

Postpartum Women at Risk

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Common Postpartum Disorders

- ❖ Hemorrhage
- ❖ Infection
- ❖ Thromboembolic disease
- ❖ Postpartum affective disorder

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Postpartum Hemorrhage

- ▶ Blood loss
 - > 500 mL VD
 - > 1000 mL C/S
 - *hct 10% ↓ from admission
- ▶ Primary (early) PP hemorrhage
- ▶ Delayed (late) PP hemorrhage



Postpartum Hemorrhage

- ▶ Predisposing factors
 - Overdistention of uterus
 - Multiparity
 - Prolonged labor or precipitate delivery
 - Hypertonic contractions
 - Medications
 - Retained placental fragments
 - Assisted birth or cesarean
 - Clotting disorders
 - Uterine leiomyomas

Postpartum Hemorrhage

- ▶ 5 T's
 - Tone
 - Uterine atony
 - Tissue
 - Retained placental fragments
 - subinvolution
 - Trauma
 - Lacerations/episiotomy / hematoma
 - Instrumental birth
 - Uterine inversion
 - Uterine rupture
 - Thrombin
 - Thrombotic Thrombocytopenia Purpura
 - Von Willebrand Disease
 - DIC
 - Traction
 - Pulling umbilical cord
 - Uterine inversion-shock, DIC

Clinical Manifestations of Shock Due to Blood Loss

TABLE 22.1 Clinical Manifestations of Shock Due to Blood Loss

Degree of Shock	Blood Loss	Signs and Symptoms
Mild	20%	Diaphoresis, increased capillary refilling, cool extremities, maternal anxiety
Moderate	20–40%	Tachycardia, postural hypotension, oliguria
Severe	>40%	Hypotension, agitation/confusion, hemodynamic instability

Cunningham, F. G., Leveno, K. J., Bloom, S. L., Dashe, J. S., Hoffman, B. L., Casey, B. M., & Spong, C. Y. (2018). *Williams's obstetrics* (25th ed.). McGraw-Hill Education; Udeani, J. (2019). Hemorrhagic shock treatment & management. *eMedicine*. Retrieved September 12, 2018, from <https://emedicine.medscape.com/article/432650-treatment>.

Postpartum Hemorrhage

- ▶ S/S
- ▶ Treatment
 - Underlying cause
 - Massage/Bimanual compression
 - Empty bladder
 - Uterotonic Drugs
 - IV fluids– NaCl/ LR
 - Vital Signs– every 15 to 30 minutes
 - Treat the T
 - Removal of placental fragments, repair lacerations
 - Interventions
 - Bakri balloon
 - Compression suture
 - Uterine artery ligation
 - Hysterectomy
 - Blood products
 - ? antibiotics



Uterotonic Drugs

- ▶ Oxytocin (Pitocin)
- ▶ Misoprostol (Cytotec)
- ▶ Dinoprostone (Prostin E2)
- ▶ Prostaglandin (PGF2)
- ▶ Methylergonovine (Methergine)
- ▶ Carboprost (Hemabate)
- ▶ TranexamicAcid (TXA)

Late Postpartum Hemorrhage

- ▶ Treatment
 - Control bleeding
 - USS
 - D & C
 - Antibiotics
 - Lacerations– surgical repair
 - hematoma– ice, incision and evacuation, ligation of bleeding vessel

Trauma- Laceration/ Hematoma

- ▶ Bleeding into tissue
- ▶ S/S
 - Deep severe pain
 - pressure
- ▶ Management
 - Surgical repair incision
 - Ice
 - Large hematoma- incision and evacuation and ligation of bleeding vessel



Venous Thromboembolic Conditions

- ▶ Risk 12 weeks after birth
- ▶ Clot → inflammation of vessel lining
- ▶ Can lead to thromboembolism
- ▶ Factors- prolonged bedrest, DM, obesity, CS, progesteron induced, severe anemia, varicose veins, age >34, multipara



Superficial Thrombophlebitis

- ▶ Saphenous vein
- ▶ Etiology
 - Lithotomy position
 - Varicose veins
 - Oral contraceptives
 - Prolong standing
 - > 35 yrs of age



Deep Vein Thrombosis (DVT)

- ▶ Femoral and pelvic veins
- ▶ Risk factors
 - Obesity
 - Preeclampsia
 - DM
- ▶ S/S
- ▶ Treatment
 - Bedrest
 - NSAID's, warm moist compress
 - Anticoagulants- IV heparin → coumadin

VTE/DVT Management

- ▶ Nursing management
 - Prevention
 - Adequate circulation
 - Ambulation, SCDs, anti-embolism stockings, elevating LE, ASA or anticoagulant therapy, padding stirrups, hydration, avoid cross leg position or sitting or standing for prolong period of time, avoid oral contraceptives
 - emergency measures for pulmonary embolism

Puerperal Infections

- ▶ Fever >38°C or 100.4°F after first 24 hours
- ▶ Types
 - Endometritis
 - Surgical Site Infection
 - UTI
 - Mastitis

Endometritis

- ▶ 2-4 days, up to 6 weeks
 - ▶ S/S
 - Lower abdominal tenderness, fever, foul smelling lochia, chills, anorexia, nausea, fatigue, lethargy, leukocytosis, ↑ESR
 - ▶ Treatment
 - Cultures/specimens: urine, blood, endocervical, lochia
 - IV antibiotics
 - Fowler's position
 - Analgesics
- Vital signs every 2 hrs while febrile
Teach woman about S/S- abd distention, N&V

Wound infections

- ▶ C/S, episiotmies, lacerations
 - REEDA Method (score 0-15)
- ▶ S/S
 - Warm, drainage- purulent or serosanguinous, tender, white line along episiotomy, edema, erythema, fever, WBC odor (epis, lac)
- Treatment
 - Sitz bath
 - Frequent peri care and changing pads
 - Hand hygiene
 - Diet
 - I + D if necessary

REEDA Method for Assessing Perineum Healing



Urinary Tract Infections

- ▶ E.Coli
- ▶ Lower UTI: cystitis
 - S/S
 - Treatment
 - ↑ fluids
 - Acidify urine
 - Antibiotics
- ▶ Upper UTI: pyelonephritis
 - S/S
 - Treatment
 - IV antibiotics



Mastitis

- ▶ 2-4 weeks after birth commonly
- ▶ Etiology
 - Staphylococcus aureus; viridians streptococci
 - Impaired nipple integrity
 - Insufficient emptying of breast
- ▶ S/S
- ▶ Treatment/ Management
 - Antibiotics
 - Empty breast
 - Warm compresses



Postpartum Affective Disorders

- ▶ Postpartum blues
- ▶ Postpartum Depression
- ▶ Postpartum Psychosis

- ▶ Edinburgh Postnatal Depression Scale
- ▶ Postpartum Depression Predictor Scale



Signs of Postpartum or Baby Blues

- ❖ Emotional lability
- ❖ Irritability
- ❖ Insomnia
- ❖ Typically resolves within 2 weeks (by postpartum day 10)
- ❖ Usually self-limiting

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Signs of Postpartum Depression

- ❖ Major depressive episode associated with childbirth
- ❖ Symptoms lasting beyond 6 weeks and worsening

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Signs of Postpartum Psychosis

- ❖ Surfaces within 3 weeks of giving birth
- ❖ Sleep disturbances
- ❖ Fatigue
- ❖ Depression
- ❖ Hypomania

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