

THE CLIENT AT 4 TO 6 WEEKS FOLLOWING DELIVERY

CLIENT ASSESSMENT DATA BASE

Activity/Rest

Lack of energy, fatigue, inability to maintain usual/expected routines

Circulation

Vital signs have returned to normal prepregnancy levels.

Ego Integrity

Emotional response may include irritability, anxiety, or feeling emotionally overwhelmed.

Elimination

Bowel sounds are active in all quadrants; usual elimination pattern resumes.

Abdominal muscle tone improving; flaccidity may persist.

Dipstick urinalysis for albumin, ketones, and glucose negative.

Food/Fluid

Return to prepregnancy weight, with retention of approximately 60% of weight gain in excess of 24 lb

Safety

Perineal episiotomy/laceration repair, cesarean incision should be healed.

Striae and linea nigra beginning to fade.

Sexuality

Lochial flow is absent.

Menstruation may resume beginning 4–5 wk postpartum, especially in nonlactating client.

Libido may be decreased.

Intercourse may be painful initially (dyspareunia).

Breasts in nonlactating client are soft, nontender, and of pregravid size; breasts in lactating client are full, free of nipple cracks and fissures, and lactation is well established.

Uterus not palpable, having returned to near pregravid size.

Pelvic examination, if performed, shows restored muscle tone, with cervix healed and closed, appearing as transverse slit.

Social Interaction

Comfort with parenting role; infant integrating into family unit

May be planning on returning to/seeking employment, or involvement in activities outside the home

DIAGNOSTIC STUDIES

Dependent on assessment findings, and individual client needs.

Hb/Hct: return to normal levels \pm 5%, e.g., 12 g and 37%

Papanicolaou Smear: negative

NURSING PRIORITIES

1. Promote maternal/infant well-being.
2. Provide/reinforce health teaching.
3. Foster positive client and family adaptation to newborn.

DISCHARGE GOALS

1. Maternal/infant physiological/psychological needs being met.
2. Current health care behaviors and ongoing needs understood.
3. Satisfactory adaptation to parenting roles reported/observed.

NURSING DIAGNOSIS:

May Be Related To:

Possibly Evidenced By:

**DESIRED OUTCOMES/EVALUATION
CRITERIA—CLIENT/COUPLE WILL:**

FAMILY COPING: potential for growth

Sufficiently meeting individual needs and adaptive tasks, enabling goals of self-actualization to surface

Family member(s) moving in direction of health-promoting and enriching lifestyle

Verbalize continued improvement with transition of new family member into home situation.

Undertake tasks leading to change.

Express feelings of self-confidence and satisfaction with progress and adaptation being made.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess client's/couple's self-esteem and adaptation to parenting.

Parents need to learn to be flexible and adapt positively to changing circumstances rather than adhere to rigid schedules.

Determine parents' perception of family growth, mastery of infant care activities, and satisfaction or dissatisfaction with maternal/paternal role.

Parents should recognize that required skills change with the child's mental and physical growth. Increased self-esteem is associated with mastery of infant care tasks and satisfaction with parental role.

Discuss client's/couple's ability to modify or accept infant's behaviors. Provide appropriate anticipatory guidance.

Helps foster mutual capacity for behavior modification in parents and infant. To facilitate growth, parents need to learn to respond to the infant's needs while not neglecting the needs of other family members, to accept both successes and failures in attempts to modify the infant's behavior, and to make necessary adaptations based on needs of individual family members.

Evaluate ongoing educational and maturational progress and adjustment in sibling(s). Assess quality of interaction of sibling(s) with other children.

Helps identify actual or potential problems with family integration. Hostile-aggressive interaction of sibling(s) with other children signals inappropriate method of coping.

Provide bibliography (including audio, video, and electronic resources) list for parents and children. Encourage client/couple to spend time alone with each child, and allow opportunity for ongoing verbalization of feelings.

Assess parental response to positive or negative feedback from spouse or others (e.g., mother, mother-in-law, other family member, healthcare providers).

Collaborative

Refer to parenting classes, social services, visiting nurse services, or professional counselor, as appropriate.

Helps parents to assist siblings with positive role adaptation; allows incorporation of newborn into family structure.

Mastery of parental tasks and growing self-esteem fosters independence, continued growth, and reduces excessive need for support of others.

May be needed to support desires for learning new tasks/roles and continued growth.

NURSING DIAGNOSIS:

Risk Factors May Include:

Possibly Evidenced By:

DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:

NUTRITION: altered, risk for less than body requirements

Inadequate caloric intake/increased caloric needs (lactation)

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

Identify individual needs and appropriate goal weight.

Eat a well-balanced diet.

Maintain/demonstrate progress toward desired weight.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Weigh client. Compare current weight with pregravid and ideal weight. Evaluate weight changes since delivery.

Determine dietary habits using 24 hr recall. Provide information and encourage use of all food groups for a balanced diet.

Review Hb and Hct. Note behaviors associated with low Hb (e.g., fatigue, dizziness). Discuss dietary intake/use of sources rich in iron, if Hb levels are low.

Weight generally returns to prepregnancy level by 6 wk postpartum, with approximately 60% retention of weight gain in excess of 24 lb.

Helps identify and correct inadequacies of protein, vitamin, or mineral intake.

Hb levels should be 12 g/100 ml; Hct 37% (plus or minus 5%). Reduction of activity may be necessary if Hb is low. Ingestion of iron-rich or fortified foods helps restore low iron levels, but supplements (such as prenatal vitamins with iron) may be needed for as long as 2 mo to correct iron deficiency.

Reinforce individual dietary needs in relation to type of infant feeding (i.e., breast or bottle).

Provide information regarding iron and vitamin supplements and appropriate measures to facilitate absorption of iron (e.g., taking iron tablets between meals with fruit juice) as indicated.

Lactating client requires 500–800 cal/day more than the usual 2000 cal/day for the nonlactating client. Fluid intake should be increased by 500 ml/day for adequate milk production. Lactating client should not begin weight reduction diet while breastfeeding. Note: Continuation of vitamin supplements with iron is indicated for duration of lactation.

Supplements may be required to correct vitamin and iron deficiencies/support recuperative process. Iron is best absorbed in acidic medium; taking iron with milk or meals impedes absorption.

NURSING DIAGNOSIS:

May Be Related To:

Possibly Evidenced By:

**DESIRED OUTCOMES/EVALUATION
CRITERIA—CLIENT WILL:**

KNOWLEDGE deficit [LEARNING NEED], regarding recuperation, self care, infant needs

Information misinterpretation, lack of recall

Verbalization of concerns/misconceptions, inaccurate follow-through of instructions, development of preventable complications

Verbalize understanding of appropriate healthcare behaviors related to current situation.

Seek appropriate postpartal follow-up.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Review client's understanding of physiological recovery for this time period.

By the end of the puerperium, involution should be complete (with the uterus returning to normal size and cessation of lochia) and incisions should be healed. However, the body may not have resumed its pregravid state. The client may still be 10 lb or more over her usual weight; she may note sore nipples and contour changes such as widening of her hips, breast enlargement/sagging, and decreased abdominal muscle tone with protruding stomach.

Review client's understanding of information received during prenatal, intrapartal, and postpartal periods and provide information and/or clarify misconceptions as necessary.

In many cases, material presented throughout the pregnancy is not incorporated or valued and/or is misinterpreted because of such other factors as pain and fatigue. Repetition of information is helpful at this time and provides an opportunity for discussion of ideas and concerns.

Reinforce information regarding infant care, immunization needs, feeding, and normal/anticipated growth and development. Provide pamphlets and identify other resources such as videos, electronic home pages.

Discuss client's expectations regarding employment, family, and her own needs.

Assist in developing realistic plans, identifying resources, and setting goals.

Encourage client to involve other family members in this process.

Determine client's/couple's plans for contraceptive use. Provide information and review options as indicated.

Assess client's understanding and practice of breast self-examination. Provide information/visual aids as needed.

Provide/reinforce information to lactating client regarding breastfeeding in relation to professional or working demands. Review options of using breast pump, manual expression, or gradual weaning.

Encourage client to "anticipate" needs, e.g., once breastfeeding is well established, begin to familiarize infant with bottle; practice use of breast pump in home several weeks before returning to work; or, gradually taper off breastfeeding during projected hours of work several weeks before returning to work, then breastfeed before and after work, using formula during work hours.

Discuss proper handling/storage of expressed milk.

Provide information about need for follow-up medical care.

Aids in meeting physical, psychological, and nutritional needs of infant. Availability of written materials and other resources increases likelihood that client can find answers to questions in home setting as they arise, enhancing independence and responsibility.

Balancing multiple demands may be overwhelming, especially if the client's/family's expectations are unrealistic.

Sharing duties and responsibilities helps reduce individual fatigue, enhances adaptation to changes, and promotes general well-being.

Involvement in the problem-solving process promotes willingness to follow through on solutions. In addition, changes in sexual response, family demands, and ongoing fatigue affect the client's level of functioning and well-being.

Helps prevent unwanted or unplanned pregnancies; fosters adoption of family planning method. Studies suggest that closely spaced pregnancies (<9 mo apart) have increased risks for both mother and infant. Note: Based on personal/religious/cultural beliefs, client may choose not to use contraceptives.

Helps client understand the importance of health promotion and of early detection of abnormalities.

Assists client with identifying problems and making decisions to meet infant's and her own needs during times of separation. Note: Using electric pump with double collection system allows emptying of both breasts simultaneously in a shorter time frame.

Less traumatic for infant, facilitates eventual transfer to bottle feeding during client's absence. Provides opportunity to "master" new skill and stockpile milk for future use. Allows for continuation of breastfeeding without the need to routinely pump breasts while at work. Note: Milk supply will diminish with this option.

Washing hands, using sterile collection bottles, storage in refrigerator/freezer as appropriate helps assure safety of milk. Note: Refrigerated milk should be stored in plastic container to prevent loss of protective effect of WBCs, which will adhere to glass.

Reevaluation at 6 mo postpartum provides opportunity to assess client's well-being and identify any unresolved/developing problems.

NURSING DIAGNOSIS:**May Be Related To:****Possibly Evidenced By:****DESIRED OUTCOMES/EVALUATION
CRITERIA—CLIENT/COUPLE WILL:****SEXUALITY PATTERNS, altered**

Individual response to health-related transition, altered body functioning (including lactation), lack of privacy, fear of pregnancy

Reported difficulties, changes in sexual behaviors/activities

Discuss nature of current sexual relationship in comparison to before and during pregnancy.

Identify potential problems during the early postpartal period.

Resume sexual relationship as mutually desired.

Adopt a mutually agreeable method of contraception if appropriate.

ACTIONS/INTERVENTIONS

RATIONALE**Independent**

Discuss client's/couple's sexual relationship prior to pregnancy and the effects that newborn has had on client's/couple's physiological and psychological energy levels.

Nature of sexual relationship prior to pregnancy affects resumption of sexual activity more than any other factor. However, fatigue, physical discomforts, stress of new roles/responsibilities, depression, and individual self-perceptions may delay this process. In addition, presence of baby may have negative influence on lovemaking, leaving one or both members of the couple frustrated and unsatisfied.

Determine client's body image and her feelings of physical attractiveness following delivery. Note views of significant other(s).

Much of sexual response and desire is psychologically based, so that a negative body image may reduce sexual urges. Partner may not find mate as sexually attractive if she is lactating or has not regained her pregravid weight and body contours; or partner may be more attracted and client may not share same level of desire.

Provide information about physiological changes in sexual response for first 3 mo following delivery.

Reduction in rapidity/intensity of response is normal. Continued low estrogen levels result in vaginal dryness. Size of orgasmic platform and strength of orgasmic contraction are reduced; vasoconstriction of labia minora and labia majora is delayed.

Prepare couple for possibility of a temporary difficulty with achieving erection or arousal.

Fatigue and heightened expectations may increase or decrease libido, altering sexual response.

Ascertain whether couple has resumed sexual relationship.

Most couples can safely resume intercourse 3–4 wk after vaginal delivery or following 4- to 6-wk checkup after cesarean delivery.

Assess degree of pleasure or displeasure associated with resumption of sexual activity. Suggest use of water-soluble jelly/lubricant (cocoa butter), or contraceptive creams or jellies, and side-by-side or female-superior positions.

Vaginal dryness may cause pain/dyspareunia, necessitating use of lubrication. Female-superior or side-by-side position allows client to control the rate and degree of penile penetration, thereby gradually distending tissues and reducing discomfort.

Discuss alternatives to penile penetration to achieve orgasm (e.g., masturbation, lubricated stroking of genital area, or cunnilingus).

Encourage verbalization of concerns.

Encourage couple to share intimate thoughts.

Discuss effects of lactation on sexual response and interest level. Suggest planning lovemaking so that it occurs just after or midway between feedings.

Discuss client's/couple's choice of contraception method within cultural/religious beliefs. Reinforce information and provide oral/video and written information as needed regarding method, effectiveness, proper usage, expense, availability, advantages/disadvantages, and contraindications. Assess plan for future offspring and desired family size.

Collaborative

Refer for counseling as indicated.

Helps client achieve sexual gratification while avoiding possible discomfort associated with penile penetration. Note: Some couples might not find such alternatives mutually/culturally acceptable.

May stimulate identification of problems and foster creative problem solving.

Helps create open communication; increases psychological readiness for sexual relationship.

Lactating women often have a greater interest in resuming sexual activity than nonlactating women and may report higher levels of postdelivery eroticism. Orgasm may stimulate the let-down reflex, causing milk leakage; breastfeeding itself may evoke sexual arousal, possibly to the point of reaching plateau/orgasmic levels. Intercourse may be more enjoyable just after or midway between feedings, when breasts are not as full or leaking and infant is not likely to be hungry.

Pregnancy is possible before onset of regular menses. Cooperation with contraceptive method is enhanced if client/couple participates in decision-making process. Couple may elect to abstain from intercourse, engage in rhythm method, adopt temporary means of contraception (foams, condom, or gel) until postpartal examination by healthcare provider, or couple may elect surgical method (vasectomy or tubal ligation). Although oral contraceptives may be the most practical and effective method for the sexually active adolescent, they are contraindicated for breastfeeding clients and for clients with diabetes, hypertension, kidney or cardiac problems, or history of phlebitis. Because of the risk of infection, intrauterine device is not usually advised for the diabetic client. Note: Client should be refitted for a diaphragm following birth of infant or a weight change of 10 lb or more.

Couple unable to achieve mutual sexual satisfaction may need help in analyzing causative factors and in initiating open communication and problem solving with each other.

NURSING DIAGNOSIS:

Risk Factors May Include:

Possibly Evidenced By:

PARENTING, risk for altered

Lack of/or ineffective role model, lack of support between/from significant other(s), unrealistic expectation for self/infant/partner, presence of stress (addition of new family member, financial concerns)

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

DESIRED OUTCOMES/EVALUATION

CRITERIA—CLIENT/COUPLE WILL:

Demonstrate responsiveness to infant cues.

Verbalize positive resolution of feelings regarding change in lifestyle, addition of new family member.

Report satisfaction with parenting roles.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess strength of parent-infant attachment.

Attachment bond should be strong 4–6 wk postpartum. Little or no reciprocal interaction requires immediate intervention.

Review cultural factors and expectations.

Cultural beliefs affect parent-child interaction (e.g., types of behaviors observed and the degree of attachment noted).

Note progress toward recovery and stabilization of lifestyle.

Failure to progress and/or continuation of postpartal depression have a negative impact on attachment and indicate need for further evaluation/intervention.

Assess resolution of grief associated with assumption of new role and loss of former lifestyle.

Adaptation to the new parenting role and integration of the infant into the family involve some grieving over the loss of former life patterns and the need to reduce or alter career pursuits or social roles.

Discuss client's use and adequacy of current/available resources.

Without effective support, the difficult process of integrating a new member into the family may be more difficult.

Discuss client's/couple's concerns regarding infant behaviors and parenting skills. Reinforce previous information.

Assists in relieving anxiety, provides opportunity for positive reinforcement for efforts, and promotes growth.

Administer NPI, as indicated.

Assesses adaptive potential of mother-infant pair and provides a statistically significant relationship between the findings at 1 mo and the emotional development of the child at age 4½, and later at age 10–11.

Note presence of problems and evidence of possible neglect or abuse. Notify authorities as indicated.

Index of suspicion requires further evaluation to determine necessary interventions.

Collaborative

Refer client/couple to peer support group, postpartal parenting group, or classes, such as Parent Effectiveness Training.

Sharing concerns may increase parent's knowledge of childrearing and child development and provide supportive atmosphere during role acquisition and transition.

Refer to community health nurse, social services, or professional counselor.

May be necessary to assist parents in adopting effective parenting skills.

NURSING DIAGNOSIS:**Risk Factors May Include:****Possibly Evidenced By:****DESIRED OUTCOMES/EVALUATION
CRITERIA—CLIENT WILL:****INFECTION, risk for**

Broken skin and/or traumatized tissues, retained placental fragments, invasive procedures, exposures to pathogens

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

Display complete involution, with lochial flow absent, and vital signs within normal limits.

Be free of signs of mastitis, with nipples free of cracks and fissures and breasts nontender.

Achieve timely healing of incisions/lacerations.

ACTIONS/INTERVENTIONS

RATIONALE**Independent**

Review type of delivery and prenatal or intrapartal events that might have predisposed client to infection or excessive trauma.

Assess client for any vaginal discharge or persistence/return of lochial flow. Note odor of drainage.

Note status of perineum, incisions/lacerations, uterus, and cervix.

Note reports of fever, chills, headache, malaise, vomiting, diarrhea, presence of tachycardia, and abdominal tenderness.

Inspect nipples for redness, cracks, or fissures. If present, suggest use of localized heat, starting feedings on unaffected nipple, limiting infant suckling, and air drying nipples for 20–30 min after each feeding.

Encourage breast support and application of local heat.

Palpate breasts for marked tenderness, palpable mass(es), note redness or areas of induration. Suggest increased rest and fluids, localized heat, and frequent emptying of breasts if inflammation is present. Instruct in use of manual expression or breast pump.

Provides clues to increased risk for postpartal complications.

Although lochial flow should have ceased by this time, the client may have resumed her menstrual cycle or may have failed to complete involution. The presence of foul-smelling discharge is indicative of infection and requires further evaluation.

Wound should be well approximated and without inflammation or drainage. Uterus should return to near prepregnancy state by 4–6 wk postpartum, with closure of the cervix completed. Relaxed or tender uterus, and opening of the cervix suggests infection.

These general signs and symptoms suggest endometritis, requiring further evaluation and intervention.

Helps prevent clogged nipples and lobes, which can lead to mastitis. Limiting feeding on affected breast and initiating feeding on unaffected breast help reduce trauma to nipple and allow healing to occur.

Facilitates circulation/lymph drainage and increases oxygen/nutrients to affected area to promote healing.

Induration or mass(es) may indicate full milk duct, possible tumor, or mastitis. Rest, fluids, heat, and frequent emptying of breasts help reduce discomfort associated with full breasts and relieve stasis and engorgement, especially if breastfeeding is contraindicated during antibiotic therapy for mastitis.

Instruct client to discontinue breastfeeding if fever is present prior to antibiotic administration or if indicated by antibiotic therapy selected.

Note reports of dysuria, frequency, foul/cloudy urine, dragging back pain.

Recommend increased fluid intake.

Collaborative

Refer to healthcare provider, as indicated.

Culture lochia/drainage, as indicated.

Review appropriate use of analgesics/antipyretics.

Initiate/provide information about antibiotic therapy.

Assist as needed with incision/drainage/care of wound. Carry out sterile dressing changes as needed.

Prepare client/family for follow-up procedures such as D & C, as indicated.

Breast milk may become purulent; antibiotic may cross into the breast milk.

Indicative of urinary tract infection, which requires further evaluation to rule out cystocele.

Promotes urine output, reducing urinary stasis and risk of infection or reinfection.

Promotes diagnosis/treatment; may prevent progression and/or limit severity of problem.

Identifies infectious organism and appropriate treatment.

Analgesics promote comfort; antipyretics reduce/control fever. Note: Drugs may be contraindicated until diagnosis is made.

Combination therapy such as penicillin and an aminoglycoside (e.g., gentamicin) may be required for endometritis following vaginal birth, or clindamycin and aminoglycoside for postcesarean endometritis. For mastitis, dicloxacillin or a cephalosporin.

May be necessary if abscess develops, although such progression can usually be prevented with prompt diagnosis and treatment.

Surgical removal of placental fragments through D & C may be necessary.

NURSING DIAGNOSIS:

Risk Factors May Include:

Possibly Evidenced By:

DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:

COPING, INDIVIDUAL/FAMILY, risk for ineffective (specify)

Situational/developmental changes, temporary family disorganization and role changes, little support provided for client by partner/family members

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis.]

Report assistance from significant other(s) and effective use of resources.

Verbalize sense of competence and not feeling overwhelmed with infant care.

Plan activities outside of house for client/couple, the baby, and siblings.

Demonstrate initial progress toward realistic goals.

ACTIONS/INTERVENTIONS

RATIONALE

Independent

Assess past and present coping skills; explore available coping strategies, relationships between individual and family members, and support systems.

Determine client's perception of stressors and events of past 4–6 wk and of her own adaptability. Note competency in organizing activities associated with infant care and parental responsibilities.

Allow client opportunity to cry or to express her concerns freely. Use "self-disclosure," if appropriate.

Identify and discuss apparent strengths of client/couple. Avoid criticism.

Assess response of siblings to new baby. Provide anticipatory guidance regarding typical sibling reactions. Recommend age-appropriate children's videos, books, and other reading matter.

Encourage client to develop creative solutions and to rearrange schedule to spend time alone with her other child(ren).

Suggest that client plan activities outside of home with baby and sibling(s).

Help client/couple set priorities for tasks and to accept help from friends and relatives for tasks related to housework and cooking.

Provide information about increased needs for sleep and rest.

Determine client's opportunities for recreation and relaxation. Encourage client to participate in appropriate activities.

Past coping skills may be effective in the current situation, or client may need to develop new coping strategies. Positive coping mechanisms involve open communication of fears and wishes among family members, empathy, competency in role playing and role reversal, and negotiation within the family structure to the mutual satisfaction of each member.

Accurate perception of problems and adaptability to changing or new situations are factors that promote positive coping during times of increased stress/crisis. Persistent feelings of being overwhelmed by activities associated with child care, persistent depression or exhaustion, or persistent low self-esteem indicate negative coping.

Provides opportunity for emotional catharsis and relief of tension. Self-disclosure (i.e., the sharing of one's own experiences with client) may be effective in stimulating client to talk, providing that the disclosure is client- rather than nurse-centered.

Promotes self-awareness and fosters positive self-esteem and coping.

All siblings are somewhat resentful of the diminished parental attention that occurs when the new baby arrives, and acting-out behaviors may reflect normal feelings of frustration. Helps parents/child(ren) understand normalcy of feeling/reactions, and provides opportunities to share and reaffirm family ties with addition of a new member.

Individual attention to sibling(s) reduces feelings of threat that the new baby creates, allows sibling(s) to feel secure in the child-parent relationship, and helps foster coping.

Provides stimulation and change of daily routine for mother, baby, and sibling(s).

Allows client to focus on her infant and family. Excessive concerns about household tasks such as cooking detract from time and energy devoted to the baby and family.

Excessive fatigue can have a negative effect on coping skills, especially those needed for 24-hr responsibility associated with infant care.

Provides positive outlet for release of stress, and enhances feelings of wellness and self-esteem.

Encourage client/couple to arrange for time together away from newborn.

Assess amount of support client receives from significant other(s) or family members, and the demands placed on her by each individual.

Discuss client's/couple's plans for the future, especially if client expects to return to work. Review plans for child care.

Investigate reports of excessive crying, despondency, insomnia, unexpected weight loss, social withdrawal. Ascertain whether client has suicidal/homicidal (infanticidal) ideation.

Collaborative

Recommend peer support group or parenting group.

Reinforce availability of healthcare resources.

Refer to community health nurse, social service, or professional counselor, as appropriate.

Administer/instruct in use of diazepam (Valium), promethazine (Phenergan), nortriptyline (Pamelor), sertraline hydrochloride (Zoloft), or lithium carbonate, as indicated.

Allows time for needed growth/reflection; helps achieve a sense of equilibrium.

Lack of effective support and assistance may impair client's ability to cope and increase risk of postpartal depression, especially if partner expects to receive the same amount of attention following delivery as before delivery.

Return to employment and/or addition of outside responsibilities will affect all family members and requires sharing of duties/household tasks. Confidence in child care arrangements eases or reduces parent's anxiety/guilt regarding separation from infant.

Postpartal depression may be noted 2 wk to 6 mo after delivery, requiring further evaluation and therapeutic intervention. Postpartal psychosis is rarer and can occur as late as 12 mo after delivery, possibly requiring hospitalization of the client as well as close monitoring of client/infant interactions.

Mutual sharing of successes and failures associated with parenting helps foster coping and helps client to recognize normalcy of her situation and feelings.

Relieves parents of feeling solely responsible for health of new baby; provides needed information regarding sources of healthcare.

Postpartum depression affects, in varying degrees, an estimated 70% of women. Negative coping, manifested by excessive feelings of failure, depression, self-accusatory thoughts, excess use of drugs (such as alcohol), or a sense of being overwhelmed with child care, suggests postpartal psychosis, which tends to peak at 6 wk postpartum and indicates need for aggressive evaluation and follow-up. Note: Clients suffering from severe postpartal depression and necessitating hospitalization for psychoses such as affective disorders (e.g., depression or depression with manic episode) and schizophrenia range from 1%–2%.

Severe, prolonged difficulties may require additional intervention. Selection of drug therapy depends on whether short- or long-term control is needed, whether client is lactating, and whether the sedative effect of dosage prescribed may impair client's ability to hear/respond to baby's cries. Note: Fluoxetine (Prozac) is not recommended during lactation because slow metabolism of drug may cause higher levels in breast milk. Lithium is contraindicated because it can cause lethargy and lowered body temperature in nursing infant.

NURSING DIAGNOSIS:**CONSTIPATION/BOWEL INCONTINENCE, risk for****Risk Factors May Include:**

Decreased muscle tone, inadequate fluid/dietary intake, reduced physical activity, pain on defecation

Possibly Evidenced By:

[Not applicable; presence of signs/symptoms establishes an *actual* diagnosis]

DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:

Identify/use appropriate interventions related to specific situation.

Re-establish optimal bowel pattern.

ACTIONS/INTERVENTIONS**RATIONALE**

Independent

Review usual pregravid evacuation patterns.

Provides useful information for setting goals. Problems may be new, or they may be long-standing and aggravated by pregnancy.

Evaluate nature and severity of problems associated with evacuation.

Helps in determining individual needs and selecting specific interventions.

Determine methods used to correct constipation.

Every effort should be made to use diet and exercise to promote bowel functioning and to reduce dependence on laxatives, if used.

Review dietary and fluid intake and exercise level. Recommend increased intake of fluids, whole grains, fruits, and vegetables, as well as daily exercise, as appropriate.

Stimulates peristalsis, reducing excessive water absorption from fecal matter, thus promoting a softer stool.

Note presence of hemorrhoids/bleeding. Suggest reinsertion of hemorrhoid with lubricated glove or finger cot.

Painful or bleeding hemorrhoids may increase likelihood that client will postpone evacuation, which would contribute to further constipation and dry stool as more fluid is absorbed from the stool.

Assess intrapartal record for possible third- or fourth-degree laceration.

Lacerations extending into the anal sphincter may cause client to postpone evacuation, thus increasing constipation.

Collaborative

Refer to evaluation of rectocele or fecal incontinence.

May require surgical intervention. Incontinence may be associated with nerve damage to anal sphincter occurring with fourth-degree laceration.