



## Chapter 10

# **Nursing Care of Women with Complications After Birth**

# Categories of Postpartum Complications

- Shock
- Hemorrhage
- Thromboembolic disorders
- Puerperal infections
- Subinvolution of the uterus
- Mood disorders

# Shock

- Defined as a condition in which the cardiovascular system fails to provide essential oxygen and nutrients to the cells
  - Cardiogenic-caused by PE, anemia, HTN, or cardiac disorder
  - Hypovolemic-postpartum hemorrhage, clotting disorders
  - Anaphylactic-allergic responses to drugs
  - Septic-caused by puerpal infection-can happen approximately 6 weeks after delivery

# Hemorrhage

- Early—within 24 hours postpartum
- Late—between 24 hours and 6 weeks postpartum
- Major risk is hypovolemic shock
  - Interrupts blood flow to body cells
  - Prevents normal oxygenation, nutrient delivery, and waste removal
- Signs and symptoms
  - Tachycardia
  - Falling systolic blood pressure/rising diastolic results in what?
  - Pale, cold, and clammy skin
  - Mental status changes
  - Decreased urinary output

# Hypovolemic Shock

- Occurs when volume of blood is depleted and cannot fill the circulatory system
- If not corrected quickly, the woman can die

# Body's Response to Hypovolemia

- Initially: increased heart and respiratory rates
- Purpose of response:
  - Increase oxygen content of red blood cells
  - Speed up circulation of remaining blood in system
- Blood pressure shows narrow pulse pressure (falling systolic, rising diastolic readings)
- Blood flow to nonessential organs gradually stops
- Skin and mucous membranes become pale, cold, and clammy

# Immediate Medical and Nursing Interventions to Correct Hypovolemia

- Stopping the blood loss
- Giving intravenous (IV) fluids to maintain the circulating volume and to replace fluids
- Giving blood transfusions to replace lost erythrocytes
- Giving oxygen to increase the saturation of remaining blood cells; a pulse oximeter is used to assess oxygen saturation of the blood
- Placing an indwelling (Foley) catheter to assess urine output, which reflects kidney function

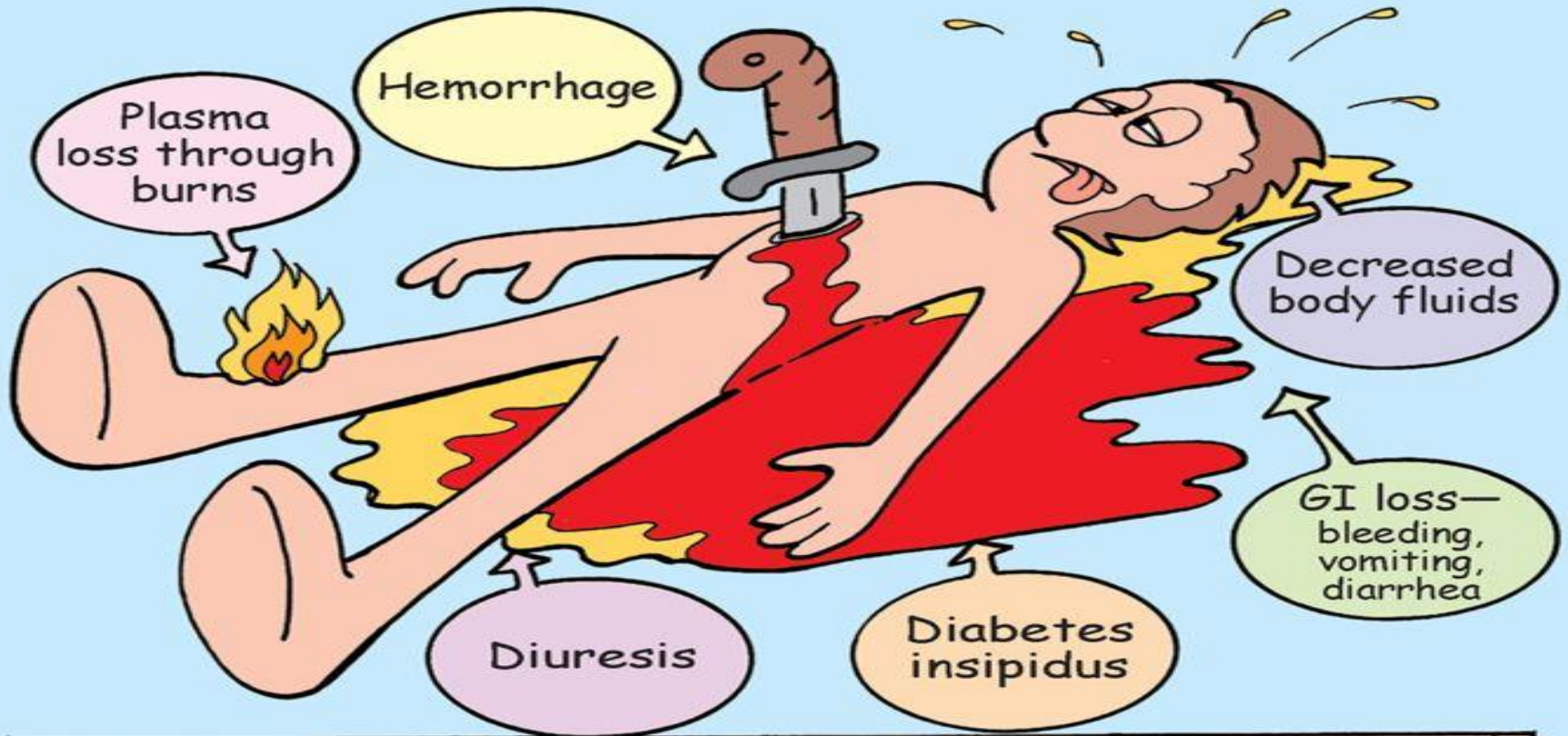
# Nursing Care

- Frequent vital signs
- Monitor oxygen saturation levels
- Assess for signs and symptoms of hypovolemic shock
- Assessment of lochia
  - Observation for perineal hematoma
- Assessment of fundus
  - Firm with bleeding may indicate vaginal laceration
- Accurate measurement of intake and output
  - Monitoring intravenous fluid therapies
- Monitor for signs of anemia
- Provide emotional support to the woman

# Safety Alert

- Because postpartum women often have a slow pulse rate, suspect hypovolemic shock or infection if the pulse rate is greater than 100 beats/min
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- Remember to keep mother and family informed of what is happening and give emotional support to all.

# HYPOVOLEMIC SHOCK



Watch for increased systemic vascular resistance, poor skin turgor, thirst, oliguria, low systemic and pulmonary pre-loads, and rapid heart rates.

Diagnosis is made after a loss of 15% intravascular volume.



# Anemia

- Occurs due to loss of erythrocytes
- May complain of being dizzy or lightheaded
- May be advised to continue with iron supplements for several weeks postpartum

# Early Postpartum Hemorrhage

- Causes

- Uterine atony
- Lacerations or tears of the reproductive tract
- Hematomas in the reproductive tract

# Uterine Atony

- Collection of blood within uterus
  - Muscle fibers are flaccid and do not compress vessels at placenta site
  - Worsens atony and postpartum hemorrhage
- Causes are uterine overdistention, retained placental fragments, prolonged labor, or use of drugs during labor that relaxes uterus

# Characteristics Uterine Atony

- Difficulty to feel but is boggy (soft)
- Fundal height usually above umbilicus
- Lochia is increased, may contain large clots
- True amount of blood being lost may not be immediately apparent until she stands
- Collection of blood in the uterus further interferes with contractions, worsening atony

# Characteristics Uterine Atony

## Medical and Nursing Care

- Massage the uterus
- Assess for bladder distention
- Have newborn breast feed which will stimulates posterior pituitary to secrete oxytocin
- May have Pitocin given by IV
- Keep mother NPO-until bleeding is controlled

# Lacerations of the Reproductive Tract

- Can occur in perineum, vagina, cervix, around the urethra
- Vasculature bed in these areas are engorged
  - Could be due to rapid labor or if forceps/or vacuum are used
- Blood is usually brighter red than lochia and flows in a continuous trickle
- Uterus is typically firm
- Treatment usually suturing
- Need to be report if bright red bleeding and uterus is firm
- Keep woman NPO until further assessment can be made by health care provider
- Genital trauma could cause long term effects such as cystocele, prolapsed uterus, or urinary incontinence

# Hematomas of the Reproductive Tract

- Collection of blood within tissue
- Birth trauma, usually on vulva or inside vagina
- If seen looks like bulging bluish or purplish mass; if deep inside vagina will not be visible
- Unrelenting, severe pain unrelieved by analgesics
- May complain of pressure in vulva, pelvis, or rectum
- May not be able to urinate
- Will not have unusual amounts of lochia
- Treatment: large hematomas may have to be incised and drained

# Late Postpartum Hemorrhage

- Causes
  - Retention of placental fragments
  - Subinvolution of the uterus
- Nursing care
  - Teach the woman to report persistent bright-red bleeding
  - Return of red bleeding after it has changed to pink or white
- Prepare for intravenous medication-administer drugs to help with contraction; may do an ultrasonography if bleeding continues
- Prepare for possible surgical intervention if bleeding continues will do a curettage procedure is known as a D & C

# Subinvolution of the Uterus

- The slower-than-expected or failure of the uterus to return to its normal prepregnant condition
- Normally the uterus descends at the rate of 1 cm per day, usually uterus returns to prepregnant size in 12 days
- Signs and symptoms
  - Fundal height greater than expected
  - Persistence of lochia rubra
  - Pelvic pain and heaviness
  - Fatigue

# Nursing Care of the Woman with Subinvolution

- Treatment: give Methergine to maintain uterus firmness; antibiotics for infection; Dilation and curettage (D & C)
- Teach the normal changes to expect
- Report abnormal pattern
  - Fever, pain, persistent red lochia
  - Foul-smelling vaginal discharge
- Analgesics for pain and other comfort measures
- Prepare for possible surgical intervention
- Explain medications prescribed

# Thromboembolic Disorders

- A venous thrombosis is a blood clot within a vein
- Causes or risks
  - Venous stasis during pregnancy
  - Pressure behind knees if legs are in stirrups
  - Fibrinogen levels increase during pregnancy, whereas clot-dissolving factors in the blood are normally decreased during pregnancy
  - Varicose veins
- Types of thromboembolic disorders
  - Superficial vein thrombosis (SVT) involves saphenous vein: painful, hard, red, warm
  - Deep vein thrombosis (DVT) involves veins from feet or femoral area; pain, calf tenderness, edema, discoloration, pain walking, possible positive Homan's sign
  - Pulmonary embolism (PE)-blood clot in pulmonary artery and lodges in lung; sudden chest pain, cough, dyspnea, decreased LOC, signs of heart failure, or could have SOB, palpitations, hemoptysis, faintness and low grade fever

# Nursing Care to Prevent a Thromboembolism

- Watch for signs or symptoms of PE
  - Dyspnea
  - Coughing
  - Chest pain
- Teach woman not to cross legs, as it impedes blood flow
- Avoid pressure in the popliteal space behind the knee
- Early ambulation and range-of-motion exercises
- If anti-embolic stockings are prescribed, the nurse should teach the woman the correct method of putting on the stockings

# Treatment for Thromboembolism

- SVT-analgesics, local heat, elevate leg
- DVT-similar to SVT, but also including anticoagulation therapy such as heparin or low molecular weight heparin called Lovenox for 6 weeks
- Remember the antidote for warfarin is vitamin K

# Anticoagulant Therapy

- Teach the woman taking this type of medication
  - Danger signs
    - Prolonged bleeding from minor injuries
    - Nosebleeds
    - Unexplained bruising
  - Use a soft-bristled toothbrush
- Stress the importance of completing follow-up blood tests
- Help the woman cope with this form of medical therapy

# Infection—Puerperal Sepsis

- An infection or septicemia after childbirth, with a fever of 38° C (100.4° F) after the first 24 hours and for at least 2 days during the first 10 days postpartum
- Risks
  - Cracks in the nipples of the breasts
  - Surgical incision
  - Tissue trauma during labor
  - Open wound at the placental insertion site
  - Retained placenta or blood clots
  - Increased pH of the vagina after birth
  - Endometritis (inflammation of the lining of the uterus)

# Infection—Puerperal Sepsis

- Fever of 38° C (100.4° F) after the first 24 hours and for at least 2 days during the first 10 days postpartum
- Elevated pulse rate
- Look for other signs/symptoms of infection either localized or systemic
- WBC will be elevated up to 30,000-not reliable as only evaluation for possible infection
- Treatment-C & S is ordered; antibiotic treatment might be started with broad spectrum antibiotic

# The Dangers of Puerperal Infection

- A localized infection of the perineum, vagina, or cervix can ascend into the reproductive tract and spread to the uterus, fallopian tubes, and peritoneum, causing peritonitis, a life-threatening condition

# Safety Alert /Nursing care

- Proper hand hygiene is the primary method to avoid the spread of infectious organisms.
- Gloves should be worn when in contact with any blood, body fluids, or any other potentially infectious materials.
- Nursing Care: Use and teach hand hygiene, adequate rest and nutrition, observe for signs of infection, teach patient what to look for and report after discharge, take all the antibiotics, teach woman how to apply perineal pads from front to back
- \*\*\*\*Wash hands before and after self care\*\*\*\*

# Mastitis

- An infection of the breast
- Signs and symptoms
  - Redness and heat in the breast
  - Tenderness
  - Edema and heaviness of the breast
  - Purulent drainage may or may not be present
  - Fever, chills, and other systemic signs of infection
  - An abscess may form

# Nursing Care

- The objective is to prevent the infection from occurring
  - Use and teach hygienic measures
  - Promote adequate rest and nutrition for healing
  - Teach and observe for signs of infection
  - Teach the woman how to correctly apply perineal pads (front to back)
  - Teach the woman to take all antimicrobial medications as prescribed

# Treatment of Mastitis

- Prescribed antibiotics, mild analgesics
- Continue to breastfeed with unaffected breast
- Pump and discard the milk from affected breast (weaning can lead to engorgement and stasis of milk, which can worsen the infection)
- Heat promotes blood flow to the area, warm showers
- Massage the area of inflammation to improve milk flow and reduce stasis
- Encourage fluid intake
- Wear a supportive bra
- Provide emotional support to the woman

# Patient teaching for Mastitis

- 1. Hand hygiene
- 2. Maintain breast clean by replacing pads; taking warm showers
- 3. Expose nipple(s) to air when possible
- 4. Ensure that the infant is latch on/remove correctly from the breast
- 5. Encourage the infant to empty the breast or pump to emptying
- 6. Feedings to be done frequently
- 7. When an area of breast is tender or distended have infant feed from unaffected breast
- 8. Massage distended area as the newborn nurses
- 9. Apply ice packs or moist heat to relieve discomfort
- Wear supportive bra

# Mood Disorders

- Mood is a pervasive and sustained emotion that can color one's view of life.
- Psychosis involves serious impairment of one's perception of reality

# Postpartum Blues (“Baby Blues”)

- Common after birth
- Mother has periods where she feels let down
- Overall finds pleasure in her new role as a mother
- Usually self-limiting as woman adjusts to her new role

# Postpartum Depression

- Serious impairment of one's perception of reality
- More serious than postpartum blues
- Usually manifests within 4 weeks after delivery
- May interfere with mother's ability to respond to her infant's cues
- Maternal-infant bonding may also be affected

# Postpartum Depression

- Risk factors
  - Inadequate social support
  - Poor relationship with partner
  - Life and childcare stress
  - Low self-esteem
  - Unplanned pregnancy

# Signs and Symptoms of Postpartum Depression

- Lack of enjoyment in life
- Lack of interest in others
- Intense feeling of inadequacy, unworthiness, guilt
- Inability to cope
- Loss of mental concentration, inability to make decisions
- Disturbed sleep or appetite
- Constant fatigue and feelings of ill health

# POSTPARTUM DEPRESSION

- Strong feelings of sadness
- Crying for no reason
- Feeling unable to care for self or for others
- Loss of appetite
- Loss of interest in appearance
- Inability to fall asleep, waking up early, or sleeping too much
- Difficulty concentrating
- Decreased interest in activities
- Feelings of worthlessness
- Thoughts of harming self or others



## **Nursing Actions**

- Assess safety issues.
- Assess medication use.
- Observe changes in behaviors and moods.
- Refer to appropriate medical specialties.

# Nursing Care

- Refer to a multidisciplinary team
- Be a sympathetic listener for the woman
- Elicit feelings
- Observe for complaints of sleeplessness or chronic fatigue
- Provide support
- Help woman identify her support system
- Determine if the mother is getting enough exercise, sleep, and nutrition
- Help the woman identify ways to meet her own needs
- Refer to support groups

# Postpartum Psychosis

- Bipolar disorders
  - Characterized by episodes of mania
- Major depression
  - Deep feelings of worthlessness, guilt, and sleep and appetite disturbances
  - Delusions
- Can be fatal for both mother and infant due to use of poor judgment

# Postpartum Psychosis

- Possibility of suicide or infanticide
- Referral for counseling is essential
- Virtually all antipsychotic medications pass through the breast milk; therefore, breastfeeding is contraindicated

# Homeless Mother and Newborn

- Lack of permanent home
- Often have difficulty accessing care
- Follow-up is difficult
- Prior to discharge, ensure mother has a place to go and a way of accessing help
- Facilitate referrals to outreach programs, support services within the community