Chapter 42 Care of Postpartum Women

Introduction
° Listening skill is important for postpartum practical and vocational nurses.
° Cultural practices related to postpartum [corresponds to Box 42-1]

Body Systems Adaptations
° Uterus
  o Uterus undergoes involution and decreases one fingerbreadth per day for 4–6 weeks.
  o Lochia diminishes through stages (rubra, serosa, and alba) and decreases in amount over 4 -6 weeks.
° Cervix
  o Cervical os internally returns to closed state, externally remains slightly open.
° Vagina
  o Vagina appears swollen, bruised, may have small lacerations.
    • Kegel exercises to tone vagina and pelvic floor [corresponds to Figure 42-3]
° Perineum
  o Perineum may be sutured and tender.
  o Sudden extreme pain may signify hematoma; report immediately.
° Abdomen
  o Abdomen appears flabby; diastasis recti abdominis (separated muscles) and striae may be present.
° Breasts
  o Breasts may feel full and heavy and leak colostrums.
° Gastrointestinal system
  o Decreased motility and fear of perineal injury may delay bowel movement.
° Renal system
  o Sensitivity to bladder filling may lead to overdistention and retention.
  o Diuresis occurs after delivery.
° Changes in blood values
  o Increased white blood cells and decreased hematocrit
° Ovarian function and menstruation
  o Return of menstruation and ovulation varies.
  o Teach clients that absence of menstrual period does not mean they are infertile.

Nursing Care
° Assessment is focused. [corresponds to Box 42-2]
  o Assess vaginal bleeding.
  o Examine vaginal and perineal areas.
° Focus on preventing complications and on client teaching.
° Manage pain.
° Perform fundal massage and express blood clots as needed. [corresponds to Procedure 42-1]
° Provide ice packs.
° Instruct in use of sitz bath and “peri bottle.”
° Report abnormal vital signs.
° Report blood-tinged urine.
° Mark drainage on abdominal incision.
° Auscultate breath sounds and report abnormal sounds.
° Perform Homan’s sign to check for deep vein thrombosis.
° Teach client about ways to prevent infection.
° Teach client about self-care after discharge. [corresponds to Box 42-3]
° Nursing Process Care Plan: Care of the Postpartum Client with a Third-Degree Perineal Laceration

Potential Complications
° Postpartum emergencies
  o Situations in which to call the pediatrician, obstetrician or 911
    [corresponds to Box 42-4]
  o Pulmonary embolism
    • Sudden shortness of breath or chest pain
  o Hematoma
    • Sudden, severe perineal pain
° Vital signs
  o Pregnancy-induced hypertension (PIH) or pain
  o Slightly elevated blood pressure due to pain is normal.
  o Hemorrhage can cause decreased blood pressure, tachycardia, heavy bleeding
  o Tachycardia usually associated with loss of blood
° Chills
  o Infection
    • Elevation of temperature > 100.4 degrees F and chills after 24 hours post delivery
° Uterine cramping
  o Increased uterine cramping
    • Full bladder
° Postpartum depression
  o Important factors in postpartum depression
    • Postpartum blues can progress to postpartum depression.
    • Woman may not recognize signs of postpartum depression.
    • Educate support persons in signs of postpartum depression.
    • Maternal exhaustion is very important factor in postpartum depression
      ↑ Stress importance of rest
  o Signs and symptoms of postpartum depression
    • Feelings of sadness
    • Inability to care for self or baby
    • Feelings of hopelessness
    • Crying for no apparent reason
    • Anxiety, loss of appetite
    • Frightening thoughts or fantasies
Feeling that something just isn’t right

Postpartum Changes After Cesarean Section
- Potential for delayed bonding with newborn
- Lochia
  - Absence of lochia
- Indwelling urinary catheter for 6-24 hours
  - Blood-tinged urine
    - Trauma to bladder
  - Measure I&O.
  - Urinary tract infection
    - Pain or urgency with urination
- Abdominal dressing
  - Infection
    - Monitor for increased drainage or new drainage from abdominal incision.
- Lungs
  - Lung complications due to immobility
    - Abnormal breath sounds
  - Naloxone (Narcan) reverses respiratory depression.
- Legs
  - Encourage to point and flex foot every hour to prevent thrombophlebitis.
    - Positive Homan’s sign
- Pain management
  - Importance of adequate pain relief
    - Excessive discomfort interferes with mother-baby bonding.
    - Pain interferes with mother’s ability to care for baby and breastfeed baby.
    - Pain relief assists with ambulation.
    - Medicating after breastfeeding limits amount passed to baby.

New Family
- Additional education is needed in special situations:
  - First-time parents
  - Teenage mothers – validate that young mother is capable.
  - Parents of multiple births
  - Older parents
  - Support people

Breastfeeding
- Value of breastfeeding:
  - Contains all necessary nutrients
  - Provides natural immunity to newborn
  - Is easily digested
  - Reduces incidence of constipation
  - May reduce likelihood of respiratory infections
  - Helps contract uterus after delivery
- Contraindications to breastfeeding:
  - Tested positive for recreational drugs
- Has active hepatitis B or C, HIV
- Takes certain prescription medications

° Physiology of lactation
  - Prolactin causes production of breast milk.
  - Oxytocin causes milk to be delivered through the milk ducts.

° Factors affecting lactation
  - Bundling and positioning baby can affect breastfeeding success.
  - Correct latch-on needs to be taught with lips flanged out.
    - Releasing suction prevents nipple trauma.
    - Supplemental nursing system (SNS) may encourage baby to nurse.
  - Helping baby release gas improves baby’s sucking.
  - Cultural issues may affect where and how a women breastfeeds.
  - Positions of baby [corresponds to Figure 42-9], mother’s comfort

° Frequent breastfeeding (every 1.5 - 3 hours) encourages milk production.
  - Babies lose weight during the first few days.
    - Babies who lose more than 10% of their body weight need intervention.

° Follow-up or referral to lactation specialist or organization is useful to mothers, especially if nursing for the first time

Critical Thinking Care Map: Caring for a Client with Risk for Ineffective Breast Feeding