

Resource Book
Postpartum Maternal and Newborn Nursing Care Competency

Item	Responses from Literature
<p>I.1. Demonstrate postpartum maternal physical assessment, compares data with norms and reports abnormal findings to physician or certified nurse midwife for the following areas:</p> <ul style="list-style-type: none"> • general health (vital signs, nutrition, weight, sleep/activity level & resources) • breasts/nipples • uterus • lochia • perineum • c-section • elimination • circulatory • discomforts • affect 	<p>Refer to <i>Guide for Postpartum Maternal Physical Assessment, Anticipatory Guidance and Health Teaching</i></p>
<p>I.2. List 3 signs and symptoms as well as client education for the following:</p> <ul style="list-style-type: none"> • uterine infection • deep vein thrombosis • hemorrhage 	<p>Uterine Infection: foul smelling lochia, uterine tenderness, severe abdominal pain, fever, malaise, chills, lethargy, tachycardia, nausea and vomiting, abdominal rigidity. <u>Client teaching:</u> call MD/CNM if experiencing any of these symptoms</p> <p>Deep vein thrombosis: ankle or leg edema, initial low grade fever often followed by high fever with chills, pain in popliteal and lateral tibial areas, pain in entire lower leg or foot, inguinal tenderness, or pain in lower abdomen, positive Homan's sign, pain with calf pressure, pale and cool skin <u>Client teaching:</u> call MD/CNM if experiencing any of these symptoms: prevention: avoid trauma to legs, encourage early ambulation, leg exercises; avoid: prolonged standing, crossing legs</p> <p>Hemorrhage: excessive (saturation of more than 1 pad/hour) or bright red bleeding, a boggy uterus that does not respond to massage, abnormal clots, any unusual pelvic or rectal discomfort or backache, persistent bleeding in the presence of a firmly contracted uterus, rise in the level of</p>

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	<p>the fundus of the uterus, increased pulse or decrease blood pressure, hematoma formation or bulging/shiny skin in the perineal area, decreased level of consciousness, high temperature. <u>Client teaching:</u> empty bladder (to allow for efficient uterine contractions,) gently massage uterus, call MD/CNM if experiencing any of these symptoms</p> <p>Olds et. al, p 1119-1123, 1128.</p>
<p>II.1. List 3 predisposing factors of postpartum depression.</p>	<p><u>Predisposing factors:</u> primiparity, ambivalence about maintaining the pregnancy, prenatal anxiety, history of postpartum depression or bipolar illness, lack of social support, unstable relationship with parents or partner, personal dissatisfaction, life stress, low income level, avoidance coping</p> <p>Olds et. al, p 1139-40 and <i>Guide for Postpartum Maternal Physical Assessment, Anticipatory Guidance and Health Teaching</i></p>
<p>II.2. List 5 descriptors of normal maternal/infant attachment.</p>	<p>Mother is attracted to her newborn, mother is inclined to nurture her infant, mother acts consistently, mother seeks information as needed, mother is sensitive to newborn's needs, and mother seems pleased with her baby's appearance and sex.</p> <p>Olds et. al, p 452, 1049, 1107, 1126; <i>Compendium of Postpartum Care</i>, p. 1.14, 1.17</p>
<p>II.3. Define reportable abuse and neglect according to state law.</p>	<p>Vermont state statute mandates that professionals in the fields of education, child care, mental health, social services, medicine (this includes registered nurses) and law enforcement report all suspected cases of child abuse and neglect. SRS is the State agency designated by the statute to receive reports of child abuse and neglect. Child abuse and neglect takes many forms: abuse -- physical injury; emotional maltreatment; sexual abuse; neglect -- inadequate clothing, food, shelter; or health care; abandonment; and risk of harm -- substantial risk or serious physical injury or emotional maltreatment. Vermont's child abuse statute states that mandated reporters must give an oral or written report to SRS within 24 hours if they have reasonable cause to believe that any child has been abused or neglected.</p> <p>Reporting Child Abuse Helps Prevent It: Information for Professionals About Reporting Suspected Cases of Child Abuse and Neglect, Vermont Agency of Human Services, 1993</p>
<p>II.4. List one community resource</p>	<p>Answer depends on community.</p>

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for each of the following: <ul style="list-style-type: none"> • parent education • treatment of substance abuse • mental health • domestic violence 	
III.A.1. Describe current recommendations for postpartum client using the food groups/food pyramid.	<p>Postpartum nursing client</p> <ul style="list-style-type: none"> ⇒ The breastfeeding mother should follow the same food groups and servings as recommended while pregnant: 2-4 servings of fruit group; 3 -5 servings of vegetable group; 6 - 11 servings of bread, cereal, rice & pasta group; 3 servings of meat, fish, poultry, beans or nuts; 4 servings of milk, yogurt and cheese group; and 6 - 8 cups of liquids ⇒ suggest the mother “eat to hunger.” It is recommended that lactating women consume 2700 calories per day (about 500 calories a day more than a non-pregnant, non-nursing woman), however, many nursing mothers take in closer to 220 calories per day or less ⇒ encourage mother to trust her appetite and choose nutritious foods that will help her feel energetic ⇒ the nursing mother should be encouraged to “drink to thirst.” Drinking more than that is not beneficial and will not increase her milk supply <p>Olds et. al, p 415 and Mohrbacher & Stock, chapter 19, pages 372-373, 379</p> <p>Postpartum nonnursing client</p> <ul style="list-style-type: none"> ⇒ After birth the nonnursing mother’s dietary requirements return to prepregnancy levels: 2-4 servings of the fruit group; 3-5 servings of the vegetable group; ; 6-11 servings of the bread, cereal, rice and pasta group; 2-3 servings of the meat, poultry, fish, dry beans, eggs and nuts group; and 2 -3 servings milk, yogurt and cheese group ⇒ If the client has a good understanding of nutritional principles, it is sufficient to advise her to reduce her daily caloric intake by about 300 kcal . If the client has a poor understanding of nutrition, this is an opportunity to teach her the basic principles and the importance of a well-balanced diet. If the client has gained excessive weight during pregnancy (or perhaps was overweight before pregnancy) referral to a nutritionist/dietitian is appropriate. <p>Olds et. al, p 417 and 430</p>

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<p>III.A.2. List at least 2 adaptations of the diet for each of the following:</p> <ul style="list-style-type: none"> • breastfeeding • anemia • constipation 	<p>Breastfeeding</p> <p>⇒ The breastfeeding mother should follow the same food groups and servings as recommended while pregnant: 2-4 servings of fruit group; 3 -5 servings of vegetable group; 6 - 11 servings of bread, cereal, rice & pasta group; 3 servings of meat, fish, poultry, beans or nuts; 4 servings of milk, yogurt and cheese group; and 6 - 8 cups of liquids</p> <p>⇒ suggest the mother “eat to hunger.” It is recommended that lactating women consume 2700 calories per day (about 500 calories a day more than a non-pregnant, non-nursing woman), however, many nursing mothers take in closer to 220 calories per day or less</p> <p>⇒ encourage mother to trust her appetite and choose nutritious foods that will help her feel energetic</p> <p>⇒ the nursing mother should be encouraged to drink to thirst. Drinking more than that is not beneficial and will not increase her milk supply</p> <p>Anemia</p> <p>⇒ encourage mother to eat a diet high in iron (lean meats; dark, green, leafy vegetables, eggs and whole grain and enriched breads and cereals)</p> <p>⇒ an iron supplement may be prescribed for 2-3 months following birth</p> <p>Constipation</p> <p>⇒ encourage the mother to maintain a high fluid intake (non-caffeinated)</p> <p>⇒ encourage the mother to include fiber in her diet</p> <p>Olds et. al, p 415, 429 and Mohrbacher & Stock, chapter 19, pages 372-373, 379</p>
<p>III.A.3. Identify at least 1 community resource for each of the following:</p> <ul style="list-style-type: none"> • nutrition information • food supplementation • breastfeeding support 	<p>Answer depends on community.</p>
<p>III.B.1. List 2 prevention or self care measures for each of the following discomforts associated</p>	<p>Engorgement: for breastfeeding mothers, expression of milk using hand or pump; supporting the breasts adequately with appropriate bra; applying ice bags; and warm showers. For non breastfeeding mothers, wearing a supportive, well fitting bra continuously until lactation is</p>

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with postpartum: <ul style="list-style-type: none"> • engorgement • uterine cramping • perineal discomfort • hemorrhoids 	suppressed (usually about 5 days) and ice bags <u>Uterine Cramping</u> : lie prone with small pillow under abdomen, warm shower or sitz baths; walking <u>Perineal discomfort</u> : peri-care, sitz baths, topical analgesics, ice pack <u>Hemorrhoids</u> : sitz baths, topical analgesics, rectal suppositories, witch hazel pads applied directly to anal area, avoid prolonged sitting, side lying position when possible, tighten her buttocks when sitting Olds et. al., p1073-1077 and Compendium of Postpartum Care p 1.26
III.C.1. Describe 2 exercises that safely restore abdominal and pelvic floor tone during postpartum.	A new mother should begin simple exercises such as abdominal breathing and pelvic rocking (day 1), chin to chest, and arm raises (day 2), knee rolls and buttocks lifts(day 4), abdominal tighteners and knee to abdomen (day 6). After 2-3 weeks more strenuous exercises such as sit-ups and side leg raises may be added as tolerated. Kegel exercises should be done many times daily during postpartum. A new mother should avoid heavy lifting, excessive stair climbing and strenuous exercise. Olds et. al. p. 1077-1079
III.D.2 List 3 factors that influence resumption of sexual relations (other than having no partner).	<ul style="list-style-type: none"> • lochia flow • perineal discomfort, discomfort from episitomy or laceration, discomfort from c-s incision • dryness of the vagina • baby's crying may spoil the mood • woman or partner may be uncomfortable with woman's changed body • maternal sleep deprivation, fatigue decreased libido or other changes in the woman's physiologic response to sexual stimulation • escape of milk during sexual activity • breast engorgement and tenderness Olds et. al. p. 1082, 1083
III.D.3. List 3 sexually transmitted diseases and 2 methods of preventing them.	Sexually Transmitted Diseases <ul style="list-style-type: none"> • Hepatitis B • HIV/AIDS • Syphilis

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	<ul style="list-style-type: none"> • Gonorrhea • Chlamydia • Genital Herpes • Genital Warts (Human Papilloma Virus) <p>Methods of Prevention</p> <ul style="list-style-type: none"> • Limit the number of sexual partners, preferably to one • Use condoms and spermicide with a new partner or any partner who has multiple sexual contacts • Avoid intercourse when you or your partner has lesions (genital herpes) • If infection (such as gonorrhea, syphilis or chlamydia) is present, complete antibiotic therapy and return to health care provider for follow-up • Blood borne pathogens such as Hepatitis B and HIV can also be spread through contact with infected blood so avoid practices such as sharing needles and use universal precautions if working in jobs that place you at higher risk of coming in contact with blood or body fluids • Obtain vaccination against Hepatitis B
<p>IV.A.1. Demonstrates newborn physical assessment, compares data with norms, and reports abnormal findings to physician or certified nurse midwife for the following areas:</p> <ul style="list-style-type: none"> • general health (sleep, feeding, elimination, cry, alertness, respirations, temperature, apical pulse) • newborn screening • movement (muscle tone, symmetry) • jaundice • hydration • umbilicus 	<p>Refer to <i>Guide for Newborn Physical Assessment, Anticipatory Guidance and Health Teaching, August 1997.</i></p>

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<ul style="list-style-type: none"> • circumcision 	
IV. A.2. List acceptable high/low for newborn temperature.	36.5 C - 37.5 C or 97.8 F - 99.5 F Guide for Newborn Physical Assessment, Anticipatory Guidance and Health Teaching, August 1997, p 7
IV.A.3. Identify the maximum expected weight loss for normal newborns in the first week of life.	10% weight loss for first 3 days. Guide for Newborn Physical Assessment, Anticipatory Guidance and Health Teaching, August 1997, p 7
IV.B.1. List 3 signs and symptoms for each of the following newborn problems: <ul style="list-style-type: none"> • sepsis • hypoglycemia • respiratory distress • dehydration 	<u>Sepsis</u> : Apnea, tachypnea, temperature instability, tachycardia, lethargy, poor feeding (Guide, p. 7) <u>Hypoglycemia</u> : Lethargy, jitteriness, poor feeding, vomiting, pallor, apnea, irregular respirations, respiratory distress, cyanosis, hypotonia, possible loss of swallowing reflex, tremors, jerkiness, seizure activity, high-pitched cry. (Olds, p 1013) <u>Respiratory distress</u> : Tachypnea, grunting respirations, retractions, nasal flaring, cyanosis (Guide, p. 16) <u>Dehydration</u> : Abnormal elimination pattern, weight loss, skin turgor dry and non-elastic (tenting of skin), depressed fontanel, sunken eyes (Guide, p 6, 9)
IV.B.2. Describe the physical findings of neonatal jaundice that would indicate a pediatric health care provider referral as it relates to: <ul style="list-style-type: none"> • onset • progression/course • behavioral symptoms 	Onset: jaundice appearing during the first 24 hours of life. Progression/course: jaundice progressing from head, downward to trunk and extremities and sclera of eyes. Intensity persists or increases. Behavior: poor suck, eating less, irritability, vomiting, decreased activity, sleep for long periods to: Guide for Newborn Physical Assessment, Anticipatory Guidance and Health Teaching, August 1997, p 8
V.A.1. Describe adequate nutritional intake of both a	<ul style="list-style-type: none"> • on average 8-12 breast feedings in a 24 hour period or

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formula-fed and a breastfed newborn.	<ul style="list-style-type: none"> • 14-31 of formula in a 24 hour period • feeding with interest and without difficulty <p>Guide for Newborn Physical Assessment, Anticipatory Guidance and Health Teaching, August 1997, p 5</p>
V.B.1. List 3 cues of overstimulation of the newborn.	<ul style="list-style-type: none"> • arches back and neck, and pushes away • turns head away/looks away • yawns, sneezes or hiccups • hands extend in a pushing away manner • crys, frowns, grimaces or grunts
V.B.2. List 3 techniques of supporting an infant in quieting and coming into an alert state.	<ul style="list-style-type: none"> • stopping stimulation - waiting for the infant to 'right & rejoin' • voice - talking quietly to the infant but without touching • wrapping or holding the infant in such a way that the arms are gently held in so the infant feels 'contained' • holding the infant at a 45° angle with rhythmic rocking
V.B.3. Lists 3 factors that promote healthy brain development in the first 3 years of life.	<ul style="list-style-type: none"> • Warm, consistent and responsive caregiving • Strong, secure attachment to a nurturing caregiver • No early exposure to environmental factors such as nicotine, alcohol and drugs (in utero and in the postnatal environment) • For preterm infants, responsive care in a more soothing environment • Experience,/stimulation/interaction with simple things such as playing peekaboo, reading fairy tales, and singing songs. <p>Rethinking the Brain: New Insights into Early Development, Families and Work Institute, 1996</p>
V.C.1. List at least 1 preventive measure for each of the following: <ul style="list-style-type: none"> • car safety • environmental tobacco smoke • shaking or other inappropriate handling 	<p><u>Car safety - infants</u></p> <ul style="list-style-type: none"> • Infants until at least 1 year old and at least 20 pounds are in rear-facing car seats in the back seat • Never place an infant (and children under 12) in front of an active airbag, the back seat is the safest • Do not place blankets, pillows or head supports behind the baby's back or head

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<ul style="list-style-type: none"> • sleep safety (positioning, bedding, and crib) 	<ul style="list-style-type: none"> • Use lowest harness slots for a newborn infant. Keep the straps in the slots or below the baby's shoulder for the rear-facing position • Dress baby in clothes that keep legs free. A bulky snowsuit or bunting can make the harness too loose <p>How to Protect Your New Baby in the Car, National Highway Traffic Safety Administration, 4/97 and Children are Depending on You to Buckle'Em Up Properly! Governor's Highway Safety Commission, Vt</p> <p>Environmental tobacco smoke</p> <ul style="list-style-type: none"> • Suggest the family create a smoke-free zone around the baby (home, car, child car, relatives & friends, etc.) • If the mom or other family member smokes, encourage them to quit • Encourage the family to choose baby-sitters that don't smoke and won't allow others to smoke in the home or around the baby • Encourage family to avoid crowded smoky places <p>Environmental Tobacco Smoke: A Danger to Children, American Academy of Pediatrics</p> <p>Shaking or other inappropriate handling</p> <ul style="list-style-type: none"> • Provide parents and other caregivers with tips on how to deal with "feeling out of control" when nothing seems to comfort their child such as leave the baby in a safe, secure place, take deep breaths and count to 10. • For parents of babies that cry alot, encourage them to get help from family , friends, or neighbors • Encourage parents to use community resources such as the Parents Assistance Line for help <p>Never Shake a Baby, Prevent Child Abuse-Vermont</p> <p>Sleep safety</p> <ul style="list-style-type: none"> • Place baby on back to sleep unless the baby has a health condition that requires sleeping on the tummy • Crib slats are spaced no more than 2 3/8 inches apart

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	<ul style="list-style-type: none"> • Mattress fits snugly - less than two fingers width between edge of mattress and crib side • Remove pillows, quilts, comforters, sheepskins, stuffed toys and other soft products from the crib • Do not place baby on a waterbed, sofa, soft mattress, pillow or other soft surface to sleep • Consider using a sleeper as an alternative to blankets, with no other covering. If using a blanket, put baby with its feet at the foot of the crib. Tuck a thin blanket around the crib mattress, only as far as the baby's chest. Make sure your baby's head remains uncovered during sleep. • Corner posts are no higher than 1/16 inch to prevent entanglement of clothing, etc. • Do not place a crib near draperies or blinds where a child could become entangled and strangle on cords <p>Back to Sleep Campaign, 6/98 ; Tips for Your Baby's Safety, Consumer Product Safety Commission and CPSC April 1999 Recommendations Revised to prevent Infant Deaths from Soft Bedding</p>
<p>V.D.1. List recommended immunizations for a 2 month old using the Department of Health Immunization Schedule.</p>	<p>Refer to Vermont Department of Health Immunization Schedule 6/98</p>
<p>V.D.2. List recommended well child care for a 6 week old using the Vermont Department of Health Screening Recommendations for Children and Adolescents.</p>	<p>Refer to Vermont Department of Health Periodicity Schedule 10/98</p>