MATCHING KEY TERMS

Match the term with the correct definition.

1. ______ attachment
   a. Method to increase tone of muscles in the vaginal and urinary meatal area
2. ______ bonding
   b. Part of the uterus above the openings of the fallopian tubes
3. ______ catabolism
   c. Conversion of living cellular substances to simpler compounds
4. ______ en face
   d. Acronym that helps assess wound healing (redness, edema, ecchymosis, discharge, approximation)
5. ______ engrossment
   e. Period from childbirth until return of the reproductive organs to their pre-pregnancy states
6. ______ entrainment
   f. Retrogressive changes that return the reproductive organs to their pre-pregnancy states
7. ______ fingertipping
   g. First phase of maternal adaptation
8. ______ fundus
   h. Longer-term development of affection between the infant and significant other
9. ______ involution
10. ______ Kegel exercises
    i. Movement of the newborn in rhythm with adult speech
11. ______ puerperium
    j. Position that facilitates eye-to-eye contact between parent and newborn
12. ______ REEDA
    k. Development of an emotional tie to the infant
13. ______ taking-in
    l. Initial touch characteristic between mother and newborn

KEY CONCEPTS

1. Describe postpartum changes in the
   a. uterine muscle
      b. uterine muscle cells
      c. uterine lining
2. Describe the changes in lochia and when the changes discussed above occur.

3. What is the significance of bradycardia during the early postpartum period?

4. What makes any pregnant and postpartum woman at risk for venous thrombosis? What factors increase this risk?

5. How does the leukocyte level change during the early postpartum period? How would a normal leukocyte level for a postpartum woman be interpreted for a nonpregnant woman?

6. Explain how a full bladder at birth can lead to postpartum hemorrhage.

7. Describe the influence of these hormones on lactation.
   a. Estrogen
   b. Progesterone
   c. Prolactin
   d. Oxytocin

8. Discuss which postpartum mothers would be appropriate candidates for Rho(D) immune globulin and rubella vaccine.

9. Describe the proper technique to massage a soft fundus. How should the nurse expel clots?
10. Complete the following chart for postpartum assessments.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>What to Assess and Expected Findings</th>
<th>Deviations from Normal, Cause, and Nursing Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundus</td>
<td></td>
<td></td>
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<tr>
<td>Lochia</td>
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<td></td>
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<tr>
<td>Bladder</td>
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<tr>
<td>Perineum</td>
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<tr>
<td>Vital signs</td>
<td></td>
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<tr>
<td>Breasts</td>
<td></td>
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<tr>
<td>Lower extremities</td>
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</tbody>
</table>

11. Write out in simple terms how you would teach a woman about each of these postpartum comfort measures.
   a. Cold packs
   b. Perineal care
   c. Topical medications
   d. How to sit
   e. Sitz baths

12. Describe additional nursing assessments and care for the woman who gave birth by cesarean.
   a. Respiratory
b. Abdomen

c. Intake and output

13. What teaching should you provide the postpartum woman to prevent constipation?

14. List signs and symptoms that the postpartum woman should report to her physician or nurse-midwife.

15. Describe the processes of bonding and attachment. Note the similarities and differences in these processes.

16. Describe progression of maternal touch.

17. Describe progression of maternal verbal behaviors.

18. Complete the table by describing maternal behaviors in the three phases of maternal adaptation. How can nurses help mothers meet their needs in each phase?

<table>
<thead>
<tr>
<th>Phase</th>
<th>Maternal Behaviors</th>
<th>Nursing Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking-in</td>
<td></td>
<td></td>
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<tr>
<td>Taking-hold</td>
<td></td>
<td></td>
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<tr>
<td>Letting-go</td>
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</tbody>
</table>

19. Describe postpartum blues. What is the best response to them?

20. How can the nurse help the new father adapt to his role?
21. How should the nurse respond to the parent who is disappointed in the sex of the newborn?

22. What nursing measures can help the mother of twins attach to her babies?

23. New parents may not recognize signals from the infant that he or she has had enough stimulation and now needs to rest. What signals should the nurse teach parents to recognize?

CRITICAL THINKING EXERCISES

1. You may note that some postpartum women have a urine output that is greater than their oral fluid intake. Should you be concerned? Why or why not?

2. Ask a nurse on the gynecology surgery unit what the usual time is for a woman to first urinate after surgery (if a catheter is not used). How does this time interval compare with when a postpartum woman is expected to first urinate?

3. Write a narrative nurse’s note to document expected findings for a postpartum woman 12 hours after birth.

4. If you are a parent, did you or your partner experience separation grief because of the demands of employment? How did you deal with it?

5. During clinical practice, observe the reactions of siblings to a new infant. What steps do you see parents take to reassure the older child that he or she is still loved?

6. What cultural practices related to childbirth do you see in your clinical setting? Does the nursing staff support these? Discuss specific cultural practices with new parents of a different culture from your own.

CASE STUDY

Nita is a multipara who vaginally delivered twin boys 4 hours ago. One weighed 6 pounds and the other weighed 5 pounds 6 ounces. She is admitted to the mother-baby unit after an uneventful recovery. Your initial assessment reveals the following data: temperature 37.6°C (97.9°F), pulse 60 bpm, respirations 20 breaths/min, blood pressure 110/70 mm Hg; fundus slightly soft and located to the right of the umbilicus; lochia moderate; midline episiotomy intact with slight edema.
1. What is your interpretation of these data?

2. What is your first intervention? Why?

3. What should you immediately teach Nita?

Nita’s vital signs 8 hours after birth are blood pressure 112/80 mm Hg, temperature 37.2° C (99° F), pulse 52 bpm, respirations 18 breaths/min.

4. Are any nursing interventions needed based on these vital signs? What is the rationale for your judgment?

Nita plans to breastfeed her twins. She successfully breastfed her other two children. However, she says, “I want to breastfeed, but I really have a lot of cramping when I nurse. I don’t remember having that with the other two children.”

5. What is the nurse’s best response?

6. Why is Nita having more cramping than with her other two infants?

7. What intervention can help this problem?

Nita is worried about constipation because she had the problem after her previous births and has been constipated during the last months of this pregnancy.

8. What interventions and teaching can help Nita avoid constipation?

Nita will receive Rh immune globulin (RhoGAM) and rubella vaccine before discharge.

9. Under what circumstances are these drugs given?

10. What precautions should the nurse teach Nita?

On a home visit 2 days postpartum, the nurse assesses Nita’s fundus as firm, midline, and −1.

11. Are these assessments normal? Why or why not? If they are not normal, is there an explanation?
12. What should the nurse expect to find in the lochia flow?

Nita’s episiotomy is slightly reddened along the suture line, the edges are closely approximated, and there is no edema, bruising, or drainage.

13. Do these data support the supposition that the episiotomy is healing properly? Why or why not? What nursing actions are appropriate?

**REVIEW QUESTIONS**

Choose the correct answer.

1. When checking a woman’s fundus 24 hours after cesarean birth of her third baby, the nurse finds her fundus at the level of her umbilicus, firm, and in the midline. The appropriate nursing action related to this assessment is to
   a. document the normal assessment.
   b. determine when she last urinated.
   c. limit her intake of oral fluids.
   d. massage her fundus vigorously.

2. A woman who is 18 hours postpartum says she is having “hot flashes” and “sweats all the time.” The appropriate nursing response is to
   a. report her signs and symptoms of hypovolemic shock.
   b. tell her that her body is getting rid of unneeded fluid.
   c. notify her nurse-midwife that she may have an infection.
   d. limit her intake of caffeine-containing fluids.

3. A woman who is 3 hours postpartum has had difficulty urinating. She finally urinates 100 ml. The initial nursing action is to
   a. insert an indwelling catheter.
   b. have her drink additional fluids.
   c. assess the height of her fundus.
   d. chart the urination amount.

4. When teaching the postpartum woman about Peripads, the nurse should tell her that
   a. she can change to tampons when the initial perineal soreness goes away.
   b. pads having cold packs within them usually hold more lochia than regular pads.
   c. blood-soaked pads must be returned in a plastic bag to the hospital after discharge.
   d. the pads should be applied and removed in a front-to-back direction.

5. A young mother is excited about her first baby. Choose the best teaching to help her obtain adequate rest after discharge.
   a. Plan to sleep or rest any time the infant sleeps
   b. Do all housecleaning while the infant sleeps
   c. Cook several meals at once and freeze for later use
   d. Tell family and friends not to visit for the first month

6. Choose the best independent nursing action to aid episiotomy healing in the woman who is 24 hours postpartum.
   a. Antibiotic cream applications to the area
   b. Warm sitz baths taken four times per day
   c. Maintaining cold packs to the area at all times
   d. Checking the leukocyte level

7. To prevent breast engorgement, the nurse should teach the non-breastfeeding postpartum woman to
   a. maintain loose-fitting clothing over her breasts.
   b. pump the breasts briefly if they become painful.
   c. limit fluid intake to suppress milk production.
   d. wear a well-fitting bra or breast binder constantly.
8. A woman who is 4 hours postpartum ambulates to the bathroom and suddenly has a large gush of lochia rubra. The nurse’s first action should be to
   a. determine whether the bleeding slows to normal or remains large.
   b. observe vital signs for signs of hypovolemic shock.
   c. check to see what her previous lochia flow has been.
   d. identify the type of pain relief that was given when she was in labor.

9. To help the postpartum woman avoid constipation, the nurse should teach her to
   a. avoid intake of foods such as milk, cheese, or yogurt.
   b. take a laxative for the first 3 postpartum days.
   c. drink at least 2500 ml of noncaffeinated fluids daily.
   d. limit her walking until the episiotomy is fully healed.

10. Choose the sign or symptom that the new mother should be taught to report.
   a. Occasional uterine cramping when the infant nurses
   b. Oral temperature that is 37.2° C (99° F) in the morning
   c. Descent of the fundus one fingerbreadth each day
   d. Reappearance of red lochia after it changes to serous

11. Twelve hours after birth, a mother lies in bed resting. Although she will be discharged in another 12 hours, she does not ask about her baby or provide any care. What is the probable reason for her behavior?
   a. She is still in the taking-in phase of maternal adaptation.
   b. She shows behaviors that may lead to postpartum depression.
   c. She is still affected by medications given during labor.
   d. She may be dissatisfied with some aspect of the newborn.

12. A new father is reluctant to “spoil” his newborn when she cries by picking her up. The best nursing response is to
   a. teach him that she will eventually stop crying if he waits.
   b. take the baby to the nursery to allow the parents to rest.
   c. pick the baby up and rock her until she sleeps again.
   d. tell the father that the baby cries to communicate a need.

13. A newborn is rooming in with his teenage mother, who is watching TV. The nurse notes that the baby is awake and quiet. The best nursing action is to
   a. pick the baby up and point out his alert behaviors to the mother.
   b. tell the mother to pick up her baby and talk with him while he is awake.
   c. focus care on the mother, rather than the infant, so she can recuperate.
   d. encourage the mother to feed the infant before he begins crying.

14. The best nursing encouragement for parents to care for their infant is to
   a. stay out of the room for as long as possible.
   b. have the grandmother nearby as a backup.
   c. give positive feedback when they provide care.
   d. correct their performance whenever they make a mistake.