



Transmitting life, the Most Beautiful Experience

Laetitia Stuelsatz, France

POSTPARTUM CARE



Objectives

- Describe phases of puerperium
- Identify stages of maternal attainment
- List factors affecting postpartum experience
- Describe the biophysical changes during postpartum period and physical assessment

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A photograph of a woman in a hospital bed, holding her newborn baby. The woman is looking down at the baby with a gentle expression. The scene is softly lit, creating a warm and intimate atmosphere. The text is overlaid on the image.

Postpartum Period or **PUERPERIUM**

- begins soon after the delivery of the baby and usually lasts 6-8 weeks
- ends when the mother's body has nearly returned to its pre-pregnant state
- time of maternal changes that are retrogressive and progressive
- Termed as the fourth trimester of pregnancy

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Phases of the Puerperium (Psychological changes)

TAKING-IN

- is a time of reflection for a woman.
- occurring 1 to 2 days after delivery, the new mother typically is passive and dependent
- energies are focused on bodily concerns
- she may review her labor and delivery experience frequently.
- mother experiences a variety of responses as she adjust to a new family member, postpartum discomforts, changes in her body image, and the reality that she is no longer pregnant

TAKING- HOLD

- after 2 to 4 days mother resume control of her life
- a woman begins to initiate action herself.
- begins to have a strong interest to her newborn
- during breastfeeding she is concern if her milk and her ability to nurse her baby
- mother requires assurance that she is doing well as a mother

LETTING GO

- the woman finally redefines her new role
- gives up her old roles like being childless woman or just a mother of one child
- the phase where postpartum depression may set in.
- readjustment of relationship is needed for an easy transition to this phase.

MATERNAL ROLE ATTAINMENT

A process which the woman learns mothering behavior and becomes comfortable with her identity as a mother

4 STAGES OF MATERNAL ATTAINMENT

By Thorton and Nardi
/Mercer 's Theory

1. Anticipatory stage

occurs during pregnancy. woman looks to a role models, especially her mother, for example how to mother.

2. Formal stage

- begins when the child is born
- woman is still influenced by the guidance of others and tries to act as she believes others expect her to act.

3. Informal stage

- begins when the mother begins to make her own choices about mothering.
- woman develop her own style of mothering

4. Personal stage

- final stage of maternal role attainment.
- Maternity identity
- She is already comfortable as a mother.
- She feels a congruence of self and motherhood as others accept her performance

Postpartum mother faces number of challenges as she adjusts to her new role

- finding time for themselves is one of the greatest challenges
- feelings of incompetence
- fatigue resulting from sleep deprivation
- feelings of responsibility of having a child
- mother sometimes feels that child's behavior is a challenge as well

Maternal Concerns and Feelings

- Abandonment
- Disappointment
- Postpartal blues

FACTORS AFFECTING THE POSTPARTUM EXPERIENCE

- breast soreness
- regaining their figure
- regulating the demands of their house works, partner, and children
- coping with their emotional tension
- sibling jealousy
- fatigue

Biophysical Changes

CERVIX

- the internal os closes while the external os will remain dilated for several weeks
- slightly open or slitlike (starshaped) when previously it was round

VAGINA

- edematous and may be bruised
- hymen torn and jagged, heals irregularly leaving small tags called CARUNCULAE MYRTIFORMES
- painful intercourse (dyspareunia)- Perineal tightening can be improved by means of Kegel's Exercise

PERINEAL CHANGES

- may show ecchymosis, may appear edematous
- never return to its prepregnant state

RECURRENCE OF OVULATION AND MENSTRUATION

- menstruation generally returns in 75% of nonnursing mothers by 12 weeks(6 to 10 weeks.) after birth and the remaining 25% within 6 months(3 to 4 months) following birth.
- the return of ovulation and menstruation in nursing mothers is usually prolonged

ENDOCRINE SYSTEM

- decrease in estrogen and progesterone triggers the anterior pituitary gland to produce Prolactin for lactation
- sucking of the baby triggers the posterior pituitary gland produces oxytocin for uterine contraction.

CARDIOVASCULAR SYSTEM

- ↓ BP = related to hemorrhage
- ↑ BP = related to PIH
- ↑ Temp after 24hrs = infection
- ↑ within 24hrs. = dehydration
- Puerperial Bradycardia = 60 to 70 bpm (blood volume and blood pressure fall)
- Oxytocin = ↑ BP
- Orthostatic Hypertension or dizziness

RENAL AND URINARY SYSTEM

- transient loss of tone, and edema surrounding the urethra makes voiding difficult
- although the bladder is distended, the woman may have no sensation of having to void especially those who undergone spinal, epidural, or a general anesthetic for birth until it is worn off.

- check for passage of urine after 6 to 8 hours.
- excess fluid of 2000- 3000ml during pregnancy, diaphoresis occur.
- lactose levels in the urine are the same as during pregnancy, as the body prepares for breastfeeding

GASTRO-INTESTINAL SYSTEM

- digestion and absorption begin to be active again soon after birth.
- the mother feels hungry, thirsty and diaphoresis, she can eat without difficulty from nausea or vomiting
- mothers delaying the bowel movement may cause constipation and more pain when bowel elimination finally occur.

- bowel evacuation may be difficult due to pain of episiotomy, sutures, or hemorrhoids (distended rectal veins)
- woman with cesarean birth may start with clear liquid shortly after surgery, once bowel sounds are present her diet is quickly advanced to solid foods
- discomfort from flatulence may relieve by early ambulation

INTEGUMENTARY SYSTEM

- after birth, stretch marks on the abdomen still appear reddened
- excessive pigment on the face (chloasma) and linea negra will be barely detectable in 6 weeks time
- diastasis recti (overstretching of the abdominal musculature) are present
 - Modified sit-ups help to strengthen abdominal muscles and return abdominal support to its prepregnant level.

PHYSICAL ASSESSMENT

(BUBBLE-HE)

B- REAST

U- TERUS

B- LADDER

B- OWEL

L- OCHA

E- PISIOTOMY

H- OMAN'S SIGN

E- MOTIONAL STATUS

Physical assessment

- be sure that the mother has emptied her bladder and that she is lying in supine position on a flat bed before beginning the assessment.

BREAST

- observe
- gently palpate each breast using the 4-quadrant technique or using the circular motion
- if you feel nodules in the breast, the ducts may not have been emptied at last
- stroke downward towards the nipple, then gently release the milk by manual
- if nodules remain, notify the doctor
- take this opportunity to explain the process of milk production, what to do about engorgement, how to perform self-breast examinations and answer any questions she may have about breastfeeding.

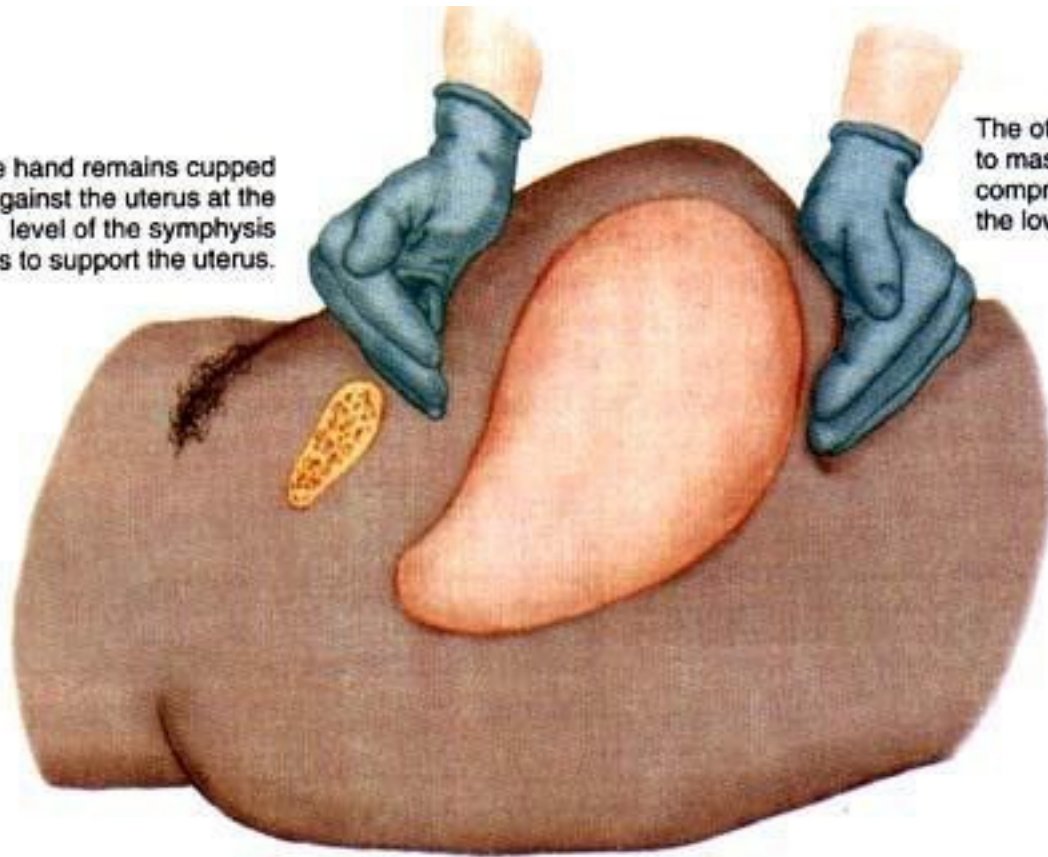


UTERUS



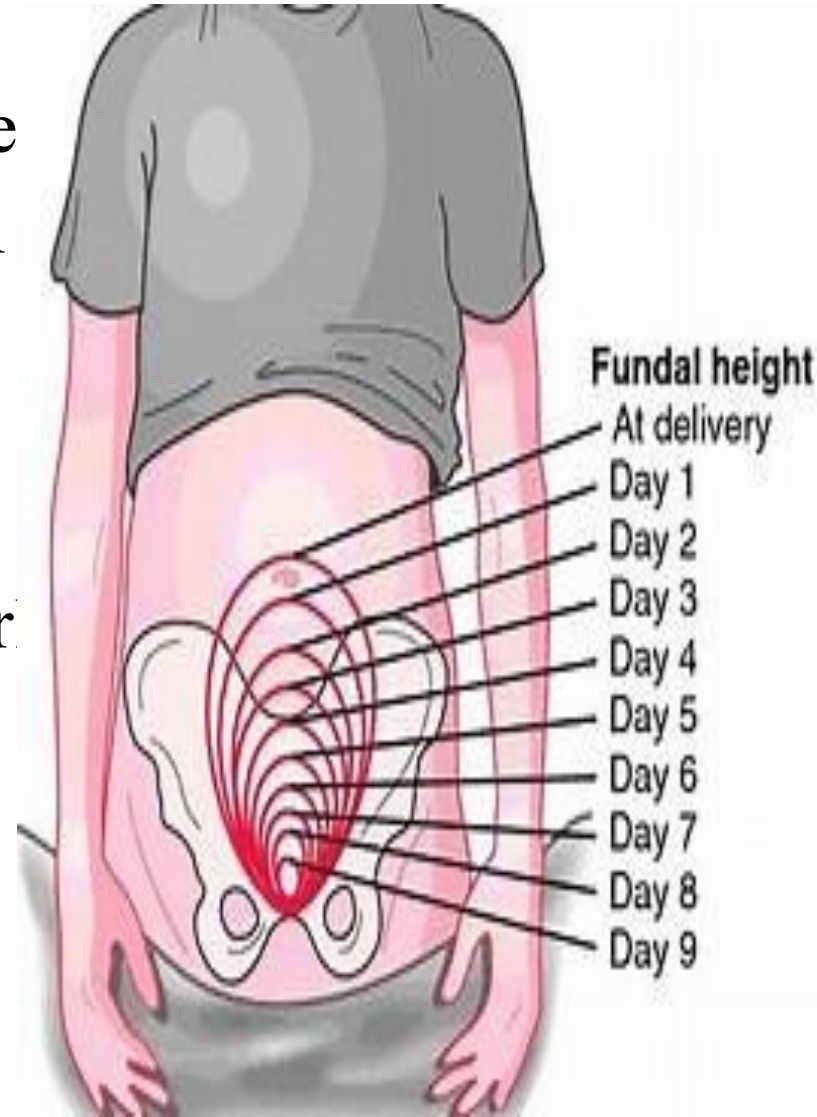
- Palpate the uterus

One hand remains cupped against the uterus at the level of the symphysis pubis to support the uterus.



The other hand is cupped to massage and gently compress the fundus toward the lower uterine segment.

- have the patient feel her uterus as you explain the process of involution
- should be firm and well contracte
- located midline midway between umbilicus
- After 6 to 12 hours it is found at the level of umbilicus
- If uterus is not involuting proper check for infection, fibroids and lack of tone



- Uterus return to normal within 6-8 weeks.
- Fundus goes down 1 finger breath/day until the 10th day)
- On the first wk the uterus weighs 1000grams
- On the second wk the uterus weighs 500grams
- After six weeks the uterus weighs 50 grams

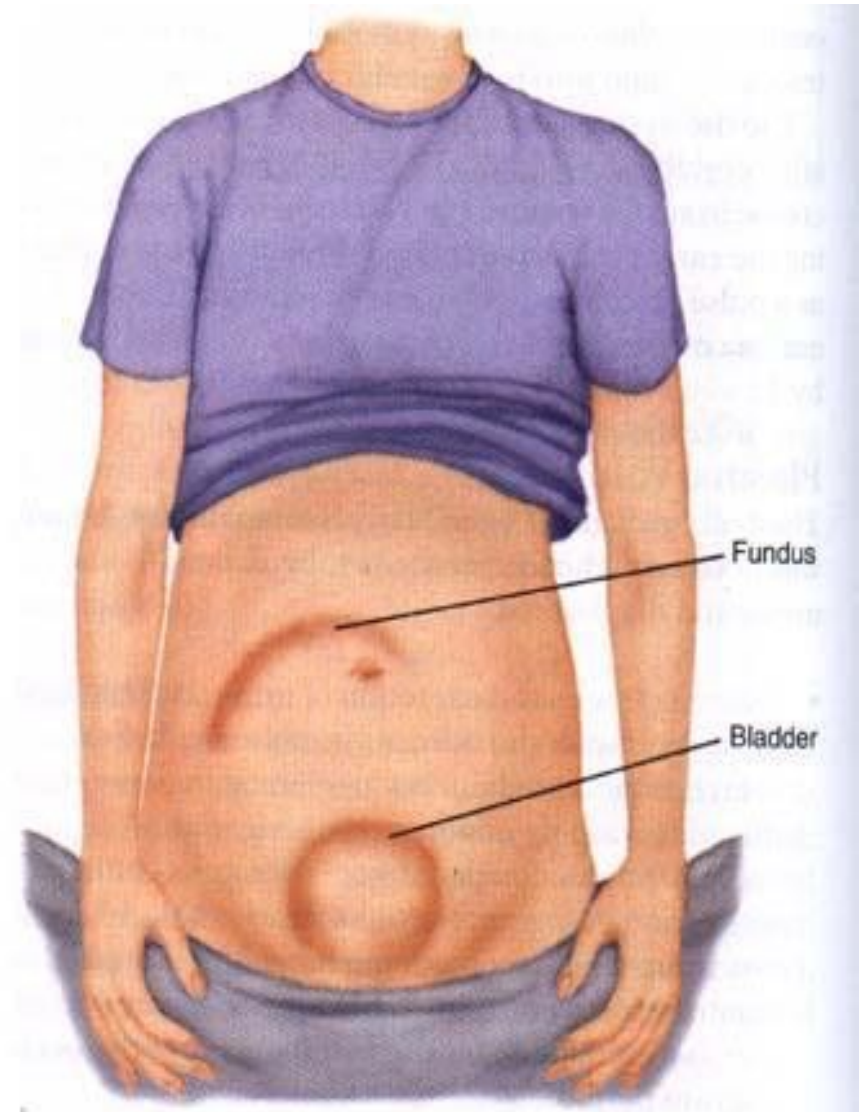
FACTORS THAT ENHANCE UTERINE INVOLUTION

- uncomplicated labor/birth
- complete expulsion of placenta
- breastfeeding
- ambulation

BLADDER

- Inspect and palpate the bladder simultaneously while checking the height of the fundus

(uterus displacement when there is bladder distention)



- void within 6 to 8 hours
- CS- retain catheter for 24 hours
- check voiding after 6 to 8 hours
- ambulate to void
- an order from the physician is necessary if catheterization will be done. An order for culture and sensitivity test since definitive treatment may be required.
- talk to mother about proper perineal care.
- explain that she should wipe from front to back after voiding and defecating.

BOWEL FUNCTION

- Question patient daily about bowel movements. She must not become constipated. If her bowels have not functioned by the second postpartum day, the doctor may start her on a mild laxative

LOCHIA

- vaginal discharge classified according to its appearance and color
- one way to determine the healing of the placental site
- Uterine flow, consisting of blood, fragments of decidua, white blood cells, mucus and some bacteria.

Type of lochia	Color	Duration (Day)	Composition
<i>Lochia rubra</i>	Red	1 to 3	Blood fragments of decidua, and mucus
<i>Lochia serosa</i>	pink or brown	3 to 10	blood, mucus, and invading leukocytes
<i>Lochia alba</i>	white	10 to 14	largely mucus, leukocyte

The Stages of Lochia

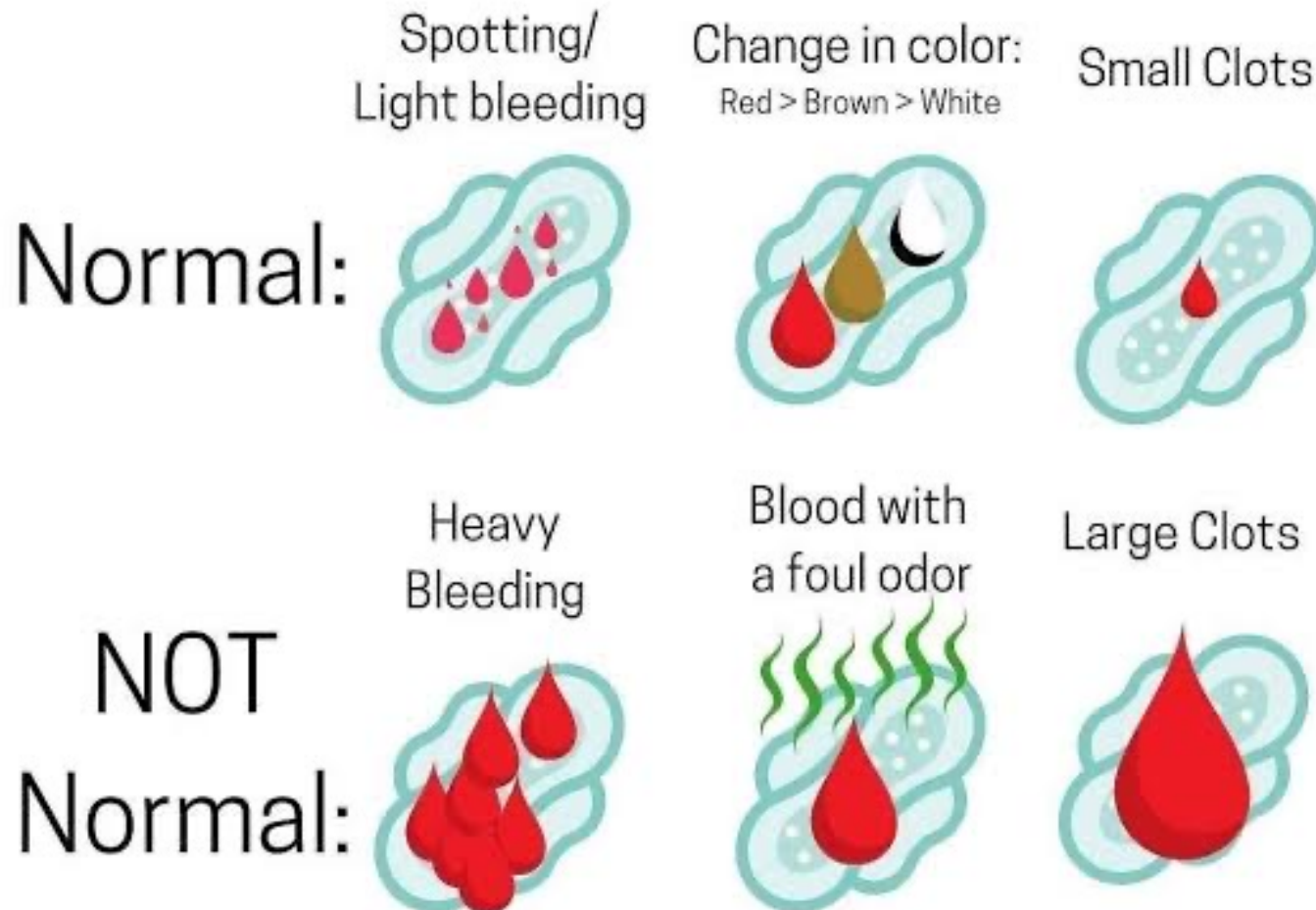
LOCHIA RUBRA	LOCHIA SEROSA	LOCHIA ALBA
		
<ul style="list-style-type: none">• Dark or bright red• Lasts 3-4 days• Heavy flow• Small clots are normal	<ul style="list-style-type: none">• Pinkish brown• Lasts 4-12 days• Moderate flow• Less bloody; more watery	<ul style="list-style-type: none">• Yellowish white or brown• Lasts 12 days - 6 weeks• Light flow or spotting• Little to no blood

- inform the mother about what changes she should expect in the lochia and when it should cease
- Tell the mother when her next menstrual period will probably begin and when she can resume sexual relations.
- Discuss family planning at this time

Postpartum Bleeding

What is normal and when should you be concerned?

@Postpartum.PUSH



EPISIOTOMY

- inspect episiotomy thoroughly using flashlight if necessary, for better visibility
- check rectal area. If hemorrhoids are present, the doctor may want to start on sitz bath and local analgesic medication. Reassure patient and answer questions she may have regarding pain, cleanliness and coitus.

HOMAN'S SIGN

- Severe calf pain upon dorsiflexion
- Nursing Management (prevention): Early ambulation

Homan's Sign

- Press down gently on the patient's knee (legs extended flat on bed) ask her to flex her foot (dorsiflexion)



Emotional status

- throughout the physical assessment, notice and evaluate the mother's emotional status
- explain to the mother and to her family that she may cry easily for a while and that her emotions may shift from high to low. The changes are normal and are probably caused by the tremendous hormonal changes occurring in her body and by her realization of new responsibilities that accompany each child's birth.

Postnatal exercises

- ***Abdominal breathing***

Lying flat on her back, a woman should breathe slowly and deeply in and out 5 times, using her abdominal muscles. Check by watching her abdominal wall rise that she is actually using these muscles.

- ***Chin to chest***

Lying on her back with no pillow, a woman raises her head and bends her chin forward on her chest without moving any other part of her body.

- ***Perineal contraction***

She should tighten and relax her perineal muscles 5 times in succession as if she were trying to stop voiding(kegel's exercises).

- ***Arm raising***

It helps both the breasts and the abdomen return to good tone .Lying on her back until they are perpendicular to her body. She then raises them over her body until her hands touch and lowers them slowly to her sides. She should rest a moment,then repeat the exercise 5 times.

- ***Leg raising***

The woman lies supine, she raises one leg upward and then, very slowly, lowers it again. She repeats this with the other leg. She should feel her abdominal muscles tense as she lowers her leg.

- ***Sit-ups***

Lying flat on her back, a woman fold her arms across her chest and raises herself to a sitting position, keeping her knees outstretched and unbent

References

- Pillitteri
- Lippincott, Williams and Wilkins

GOOD DAY!!!!