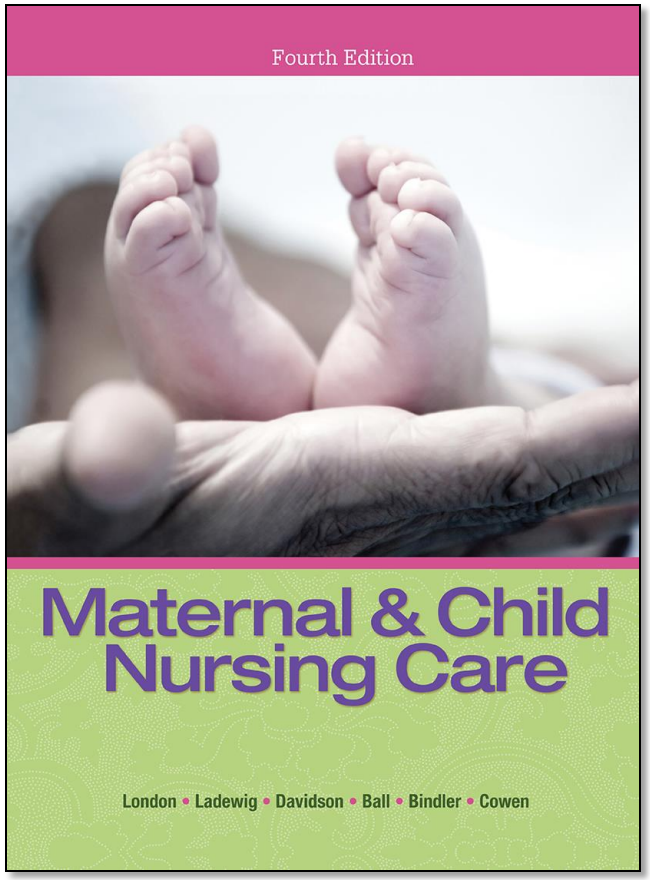
MATERNAL & CHILD NURSING CARE

FOURTH EDITION



CHAPTER 31

The Postpartum Family at Risk

Postpartum Hemorrhage

Learning Outcome 31-1

Identify the causes, contributing factors, signs and symptoms, clinical therapy, and nursing interventions for early and late postpartum hemorrhage.

Postpartum Hemorrhage

- Early (immediate or primary)
  - Occurs in first 24 hours after childbirth
- Late (delayed or secondary)
  - Occurs from 24 hours to 6 weeks after birth
- Blood loss greater than 500 mL (vaginal) or 1000 mL (cesarean)

Causes of Postpartum Hemorrhage

- Uterine atony
- Lacerations of the genital tract
- Episiotomy
- Retained placental fragments
- Vulvar, vaginal, or subperitoneal hematomas

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Causes of Postpartum Hemorrhage

- Uterine inversion
- Uterine rupture
- Problems of placental implantation
- Coagulation disorders

Nursing Interventions

- Uterine massage if a soft, boggy uterus is detected
- Encourage frequent voiding or catheterize the woman
- Vascular access
  - Fluid replacement and transfusion
    - Monitor for fluid overload
    - Blood
      - Blood products

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Nursing Interventions

- Assess abnormalities in hematocrit levels
- Assess urinary output
- Compare vital signs, lochia to baseline
- Elevate legs to 30 degrees
- Keep comfortable
- NPO in case of surgery
- Anticipate intensive monitoring
- Anticipate, request additional resources
- Encourage rest and take safety precautions

Early (Primary) Postpartum Hemorrhage

- Clinical therapy
  - Venous access
  - Bimanual massage
  - Uterine stimulants

Early (Primary) Postpartum Hemorrhage

- Clinical therapy
  - Management by uterine arterial embolization
    - Woman must be hemodynamically stable
    - May not be available in rural settings

Early (Primary) Postpartum Hemorrhage

- Lacerations of the genital tract
  - Factors that predispose
    - Nulliparity
    - Epidural anesthesia
    - Forceps- or vacuum-assisted birth
- Retained placental fragments
  - Most common cause of late PPH
  - Inspect placenta for intactness

Early (Primary) Postpartum Hemorrhage

- Vulvar, vaginal, pelvic hematomas
  - Risks factors
  - Small
    - Ice packs, analgesia
  - Larger
    - Evacuated with incision and drainage
    - Risk for infection

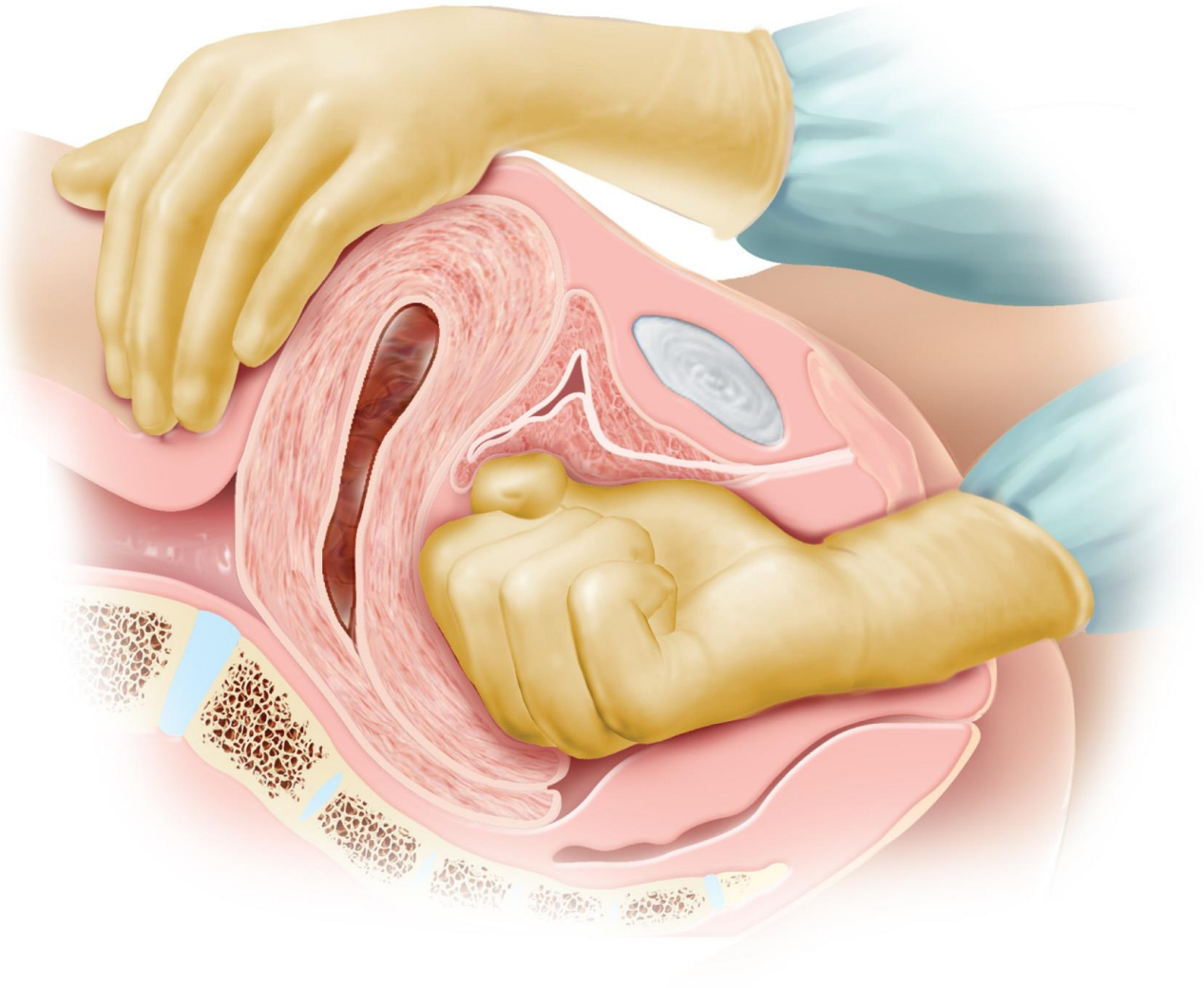
Early (Primary) Postpartum Hemorrhage

- Uterine rupture
  - Acute, severe abdominal pain
  - Risk factors
  - Immediate surgery
- Coagulation disorders (coagulopathies)
  - Bleeding with no identifiable cause

Late Postpartum Hemorrhage

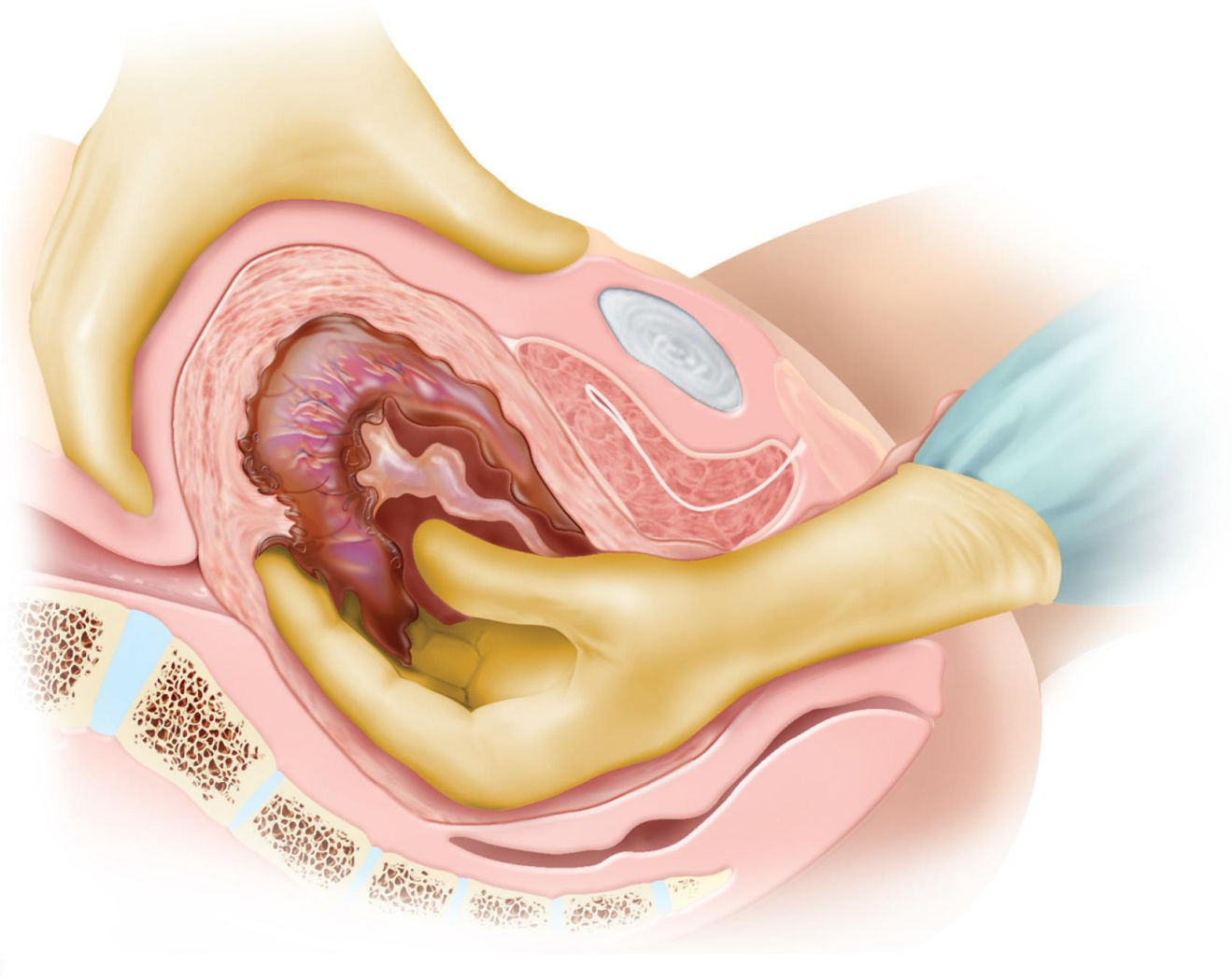
- Subinvolution
  - Enlarged, softer than normal uterus
  - Oral methylergonovine maleate (methergine) 0.2 mg
  - Antibiotics if infection present

Figure 37–1A Manual compression of the uterus and massage with the abdominal hand usually will effectively control hemorrhage from uterine atony.



A

Figure 37–1B Manual removal of placenta. The fingers are alternately abducted, adducted, and advanced until the placenta is completely detached. Both procedures are performed only by the medical clinician.



B

Self-Care Measures: Postpartum Hemorrhage

- Fundal massage, assessment of fundal height and consistency
- Inspection of the episiotomy and lacerations if present

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Self-Care Measures: Postpartum Hemorrhage

- Report
  - Excessive or bright red bleeding, abnormal clots
  - Boggy fundus that does not respond to massage
  - high temperature, or any unusual pelvic or rectal discomfort or backache

Reproductive Tract Infection

Puerperal Infection

TABLE 37–3 Common Causative Organisms in Metritis

Aerobes	Anaerobes
• Group A, B, D streptococcus	• *Peptostreptococcus*
• *Enterococcus*	• *Clostridium* species
• *Staphylococcus* species	• *Bacteroides* species
• *Escherichia coli*	• *Chlamydia trachomatis*
• *Klebsiella pneumoniae*	• Genital mycoplasma
• *Proteus mirabilis*	
• *Gardnerella vaginalis*	
• *Neisseria gonorrhoeae*	

Source: Data from Duff, P. (2014). Maternal and fetal infectious disorders. In R. K. Creasy & R. Resnik (Eds.), *Maternal–fetal medicine: Principles and practice* (7th ed., pp. 823–851). Philadelphia, PA: Saunders; Poggi, S. B. H. (2013). Postpartum hemorrhage & the abnormal puerperium. In A. H. DeCherney, L. Nathan, & A. S. Roman (Eds.), *Current diagnosis & treatment: Obstetrics & gynecology* (11th ed., pp. 349–368). New York, NY: McGraw-Hill.

Assessment of Infection

- Fever: Temperature of 38° C or higher on any 2 of the first 10 days postpartum
- Malaise
- Abdominal pain
- Foul-smelling lochia
- Larger-than-expected uterus
- Tachycardia

Nursing Assessment: REEDA Scale

- R: redness
- E: edema
- E: ecchymosis
- D: discharge
- A: approximation

Prevention of Infection

- Good perineal care
- Hygiene practices to prevent contamination of the perineum
- Thorough hand washing
- Adequate fluid intake
- Diet high in protein and vitamin C

Self-Care Measures: Puerperal Infection

- Activity and rest
- Medications
- Diet
- Signs and symptoms of complications
- Importance of completion of antibiotic therapy

Mastitis

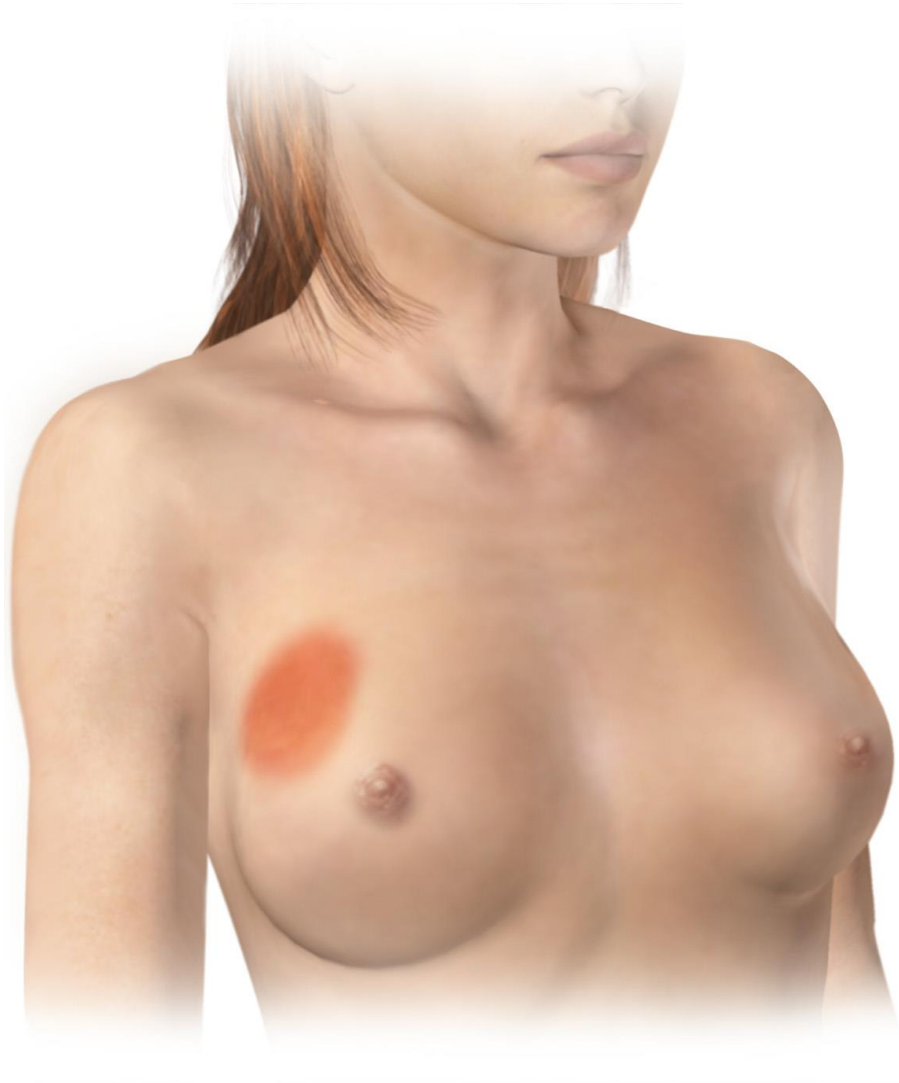
Care of the Woman with Postpartum Mastitis

- Mastitis
  - Infection of interlobular connective tissue in breast primarily in lactating women
- Local to abscess, septicemia
- Milk stasis

Care of the Woman with Postpartum Mastitis

- Bacteria invade breast tissue
- Breast/nipple trauma
- Obstruction of ducts
- *Candida albicans*
  - Baby will often have thrush

Figure 37–2 Mastitis. Erythema and swelling are present in the upper outer quadrant of the breast. Axillary lymph nodes are often enlarged and tender. The segmental anatomy of the breast accounts for the demarcated, often V-shaped wedge of inflammation.



Assessment of Mastitis

- Breast consistency
- Skin color
- Surface temperature
- Nipple condition
- Presence of pain

Table 31–4 Factors Associated with Development of Mastitis

MILK STASIS
Failure to change infant position to allow emptying all lobes
Failure to alternate breasts at feedings
Poor suck
Poor let-down
ACTIONS THAT PROMOTE ACCESS/MULTIPLICATION OF BACTERIA
Poor hand-washing technique
Improper breast hygiene
Failure to air dry breasts after breastfeeding
Use of plastic-lined breast pads that trap moisture against nipple
BREAST/NIPPLE TRAUMA
Incorrect positioning for breastfeeding
Poor latch-on
Failure to rotate position on nipple
Incorrect or aggressive pumping technique
Cracked nipples
OBSTRUCTION OF DUCTS
Restrictive clothing
Constricting bra
Underwire bra
CHANGE IN NUMBER OF FEEDINGS/FAILURE TO EMPTY BREASTS
Attempted weaning
Missed feeding
Prolonged sleeping, including sleeping through night
Favoring side of nipple soreness
LOWERED MATERNAL DEFENSES
Fatigue
Stress

Nursing Interventions

- Proper feeding techniques
- Supportive bra worn at all times to avoid milk stasis
- Good hand washing
- Prompt attention to blocked milk ducts

Self-Care Measures: Mastitis

- Importance of regular, complete emptying of the breasts
- Good infant positioning & latch-on
- Principles of supply & demand
- Importance of taking a full course of antibiotics
- Report flulike symptoms

Clinical Therapy

- Bedrest for 24 hours
- Increased fluid intake
- Supportive bra
- Frequent breastfeeding
  - Complete emptying of breast

Clinical Therapy

- Local application of warm, moist heat
  - Or ice packs
- Analgesics
- Antibiotics
- Continue breastfeeding
- Candida infections
  - Antifungal creams
  - Ointments, Diflucan (antifungal)

Clinical Therapy

- Abscess formation
  - I&D
  - IV antibiotics
  - Analgesics
  - Antipyretics

Self-Care Measures: Mastitis

- Regular, complete emptying of the breasts
- Good & changing infant positioning
- Good latch-on
- Principles of supply & demand
- Importance of taking a full course of antibiotics
- Report flulike symptoms

Thrombophlebitis

Learning Outcome 31-4

Identify the contributing factors, signs and symptoms, clinical therapy and nursing interventions for postpartum thromboembolic disease.

Care of the Woman with Postpartum Thromboembolic Disease

- Venous thrombosis
  - Three major causes (Virchow's Triad)
    - Hypercoagulability of blood
    - Venous stasis
    - Injury to epithelium of blood vessel
- Directly contributing factors
  - Increased amounts of certain clotting factors

Assessment of Thrombophlebitis

- Homan's sign
- Pain in the leg, inguinal area, or lower abdomen
- Edema
- Temperature change
- Pain with palpation

Prevention of Thrombophlebitis

- Avoid prolonged standing or sitting
- Avoid crossing the legs
- Take frequent breaks while taking car trips

Self-Care: Thromboembolic Disease

- Condition and treatment
- Importance of compliance and safety factors
- Ways of avoiding circulatory stasis
- Precautions while taking anticoagulants

UTI

Signs of UTI

- Frequency and urgency
- Dysuria
- Nocturia
- Hematuria
- Suprapubic pain
- Slightly elevated temperature

Nursing Interventions

- Good perineal hygiene
- Good fluid intake
- Frequent emptying of the bladder
- Void before and after intercourse
- Wear cotton underwear
- Increase acidity of the urine