The Family After Birth

- Puerperium
- Known as *postpartum period*
- Six weeks following childbirth
  - Sometimes referred to as the *fourth trimester of pregnancy*

- Nursing Considerations for Specific Groups of Patients
- Adolescents
- Single women
- Families at or below the poverty level
- Families who have twins (or more)
- Cultural Influences
  - The nurse must adapt care to fit
    - Health beliefs
    - Values
    - Practices
  - Use an interpreter where appropriate
    - Should not be a family member or in cultural/religious conflict with the patient/family

- Dietary practices
- Postpartum Changes in the Mother
- Reproductive System
- Uterus
— Involution
— Uterine lining
— Descent of uterine fundus
— Afterpains

• Lochia
  — Rubra
  — Serosa
  — Alba

• Cervix

• Vagina
  — Stress importance of discussing when to resume vaginal intercourse postpartum with health care provider

• Breasts
  — Engorgement
  — Nursing care

• Reproductive System (cont.)

• Perineum
  — Episiotomy
    • REEDA assessment
  — Nursing care and patient teaching
    • Cold packs
    • Topical and systemic medications
    • Nonpharmacological pain relief methods

• Return of ovulation and menstruation
  — Menstrual cycle typically resumes in 6-8 weeks if not breastfeeding
Return of ovulation is delayed if breastfeeding; however, it can occur at any time after birth (pregnancy is possible)

- Cardiovascular System
- Cardiac output and blood volume
- Coagulation
- Blood values
- Chills
- Orthostatic hypotension
- Nursing care
- Urinary System
- A full bladder can displace the uterus and lead to postpartum hemorrhage
- The woman who voids frequent, small amounts of urine may have increased residual urine because her bladder does not fully empty
- Residual urine in the bladder may promote the growth of microorganisms
- Gastrointestinal System
- Constipation
  - To help alleviate this problem, encourage woman to
    - Increase fluid and fiber intake
    - Increase activity, such as walking
- Integumentary System
- Hyperpigmentation of the skin changes as hormone levels decrease
  - Linea nigra disappears
Striae fade to silver

- Musculoskeletal System
- Diastasis recti
- Hypermobility of the joints
- Exercises
  - Abdominal muscle tightening
  - Head lift
  - Pelvic tilt
  - Kegel exercises

- Immune System
- Prevent blood incompatibilities and infection
  - RhoGAM if woman is Rh negative and baby is Rh positive
  - Give mother immunization for rubella if she is not immune
    - Titer < 1:8 requires immunization

- Changes After Cesarean Birth and Adaptation of Nursing Care
- Same as with normal vaginal delivery except
  - Monitoring of abdominal dressing
  - Lochia generally less
  - Urinary catheter
  - Respiratory care
  - Prevention of thrombophlebitis
  - Interventions for pain
- Emotional Care

- The birth of an infant brings about physical changes in the mother but also causes many emotional and relationship changes in all family members

- Mother

- Rubin’s Psychological Changes of the Puerperium
  - Phase 1
  - Phase 2
  - Phase 3

- Postpartum blues

- Postpartum depression

- Fatigue

- Father

- Engrossment

- Four phases of adjustment
  - Having expectations and personal intentions
  - Confronting reality and overcoming frustrations
  - Creating one’s own personal father role
  - Reaping rewards of fatherhood

- Other Family Members

- Siblings
  - Age-dependent on how older sibling will respond to new baby
  - Preparation important
- Grandparents
- Grieving Parents
- Therapeutic communication and nursing care
- Stages of the grief process
  - Shock and disbelief
  - Anger
  - Guilt
  - Sadness and depression
  - Gradual resolution of sadness
- Parenthood
  - Can affect communication between partners
  - Division of responsibility can be source of conflict
  - Fatigue increases irritability
  - Loss of freedom and decreased socializing may cause couple to feel loneliness
- Family Care Plan
  - Studying the family as the patient can offer insight into community-based care
- Data Collection for the Family Care Plan
  - Demographic information
  - Family composition
  - Occupation
  - Cultural group
• Religious/spiritual affiliation
• Developmental tasks
• Health concerns
• Communication patterns
• Decision making
• Family values
• Socialization
• Coping patterns
• Housing
• Cognitive abilities
• Support system
• Response to care
• Phase 2 Nursing Care of the Newborn
  • Supporting thermoregulation
    — Evaporation
    — Conduction
    — Convection
    — Radiation
• Observing bowel and urinary function
• Identifying the infant
• Security measures
• Umbilical cord care
• Phase 2 Nursing Care of the Newborn (cont.)
  • Observing for anomalies
  • Obtaining vital signs
  • Weighing and measuring
  • Gestational age evaluation
    — Skin
    — Vernix
    — Hair
    — Ears
    — Breast tissue
    — Genitalia
    — Sole creases
  • Hypoglycemia
    • A blood glucose below 40 mg/dL in the term infant indicates hypoglycemia
  • Risk for Neonatal Hypoglycemia
  • Preterm/postterm
  • Diabetic mother
  • LGA/SGA
  • IUGR
  • Asphyxiated
  • Cold stress
  • Mother had tocolytics during labor process
  • Signs and Symptoms of Hypoglycemia in the Newborn
- Jitteriness
- Poor muscle tone
- Sweating
- Respiratory difficulty
- Low temperature
- Poor sucking
- High-pitched cry
- Lethargy
- Seizure
- Screening Tests
  - Heel stick performed on day of discharge
    - PKU
    - Hypothyroidism
    - Galactosemia
    - Thalassemia
    - Sickle cell
    - Maple syrup urine disease
    - Homocystinuria
- Recognizing Hunger in the Newborn
- Hand-to-mouth movements
- Mouth and tongue movement
- Sucking motions
• Rooting movements
• Clenched fists
• Kicking of legs
• Crying (a late sign)
• Breastfeeding
• Choosing whether to breastfeed
• Physiology of lactation
  — Hormonal stimulation
    • Prolactin
    • Oxytocin
• Composition of milk
  — Foremilk
  — Hindmilk
• Phases of milk production
  — Colostrum
  — Transitional
  — Mature
• Assisting the Mother to Breastfeed
• Advantages of breastfeeding are
  — Promotes mother-infant bonding
  — Maintains infant temperature
  — Suckling stimulates oxytocin release to contract mother’s uterus
  — Cultural use of galactogogues
• Positions for Breastfeeding
• Breastfeeding Techniques
• Positions of the mother’s hands
• Latch-on
• Suckling patterns
• Removing the infant from the breast
• Latch-on
• Removing Infant From Breast
• Evaluating Intake of Infant
• Let-down reflex occurs
  - A tingling sensation with milk dripping from nipple
• Infant nurses for 15 minutes per breast 8 to 10 times per day
• An audible swallow is heard
• Infant appears relaxed after feeding
• Infant has 6-8 wet diapers per day
• Infant passes several stools per day
• Breast feels soft after feeding
• Preventing Problems
• Frequency and duration of feedings
• The sleepy infant
• The fussy infant
• Flat or inverted nipples
• Supplemental feedings
• Nipple confusion of the infant
• Breast engorgement
• Nipple trauma
• Breast hygiene
• Special Breastfeeding Situations
• Multiple births
• Premature birth
• Delayed feedings
• Storing and Freezing Breast Milk
  • Milk at room temperature for more than 4 hours increases potential for bacterial contamination
  • Container size should hold no more than one feeding
  • Safely stored or frozen in glass or hard plastic containers
  • Milk can be stored in refrigerator at 4°C (39°F) for 24 hours or in the freezer at −4°C (-20°F) for up to 3 months (although freezing breast milk can destroy some antimicrobial factors)
  • Can be thawed in refrigerator for 24 hours prior to using
  • Microwaving of breast milk is not advised because it destroys immune factors in the milk
• Maternal Nutrition
  • Mother needs an additional 500 calories over the nonpregnant diet
  • 8-10 glasses of fluids per day
  • Some foods eaten by mother may cause a change in the taste of the milk or cause the infant to develop gas (flatus)
  • Medications taken by the mother may be secreted in the breast milk
- Weaning
  - Gradual weaning is preferred
  - There is no “best time” to wean
  - Technique of weaning
    - Eliminate one feeding at a time
    - Omit daytime feedings first
    - Eliminate the favorite feeding last
  - Infant will need “comfort nursing” if tired or ill
  - Breast pumping not advised in order to decrease the milk supply cycle
- Formula Feeding
- Types of formulas
  - Ready to feed
  - Concentrated liquid
  - Powdered
  - Regardless of type, it is important to follow manufacturer’s instruction on preparation and storage of formula products
- Safety Alert
  - Overdilution or underdilution of concentrated liquid or powdered formulas can result in serious illness
- Feeding the Infant with Formula
  - Feed every 3 to 4 hours because formula is digested more slowly than breast milk
  - Do not microwave formula
  - Do not prop bottle
• Involve partner and family in bottle feeding of infant

• Discharge Planning

• Postpartum Self-Care Teaching

• Ample written materials regarding mother and newborn care should be provided and reviewed
  
  ─ Follow-up appointments
  
  ─ Hygiene
  
  ─ Sexual intercourse
  
  ─ Diet and exercise
  
  ─ Danger signs to watch for and report
  
  ─ Newborn follow-up care
  
  ─ Infant safety seats
  
  ─ Reassure mother that hospital staff is available by telephone should any questions arise

• Question for Review

• What are the essential nursing assessments of the new postpartum mother?