

Lab Maternity

- **Antenatal period (pregnancy).**
- **Labor partum period.**
- **Newborn Assessment.**
- **High risky pregnancy:-**
 - >Preeclampsia toxicemia
 - >Placenta premium
 - >Abruptio placenta
 - >Gestational DM
 - >UTI during pregnancy
 - >Preterm Labor
 - >PROM (premature rupture of membrane)
 - >Abortion

<http://www.facebook.com/healing.nursing>

***Para:** number of pregnancies in which the fetus reached 20 GW or more at delivery whether the fetus delivered alive or still born (لذلك لا احكم الا بعد الولادة). (جنين ميت)

-IUFD: intrauterine fetal death.

_Primipara: the women who has been delivered the fetus at least 20 GW for the first time.

_Multipara: # # for more than once.

_Nullipara: ##never sustained pregnancy 20 GW.

***Antenatal history:**

1- Obstetric Hx: (A) GTPAL

G: gravida, T: term, P: preterm, A: abortion, L: living child

التوأم يعتبر حمل واحد فقط ولكن تفرق في عدد الاطفال

Ex: salma is pregnant for the 4th time, her 1st pregnancy was baby boy delivered at 40 GW, 2nd pregnancy was terminated at 10 GW, and 3ed pregnancy was twins delivered at 30 GW. Find the GTPAL?

G:4,T:1,P:1,A:1,L:3

*miscarriage (اجهاض تلقائي): spontaneous abortion before 16 GW.

(B)(Weight, health status, date of delivery):- نأخذ تفاصيل أكثر عن الولادات السابقة -

(C) Types of delivery: normal vaginal delivery (NVD), cesarean section (C/S).

إذا اجرت عمليتين على الأقل تكمل باقي الولادات بعملية

(D) Type of anesthesia (E) Maternal or fetal complication (F) Type of feeding

2- Menstrual Hx: date of last menstrual period (LMP) to estimate date of delivery (EDD).

Nagele's rule: add 7 days, subtract 3 month, and add one year.

Ex:- LMD:5/9/2012.....EDD:12/6/2013

LMD:5/1/2013.....EDD:12/10/2013

3- Contraceptive Hx:- موانع الحمل-

Ex: intrauterine device (IUD) لولب

4- Medical and Surgical Hx: M \Rightarrow disease (DM, HTN, renal, Anemia, UTI, cardiac, STDs), medication infectious disease

S \Rightarrow اي عملية قامت بها بشكل عام

5- Family Hx: inherited disease, Genetic problems.

6- Life style (nutrition, occupation, alcohol, exercise)>> اذا بتشرب قهوة لازم تخفف
<< environment << أبخرة، أشعة.. الخ

7- psychosocial Hx: support system, if she have any stress, economic status.

8- Partner's Hx (passive smoking, blood type, any diseases)

*Physical Examination:-

1_vital sign:-BP: (diastole >>10-15 بمقدار >>بقل طبيعي>>آخر الحمل طبيعي>>)

pregnancy induced hypertension (PIH) ولكن ٩٠ / ١٤٠ عن لا يرتفع ان لا يرتفع فيجب ان لا يرتفع عن ٩٠ / ١٤٠

PROTEIN UREA + EDEMA <=> PREECLAMPSIA >>واذا ترافق معه

RR: 24 (shortness of breath or dyspnea) → normal

PULSE : (90-95), ١٠٠ عن لا تزيد عن

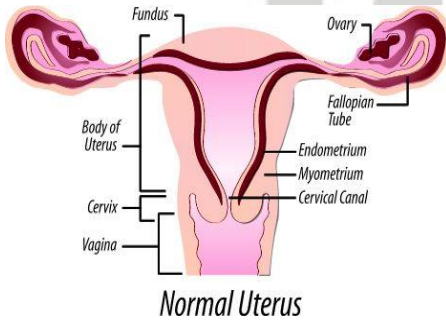
Temp: slightly increase due to increase in BMR <=> 37.5c

2_CVS: change in heart place and sound, ankle edema, varicose vein in lower extremities + rectum, anus.

تذهب مع الراحة، اما اذا كانت منتشرة في كل الجسم وتؤثر على الوزن فلا نعتبرها طبيعية أو اذا كانت مترافقة مع ارتفاع الضغط
-prone to DVT >> 1. Because of increased clotting factors. 2. Varicose vein.

3_muskuloskeletal system:

Uterus >> in the pelvis >> location, size, shape, wt يتكون من ٣ طبقات ويكون شكله مثل الاجاصة



POSTURE LORDOSIS

wt, ht >> BMI >> الحمل >> قبل الحمل >> عشان نشوف اذا الزيادة في الوزن طبيعية او لا

Hyper mobility in joint <=> relaxation

Abdominal muscle: separation <=> diastases rectal muscle separation

4_ neurological system: لا يتأثر كثيرا لكن احيانا زيادة الضغط قد تؤدي الى

Hyper reflexes <=> deep tendon reflexes

5_Urinary system: irritable bladder, nocturia, incontinence, frequency (normal)

-burning sensation, dysuria (abnormal) >> UTI, polyuria, {sugar, keton, protein} >> urine analysis (abnormal)

6_ Skin (integumentary):

*Pigmentations due to estrogen+ progesterone.. Melanocyte Stimulating Hormone > بزيد صبغة الميلانين

> on /Face, Breast, abdomen

-Face:- Cholasma> mask of pregnancy كلف الوجه , Mclasma> pigmented patches on cheeks, nose and forehead.

-Breast:-darkening of the nipple, secondary areola

-Abdomen:- lineanigra> pigmented line extend from the synthesis pubis until the top of fundus.

*Stria Gravidarum:- stretch mark on the connective tissue>abdomen, thigh and breast

(لها لونان الفضي<قديمة، والوردي<جديدة، ولا تزول بعد الولادة)

*Abnormal: yellow> jaundice>liver ,, pale> anemia>الهيموغلوبين

7_GIS:

-Nausea and vomiting (morning sickness) اذا زادت تتحول الى hyperemesis gravidarum

*β-HCG → Human Chorionic Gonadotropin هرمون الحمل عندما تتلفح البويضة وتزرع في جدار الرحم تفرز هذا الهرمون

-Decrease in bowel sound and peristalsis movement (constipation يمكن علاجه طبيعياً) (ليكون امتصاص المعادن أفضل وقد يسبب ذلك لكنه امر طبيعي يمكن علاجه)

-Pyrosis (heart pain): muscle tone و pyloric sphincter >> esophageal regurgitation

8_Breast: بالاضافة للتغيرات التي ذكرت في الجلد هنالك

Erected nipple and Tubercles of Montgomery ⇔ oily gland that lubrication the nipple
لازم نحكيها ما تغسله بالصابون لأنه الصابون ينشف ولازم يضل رطب

9_Abdomen:-

1-Inspection: size, color, umbilicus, protruded hernia, scar ..etc

2- Palpation:

*Fundal height: to assess GW of pregnancy by fingers and meter. لازم يكون ≤ ١٢ اسبوع.

Procedure>> 1. Ask her in which week she is in her pregnancy?

2. Ask her to go to the toilet

3. Provide privacy, explain procedure, hand washing, and wear gloves.

4. Stand to the right side

5. Supine position, slight flexion of the knee, put a below under her head

-The 1st method >> ^determine the Fundus which is the highest region and more harder, وتحيتها يكون فراغ

^Put the other hand and compute the distance from symphysis pubis by the number of fingers:-

..If the Fundus under the umbilicus >> every finger = one week + 12

..if the Fundus above the umbilicus >> every finger x 2 + 20

-The 2nd method >>After doing the previous steps (1 to 5) compute the distance from synthesis pubis by centimeter:-

^Macdonald's rule :- cm*8/7 → بالأشهر , cm*2/7 → بالأسابيع

* Leopold's maneuver: in 3ed trimester >284 maneuvers

-Purpose: to 1. Identify position and presentation of fetus. 2. The number of the fetus. 3. Determine site for FHR → Fetal Heart Rate (between scapula>after determine back of fetus)

*Preparation (steps 1, 2, 3, 4) >>مثلاً السابق >>1st, 2nd, 3ed ⇔ position: face to face with mother

1st maneuver: to assess what part of fetus in the fundus (presentation) :-

- If I feel -soft, irregular and moving with body part \implies buttocks (cephalic)
- Round, hard and flexible \implies head (breech)

2nd maneuver: to assess the part of fetus at the side of uterus:-

- If: nodular, irregular and move \rightarrow extremities
- If: convex and smooth \rightarrow back

3rd maneuver: to assess presenting part if engaged or not (floating) by use thumb and index.

4th maneuver: to assess the position of baby in pelvis (face to feet with mother).

The head engaged شروطه :- لازم يكون

Labor and delivery

*Is a process by which fetus, placenta and membrane are expelled out the uterus through birth canal.

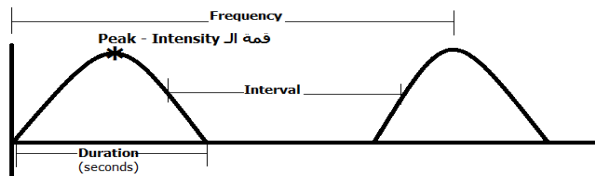
*Characteristic of normal labor:

- 1_ Full term (38-42) GW.
- 2_ Result in healthy mother and baby.
- 3_ Baby weight (2,5-4)kg.
- 4_ Start spontaneously (without conduction).
- 5_ cephalic presentation
- 6_ longitudinal lie
- 7_ through vagina
- 8_ well flexed baby
- 9_ duration (3-24)Hr: <3: participated labor ... >24: prolonged labor

*4p's Factors affect process of labor :-

1 Powers: voluntary and involuntary contraction by the mother to expel the fetus and placenta outside the birth canal:-

- Primary power (Involuntary) \rightarrow the uterine contraction signals the beginning of the labor through effacement and dilation.
- Secondary power (Voluntary) \rightarrow bearing down effort (pushing) by the mother.



*Duration: the period from the beginning of the contraction to the end of it. \rightarrow Normal = 90 seconds

*Intensity: the strength of the contraction.

\rightarrow mild UC: like feeling the tip of the nose

- moderate: like feeling the chin
- strong: like feeling the forehead

*Peak: the most intense period of the contraction .

*Interval: the period from the end of previous contraction to the beginning of the next contraction .

*Frequency: how many contraction in given time.

-Increment: as the true contraction begin and spread through the uterus.

-Decrement: as the contraction decrease in intensity and lead to uterine relaxed.

2_Passage way:→ bony pelvic >> size of the pelvis

→ soft tissue >> cervix – cervical dilation=10cm, cervical effacement - thinning & shortening of the cervix=100%

>> vagina – distended

*Types of pelvis:-

Gynecoid pelvis: typical female pelvis

Android: typical male pelvis

Anthropoid: oval shape

Platy pelloid: flat shape

-True pelvis → below the brim: Inlet – cavity – outlet.

-False pelvis → above the brim.

3_passanger: -Fetus -Placenta -Fetal membrane

*Fetal head size:-

1. Bi-parital diameter >> 9.5 cm

2. Supraoccipitomenta diameter >> 13.5 cm

3. Suboccipitobregmatic diameter >> 9.5 cm

4. Occipitofrontal diameter >> 11 cm

5. Suboccepitobregmatic Diameter: the smallest diameter enters the true pelvis of mother easily >> 9.5 cm

*Cephalic presentation:-

1. Vertex → suboccipitobregmatic diameter >> 9.5 cm

2. Military → occipitofrontal diameter >> 11 cm

3. Brow → supraoccipitomenta diameter >> 13.5 cm

4. Face presentation → submentobregmatic diameter → 9.5 cm

*Molding: overlapping of the cranial bone of the fetal head to the maternal pelvis.

*Presentation: the first part of the fetus that inters the pelvis felt by examiner → cephalic, breach, shoulder - أنواعها:

*Fetal attitude: the relationship among fetal body part → flexion, the back >> C-shape

*Fetal lie: is the relationship between the uterus of mother and spine of fetus:

1-Longitudinal: when the spine of mother is parallel to spine of fetus→ normal.

2-Transvers (horizontal):angle=90

3-Oblique (unstable lie):in polyhydrominose status

*Fetal position: is relationship of the presenting part of the fetus to the land maternal pelvis.

*يعبر عنه بثلاث مقاطع كالتالي :-

-Left or Right -Part of presenting part (dominator) -Anterior or Posterior

4_Psychological status (personality): self-limited....(fear of intervention, anxiety, excitement).

Prodromal labor:S&S experienced before onset of true labor:-

1-Lightening: easy breathing بصير التنفس أحسن

-leg cramps -Increase pelvic pressure -venous stasis in lower extremities -Increase vaginal secretion

2-Braxton Hicks contraction → irregular, intermittent UC felt through the pregnancy {strong, painful}

True False

3-Cervical dilation:

-no cervical dilation -ripening of the cervix (soft) -no effacement } False labor

4-Bloody show: لما بده بصير ولادة

-pink color وبعد ما ينزل لازم تصير الولادة خلال ٢٤ إلى ٤٨ ساعة

5-Rupture of membrane (ROM): لما يصير لازم الولادة تصير من ١٢-٢٤ ساعة

6-Sudden burst of energy

*Other S&S:-wt loss, back ache, sacra iliac pressure, Diarrhea, Nausea, Vomiting, indigestion

	True labor	False labor
Nature of contraction	^Stronger, regular, closer together (1.5-2 min). ^Increase intensity with walking or changing position. ^Felt in lower back and radiated to the abdomen. ^Continue despite use of pain medication	^Irregular. ^Stop intensity / decrease intensity with walking or changing position. ^Felt in the back of lower abdomen. ^stopped ...
Cervical change	Dilation, effacement are progressed and bloody show present	_____
Fetus	Engagement	=====

***The stages of labor:-**

-1st stage: begins of regular UC and ends with full cervical dilation (10 cm).

	Dilation	Frequency	Duration	Intensity	behavior
Latent phase	0-3-4 cm	10-20 min → 5-7 min	15-20 sec → 30-40 sec	Mild	Talkative, mild discomfort, open to teaching, express her feeling of anxiety.
Active phase	4-8 cm	2-3 min	40-60 sec	Moderate	Increase level of anxiety, self directed (inward focus), fear loss of control.
Transition phase	8-10 cm	1.5-2 min	60-90 sec	strong	Increase of anxiety, difficult to understand teaching, inward focus, loss of control, ask for pain medication, restless, afraid of being alone, hyperventilated, feeling being torn or split. تتمزق

*Notes:- in latent phase we can teach her → deep breathing exercise (خدي نفس عميق من أنفك واحبسليه، ولا تطلعيه، اعلمي push وانتي حابستييه، بعدين طلعيه شوي شوي)
warm shower, emotional support ...etc

*NPO:- ice chips, candy (lollipops), clear fluids (عشان ريقها يضل رطب)

-2nd stage: full dilation to delivery.

Frequency: 2-3 min, Duration: 40-60 sec, Intensity: strong, Blood show: increase in amount

Deep breathing exercise (بذكرها بالـ)

Pushing Down → bearing down effort – head crown

*Interventions:-

1. Assess UC.
2. Descend of presenting part.
3. Assess fetal condition (PV)
4. Assess maternal condition (V/S, pain medication, ...etc).
5. Pushing and deep breathing
6. Prevent infection, perineal hygiene, change gown when needed.
7. Drapperineal area.
8. Episotomy

3^{ed} stage: begins from delivery of the baby and ends with delivery of placenta (10-30)min.

*S&S of placental separation / delivery:-

- 1_ elongation of the umbilical cord.
- 2_ sudden gush of blood.
- 3_ No pulsation of the umbilical cord.
- 4_ globular shape of uterus.
- 5_ rise of the fundus in the abdomen.

4th stage: begins with delivery of the placenta until 4 hrs after birth.

*Interventions:-

-V/S → وبعدين حسب البوليسي تبعت القسم → بعدين كل نصف ساعة لمدة ساعة → كل ربع ساعة لمدة ساعة بعد الولادة →

- U/C assessment → عشان يساعد الرحم يرجع لوضعه الطبيعي.
- amount of blood loss (Lochia) .
- to empty bladder كل ساعتين أو ثلاث.
- perineal hygiene from front to back and dry it in the same way.
- Encourage early breast feeding.
- provide warmth environment for client.
- pain medication. – وبتقدر تاكل وتشرب –.

***Station:** relationship of the fetal of **presenting part to the Ischial spin of the mother.**

exp.:- 1 cm below ischial spine >> +1

2 cm » » » >> +2etc

1 cm above ischial spine >> -1

....etc

***Mechanism of labor:-**

- 1- Descend.
- 2-Engagement بين العظمتين الصغار
- 3-Flexion of extremities
- 4-Internal rotation of the head.
- 5-Extention of extremities
- 6-External rotation of the head لما تمسكه القابلة
- 7-Expulsion كامل يبطلع

Newborn exam

***Apgar score**

The Apgar Scale

Characteristic	Score		
	0	1	2
Heart rate	Absent	Less than 100 beats per minute	More that 100 beats per minute
Efforts to breathe	Absent	Slow, irregular	Good; baby is crying
Muscle tone	Flaccid, limp	Weak, inactive	Strong, active motion
Skin color	Body pale or blue	Body pink, extremities blue	Body and extremities pink
Reflex irritability	No response	Frown, grimace	Vigorous crying, coughing, sneezing

15

It is the same neonate exam (1st month) → to assess adaptation b/n intra and extra uterine life

***initial assessment:-**

1- v/s: A) Temp:-auxiliary because easier and more save , normal(36.5-37.5)°c.

Hypothermia→ causes:- 1.cold environment 2-hypoglicemia

Hyperthermia→ 1.enviroment 2.infection

B) R.R: normal (30-60) b/m , in 1sthr may reach 80 b/m in full min, inspect the abdominal rise , shallow breath , irregular apneic period (10sec) , unlabored (without effort),symmetric chest movement, clear breathing sound and equally bilateral.

*AbnormalRDS (respiratory distress syndrome), labored breathing, retraction, use the accessory muscle, seesaw breathing between chest and abdomen.

C) HR (Pulse):normal (110-160) b/m, should be regular and edible, decrease during sleeping,increase during crying to 180 b/m, can heard slightly left to the mid-clavicular line (3rd- 4th)ICS to full min.

D) BP: normal (60-99/30-62)

2-Measurements:-

-wt: (2.5-4) kg, in first 3 days maybe decrease to 3.75 → this is normal due to 10%ECF.

-length: (48_53) cm

-chest circumference (C.C): (30.5-33)cm

-head circumference (H.C): (33-35.5)cm

H.C > C.C 2-3 cm → at first year

1 year → equal

after 1 year → C.C > H.C

-posture: flexed extremities, clenched fist, resist extension, symmetric movement, tremor when crying.

-crying: lusty or strong

***Physical examination: (P/E)**

1-skin:--pink color

Abnormal → -Acrocyanosis: bluish discoloration in tops of toes and finger of extremities due to sluggish of circulation and stasis of RBCS.

Normal → Jaundice: ^physiological jaundice (after 24 hrs), peak: 2-3 days after birth.

Abnormal → pathologic jaundice (first 24 hrs), bilirubin > 12 mg/dl.

-Lanugos hair: downy hair over the forehead, side of face, upper Back and over shoulder.

-Vernixcaseosa: witch material lubricate the baby skin, protect from heat loss, facilitate labor,prevent cracks and source of vit K.

-Skin turgor: above the abdomen → good recoil.

-cracking, peeling جلدہ بكون مقشر

-Abrasions → غير طبيعي > قشط

Milia: white cyst over nose, for cheek and chin.

(Immature sebaceous gland), disappear in 4 month.

-Erythema toxicum: rashes like red color and it's normal.

-Mangolian spot: bruise like birthed marks on lower back or side of thigh (normal).

2- Head: size, palpation suture slightly separated,

^Two major fontanel:- 1.anterior: diamond shape, (2-4)cm, soft, flat, pulsating, close at (12-18) months

2.posterior:triangular shape,(0.5-1)cm, close at (2-3)months.

Molding→over riding

-Cephalohematoma: collection of the blood - doesn't cross the suture line.

-Caputsuccedenaum: collection of fluids (edema) - cross the suture line.

3-Ears: complete, well formed, No low set ears (Down syndrome), startle reflex للسمع

4-Face: symmetric in appearance and movement

5-eyes: no discharge, eye symmetric, strabismus (crossed eye) حول طبيعي, absent or scant tear (بعد ١-٣ أشهر بيكي بدموع), eye color (حتى يثبت لونهم 3-6 months), red reflex

-sunset eyes → abnormal يكون عنده سوائل بالدماغ

6-Nose: nostril open, no discharge → اذا كان في mucus يكون مرشح لازم أخبر الطبيب nose breather.

7-Mouth: intact lips, without cleft lip or cleft palate, pink gum - lips - mucus membrane

-assessment sucking reflex, swallowing, gag reflex, rooting reflex, ما في أسنان precocious teeth

-protruded tongue →Down syndrome

8-Neck: short and folded, easy movement when turn head from side to side intact clavicle, assess for any fracture

9-Chest: cylindrical in shape

in female:-breast engorgement*don't need treatment and resolve with time.

10-Abdomen: soft, rounded, observe for any hernia, bowel sound present, pass meconium (first stool→dark green color) (12-48 hrs), pass urine (12-24 hrs), umbilical cord (7-10 days) بينشف ويبسقط

11-Genital area: *in female → edematous, vaginal discharge, pseudomenguration (with drawl of maternal hormone)

*in male → urinary meatus opening center, epispadins→ above, hypospadius→ below, descended testes

-anus patent → male and female

12-Extremities: flexed, resist extension, good ROM, 5 toes and 5 fingers → no extra digit (polydactyl) – no syndactyl (اصبع ناقص) – fused fingers

-3creases in palm put if just one present:down syndrome (simian creases).

-symmetric in length: extension of leg and flexion of knee → folds عشان أشوفهم اذا نفس الارتفاع أو لأ وبعد ال

13-Back: palpate every vertebra (intact)

–spina bifida –occulta –tuft of hair ما يكون عنده

dimple → انبعاج لجوا

14-Reflexes:

-Sucking reflex. –Rooting reflex.

-Moro reflex → abduction extremities, extension arms and legs, C-shape fingers and thumb

بحط ايدي تحت راسه، برفعه ٣٠° ، وبفلته على ايدي الثانية

-Palmer grasp reflex. –Planter grasp reflex.

-Babiniski reflex → sole toward, dorsiflexion of big toe and fawning of other fingers.

-Tonic neck reflex → -firm place –supine, -turn the head to one side → extension the same side and flexion the opposite side.

Post partum period

- The period that extend from the delivery of the placenta until 6 weeks postpartum

**BUBBLE:

B:breast U:uterus B:bowel B:bladder L:lochia and legs E:episiotomy

***Breast:** ^Inspection → color, size (symmetry), nipple {erected-inverted-flat}, shape, position, stria, distended veins, visible veins, pigmentation, darkening, secondary areola, intact (ما فيها تشققات دم), no soar or cracks دم يمكن يطلع

-colostrums (milk production) → thin and yellow [first 1-2 days]

^Palpation → tenderness, feel lumpy غدد مدورة صغيرة

-first 24 hrs feels soft, then it will be firm and full (3-4 days) true milk: white, warm and tender

breast engorgement لازم ترضعه كل ساعتين ، اذا ما رضعته بصير

-LET Down Reflex → sucking الـ يسببه الـ stimulation anterior and posterior pituitary gland:

anterior → prolactine hormone (milk production)

posterior → oxytocin hormone (milk ejection outside) ويأثر على الـ UC بصير يوجعها مثل الطلق عشان يساعد الرحم يرجع لوضعه الطبيعي

-Early breast feeding كل ساعتين لـ ٣ ساعات – (١٠-١٢) مرة باليوم – لمدة (٢٠-٣٠) دقيقة بكل مرة من كل جهة ربع ساعة – كل ما رضعت أكثر كل ما زاد انتاج الحليب

-Breast feeding engorgement:-

^Lactating (Breast feeding woman).

^Non-Lactating.

*Interventions:

Lactating	Non-lactating
1. Make cold compress before feeding.	1. Should not breast feed.
2. Breast feeding frequency.	2. Avoid suction and pumping.
3. Do pumping – suction.	3. Cold compress (vasoconstriction).
4. Don't tight breast bra.	4. Tight bra.
5. Cold compress between feeding, and warm compress before feeding.	5. Avoid warm water to touch the nipple during bathing.
	6. Doctor may give medication to suppress prolactine.

*Uterus:

-Uterine involution: the return of the uterus to pre-pregnancy size and condition.

-Prevents Post partum hemorrhage.(Contraction - Oxytocin)

^Palpation:-

Descent (level)	Position	Consistency
-Fundus-Ht → immediately after mid** between symphysis pubis and	-midline. -should be deviated	-firm (normal). -should not be soft (because it prone to

umbilicus. -Wt → 1000 g -at 12 hrs → at umbilical level. -within 24 hrs → each day descend 1 finger = 1 cm. -at 1 week → wt = 500g. -at 40 days → pelvis wt = 60g	ما في شي ضاغط عليه - مثلاً يكون full bladder وعملته ازاخه، واذا ضلت full ببطل ينقبض وبصير عنا post-partum hemorrhage *should empty the bladder	be hemorrhage) -soft → uterine atony صارت العضلة ضعيفة -boggy uterus slight massage in circular motion oxytocin حتى أحسه صار منيح والطبيب بيعطيها I.V fluid بينعطى مخفف مع الـ
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-I should support the uterus when I assess it → to prevent uterine inversion

Exp. → Fundal at level of umbilicus, firm, midline

ممکن يكون تحت الـ umbilicus بس مش فوقها

*After-pain → intermittent U/C causing pain after delivery

>>Over descended uterus, multi-para, multi-fetal or have a large baby > 4 kg (Macrosomia),

poly hydraminus (كمية السائل حول الجنين كبيرة), breast feeding (oxytocin), retained clot of placenta (تسبب نزيف)

*Interventions:

هاد اشي طبيعي وبروح بعد ٤٨ ساعة.

1. To lie prone position and put a below under abdomen.

2. Take mild analgesics before breast feed, عشان اما تيجي ترضع بكون الدوا أخذ مفعوله

*Lochia:

Types	Color	Duration
Lochia rubra	Red	(1-3) days
Lochia serosa	Pink to Brown	(4-10)days
Lochia alba	Yellow to white	11days to (3-6)weeks

*Amount:-بحكم عليها على الأقل خلال ساعة:

^Scant → < 2.5 cm

^Light → 2.5-10 cm

^Moderate → 10-15 cm

^Large → saturated within 1 hr

^Excessive → saturated every 15 min

Odor of the all: flashy, earthy odor (normal), musty, offensive bad odor (abnormal)

*Episiotomy:

Laying on side and raise her leg

assessed for (REEDA):

R:redness - E:edema (اول ٢٤ ساعة مش مشكلة بس بعد هيك لازم يخف) - E:echymosis (ازرقاق) - D:discharge -

A:approximation (intact - لازم تكون - لمدى تقارب الغرز من بعض اذا اشي قالت - لازم تكون)

*Interventions:

1) Teaching for S&S of infection → use the mirror to assess the site.

2) The first 24 hrs avoid warm water, use cold compress for 10 min – to reduce the edema, after 24 hrs use hot compress.

3) Go to toilet every 2-3 hrs and emptying the bladder then rinsing from front to back – keep the area dry - apply new pad.

4) Set slowly and try to squeeze the buttocks when setting.

5) Avoid carry heavy things, and bending down when carry anything.

6) Set in a below – side lying when a sleeping

7) Use set's bath.

8) Avoid constipation → fibers, protein (healing), and fluid.

***Bladder:**

-increase capacity – decrease sensitivity for voiding ما بتكون حاسة حالها انها بدها تروح عالحمام لأنه الأعصاب بتكون متخدره

-Diuresis → increase urine output (3L) بدها تتخلص من السوائل الزائدة بجسمها

-bladder distention → UTI عرضة يصير عندها

-uterine deviation → post-partum hemorrhage عرضة يصير عندها

***Interventions:-**

1. Encourage go to the toilet every 2-3 hrs لأنه بتكون مش حاسة

^the first 3 voiding 300-400 ml → amount بسألها عن الـ

2. To enhance bladder elimination (if she complained that she couldn't urinate) →

- Open the sink during urination.

- Increase fluid intake (like hot tea).

- Put her hands in warm water during urination.

- Take analgesics → عشان يقل الوجع وتتشجع تروح عالحمام

- Foley's catheter.

***Bowel:bowel elimination**

-بتكون جوعانة وعطشانة، وبعدها متأثرة بالprogesterone

- delay bowel movement 2-3 days, more than that considered have constipation.

- 8-14 days return to normal (pre-pregnancy)

- encourage increase fluid intake, fibers, and proteins.

- encourage early ambulation.

- In case C/S → bowel sound اما اذا NVD مش لازم, لازم أسمعلها الـ

***Legs:**

^Temp – pulsation

-Should assess for varicose vein, edema, and S&S of DVT (calf muscle عند الـ) → swelling (edema), hotness, tenderness and pain, redness.

-To prevent → encourage early ambulation.

***CVS:**

- loss blood C/S → 1000 ml, NUD → 500 ml, more than that it may be hemorrhage.

↑ C.O → first 6-7 days 50-60 b/min أقل من هيك مش طبيعي

average 60-90 بس أول اسبوع

- Diuresis. – Excessive sweating (diaphoresis). } To get rid of plasma – first 6-7 days.

- Blood values → Leukocytosis ↑ WBC to 30,000 → normal responses to prevent infections.

↑ clotting factor (fibrogen). – HB → ما بتعطي قراءة صحيحة إلا بعد 4-6 اسابيع

- Hemostasis return to normal 4-6 weeks.

***Skin:**

stria → silver

pigmentation → disappear

***Musculoskeletal system:**

- separation of muscle return at 6 weeks

- diastasis-recti-abdominis

- Joint pain → shoulder pain and low back pain

***V/S:**

-Temp → the first 24 hrs 38° مش أكثر
after 24 hrs indicate infection (puerperal sepsis).

-BP → within normal baseline

postural hypotension first 48 hrs 100/60 - مش طبيعي انه يرتفع

↓BP → في بخاف يكون في anemia - bleeding – hemorrhage – hypovolemia

-Pulse – tachycardia – Bleeding – hypovolemia – dehydration,
- infection

-R.R → 12-20

C/S → breathing sound لازم أسمعها ال

*بخاف يكون في secretion ويصير في crackles بسبب التخدير.

***Warning signs:- (Danger)**

-Fever

-Breast: firm, hot, tender, warm → normal

local area of swelling, redness, tenderness, hotness: mastitis [breast infection] ممكن يترافق مع حرارة → abnormal

-Perineal pain:- abdominal tenderness – feeling of pelvic pressure → vaginal hematoma نزيف داخلي

-Urinary urgency, dysuria, burning sensation → S&S of UTI

-Legs → pain, hotness, swelling → S&S of DVT

-Separation of incision site, discharge, foul odor (infection).

-BP.

كي نحقق انجازات عظيمة علينا أن لا نعمل فقط .. ولا أن نخطط فقط .. بل أن نؤمن أيضا (أناطول فرانس)

Forgive us for any mistakes :) :)

لجنة التمريض .. Healing Group .. فكرة تحياً على نبض قلوبكم ..



<http://www.facebook.com/healing.nursing>