

N432 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** is a period after delivery of placenta, lasting for six weeks, where the mom's body returns to pre-pregnancy state.
- **Postpartum period is the period** six weeks after childbirth. This is a very important time for both you and your baby to bond and adjust to each other. As well as extended family and partners.
- **Involution** is where contractions of muscles fibers, catabolism, regeneration of uterine epithelium.
- **Lochia** occurs immediately after birth bleeding which is bright red.
- **Afterpains** are uncomfortable cramping, which tells that there are still contractions occurring.
- **Diastasis recti** is a condition in which the large abdominal muscles separate. Diastasis recti is common in women who are over 35, deliver a high birth weight baby, or have a multiple pregnancy. It's usually most noticeable right after delivery. There may be a bulge in the middle of the belly. It might be noticeable only when the abdominal muscles are tense, such as during coughing. Treatment includes physical therapy. In rare cases, cosmetic surgery may be done to reduce the bulge.
- **Engorgement** is swelling of breasts due to increased blood and lymph supply are being removed and are leaving the body empty.
- **Lactation** or breastfeeding, is the feeding of babies and young children with milk from a woman's breast. Health professionals recommend that breastfeeding begin within the first hour of a baby's life.
- **Postpartum blues** are mood swings associated with depression, anxiety, tearfulness, increased sensitivity and fatigue.
- **Taking-in phase** is time immediately after birth when the patient needs the most help and support of others.
- **Taking-hold phase** is where the maternal behavior changes back and forth from dependent to independent.
- **Letting-go phase** is where the mom reestablishes relationships with others.

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

- Methergine (brand name: methylergonovine maleate)
  - Directly stimulates uterine and vascular smooth muscle. Therapeutic Effects is causing uterine contraction.
- Carboprost tromethamine (brand name: Hemabate)
  - Causes uterine contractions by directly stimulating the myometrium. Therapeutic Effects are the expulsion of the fetus. Control of postpartum bleeding.

- Oxytocin (brand name: Pitocin)
  - Stimulates uterine smooth muscle, producing uterine contractions similar to those in spontaneous labor. Has vasopressin and antidiuretic effects. Therapeutic Effects are to Induction of labor. Control of postpartum bleeding.
  
- Docusate sodium (brand name: Colace)
  - promotes incorporation of water into stool, resulting in softer fecal mass. May also promote electrolyte and water secretion into the colon. Therapeutic Effect is to softening and passage of stool.
  
- Rho(D) Immune Globulin (Brand name: Rhogam)
  - Prevent production of anti-Rho(D) antibodies in Rho(D)-negative patients who were exposed to Rho(D)-positive blood. Increase platelet counts in patients with ITP. Therapeutic Effects are to prevent antibody response and hemolytic disease of the newborn in future pregnancies of women who have conceived a Rho (D) positive fetus. Prevention of Rho(D) sensitization following transfusion accident. Decreased bleeding in patients with ITP.

1. Outline the normal body changes during the postpartum period

	Changes	Signs and Symptoms	Nursing implications
Thermoregulation	Temperature should be in the normal range during first 24 hours postpartum however some women have a slight fever of 100.4F which could indicate dehydration.	Normal range Not normal: above 100.4	Assess hydration Above 100.4 may indicate infection.
Uterus (Fundus) Immediately Day 3 Day 10 etc.	2 hours after delivery: fundus between umbilicus and symphysis pubis Day 3: the fundus should be 3 cm below the umbilicus Day 10: fundus should be nonpalpable	Normal: firm and midline, progresses downward at a rate of 1 fingerbreadth per day after child birth Not Normal: boggy or relaxed	If boggy the nurse should massage the uterus using circular motions until it becomes firm. If the uterus is not midline assist

			the client with an empty bladder.
Lochia Day 1 Day 7 Day 14	Day1: Lochia rubra- deep red mixture of mucus, tissue, debris, and blood after birth Day7: Lochia serosa- pinkish brown and contains leukocytes, decidual tissue, red blood cells, and serous fluid Day14: Lochia alba- creamy white or light brown and consists of leukocytes, decidual tissue, and reduced fluid content.	Normal: fleshy odor Not normal: offensive odor	An offensive odor is an indicator of infection

## 2. What are 5 areas of assessment of the perineum postpartum?

The assessment of the perineum postpartum would be REEDA (Redness, Oedema, Ecchymosis, Discharge, and approximation).

3. **Uterine atony** is when the uterus fails to contract after the delivery of the baby, and it can lead to a potentially life-threatening condition known as postpartum hemorrhage.

## 4. List 5 manifestations of abnormal lochia.

1. Excessive spurting of bright red blood from the vagina, possibly indicating a cervical or vaginal tear
2. Numerous large clots and excessive blood loss (saturation of one pad every 15 minutes or less), which can be hemorrhage
3. Foul odor, which can suggest infection
4. Persistent lochia rubra in the early postpartum period beyond day 3, which can indicate retained placenta fragments
5. Continued flow of lochia serosa or alba beyond the normal length of time can indicate endometritis, 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.**

Hypovolemic shock risk factors are elimination of the placenta taking out 500cc of blood into the maternal systemic circulation, and rapid reduction of size in the uterus, putting more blood into the mother's circulation.

Cardiovascular system changes in the postpartum period with hypovolemic shock would only be seen if there was a complicated pregnancy or delivery in which the mother lost a large amount of blood of 500cc -1000cc.

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

DIC) is a serious disorder in which the proteins that control blood clotting become overactive. It is caused when proteins in the blood form clots are overactive. The clots can form in normal blood vessels that cause normal blood supply to cut off. Which means blood to organs like the liver, brain, or kidneys. DIC is caused by inflammation, infection or cancer. The treatment for DIC is plasma transfusions to replace the blood clotting factors or blood thinners to prevent the clotting.

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

The risk factors of postpartum hemorrhage:

- Placental abruption
- Placenta previa.
- Overdistended uterus.
- Multiple pregnancy.
- Having many previous births
- Prolonged labor
- Obesity
- Medications to induce labor

Steps to manage of postpartum hemorrhage:

- Prompt diagnosis
- Understanding underlying triggers
- Teamwork
- Prompt treatment

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

Pitocin (oxytocin) can cause cerebral edema, seizures, coma and death.

Cytotec (misoprotol) can cause hypersensitivity to prostaglandins; should not be used to prevent NSAID-induced gastric injury due to potential for fetal harm or death; may cause severe diarrhea in the nursing infant.

Methergine (methylergonovine) can cause hypertensive or eclamptic patients (more susceptible to hypertensive and arrhythmogenic side effects); History of or risk factors for coronary, artery disease; Severe hepatic or renal disease; Sepsis; Concurrent use of moderate CYP3A4 inhibitors.

Hemabate (carboprost tromethamine) can lead to hypersensitivity; acute pelvic inflammatory disease; Active pulmonary, renal, or hepatic disease.

### **9. What is venous thromboembolism and how is it assessed and treated?**

Venous thromboembolism (VTE) is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm which is known as DVT and travels in the circulation. Lodging in the lungs causes pulmonary embolism. When doing the assessment the nurse should look at swelling, pain, redness, warmth to the touch, worsening leg pain when bending the foot, leg cramps (especially at night and/or in the calf), discoloration of skin. One major sign of a DVT is doing the holman's test to see if the calf is in pain. If there is pain then the person has a DVT which could lead to a PE. Anticoagulant and thrombolytic therapy options are available for the treatment. Anticoagulant therapy prevents further clot deposition and allows the patient's natural fibrinolytic mechanisms to lyse the existing clot.

**10. Postpartum infection is defined as a temperature 100.4-101.6 degree F or higher for 2 consecutive days during the first 10 days of the postpartum period.**

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

Promote comfort for breastfeeding: apply cool compress after feedings and apply warm compress or shower before feedings, have the client empty her breasts at each feeding, and for sore nipples client should apply breast creams as prescribed and wear breast shields in her bra to soften her nipples if irritated or cracked.

Promote comforting non-breastfeeding mothers: well fitted bra, avoid breast stimulation and running warm water over the breasts for prolonged periods until no longer lactating.

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

Baby blues, postpartum depression, and postpartum psychosis have a feeling of sadness that is an expected finding out of all three. However, all of these postpartum depressions have their differences as well. Baby blues have an expected sign of feeling inadequate, headaches, and sleep pattern problems. Postpartum depression is anxiety, lack of appetite, feeling loss, and intense mood swings. Postpartum psychosis is where the client can feel disorientated, confused, and paranoia. These mothers have behaviors of hallucinations, or think of self harm or harming their newborn.

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

Risk factors are hormonal changes, postpartum physical discomfort or pain, socioeconomic factors, history of intimate partner abuse, low self-esteem, history of depressive disorder, anxiety about new mother roles, and decreased social support system.