

Postpartum Care and Parenting

Week 4
February 10, 2003

Uterus

- Involution: uterine reduction; 1 cm/day (from 1 above umbilicus @ 12 h)
- Contractions: oxytocin; decrease bleeding
- Afterpains: assoc with multiparas, distended uterus, breastfeeding and uterotonic meds
- Placental site: regenerates by 6 wks
- Lochia: uterine discharge lasting 3-6 wks
 - Rubra: reddish brown; 3-4 days
 - Serosa: pinkish brown; 4-10 days
 - Alba: yellow-white, up to 6 wks)
- Cervix: bruising & small lacerations common

Vagina/Perineum/Pelvic Floor Muscles

Vagina

- Thin, smooth walls; rugae reappear by wk 4
- Dryness assoc with low estrogen levels and dyspareunia (pain with sexual intercourse)

Perineum

- Edema, erythema and pain common
- Episiotomy/laceration should heal by 2 wks

Pelvic floor muscles

- May be stretched or torn; Kegal exercises help to regain tone

Endocrine

- Estrogen/progesterone levels drop, assoc with breast engorgement & diuresis
 - Nonlactating: estrogen level rise in 2 wks; with menstruation & ovulation 4-12 weeks
 - Lactating: estrogen rise & menses delayed (2-18 months; affected by supplementation & breastfeeding duration)
- Prolactin: infant sucking stimulates production;; remains elevated in lactating women; drops in nonlactating women; suppresses ovulation

Abdomen & Urinary System

Abdomen: decreased muscle tone for 6 wks

Bladder:

- Increased capacity & decreased tone increases risk of retention & infection
- If full, will displace uterus, causing uterine atony

Postpartal diuresis

2000 to 3000 ml in first 12-24 hours

- Profuse diaphoresis occurs commonly at night

Gastrointestinal

- Hunger & thirst common following birth
- Increased risk of hemorrhoids from pushing
- Increased risk for constipation assoc with decreased peristalsis, narcotic analgesics, dehydration, decreased mobility & fear of pain with bowel movement
- Injury to anal sphincter assoc with forceps or episiotomy can cause bowel incontinence

Breasts

- Colostrum: first milk secreted, rich in protein & immunoglobulins
- Milk production begins day 3 or 4
- Engorgement may occur when milk comes in; breasts swollen, firm, warm & tender
 - Lactating: breastfeed/pump breasts, ice packs to axillary area and well-fitted bra
 - Nonlactating: ice packs, breast binder; do not express milk
- Nipples: erythema, blisters & fissures can result from poor positioning

Cardiovascular

- Cardiac output: remains elevated for 48 hours until diuresis reduces blood volume; this is riskiest time if woman has cardiac disease
- Hgb & Hct: depends on prenatal values, amt of blood loss during birth (300 - 400 ml normal)
- WBCs (up to 25,000/mm³) normal
- Hypercoagulable state increases thrombus risk
- Temp 100.4° F (38 ° C) normal in first 24 hrs
- Varicosities regress after birth

4th Stage Labor Assessment

- Frequency: q 15 min x 4, q 30 min x 2, q 1 h x 1
- BP, pulse, resp rate, (temperature x 1)
 - Fundus: palpate for height, position & firmness
 - Bladder: assess for distension
 - Lochia: amount, color & odor. Note # and size of any clots. Weigh pads if > 1 pad/h
 - Perineum: assess for edema, hemorrhoids & hematoma. If incision, for REEDA (redness, edema, ecchymosis, discharge & approximation of skin edges)

Promote Urination

- Should void within 6 to 8 hours of delivery
- Fundus will usually be displaced to the right if bladder full
- Encourage voiding
 - Running water in sink
 - Hand in warm water
 - Peppermint oil drops in specipan (hat)
 - Low, open vocalizations
- Straight catheterize as ordered if bladder filling and unable to void

Promote Bowel Elimination

- Post op: auscultate BS, assess for flatus & distension (avoid ice, sodas or apple juice)
- Promote bowel elimination:
 - Hot tea & frequent ambulation
 - Fluids and fibers
 - Stool softeners/suppositories
 - Teach to obey urge to defecate & push normally but avoid straining

Promote Comfort

Perineum:

- Ice pack x 6 hrs (or as ordered)
- Sitz bath x 20 min tid (need MD order)
- Perineal care after each elimination: squirt warm water over perineum, blot dry & apply peripad front to back
- Apply topical anesthetics or Tucks

Afterpains:

- Warm blanket to abdomen
- Relaxation breathing
- Administer analgesics as ordered

Promote Comfort: Post C/S

- Remember she has had major surgery!
- Use 1 finger to check fundus as mom exhales
- Uterine massage only if absolutely indicated
- Have her exhale as you help her turn
- Rolled towel under belly when side-lying
- Position baby for feeding to avoid pressure on abdomen (football hold, side-lying)
- Will need help lifting baby from crib

Bonding/Attachment

- Process when parents form emotional relationship with their infant over time
- Mother explores first with fingertips, then palms, then with hands and arms
- Holds infant en face position about 20 cm apart and on same plane
- Uses soft, high pitched tone of voice
- Engrossment: father's absorption & interest in infant; can be stimulated by witnessing birth

Promote Adaptation to Parenthood

- Rooming in
- Pain relief for mom
- Baby with parents/family ASAP after birth
- Father (CP) sleep in room with mom
- Teach parents infant comforting techniques
 - Swaddling
 - Rhythmic motion (rocking or chicken walk)
 - Holding with pressure on tummy
- Observe, listen and support

Promote Maternal Safety

- RhoGAM if needed
 - If Rh- mom with Rh+ babe
 - 300 mcg IM in deltoid by 72 hrs
 - Kleihauer-Betke test: for fetomaternal tranfusion, determines amt of RhoGAM
- Rubella vaccine if needed
 - Give 0.5 ml SC just prior to discharge; side effects are mild sx of disease
 - Teach to avoid pregnancy for 3 months

Postpartum Blues

- Transient depression experienced by majority of women usually occurring day 2 or 3
- Characterized by mood swings, anger, tearfulness, feeling let-down & insomnia
- May be r/t changes in hormone levels, fatigue & psychological stress r/t infant dependency
- Usually resolves spontaneously
- May need evaluation for postpartum depression if symptoms persist or are severe

Postpartum Discharge Teaching

You are responsible for knowing following:

- Postpartum discharge teaching section in Lowdermilk & Perry pp 402 - 406.
- Postpartum discharge teaching section in Maternal Child section of 2B syllabus.
 - Please make correction on p 9; new moms are to notify MD if temp > 100.4 (not 101 as stated)

Early Postpartum Hemorrhage

- Excessive blood loss(>500 ml post vaginal delivery; > 1000 ml C/S) in first 24 hours
- Caused by:
 - Hypotonic (flaccid) uterus from: over-distention, multiparity, prolonged labor, meds (MGSO4, oxytocin), full bladder
 - Lacerations of genital tract; mom will have bleeding with firm fundus
 - Retained placental fragments: will inhibit effective contractions

Late Postpartum Hemorrhage

- Occurs @ 1-2 wks
- Results from subinvolution (failure of uterus to return to normal size) caused by:
 - Retained placental fragments
 - Pelvic infection
- S/Sx may include:
 - Persistent lochia rubra (> 2 weeks)
 - Bright red or heavy vaginal bleeding
 - Large and/or boggy uterus

Postpartum Hemorrhage Interventions

- Assess fundus for firmness & location and massage if boggy
- Assist to empty bladder if full (void or cath)
- Administer meds & IV fluids as ordered:
 - 1-oxytocin (10-20 mg IV or IM), 2-methergine (0.2 mg IM or PO), 3-hemabate (0.25 mg IM)
- Suspect lacerations or hematoma if bleeding continues with firm uterus (Need MD eval)
- Weigh pads for accurate blood loss (1 ml=1 gm)

Postpartum (Puerperal) Infection

Any genital canal infection during first 28 days

- Risk factors: C/S, anemia, prolonged ROM, tissue trauma, lots of vag exams, retained placenta, forceps or vacuum use, obesity
- Endometritis: uterine lining infection
 - S/Sx: T >100.4, abnormal amt/odor of lochia, tachycardia, pelvic/abd pain, nausea, fatigue, chills, inc WBCs, + cultures (blood/placenta)
 - Tx: antibiotics, analgesics, antipyretics, hydration, rest

Postpartum Infection

- Wound Infection: C/S incision most common site; episiotomy/perineal laceration also
 - S/sx: REEDA, T > 100.4, pain
 - Tx: antibiotics, analgesics, antipyretics, wound care (debridement, sitz baths)
- Mastitis: infection of breast connective tissue
 - S/sx: warm, reddened, painful area, axillary lymph nodes enlarged/tender, chills, fever
 - Tx: apply heat, frequent breastfeeding, rest, fluids, antibiotics, analgesics, antipyretics. Call MD if no improvement in 24 h

Thromboembolic Disorders

- Superficial venous thrombus (SVT)
 - S/Sx: pain in leg; warmth, redness & hardened area over thrombus
- Deep vein thrombosis (DVT)
 - S/Sx: unilateral leg & calf pain, edema, may have positive Homans' sign
- Pulmonary embolus (PE): DVT clot breaks loose, travels to and obstructs pulmonary artery
 - S/Sx: dyspnea, tachypnea, chest pain, hemoptysis, fever

Thromboembolic Implementation

- Prevention:
 - Women with varicosities need support hose
 - Early ambulation after birth
- Management
 - Do not massage leg that is painful or red
 - If DVT, monitor for s/sx of PE
 - Monitor for bleeding (heavy vaginal bleeding too) & clotting times if on anticoag therapy
 - Bedrest, avoid crossing legs or prolonged standing/sitting
 - Serial measurements of extremities q day

Sequelae of Childbirth Trauma

- Uterine displacement: uterine ligaments stretched & uterus tilts.
- Uterine prolapse: if complete prolapse, cervix & uterine body protrude into vagina
 - S/Sx difficulty conceiving; pelvic/back pain; dyspareunia, urinary incontinence, pressure
- Cystocele: protrusion of bladder into vagina
 - S/Sx: sense something in vagina, frequency, retention, incontinence, UTI
- Rectocele: protrusion of rectal wall into vagina
 - S/Sx: difficulty having BM

Sequelae of Childbirth Trauma

- Urinary incontinence induced by
 - Stress: leaking urine due to sudden increase in abdominal pressure due to sneezing, coughing, laughing, bearing down, exercise
 - Urge: inability to hold urine when urge felt
- Genital fistulas: perforations between bladder & vagina or rectum (or sigmoid colon) & vagina
- S/Sx: presence and/or odor of urine or feces in vagina, irritated vaginal tissue
