



Chapter 3

POSTPARTUM NURSING

The puerperium is a time of considerable physiological and psychological adjustment. In an effort to facilitate a healthy adjustment, nursing interventions during the postpartum period must be based upon an accurate obstetrical history and an awareness of family reactions.

A specific emphasis on individualized, client-driven postpartum teaching, including both self care and newborn care, is essential. Nursing care should be flexible and organized in collaboration with the woman so as to address her individual needs and the needs of the family as a unit.

Physical Assessment

1. **Temperature**
 - May be elevated in the immediate postpartum period due to dehydration and the stress of labour
 - An elevation persisting, or occurring after the first 24 hours may be a sign of infection and the physician should be notified.
2. **Pulse**
 - Bradycardia is common
 - Tachycardia may indicate haemorrhage (early sign), or infection
3. **Respiration**
 - Should be in the normal adult range
4. **Blood Pressure**
 - Hypertension may be a persisting sign of pre-eclampsia, or chronic hypertension
 - Hypotension may be due to excessive blood loss
5. **Breasts and Nipples**
 - Assess for engorgement
 - Examine nipples for cracks or fissures
 - Do not restrict fluids

6. **Fundus**

- Before assessing uterine fundal height, position, and tone, ask the woman to empty her bladder
- The nurse should ask about completeness of bladder emptying as well as any discomfort on voiding

7. **Lochia**

- Assess the lochia for colour, amount, odour, and presence of clots
- Lochia will be heavier in the morning and during breast-feeding
- Notify the physician if lochia rubra persists or returns, or if the lochia is malodorous, or large clots are passed

8. **Perineum**

- With the woman on her side and knees bent, elevate the superior buttock to expose the perineum
- Inspect the area for healing, bruising, hematoma formation and haemorrhoids
- Assess the state of the perineum even if it is intact
- Ice packs are soothing for the first 12 - 24 hours (even if the perineum is intact)
- The woman is encouraged to use hand held showers at least twice daily as comfort dictates
- Counsel women who have sustained a 3° or 4° tear / extension regarding diet and stool softeners

9. **Calves**

- Palpate the woman's calves for warm, tender areas
- The presence or absence of Homan's sign (ie: pain in the calf when the foot is dorsiflexed) should be noted, and a positive sign reported, as this may be an indication of thrombophlebitis
- **Thrombotic events increase tenfold during the postpartum period**, therefore activity and hydration is encouraged

10. **Rubella**

- Vaccination is offered if the woman is not rubella immune

11. **Rh Immune Globulin** (See Chapter 25)

- Women who are Rhesus negative without antibodies, and who have had a Rhesus positive baby are given Rh Immune Globulin within 72 hours of the birth
- A Kleihauer test is done to ensure that the appropriate amount of Rh immune globulin has been given.

Charting

1. Flow sheets should be employed using the parameters discussed earlier. This will keep narrative notes to a minimum.
2. Postpartum teaching of such aspects as self care, infant care, exercises, infant feeding, and contraception are recorded on separate Postpartum Teaching Records.
3. Family adjustment and the mother's psychologic adjustments are discussed in the progress notes.
4. Any special needs and follow-ups are documented.

Family-Centred Postpartum Care

1. A maximum of 4 - 5 mother / baby pairs are cared for by 1 nurse.
2. Provided mother and baby are well, the baby is kept at mother's bedside during the postpartum stay.
3. Self care and self-medication programs are recommended.
4. Scheduled routines are strongly discouraged.
5. A central dining / sitting area where mothers can meet and discuss their concerns is desirable.
6. Availability of a lactation counsellor is necessary to staff and mothers in aiding and promoting breastfeeding.
7. Signs saying, "DO NOT ENTER" or "VISITORS WELCOMED" that the mother controls are useful on the doors of postpartum rooms.
8. The mother (parents) is (are) present for the physician's discharge examination of the baby. The assessment is done at the mother's bedside, or in the nursery.

Recommended Reading

1. Pacific PostPartum Support Society, Postpartum Depression and Anxiety, Vancouver, 2001.
2. Health and Welfare Canada, **Family-Centred Maternity and Newborn Care National Guidelines**, 2000.