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OB Focus Sheet #4

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N432 Focus Sheet 4 Fall 2019—Postpartum RKC 15, 16, 22; Ch; Ch 17-22

1. What are 5 areas of assessment of the perineum postpartum?

BUBBLE

B: breasts

U: uterus (fundal height, uterine placement, and consistency)

- Fundus: midline, firm, at the umbilicus
  - If not midline – could be full bladder à have pt void
  - If uterus boggy – massage fundus to firm it
  - If above umbilicus – could be hemorrhage (bc uterus filling up w blood)
    - Massage and push down: Fundus should go down 1 fingerbreadth (1cm) a day. 1st day – at the umbilicus. Day 2 – 1cm below

B: bowel and GI function

- Constipation until day 2-3
- No suppositories

B: bladder function

- Encourage voiding every 2-3 hours to prevent uterine displacement and atony
- Postpartum diuresis

L: lochia (color, odor, consistency, and amount)

- Lochia rubra: bright red color, bloody consistency, fleshy odor. Lasts 1-3 days
  - If longer than 3 days – possible retained placental fragments
    - DM, HTN increased the chance
- Lochia serosa: pinkish-brown color, serosanguineous consistency. Lasts 4-10 days
- Lochia alba: yellowish-white creamy color, fleshy odor, day 11 – 4-8 weeks
- Amount: measured on peri pad
  - Scant: less than 2.5 cm
  - Light: 2.5-10cm
  - Moderate: more than 10cm
  - Heavy: one pad saturated in 2 hours
  - Excessive blood loss: one pad saturated in 15 min
- Foul odor: possible infection

E: episiotomy and laceration (edema, ecchymosis, approximation)

- Ice for swelling first 24-48 hr

- Sitz baths after 24 hours

2. Define uterine atony.

- The inability of the uterine muscle to contract adequately after birth
- Can lead to a hemorrhage
- Expected findings
    - Increased vaginal bleeding
    - The uterus is larger than normal, boggy, possible lateral displacement
    - Prolonged lochia discharge
    - Irregular or excessive bleeding
    - Tachycardia and hypotensive
    - Skin pale, cool, and clammy w loss of turgor and pale mucous membranes

3. List 5 manifestations of abnormal lochia.

- First 1-3 days, bright red (Rubra) - Hopefully decreasing in amount
- 4-10 days, pinkish yellowish serosa
- 11 days– 4-8 weeks, whitish cream alba
- Saturated pad in 15 or less – indicate hemorrhage/excessive bleeding

4. Compare the normal cardiovascular system changes during the postpartum period with hypovolemic shock.

- Hypotension and tachycardia are the indicators of hypovolemic shock.
- During pregnancy, the heart is displaced slightly upward and to the left. Cardiac output remains high for the first few days postpartum and then gradually declines to nonpregnant values within 3 months of birth.
- Blood volumes are increased during pregnancy and drop rapidly after birth. Will return to normal after 4 weeks postpartum
- The decrease in cardiac output and blood volume due to birth-related blood loss.
- Blood plasma volume is reduced through diuresis postpartum
- Hematocrit level remains stable or slightly increases
- The increase in cardiac output during pregnancy begins to diminish after birth. This decrease in cardiac output is reflected in bradycardia (50 to 70 bpm) for the first 2 weeks postpartum. This slowing of the heart rate is related to the increased blood that flows back to the heart and to the central circulation after it is no longer perfusing the placenta.
- Tachycardia warrants further investigation.
- In most instances of postpartum hemorrhage, blood pressure and cardiac output remain increased because of the compensatory increase in heart rate
- An elevated pulse rate may be an early sign of blood loss. The blood pressure usually returns to its pre pregnancy level and therefore is not a reliable early indicator of shock.

Fever is indicative of dehydration (less than 100.4°F or 38°C) or infection (above 101°F), which may involve the genitourinary tract. Respiratory rate is usually between 16 and 24 breaths per minute and regular. Respirations should be unlabored unless there is an underlying pre existing respiratory condition.

5. Write a paragraph that helps you understand exactly what is occurring with Disseminated Intravascular coagulation and its treatment.

- Disseminated intravascular coagulation (DIC) is a life-threatening, acquired pathologic process in which the clotting system is abnormally activated, resulting in widespread clot formation in the small vessels throughout the body. It can cause postpartum hemorrhage by altering the blood clotting mechanism. Clinical features include petechiae, ecchymoses, bleeding gums, fever, hypotension, acidosis, hematomas, tachycardia, proteinuria, uncontrolled bleeding during birth, and acute renal failure. Treatment goals are to maintain tissue perfusion through the aggressive administration of fluid therapy, oxygen, heparin, and blood products.

6. What are the steps for the nursing management of Postpartum hemorrhage?

- Vaginal birth: lose more than 500mL of blood
- C-section: lose more than 1,000mL of blood
- Assessment
    - Risk factors (page 135)
        - Uterine atony
            - Uterus can't clamp down after
            - Can be bc of prolonged, oxytocin-induced labor
        - Over distended uterus
            - Big baby or twins
            - Lots of fluid
        - Ruptured uterus
        - Retained placental fragments
        - Lacerations or hematomas
        - Admin of mag sulfate during labor
        - Placenta previa
        - Abruptio placentae
    - Expected findings
        - Increase or change in lochia pattern
        - Uterine atony (hypotonic or boggy)
        - Blood clots > a quarter
        - Peri-pad saturated in 15 min or less

- Constant oozing, trickling, or frank flow of bright red blood from the vagina
- Tachycardia and hypotensive
- Oliguria: Normal: 30L/hr
- Later signs: Skin pale, cool, and clammy w loss of turgor and pale --mucous membranes
- Lab tests
    - Hgb, hct
    - Coagulation profile (PT)
    - Blood type and crossmatch

- Nursing care
    - Firmly massage the uterine fundus
    - Assess bladder for distention
        Encourage pt to void
        Insert catheter and assess kidney function
    - Elevate legs 20-30 degrees to increase venous return
    - Provide 2-3 L/min of O2
- Client education
    - Limit physical activity to conserve strength
    - Increase iron and protein intake to promote RBC volume
    - Take iron w vitamin c to enhance absorption

7. What contraindications must the nurse know about Pitocin (oxytocin), Cytotec (misoprostol), methergine (methylergonovine) and hemabate (carboprost tromethamine)?

<u>Methylergonovine</u>

- Methergine
- Uterine stimulant
- Controls postpartum hemorrhage
- Don't give if pt has HTN
- Assess uterine tone and vag bleeding
- Adverse reactions: HTN, N/V, headache

<u>Carboprost tromethamine</u>

- Uterine stimulant
- Controls postpartum hemorrhage
- Don't give if pt has asthma
- Assess uterine tone and vag bleeding
- Adverse reactions: HTN, N/V, headache

Pitocin
- give to everyone after delivery
- contraindicated in a patient who is on it for a long period of time

Cytotec
- induces labor by causing uterine contractions
- helps with postpartum hemorrhage, expels products of conception
- Monitor for side effects such as diarrhea, abdominal pain, nausea, vomiting, dyspepsia.
- Assess vaginal bleeding and report any increased bleeding, pain, or fever.
- Monitor for signs and symptoms of shock, such as tachycardia, hypotension, and anxiety
-Contra: allergy to prostaglandins, pelvic infection, hemodynamic instability or shock, known bleeding disorder, concurrent anticoagulant therapy, confirmed or suspected ectopic or molar pregnancy.

8. What is venous thromboembolism and how is it assessed and treated?

- Assessment
    - Expected findings
        - Leg pain and tenderness
        - Unilateral area of swelling, warmth, and redness
        - Hardened vein over the thrombosis
        - Calf tenderness
        - pain in the calf, positive Homan's sign
    - Diagnostics procedures
        - Doppler ultrasound
        - CT
        - MRI
    - Risk factors
        - Pregnancy
        - C – section
        - PE or varicosities
        - Immobility
        - Obesity
        - Smoking
        - Multiparity
        - > 35 y/o
        - Hx of thromboembolism

        - DM
- Nursing care
    - Prevention
        - Maintain compression device
        - Bed rest > 8 hr, perform active and passive ROM exercises to promote circulation
        - Initiate early and frequent ambulation
        - Don't put a pillow under knees – need circulation
            - Elevate legs when sitting
            - Don't sit cross-legged
        - Drink 2-3 L which can prevent dehydration
        - Discontinue smoking
        - TED hose
    - Management
        - Encourage rest
        - Admin intermittent or continuous warm moist compress for discomfort
        - Do NOT massage
        - Measure the client's leg circumference
        - Admin analgesics (non-steroidal anti-inflammatory) and anticoagulants
- Pt education while receiving anticoagulants
    - Avoid taking aspirin or ibuprofen
    - Use an electric razor for shaving
    - Avoid alcohol
    - Brush teeth gently
    - Avoid rubbing or massaging the legs
    - Avoid periods of long sitting or crossing legs

10. Postpartum infection is defined as a _38.0 C____ **or higher for 2 consecutive days during the first** __10__ **days of the postpartum period.**

11. Compare and contrast postpartum (Baby) blues, postpartum depression, and postpartum psychosis.

Postpartum blues

- Overwhelming
- Feelings of sadness and inadequacies
- Lack of appetite
- Sleep pattern disturbances
- Crying easily for no reason
- Restlessness, insomnia, fatigue

- Headache
- Anxiety, anger, sadness

Physical assessment findings:

- crying

<u>Postpartum depression</u>

- Hormonal changes
- Pt typically won't talk about it
    - Sometimes won't know it
- Feelings of guilt and inadequacies and loss and sadness-persists
- Irritability
- Anxiety
- Fatigue
- Lack of appetite
- Intense mood swings
- Sleep pattern disturbances

Physical assessment findings:

- Crying
- Weight loss
- Flat affect
- Irritability
- Rejection of the infant
- Severe anxiety and panic attack

<u>Postpartum psychosis</u>

- Something pt progresses to
- pt feels like the baby is trying to hurt you
- pronounced sadness
- disorientation
- confusion
- paranoia

physical assessment findings:

- behaviors indicating hallucinations or delusional thoughts of self-harm or harming the infant

12. What are the risk factors for postpartum depression?

- Hormonal changes
    - A rapid decline in estrogen and progesterone
- Pain and discomfort
- Socioeconomic factor
- Decreased social support system
- Anxiety w new role
- Unplanned/unwanted pregnancy
- Hx of depressive disorders
- Low self-esteem
- Hx of partner abuse