Post Partum Care:

Dr Fatemeh karimi

DEFINITION:

- The postpartum period, also known as the puerperium and the "fourth trimester," refers to the time after delivery when maternal physiologic changes related to pregnancy return to the nonpregnant state.
- the postpartum period begins upon delivery of the infant. The end is less well defined, but is often considered the 6 weeks after delivery because the effects of pregnancy on many systems have largely returned to the prepregnancy state by this time. However, all organ systems do not return to baseline within this period, and the return to baseline is not necessarily linear over time. For this reason, the American College of Obstetricians and Gynecologists considers postpartum care to extend up to 12 weeks after delivery.

HOSPITAL CARE:

For 2 hours after delivery, blood pressure and pulse are taken every 15 minutes, or more frequently if indicated. Temperature is assessed every 4 hours for the first 8 hours and then at least every 8 hours subsequently .

- The key components of identifying postpartum hemorrhage are fundal checks to assess uterine tone and perineal checks to assess for excessive vaginal bleeding. These assessments should be conducted by skilled nurses and are commonly performed hourly for the first 2 hours after delivery and then continued every 4 hours during the initial 24 hours postpartum.
- A normal postpartum fundus is firm and well-contracted, typically at or below the level of the maternal umbilicus. Fundal massage is a useful and expeditious intervention if the uterus is not firm.

- The suprapubic area is palpated to identify an overdistended bladder; a distended bladder is palpable abdominally.
- The perineum is examined for signs of edema, purulent discharge

- **Laboratory testing:**Routine postdelivery hemoglobin testing is generally prudent

POSTPARTUM FINDINGS AND CHANGES:

- Shivering:Postpartum shivering are observed in 25 to 50 percent of women .Shivering usually starts 1 to 30 minutes postdelivery and lasts for 2 to 60 minutes.

➢ Treatment is supportive with warm blankets and/or warm air.

Uterine involution:

- Immediately after delivery, the fundus is normally firm, nontender, globular, and located midway between the symphysis pubis and umbilicus, then recedes by approximately 1 cm/day .
- It is not palpable abdominally by two weeks postpartum and attains its normal nonpregnant size by six to eight weeks postpartum.

Lochia:

Normal shedding of blood and decidua is referred to as lochia rubra (red/red-brown) and lasts for the first few days following delivery. Vaginal discharge then becomes increasingly watery, called lochia serosa (pinkish brown), which lasts for two to three weeks. Ultimately, the discharge turns yellowish white, the lochia alba.

Care of Breasts:

The nipples require little attention other than cleanliness and attention to skin fissures. Fissured nipples render nursing painful, and they may have a deleterious influence on milk production. These cracks also provide a portal of entry for pyogenic bacteria. Because dried milk is likely to accumulate and irritate the nipples, washing the areola with water and mild soap is helpful before and after Breastfeeding.

Contraindications to Breastfeeding:

1-women who take street drugs or do not control their alcohol use

2-have an infant with galactosemia

3- HIV virus infection

4-have active, untreated tuberculosis

5-take certain medications

6- are undergoing breast cancer treatment

Prevention of venous thrombosis:

Women are out of bed within a few hours after delivery. The many

confirmed advantages of early ambulation include fewer bladder complications,less frequent constipation, and reduced rates of puerperal venous thrombo embolism.

Venous thromboembolism (VTE) is more common in pregnant women than nonpregnant women, more common postpartum than antepartum, and more common after cesarean than vaginal birth .The risk is highest in the first few weeks postpartum and then gradually declines to baseline by 12 weeks postpartum ..

Several factors increase the risk, including but not limited to previous VTE, inherited or acquired thrombophilia, certain medical comorbidities (eg, sickle cell disease), obesity, smoking, cesarean delivery, and postpartum hemorrhage

- Prophylaxis is recommended for women at high risk of having a thromboembolic risk factor

Diet:

- There are no dietary restrictions for women who have been delivered vaginally. Two hours after uncomplicated vaginal delivery, a woman is allowed to eat. With breastfeeding, the level of calories and protein consumed during pregnancy are increased slightly as recommended .
- If the mother does not breastfeed, dietary requirements are the same as for a nonpregnant woman.
- We recommend oral iron supplementation for at least 3 months after delivery and
- hematocrit evaluation at the first postpartum visit.

Perineal care:

- The woman is instructed to clean the vulva from anterior to posterior—the vulva toward the anus. A cool pack applied to the perineum may help reduce edema and discomfort during the first 24 hours if there is a perineal laceration or an episiotomy. Beginning approximately 24 hours after delivery, moist heat as provided by warm sitz baths can be used to reduce local discomfort
- The episiotomy incision normally is firmly healed and nearly asymptomatic by the third week.
- Comfort measures include topical treatments (eg, cold or warm packs), topical anesthetics, and oral analgesics.
- Eating a high-fiber diet and drinking plenty of water, with stool softeners and laxatives as needed, are probably useful until perineal healing is nearly complete, especially in women with a disrupted anal sphincter.

Bladder Function:

urinary retention and bladder overdistention is common in the early puerperium.

Risk factors that increased the likelihood of retention were primiparity, cesarean delivery, perineal laceration, oxytocin-induced or augmented labor, operative vaginal delivery, catheterization during labor, and

labor duration >10 hours.

- If a woman has not voided within 4 hours after delivery, An examination for perineal and genital-tract hematomas is completed.

- With an overdistended bladder, an indwelling catheter should be left in place until at least 24 hours. This prevents recurrence and allows recovery of normal bladder tone and sensation. When the catheter is removed, If a woman cannot void after 4 hours, she should be catheterized and the urine volume measured. If more than 200 mL, the bladder is not functioning appropriately, and the catheter is left for another 24 hours.

- Although rare, if retention persists after a second voiding trial, an indwelling catheter and leg bag can be elected, and the patient returns in 1 week for an outpatient voiding trial. Intermittent self-catheterization is another option.

Anti-D immune globulin:

- RhD-negative mothers of RhD-positive infants should be given anti-D immune globulin as soon as possible after delivery and within 72 hours.
- Women who are not already immune to rubella or varicella are excellent candidates for vaccination before discharge.
- Those who have not received a tetanus/diphtheria or influenza vaccine should be given these

Mood, and Cognition:

- It is important to screen the postpartum woman for depression.

- It is fairly common for a mother to exhibit some degree of depressed mood a few days after delivery = Termed *postpartum blues*

In most women, effective treatment includes anticipation, and reassurance. This disorder is usually mild and self-limited to 2 to 3 days, although it sometimes lasts for up to 10 days.

➢ Should these moods persist or worsen, an evaluation for symptoms of major depression is done.

Hospital Discharge:

Currently, the norms are hospital stays:

- up to 48 hours following uncomplicated vaginal delivery
- up to 96 hours following uncomplicated cesarean delivery

ACOG recommends that, in cases of postpartum discharge prior to 48 hours after a vaginal delivery or 72 hours after a cesarean delivery (excluding the day of delivery), certain criteria should be met .These include normal maternal vital signs, normal lochia, firm fundus, adequate urinary output, ability to tolerate diet, adequate pain control, ability to ambulate and care for herself and the newborn, no evidence of infection or impaired wound healing, and no abnormal physical or emotional findings. In addition, all laboratory results should have been addressed, including need for anti-D immune globulin if appropriate;

Patient education:

1-Fever

2-Excessive postpartum bleeding

3-New or worsening perineal or uterine pain

4-Breast problems

5-Dyspnea, chest pain, leg pain or swelling

6-Dysuria

7-Significant mood disturbance

HOME CARE:

- **Coitus :** After 2 weeks, coitus may be resumed *based on desire and comfort*. Intercourse too soon may be unpleasant, if not frankly painful, and this may be related to episiotomy incisions or severe lacerations.
- By discharge, women who had an uncomplicated vaginal delivery can resume most activities, including bathing, driving, and household functions.
- the American College of Obstetricians and Gynecologists (ACOG) recommend a postpartum visit between 4 and 6 weeks.

Contraception:

- Women not breastfeeding have return of menses usually within 6 to 8 weeks.
- Ovulation occurs at a mean of 7 weeks, but ranges from 5 to 11 weeks. Thus, conception is possible during the artificially defined 6-week puerperium. *Women who become sexually active during the puerperium, and who do not desire to conceive, should initiate contraception*.
- breastfeeding in general delays resumption of ovulationalready it does not invariably forestall it. For the breastfeeding woman, progestin-only contraceptives, do not affect the quality or quantity of milk. These may be initiated any time during the puerperium.

Thanks for attention