Chapter 10

 Categories of Postpartum Complications Shock Defined as a condition in which the cardiovascular system fails to provide earnd nutrients to the cells Cardiogenic Hypovolemic Anaphylactic Septic Hemorrhage Early—within 24 hours postpartum Late—between 24 hours and 6 weeks postpartum Major risk is hypovolemic shock Interrupts blood flow to body cells Prevents normal oxygenation, nutrient delivery, and waste removal Signs and symptoms Tachycardia Falling systolic blood pressure Pale, cold, and clammy skin Mental status changes 	
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Mental status changes	
Decreased urinary output	

Safety Alert
Because postpartum women often have a slow pulse rate, suspect hypovolemic shock or infection if the pulse rate is greater than 100 beats/min
Nursing Care
Frequent vital signs
Monitor oxygen saturation levels
Assessment of lochia
Observation for perineal hematoma
Assessment of fundus
Firm with bleeding may indicate vaginal laceration
Accurate measurement of intake and output
Monitoring intravenous fluid therapies
Monitor for signs of anemia
Provide emotional support to the woman
Early Postpartum Hemorrhage
Causes
Uterine atony
Lacerations or tears of the reproductive tract
Hematomas in the reproductive tract
Late Postpartum Hemorrhage
Causes
Retention of placental fragments

	Subinvolution	
•	Nursing care	
	Teach the woman to report persistent bright red bleeding	
	Return of red bleeding after it has changed to pink or white	
•	Prepare for intravenous medication	
•	Prepare for possible surgical intervention	
•	Thromboembolic Disorders	
•	A venous thrombosis is a blood clot within a vein	
•	Causes or risks	
	 Venous stasis during pregnancy 	
	 Pressure behind knees if legs are in stirrups 	
	 Fibrinogen levels increase during pregnancy, whereas clot-dissolving factors in the blood are normally decreased during pregnancy 	Э
	Varicose veins	
•	Types of thromboembolic disorders	
	 Superficial vein thrombosis (SVT) 	
	 Deep vein thrombosis (DVT) 	
	Pulmonary embolism (PE)	
•	Nursing Care to Prevent a Thromboembolism	
•	Watch for signs or symptoms of PE	
	Dyspnea	
	Coughing	
	— Chest pain	
•	Teach woman not to cross legs, as it impedes blood flow	
•	Avoid pressure in the popliteal space behind the knee	

- Early ambulation and range of motion exercises
- If antiembolic stockings are prescribed, the nurse should teach the woman the correct method of putting on the stockings
- Anticoagulant Therapy
- Teach the woman taking this type of medication
 - Danger signs
 - Prolonged bleeding from minor injuries
 - Nosebleeds
 - Unexplained bruising
 - Use a soft-bristled toothbrush
- Stress the importance of completing follow-up blood tests
- Help the woman cope with this form of medical therapy
- Puerperal Infection
- An infection or septicemia after childbirth, with a fever of 38° C (100.4° F) after the first postpartum day
- Risks
 - Cracks in the nipples of the breasts
 - Surgical incision
 - Tissue trauma during labor
 - Open wound at the placental insertion site
 - Retained placenta or blood clots
 - Increased pH of the vagina after birth
 - Endometritis (inflammation of the lining of the uterus)
- The Dangers of Puerperal Infection
- A localized infection of the perineum, vagina, or cervix can ascend the reproductive tract and spread to the uterus, fallopian tubes, and peritoneum, causing peritonitis, a lifethreatening condition

•	Safety Alert
•	Proper hand hygiene is the primary method to avoid the spread of infectious organisms
•	Gloves should be worn when in contact with any blood, body fluids, or any other potentially infectious materials
•	Nursing Care
•	The objective is to prevent the infection from occurring
	Use and teach hygienic measures
	Promote adequate rest and nutrition for healing
	Teach and observe for signs of infection
	Teach the woman how to correctly apply perineal pads (front to back)
	Teach the woman to take all antimicrobial medications as prescribed
•	Mastitis
•	An infection of the breast
•	Signs and symptoms
	Redness and heat in the breast
	Tenderness
	Edema and heaviness of the breast
	Purulent drainage may or may not be present
	Fever, chills, and other systemic signs of infection
	— An abscess may form
•	Treatment of Mastitis
•	Prescribed antibiotics, mild analgesics

- Continue to breastfeed with unaffected breast
- Pump and discard the milk from affected breast (weaning can lead to engorgement and stasis of milk, which can worsen the infection)
- Heat promotes blood flow to the area
- Massage the area of inflammation to improve milk flow and reduce stasis
- Encourage fluid intake
- Wear a supportive bra
- Provide emotional support to the woman
- Subinvolution of the Uterus
- The slower-than-expected or failure of the uterus to return to its normal prepregnant condition
- Normally the uterus descends at the rate of 1 cm per day
- Signs and symptoms
 - Fundal height greater than expected
 - Persistence of lochia rubra
 - Pelvic pain and heaviness
 - Fatigue
- Nursing Care of the Woman with Subinvolution
- Teach the normal changes to expect
- Report abnormal pattern
 - Fever, pain, persistent red lochia
 - Foul-smelling vaginal discharge
- Comfort measures

Prepare for possible surgical intervention
Explain medications prescribed
Disorders of Mood
What Is a Mood Disorder?
Pervasive and sustained emotion that can color one's view of life
Postpartum Blues ("Baby Blues")
Common after birth
Has periods where she feels let down
Finds pleasure in her new role
Usually self-limiting as woman adjusts to her new role
Postpartum Depression or Psychosis
Serious impairment of one's perception of reality
More serious than postpartum blues
Usually manifests within 4 weeks after delivery
• May interfere with mother's ability to respond to her infant's cues
Maternal-infant bonding may also be affected
Postpartum Depression
• Risk factors
Inadequate social support
Poor relationship with partner
Life and childcare stress

- Low self-esteem
- Unplanned pregnancy
- Signs and Symptoms of Postpartum Depression
- Lack of enjoyment in life
- Lack of interest in others
- Intense feeling of inadequacy
- Inability to cope
- Loss of mental concentration
- Disturbed sleep
- Constant fatigue and feeling of ill health
- Nursing Care
- Refer to a multidisciplinary team
- Be a sympathetic listener for the woman
- Elicit feelings
- Observe for complaints of sleeplessness or chronic fatigue
- Provide support
- Help woman identify her support system
- Determine if the mother is getting enough exercise, sleep, and nutrition
- Help the woman identify ways to meet her own needs
- Refer to support groups
- Postpartum Psychosis
- Bipolar disorders

- Characterized by episodes of mania
- Major depression
 - Deep feelings of worthlessness, guilt, and sleep and appetite disturbances
 - Delusions
- Can be fatal for both mother and infant due to use of poor judgment
- Possibility of suicide or infanticide
- Referral for counseling is essential
- Virtually all antipsychotic medications pass through the breast milk; therefore, breastfeeding is contraindicated
- Homeless Mother and Newborn
- Lack of permanent home
- Often have difficulty accessing care
- Follow-up is difficult
- Prior to discharge, ensure mother has a place to go and a way of accessing help
- Facilitate referrals to outreach programs, support services within the community
- Question for Review
- What are the key signs of a bleeding laceration in the postpartum period?