The Postpartum woman at Risk

Introduction

Typically, recovery from childbirth proceeds normally both physiologically and psychologically. It is a time filled with many changes and wide-ranging emotions, and the new mother commonly experiences a great sense of accomplishment. However, the woman can experience deviations from the norm, developing a postpartum condition that places her at risk. These high-risk condition or complications can become life threatening.

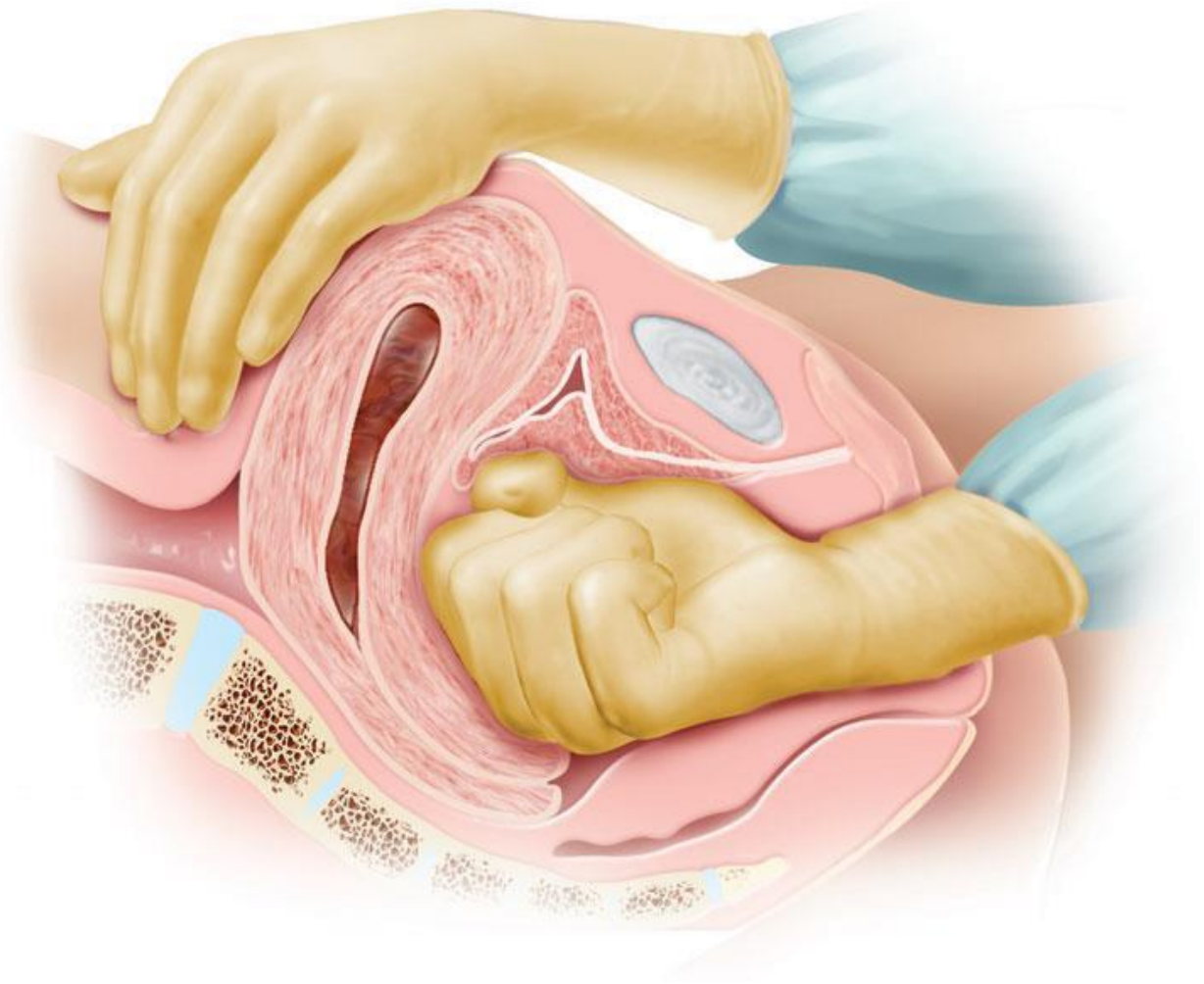
Postpartum hemorrhage

is a potentially life-threatening complication that can occur after both vaginal and cesarean births. It is the leading cause of maternal death worldwide. Postpartum hemorrhage is defined as a blood loss greater than 500 mL after vaginal birth or more than 1,000 mL after a cesarean birth.

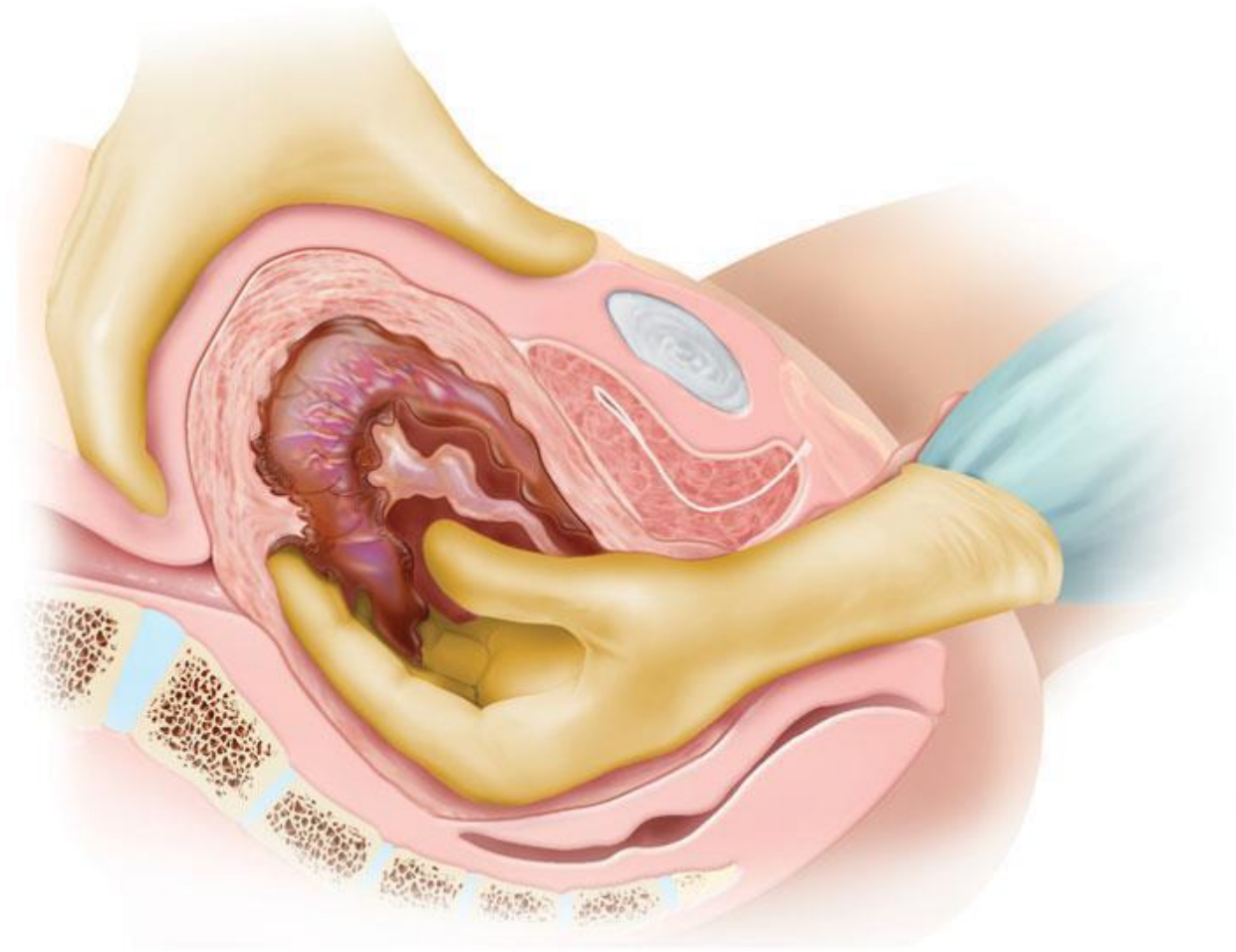
The most common cause of immediate severe postpartum hemorrhage is uterine atony (failure of the uterus to contract properly after birth).

Therapeutic management: uterine massage is used to treat uterine atony. If retained placental fragments are the cause, the fragments are usually manually separated and removed and a uterine stimulant is given to promote the uterus to expel fragments.

When excessive bleeding continues despite external uterine massage, the obstetrician may elect to do a bimanual massage . Bimanual massage compresses the body of the uterus from below while the abdominal hand massages the fundus from above.



Manual compression of the uterus and massage with the abdominal hand



Manual removal of placenta.

If uterine massage is not effective, uterine stimulants (uterotonic agents) will be administered at a rapid infusion rate to contract the atonic musculature. Oxytocin and prostaglandin are most often used. Misoprostol, best known for its use in labor induction and medical abortion, is being used to prevent and treat uterine atony after attempts to control bleeding with oxytocics.

Antibiotics are administered to prevent infection. Lacerations are sutured or repaired. Frequent monitoring and continued treatment are recommended for at least 2 weeks after childbirth.

Nursing management of PPH:

 If the nurse detects a soft, boggy uterus, it is massaged until firm.

 If the woman seems to have a slow, steady, free flow of blood, the nurse begins weighing the perineal pads (1 ml 1 g).

 monitors the woman's vital signs at least every 15 minutes, more frequently if indicated.

 -If the fundus is displaced upward or to one side because of a full bladder, the nurse encourages the woman to empty her bladder or catheterizes her if she is unable to void to allow for efficient uterine contractions. -

 the nurse should maintain the vascular access (the

IV line) initiated during labor in case additional fluid or blood becomes necessary.

 In cases where there is risk of postpartum hemorrhage

and blood has been cross-matched earlier, the nurse checks that blood is available in the blood bank.

 As the woman's blood volume becomes depleted, positioning her with her legs elevated to 30 degrees facilitates venous return and promotes oxygenation.

 Supplemental oxygen may be necessary to keep

peripheral tissues oxygenated when blood is shunted to protect vital organs like the brain and kidneys.

 Keeping the woman as comfortable as possible with perineal care and frequent changes of disposable pads is important.

 She will be kept NPO in case surgery is needed,

Puerperal infection

 Puerperal infection is an infection of the reproductive tract associated with childbirth that occurs at any time up to 6 weeks postpartum. It is diagnosed when there is fever of 38° C or higher after the first 24 hours after childbirth, occurring on at least 2 of the first 10 days after birth.

 Postpartum infections usually arise from organisms that constitute the normal vaginal flora, typically a mix of

aerobic and anaerobic species. Generally, they are polymicrobial and involve the following microorganisms: Staphylococcus aureus, Escherichia coli, Klebsiella, Gardnerella vaginalis, gonococci, coliform bacteria. streptococci, Chlamydia trachomatis, and the anaerobes that are common to bacterial vaginosis

Postpartum Uterine Infection

Postpartum uterine infection is known as endometritis, an inflammation of the endometrium (the uterine lining) that may occur postpartally.

Postpartum infection from vaginal delivery primarily affects the placental implantation site, the decidua, and adjacent myometrium.

 Bacteria that colonize the cervix and vagina gain access to the amniotic fluid during labor and postpartum and begin to invade tissue (the lower uterine segment, lacerations, and incisions).

Risk factors for postpartum uterine infection include the following:

■ Cesarean birth is the single most significant risk (10 times greater than in vaginal births) .

■ Prolonged premature rupture of the amniotic membranes (PPROM)

■ Prolonged labor preceding cesarean birth.

■ Multiple vaginal examinations during labor.

■ Use of fetal scalp electrode or intrauterine pressure catheter for internal monitoring during labor

■ Obstetric trauma—episiotomy, laceration of perineum, vagina, or cervix

■ Chorioamnionitis—infection of placenta, chorion, and amnion

■ Pre-existing bacterial vaginosis or Chlamydia trachomatis infection

■ Instrument-assisted childbirth—vacuum or forceps

■ Manual removal of the placenta after delivery

■ Urinary catheters and intravenous lines in place.

Wound Infections

Any break in the skin or mucous membranes provides a portal for bacteria. In the postpartum woman, sites of wound infection include cesarean surgical incisions, the

episiotomy site in the perineum, and genital tract lacerations. Wound infections are usually not identified until the woman has been discharged from the hospital because symptoms may not show up until 24 to 48 hours after birth.

Sign and symptoms □ Purulent drainage □ Separation of or un approximated wound edges □ Edema □ Tenderness □ Discomfort at the site □ Maternal fever □ Elevated white blood cell count

Urinary Tract Infections

□ Urinary tract infections are most commonly caused by bacteria often found in bowel flora, including E. coli, Klebsiella , Proteus , and Enterobacter species. Invasive manipulation of the urethra (e.g., urinary catheterization), frequent vaginal examinations, increase the likelihood of a urinary tract infection

Sign and symptoms □ Urgency □ Frequency □ Dysuria □ Flank pain □ Low-grade fever □ Urinary retention □ Hematuria □ Cloudy urine with strong odor

Mastitis

A common problem that may occur within the first 2 weeks postpartum is an inflammation of the breast, termed mastitis.

Factors Affecting Development of Postpartum Mastitis:

A-Milk Stasis:

□ • Failure to change infant position to allow emptying of all lobes □ • Failure to alternate breasts at feedings □ • Poor suck □ • Poor let-down

B-Actions That Promote Access/Multiplication of Bacteria :

□ Poor hand washing technique □ Improper breast hygiene □ Failure to air-dry breasts after breastfeeding

C-Breast/Nipple Trauma:

 Incorrect positioning for breastfeeding Failure to rotate position on nipple Incorrect or aggressive pumping technique Cracked nipples

D- Obstruction of Ducts:

 • Restrictive clothing • Constricting bra

E-Lowered Maternal Defenses:

 • Fatigue • Stress • Poor diet.

- The most common infecting organism is S. aureus, which comes from the breast-feeding infant's mouth or throat. Staphylococcus albus , E. coli , and streptococci are also causative agents, but found less frequently. Infection can be transmitted from the lactiferous ducts to a secreting lobule, from a nipple fissure to periductal lymphatics, or by circulation

Sign and symptoms Flu-like symptoms, including malaise, fever, and chills Tender, hot, red, painful area on one breast Inflammation of breast area

Breast tenderness Cracking of skin around nipple or areola Breast distention with milk

Therapeutic Management broad-spectrum antibiotics are used to treat the infection. Measures to restore and promote fluid and electrolyte balance, provide analgesia, and provide emotional support. Management for wound infections involves recognition of the infection, followed by opening of the wound to allow drainage. Aseptic wound management with sterile gloves and frequent dressing changes if applicable, good handwashing

 Good hydration, and ambulation to prevent venous stasis and improve circulation Emptying the breasts and controlling the infection condition of mastitis, Frequent breast emptying. The breast can be emptied either by the infant sucking or by manual expression In addition, ice or warm packs and analgesics may be needed, emotional support, education, and support ongoing breast-feeding

Nursing Management of puerperal infection:

 Maintain aseptic technique when performing invasive procedures such as urinary catheterization, when changing dressings, and during all surgical procedures.

Use good handwashing technique before and after each client care activity. • Reinforce measures for maintaining good perineal hygiene. • Use adequate lighting and turn the client to the side to assess the episiotomy site Monitor vital signs and laboratory results for any Abnormal values.. • Assess frequently for early signs of infection, especially fever and the appearance of lochia. • Inspect wounds frequently for inflammation and drainage. • Encourage rest, adequate hydration, and healthy eating habits. Administer antipyretics and antibiotic therapy as ordered to reduce temperature.

Postpartum Psychiatric Disorders

Many types of psychiatric problems may occur in the postpartum, Plummeting levels of estrogen and progesterone immediately after birth can contribute to postpartum mood disorders. It is believed that the greater the change in these hormone levels between pregnancy and postpartum, the greater the chance for developing a mood disorder

A- postpartum or baby blues:

 It occurs in as many as 50% to 75% of mothers and is characterized by mild depression interspersed with happier feelings. This adjustment reaction does not consistently affect the woman's ablity to function. Postpartum blues typically begin within 3 to 5 days after the baby's birth and are self-limiting, lasting from a few hours to 1 to 14 days. The depression is more severe in primiparas than in multiparas and seems related to the rapid alteration of estrogen, progesterone, and prolactin levels after birth, challenges of new motherhood, fatigue, and life-style Adjustments.

New mothers experiencing postpartum blues commonly report: feeling overwhelmed unable to cope fatigued anxious irritable oversensitive Baby blues are usually self-limiting and require no formal treatment other than reassurance and validation of the woman's experience, as well as assistance in caring for herself and the newborn.

B-Postpartum depression (PPD)

 Postpartum depression (PPD) is a form of clinical depression that can affect women, after childbirth. Unlike the postpartum blues, women with postpartum depression feel worse over time, and changes in mood and behavior do not go away on their own. Different from the baby blues, the symptoms of PPD last longer, are more severe, and require treatment.

Some signs and symptoms of PPD include feeling the following: • Restless • Guilty • Hopeless • Moody • Sad • Overwhelmed • Loss of enjoyment • Low energy level Cry a lot. • Be unable to make decisions or focus. • Lose her memory. • Experience a lack of pleasure. • Have changes in appetite, sleep, or weight. • Withdraw from friends and family. • Have pains in her body that do not subside. • Lack interest in her baby. • Have recurrent thoughts of suicide and death.

The cause of PPD is not knownt it is multifactorial. “postpartum depression is likely to result from body, mind, and lifestyle factors combined.” The levels of estrogen, progesterone, serotonin, and thyroid hormone decrease sharply and return to normal during the

immediate postpartum period, which can trigger depression and can change a woman's mood and behavior.

Other aspects that can lead to PPD include:

- Unresolved feelings about the pregnancy
- Fatigue after delivery from lack of sleep
- Inadequate assistance from partner
- Lack of social support network
- Doubts about the ability to be a good mother
- Stress from changes in work and home routines

C-Postpartum Psychosis

Postpartum Psychosis: an emergency psychiatric condition, can result in a significant increased risk for suicide and infanticide. Symptoms of postpartum psychosis , mood lability, delusional beliefs, hallucinations, and disorganized thinking, can be frightening for the women who are affected and for their families

 Most women with postpartum psychosis are hospitalized for up to several months. Psychotropic drugs are almost always part of treatment, along with individual psychotherapy and support group therapy.

Nursing management Nursing management focuses on assisting any postpartum woman to cope with the changes of this period. Assist the woman in structuring her day to regain a sense of control over the situation Encourage her to seek help if necessary, using available support systems. reinforce the need for good nutrition and adequate exercise and sleep. Give information about changes that occur during postpartum period.