immune globulin, and it is given to a woman postpartum if the mother is Rh-negative and the baby is Rh-positive to prevent any anti-Rh(D) antibodies from generating (Durham et al., 2023).

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

   a. Pain related to tissue trauma secondary to vaginal delivery (Durham et al., 2023).

b. At risk for impaired urinary elimination related to decreased sensation and tissue trauma (Durham et al., 2023).

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

Mastitis is a bacterial infection that can be caused by stress, fatigue, engorgement, too much time in between feeding or pumping, or entry of bacteria through a crack in the nipple (Durham et al., 2023). Mothers postpartum can help prevent mastitis by regularly examining nipples for any signs of irritation before feeding (Durham et al., 2023). She should also allow air exposure to nipples after feedings (Durham et al., 2023). Feeding the infant or expressing milk frequently can also help prevent mastitis (Durham et al., 2023). Most importantly, cleanliness is key. Postpartum mothers should wash their hands and keep their breasts clean (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 nurse should frequently assess the patient using the REEDA scale to monitor for infection, excessive swelling or bleeding. Hematomas, any new lacerations, and to monitor the healing process of the perineal area (Durham et al., 2023).

2.) For the first 24 to 48 hours, the patient should apply ice to the perineum and partake in cold sitz baths to help with swelling after a vaginal delivery (Durham et al., 2023).

3.) After 24 hours postpartum, the patient should start doing a 20-minute warm sitz bath twice a day to help shorten the healing period (Durham et al., 2023). The warm sitz baths will help to sooth irritation and promote circulation to the perineum which will help with the healing process (Durham et al., 2023).

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

1.) Using antiembolic support stockings or elastic stockings to increase blood circulation (Durham et al., 2023).

2.) Comparing the pulses in the lower extremities bilaterally to manage blood flow (Durham et al., 2023).

3.) Administer heparin or other anticoagulation medication to help prevent blood 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	Baby blues is when a new mother cries easily and feels sad but is still able to care for herself and baby (Durham et al., 2023).	Signs and symptoms of Baby blues include but aren't limited to anger, anxiety, mood swings, sadness, weeping, difficulty sleeping, and difficulty eating (Durham et al., 2023).
Postpartum Depression	Postpartum depression (PPD) is a major depressive disorder that is characterized by having a loss of interest or joy in	Signs and symptoms of PPD are insomnia, hypersomnia, agitation, retardation, decreased energy, fatigue, decrease interest in things that

	daily activities longer than 2-weeks accompanied by at least four other symptoms (Durham et al., 2023).	once brought joy, inability to concentrate or make decisions, feeling worthless or full of guilt, losing of gaining more than 5% of body weight in a month (Durham et al., 2023).
Postpartum Psychosis	“A brief psychotic disorder with peripartum onset” (Durham et al., 2023).	Signs and symptoms of postpartum psychosis include delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, mood swings, agitation, depressed or elated moods, distraught feelings about enjoying the infant, strange beliefs, and disorganized behavior (Durham et al., 2023).

Attach Reference page

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

Mayo Foundation for Medical Education and Research. (n.d.-a). *Deep vein thrombosis (DVT)*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/deep-vein-thrombosis/symptoms-causes/syc-20352557