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# **Nursing Management of the Postpartum Period**

## **Introduction**

**Nursing care during the postpartum provides the means by which the parturient can restore her physical and emotional health, as well as gain experience in caring for her new born infant.**

# **Components of Care during the Postpartum Period**

- **Care of the mother:**
  - ❖ **Immediate care.**
  - ❖ **Subsequent daily care.**
  - ❖ **Care of the newborn infant.**

# **Objectives of Care during the Postpartum Period.**

## **Immediate care of the mother:**

- **Secure physical and mental rest, restore normal good muscle tone and maintain normal body functions.**
- **Provide proper adequate nutrition.**
- **Guard against infection.**




- **Teach the mother how to care for herself and the infant.**
- **Foster and maintain family ties and adjust the parents to their new role.**
- **To encourage breastfeeding**

# Nursing Assessment

**The first hour, after placental separation and birth, is under the management of the labor ward nurse:**

- **Observation of bleeding signs and symptoms by:**
    - ❖ **Palpating the fundus of the uterus through the abdominal wall.**
- Normally,**

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- ❖ **Inspecting the perineum and perineal pad for obvious signs of bleeding.**
  - ❖ **Taking and recording vital signs every 15 minutes for the first hour after labor.**
  - **Observation of legs for signs and symptoms of deep vein thrombosis (DVT): pain, warmth, tenderness, swollen reddened vein that feels hard or solid and positive Homan's sign**

# Postnatal Exercises

- Pelvic floor exercise
- Abdominal tightening
- Pelvic tilting or rocking
- Rectus gap
- Hip hitching
- Foot and Leg Exercise



## **I. Guidelines for postnatal exercise**

- Postnatal exercise is as important as antenatal exercise. Its duration needs not be long but it should be done twice or thrice a day. Repeat each set of movements about ten times in every session.
- Keep your breath smooth, work gradually according to your capability.
- A physiotherapist may make modifications to the exercise according to your physical conditions.

Note: This leaflet is only a partial introduction to postnatal exercise. You are advised to join a postnatal exercise class organised by physiotherapy department.

## **II. Purposes of postnatal exercise**

- Strengthen pelvic floor muscle to prevent incontinence
- Prevent low back pain
- Speed up the restoration of body shape
- Stimulate blood circulation and enhance appetite
- Maintain vitality and self-confidence which helps keep a happy mind

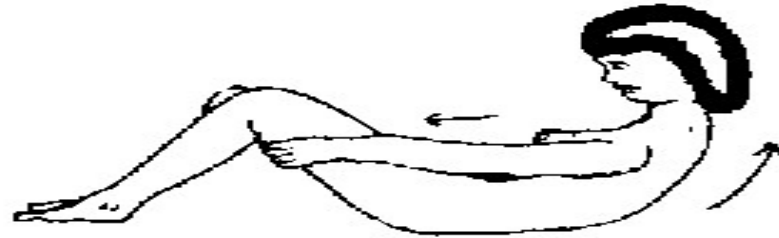
## **III. When should I start postnatal exercise after delivery?**

Two days after normal delivery, you can get off the bed to walk around and do postnatal exercise. If you had a caesarean section, you should not begin until advice is sought from a physiotherapist or a doctor.

1) Head Lift - immediately



2) Back Curl - after 2 weeks



Reach to knees.  
Then reach past  
right thigh,  
then left thigh.



3) Knee Rolls - after 2 weeks

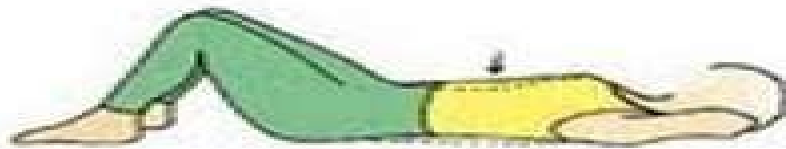


Knee Rolls - after 6 weeks

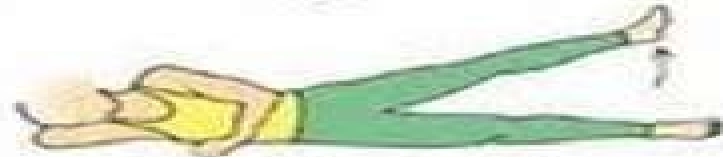


4) Sit Ups - after 6 weeks

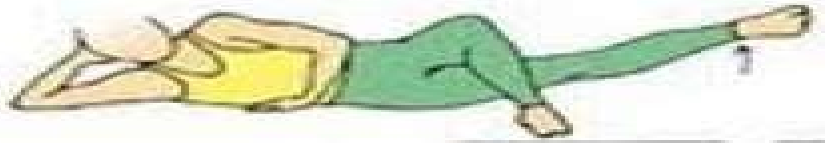
## Stretching and Strengthening Exercises After Delivery



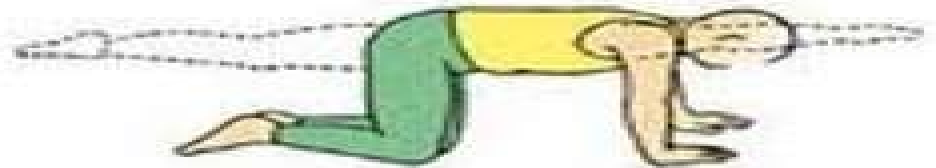
**Pelvic tilt**



**Side-lying leg lift**



**Side-lying leg lift (cross over)**



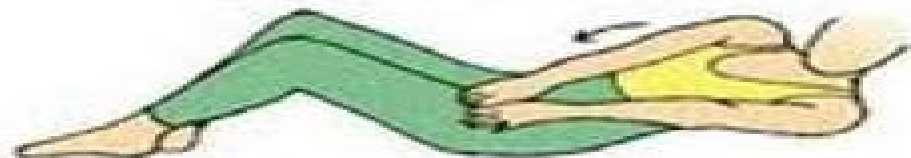
**Quadruped arm/leg raises**



**Wall squat**



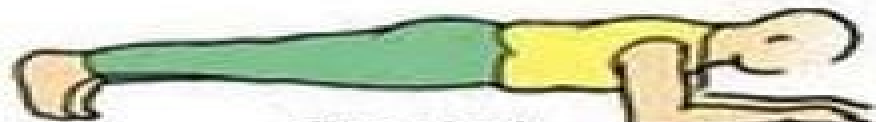
**Partial curl**



**Diagonal curl**



**Dead bug**



**The plank**


# Nursing Diagnosis Based on Assessment.

**Potential for :**

- **Postpartum bleeding.**
- **Deep vein thrombosis.**
- **Infection.**


## Nursing Plan and Implementation

- **Palpate the uterus: if it remains firm, well contracted and does not increase in size, it is neither necessary nor desirable to stimulate it.**
- ❖ **If it becomes soft and boggy because of relaxation, the fundus should be massaged immediately until it becomes contracted again.**

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- **If the uterus is atonic, blood which collects in the cavity should be expressed with firm, but gentle, force in the direction of the outlet. This is done only after the fundus has been first massaged because it may result in inversion of the uterus and lead to serious complications.**
  - **Administer oxytocin (e.g. ergometrine 5 mg.TM) as ordered to control bleeding and to promote involution.**
  - **Continue checking of vital signs.**
  - **Encourage urination because full bladder impedes involution and may cause atony of the uterus leading to excessive bleeding.**



- **Check lochial discharge for color, amount, consistency and presence of clots.**
- **Perineal care is performed under aseptic technique to prevent infection.**
- **Offer food to mother if the policy permits, and after vital signs are stable.**
- **Breast care may be employed.**
- **General hygiene: shower may be permissible to clean, comfort and refresh the mother (after vital signs are stable) according to the hospital policy.**
- **Encourage early initiation of breastfeeding to stimulate involution, lactation and to enhance emotional bonding.**

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- **Correct dehydration promptly by offering fluid intake (orally), or starting IV fluid as ordered.**
  - **Start leg exercises and early ambulation, especially following operative delivery.**
  - **Administer prophylactic anticoagulant therapy as ordered.**





# Nursing Care Plan and Implementation

- **After admission to the postnatal ward, subsequent daily care is implemented as follows:**


## General Aspects of Care


- **Check vital signs 2 times daily (morning and evening); observe for symptoms of hypovolemic shock and hemorrhage (fainting).**
- ❖ **A temperature of 38°C, or above, for two consecutive days after the first 24 hrs. is considered an early sign of puerperal infection.**
- ❖ **Bradycardia is a normal physiological phenomenon.**

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- **Palpate the uterus to assess firmness, level of fundus, and rate of involution of the uterus.**
  - **Administer oxytocin medication as ordered to promote involution.**
  - **Check lochia for color, amount, odor, consistency and presence of blood clots.**

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- **Observe perineum and suture line - if present - for redness, ecchymosis, edema or gapping. Check healing and cleanliness.**
  - **Provide for sufficient periods of rest and sleep in order to maintain physical and mental health, as well as to promote lactation (8 hr. night-time sleep and 2 hr. afternoon-nap are needed).**
  - **Proper positioning. During the first 8 hrs after labor, the mother is allowed to sleep in any comfortable position. After that, prone position or either lateral positions should be encouraged in order to facilitate involution, and to help drainage of lochia.**

**Sitting position is also recommended since it promotes contraction of the abdominal muscles, aids pelvic circulation, and helps drainage of lochia. Knee-chest position is indicated in certain conditions because it prevents RVF of the uterus and hastens its involution.**

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- **On the other hand, both supine and semi-sitting positions should be avoided.**
  - **Prevent infection: complete aseptic and antiseptic precautions should be followed during the early postpartum period to prevent infection.**
  - **Monitor laboratory reports for Hb, HCT, and WBC.**
  - **Observe for postpartum blues, which may be caused by a drop in hormonal levels on the 4th or 5th day.**

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- **Meet the mother's needs to enable her to meet the infant's needs.**
  - **Assist the mother with self-care and care of the infant as needed.**
  - **Stress the importance of postpartum examination, visits and follow up to assess involution, general health and wellbeing of the mother.**
  - **Evaluate client's response and revise plan as necessary.**
  - **Discuss community resources that provide maternal services.**
  - **Regular and frequent examination for early detection of complications such as engorged breast, cracked nipples, mastitis and breast abscess.**



❖ **Promote bladder and bowel function:**

- **Bladder: Marked diuresis is expected for 2-3 days following delivery: voiding should be encouraged within 6-8 hrs after labor. If no urine is passed after 12 hrs., usually occurs due to lax abdominal and bladder walls, spasm of the bladder sphincter secondary to pain from an episiotomy wound or lacerations and bruising of the urethra during delivery.**

**Being at bed rest for long periods of time with decreased movements of the body also contribute to the inability to pass urine. initiate simple nursing measure to induce voiding. If failed, catheterization, under complete aseptic technique is performed.**

- **Bowel: there may be no bowel action for a couple of days because the bowel has probably been emptied during labor. Glycerin suppository may be used to relieve constipation.**




## ❖ Diet:

- **Provide diet high in proteins and calories to restore tissues. A daily requirement of 3000-3500 cal/day is needed in the form of a well balanced diet rich in class proteins, calcium, iron, vitamin A, thiamine, riboflavin, and ascorbic acid. Liberal amounts of fluids are required (e.g. milk, juice ... etc.). Roughage and green vegetables are provided to prevent constipation.**

## ❖ Care of the perineum:

**The acronym REEDA is often used to assess an episiotomy or laceration of the perineum. REEDA stands for redness, edema, ecchymosis, discharge, and approximation.**

**Redness is considered normal with episiotomies and lacerations—however, if there is significant pain present, further assessment is necessary.**



**Excessive edema can delay wound healing and the use of ice packs during the immediate postpartum period is generally indicated.**

- **Inspect and observe for presence of episiotomy, lacerations, edema, pain or ulceration.**
- **Only sterile vaginal pads should be used**
- **Keep the area clean and dry by employing perineal care.**
- **use a sitz bath to aid in perineal healing. To avoid infection**
- **Teach the mother principals of self-care.**





## ❖ Medication :

- **Antibiotics must be prescribed if an episiotomy has been done or the vaginal tissues manipulated excessively. Ergometrine can be given to help in contracting the uterus better.**

**Laxatives may be given if the patient suffers from constipation (very common at this stage). Supplements of calcium, iron and Vit B-complex tablets may be given.**

- **If Rh negative mother, assess need for administration of RhO GAM.**
- **Give rubella vaccine if indicated.**




## ❖ Homan's Sign (DVT):

- **Homan's sign can be obtained by dorsiflexion of the foot. The presence of pain when eliciting the Homan's sign, is indicative of a deep vein thrombosis (DVT).**

**is important to note that that a DVT may be present despite a negative Homan's sign so nurses must monitor patients for other signs of a DVT.**

**Specifically, the lower extremities should be assessed for the following:**

- **presence of hot, red, painful, and edematous areas, all indicative of a DVT.**

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- **Assess the legs for adequate circulation by checking the pedal pulses and noting temperature and color, Pedal edema is normally present for several days after delivery as fluids in the body shift. However, lasting edema should be reported for further assessment.**
  - **Get patients to ambulate as soon as possible after delivery to improve circulation and prevent the development of thrombi. Teach them not to cross their legs for long periods of time and to keep the legs elevated while**

# **Care of the newborn infant:**

## **❖ Nursing assessment:**

- Observing the general condition.**
- Checking the cord.**
- Checking the infant's physical needs: cleanliness, feeding, warmth, sleep, protection from unsuitable environment.**
- Checking psychological needs: bonding, attachment.**




❖ **Nursing diagnosis: Potential for:**

- **Cord abnormalities: bleeding, discharge, hernia.**
- **Heat loss, hypothermia.**
- **Hazardous environmental factors.**
- **Psychological disturbance due to lack of bonding and attachment.**

❖ **Nursing plan and implementation:**

- **Carry out partial or complete bath to ensure cleanliness and comfort.**
- **Use proper clothing to keep the infant warm.**
- **Perform cord dressing.**
- **Encourage early, on demand and exclusive breastfeeding.**
- **Ensure adequate hours of sleep.**
- **Protect from environmental hazards.**

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- **Discuss infant care with mother: cleanliness, handling, clothing, cord care, feeding, bonding, diapering, circumcision of male infant, immunization, registration, and community resources.**
  - **Encourage early skin to skin contact, bonding and attachment**



## ❖ Contraceptive Methods

- Sex is not advisable for at least 6 weeks after delivery, i.e. in the postpartum period, as the tissues are fragile at this time and need time to recover. But, if necessary, barrier contraceptives like condoms should be used.
- barrier contraceptives are the ideal birth control method which should be used for the first 6 months after childbirth. This is because other birth control methods like oral contraceptive pills can cause a decrease in the milk production of the breasts.
- After 6 months, when the baby can be started on supplementary food, oral contraceptive pills can be prescribed. It is also possible to use intra-uterine devices like Copper-T after this period.

**Any  
Questions...???**







*Thank you*