

# Postpartum Recovery

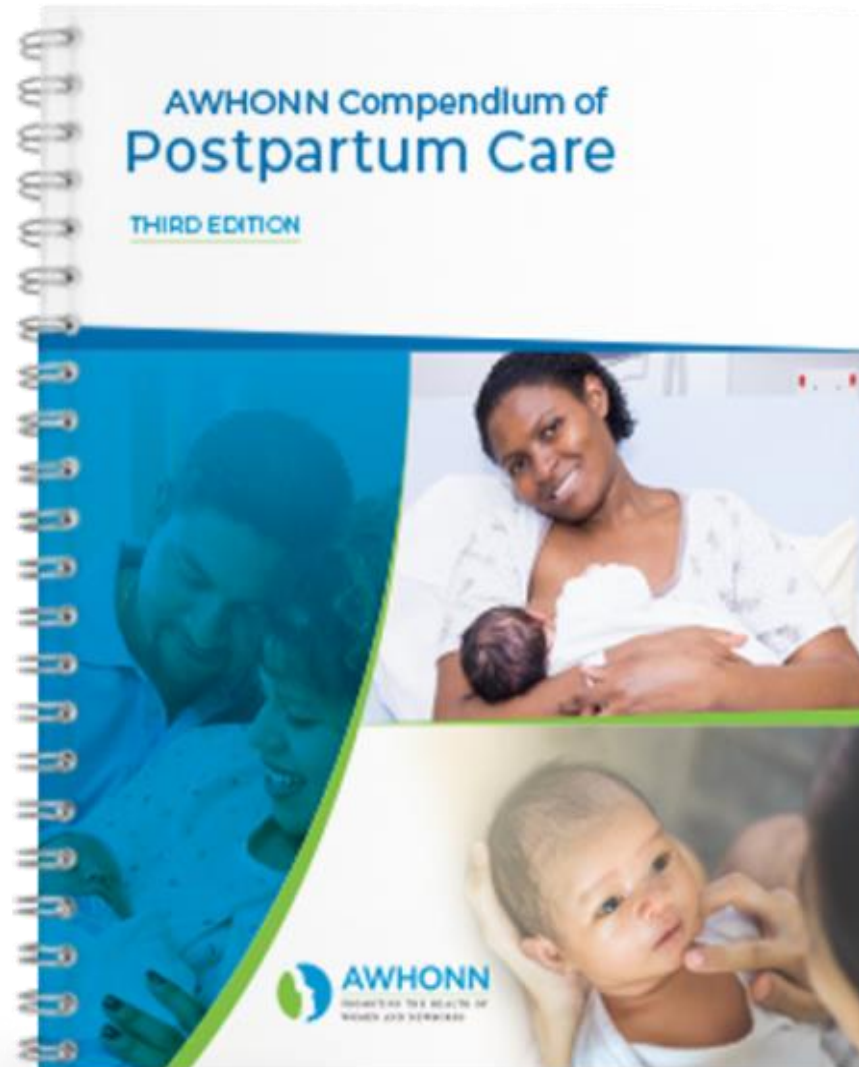
## Physiological Changes and Nursing Care

**Theresa (Bernie) Breslin DNP, RNC-OB, C-EFM,  
RNC-NIC**



**AWHONN**

PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS



**Great resource in hard copy  
and as a download 😊**

Member price \$59.95

Non-member price \$74.95

Member download price  
\$44.95

Non-member download  
price \$64.95

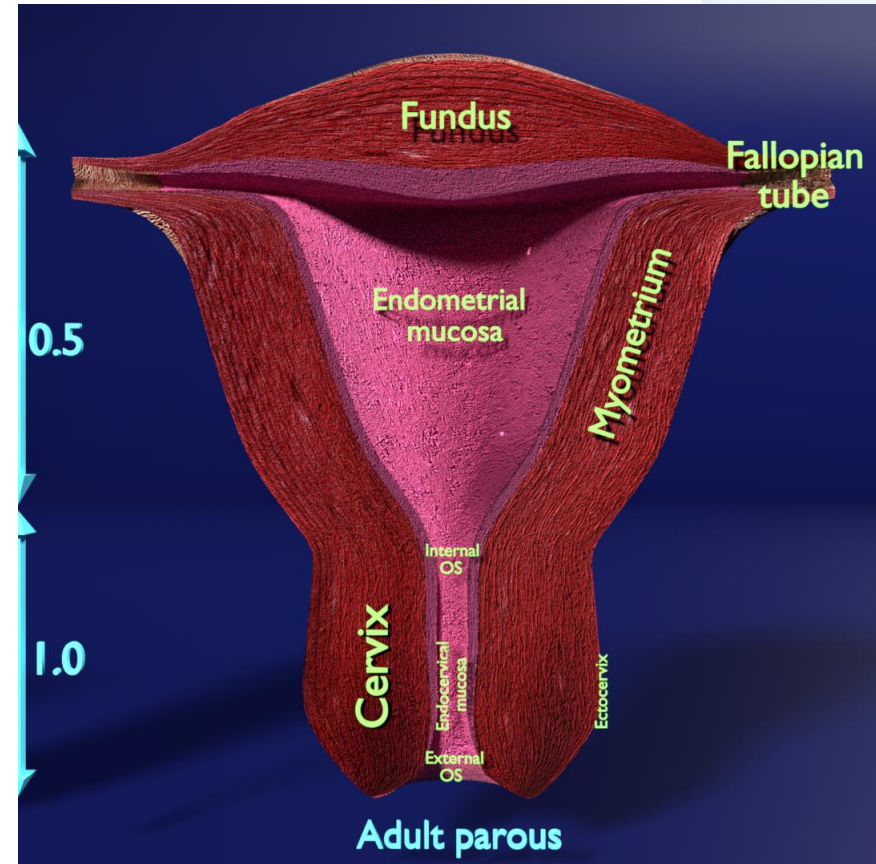


# Physiological changes in the postpartum period



# Uterus

- Placental separation occurs within **30 minutes** in 90% of patients
- Involution: Uterus returning to the pelvic cavity.
- 1cm or 1 fingerbreadth/day
- Firm, Midline



# Lochia

- Red 1-3 days
- Scant, moderate, heavy (more than 1 pad per hour)
- May increase with exercise

## Postpartum Lochia

### Lochia Rubra

Lasts until postpartum day 3-4  
Dark red in color  
Flows like a heavy period  
Can see clots

### Lochia Serosa

Begins on postpartum day 4-week 2  
Brownish-pink discharge  
Flows like the end of your period

### Lochia Alba

Last from 2-4 weeks  
Creamy white/yellowish discharge



POSTPARTUM  
TRAINER, MD



# Perineum

- REEDA to guide assessment of an episiotomy
- Hemorrhoids

R.E.E.D.A. for New Mamma Care

Postpartum Perineal Assessment

**r** Redness

**e** Edema

**e** Ecchymosis

**d** Discharge

**a** Approximation

Always Check:

- ✓ Episiotomy
- ✓ Tearing
- ✓ Hematoma Formation
- ✓ Hemorrhoids

OB Assessment  
student nurse learning card #6  
www.1studentnurse.com

Copyright ©2011 1studentnurse, LLC



# Breasts

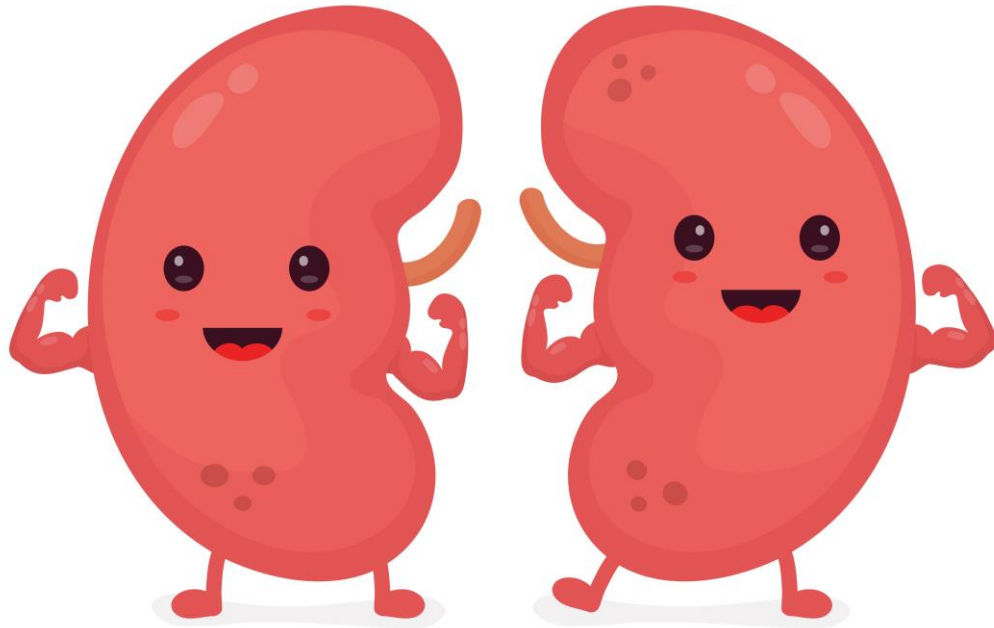
Increased vascularity  
and tenderness

Engorgement if not breastfeeding

Nipple trauma



# Renal System



Urinary retention may initially occur

Postpartum diuresis

Stress incontinence should diminish in 3 months





# Knowledge



**Which 2 hormones stimulate diuresis in the postpartum period?**

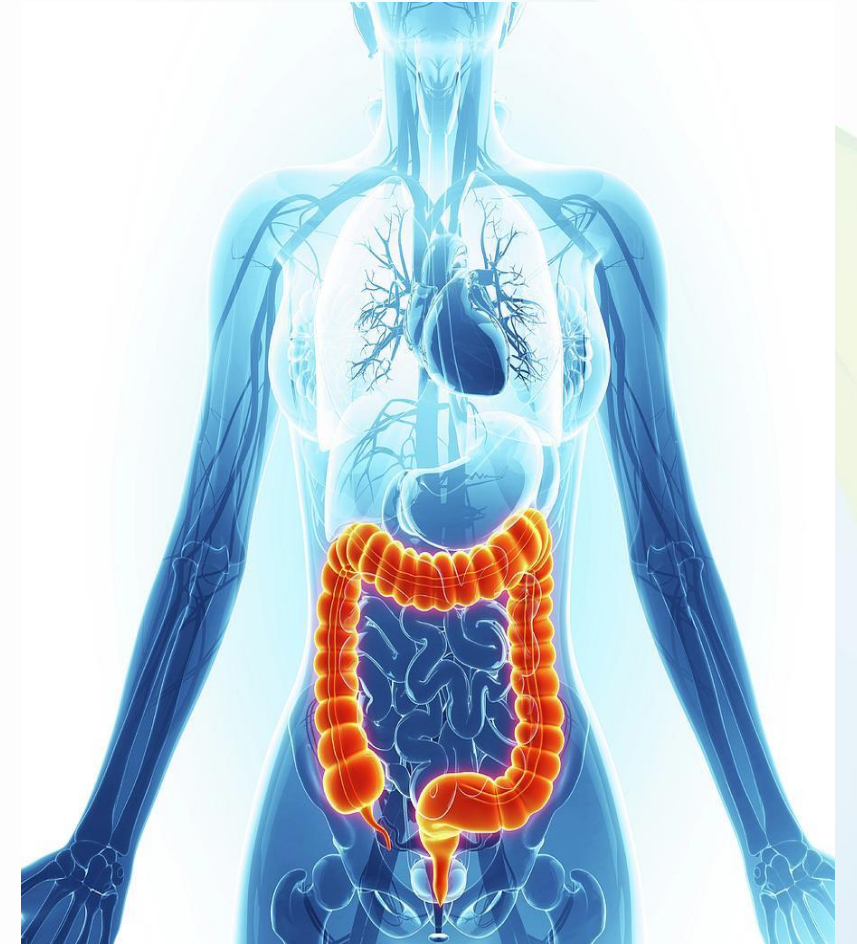


**AWHONN**

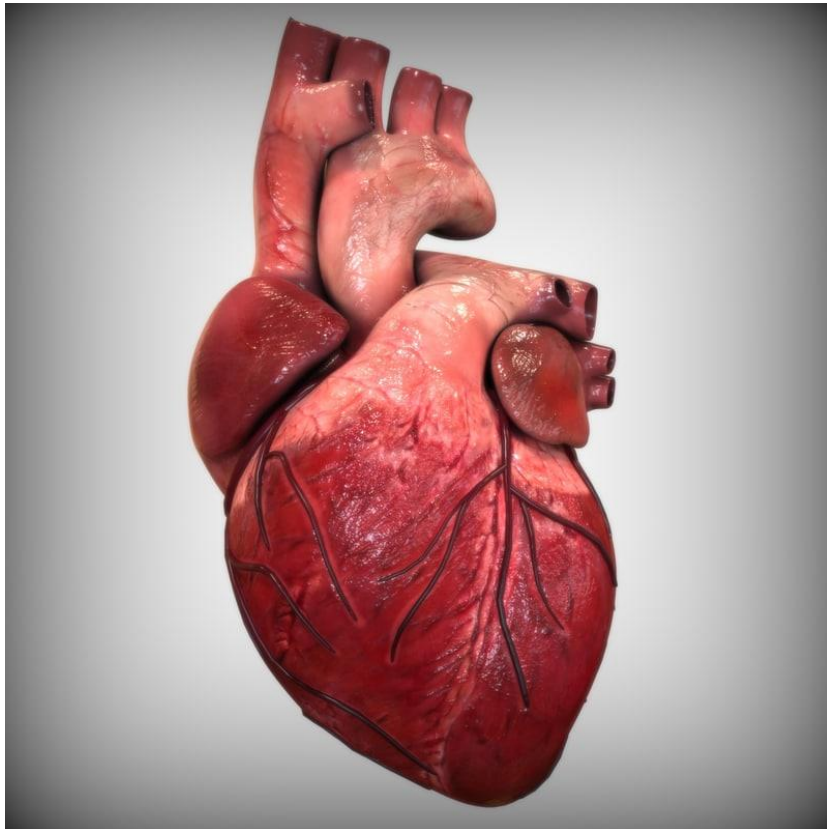
PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

# GI Changes

- Initially, decrease in tone causing gas and distension for 2-3 days
- Constipation common, encourage fluids and high fiber diet
- Warm or cold sitz baths for hemorrhoid discomfort
- Normal bowel patterns by 2 weeks postpartum



# Cardiovascular System



After delivery:

Cardiac output  $\uparrow$  60 %

Stroke volume  $\uparrow$  70%

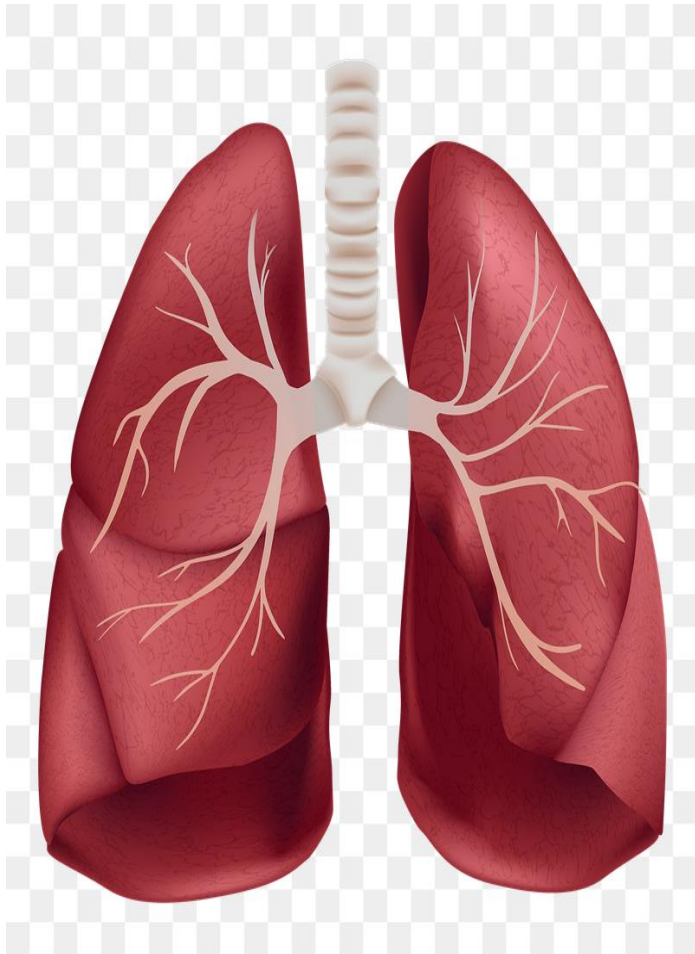
At 1-hour postpartum:

CO returns to prelabor levels

HR decreases by 15 %



# Respiratory Changes



- Immediate return to pre-pregnancy state
- Diaphragm descends and relieves dyspnea of pregnancy
- ↓ progesterone    ↑ PaCO<sub>2</sub> levels



# Skin, Muscle and Weight Changes

- Striae gradually fade
- Diastasis is resolved with exercise
- Joint instability resolves in 6-8 weeks



# Endocrine System



[woman-sad.jpg \(1600x1050\)\(urbanfaith.com\)](#)

Significant shifts in hormones lead to mood instability

First few weeks FSH and LH absent

Normal thyroid levels by 4-6 wks. Low levels may contribute to Perinatal Mood and Anxiety Disorder



# Knowledge



After delivery the cardiac output

- a. decreases
- b. increases
- c. is unchanged



**AWHONN**

PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

# Neurologic Changes

- Fatigue, sleep disturbance
- Pain, perineum, contractions, engorgement
- Headaches from fluid shifts
- Natural or pharmacologic comfort measures
- Psychosocial support is necessary





# Hematologic System

- $\downarrow$  in plasma volume  $>$  loss of RBC  
hematocrit levels  $\uparrow$  days 3-7
- 1-1.5 g  $\downarrow$  in hemoglobin = 500 mls blood loss
- 2-3 point  $\downarrow$  in hematocrit value = 500 mls blood loss
- Clotting factors and fibrinogen  $\uparrow$  weeks after delivery
- WBC  $\uparrow$  12,000- 25,000 for 4-7 days pp
- WBC  $\uparrow$  30% in a 6-hour period suggests sepsis



# Postpartum Nursing Care



**AWHONN**

PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

The immediate  
recovery period-  
vigilance and bonding



- Immediate STS
- Assessments done on parents' chest
- Capitalize on golden hour
- If resuscitation is required keep in proximity to parents



The logo for the AWHONN Postpartum Hemorrhage (PPH) Project. It features a large red teardrop shape on the left, containing a white silhouette of a woman holding a baby. Above the teardrop is a blue and green arch. Below the teardrop is a small red puddle. The text 'AWHONN Postpartum Hemorrhage (PPH) Project' is centered to the right of the teardrop.

## AWHONN Postpartum Hemorrhage (PPH) Project

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

- Birth patient: BP and HR q 15 mins x 2 hours. Assess fundus and lochia. Temp hourly x 2
- PPH risk assessment at 1 hour PP
- Infant assessments: At least q30 mins until stable for 2 hours
- RN constant attendance at bedside d/t risk of SUPPC



# Knowledge



500mls of blood loss is equivalent to

- A. 0.1- 0.5 g ↓ in hemoglobin
- B. 2 2.5 g ↓ in hemoglobin
- C. 1-1.5 g ↓ in hemoglobin



**AWHONN**

PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

## Care and Monitoring *following* initial 2-hour period

- Temp every 4 hours for first 8 hours
- Every 8 hours until discharge
- Comprehensive birth patient assessment every 1-2 hours and then every 4 for 12-24 hours
- Comprehensive birth patient assessment every 8-12 hours on second postpartum day
- Individualized organizational protocols exist in congruence with patient needs
- Focus on delivering patient centric and family integrated care





# Birth patient medications

- Pitocin for first 4 hours
- Pain meds
- Stool softeners
- Anti RhD immunoglobulin is given within 72 hours of delivery if RH incompatibility
- Vaccines as indicated





# Rubin's Maternal Development Stages

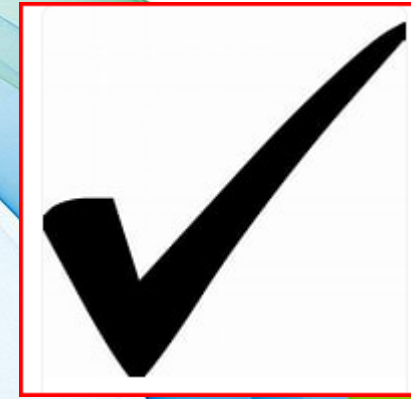
- Phase 1: Taking-In Days 1-2
- Phase 2: Taking-Hold Day 2-4
- Phase 3: letting-Go First 2-6 weeks



[Womensmentalhealth.org](http://Womensmentalhealth.org)



# Knowledge



**What is the time span for administering Anti RhD immunoglobulin?**



**AWHONN**

PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

# Postpartum Depression Screening

## Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time  
 Yes, most of the time    This would mean: "I have felt happy most of the time" during the past week.  
 No, not very often    Please complete the other questions in the same way.  
 No, not at all

In the past 7 days:

- |   |  |
|---|--|
| 1. I have been able to laugh and see the funny side of things<br><input type="checkbox"/> As much as I always could<br><input type="checkbox"/> Not quite so much now<br><input type="checkbox"/> Definitely not so much now<br><input type="checkbox"/> Not at all | *6. Things have been getting on top of me<br><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all<br><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<br><input type="checkbox"/> No, most of the time I have coped quite well<br><input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things<br><input type="checkbox"/> As much as I ever did<br><input type="checkbox"/> Rather less than I used to<br><input type="checkbox"/> Definitely less than I used to<br><input type="checkbox"/> Hardly at all     | *7. I have been so unhappy that I have had difficulty sleeping<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, not at all  |
| *3. I have blamed myself unnecessarily when things went wrong<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, some of the time<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, never                  | *8. I have felt sad or miserable<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, not at all  |
| 4. I have been anxious or worried for no good reason<br><input type="checkbox"/> No, not at all<br><input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> Yes, very often                                      | *9. I have been so unhappy that I have been crying<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Only occasionally<br><input type="checkbox"/> No, never  |
| *5. I have felt scared or panicky for no very good reason<br><input type="checkbox"/> Yes, quite a lot<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> No, not much<br><input type="checkbox"/> No, not at all                               | *10. The thought of harming myself has occurred to me<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Never   |

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



224 pregnancy associated deaths 2014-2020. **We can make a difference!**

High-quality care is patient-centered; trauma-informed; removed of bias, racism, and judgment; and offered in an accessible and culturally appropriate context. **The Panel** identified gaps in clinical skills and quality of care that contributed to the high percentage of preventable maternal deaths, including gaps in recognizing and responding to obstetric emergencies. Other contributing factors **included lack of screening or appropriate follow-up for risk factors such as behavioral health conditions**, violence, and lack of social support; lack of care coordination or continuity of care; lack of access to health care and behavioral health treatment; and issues of bias and discrimination affecting referrals and use of clinical standard procedures..



# Baby bye, bye, bye



# Discharge Planning

- Provide written instructions on how to access evidence based electronic resources
- Thoroughly review the EMR at discharge
- Discharge education components are multifactorial



# Post-Birth Warning Signs

**SAVE  
YOUR  
LIFE:**

## Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p><b>Call 911</b> if you have:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Pain in chest</b></li> <li><input type="checkbox"/> <b>Obstructed breathing or shortness of breath</b></li> <li><input type="checkbox"/> <b>Seizures</b></li> <li><input type="checkbox"/> <b>Thoughts of hurting yourself or someone else</b></li> </ul>
<p><b>Call your healthcare provider</b> if you have:</p> <p><small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger</b></li> <li><input type="checkbox"/> <b>Incision that is not healing</b></li> <li><input type="checkbox"/> <b>Red or swollen leg, that is painful or warm to touch</b></li> <li><input type="checkbox"/> <b>Temperature of 100.4°F or higher</b></li> <li><input type="checkbox"/> <b>Headache that does not get better, even after taking medicine, or bad headache with vision changes</b></li> </ul>



**Tell 911 or your healthcare provider:**

"I gave birth on \_\_\_\_\_ and  
I am having \_\_\_\_\_"  
(Specify warning signs)

**These post-birth warning signs can become life-threatening if you don't receive medical care right away because:**

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger** may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain in the calf area of your leg** may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post-birth preeclampsia

**GET HELP** My Healthcare Provider/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital Closest To Me: \_\_\_\_\_



This program is supported by funding from Merck, through Merck for Mothers, the company's 10 year, \$300 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MMD for Mothers outside the United States and Canada.

©2014 Association of Women's Health, Obstetrics, and Neonatal Nurses. All rights reserved. Unlimited print copies permitted for patient education only. For all other requests to reproduce, please contact [permissions@awhonn.org](mailto:permissions@awhonn.org).



# References

Association of Women's Health, Obstetric and Neonatal Nurses. (2021). *Perinatal Nursing* (5<sup>th</sup> ed.) (Chapter 17). Wolters Kluwer: Philadelphia, PA

Association of Women's Health, Obstetric and Neonatal Nurses. (2020). *AWHONN Compendium of Postpartum Care* (3<sup>rd</sup> edition). Association of Women's Health, Obstetrics and Neonatal Nurses: Washington, DC

