



Wolters Kluwer  
Health

Lippincott  
Williams & Wilkins

# **Maternity and Pediatric Nursing**

## **Chapter 22** **Nursing Management of the Postpartum** **Woman at Risk**



# Postpartum Hemorrhage

- Blood loss
  - >500 mL following a vaginal birth
  - >1,000 mL following a cesarean birth
- Any amount of bleeding that places the mother in hemodynamic jeopardy
- Most common cause: Uterine atony



## Postpartum Hemorrhage (cont'd)

- Other causes
  - Lacerations of the genital tract
  - Episiotomy
  - Retained placental fragments
  - Uterine inversion
  - Coagulation disorders
  - Hematomas of the vulva, vagina, or subperitoneal areas



## Postpartum Hemorrhage (cont'd)

- Pathophysiology
  - Tone
  - Tissue (uterine inversion, subinvolution)
  - Trauma
  - Thrombosis
- Therapeutic Management: focus on underlying cause
  - Uterine massage
  - Removal of retained placental fragments, antibiotics for infection, repair of lacerations



## Question

Is the following statement True or False?

Postpartum hemorrhage is most commonly due to uterine atony.



## Answer

True.

Uterine atony is the most common cause of postpartum hemorrhage.



## Postpartum Hemorrhage (cont'd)

- Nursing Assessment
  - Risk factors (see Box 22-1)
  - Uterine tone; vaginal bleeding
- Nursing Management
  - Fundal massage; pad count
  - Administration of uterotonic (see Drug Guide 22-1)
  - Fluid administration
  - Monitoring for signs and symptoms of shock



# Thromboembolic Conditions

- Inflammation of blood vessel lining
- Three most common types
  - Superficial thrombosis
  - Deep vein thrombosis
  - Pulmonary embolism
- Pathophysiology
  - Venous stasis
  - Injury to innermost layer of blood vessel
  - Hypercoagulation

# Thromboembolic Conditions (cont'd)

- Nursing Assessment
  - Risk factors
  - Signs and symptoms
- Nursing Management
  - Prevention
  - Adequate circulation: NSAIDs, bed rest, antiembolism stockings, anticoagulant therapy (heparin); emergency measures for pulmonary embolism
  - Education (see Teaching Guidelines 22-1)



## Question

Which drug would the nurse expect to administer to a postpartum woman with deep vein thrombosis?

- A. Ibuprofen
- B. Amoxicillin
- C. Heparin
- D. Acetaminophen



## Answer

C.

For the postpartum woman with deep vein thrombosis, heparin would be given to reduce the risk of further clot formation.

## Postpartum Infections

- Fever  $>38$  degrees C or 100.4 degrees F after 1<sup>st</sup> 24 hours
- Organisms usually those of normal vaginal flora (aerobic and anaerobic)
- Metritis: infection of endometrium, decidua, and adjacent myometrium
- Wound infections
- Urinary tract infections
- Mastitis: inflammation of the breast (see Figure 22-3)

## Postpartum Infections (cont'd)

- Therapeutic Management
  - Broad-spectrum antibiotics for metritis
  - Wound care for wound infections
  - Fluids and antibiotics for UTIs
  - Breast emptying and antibiotics for mastitis
- Nursing Assessment
  - Risk factors (see Box 22-2)
  - Signs and symptoms (see Table 22-1)



## Postpartum Infections (cont'd)

- Nursing Management
  - Infection prevention
    - Aseptic technique; handwashing; perineal hygiene
    - Screening of visitors
  - Administration of antibiotics; wound care
  - Client teaching (see Teaching Guidelines 22-2)



# Postpartum Affective Disorders

- Postpartum or Baby Blues
  - Emotional lability, irritability, and insomnia that typically resolves within 2 weeks (by postpartum day 10); usually self-limiting
- Postpartum Depression
  - Major depressive episode associated with childbirth; symptoms lasting beyond 6 weeks and worsening
- Postpartum Psychosis
  - Surfaces within 3 weeks of giving birth; sleep disturbances, fatigue, depression, hypomania



## Question

Is the following statement True or False?

Postpartum psychosis is the most severe form of postpartum affective disorder.



## Answer

True.

At the severe end of the continuum of postpartum affective disorders is postpartum psychosis.



## Postpartum Affective Disorders (cont'd)

- Nursing Assessment
  - Risk factors
  - Signs and symptoms (see Box 22-3)
- Nursing Management
  - Assistance with coping and adjustment
  - Education
  - Referrals for support



# End of Presentation