Breasts--
1. **Palpate both breasts** for engorgement/filling. Minimize palpation for bottle-feeding mother to avoid stimulation.
2. **Check nipples** for pressure sores, cracks, or fissures. Evaluate whether nipples are everted, flat, or inverted.
3. All mothers should **wear a supportive bra** 24 hours a day for the first few days postpartum.
4. **Engorgement**-- usually occurs 2-3 days post-partum. Teach mom to:
   a. apply warm packs or K-pad 15-20 minutes pre-nursing
   b. try a warm shower before nursing
   c. ice bags and/or binders for non-nursing moms

Uterus--
The fundus is palpated for the following:
1. **Height**-- Record finger widths above or below the umbilicus.
   e.g. Fundus 2/U (2 fingerbreadths above the umbilicus)
   Fundus U/2 (2 fingerbreadths below the umbilicus)
   Fundus descends 1 fingerbreadth each day
2. **Position**-- Fundus should be midline near the umbilicus
   --A full bladder may push the fundus to the R or L of the umbilicus
   and cause the pt’s flow to be heavier.
3. **Tone**-- Fundus should remain firm
   --If uterus becomes boggy gently massage the uterus to help the
   muscles to contract
   --Adjust IV flow rate to control bleeding if Pitocin is in the IV solution
   --If no IV, administer p.o. or IM Methergine or ergotrate per Dr.’s order.

Bladder--
Assess the following
1. Accompany mother and record first 2 voidings. (More if voiding less than 150cc each time)
2. Palpate for distention above the symphysis pubis
3. If patient has not voided in 6-8 hours post-delivery
   --straight cath per Doctor’s order
   --notify Doctor for any voiding difficulties
4. Be alert for signs and sx of UTI:
   --infrequent voiding
   --painful urination (dysuria)
   --burning
   --frequency
   --urinary retention
   --foul-smelling urine
5. Postpartum voiding difficulties related:
   --fatigue
   --perineal swelling
   --long, difficult Labor and Delivery eg.use of Forceps, Vacuum Extractor

Bowel--
1. Assess for presence of BS q shift; palpate abdomen for distension
2. Administer daily stool softeners per doctor’s order
3. Avoid use of enemas and or suppositories for pts with a 3rd or 4th degree laceration. If needed, use with caution.
4. First BM usually occurs on or after 2nd PP day.
5. Best for pt to have BM before discharge but may not happen.
6. Often sent home with stool softeners & encouraged to eat fiber & exercise.
Lochia--
1. Assess peripad daily (1 X each shift) for color, amount, type, and for any foul odor.
2. Instruct pt to notify nurse if she passes clots. Note size and number.
3. Call Doctor for any excessive bleeding
4. Peri-Care:
   - Instruct pt to fill peri-bottle with warm water and rinse stitches area after each voiding or BM
   -Wipe from front to back, patting gently
   -Change peripads after each voiding
   -Spray episiotomy area with anesthetic spray after wiping
   -Apply 1 - 2 Tucks (witch hazel) pads to peripad with each pad change
   -Encourage use of sitz bath 24 hrs postpartum per Doctor’s order for 20 min bid-tid especially if pt had a 3rd or 4th degree laceration

Episiotomy--
1. Assess using REEDA every shift
   - R=redness
   - E-edema
   - E=echymosis
   - D=discharge
   - A=approximation
2. Position in lateral Sims position with upper knee bent. Gently lift the buttocks to view perineum. Flashlight may be helpful.
3. Apply ice bags if ordered, for 6 - 8 hours post delivery to minimize swelling
4. Assess for presence of hemorrhoids-- Teach pt to apply medication as ordered.
5. Most women deliver with an episiotomy
   - Midline
   - R or L mediolateral
   - 3rd degree extension-- laceration extends to the rectum
   - 4th degree extension-- laceration extends through the rectum

Homan’s Sign--1. Assess daily for redness, nodular or warm areas, discolorations, or leg varicosities and notify Doctor.
2. Assess Homan’s Sign q shift
3. Assess peripheral pulses and for presence of and amount of edema
4. Women are more prone to thrombophlebitis post-partum related to hypercoagulability of the blood caused by:
   --pregnancy( hormonal changes)
   --anemia
   --pelvic infection
   --traumatic delivery
   --obesity

Emotional Status-- 3 Normal Phases
1. “Taking In” --immediately after delivery till up to 2 days postpartum
   --need rest and sleep
   --self-focus
   --relives events of Labor and Delivery
2. “Taking Hold”--preoccupied with the present
   --usually encompasses days 2 - 5 postpartum
   --interested in self-care
   --optimal time for teaching
   --focus on caring for baby
3. “Letting Go”--reestablishes relationships with others with outward focus
   “Postpartum Blues”-- a normal temporary state related to hormonal changes, role redefinition, fatigue, or pain. Pt may “cry for no reason”.

**Postpartum Blues**-- a normal temporary state related to hormonal changes, role redefinition, fatigue, or pain. Pt may “cry for no reason”.
Diastasis Recti— a separation of the rectus abdominis muscles, may occur with pregnancy, especially in women with poor abdominal muscle tone.

1. Following the uterine assessment, examine the abdomen for Diastasis Recti by asking the mother to lift her head and place her chin on her chest. While mother maintains that position, the nurse should begin to palpate at the level of the umbilicus for a separation in the muscle. Strive to measure both a length and a width and record on assessment, if indicated, as Diastasis: 2 cm X 8 cm.

2. Teach mother importance of exercise to regain muscle tone, in order to have strong abdominal support for future pregnancies. Reassure mom that diastasis recti does respond well to exercise.