The Woman with a Postpartum Complication

MATCHING KEY TERMS

Match the term with the correct definition.

1. _______ atony  
2. _______ embolus  
3. _______ hematoma  
4. _______ hypovolemia  
5. _______ psychosis  
6. _______ thrombus

   a. Blood clot within a vessel  
b. A clot, usually a thrombus, forced into smaller vessels by the blood circulation  
c. Less-than-normal muscle tone  
d. Decreased volume of circulating fluid  
e. Localized collection of blood  
f. Mental state in which a person’s ability to recognize reality is impaired

KEY CONCEPTS

1. What is the time difference between early and late postpartum hemorrhage? What quantity of blood loss constitutes postpartum hemorrhage?

2. What is the most common cause of early postpartum hemorrhage? Describe the pathophysiology of this cause of hemorrhage.

3. How will the nurse recognize uterine atony?

4. What is the correct nursing action if uterine atony is discovered?

5. What signs typically distinguish postpartum hemorrhage caused by uterine atony from that caused by lacerations of the birth canal?

6. How do the signs and symptoms of a hematoma differ from those of uterine atony or a bleeding laceration?
7. Describe the body’s reaction to hypovolemia and the clinical signs the nurse might detect.
   a. Compensatory
   b. Failure of compensatory mechanisms

8. What discharge teaching related to late postpartum hemorrhage is essential?

9. Why are pregnant and postpartum women prone to develop venous thrombosis?

10. Complete the following chart on venous thrombosis. Include preventive measures.

<table>
<thead>
<tr>
<th></th>
<th>Signs and Symptoms</th>
<th>Medical and Nursing Management</th>
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<tbody>
<tr>
<td>Superficial venous thrombosis</td>
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<td>Deep vein thrombosis</td>
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11. What laboratory studies should the nurse expect if the woman is given heparin anticoagulation? If the woman is given warfarin anticoagulation?

12. List client teaching related to long-term anticoagulation.

13. What are the signs and symptoms of pulmonary embolism?

14. Define *puerperal infection*.

15. What anatomic features of the woman’s reproductive tract make infection there potentially serious?

16. What changes of uncomplicated childbirth further increase a woman’s risk for reproductive tract infection? What are her protective factors?
17. What is the significance of a distended, board-like abdomen in a woman who has endometritis? Are other assessments needed? What action should the nurse take?

18. List signs and symptoms of wound infection.

19. What liquids can help acidify urine? Why is this helpful in preventing or treating urinary tract infection?

20. Why is it important that the breastfeeding mother with mastitis empty her breasts completely?

21. How does septic pelvic thrombophlebitis differ from thrombophlebitis?

22. What is the key difference between postpartum “blues” and postpartum depression?

23. Describe the characteristics of each category of postpartum psychosis.

CRITICAL THINKING EXERCISES

1. During clinical practice, review the charts of postpartum women. List all factors that put them at higher risk for infection and the type of infection that would probably occur based on these factors. How should your nursing care change according to their risk for infection and/or the site of the infection?

2. Use the information in Chapter 15 to plan a diet for a breastfeeding woman who had a postpartum hemorrhage without blood replacement.

CASE STUDY

Jana is a gravida 1, para 1, who had a vaginal birth of a 9-pound baby 1½ hours ago. Her fundus has remained firm, midline, and 1 fingerbreadth below the umbilicus. She has not yet voided. Vital signs are stable, and she is afebrile. She received two tablets of hydrocodone with acetaminophen (Vicodin) for perineal pain 30 minutes after birth. She now requests “something stronger” for pain because the previous analgesic has been ineffective.

1. What are some possible explanations for the ineffectiveness of the analgesic?
2. Does the nurse need more information? If so, what?

The nurse checks Jana’s vital signs 30 minutes later. Her blood pressure is near its previous levels, but her pulse is slightly higher. Her fundal height, firmness, and lochia amount are unchanged. Her perineum is intact and has a small amount of edema. The nurse replaces the ice pack to the perineum that has been in place since Jana’s recovery period began.

3. Are any other interventions warranted? If so, what are they and why are they appropriate?

**REVIEW QUESTIONS**

Choose the correct answer.

1. The nurse notes that a woman has excess lochia 2 hours after vaginal birth of an 8-pound baby. The priority nursing action is to
   a. catheterize her to check urine output.
   b. check her blood pressure, pulse, and respirations.
   c. assess the firmness of her uterus.
   d. notify her physician or nurse-midwife.

2. Choose the signs and symptoms that suggest concealed postpartum hemorrhage.
   a. Rectal pain accompanied by a rising pulse
   b. Cramping accompanied by a steady trickle of blood
   c. Soft uterine fundus and a falling blood pressure
   d. Heavy lochia accompanied by tachypnea and dyspnea

3. One hour after a woman gives birth vaginally, the nurse notes that her fundus is firm, 2 fingerbreadths above the umbilicus, and deviated to the right. Lochia rubra is moderate. Her perineum is slightly edematous, with no bruising; an ice pack is in place. The priority nursing action is to
   a. chart the expected assessments.
   b. have the woman empty her bladder in the bathroom.
   c. change the perineal ice pack to a warm pack.
   d. increase the rate of the oxytocin infusion.

4. What drug should be readily available when a woman is receiving heparin therapy?
   a. Vitamin K
   b. Methylergonovine
   c. Ferrous sulfate
   d. Protamine sulfate

5. The nurse’s initial response to a suspected pulmonary embolism should be to
   a. start a second IV line of hypotonic solution.
   b. raise the head of the bed and administer oxygen.
   c. insert a catheter to monitor urine output.
   d. lower the head of the bed and elevate the legs.

6. A woman has an 8-pound, 9-ounce baby after an 18-hour labor that required a low-forceps delivery. Her membranes were ruptured for 15 hours. Based on these facts, client teaching should emphasize
   a. reporting foul-smelling lochia.
   b. delaying intercourse for at least 6 weeks.
   c. eating a diet that is high in iron.
   d. losing weight over at least a 6-month period.

7. Postpartum teaching related to urinary health should emphasize
   a. drinking any type of fluid whenever thirsty.
   b. allowing the bladder to fill to promote emptying.
   c. cleansing the perineum in a front-to-back direction.
   d. eating two servings of acidic fruits or vegetables each day.

8. The best position for a woman who has postpartum endometritis is
   a. left lateral.
   b. Trendelenburg.
   c. supine.
   d. Fowler’s.
9. A breastfeeding woman develops mastitis. She tells the nurse that she will just feed her baby formula instead of breastfeeding. The best nursing response is that
   a. emptying the breast is important to prevent an abscess.
   b. a tight breast binder or bra will help reduce engorgement.
   c. she should continue to drink extra fluids while weaning.
   d. breastfeeding can continue when her temperature is normal.

10. A woman who has a postpartum bipolar psychosis is most likely to demonstrate
   a. intermittent feelings of letdown or frustration with the baby and her life.
   b. gradual reduction of interest in her surroundings and family.
   c. hyperactivity and poor judgment alternating with tearfulness and guilt.
   d. delusions that her baby is dead or will be kidnapped by a stranger.