Postpartum Care and Mother-Baby Interaction

Postpartum Care and Mother-Baby Interaction Lecture Objectives

• Describe physiologic and psychological adaptations following birth and discharge teaching requirements of the postpartum period.

Definition of Puerperium or Postpartum Period

• The 4th trimester = postpartum period encompasses time from the delivery of the placenta to the return of the maternal reproductive system to its non-pregnant state (6 weeks).
• Important time of physiologic and psychological adjustments
• Time of incorporation of newborn into family through attachment to mother, father, and other family members

Maternal Physiologic Adaptation

Key Components of Reproductive and Genitourinary System Changes

– Involution of uterus
– Restoration of uterine lining and discharge of lochia
– Healing of vagina, cervix and perineum

Maternal Physiologic Adaptation: Reproductive System

Uterus

➢ Normal Involution
  ❖ Weight
  ❖ Size
  ❖ Fundal position
➢ Afterpains
➢ Subinvolution – delay in involution process
Factors Affecting Uterine Involution

Enhance Involution
• Uncomplicated labor and birth
• Complete expulsion of placenta and membranes
• Breastfeeding
• Manual removal of placenta during CS
• Early ambulation

Slow Involution
• Prolonged labor
• Anesthesia
• Difficult birth
• Grandmultiparity
• Full bladder
• Incomplete expulsion of placenta and membranes
• Infection
• Over distension of uterus

Physiologic Adaptation: Reproductive System

- Lochia – postpartum vaginal discharge; persistence or recurrence of lochia rubra indicates a problem
- Cervix – spongy, flabby, bruised, may be lacerated
- Vagina – edematous, bruised, small lacerations, rugae absent
- Perineum – edematous, bruised, episiotomy/laceration, hemorrhoids

<table>
<thead>
<tr>
<th>Types</th>
<th>Rubra</th>
<th>Serosa</th>
<th>Alba</th>
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<tbody>
<tr>
<td>Color</td>
<td>Red</td>
<td>Pink, brown tinged</td>
<td>Yellowish-white</td>
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<tr>
<td>Duration</td>
<td>1 to 3 days</td>
<td>4 to 10 days</td>
<td>11 to 21 days</td>
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<td>Characteristics</td>
<td>Dark red or brownish with clots; increased flow on standing or breastfeeding or physical activity; contains blood and tissue fragments; fetid odor</td>
<td>Serosanguineous; contains a smaller amount of blood, leukocytes, mucous, and decidua; fetid odor</td>
<td>Contains mostly leukocytes as well as decidua, mucous, bacteria, and epithelial cells; no strong odor</td>
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Physiologic Adaptation

- Cardiovascular System
  ➢ Blood loss at birth – Cardiac output
  ➢ Decrease in blood volume
  ➢ Activation of blood clotting factors

- Respiratory System
  ➢ Descent of diaphragm, capacity returns to normal

- Gastrointestinal System
  ➢ Decreased bowel tones

Physiologic Adaptation

- Urinary System
  ➢ Postpartum diuresis
  ➢ Hematuria
  ➢ Mild proteinuria or acetonuria

- Musculoskeletal System
  ➢ Muscles and joints
  ➢ Abdominal wall and ligaments

Physiologic Adaptation

- Integumentary System

- Neurologic System

- Endocrine System
  ➢ Resumption of Ovulation and Menstruation
  ➢ Preparation for Lactation – colostrum, breast milk
  ➢ Weight Loss
Maternal Postpartum Psychological Adaptation
Rubin’s Three Stages of Maternal Behavior

• “Taking In” – Period of dependent behavior
• “Taking Hold” – Moving between dependence and independence
• “Letting Go” – Taking on new role responsibilities

Postpartum “Blues” and Postpartum Depression

Postpartum Assessment

■ Purpose: to gather data about involutional changes and her need for nursing intervention and teaching

Ask the mother to empty her bladder prior to starting the assessment

Nine Point Postpartum Assessment

■ Vital Signs – TPR and BP
■ Breasts - tenderness, engorgement, nipples, breastfeeding
■ Bladder - distention, difficulties voiding, burning on urination

Nine Point Postpartum Assessment

■ Uterus - firmness, tenderness, position (involution)

Nine Point Postpartum Assessment

■ Lochia
  - Color – rubra, serosa, alba
  - Amount – scant, light, moderate, large
  - Odor

Palpating the Uterus
Nine Point Postpartum Assessment

- Perineum
  - Episiotomy - midline or mediolateral

Nine Point Postpartum Assessment

- Perineum
  - Laceration - 1st, 2nd, 3rd or 4th degree

Nine Point Postpartum Assessment

- Perineum
  - Hemorrhoids

Nine Point Postpartum Assessment

- GI Status - tendency toward constipation
- Vascular System
- Emotional Status

Common Postpartum Concerns

- Gush of blood that sometimes occurs when she first arises
- Night sweats
- Afterpains
- “Large stomach” after birth and failure to lose all weight gained during pregnancy
- Postpartal Chills

Nursing Management of the Postpartum Family

Four Nursing Responsibilities in Cares for Postpartum Mother

- Assess physical changes for normalcy and deviation
- Ensure adequate care for safety and comfort
- Provide anticipatory guidance for expected changes
- Education related mother and infant care
Foster Parent-Infant Attachment and Care of Newborn

- Promote rest, food, and fluid intake
- Pain management
- Discuss baby’s unique characteristics
- Encourage family to hold, cuddle, inspect and feed the infant *Skin to skin care*
- Point out normal newborn reflexes and abilities
- Provide privacy and an environment that enhances family-infant interaction

Factors Affecting Bonding/Attachment

- Mother’s emotional and physical condition after labor
- Infant’s condition and behavior
- Separation of mother and infant after birth due to maternal or infant illness
- Contrast of fantasy infant with real infant
- Maternal drug and alcohol use
- Neonatal congenital anomalies
- Prematurity
- Teenage mother
- Unwanted pregnancy
- Infant is the product of rape or incest

Reality!

- Does the mother assume "en-face" position?
- Does the mother/father make eye-to-eye contact?
- Does the mother/father call the infant by name and claims infant as family member?

Reality!

Themed posters greet Patients and Families
Parental Behaviors Indicating the Bonding/Attachment is Occurring

- Does the mother/father make comments to and about the baby and assign meanings to the infant’s actions?
- Does the mother/father touch the baby with fingertips or fingers progressing to palms to holding close?
- Does the mother/father cuddle and caress the baby?

Parental Behaviors Indicating Bonding/Attachment Problems

- Ignoring infant’s presence
- Turning away from infant
- Wakes baby when sleeping; handles roughly
- Expresses disappointment, displeasure in infant
- Disgusted by infant’s body fluids

Potential Complications

- Infant Failure-to-thrive and neglect
- Non-attachment leading to physical abuse
- Emotional detachment

Maternal Attachment Case Study

- Tara, 16 years old, in labor with her first baby, and Melanie, 38 years old, in labor with her fifth baby, gave birth approximately at the same time.
- Tara responded excitedly when her baby was placed in her arms but said “Ugh!” when the nurse suggested placing the infant to breast.
- Melanie took the baby from the nurse, put him to breast, but said tearfully to the nurse, “I was really hoping for a girl; this is my fifth boy.”
Cultural Beliefs – Postpartum Care

- **Chinese, Mexican, Korean, and Southeast Asian:** may wish to eat only warm foods and drink hot drinks; may wish to stay warm and avoid bathing, exercises and hair washing for 7 to 30 days after childbirth; care by family members is preferred; may prefer not to give their babies colostrum

- **Haitian:** may request to take placenta home to bury or burn

- **Muslim:** must keep hair, body, arms to wrist and legs to ankles covered at all times; cannot be alone in the presence of a man; if observant will not eat pork, meat slaughtered according to Islamic laws (halal meat)

Cultural Beliefs – Family Planning

- **Chinese:** birth control is mandated by the government in mainland China; will have an IUD inserted after birth of first child

- **Hispanic:** will likely choose the rhythm method

- **Muslim:** may practice contraception by mutual consent as long as its use is not harmful to the woman – foam and condoms, diaphragm, natural family planning

- **Hmong:** highly value and desire large families which limits birth control practices

Postpartum Beliefs & Practices of Non-Western Cultures

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<th>Hot-Cold Beliefs</th>
<th>Postpartum Confinement</th>
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<td>Care focused on keeping the new mother warm.</td>
<td>Activities are strictly limited.</td>
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<td>Blood is “HOT.” After giving birth, mother is considered to be in “Cold” state (Latin America, Asia, Africa).</td>
<td>First 2 days postpartum period</td>
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<td>Heat increases flow of milk “lowers milk is very good” Prevents milk from becoming “cold” (application of heat, sweat baths) Guatemala.</td>
<td>1-2 days x 2 weeks to check the baby’s cord, massage mother, household activities (Guatemala).</td>
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<td>Protection from the “wind” windows closed (no matter how hot outside), room environment warm. Bathing is dangerous (Chinese).</td>
<td>Confinement to her home for 30 days. Live-in family relative/helper (China).</td>
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<td>“Bones are open” after birth. Cold food and drink causes arthritis &amp; rheumatism. Warmth increases milk supply (Lebanon, Egyptian &amp; Palestine).</td>
<td>Confinement to protect mother &amp; baby from evil spirits, exposure to illness. Both are considered to be in a “Vulnerable” state (India).</td>
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<td>“Cold evil wind” no bath or hair washing for up to 40 days (Mayan Indian/Mexican).</td>
<td>40 days of confinement to protect mother &amp; baby from evil spirits, exposure to illness. Both are considered to be in a “Vulnerable” state (India).</td>
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A Clash of Cultures

- A Vietnamese woman who had been in the United States for 4 years requested rooming-in after childbirth. Instead of participating in the care of her infant, she refused to do so, remained in bed, wore a woolen cap and appeared distressed and angry.

- The staff were puzzled and upset by her behavior. What would you do?

Korean Women’s Experience

**Difficult SVD with a 3rd degree laceration**

- Ice to perineum to minimize swelling and discomfort
- RN desires to initiate breastfeeding during first hour after birth
- RN brings water bottle filled with ice water
- RN brings cold meal (typically sandwich)
- RN recommends a shower explaining it would refresh and strengthen the patient
- Rooming in (maternal rest versus infant mother attachment)
- Postpartum follow-up clinic 48-72 hours after birth
- Korean culture teaches respect for authority (RN)

- **Ice to perineum to minimize swelling and discomfort**
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**Readmitted to hospital with a high fever and abdominal pain 10 days after giving birth**

- ** Rejects food and liquids prepared by hospital**
- **Refused to shower or wash her hair.**
- **Refused to get out of bed except to use the bathroom**
- **Insists on many blankets despite high temp and diaphoresis**
Physical Care

- Vital signs
- Breast
- Ambulation
- Uterus/After pains
- Perineal Care
  - Peribottle
  - Ice Packs
  - Sitz Bath
  - Ointments, Sprays, Tucks

- Elimination
  - Voiding facilitated by:
    - Running tap water
    - Pouring warm water over vulva
    - Blowing bubbles through straw or on thumb
    - Voiding in sitz bath or shower
    - Fumes of peppermint spirits by urinary meatus
    - Avoid catheterization if possible
  - Defecation - stool softeners and laxatives

- Nutrition
- Rest and sleep
- Pain assessment and relief
- Exercise
- Bathing and grooming
- Immunizations - Rubella, RhoGam, T-Dap
- Cesarean care: pain relief, monitor VS, incision, I&O, voiding after Foley removal, ambulation, gas/BM

Preparing for discharge

Discharge

- Newborns’ and Mothers’ Health Protection Act of 1996
- Postpartum Follow-up after Discharge
  - Home Visit
  - Mother/Newborn Clinic
  - Lactation Visits
  - Telephone Follow-up
  - Postpartum Support Groups
  - Community Resources

Discharge Teaching- Mother’s Care

- Process of Involution
- Breast Care for Lactating/Measures to Suppress Lactation
- Perineal Care/Kegel Exercises/PT?
- Promoting Rest and Sleep
- Nutrition
- Promoting regular bowel elimination
- Sexual Activity
- Immunization-Tdap
Discharge Teaching Newborn Care

- "Back to sleep"
- Car Seat
- Bathing
- Cord Care
- Diapering
- Stools
- Circumcision care
- Temperature (axillary 97.7-99.5)
- Feeding
- Jaundice

Signs and Symptoms to Report

- Fever
- Localized area of redness, swelling, or pain in either breast
- Persistent abdominal tenderness
- Feeling of pelvic fullness or pelvic pressure
- Persistent perineal pain
- Frequency, urgency, or burning on urination
- Change in character of lochia
- Localized tenderness, redness, swelling or warmth of legs
- Swelling, redness, drainage from or separation of abdominal incision

Transition to Fatherhood: Three-Stage Process

- Stage 1: Expectations
  - Preconceptions about what life will be like after the baby comes home
- Stage 2: Reality
  - Realizes that expectations are not always based on fact
- Stage 3: Transition to Mastery
  - Makes conscious decision to become more actively involved with infant

Factors Influencing Parental Responses

- Age
  - Adolescent Mother and Father
  - Maternal or Paternal Age More Than 35 Years
- Social Support
- Culture
- Parental Sensory Impairment
  - Visually Impaired Parent
  - Hearing-Impaired Parent

Paternal Engrossment

Sibling Rivalry

- The Born-Again Bluffer: Regression, imitation of new baby
- The Sweet Dimpled Darling: Demonstrates obsessive love for new sibling; masks resentment
- The Cool Camouflager: Cool indifference camouflages jealousy
Sibling Rivalry

- **The Spotlight Seeker:** Takes frustration out on household objects.
- **The Moper:** Hides resentment by becoming an introvert.
- **The Active Avenger:** Wants to help send the baby back.

Strategies for Facilitating Sibling Acceptance of a New Baby

- Take the sibling on a tour of hospital — similarities to her or her birth
- Small gift from the baby to the sibling
- "I’m a big brother/sister"
- Arrange to see/hold the baby in the hospital
- Arrange to spend special time with the sibling
- Give preschool and school age siblings a newborn doll as “their baby” to care for

Sibling Introduction

Grandparent Adaptation

- Contribute to family continuity & maintenance of cultural traditions
- Extent of involvement depends on:
  - Willingness to be involved
  - Location
  - Ethnic and cultural expectations

Questions?

ARE YOU READY????