

Whitney Evans

1. What are 5 areas of assessment of the perineum postpartum?
  - a. Breasts:
    - i. Size
    - ii. Shape
    - iii. Firmness
    - iv. Redness
    - v. Symmetry
  - b. Uterus:
    - i. **Fundus:** firm or boggy
    - ii. **Fundal Height:** where is it in relation to the umbilicus?
    - iii. **Midline or Deviated to the Left or Right:** if deviated, have client void
  - c. Bowel:
    - i. Encourage increase in fluids
    - ii. Administer a stool softener if ordered (decrease straining during BM)
  - d. Bladder:
    - i. Ask mom when she last voided
    - ii. Have mom void before breastfeeding
    - iii. Loss of sensation is normal in the early postpartum period
  - e. Lochia:
    - i. Assess the color, odor, and amount
    - ii. The lochia color should forward in the progression of lightness, never go backwards
    - iii. Lochia Rubra: bright red, may have small clots, usually lasts 3 days
    - iv. Lochia Serosa: pink, serous, other tissues
    - v. Lochia Alba: tissue, whitish
    - vi. Should be free of odors or signs of infection
  - f. Episiotomy:
    - i. R: Redness
    - ii. E: edema
    - iii. E: ecchymosis
    - iv. D: discharge
    - v. A: approximation. Read more about REEDA

2. Define uterine atony.

The uterus fails to contract or clamp down. Can be noted during a fundal massage if the uterus is boggy and does not become firm with massage

3. List 5 manifestations of abnormal lochia.

Excessive spurting of bright red blood

Numerous large clots and excessive blood loss (saturating 1 pad in 15 minutes)

Foul odor

Persistent lochia rubra after 3 days postpartum

Continued flow of lochia serosa or alba beyond the normal length of time

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

Normal blood loss for vaginal delivery <500 mL

Normal blood loss for c-section <1000 mL

Diaphoresis and diuresis occur during the normal postpartum period up to day 3

Normal pregnancy: BP is unchanged, hypotension may occur upon standing

Pulse, stroke volume, and cardiac output elevate

Dehydration may cause an elevation in temperature; temps of 100.4 or lower are considered normal, oral hydration is encouraged; temps above 100.4 should be investigated for signs of infection

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

DIC is when the body uses up all its clotting factors to attempt to stop bleeding, but it exhausts the clotting factors causing bleeding to occur throughout the body. Bleeding occurs from all orifices.

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

Fundal massage  
Monitor vital signs  
Assess for source of bleeding  
Assess bladder distention, encourage client to void  
Maintain or initiate IV fluids  
Provide O2  
Elevate client's legs  
Administer meds as prescribed

- Oxytocin
- Methylergonovine
- Misoprostol
- Carboprost tromethamine

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

Oxytocin: Monitor for water intoxication which can lead to cerebral edema with seizures, coma and death

Methylergonovine: Do not administer if patient is hypertensive; can cause hypertension, N/V and headache

Misoprostol: Do not administer to patient who have had a c-section; assess uterine tone and vaginal bleeding

Carboprost tromethamine: Can cause hypertension, fever, chills, headache, N/V/D

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

It is a blood clot in a vein; it is assessed by the Homan sign (pain felt in the calf as the foot is dorsiflexed), redness, swelling, and pain. A d-dimer lab result will be elevated, but it is not diagnostic for clots. US of the extremities are usually ordered to diagnose a DVT. It is treated with anticoagulants. Clients should ambulate early to decrease the risk of developing a DVT.

10. Postpartum infection is defined as a Fever of 100.4 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	Postpartum Depression	Postpartum Psychosis
Feelings of sadness	Feelings of guilt and inadequacies	Pronounced sadness
Lack of appetite	Irritability, severe anxiety	Disorientation
Sleep pattern disturbances	Fatigue (debilitating)	Confusion
Feeling of inadequacies	Lack of appetite	Paranoia
Crying easily for no apparent reason	Intense mood swings	Hallucinations/delusional thoughts
Restlessness, insomnia, fatigue	Rejection of the infant	Thoughts of self-harm or harming the infant
Anxiety, anger, sadness	Weight loss	

12. What are the risk factors for postpartum depression?

Rapid decline in estrogen or progesterone levels

Postpartum physical discomfort

Individual socioeconomical factors

Decreased social support system

Anxiety

Unplanned or unwanted pregnancy

History of depression

Low self-esteem

History of intimate partner abuse