Protocol: Management of the Immediate Postpartum Period

The immediate postpartum period begins with the expulsion of the placenta and continues until the client and newborn are stable and discharged from continuously monitored care by the midwife.

Maternal Monitoring and Assessment of: (blood loss, vital signs, pain, involution, intake/output, infant feeding)

- Blood loss – Monitor and estimate immediate blood loss. Continue to monitor every 30 minutes, more often if necessary. Cumulative amount between 250-500mL is normal, greater than 750mL should be treated with antihemorrhagic medication (10 IU Pitocin intramuscular or 400-600 ug Misoprostol orally), transfer of care at 1000mL. Watch for pale, clammy skin, weakness, inability to answer questions, soaking a pad in 20 minutes or less, passing large clots, or increase in bleeding.
- Blood pressure – monitored every 30 minutes in the first hour and hourly after that, more often if indicated. Normal BP should be above 90/60 and below 140/90. Watch for and ask about dizziness, weakness, or faintness.
- Pulse – monitored every 30 minutes in the first hour and hourly after that, more often if indicated, may be elevated in first few hours after birth, over 100 is abnormal
- Temperature – monitored every 30 minutes in the first hour and hourly after that, more often if indicated, normal 97-99 degrees, may be slightly elevated after birth, over 100.4 may indicate infection
- Pain level – cramping and uterine contractions are normal after birth, client may use herbal tinctures, homeopathics, or Ibuprofen for the pain. Extreme pain or tenderness is not normal. Difficulty breathing or acute pain in an extremity could be a warning sign of a serious complication (AFE, PE, DVT, infection, etc.). Ensure client is in a comfortable position.
- Involution – monitored every 30 minutes in the first hour and hourly after that, more often if indicated, assists with hemostasis, uterus should be round and firm to the touch, at or slightly above umbilicus, if soft/boggy massage until firm
- Elimination – It is important for the client to urinate soon after birth even if they do not feel the need, it may take several days for bowel movements to return to normal.
- Nourishment – ensure continued hydration, client should eat something before discharge, protein is recommended
- Breast/chestfeeding – assist with initiation of infant feeding within first 2 hours after birth, nursing can help with involution and prevent mild hemorrhage by causing the uterus to contract.

Neonatal Monitoring and Assessment of: (APGAR, vitals, elimination, feeding)

- APGAR – Assess at 1, 5, and 10 minutes. (breathing, heart rate, muscle tone, response to stimuli, and color) “Apgar scores were designed to help identify infants that require respiratory support or other resuscitative measures…” (Simon et al., 2017).
- Heart rate – Assess at 1, 5, and 10 minutes, then every 30 to 60 minutes, more frequent if indicated. Normal range 100-170 bpm, bradycardia (<100 bpm), tachycardia (>170 bpm), irregular heartbeat, or cardiac murmur are abnormal.
- Respirations - Assess at 1, 5, and 10 minutes, then every 30 to 60 minutes, more frequent if indicated. Normal is between 30 and 60 respirations per minute, transient tachypnea may be present in some newborns. Apnea, grunting, gasping, retractions, or nasal flaring are symptoms of respiratory distress.
- Color - Assess at 1, 5, and 10 minutes, then every 30 to 60 minutes, more frequent if indicated. Normal is pink all over. Pallor, cyanosis, or erythema are signs of possible complications. Jaundice within the first 24 hours is abnormal.
- Tone - Assess at 1, 5, and 10 minutes, then every 30 to 60 minutes, more frequent if indicated. Poor muscle tone, ineffective sucking, lethargy, or irritability could be signs of complication.
- Temperature - monitored every 30 minutes in the first hour and hourly after that, more often if indicated, normal range 97-99 degrees, instability in the first 24 hours is normal. Continual rise or fall of temperature is abnormal. Dry neonate thoroughly and encourage skin to skin contact with parent to help stabilize and regulate temperature.
- Elimination – Newborn should urinate at least 1 time in first 24 hours. Several bowel movements should be expected. This will help ensure patency of anus and urethra.
- Feeding – Initiate in the first 2 hours. Frequent feeding can prevent hypoglycemia and severe jaundice. Feeding assists with removal of meconium and provides nourishment and antibodies to the newborn.

Newborn Exam – complete physical exam performed after the birth when baby is calm, warm, and dry with parental permission (within the first 24 hours)

- Equipment needed – gloves, scale, and measuring tape, pulse oximeter, flat surface, warm area
- Assess vital signs, measure weight, length, and head circumference (shoulders, chest, and abdomen may also be measured). Any abnormal findings should be noted in the chart. If neonate appears lager or smaller than expected a New Ballard Score should be performed to assess gestational age.
- Assess general appearance, behavioral state, skin, head and face, chest and trunk, cardiopulmonary system, abdomen, back, genitalia, extremities, neurologic responses

and reflexes. Any birth related injuries, anomalies, birth marks, or abnormal findings should be noted in the chart.

- Administer vitamin K injection 0.5-1 mg intramuscular if desired. Administer Erythromycin eye ointment 0.5% if client desires.

Cleanup

- All equipment that has been used is to be sanitized with a 70% alcohol-based solution and allowed to air dry.
- Trash is removed from the home and disposed of according to local laws
- Dirty linens are washed using clients personal washing machine following appropriate guidelines

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