

Postpartum- Maternal (OB) Nursing

Cardiovascular system

- Increased maternal cardiac output
- Excess fluid is excreted
- Temperature at 100.4 degrees can be considered normal within 8 hours
- Increased risk for **thrombophlebitis**

Endocrine system

- Skin pigmentation returns to nonpregnant state- lightening of linea nigra and areola
- Resumption of ovulation and menstruation; breastfeeding may delay the return of ovulation and menses
- Vaginal dryness in breastfeeding mothers

Vagina and perineum

- It takes 6-10 weeks for the vagina to return to its original size and contour
- An episiotomy takes about 2 weeks to heal
- Perineal trauma and hemorrhoids cause discomfort and can interfere with activity and bowel elimination

Risk for postpartum hemorrhage

- Grand multiparity
- Over distension of the uterus
- Rapid, precipitous, or prolonged labor
- Retained placenta
- Placenta previa or abruptio placenta
- Medications (tocolytics, oxytocin)
- C-section
- Vacuum extraction
- Coagulation defects

Risk for postpartum infection

- C-section

- Vacuum extraction
- Forceps
- Multiple cervical examinations
- Prolonged labor
- Prolonged rupture of membranes
- Manual extraction of the placenta
- Diabetes
- Catheterization

Focused postpartum assessment-

- VS, orthostatic hypotension, bradycardia, tachycardia may indicate hemorrhage
- BUBBLE- breasts, uterus, bowels, bladder, lochia, episiotomy

BUBBLE (Breasts, Uterus, Bowels Bladder, Lochia, Episiotomy)

Breasts:

- Breastfeeding mothers may experience engorgement during feedings once their milk comes in.
- Nonbreastfeeding mothers will experience swollen, engorged breasts until their milk dries up.
- Assess for signs of mastitis- warmth, tenderness, and redness of the breast; fever

Uterus:

- Involution of the uterus occurs after delivery.
- The uterus will be at or near the level of the umbilicus following birth.
- Assess the uterus and determine if it is **boggy or firm**. If the uterus is boggy, then the uterus should be gently massaged until it is firm. It is vital that the uterus does not remain in a boggy state as hemorrhage could occur.
- The nurse should ask the patient to empty their bladder before palpation of the uterus.
- Involution can be evaluated by measuring the descent of the fundus- about 1 cm per day.
- The fundus should no longer be palpable after around 9 days
- Afterpains, or intermittent uterine contractions, cause discomfort for many women. Breastfeeding women may notice these pains during breastfeeding sessions.

Bowels:

- Constipation may occur. A stool softener may be used to help prevent constipation.
- Many women fear the first bowel movement after birth.
- Hemorrhoids may be present from before birth or from the birthing process.
- Bowel sounds should be assessed in patients who have had a c-section. Assess bowel sounds and ask patients to notify nursing staff when they pass gas.
- The first bowel movement should occur around 2-3 days after birth.

Bladder:

- Urinary retention may result from increased bladder capacity and a decreased sense to fluid pressure.
- UTIs can occur if urinary retention is prolonged.
- The distended bladder displaces the uterus and can interfere with uterine contraction and cause excessive bleeding.
- Stress incontinence may occur.
- Within one month kidney function should return.
- Signs of a distended bladder:
 - location of fundus above baseline level
 - fundus is displaced from midline
 - excessive lochia
 - bladder discomfort
 - bulge of bladder above symphysis
 - frequent voiding of less than 150 mL

Lochia:

Lochia is vaginal discharge that occurs after birth. It is described as **rubra**, **serosa**, or **alba**. The following table identifies the characteristics of each type of lochia and how long it approximately lasts.

Rubra	Dark red 3-4 days
Serosa	Pinkish brown 4-10 days
Alba	Whitish yellow 10-28 days

- Assess the amount, type, and odor.
- Foul odor suggests endometrial infection. Absence of lochia may also indicate infection.
- The amount of lochia is defined as being **scant**, **light**, **moderate**, or **heavy**.
 - **Scant: <2.5 cm**
 - **Light: 2.5-10 cm**
 - **Moderate: 10-15 cm**
 - **Heavy: saturated pat in 1 hour**
- Instruct the patient to use sanitary pads and not tampons.
- Educate the patient on how to monitor lochia and what to report to the staff (foul odor, heavy drainage).

Episiotomy:

- Assess the status of the episiotomy site. The initialism REEDA can be used to remember the things to assess- redness, edema, ecchymosis, discharge, approximation.
- **Redness**
- **Edema**
- **Ecchymosis**

- Discharge, drainage
- Approximation
- The nurse can also use these principles to assess any vaginal lacerations that may be present.

Patient Education

Breastfeeding:

- Avoid soap on nipples as it will remove natural lubrication
- Keep nipples dry in between feedings
- Wear a good supporting bra
- Nursing pads can be inserted if nipples are leaking
- Ice packs can be used **in between feedings** to ease discomfort from engorgement
- Warm soaks or a warm shower can be used **before feedings**

Nonbreastfeeding:

- Wear tight fitting bra
- Avoid stimulating breasts
- Cabbage leaves can be placed over the breasts to help ease engorgement discomfort

Care of Cesarean incision:

- It is ok to shower with adhesive strips
- There should not be any drainage.
- Monitor for s/s of infection- warmth, redness, swelling at the incision; fever
- Know when to call the provider- infection, dehiscence

Perineal care

- Clean perineal area with water bottle, perineal wipes
- Patient can wear peripads with mesh panties
- Ice packs can be used for the first 24 hours to reduce swelling
- After 24 hours, warm sitz baths can be utilized
- Sexual intercourse should be postponed until preferably 4-6 weeks postpartum
- Analgesic spray can be used for patients who had an episiotomy or perineal laceration

Nutrition

- Obtain adequate nutrition, avoid severe calorie restrictions,

- Lactating women need to consume 500 calorie/day over the recommended pre-pregnant requirements due to increased energy requirements for milk production
- Lactating women need to drink a minimum of 2 liters of fluid/day
- Women should eat nutritious foods to help their body recover from the demands of delivery as well as any incisions or lacerations that may have occurred

Musculoskeletal system

- The mother may experience muscle fatigue and aches for the first 1-2 days after childbirth
- Diastasis recti, the separation of abdominal muscles, may be present and take about 6 weeks for the abdominal wall to return to normal. Some women may continue to have diastasis recti after this period of time and may need to perform abdominal exercises to help close the separation

Postpartum blues

- “Baby blues” is a mild depression that affects about 70-80% of mothers
- The “baby blues” should not last longer than 2 weeks. The mother should contact her physician if the sad feelings last for longer than 2 weeks.
- Mothers may experience insomnia, irritability, fatigue, anxiety, and mood instability
- Must be distinguished from postpartum depression or postpartum psychoses