

Abnormal Puerperium



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A-Postpartum Hemorrhage (PPH)

B-Puerperal fever and sepsis

- Endometritis
- Mastitis
- Wound Infections
- UTIs

C-Septic Pelvic Thrombophlebitis

D-Endocrine Disorders

- Postpartum thyroiditis
- PP Graves disease
- Sheehan syndrome
- Lymphocytic hypophysitis

E-Psychiatric Disorders

- Postpartum blues
- Postpartum depression (PPD)
- Postpartum psychosis

F- UTERINE SUBINVOLUTION



Postpartum hemorrhage

is one of the leading causes of death among postpartum patients.

PPH refers to a blood loss of more than **500 mL** after a vaginal birth and more than **1000 mL** after a C-section.

Postpartum hemorrhage is categorized as **early or late**.

- Early refers to a hemorrhage occurring within the **first 24 hours** after birth
- Late refers to a hemorrhage occurring **after 24 hours**.

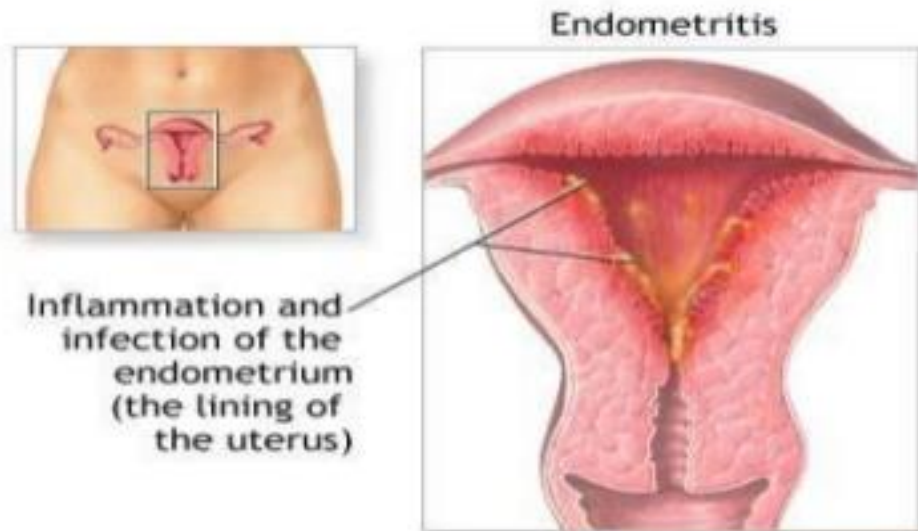
Nursing interventions

- ❖-The nurse must report a PPH immediately and
- ❖-prepare for the insertion of a large-bore intravenous catheter, if one is not already present, and the administration of intravenous fluids and oxygen.
- ❖- A large-bore intravenous catheter is inserted to allow possible administration of blood products.
- ❖-The nurse should assess continually for bleeding, changes in vital signs, and oxygen saturation.
- ❖-The patient's legs may also be elevated.
- ❖- Patients and their families will need nursing support during a PPH, as it can be quite a disconcerting experience.

1) Endometritis

Endometritis is the **primary cause** of postpartum infection.

The causative agents are usually **normal vaginal flora** or **enteric bacteria**.



Cont. (Endometritis)

Risk factors

4Ps 3Ms 1C

1. Cesarean delivery
2. Prolonged labor
3. Preexisting infection of the lower genital tract
4. Placement of an intrauterine catheter
5. Prolonged rupture of membranes
6. Multiple vaginal examinations
7. Multiple pregnancy (Twin delivery)
8. Manual removal of placenta

Cont. (Endometritis)

Diagnosis (After excluding other causes)

- A. History** of fever, chills, lower abdominal pain, malodorous lochia, increased vaginal bleeding, anorexia, and malaise.
- B. Physical Examination** showing a fever of 38°C , tachycardia, and fundal tenderness.
- C. Laboratory tests** CBC, ESR, CRP, blood cultures, urinalysis and microscopic culture of discharge.



ROLE of F (Endometritis)

First Exclude

Foul smelling lochia

oFFensive vaginal bleeding

Fever > 38 °C

Fundal tenderness



Endometritis

is usually treated with:-

Intravenous antibiotics

Rest.

2) Wound Infection

Include infections of the perineum developing at the site of an **episiotomy** or laceration, as well as abdominal incision after a **cesarean birth**.

Diagnosis based on presence of erythema, induration, warmth, tenderness, and purulent drainage from the incision site (**expolortion**), with or without fever.



Cont. (Wound Infection)

Perineal infections are rare appears on the third or fourth postpartum day.

- **Risk factors** include infected lochia, fecal contamination of the wound, and poor hygiene.

Abdominal wound infections

S aureus, is isolated in 25% of these infections.

Treatment :

Abscesses must be drained, and broad-spectrum antibiotics may be initiated.

Nursing Intervention

- ❖ Dressing changes using normal saline will aid in the healing process.
- ❖ Patients should be taught about proper hand washing
- ❖ encouraged to maintain adequate fluid intake and increase protein intake to assist in wound healing.
- ❖ Wound infections can be intensely painful, especially in the perineum. Therefore, the nurse should assist these patients in managing pain through the use of analgesics and positioning.

3) Mastitis

- It is an inflammation of the mammary gland (**parenchyma**) .
- Develops during the **first 3 months**.
- Milk stasis and cracked nipples, which contribute to the influx of skin flora, are the underlying factors associated with the development of mastitis.
- The most common causative organism is **S.aureus**
- **Risk factors** → primiparity, incomplete emptying of the breast, and improper nursing technique.

Cont. (Mastitis)

Diagnosis



A. History of fever, chills, and malaise.

B. Physical Examination

- Should Focus on looking for **other sources of infection**.
- Typical findings include an area of the breast that is **swollen, warm, red, and tender**.
- When the exam reveals a **tender, hard, possibly fluctuant mass** with overlying **erythema**, an **abscess** should be considered.

Cont. (Mastitis)

Treatment

- **Milk stasis** can be treated with **moist heat**, **massage**, fluids, rest, proper positioning of the infant during lactation, **manual expression** of milk, and **analgesics**.
- **Penicillinase-resistant penicillins** and **cephalosporins**, such as dicloxacillin or cephalexin, are the **drugs of choice**.
- Erythromycin, clindamycin, and vancomycin may be used for patients who are **resistant** to penicillin.
- Resolution usually occurs **48 hours** after the onset of antimicrobial therapy.

4) UTIs

- The most common pathogen is **E coli**. In pregnancy
- **Risk factors** Cesarean delivery, forceps delivery, vacuum delivery, induction of labor, maternal renal disease, preeclampsia, eclampsia, epidural anesthesia, bladder catheterization, length of hospital stay, and previous UTI during pregnancy.

Diagnosis

History (frequency, urgency, dysuria, hematuria)

Physical examination (febrile patient, Suprapubic tenderness)

Laboratory tests (urinalysis, urine culture and CBC)

Treatment

Empirical → culture → selective (**3-7 Days**)

Nursing Intervention

- **Urinary tract infections are treated with antibiotics,**
- **These patients drink adequate fluids to flush bacteria out of the system.**
- **Report signs and symptoms of a urinary tract infection, including frequency, urgency, painful urination, and hematuria.**

C) Septic Pelvic Thrombophlebitis (SPT)

- It is a venous inflammation with thrombus formation in association with fevers unresponsive to antibiotic therapy.
- Bacterial infection of the endometrium seeds organisms into the venous circulation, which damages the vascular endothelium and in turn results in thrombus formation.
- The thrombus acts as a suitable medium for proliferation of anaerobic bacteria.

Nursing Interventions

- **Monitoring** postpartum patients for the development or presence of thrombophlebitis, nurses should assess for the **presence of hot, red, painful, or edematous areas on the lower extremities or groin area. An elevated temperature may also be present.** As previously mentioned, it is currently contraindicated to assess for a thrombophlebitis by eliciting a Homan's sign.
- **Interventions** to treat thrombophlebitis depend on the severity of the thrombosis. Usually, for superficial thrombosis, **analgesics, bed rest, and elevation of the affected limb is enough to alleviate the problem.** However, in the presence of a DVT, **anticoagulants** may be necessary. In addition to use of **compression stockings and warm, moist heat applications, patients should be instructed to keep their legs elevated** and uncrossed.
- These patients are typically allowed to ambulate only after symptoms subside.

PostPartum Thyroiditis (PPT)

- It is a transient **autoimmune** destructive lymphocytic thyroiditis.
- Can occur **any time in the 1st postpartum year.**

It has 2 phases

1) 1-4 mo PP → thyrotoxicosis (↓TSH)

→ If sever β -blocker

2) 4-8 mo PP → hypothyroidism (↑TSH)

→ If sever Thyroxin

E) Psychiatric Disorders

1- Postpartum blues - 50-70%

- Mild, self limited, arises during the first 2 weeks PP
- TTT: Support & education

2- Postpartum depression (PPD) - 10-15%.

- More prolonged (3-6 months)
- TTT: Supportive care and reassurance, SSRI

3- Postpartum psychosis- 0.14-0.25%.

- Generally lasts only 2-3 months. Need psychiatrist.
- Better prognosis than nonpuerperal psychosis.



Nursing Interventions

- **Postpartum depression is usually treated with counseling and medication.**
- **Nurses can support these patients in the healing process at follow-up appointments and during home visits.**
- **Nurses help mothers and their families understand postpartum depression and assist them in exploring the spiritual aspects of their suffering as an aid in the healing process.**
- **Nurses should encourage these patients to get adequate nutrition, rest, relaxation, and exercise.**

F) Uterine Subinvolution

It is a transient **autoimmune** destructive lymphocytic thyroiditis.

Causes: Endometritis, retained placental fragments, pelvic infection and uterine fibroids

Signs and Symptoms

- 1) **Prolonged lochial flow.**
- 2) **Profuse vaginal bleeding.**
- 3) **Large, flabby uterus.**



Cont. (Uterine Subinvolution)

Treatment:

1- Administration of **oxytocic** medication to improve uterine muscle tone, includes:

(a) Methergine - a drug of choice (PO)

(b) Pitocin.

(c) Ergotrate.

2- Dilation and curettage (**D&C**) to remove any placental fragments.

3- **Antimicrobial therapy** for endometritis

Summary

