Postpartum Complications

Perinatal Practicum
Common postpartum complications

- Postpartum hemorrhage
- Hypertensive disorders
- Infection
- Venous disorders
- Postpartum mood disorders
- Amniotic fluid embolism
Postpartum hemorrhage

- **Definition:**
  - Blood loss >500cc within 24 hrs of delivery (vaginal delivery)
  - Blood loss >1000cc within 24 hrs of delivery (Cesarean delivery)
  - A change in postpartum hemoglobin concentration
  - Blood loss requiring transfusion
Types of postpartum hemorrhage

- Primary or early postpartum hemorrhage
  - Occurs within 24 hrs after delivery

- Secondary or delayed postpartum hemorrhage
  - Occurs 24hrs to 12 wks after delivery
  - More commonly due to placental site sub involution and retained placental parts
  - May be associated with von Willebrand’s disease
causes of postpartum hemorrhage

• Uterine atony
• Lacerations of the upper or lower genitourinary tracts
• Retained products of conception
• Invasive placental implantation
• Uterine inversion or rupture
• Coagulation disorders
• Infection
• Placental site subinvolution
Risk factors

- Precipitous or prolonged 1\textsuperscript{st} or 2\textsuperscript{nd} stage of labor or both
- Overstretching of the uterus
- Drugs
- Birth trauma
- Previous postpartum hemorrhage, uterine rupture or uterine surgery
- Past placenta accreta, increta or percreta
- Current diagnosis of placenta previa
Risk factors (cont)

- Uterine malformation or fibroids
- Coagulation disorders
- Maternal exhaustion, malnutrition, anemia or PIH
- Grand multiparity
- Uterine infection
Assessment

- Symptoms:
  - Dizziness, lightheadedness, fainting
  - Tachycardia, tachypnea, weak pulse, decreasing bp
  - Oliguria, profound hypotension and signs of shock
  - Altered loc
  - Uterine atony
  - Lacerations
  - Hematoma
  - DIC
Interventions

- Immediate postpartum period
  - Prompt response
  - Medical orders
  - Exam for lacerations
  - Removal of retained products of conception
  - Uterine tamponade
  - Arterial embolization
  - Surgery
Intervention (cont)

- After initial post delivery period
  - Uterine assessment
  - Lochia assessment
  - Vital signs
  - Guard against inaccurate assessment
  - Notify physician
After stabilization

- Encourage rest
- Assist with ADL’s
- Nutritional and fluid support
- Vitamins and iron supplements
- Assist and encourage mild activity
- Antibiotics as ordered
Hypertensive disorders

- Five classifications of hypertension in pregnancy
  - Gestational hypertension
  - Preeclampsia
  - Eclampsia
  - Chronic hypertension
  - Preeclampsia superimposed on chronic hypertension
Postpartum management of hypertension

- 30% of cases of eclampsia and HELLP syndrome occur after delivery
- Magnesium sulfate continued postpartum as ordered or per policy
- Facilitate family bonding
- Discharge teaching
Postpartum management of hypertension (cont)

- Monitor for signs and symptoms of preeclampsia
  - Strict bp measurement
  - Monitor renal function, liver function tests, platelet count and coagulation profile

- Medications
  - Labetolol
  - Hydralazine
  - Nifedipine

- Continue treatment for 2-3 wks postpartum and then reevaluate
Infection

• Definition
  • An oral temp > 100.4F on any two of the first ten days postpartum
  • Temp 101.6F or higher during the first 24 hrs post delivery taken at least four times a day
Types of infections

- Endometritis
- Cesarean section wound infection
- Perineal wound infection
- Urinary tract infection
- Breast infection
- other (URI, appendicitis or other viral infections)
Risk factors

- Cesarean birth
- Young age
- Low socioeconomic status
- Prolonged labor
- Prolonged ROM
- Multiple vaginal exams during labor
- Severe anemia or diabetes
- Traumatic delivery
- Postpartum hemorrhage
- Malnutrition
- Pre-existing infection
- Hematoma
- Foley catheter in place > 24 hrs
- Perineal lacerations
- Internal monitoring
- Mec-stained amniotic fluid
Assessment

- Genital tract
- Urinary tract
- Breasts
- Wound
- Psychosocial
Interventions

- IV antibiotics
- Cultures
- Prevention
- Education
Venous disorders

• Definition:
  • Variety of terms (superficial phlebitis, PE, DVT, thrombophlebitis)
  • Inflammation or infection of the wall of a vessel in which a clot attaches to a vessel wall with possible thrombus formation

• Incidence
  • Decreased with early ambulation
  • DVT-more common in antepartum period
  • PE-more common in postpartum period
  • Can occur up to the 20th day postpartum
Types of venous disorders

- Superficial phlebitis
- Deep vein thrombosis
- Septic pelvic thrombophlebitis
Causes of venous disorders

- Vessel wall damage
- Venous stasis
- Altered coagulation state
assessment

- Homan’s sign
- Reports of pain in leg or groin
- Nonspecific back pain or right lower quadrant pain
- Tenderness to palpation
- Increased temperature of limb
- Coolness of limb with edema and pain
- Erythema or discoloration of the extremity
- Fever
- Pulmonary embolism
Diagnostics

- D-dimer
- Ultrasound or MRI
- Complete blood count
- Blood cultures
- Screening for clotting disorders
Interventions

- Bedrest
- Elevation
- Analgesics
- Compression therapy
- Anticoagulants
  - Heparin
  - Coumadin
  - Lovenox
- Oxygen as needed
- Frequent rest periods
- Vital signs
- Emotional support
Postpartum mood disorders

- Baby blues
- Postpartum depression
- Postpartum psychosis
Postpartum mood disorders

- Baby blues
  - Mildest form of pp mood disorder
  - Occurs on the 3\textsuperscript{rd} to 8\textsuperscript{th} pp day
  - Incidence of 60-80% of all pp women
  - Symptoms disappear spontaneously by the second postpartum week with support and adequate rest
  - May progress to postpartum depression
Postpartum mood disorders

- Postpartum depression
  - Major mood disorder the onset of which occurs within the first 4 weeks after delivery
  - Incidence 10-20% of all postpartum women
  - Depressed mood or decreased interest or pleasure in activities, most of the day nearly every day for 2 weeks or more
  - Disabling and can last for prolonged period
Postpartum mood disorders

- Postpartum psychosis
  - Symptoms include hallucinations, bizarre behavior, delusions, extreme disorganizations of thought and phobias
  - Incidence of 0.1% per 1/1000 postpartum women
  - Onset usually occurs within the first 2 weeks after delivery
  - Women with postpartum psychosis should not be left alone with their infants
Assessment

- Risk factors
- Symptoms
- Physical findings
- Psychosocial findings
- Diagnostics
Interventions

- Data collection
- Request psych evaluation
- Confirm correct use of antidepressant medications
- Support coping mechanisms
- Facilitate family interactions and care
- Explain changes that occur during postpartum period
- Assist with home risk identification
Amniotic fluid embolism

- Also called anaphylactoid syndrome of pregnancy
- It is thought that the entry of amniotic fluid and fetal cells into the maternal circulation in certain patients causes an anaphylactoid reaction
- Causes acute onset of maternal dyspnea and hypotension, followed by cardiopulmonary collapse
Amniotic fluid embolism

- 40% develop ARDS, left-sided heart failure, dic and multisystem failure
- Mortality rate as high as 80%
- Those who survive 85-92% have permanent neurologic impairment
Assessment

- Physical findings
  - Acute respiratory distress
  - Acute circulatory collapse
  - Acute onset of coagulopathy
  - Psychosocial findings
  - Diagnostic possibilities
Intervention

- Recognition
- Oxygen and IV therapy
- CPR
- Assist with intubation
- Administer crystalloid solutions
- Monitor vital signs, pulse oximetry and color
- Have emergency medications at hand
Intervention (cont.)

- Obtain chest x-ray and ekg
- Observe for signs and symptoms of shock
- Observe for signs and symptoms of coagulopathy
- Obtain lab work
- Assist with central line placement
- Prevent hypothermia
- Keep family informed
Video

Questions??