

Postpartum



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Puerperium



- birth → 6 weeks
- Role of the nurse

Reproductive System



- Uterus
- Involution
 - Contraction
 - Catabolism
 - Regeneration
- Afterpains

Involution

Factors that enhance involution

- No complications
- Complete expulsion of placenta
- Breastfeeding
- Early ambulation

Factors that retard involution

- Prolong labor
- Difficulty birth
- Anesthesia
- Distended bladder
- Retained placental fragments
- Over distended uterus

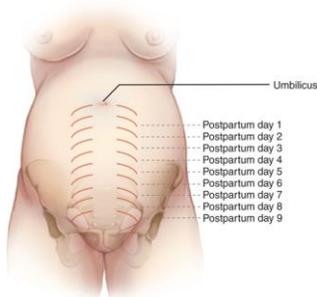
Reproductive System

Fundus

- Firm/ Boggy
- Midline of abdomen
- Position
 - ✦ Immediately after delivery
 - ✦ 12 hours after delivery
 - ✦ 1 cm per day



Reproductive System Adaptations #2



Reproductive System

- Lochia

- Color

- Lochia rubra: first 3 days
- Lochia serosa: days 4 through 10
- Lochia alba: after day 10

- Amount

- Scant: less than a 2.5-cm (1-inch) stain on the peripad
- Light: less than 10-cm (4-inch) stain
- Moderate: less than 15-cm (6-inch) stain
- Heavy: saturated peripad in 1 hour
- Excessive: saturated peripad in 15 minutes

- Odor



Scant: <2.5 cm (1-inch) stain



Light: 2.5 to 10 cm (1 to 4-inch) stain



Moderate: 10 to 15 cm (4 to 6-inch) stain



Heavy: Saturated in 1 hour

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Reproductive System

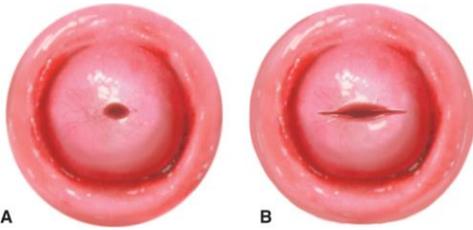
- Cervix

- Vagina

- Perineum

- Laceration
- Episiotomy
- REEDA

Reproductive System Adaptations #3



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Ovulation and Return of Menstruation

- ❖ Interplay of hormones: estrogen, progesterone, prolactin, and oxytocin
- ❖ Nonlactating women: return of menstruation 7 to 9 weeks after birth
- ❖ Lactating women: return dependent on breast-feeding frequency and duration; anywhere from 2 to 18 months

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Cardiovascular System

- Cardiac Output
- Volume
 - Diuresis
 - Diaphoresis
- Coagulation
 - Thrombophlebitis
- Lab Values
 - WBC
 - Hgb & Hct

Abdomen & Gastrointestinal System

- Constipation
- Diastasis Recti

Urinary System

- Diuresis
- Urinary Retention
 - UTI
 - Postpartum hemorrhage
- Stress Incontinence
 - Kegal exercises

Causes of Postpartum Diuresis

- ❖ Large amounts of intravenous fluids given during labor
- ❖ Decreasing antidiuretic effect of oxytocin as its level declines
- ❖ Buildup and retention of extra fluids during pregnancy
- ❖ Decreasing production of aldosterone—the hormone that decreases sodium retention and increases urine production

Musculoskeletal System

- Muscles & Joints
- Abdomen
 - Diastasis recti

Integument System

- Pigmentation
 - melasma
 - linea nigra
 - spider nevi
 - palmar erythema
- Striae gravidarum
- Hair loss

Neurological System

- Lack of sensation
- Dizziness
- Pain
- Headache
- Headache, blurred vision, photophobia, proteinuria & or abdominal pain

Endocrine System

- Hcg
- Estrogen, progesterone, and hpl
- Lactation & Prolactin
- Ovulation & Menstruation
- Weight Loss

Maternal Psychological Adaptations

- ❖ Attachment: formation of a relationship between a parent and his or her newborn through a process of physical and emotional interactions
- ❖ Early and sustained contact between newborns and parents is vital
- ❖ Nurses play a crucial role in assisting with this process of attachment
- ❖ Factors influencing attachment include environmental circumstances, newborn health, and quality of nursing care

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Variables Affecting Maternal Role Attainment

- ❖ Maternal
 - Confidence, age, relationship with father, socioeconomic status, birth experience, stress, support system, personality traits, self-concept, child-rearing attitudes, role strain, health status, preparation during pregnancy, relationship with own mother, depression, and anxiety
- ❖ Infant
 - Appearance, responsiveness, temperament, health status

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Four Stages of Becoming A Mother (BAM)

- ❖ Commitment, attachment to unborn baby, preparation for delivery and motherhood during pregnancy
- ❖ Acquaintance/attachment to infant, learning to care for infant, and physical restoration 2 to 6 weeks postbirth
- ❖ Moving toward a new normal
- ❖ Achievement of a maternal identity through redefining self to incorporate motherhood (around 4 months)

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Maternal Psychological Adaptation: Reva Rubin's Three Phases

- ❖ Taking-in phase: Time immediately after birth when the client needs others to meet her needs and relives the birth process
- ❖ Taking-hold phase: Second phase characterized by dependent and independent maternal behavior
- ❖ Letting-go phase: Third phase in which woman reestablishes relationships with others

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Psychological Changes

- Bonding
- Postpartum blues/ depression/ psychosis

Postpartum Mood Disorders

- ❖ Baby blues
 - Mild depressive symptoms, anxiety irritability, mood swings, tearfulness, increased sensitivity, fatigue
 - Usually peak at days 4 and 5 and resolve by day 10
- ❖ Postpartum depression and psychosis
 - Symptoms last longer and are more severe and require treatment
 - May lead to poor bonding, alienation from loved ones, daily dysfunction, and violent thoughts/actions

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Teaching about Postpartum Blues

- ❖ Transient emotional disturbances
- ❖ Characterized by anxiety, irritability, insomnia, crying, loss of appetite, and sadness (King et al., 2015)
- ❖ Symptoms usually begin 2 to 4 days after childbirth and resolve by day 8
- ❖ Blues typically resolve with restorative sleep
- ❖ Postpartum depression and psychosis are more serious and require professional referral

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Postpartum Assessment

- Every 15 minutes x 1 hour →
- Every 30 minutes x 1 hour →
- Every 4 hours x 24 hours →
- Every 8 to 12 hours

Vital Signs Assessment

- ❖ Temperature: slight elevation during first 24 hours; normal afterward
- ❖ Pulse: 40 to 80 bpm; puerperal bradycardia
- ❖ Respirations: 16 to 20 breaths per minute
- ❖ Blood pressure: within usual range
- ❖ Pain: goal between 0 and 2 on pain scale

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Postpartum Assessments

- Vital Signs- T, P, R, BP, pain
- Lungs
- Breasts & Nipple
- Abdomen
- Fundus
- Urine Output
- Perineum & Anus
- Lower Extremities

Physical Assessment: Postpartum Period

- ❖ Breasts (size, contour, engorgement)
- ❖ Uterus (height of fundus, firmness)
- ❖ Bladder (voiding, bladder emptying)
- ❖ Bowels (bowel sounds, distention)
- ❖ Lochia (amount, color, odor)
- ❖ Episiotomy and perineum (lacerations, hematoma)
- ❖ Extremities
- ❖ Emotional status

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Emotional Status Assessment: Postpartum Period

- ❖ Interactions with family
- ❖ Level of independence
- ❖ Energy levels
- ❖ Eye contact with infant
- ❖ Posture and comfort level with infant
- ❖ Sleep and rest patterns
- ❖ Be alert for mood swings, irritability, or crying episodes

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Medications

- Pitocin
- Methergine
- Analgesics
- Rubella
- Rhogam
- Pertussis

Postpartum Patient Education

- Postpartum blues/ depression/ psychosis
- Ambulation & exercise
- Rest
- Pain
- Breasts & Nipples
 - Lactation
 - Non-lactating
- Nutrition

Postpartum Patient Education

- Discomforts
- Abdominal
 - Incision
 - Muscles
 - Constipation
- Bladder elimination
- Fundal massage & involution
- Lochia & Perineal Care
- Activity & Exercise
- Lactation
- Nutrition
- Sexual Activity & Contraception
- Medications, Immunizations
- Follow- up

Postpartum Danger Signs

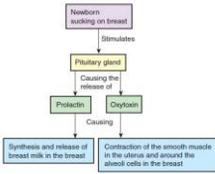
BOX 16.2 Postpartum Danger Signs

- Fever >100.4°F (38°C)
- Foul-smelling lochia or an unexpected change in color or amount
- Large blood clots or bleeding that saturates a peripad in an hour
- Severe headaches or blurred vision
- Visual changes, such as blurred vision or spots, or headaches
- Calf pain with dorsiflexion of the foot
- Swelling, redness, or discharge at the episiotomy, epidural, or abdominal sites
- Dysuria, burning, or incomplete emptying of the bladder
- Shortness of breath or difficulty breathing without exertion
- Depression or extreme mood swings

Lactation #1

- ❖ Secretion of milk by the breasts
- ❖ Result of interaction of progesterone, estrogen, prolactin, and oxytocin
- ❖ Typically appearing 4 to 5 days after childbirth
- ❖ “Breast crawl” process

Lactation #2



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Engorgement

- ❖ Process of swelling of the breast tissue due to an increase in blood and lymph supply as a precursor to lactation
- ❖ Relieved by frequent emptying, warm showers and compresses before feeding, cold compresses between feedings, if breast-feeding
- ❖ Tight supportive bra, ice, avoidance of breast stimulation if not breast-feeding

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Teaching about Breast Care

- ❖ Breast assessment: measures to alleviate breast engorgement
 - Breast-feeding woman
 - Bottle feeding woman (lactation suppression)

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Engrossment: Partner Psychological Adaptation #1

- ❖ Visual awareness of the newborn
- ❖ Tactile awareness of the newborn
- ❖ Perception of the newborn as perfect
- ❖ Strong attraction to the newborn
- ❖ Awareness of distinct features of the newborn
- ❖ Extreme elation by the father
- ❖ Increased sense of self-esteem

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Engrossment: Partner Psychological Adaptation #2



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Engrossment: Partner Psychological Adaptation #3

- ❖ Three-stage role development process
 - Expectations
 - Reality
 - Transition to mastery

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