

Chapter 9

The Family after Birth

Puerperium

- Known as *postpartum period*
- Six weeks following childbirth
 - Sometimes referred to as the *fourth trimester of pregnancy*



Adapting Care to Specific Groups and Cultures

- The nursing care provided must be adapted to the circumstances of the mother and infant.

Nursing Considerations for Specific Groups of Patients

- Adolescents
- Single women
- Families at or below the poverty level
- Families who have twins (or more)

Cultural Influences on Postpartum Care

- The nurse must adapt care to fit
 - Health beliefs
 - Values
 - Practices
- Use an interpreter where appropriate
 - Should not be a family member or in cultural/religious conflict with the patient/family
- Dietary practices

Using Interpreters

- Aids in the woman being able to understand and provide optimal care to her infant
- Interpreter should not be a family member or from a group that is in social or religious conflict

Postpartum Changes in the Mother

- Immediately after delivery, the mother experiences multiple physiological changes.
- It is important for the nurse to assess all body systems and not just focus on the reproductive system changes.

Reproductive System

- Uterus
 - Involution-decrease 1 cm/day-if uterus is boggy-massage
 - Uterine lining
 - Descent of uterine fundus-should be at umbilical area and firm; if C section should palpate from the side of uterus to midline
 - Afterpains-more in multiparas; breastfeeding due to oxytocin
- Lochia
 - Rubra-red immediately after delivery up to 3 days
 - Serosa-pinkish 3rd to 10th day
 - Alba –colorless 10th to 21st day

Report if lochia changes to bright red color
- Cervix
- Vagina
 - Stress importance of discussing with health care provider when to resume vaginal intercourse postpartum
- Breasts
 - Engorgement
 - Nursing care

Reproductive System

- Perineum
- Episiotomy
 - REEDA assessment
- Nursing care and patient teaching
 - Cold packs-first 12 to 24 hours after 24 hours, heat pack or sitz bath
 - Cleaning of perineum-after each voiding or bowel movement; front to back including placing of pad; blotted dry
 - Topical and systemic medications
 - Nonpharmacological pain relief methods-air ring; small egg crate pad
- Return of ovulation and menstruation
 - Menstrual cycle typically resumes in 6-8 weeks if not breastfeeding
 - Return of ovulation is delayed if breastfeeding; however, it can occur at any time after birth (pregnancy is possible)

Breasts

- First 2-3 days postpartum, breasts are full but soft
- Day 3, breasts become firm, lumpy due to increased blood flow and milk production
- Engorged breasts occur in both nursing and nonnursing mothers
- Nipples should be assessed for redness and cracking and washed with plain water
- Support bra should be worn

Cardiovascular System

- Cardiac output and blood volume
- Coagulation
- Blood values
- Chills
- Orthostatic hypotension
- Nursing care

Urinary System

- A full bladder can displace the uterus and lead to postpartum hemorrhage
- The woman who voids frequent, small amounts of urine may have increased residual urine because her bladder does not fully empty
- Residual urine in the bladder may promote the growth of microorganisms

Gastrointestinal System

- Constipation
 - To help alleviate this problem, encourage woman to
 - Increase fluid and fiber intake
 - Increase activity, such as walking

Integumentary System

- Hyperpigmentation of the skin changes as hormone levels decrease
 - Linea nigra disappears
 - Striae fade to silver



Musculoskeletal System

- Diastasis recti
- Hypermobility of the joints
- Exercises
 - Abdominal muscle tightening
 - Head lift
 - Pelvic tilt
 - Kegel exercises

Immune System

- Prevent blood incompatibilities and infection
 - RhoGAM if woman is Rh negative and baby is Rh positive; needs to be administered within 72 of delivery
 - Give mother immunization for rubella if she is not immune
 - Titer < 1:8 requires immunization

Adaptation of Nursing Care Following Cesarean Birth

- Same as with normal vaginal delivery except
 - Monitoring of abdominal dressing
 - Lochia generally less
 - Urinary catheter
 - Respiratory care
 - Prevention of thrombophlebitis
 - Pain management

Emotional Care

- The birth of an infant brings about physical changes in the mother but also causes many emotional and relationship changes in all family members

Mothers

- Rubin's Psychological Changes of the Puerperium
 - **Phase 1**-Taking in Phase-mother passive letting others do for her; has interest in child, but prefers others take care of child; focus on food, fluids, sleep
 - **Phase 2**-Taking Hold Phase-becomes interested in infant; critical about her abilities; concern about her body functions and assume self care; interested in learning
 - **Phase 3**-Letting go phase-work through giving up previous life style; give up fantasy about child and experience
- Postpartum blues
- Postpartum depression
- Fatigue



Fathers

- Engrossment
- Four phases of adjustment
 - Having expectations and personal intentions
 - Confronting reality and overcoming frustrations
 - Creating one's own personal father role
 - Reaping rewards of fatherhood



Other Family Members

- Siblings
 - Age-dependent on how older sibling will respond to new baby
 - Preparation important
- Grandparents

Grieving Parents

- Therapeutic communication and nursing care
 - Always listen to parents; if child is poor parents may express desire to have baptism done; in emergency the nurse may perform baptism and minister or priest if notified
- Stages of the grief process
 - Shock and disbelief
 - Anger
 - Guilt
 - Sadness and depression
 - Gradual resolution of sadness

Parenthood

- Can affect communication between partners
- Division of responsibility can be source of conflict
- Fatigue increases irritability
- Loss of freedom and decreased socializing may cause couple to feel lonely

Family Care Plan

- Studying the *family* as well as the patient can offer insight into community-based care

Data Collection for the Family Care Plan

- Demographic information
- Family composition
- Occupation
- Cultural group
- Religious/spiritual affiliation
- Developmental tasks
- Health concerns
- Communication patterns
- Decision making
- Family values
- Socialization
- Coping patterns
- Housing
- Cognitive abilities
- Support system
- Response to care

Neonatal Transition to Extrauterine Life

- Phase 1: Period of reactivity, 0-30 minutes after birth
- Phase 2: Decreased responsiveness, 30 minutes to 2 hours after birth
- Phase 3: Second period of reactivity, 2 to 8 hours after birth

Phase 2 Nursing Care of the Newborn

- Supporting thermoregulation
- Table 9-3
 - Evaporation-liquids from skin
 - Conduction-direct contact to cold surface
 - Convection-by drafts
 - Radiation-loss by being close to cold object by not in direct contact
- Observing bowel and urinary function
- Security measures-always ensure that identification bands are checked each time baby and parent are reunited
- Identifying the infant
 - Gestational age evaluation
 - Skin
 - Vernix
 - Hair
 - Ears
 - Breast tissue
 - Genitalia
 - Sole creases

Phase 2 Nursing Care of the Newborn

- Observing for injuries or anomalies
- Obtaining vital signs
- Weighing and measuring length and head circumference
- Umbilical cord care-assessed for 2 arteries and 1 vein-
"AVA"; keeping cord clean and dry; diaper fastened low to allow air circulation; will become dry and brownish black as dries; clamp removed when cord end is dry and crisp-about 24 hours; redness or moist, foul smelling
- Screening tests

Hypoglycemia

- A blood glucose below 45 mg/dL in the term infant indicates hypoglycemia



Risk for Neonatal Hypoglycemia

- Preterm/postterm
- Diabetic mother
- LGA/SGA
- IUGR
- Asphyxiated
- Cold stress
- Mother had tocolytics during labor process

Signs and Symptoms of Hypoglycemia in the Newborn

- Jitteriness
- Poor muscle tone
- Sweating
- Respiratory difficulty
- Low temperature
- Poor suck
- High-pitched cry
- Lethargy
- Seizure



Promoting Bonding and Attachment

- Bonding: strong emotional tie that forms soon after birth between parents and newborn
- Attachment: affectionate tie occurring over time with increased interaction
- Need to learn infant's communication cues, e.g., hunger, wet diaper
- Nursing assessments should include observing for these to occur

Nursing Interventions to Aid in Bonding and Attachment

- Calling the infant by name
- Holding the infant en face
- Providing skin-to-skin contact
- Talking in gentle, high-pitched tones

Breastfeeding

- Choosing whether to breastfeed
- Physiology of lactation
 - Hormonal stimulation
 - Prolactin
 - Oxytocin
- Composition of milk
 - Foremilk
 - Hindmilk
- Phases of milk production
 - Colostrum
 - Transitional
 - Mature



Assisting the Mother to Breastfeed

- Advantages of breastfeeding are
- Promotes mother-infant bonding
- Maintains infant temperature
- Sucking stimulates oxytocin release to contract mother's uterus
- Cultural use of galactagogues



Breastfeeding Techniques

- Positions of the mother's hands-if mother had C section show mother the football hold in order to minimize pain at incision site
- Latch-on
- Suckling patterns
- Removing the infant from the breast

Evaluating Intake of Infant

- Let-down reflex occurs
 - A tingling sensation with milk dripping from nipple
- Infant nurses for 15 minutes per breast 8 to 10 times per day-alternating breast at each feeding
- An audible swallow is heard
- Infant appears relaxed after feeding
- Infant has 6-8 wet diapers per day
- Infant passes several stools per day
- Breast feels soft after feeding

Preventing Problems

- Frequency and duration of feedings
 - Typically every 2 to 3 hours during early weeks
- The sleepy infant
- The fussy infant
- Flat or inverted nipples
- Supplemental feedings—should not be offered supplemental feedings or water when breastfeeding infant
- Nipple confusion of the infant
- Breast engorgement
- Nipple trauma
- Breast hygiene

Recognizing Hunger in the Newborn

- Hand-to-mouth movements
- Mouth and tongue movements
- Sucking motions
- Rooting movements
- Clenched fists
- Kicking of legs
- Crying (a late sign)



Special Breastfeeding Situations

- Multiple births
- Premature birth
- Breast surgery
- Delayed feedings

Storing and Freezing Breast Milk

- Milk at room temperature for more than 4 hours increases potential for bacterial contamination
- Container size should hold no more than one feeding
- Safely stored or frozen in glass or hard plastic containers
- Milk can be stored in refrigerator at 4° C (39° F) for 24 hours or in the freezer at -4° C (-20° F) for up to 3 months (although freezing breast milk can destroy some antimicrobial factors)
- Can be thawed in refrigerator for 24 hours prior to using
- Microwaving of breast milk is not advised because it destroys immune factors in the milk

Maternal

- Mother needs an additional 500 calories over the nonpregnant diet
- 8-10 glasses of fluids per day
- Some foods eaten by mother may cause a change in the taste of the milk or cause the infant to develop gas (flatus)
- Medications taken by the mother may be secreted in the breast milk

Weaning

- Gradual weaning is preferred
- There is no “best time” to wean
- Technique of weaning
 - Eliminate one feeding at a time
 - Omit daytime feedings first
 - Eliminate the favorite feeding last
- Infant will need “comfort nursing” if tired or ill
- Breast pumping not advised in order to decrease the milk supply cycle

Formula Feeding

- Types of formulas
 - Ready to feed
 - Concentrated liquid
 - Powdered
- Regardless of type, it is important to follow manufacturer's instruction on preparation and storage of formula products



Safety Alert

- Overdilution or underdilution of concentrated liquid or powdered formulas can result in serious illness

Feeding the Infant

- Feed every 3 to 4 hours because formula is digested more slowly than breast milk
- Do not microwave formula
- Do not prop bottle
- Hold bottle so nipple is *always* full of formula.
- Involve partner and family in bottle feeding of infant
- To help mother with engorged breasts explain to wear a snug fitting bra around the clock to help with discomfort

Discharge Planning

- Begins on admission
- Due to quickness of discharge from hospital, teaching often begins before mother is psychologically ready to learn
- Care maps be used
- Provide sufficient teaching materials for mother to refer to after discharge

Postpartum Self-Care Teaching

- Ample written materials regarding mother and newborn care should be provided and reviewed
 - Follow-up appointments
 - Hygiene
 - Sexual intercourse
 - Diet and exercise
 - Danger signs to watch for and report
 - Newborn discharge care
 - Infant safety seats
 - Reassure mother that hospital staff is available by telephone should any questions arise

Newborn Discharge Care

- Discharge planning for the newborn begins shortly after birth
- If discharged before 72 hours old, a follow-up visit with the pediatrician is recommended within 2 days of discharge
- Well baby checks start around 6-8 weeks of age
- Immunization information may be provided
- Car seat safety: seat should be in back seat and facing the rear until 2 years of age

