RAMA UNIVERSITY

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# FACULTY OF NURSING SCIENCES

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# Minor Discomforts during the Postpartum Period

## Minor Complaints

They are minor complaints felt by the parturient during postpartum period. Simple nursing measures (interventions) are needed to alleviate these complaints.

## After-pains

- It is a spasmodic colicky pain in the lower abdomen during the early postpartum. days due to vigorous contractions of the uterus. It is more common and more severe in multiparas due to weak muscle tone. Conditions with increased intra abdominal pressure e.g. polyhydraminos, multiple pregnancy, large size infant.

- **Predisposing factors:**
  - Presence of blood clots, piece of membranes or placental tissue.
  - Breastfeeding increases after-pain.
- **Nursing management:**
  - Simple uterine Massage.
  - Reassurance and simple explanation of the cause. Proper positioning (prone,sitting).
  - Offering warm drinks.
  - Mild sedatives on doctor's orders (before feeding).
  - Avoid full bladder.
  - Encourage abdominal muscle exercises and pelvic floor muscle exercises.

# Urinary Retention

- **It is the inability to excrete urine, i.e. urine is accumulated within the urinary bladder. A common complaint during the first few days after labor.**
- **Causes:**
  - **Laxity of the abdominal muscles.**
  - **Inability to micturate in the recumbent position.**
  - **Reflex inhibition due to stitched perineum or bruised urethra.**
  - **Atony of the bladder.**
  - **Compression of the urethra by edema or haematoma.**

## Treatment:

- Urine should be passed approximately 8-12 hrs. after delivery. If not, the following measures should be attempted:
  - Perineal care with warm water.
  - Privacy and reassurance.
  - Warm bedpan.
  - Listening to the sound of running water.
  - Hot-water bottle over the symphysis pubis.
- If these measures fail, catheterization should be performed using complete aseptic technique.

# Constipation

**An abnormal infrequent and difficult evacuation of feces may occur during the first few days postpartum.**

- **Nursing management: health teaching should consider the following:**
  - **Diet rich in roughage.**
  - **Increase fluid intake.**
  - **Milk before bedtime.**
  - **Exercises.**
- **After 72 hrs a glycerin suppository, or mild laxative, may be administered as ordered.**

# Engorged Breast

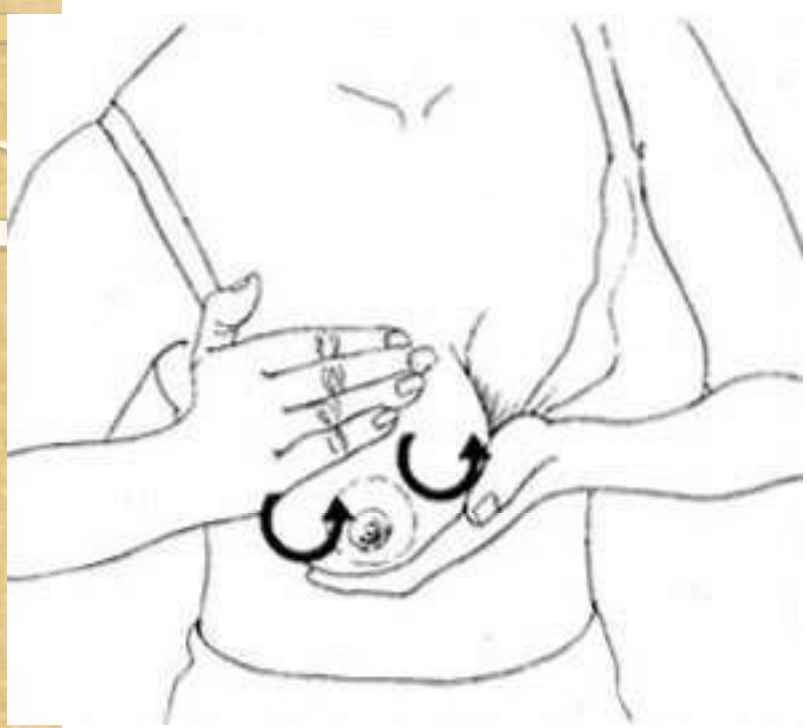
- It is an accumulation of increased amounts of blood and other body fluids as well as milk in the breasts. This condition occurs frequently about the 3rd day postpartum, especially in primiparas. It is due to lymphatic and venous engorgement, and is relieved when milk comes out.
- **Causes:**

  Inadequate and/or infrequent breastfeeding.
- Inhibited milk ejection reflex.

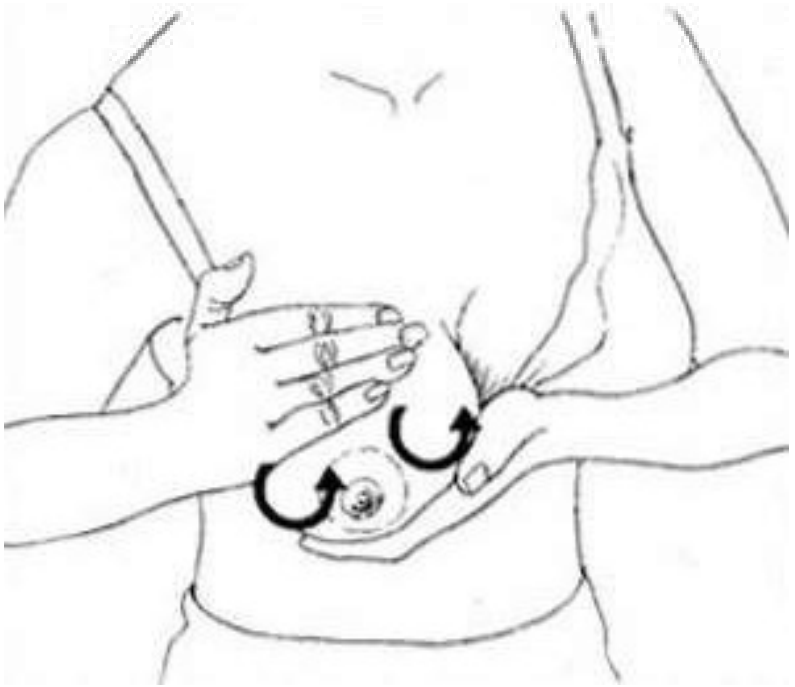
- **Signs and symptoms:**
- **Breasts are firm, heavy (due to blocked ducts), swollen, tender and hot (37.80C).**
- **Pain may be present leading to irritability and insomnia. The mother may refuse to nurse the infant.**
- **Nursing management:**

- **Apply moist warm packs to the involved breast 2-3 minutes before each feeding.**
- **Massage and manual expression of milk to relieve areolar engorgement before feeding. This facilitates attachment.**

## Massaging the Breast



## Stroking the Breast



- **Cold application after feeding.**
- **A well-fitting bra should be used to provide support and comfort.**
- **Mild analgesics may be ordered. Syntocinon inhalation may be prescribed. In severe cases, administration of 2 doses of diuretic (as Lasix 40 mg) is effective.**

# Cracked Nipple

- Fissured nipple occurs in about half of the nursing mothers at one time or another. Nipple tenderness and soreness are usually the result of trauma and irritation.
- **Causes**
- Improper antenatal care.
- Improper technique of breastfeeding.
- Unnecessary prolonged lactation.
- Flat or large size nipple excoriation.
- The use of irritating substances e.g. soaps,lotions.
- Conditions as candidiasis, and contact dermatitis.
- Engorgement of the breast.
- Blond and redheaded women usually have delicate skin that may be predisposed to cracking.

- **Signs and symptoms:**

  **Irritation of the nipple in the form of minute blisters, or petechial spots.**
- **Persistent pain and tenderness.**
- **Bleeding.**
- **Inflammation signs.**
- **Nursing management:**

  **Proper technique of breastfeeding should be followed.**
- **Apply moist heat and massage before feeding (3-5 mm).**
- **Frequent, short feedings.**
- **Air/sun exposure.**
- **Avoid engorged breast.**
- **Avoid irritating materials.**
- **Use supportive bra.**
- **Mild analgesic and panthenol ointment may be used.**
- **Treatment of candidiasis and dermatitis.**

# Perineal Discomfort

- It usually occurs due to presence of tears, lacerations, episiotomy and edema.
- Nursing management:
  - Frequent perineal care under aseptic technique. (the area should be kept clean and dry).
  - Soaks of magnesium sulphate compresses in case of edema.
  - Expose to dry heat (electric lamp) will help the healing process.
- Health education that includes:
  - Perineal self care.
  - Position (lateral with a pillow between thighs).
  - Diet: rich in protein.
  - Sources of strain such as coughing, constipation and carrying heavy objects should be avoided.
  - Encourage pelvic floor muscle exercises.
  - Avoid infection.
  - The use of cotton underwear

# Postpartum Blues (Depression)

- **Reva Rubin defined postpartum blues as "the gap between the ideal and reality: the new mother's expectations may exceed her capabilities, resulting in cyclic feelings of depression". This condition is usually temporary and may occur in the hospital. The condition is partly due to hormonal changes, and partly due to the ego adjustment that accompanies role transition.**
- **Manifestations:**

  **Disturbed appetite and sleeping patterns.**
  **Discomfort, fatigue and exhaustion.**
- **Episodes of crying for no apparent cause.**
- **The mother may experience a let down feeling accompanied by irritability and tears which often relieves the tension.**
- **Guilt feeling at being depressed.**

- **Predisposing factors:**
- **The first pregnancy or pregnancy in late childbearing age.**
- **Social isolation.**
- **Ambivalence toward the woman's own mother.**
- **Prolonged, hard labor.**
- **Anxiety regarding finances. Marital disharmony.**
- **Crisis in the family.**

**Nursing management:**

**Reassurance, understanding, and anticipatory guidance will help the parents become aware that these feelings are a normal accompaniment to this role transition.**

# Postpartum Visits

## The FirstVisit

- This visit is carried out 3-4 weeks after labor in order to assess the degree of involution of the body in general, and of the genital tract in particular. General and local examinations are performed. The client's condition is evaluated through various medical and nursing activities that include:
- Measuring and recording of blood pressure.
- Estimation of the hemoglobin percentage, and aggressive treatment of anemia, if present.
- Urine analysis for sugar and albumen.
- Thorough examination of the breasts and nipples for early detection and treatment of abnormalities.

- **Examination of abdominal muscles, perineum, perineal wounds and nature of lochia to asses the degree of involution of these parts, and to exclude the presence of infection.**
- **Careful and thorough examination of: size of the uterus, its position, adnexal masses, tenderness, the condition of the cervix (such as lacerations or erosions) as well as the condition of the pelvic floor. Management of any lesion should be readily started**

## The SecondVisit

- **This visit is done at the end of the 6 postpartum week. It is carried out along the same lines as the first postnatal visit with the institution of more active treatment for certain lesions:**
- **If retroversion flexion (RVF) is still present a pessary must be inserted.**
- **Cervical erosion may call for cauterization.**
- **Subinvolution calls for more energetic treatment.**

- **<u>Health teaching items at this time include advice in relation to:</u>**
  - **Sexual intercourse, which should be prohibited during the first six postpartum weeks, and allowed after that, provided that the woman is in good health, with a perfectly healed genital tract.**
  - **Spacing of pregnancies and counseling about the appropriate contraceptive method, which should be prescribed and may be started at once.**
- **If prolapse of the genital tract is present, it should be treated by pelvic floor muscle exercises and/or the insertion of a ring pessary. The patient should be advised to abstain from bearing down. Chronic cough and constipation should be treated for this purpose. However, operative treatment is not considered before the lapse of six months when total involution of the genital tract is established.**

- **Health education to puerperal women at this time should also include instructions related to the possibility of encountering menstrual irregularities during the following months. These irregularities range from complete amenorrhea to oligo-menorrhea, hypomenorrhae or polymenorrhea.**

**Bleeding is expected at the end of the 6th puerperal week in the majority of patients. In non-lactating mothers, however,menstruation usually appears after 6-8 weeks. On the other hand, lactating women may have great variations in this respect: about 1/3 of them will start menstruation 3 months postpartum, and by the 6 month more than half of them will menstruate.**

# The Third Visit

- This is performed at the end of 3 months (12 weeks) by which time complete involution of the genital tract has occurred.
- General and local examinations are carried out, and any discovered lesion should be dealt with:
- Cervical erosions must be cauterized.
- Persistent RVF and/or prolapse should be managed properly.
- If lactational amenorrhea is present, the client should be instructed that this is not a bar against another pregnancy, and suitable contraceptive measures should be instituted.

# Discharge Instructions

**Patients and their families should be instructed to call the healthcare provider if the patient has any of the following:**

- **Fever**
- **Foul-smelling lochia**
- **Large blood clots, or bleeding that saturates a pad in 1 hour**

- **Discharge or severe pain from incisions**
- **Hot, red, painful areas on the breasts or legs**
- **Bleeding and severe pain in the nipples**
- **Severe headaches or blurred vision**
- **Chest pain or dyspnea without exertion**
- **Frequent, painful urination**

# Any Questions…???


THANK YOU