N305 Focus Sheet 4 Postpartum, RKC Ch 15,16, 22; ATI Ch 17-22

KEY TERMS-- Be able to define and discuss the following terms:

- **Puerperium**: period after delivery of placenta, lasting for 6 weeks where a woman's body begins to return to its prepregnant state
- **Postpartum period**: A postpartum period begins immediately after the birth of a child as the mother's body, including hormone levels and uterus size, returns to a non-pregnant state.
- **Involution**: period after delivery of placenta, lasting for 6 weeks where a woman's body begins to return to its prepregnant state
- **Lochia**: Post-birth uterine discharge that contains blood, mucus, and uterine tissue.
- **Afterpains:** period after delivery of placenta, lasting for 6 weeks where a woman's body begins to return to its prepregnant state
- **Diastasis recti**: period after delivery of placenta, lasting for 6 weeks where a woman's body begins to return to its prepregnant state
- **Engorgement**: period after delivery of placenta, lasting for 6 weeks where a woman's body begins to return to its prepregnant state
- **Lactation**: Secretion of milk by the breasts.
- **Postpartum blues**: Mild depressive symptoms, anxiety, irritability, mood swings, tearfulness, increased sensitivity, fatigue
- **Taking-in phase**: Time immediately after birth when clients needs sleep, depends on others to meet her needs, and relives the events surrounding the birth process.
- **Taking-hold phase**: Second phase of maternal adaptation, is characterized by dependent and independent behavior.
- **Letting-go phase**: Third phase of maternal adaptation, the woman reestablishes relationships with other people.

MEDICATIONS FOR REVIEW--Be able to discuss common uses for each of the following

- **Methergine** (brand name: methylergonovine maleate): Stimulates the uterus to prevent and treat postpartum hemorrhage d/t atony or subinvolution.
- **Carboprost tromethamine** (brand name: Hemabate): Stimulates uterine contractions to treat postpartum hemorrhage d/t uterine atony when not controlled by other methods.
- **Oxytocin** (brand name: Pitocin): Stimulates the uterus to contract to control the bleeding from the placental site.
- **Docusate sodium** (brand name: Colace):
- **Rho(D) Immune Globulin** (Brand name: Rhogam):

1. Outline the normal **body changes** during the **postpartum period**

	Changes	Signs and Symptoms	Nursing implications

Thermoregulation	Postpartum chill which occurs in the first 2 hours puerperium r/t nervous system response, vasomotor changes, a shift in fluids, and/or the work of labor.	Chills Uncontrollable shakiness	Provide warm blankets & fluids. Assure clients that these chills are self-limiting, common occurrence that will only last a short while.
Uterus (Fundus) Immediately Day 3 Day 10 etc.	Physical changes of the uterus include involution of the uterus.	Immediately: Palpable at midline and 2 cm below to halfway between umbilicus and symphysis pubis Day 3: below the umbilical Day 10: Uterus should be within the true pelvis and should not be palpable.	Nurse should assess the fundal height, uterine placement, and uterine consistency Q8H. (p.118 ATI)
Lochia Day 1 Day 7 Day 14	Post-birth uterine discharge that contains blood, mucus and tissue.	Immediately after childbirth = bright red. 3-4 days = rubra (dark red) 3-10 days: serosa (pinkish brown) 10-14 days: alba (creamy white/light brown)	Lochia amount is assessed by quantity/saturation of perineal pad. Scant: less than 2.5 cm. Light: 2.5-10 cm Moderate: > 10 cm Heavy: one pad saturated within 2 hours. Excessive BL: one pad saturated in 15 min or less/pooling of blood under buttocks.

2. What are 5 areas of assessment of the **perineum postpartum**?
   - Redness
   - Edema
   - Ecchymosis
   - Discharge
   - Approximation

   **Refer to handout

3. Define **uterine atony.**
   - Most common cause of PPH d/t failure of the uterus to contract and retract after birth.

4. List 5 manifestations of **abnormal lochia**.
   - Excessive spurting of bright red blood from the vagina, possibly indicating a cervical or vaginal tear.
   - Numerous large clots and excessive blood loss (saturation of one pad in 15 min or less), which can indicate hemorrhage
   - Foul odor, which is suggestive of infection.
   - Persistent lochia rubra in the early postpartum period beyond day 3, which can indicate retained placental fragments.
   - Continued flow of lochia serosa or alba beyond the normal length of time can indicate endometriosis, especially if it is accompanied by fever, pain, or abdominal tenderness.

5. What are the risk factors for **hypovolemic shock**? Compare the normal cardiovascular system changes during the postpartum period with hypovolemic shock.
   - Tone: uterine atony, distended bladder
   - Tissue: retained placenta and clots; uterine subinvolution
   - Trauma: lacerations, hematoma, inversion, rupture
   - Thrombin: coagulopathy (preexisting or acquired)
     (p. 841)

6. Write a paragraph that helps you understand exactly what is occurring with **Disseminated Intravascular coagulation** and its treatment.
   - DIC is a bleeding disorder that occurs when the clotting factors in our blood are reduced due to an extreme loss of blood. With a low number of platelets and clotting factors, our bodies will bleed internally and externally, which is life-threatening. Treatment for DIC is to find the source of the bleed and treat the underlying cause. There is a very high mortality rate with DIC.

7. What are the risk factors for **Postpartum hemorrhage**? What are the steps for nursing management of **Postpartum hemorrhage**?

   - **Risk factors**: uterine atony, retained placenta, lacerations/hematomas, coagulopathy.
   - Nurses are responsible for performing assessments after birth that are crucial to the mother. Nurses perform immediate funal massage, IV fluid resuscitation, and administration of uterotonic medications. Blood transfusioon must be done with out hesitation if blood loss is greater than 1,500 mL.

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

   - **Pitocin** cannot be given to patients that are eclamptic. CI in placenta previa, fetal distress, multigravida.
   - **Cytotec** may not be used to reduce the risk of stomach ulcers associated with NSAIDs **Methergine** cannot be given to patients that have HTN.

- **Hemabate** is CI in patients with a history of asthma.

9. What is venous **thromboembolism** and how is it assessed and treated?
A thrombus (blood clot) associated with inflammation- it is assessed by different tests such as a Doppler ultrasound scanning; computed tomography; MRI - physical assessments can include unilateral area of swelling/warmth/redness; hardened vein over the thrombosis; calf tenderness

Management- encourage rest; elevation of extreme ties above heart; administer intermittent or continuous warm moist compresses; do NOT massage affected limb; measure client's leg circumference; provide anti embolism stockings; administer analgesics

Medications - **anticoagulants (heparin/warfarin)**

10. Postpartum infection is defined as a temperature _____ or higher for 2 consecutive days during the first ____days of the postpartum period.
Fever of 38 C or 100.4 F
During the first 10 days PP

13. **List three interventions to promote comfort for breastfeeding women and three for nonbreastfeeding women.**

Breastfeeding
1. Wear a well-fitting, supportive bra continuously for the duration of lactation.
2. For sore nipples, the client should apply a small amount of breast milk to her nipple and allow it to air dry after breastfeeding.
3. Have the client apply breast creams as prescribed and wear breast shields in her bra to soften her nipples if they are irritated or cracked.

Nonlactating
1. Wear a well-fitting, supportive bra continuously for the first 72 hours.
2. Avoid breast stimulation and running warm water over the breasts for prolonged periods until no longer lactating.
3. For breast engorgement, apply cold compresses 15 min on and 45 min off. Fresh, cold cabbage leaves can be placed inside the bra. Mild analgesics or anti-inflammatory medication can be taken for pain and discomfort.

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

postpartum blues occurs in 50-85% of women during **the first few days after birth** and normally lasts up to 10 days - it is characterized by tearfulness, insomnia, lack of appetite, and a feeling of letdown - moms can also feel intense fear, anxiety, anger, and an inability to cope with even the slightest of problems - PP blues normally resolve in 10 days w/o intervention

postpartum depression occurs within **6 months of delivery** - it is characterized by persistent feelings of sadness and intense mood swings - it occurs in 10-15% of new mothers and does not usually resolve without intervention - expected findings are very similar to those of PP blues

Postpartum psychosis develops within the **first 2-3 weeks of the PP period** - clients with a history of bipolar disorder are at a higher risk - expected findings are severe and include

confusion, disorientation, hallucinations, delusions, obsessive behaviors, and paranoia - the client may attempt to harm themselves or their infant

15. What are the risk factors for **postpartum depression**?

hormonal changes with a rapid decline in estrogen and progesterone levels; PP Physical discomfort or pain; individual socioeconomic factors; decreased social support system; anxiety about assuming new role as a mother; unplanned or unwanted pregnancy; history of previous depressive disorders; low self-esteem; history of intimate partner abuse