Postpartum assessment and nursing care
Low & high risk

18th & 19th Lectures
The Puerperium (Postpartum Period)

- Begins immediately after childbirth and lasts for approximately **six weeks**, or until the body has completed its adjustment to a state of non pregnancy (both physically and psychologically).

- **Maternal changes period:**
  1. Retrogressive: involution of the uterus and vagina
  2. Progressive:
     - Production of milk and lactation
     - Restoration of normal menstrual cycle
     - Beginning of parenting

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Newborn Infants need

- Acceptance of
  - Sex, Appearance, Size
  - Recognition by the country (vital registration system)

- **Mother’s need Information/counseling on**
  - What happens in their bodies including signs of possible problems
  - Self care/hygiene and healing
  - Nutrition
  - Sexual Life
  - Care of the baby and breastfeeding
  - Contraception

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Goal of postpartum care

- Assist and support the woman’s recovery, assess and identify deviations from the norm & educate the mother about her own self care and infant care
- During the fourth stage of labor the woman is closely observed for hemorrhage and hypovolemic shock
- After the initial dangers of hemorrhage and shock have passed the primary postpartum danger is infection
Psychological Changes of the Postpartal Period

1. **The taking-in phase**: during 2- to 3-day period, the woman is largely passive. Woman usually wants to talk about her pregnancy (Reflection), especially about her labor and birth. She prefers having a nurse make decisions for her.

**Women's need at this time**

1. Encouraging her to talk about the birth helps her integrate it into her life experiences, **Not receptive to teaching at this time**
2. During the taking-in phase, she rests to regain her physical strength and to calm and contain her swirling thoughts.

**Anticipatory stage: looks to role models**
2. The taking-hold phase

- From **3-10 day**. The mother assumes more responsibility and is more independent about herself and her infant once her basic needs have been met. **Ready to receive health teaching and info.**

**Women's need at this time**

- Give a woman brief demonstrations of baby care and then allow her to care for her child herself.
- Women who give birth without any anesthesia may reach this second phase in a matter of hours after birth. (also **Rooming-In**)  

**Formal stage: influenced by the guidance of others**  
  
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3. The letting-go phase

- The mother begins to view the infant as a separate person. Some mothers have a difficult time with this concept and psychological problems can occur if this is not resolve. Roles may become disorganized relating to infant rearing, homemaking, and career.

Informal (Personal) stage: woman starts to make her own decisions and done what she is comfortable with.
Maternal Concerns and Feelings in the Postpartal Period

- **Abandonment**: (Only hours before, they were the center of attention. Now, suddenly, the baby seems to be everyone's chief interest.

- **Disappointment**: It can be difficult for parents to feel positive immediately about a child who does not meet their expectations.

- **Postpartal Blues**: (The syndrome is evidenced by tearfulness, mood swaying, anorexia, and sleep disturbance. Reassure a woman and her support person that sudden crying episodes are normal).

- **It is also important to give the woman a chance to verbalize her feelings**

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Physiologic Changes
The Circulatory System

- Cardiac output is 60% to 80% higher than prelabor levels and remains elevated for at least 48 hours after delivery as a result to:
  1. The pressure of the pregnant uterus is eliminated, lead to increased blood return to the vena cava. The blood that supplied the uteroplacental vascular bed goes back into the systemic circulation. The rapid reduction in the size of the uterus causes a decrease in systemic vascular resistance.

- The blood volume has returned to its normal prepregnancy level by the first or second week after birth.

- Usual blood loss with a vaginal birth is 300 to 500 mL. With a cesarean birth, it is 500 to 1,000 mL.
Vital Sign Changes

- **Temperature:**
  - First 24 hours: slight increase related to dehydration during labor
  - After 24 hours a rise of above 38 degrees is febrile. A postpartum infection is suspected.
  - On the 3rd to 4th day: a rise for a period of hours because of breasts filling with milk. If it lasts more it is suspicious of postpartum infection.

- **Pulse:**
  - Usually decreases to the end of 1st week. Tachycardia over 100 indicate hypovolemic shock, fever, anxiety, pain, excitement, or physical exertion or medication

- **Blood pressure:**
  - Remain normal the first 24 hours after delivery. Orthostatic hypotension is caused fainting on the client’s first ambulation, it is important to evaluate her stability.

- **Respiratory rate** usually will remain normal
The Hormonal Changes & Menstrual Cycle:

- Pregnancy hormones begin to decrease as soon as the placenta is no longer present.
- By week 1, progesterone are at pre pregnancy levels.
- Follicle-stimulating hormone (FSH) remains low for about 12 days and then begins to rise as a new menstrual cycle is initiated.
- A woman who is not breast-feeding can expect her menstrual flow to return in 6 to 10 weeks after birth.
- If she is breast-feeding, menstrual flow may not return for 3 or 4 months (lactational amenorrhea) or, in some women, for the entire lactation period.

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After birth, the stretch marks on the woman's abdomen (striae gravidarum) still appear reddened and may be even more prominent than during pregnancy, when they were tightly stretched.

Excessive pigment on the face and neck (chloasma) and on the abdomen (linea nigra) will become barely detectable in 6 Weeks' time.

If *diastasis recti* (over stretching and separation of the abdominal musculature) is present, the area will appear slightly indented.
The Urinary System

- During pregnancy, as much as 2,000 to 3,000 mL excess fluid accumulate in the body. An extensive diuresis begins to take place almost immediately after birth to rid the body of this fluid.

- Pressure during vaginal birth may leave the bladder with a transient loss of tone that, together with the edema surrounding the urethra, decreases a woman's ability to sense when she has to void.

- Diaphoresis (excessive sweating) is another way by which the body rids itself of excess fluid. This is noticeable in women soon after birth.

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The Gastrointestinal System

- Digestion and absorption begin to be active again soon after birth.

- Almost immediately, the woman feels hungry and thirsty because of the long period of restricted fluid during labor and the beginning diaphoresis.

- **Hemorrhoids** (distended rectal veins) that have been pushed out of the rectum due to the effort of pushing often are present.

- Bowel sounds are active, but passage of stool through the bowel may be slow because of the still-present effect of relaxin on the bowel. Bowel evacuation may be difficult due to the pain of episiotomy sutures or hemorrhoids.
POSTPARTUM NURSING ASSESSMENT

Done twice a day until discharge.

✓ The nurse must explain what is happening and what the mother can expect. At all times,
✓ The nurse maintains the mother’s privacy.
✓ Hand washing precedes any assessment & use nonsterile gloves and universal precautions to prevent contact with blood and other body fluids, including breast milk.

- **Assessment—”Bubble”**
- **B**—Breasts **U**—Uterus **B**—Bladder **B**—Bowel
- **L**—Lochia **E**—Epistomy/Extremities
Immediately following delivery of the baby, the new mother’s breasts produce **colostrum**, a thin yellowish fluid that contains extra calories and protein, as well as important antibodies.

Colostrum is usually secreted for 2 to 3 days after birth and is then replaced by the mother’s breast milk.

Breastfeeding requires the mother to take in extra calories and fluids.

The woman’s breasts may become swollen and painful when the milk comes in.

Frequent nursing of the infant will help to ease the discomfort, which usually only lasts for a couple of days.

The appearance of a painful lump, reddened areas, or an elevated temperature could indicate a breast infection and should be reported to the nurse immediately.
Assisting with Breastfeeding

- Help her to first wash her hands and then gently clean the nipple of the breast with warm water
- Next, hand the mother the baby
- Have the mother stroke the baby’s cheek with her nipple to stimulate the baby’s rooting reflex
- The mother needs to place all of the nipple and part of the areola into the baby’s mouth
- She may need to use her finger to help keep her breast from blocking the baby’s nose while he nurses
- As the baby sucks on the breast, the mother may experience cramping pains in her lower abdomen
- After the baby has finished feeding from the first breast, the mother inserts her finger gently into his mouth to break the suction before removing him from the breast
- After burping the baby, the process is repeated with the other breast

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Factors contributing to the success of breastfeeding

- The mother’s willingness to breastfeed. Many mothers do not feel comfortable exposing their breasts. Also, mothers may believe that breastfeeding interferes with their home and work routines, or may have had a negative experience in the past with lack of support.

- **Suppressing Lactation**
  
  Nonpharmacologic suppression, which is known as mechanical suppression (breast binder for at least 7 hours after delivery. Avoid any breast stimulation).
Nursing Diagnosis Related to Breasts and Breastfeeding

- Pain r/t improper positioning, engorged breasts
- Ineffective breastfeeding r/t maternal discomfort, improper infant positioning
- Knowledge deficit r/t normal physiologic changes, breastfeeding
- Infection r/t improper breastfeeding techniques, improper breast care
Uterus– Involution —”Bubble”

- **Def:** reduction in the size of the uterus and its return to a condition similar to its prepregnant state.
- The fundus of the uterus palpated at the halfway between the umbilicus and the symphysis pubis, within a few minutes after birth.
- One hour later, it will have risen to the level of the umbilicus, where it remains for approximately the next 24 hours.
- Then, it decreases one fingerbreadth (1 cm) per day.
- By the ninth or tenth day, the uterus withdrawn into the pelvis and can't be detected by abdominal palpation.
To determine fundal position and height

- Ask the mother empty her bladder.
- Don nonsterile gloves
- Ask the mother to flex her legs and relax the abdominal muscles. This position will cause less discomfort during the procedure.
- To avoid inversion of the atonic uterus, place one hand above the symphysis pubis and gently support the lower segment of the uterus. Using the side of the other hand, locate the uterus and cup the hand over the fundus. Keeping the fingers flat and applying firm pressure downward toward the vagina, gently massage.
- If the mother is anxious, give an analgesic 15 to 20 minutes before the assessment or encourage the mother to use her labor breathing techniques.
Assessing the uterine fundus

- The nurse should determine Location, firmness/consistency of the uterine fundus
- Determination of the uterine fundal position and height
- Height/location is measured in fingerbreaths, above below or at the umbilicus. e.g @U, or U-2
- Consistency is documented as firm, soft or boggy
- If the uterus is “boggy” it should be massaged

[diagram of uterus assessment]
After pains:

- In some women, *contraction of the uterus* after birth causes intermittent cramping similar to that accompanying a menstrual period.
- They tend to be **noticed most by multiparas** rather than primiparas and by women who have given birth to large babies or had an over distended uterus for any other reason.
- In these situations, the uterus must contract more forcefully to regain its prepregnancy size and has difficulty maintaining a steady contracted state.
- These sensations are noticed **most intensely with breast-feeding**, when the infant's sucking causes a release of oxytocin from the posterior pituitary, increasing the strength of the contractions.

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Nursing Interventions in case of After pain

- Lying in a **prone position** with a small pillow under the abdomen will help decrease the discomfort.

- Encourage the mother to **empty her bladder** before she breastfeeds. An empty bladder will allow the uterus to contract more efficiently and decreases the discomfort.

- **Analgesia**: The nurse evaluates the effectiveness of the analgesia every 15 minutes until acceptable pain relief is achieved. Therefore, if the client has not achieved appropriate pain relief **within 30 minutes**, initiate nonpharmacologic pain measures that have not already been used such as distraction, heat, and a cold or warm shower.

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Postpartum Cesarean

- Incision site...redness swelling, discharge. Intact?
- Abdomen soft, distended? Bowel sounds heard all 4 quadrants
- Flatus?
- Lochia is less amount than in normal spontaneous vaginal delivery (NSVD) because uterus is wiped with sponges during c/section.
- If lochia indicates excessive bleeding, combine palpation and pain management measures.
- Auscultate breath sounds
- Fluid intake and output
- Pain?

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Bladder-- Bubble

- **Diuresis** begins to take place almost immediately after birth to rid the body fluid.
- Pressure during vaginal birth may leave the bladder with a transient loss of tone that, together with the edema surrounding the urethra, decreases a woman's ability to sense when she has to void.
- Assessment reveals a dull sound heard on percussion.
- **Diaphoresis** (excessive sweating) is another way by which the body rids itself of excess fluid. This is noticeable in women soon after birth.

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Nursing Interventions in Urinary Elimination Problem

- Insure that there is adequate fluid intake
- Give an analgesia 15 to 20 minutes before she uses the bathroom.
- When the mother is sitting on the toilet, run warm water over her perineal area. This sensory input may stimulate voiding.
- Turn on the tap water to provide the sound of running water.
- Provide the mother with privacy and do not rush her.
- If the mother’s bladder is distended and she is unable to void after applying nursing measures, she needs to be catheterized.
- Remember, when a catheterization is performed, to remove no more than 800–900 cc of urine to avoid a precipitous drop in the intraabdominal pressure, which may lead to a splanchnic engorgement.
Bowel -- Bubble

- Almost immediately, the woman feels hungry and thirsty because of restricted fluid during labor and the beginning diaphoresis.

- **Hemorrhoids** (distended rectal veins) due to the effort of pelvic-stage pushing often are present. Hemorrhoids are treated only if they become symptomatic, develop external thromboses, or prolapses and develop internal bleeding. Hemorrhoids will often disappear within a few weeks after delivery.

- Bowel sounds are active, but passage of stool through the bowel may be slow because of the still-present effect of relaxin on the bowel.

- Bowel evacuation may be difficult due to the pain of episiotomy sutures or hemorrhoids.
Nursing Interventions in Bowel Elimination Problem

- Encourage ambulation.
- Provide Fiber include fruits, vegetables, grains, and bran.
- The mother should increase her fluid intake to at least 8 to 10 glasses of water a day.
- Stool softeners a suppository may be necessary to return normal bowel function.
- **Interventions for hemorrhoids** include a sitz bath two or three times a day for 20 minutes. Adding Epsom salts to the water.
- Instruct the mother to avoid prolonged sitting and alternate sitting positions. Hemorrhoid cream, ice, anesthetic sprays.
Lochia – Bubble

- Uterine flow, consisting of blood, fragments of decidua, WBCs, mucus, and some bacteria

**Characteristics of Lochia**

- **Lochia rubra**: Red Blood, fragments of decidua, and mucus; which may last for 2 to 3 days
- **Lochia serosa**: pink- or brown-tinged fluid; for approximately 3 to 10 days longer
- **Lochia alba**: Follows for another week or two and is mostly creamy white to yellowish in color

120 ml of lochia may be discharged without any effect on the mother. After the first postpartum hour, the volume of the lochia gradually diminishes. The total volume of lochia is approximately 240 to 470 ml

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When Lochia Increased

- Vaginal pooling can occur with the first ambulation after delivery and with the first ambulation in the morning. Reassure the mother that it is common to get a gush when she first gets out of bed and provide her with a pad to catch the blood.

- Remember to observe the lochia on the peri pad and the bed linen under the mother’s buttocks.

Note the amount and color of the discharge and report your observations to the nurse.
Lochia: Pad Count

- If heavy bleeding is reported but not seen, ask the woman to put on a clean perineal pad and reassessed in one hour. If clots are reported, ask the mother to save all pads with clots or not to flush the toilet if clots were expelled during urination.

1. Scant: 1-inch stain on pad in 1 hr.
2. Light/small: 4 inches in 1 hr.
3. Moderate: 6 inches in 1 hr.
4. Heavy/large: Pad saturated in 1 hr.

- Excessive: Pad saturated in 15 min
- Can estimate blood loss by weighing pads:
  - 500 mL = 454 g
Lochia

- **Assess the Odor:**
  - Lochia should not have an offensive odor. Lochia has the same odor as menstrual blood.
  - An offensive odor usually indicates that the uterus has become infected. Immediate intervention is needed to halt postpartal infection.

- **Watch for Absence:**
  - Lochia should never be absent during the first 1 to 3 weeks. Absence of lochia, like presence of an offensive odor, may indicate postpartal infection.
  - Lochia may be scant in amount after cesarean birth, but it is never altogether absent.
EPISIOTOMY -- Bubble

- The episiotomy site is usually well healed in 2 to 3 weeks.
- The side effects of an episiotomy are infection, increased pain, longer healing time and increased discomfort when intercourse is resumed.

- LACERATIONS

- The nurse needs to assess the condition of the perineum. The acronym **REEDA** is used to describe what to look for when performing the assessment (redness, edema, ecchymosis, discharge, and approximation of sutures).
Ice may be applied to the perineum for a period of time immediately following delivery to help prevent swelling.

Afterwards, the use of Sitz baths may help ease the discomfort.

Increased pain, swelling, or drainage from the episiotomy site could indicate an infection and should be reported to the nurse immediately.

Estrogen levels are decreased for 3 to 4 weeks after delivery. This results in atrophic changes such as decreased vaginal lubrication (localized dryness and discomfort during intercourse) and diminished sexual responsiveness.

This usually resolves without intervention by 6 to 8 weeks after delivery, when normal hormone balance is reestablished.

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Nursing Diagnosis

- **Risk for fluid volume deficient** related to postpartum hemorrhage
- **Pain** related to uterine cramping (afterpains) or perineal sutures
- **Risk for infection** (uterine) related to lochia and episiotomy
- **Disturbed sleep pattern** related to exhaustion from and excitement of childbirth
- **Risk for bathing/hygiene self-care deficit** related to exhaustion from childbirth
- **Risk for impaired urinary elimination or constipation** related to loss of bladder and bowel sensation after childbirth
Nursing interventions in the postpartum period

- Assess funal locations height and consistency
- Massage fundus if boggy or soft
- Monitor vital signs, Assess lochia
- Assess perineum, apply ice packs or anesthetic sprays to perineum, Provide sitz baths
- Providing guidance about sexuality and FP
- Scheduling follow-up for newborn and mother
- Assess breasts- provide breast pump if needed
- Administer pain medication as ordered
- Promote ambulation
- Monitor urinary output- encourage fluids and high fiber, administer stool softener
- Encourage mother-infant bonding
- Performing discharge teaching
Rest

- Fatigue must be relieved to promote healing and to promote milk production in the lactating mother.

- Fatigue can magnify negative emotional sensations, including depression, frustration, or feelings of inadequacy. Therefore, it is important that the father and/or family members support the mother. Once the mother is rested and rebuilds her energy she will be able to take over more responsibilities.

- Nursing interventions include asking the family to leave so the mother can rest, and instructing the mother to nap while the infant is asleep. Hospital and nursing routines may be adjusted to meet individual needs. Instruct the mother to notify the nurse if she has specific needs.

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Ambulation

- Early ambulation encourages elimination, decreases the discomforts associated with delivery, and promotes rapid recovery & lower the incidence of thromboembolism.

- A woman who has had an uncomplicated delivery may ambulate to the bathroom to void and take a shower within one hour if her vital signs, lochia, and fundus are within the normal range. A woman that has had an epidural should be kept in bed until she is fully able to move and feel sensation in her legs.

- Therefore, before ambulation, evaluate vital signs, amount of blood loss during delivery, level of consciousness. A client may need to be encouraged to ambulate if she has not voided in 6 hours.
Discharge teaching

- **Rest** when infant is sleeping
- **Hygiene:** A woman may take either tub baths or showers. cleanse her perineum from front to back. Any perineal stitches will be absorbed within 10 days.
- **Avoid heaving lifting** or heavy house work for 4 weeks, Limit exercise and activities
- **Sexual intercourse** is avoided for 4-6 weeks, a lubricant should be used
- **Use of a contraceptive**
- **Follow up** with MD in about 4-6 weeks
- **Exercise** Beginning the second week, if her lochial discharge is normal, she may start to increase this activity.
Postpartum danger signs to report

- Fever
- Change in vaginal discharge
- Localized area of pain, redness, swelling in breast
- Pain in the abdomen or pelvic area
- Pain, swelling or warm area in the calf of leg
- Persistent perineal pain
- Frequency, urgency or burning on urination
- Continued postpartum depression

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Postpartum complications

- Postpartum complications fall into five categories
  - Hemorrhage
  - Thromboembolic disorders
  - Subinvolution of the uterus
  - Infections
  - Depression

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Postpartum Hemorrhage

- Greater than 500cc blood loss (vaginal delivery) or 1000cc blood loss (cesarean)

- Postpartum hemorrhage can occur
  - **Early postpartum hemorrhage:** within the first 24 hours; mainly caused by uterine atony & lacerations (Tone or Trauma)
  - **Late postpartum hemorrhage:** After 24 hours to less than 6 weeks after birth; mainly caused by retained placenta fragments or organized blood clots (Tissue or Thrombin)
Signs & Symptoms of PPHge

- Increasing the heart rate (Tachycardia)
- Increasing the respiratory rate (Tachypnea)
- The blood pressure drops,
- The skin becomes pale, cold and clammy
- Restless, confusion and anxiety

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Tone: Uterine Atony

- Failure of the uterus to contract, the uterus is soft and boggy. Most common cause of PPH (75-80%)

- Risk factors:
  - Uterine overdistension (multiple gestation; polyhydramnios; macrosomia),
  - Prolonged labor; precipitous labor; Grandmultiparity

- Management
  - Keep bladder empty; bimanual massage of the uterus
  - large bore IV’s canula
  - Obtain blood for x-matching, CBC and clotting times
  - oxytocin
    - 5-10 U IV bolus or
    - 40 U in 1 L NS @ 250 cc/hr
  - Methylergonovine (Methergine) (0.2 mg IM)
    - if pharmacological measures fail, surgical intervention may be necessary (artery ligation, hysterectomy)
Trauma & Lacerations / Hematomas

- **Trauma**
  - 2nd most common cause of PPH
  - Vaginal, cervical, perineal lacerations
  - **S&S**: Bright red bleeding from the genital tract
  - Types: Ut. Inversion; Ut. Rupture; Birth canal trauma

- **Treatment**
  - lacerations: repair
  - hematomas
    - <3cm may observe if stable
    - if larger or unstable, incise and evacuate clot, ligate vessels, close in layers
Postpartum Hemorrhage: Tissue

- Retained placental fragments
  - prevents uterine contraction

Risk Factors

- previous peripartum curettage; previous cesarean; placenta previa; high parity

Management

- Careful examination of the placenta after birth to ensure all segment have been expelled
- Treatment requires manual removal of retained fragments
- If the placenta is abnormally adherent to the myometrium then this is placenta accreta
Thrombophlegibitis & DVT

- **Signs & symptoms**
  - Pain, redness, swelling, heat and tenderness in the calves of the feet
  - Positive homan’s sign
  - Fever and chills
  - Increased diameter of the affected leg
  - Leg pain extending above the knee (DVT)

- **Nursing care**
  - Rest, Analgesics
  - Elevation of the leg
  - If DVT is diagnosed administer anticoagulant therapy
  - Observe for signs of bleeding from over coagulation

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Pulmonary embolism

- **Signs & symptoms**
  - Complication of DVT
  - Abdominal pains
  - Chest pain
  - Dyspnea
  - Tachypnea
  - Hypotension

- **Nursing care**
  - Elevate the head of the bed
  - Administer oxygen
  - Apply pulse oxymetry
  - Iv fluids
  - Initiation of heparin
  - Bed rest
  - Frequent vital signs

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Postpartum infections

- **Puerperal infections (infections of the reproductive tract)**
  - Endometritis

- **Nonreproductive infections include**
  - Wound infections
  - Urinary tract infections
  - Breast infections - mastitis

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Major sign for PP Infection

- WBC normally 20-30,000/mm³ so its not great value to detect infection during puerperium.

- Increased Oral temp. above 38°C for two consecutive 24-hour periods, excluding 1st 24hr after birth

- Chills; loss of appetite, and general malaise

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Endometritis

- The most common cause of uterine infection is bacteria moving from the vagina to the uterus. The delivery of the placenta leaves an open, raw decidual site. After the delivery the cervix is open and at risk for an ascending infection.

**Signs & symptoms**
- Uterine tenderness and enlargement
- Foul odor or purulent lochia
- Malaise, Fatigue; Tachycardia
- High Temperature on 3rd or 4th postpartal day

**Nursing care/treatment**
- Antibiotics; Antipyretics; Analgesics
- Fowlers position to promote drainage of lochia
- Encourage increased fluid intake and nutrition.
PREVENTION

- hand washing and maintenance of a clean environment. To prevent cross contamination, wash hands before each procedure. If a staff member has a cough, cold, or skin infection, follow established hospital protocol.
- Visitors, including siblings, who are sick must be encouraged to stay home.
- The bed and/or bed pads should be changed when soiled.
- The mother is asked not to walk barefooted. When the mother walks barefooted, she picks up bacteria off the floor and contaminates the bed linens when she gets into bed.
- Encourage proper care of the perineal area, using front-to-back wiping, and changing the peri pad after using the bathroom.
Postpartum Fever (wound/perineal infections)

- **Wound infections**
  - Cesarean incision infection rate 3 to 15%, decreases to 2% with prophylactic antibiotics
  - Infections usually polymicrobial
  - S&S: REEDA

- **Perineal infections**
  - Treatment: debridement, removal of sutures, drainage, antibiotics
  - Sitz baths or warm compresses
Urinary tract infections

- Urinary frequency, urgency
- Subrapubic pain, dysuria
- Hematuria
- Pyelonephritis
- Fever; chills, loin back pain
- Nausea and vomiting

**Nursing care**
- Vital signs
- Increase fluid intake to 3000ml
- Antipyretics
- Analgesics
- Antibiotics
- Ascorbic acid
Mastitis

Infection of the breast

Signs & symptoms

- Painful or tender localized hard mass and reddened area usually of one breast
- Enlarged glands in the axilla
- Fever, chills, malaise may as early as the 7th postpartum day or after

Nursing care

- Antibiotics
- Instruct mother to continue to breast feed
- Instruct to completely empty each breast after feedings
- Wear a well supporting properly fitted bra
- Apply Ice packs to relieve pain or warm packs to reduce edema to the affected breast

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Postpartum Blues

- Transient & mild mood swings w/ irritability, anxiety, poor concentration, insomnia
- Incidence is 40-80% of PP women within 2-3 days of delivery, peaking on Day # 5, resolving within 2 weeks
- **Risk factors** include H/O depression or pre-existing psychosocial impairment
- Psychological adjustments and hormonal changes are thought to be the main cause of baby blues, although fatigue, discomfort, and overstimulation may play a part.

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Postpartum Blues

- The syndrome is evidenced by tearfulness, feelings of inadequacy, mood lability, anorexia, and sleep disturbance.

**Nursing Role**

- Reassure a woman and her support person that sudden crying episodes are normal.
- It is also important to give the woman a chance to verbalize her feelings.
- Keeping the lines of communication open is important to help differentiate between problems that can be
Postpartum Psychosis

- Typically presents within 2 weeks of delivery w/ mania, depression or schizoaffective disorder, which could endanger pt. or newborn. Incidence is 0.1-0.2%
- Delusions, emotional liability, insomnia, confusion, obsessive concerns regarding the baby
- This is a MEDICAL EMERGENCY which mandates an immediate psychiatric consult
- Patient should be hospitalized until stable
- While psychotic, mom cannot adequately care for self or infant. Most will not be able to continue breastfeeding
- Combination therapy often necessary (medications & psychotherapy)
Postpartum Depression

- **Onset** within first month PP
- **Incidence** 5-9% (similar to that in non-pregnant women), but may be under-reported
- **Risk factors** include antenatal depression or psychiatric FH, marital conflict, unplanned pregnancy, congenital fetal ABNL’s
- **Etiology** is probably multifactorial: genetic susceptibility, hormonal changes, major life stressors.
- **Symptoms** include changes in somatic functions (sleep, energy, appetite, weight, GI fcns., insomnia unrelated to newborn’s sleep pattern), guilt, anxiety, anger, loss of bonding w/ newborn, and obsessional thoughts of harming oneself or baby. Intense sadness, crying all the time, mood swings, fears, anger, anxiety, irritability
- **Screening** w/ Edinburgh Postnatal Depression Scale (10-item self-report). Responses are scored 0,1,2 or 3 w/ max. score of 30 (scores >12 = PP depression)
Treatment

- Psychosocial therapies
  - First choice for those with mild to moderate symptoms of PPD, Cognitive-behavioral therapy
  - Interpersonal psychotherapy - focuses on patient’s interpersonal relationship and changing roles
- Group therapy
  - Helps to increase support network
- Family and marital therapy
  - More rapid recovery
  - More appreciative of partner’s contribution
- Peer-support groups
# Comparing Postpartal Blues, Depression, and Psychosis

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<td><strong>Symptoms</strong></td>
<td>Sadness, tears</td>
<td>Anxiety, feeling of loss, sadness</td>
<td>Delusions or hallucinations of harming infant or self</td>
</tr>
<tr>
<td><strong>Incidence</strong></td>
<td>70% of all births</td>
<td>10% of all births</td>
<td>1%-2% of all births</td>
</tr>
<tr>
<td><strong>Therapy</strong></td>
<td>Support, empathy</td>
<td>Counseling, drug therapy</td>
<td>Psychotherapy, drug therapy</td>
</tr>
<tr>
<td><strong>Nursing role</strong></td>
<td>Offering understanding</td>
<td>Referring to counseling</td>
<td>safeguarding mother from injury to self or to newborn</td>
</tr>
</tbody>
</table>