

## **N305 Focus Sheet 4 Summer 2019—Postpartum ATI Ch; Ch 17-22**

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

- ♥ **B** - breast
- ♥ **U** - uterus (fundal height, uterine placement, and consistency)
- ♥ **B** - bowel (GI function)
- ♥ **B** - bladder (how is it functioning)
- ♥ **L** - lochia (color, odor, consistency, and amount ([COCA]))
- ♥ **E** - episiotomy (edema, ecchymosis, approximation)

### **2. Define uterine atony.**

- ♥ Uterine atony occurs due to the inability of the uterine muscle to contract adequately after birth. This is the number one reason for postpartum hemorrhage.

### **3. List 5 manifestations of abnormal lochia.**

- ♥ Continued flow of lochia serosa or abla beyond the normal length of time can indicate endometritis, especially if accompanied by fever, pain, or abdominal tenderness.
- ♥ Numerous large clots and excessive blood loss (saturation of one pad in 15 min.), this could indicate hemorrhage.
- ♥ Persistent lochia rubra in the early postpartum period beyond day 3, this can indicate recanted placental fragments.
- ♥ Excessive bright red blood from vagina, this could indicate a cervical or vaginal tear

- ♥ Foul odor, this could be a sign of infection.
- ♥ Also educate client that that increased amount and change of lochia color to a previous lochia color (such as bright red bleeding or foul odor) should be reported to provider.

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

- ♥ *Normal:* undergoes a decrease in blood volume during the postpartum period (r/t blood loss)
- ♥ *Hypovolemic shock:* does not usually occur in response to the normal blood loss of labor and birth because of the expanded blood volume of pregnancy and the readjustment in the maternal vasculature.

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

- ♥ DIC is a coagulopathy where clotting and anticlotting mechanisms occur at the same time. This puts the patient at risk for both internal and external bleeding, as well as damage to organs resulting from ischemia caused by microclots. DIC is suspected to happen when the usual contractions fail to stop vaginal bleeding. When managing this coagulopathy focus on assessing for and correcting the underlying cause (removal of dead fetus or placental abruption, treatment of infection, preeclampsia, or eclampsia). Treatment of DIC include administering fluid volume replacement, which can include blood and

blood products, administer antibiotics, vasoactive medications, and terotonic agents, administer supplemental oxygen, provide protection from injury, and hysterectomy if indicated.

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

- ♥ Firmly massage the uterine fundus.
- ♥ Monitor vital signs.
- ♥ Assess for source of bleeding
  - i. Assess fundus for height, firmness, and position. Massage if indicated
  - ii. Assess lochia for color, quantity, and clots.
  - iii. Assess for clinical findings of bleeding from lacerations, episiotomy, or hematomas.
- ♥ Assess for bladder distension. Monitor the last time patient voided.
- ♥ Maintain or initiate IV to replace fluid loss.
- ♥ Provide oxygen
- ♥ Elevate client's legs to a 20 - 30 degree angle to increase venous return.

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

- ♥ **Pitocin (oxytocin)** - Monitor for adverse reactions of water intoxication, such as lightheadedness, N/V, headache, and malaise.

- ♥ **Cytotec (misoprostol)** – Assess uterine tone and vaginal bleeding.
- ♥ **methergine (methylergonovine)** – Do not administer to patients who have hypertension, N/V, and headache.
- ♥ **hemabate (Carboprost tromethamine)** – Monitor for adverse reactions, including, fever, hypertension, chills, headache, N/V, and diarrhea.

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

- ♥ **What is it?** This refers to a thrombus that is associated with inflammation. May noticed, unilateral swelling, warmth, redness, hardened vein over the thrombosis, and calf tenderness.
- ♥ **How is it assessed?** Assessed using doppler ultrasound scanning, computed tomography, and MRI's.
- ♥ **Treatment?**
  - i. Client should elevate legs but should not use pillow under knees and avoid crossing legs.
  - ii. Client should maintain a 2-3 L fluid intake.
  - iii. Administer intermittent or continuous warm moist compress
  - iv. Apply thigh-high antiembolism stockings
  - v. Administer analgesics
  - vi. Administer anticoagulants for DVT

**9. Postpartum infection is defined as a *100.4 degrees F* or higher for 2 consecutive days during the first *10* days of the postpartum period.**

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

- ♥ **Baby blues** - feeling of sadness, lack of appetite, sleep pattern disturbances, feeling of inadequacies, crying easily for no apparent reason, restlessness, insomnia, fatigue, headache, anxiety, anger and sadness.
- ♥ **Postpartum depression** - feelings of guilt and inadequacies, irritability, anxiety, fatigue persisting beyond a reasonable amount of time, feeling of loss, lack of appetite, persistent feelings of sadness, intense mood swings, sleep pattern disturbances.
- ♥ **Postpartum psychosis** - pronounced sadness, disorientation, confusion, paranoia

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

- ♥ Hormonal changes with a rapid decline in estrogen and progesterone levels
- ♥ Postpartum physical discomfort or pain
- ♥ Individual socioeconomic factors
- ♥ Decreased social support system
- ♥ Anxiety about assuming new role as mother
- ♥ Unplanned or unwanted pregnancy
- ♥ History of previous depressive disorder
- ♥ Low self-esteem
- ♥ History of intimate partner abuse

