OB

ROUTINE POSTPARTUM VAGINAL DELIVERY

Estimated Time: 30 minutes • Debriefing Time: 30 minutes

Scan to Begin

Patient Name: Olivia Brooks

SCENARIO OVERVIEW

Olivia Brooks is 28-year-old female who was admitted in active labor yesterday at 0800. She had a 26-hour labor with 2 hours of pushing and delivered a healthy baby at 1000 today via vaginal delivery. She has some questions about breastfeeding. Students implement routine postpartum orders.

This scenario can be used for or high- or low-fidelity simulation. In high-fidelity simulation, the patient videos and tabbed chart content can be used to augment the reality of the simulation. In low-fidelity simulation, the instructor can use role play, in association with the scenario content, to stimulate student critical thinking and discussion about postnatal care topics.

LEARNING OBJECTIVES

1. Maintain a safe, effective health care environment for a postpartum routine vaginal delivery patient
2. Provide patient centered care by utilizing the nursing process for a postpartum patient
3. Relate patients' health status to assessment findings, medications, laboratory and diagnostic test results, medical and nursing interventions
4. Provide patient education regarding postpartum and newborn topics

CURRICULUM MAPPING

WTCS NURSING PROGRAM OUTCOMES

- Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving professional identity as a nurse committed to evidence-based practice, caring, advocacy and quality care
- Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making
- Provide patient centered care by utilizing the nursing process across diverse populations and health care settings
- Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness
- Use information and technology to communicate, manage data, mitigate error, and support decision-making

NURSING FUNDAMENTALS

- Maintain a safe, effective care environment for adults of all ages
- Use appropriate communication techniques
- Use the nursing process
- Adapt nursing practice to meet the needs of diverse patients in a variety of settings

NURSING HEALTH PROMOTIONS

- Use principles of teaching/learning when reinforcing teaching plans
- Apply principles of family dynamics to nursing care
- Plan nursing care for the postpartum patient

SIMULATION LEARNING ENVIRONMENT & SET-UP

ENVIRONMENT: LABOR AND DELIVERY ROOM

Inside room: Vital signs equipment

Inside or outside room: Sanitizer or sink for hand hygiene

Scenario time: Patient delivered the baby about an hour ago

PATIENT PROFILE

Name: Olivia Brooks

DOB: 01/29/19XX

Age: 28 years old

MR#: 12919

Gender: Female

Height: 162.5 cm (5'5")

Weight: 89.1 kg (196 lbs)

Allergies: NKDA

Gravida: 2

Para: 0

AB: 1

Number living: 0

LMP: X/X/20XX

EDC: X/X/20XX

Gestational Age: 40w1d

Blood Type: A neg

Code Status: Full

Ethnicity: Caucasian

Spiritual Practice: Lutheran

Primary Language: English

Facilitator Note: Before scenario, create the LMP and EDC based on current date so that gestational age is 40 weeks and 1 day.

EQUIPMENT/SUPPLIES/SETTINGS

- **Patient**
  - Wearing pajamas
- **Monitor Settings**
  - Vital signs: 120/80, HR 68, RR 20, Temp 98.6, O2 sat 100%
- **Supplies**

- Various QR codes for medications are available. The Facilitator can direct which medications may be administered during the scenario:
- Acetaminophen 500 mg
- Ibuprofen 600 mg
- Calcium Carbonate 500 mg
- Docusate 100mg
- Bisacodyl 10 mg suppository
- Magnesium hydroxide liquid
- MMR vaccine
- Tdap vaccine
- Influenza vaccine
- Rhogam vaccine

QR CODES

START	PATIENT	REPORT	FACILITATOR
SIMULATED BREASTFEEDING	ACETAMINOPHEN PO	IBUPROFEN PO	CALCIUM CARBONATE PO
DOCUSATE PO	BISACODYL SUPP	MAGNESIUM HYDROXIDE PO	MMR VACCINE
TDAP VACCINE	INFLUENZA VACCINE	RHOGAM	PATIENT ID

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR Code: "Scan to Begin"** while students are in Prebrief.
- "Meet Your Patient" (on iPad) and explain how the iPad works in the simulated learning environment including:
    - Explain how to use the iPad scanner and QR codes. Remind students that there are multiple QR codes in the simulation, but they should only scan them if they think it will provide data necessary for their assessment and evaluation of the patient.
    - Medication Hyperlinks – Medications are hyperlinked to DailyMed, which is a medication reference housed by the National Library of Medicine. Students can click on these links during the simulation for up-to-date medication content, labels, and package insert information.
    - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
    - Level tab – This tab "tells" the content in the iPad to change to what is needed for the next state of a simulation.
- Discuss the simulation "Learning Objective(s)" (on iPad) as well as any other Prebrief materials
- View "Report" on iPad
    - Possible Facilitator Questions
        - It is suggested to re-listen to report and assist students understand the meaning of the clinically relevant data and what requires follow-up. Possible questions:
            - What is a periurethral tear? How is pain usually managed for this condition?

- What specific assessments are required post-epidural anesthesia? What are your safety concerns?
- The nurse reports the "fundus is firm with moderate rubra." What are expected findings? What findings would require immediate follow-up?
- The nurse reports the patient has not voided yet. How might this impact your nursing assessments and care?
- The nurse reports the baby's Apgars were 9 and 9. What do these numbers refer to?
- What are routine postpartum assessments, including emotional status and bonding?

- View "Patient" video on iPad
  - Possible Facilitator Questions
    - Describe how you will encourage the patient to reflect on birth story (taking in, taking hold and letting go processes.)
    - Review normal milk production in the first week postpartum.
    - How will you respond to the patient's question about "How do I know if the baby is getting enough milk?"
    - Outline importance of frequent feedings to stimulate milk supply.
    - Review importance of rooming in and skin to skin.
    - Explain importance of latching on and positioning.
      - Note: A breastfeeding handout is available under the Patient Education tab
    - What is the role of the lactation consultant in successful breastfeeding?
- Review iPad tabbed data: Allow students time to browse through data contained under the following tabs on the iPad. Suggested facilitator questions are provided below under each tab.

PATIENT PROFILE

Patient demographic information is displayed here.

PROCEDURES

A procedure listing motor and sensory checks after epidural anesthesia, along with a dermatome map, is provided here. A printable form is available in Appendix A.

- Suggested Facilitator Question(s):
    - Explain how you would perform motor checks before ambulation/first void?
    - What interventions will you implement to prevent falls post-epidural?

OB/GYN HISTORY

OB/GYN History

PAST MEDICAL HISTORY: 28-year-old healthy female with history of genital herpes and mixed anxiety depressive disorder.

SURGICAL HISTORY: Tonsillectomy age 12; Wisdom teeth extraction age 18; D&C after miscarriage

FAMILY HISTORY: Father with hypertension; mother with diabetes mellitus, maternal grandmother with breast cancer

SOCIAL HISTORY: Lives in Anytown, WI with her husband and 2 cats.

TOBACCO USE: Smoked 1 ppd until discovered was pregnant.

ALCOHOL USE: Binge drinking on weekends (6 drinks or more/night) until discovered she was pregnant.

DRUG USE: Denies.

EDUCATION: High school graduate.

EMPLOYMENT HISTORY: Works as a C.N.A. at local skilled nursing facility where helps transfer patients from bed to wheelchair.

MENSTRUAL HISTORY:

ONSET: age: 12 yrs **CYCLE:** 30 days **DURATION:** 5 days

LMP: XX/XX/20XX

PAST PREGNANCY HISTORY:

Date	Weeks Gest.	Length Labor	Type Delivery	Anesth.	Weight	Remarks
2016	12 wks	---	---	---	---	Spontaneous AB

- Suggested Facilitator Question:
  - What information in her Health History is relevant for postpartum care?

PRENATAL RECORD

Date	8wk	16wk	20wk	24wk	28wk	32wk	36wk	38k	40wk
Weeks Gestation	8w3d	16w5d	20w2d	24w5d	281d	32w6d	36w1d	38w	40w
Weight	156 lb	158 lb	161 lb	166 lb	169 lb	173 lb	178 lb	180 lb	182 lb
BP	110/64	112/68	118/72	114/70	116/76	120/72	122/74	124/76	126/76
Fundal Height	---	16 cm	20 cm	24 cm	28 cm	33 cm	37 cm	39 cm	41 cm
Position/ Presentation	---	---	---	vertex	vertex	vertex	vertex	vertex	vertex
Station	---	---	---	---	---	---	-3	-3	-2
FHT	---	150	168	132	150	156	132	144	156
Edema	neg	neg	neg	neg	1+	1+	2+	2+	2+
Urine glucose and protein	---	neg	neg	neg	neg	neg	neg	neg	neg
Contractions	---	---	---	---	---	---	---	---	+
Fetal Activity	---	---	---	Pos	Pos	Pos	Pos	Pos	Pos

Non-stress test	---	---	---	---	---	---	---	---	---
Provider	BB	BB	BB	BB	BB	BB	BB	BB	BB

Progress Notes

Date/Time	Note
8 wks	First prenatal visit; no complaints, excited regarding pregnancy. --- BB
12 wks	Missed appointment; called and stated had mandatory call at work. --- BB
16 wks	Doing well, denies any complaints. Reviewed 2nd trimester changes and to schedule 20 week ultrasound. --- BB
20 wks	Ultrasound prior to appointment confirmed due date. Has backache, will try occasional Tylenol and stretching exercises. --- BB
24 wks	Backache improving, feeling quickening. Discussed prep for GCT at next appointment. --- BB
28 wks	1+ edema, worse after shift standing at work. Discussed L&D prep classes. GCT and Rhogam today. --- BB
32 wks	Edema same, trying to keep legs elevated after work. Discussed pain management option for L&D, prefers IM, IV meds. Possible epidural OK. Group B strep culture at next appointment. No herpes breakouts during pregnancy. --- BB
36 wks	Discussed signs of preterm labor and when to go to L&D. --- BB
38 wks	Discussed need for IV antibiotics in labor due to positive Group B strep culture. --- BB
40 wks	Reports some occasional Braxton Hicks contractions. Feels baby moving frequently. Discussed birth plan and desire for epidural. ----BB

- Suggested Facilitator Question:
    - What information in her Prenatal History is relevant for postpartum care?

DELIVERY RECORD

MNRS Maternal/Newborn Record System™

Labor and Delivery Summary

Page 1 of 2

To order call: 1.800.245.4080 Re-order No. 5712N

Patient Name: Olivia Brooks
DOB: 1/29/19xx
MR#: 12919

Labor Summary

G	T	Pt	A	L	Type and Rh	EDD
2	0	0	1	0	A neg	xx/xx/20xx

Prenatal Events — None

No Prenatal Care Late Prenatal Care
Preterm Labor (less than or equal to 37 Weeks)
Postterm Labor (greater than or equal to 42 Weeks)
Previous Cesarean
Prenatal Complications ■ Refer to Prenatal Records

Intrapartal Events Maternal

Febrile (greater than or equal to 100.4°F/38°C)
Bleeding—Site Undetermined
Preeclampsia (mild) (severe)
Seizure Activity See Labor Progress Chart
■ Medications None

Date	Time	Medication	Dose	Route
Yesterday	0830	Penicillin	5 mil	IV
Yesterday	1230	Penicillin	2.5 mil	IV
Yesterday	1630	Penicillin	2.5 mil	IV
Yesterday	2030	Penicillin	2.5 mil	IV
Yesterday	1930	Fentanyl	100 mcg	IV

Transfusion _____ units
Blood Component _____

Amniotic Fluid

■ SROM AROM Date yesterday
Time 0900
Premature ROM Prolonged ROM
■ Clear
Meconium-Stained (describe) _____
Bloody
Foul Odor
Cultures Sent _____ Time _____
Polyhydramnios
Oligohydramnios

Placenta

Placenta Previa
Abruptio Placenta

Labor

Precipitous Labor (less than 3 hrs)
■ Prolonged Labor (greater than or equal to 20 hrs)
Prolonged Latent Phase
Prolonged Active Phase
Prolonged 2nd Stage (greater than 2.5 hrs)
Secondary Arrest of Dilatation
Induction None Cervical Ripening
AROM Oxytocin
Augmentation None
AROM Oxytocin

Labor Summary (Cont'd.) Fetus

Gestational Age (Wks) 40 By Dates
40 By Ultrasound

Presentation — Position: R O A
■ Vertex
Face/Brow
Breech Frank Complete
Single Footling
Double Footling
Transverse Lie Back-up Back-Down
Compound
Unknown
Cephalopelvic Disproportion (CPD)
Cord Prolapse
Dystocia _____

Monitor None FHR UC
External x x
Internal
Fetal Bradycardia
Fetal Tachycardia
Sinusoidal Pattern
■ Accelerations ■ Spont. Uniform
Decelerations ■ Early Late
Variable Prolonged
Scalp pH less than or equal to 7.2

FM Discontinued _____ Time _____
FHR Prior to Delivery ____ bpm Time _____

Delivery Data

Support Person Present ■ Yes ☐ No
Delivery Location
■ LDR ☐ LDRP ☐ DR ☐ OR
☐ Birthing Center ☐ _____

Method of Delivery

■ Vaginal ☐ VBAC
Number Previous Cesareans _____
■ Vertex
■ Spontaneous
☐ Assisted [ ][ ][ ] to [ ][ ][ ]
☐ Manual Rotation
☐ Forceps (type _____)
☐ Outlet ☐ Low ☐ Mid
☐ Vacuum Extraction Duration 10 Min.
Degree of suction _____ kg/cm²
☐ Breech (type _____)
☐ Spontaneous
☐ Partial Extraction (assisted)
☐ Total Extraction
☐ Forceps Assist
☐ Piper ☐ _____

Method of Delivery (Cont'd.)

☐ Cesarean
☐ Scheduled ☐ Emergency
☐ Primary ☐ Repeat (x _____)
☐ Other
Operative Indication
☐ Previous Uterine Surgery
☐ Failure to Progress
☐ Placenta Previa
☐ Abruptio Placenta
☐ Fetal Malpresentation _____
☐ Non reassuring FHR Pattern _____
☐ Other _____
Uterine Incision
☐ Low Cervical, Transverse
☐ Low Cervical, Vertical
☐ Classical
Hysterectomy ☐ No ☐ Yes
Tubal Ligation ☐ No ☐ Yes
Skin Incision
☐ Vertical
☐ Pfannenstiel

Episiotomy ☐ None

☐ Midline
☐ Mediolateral L R
Laceration/Episiotomy Extension ☐ None
■ Periurethral
☐ Vaginal
☐ Cervical
☐ Uterine
☐ Perineal ☐ 1° ☐ 2° ☐ 3° ☐ 4°
Repair Agent Used _____
☐ Vagina free of sponges

Placenta Delivery Time _____

■ Spontaneous
☐ Expressed
☐ Manual Removal
☐ Adherent (type _____)
☐ Uterine Exploration
☐ Curettage
Configuration
☐ Normal
☐ Abnormal _____
Weight _____ gms
Disposition _____

Cord

■ Nuchal Cord (x 1 _____)
☐ True Knot Length _____ cms
☐ 2 Vessels
■ 3 Vessels
Cord Blood ☐ To Lab ☐ Refrig ☐ Discard
Lab ☐ Type + Rh ☐ Cultures ☐ Coombs
☐ pH ☐ _____

Surgical Data

Sponge Counts Correct
☐ N/A ■ Yes ☐ No _____
Needle Counts Correct
☐ N/A ■ Yes ☐ No _____

Kathy Smith, RN (Signature) Date Completed xx /xx /xx

Form 5712N © BRIGGS, Des Moines, IA 50306 (800) 345-4080 www.BriggsCorp.com R1206 PRINTED IN U.S.A.

LABOR AND DELIVERY SUMMARY (Page 1 of 2)

NURSING | LEVEL: 2C

MNRS Maternal/Newborn Record System™

Labor and Delivery Summary

Page 2 of 2

To order call: 1.800.245.4080 Re-order No. 5712N

Olivia Brooks
DOB: 1/29/19xx
MR#: 12919

Delivery Data (Cont'd.)

Surgical Data (Cont'd.)

Vaginal Pack Count Correct
☐ N/A ☐ Yes ■ No
Estimated Blood Loss 300 mL

Delivery Anesthesia

☐ None
☐ Local ☐ Pudendal ☐ General
■ Epidural ☐ Spinal

Date	Time	Medication	Dose	Effect
Yesterday		per anesthesia		

Complications ☐ None

Delivery Medications ☐ None

Date	Time	Medication	Dose	Route Site	Init
Today	1015	pitocin	10u	IV	KS

Chronology

	Date	Time	Total Time Hrs/Min		
EDD	xx/xx				
Admit to Hospital	yesterday	0800			
Membranes Ruptured	yesterday	0900			
Onset of Labor	yesterday	0800			
Complete Cervical Dilatation	today	0800	24		I
Delivery of Infant	today	1000	2		II
Delivery of Placenta	today	1010		10	III
			26	10	Total Labor

Infant Data

☐ Male ■ Female
ID/Band No. 90518
Condition ■ Alive ☐ Stable ☐ Fair ☐ Critical
☐ Stillbirth ☐ Antepartum ☐ Intrapartum
☐ Neonatal Death
Birth Order 1 of 1 2 3 4
Repeat Apgar every 5 min until score greater than or equal to 7

Apgar Score	1 min	5 min	10 min
Heart Rate	2	2	
Respiratory Effort	2	2	
Muscle Tone	2	2	
Reflex Irritability	2	2	
Color	1	1	
Total	9	9	

Scored by Kathy Smith, RN

Infant Data (Cont'd.)

Airway

■ Bulb Suction
☐ Suction Catheter Size ____ Fr
☐ Mouth Pressure ____
☐ Nose millimeters Hg
☐ Pharynx ☐ At Delivery
☐ Endotracheal Tube Size ____ Fr
☐ Meconium Below Cords Times ____

Breathing

■ Spontaneous
☐ O_2 ____ Liters
☐ Free Flow Time Init. ____
☐ PPV
☐ Bag/Mask Time Init. ____
☐ ET Tube Size____ Fr Time Init.____
☐ CPAP ____ millimeters
____ minutes to First Gasp
____ minutes to Sustained Respiration

Circulation

■ Spontaneous
☐ External Cardiac Massage
Time Initiated____ Time Completed____
____ minutes for HR greater than 100
Heart Rate (bpm)
____ Time ____
____ Time ____
____ Time ____

IV Access

☐ Umbilical Catheter
☐ Peripheral Line
Person Managing Resuscitation:

Neonatal Medications ☐ None

Date	Time	Medication	Dose	Route Site	Init
Today	1030	Vitamin K	1mg	IM	KS
Today	1030	Erythromycin	0.5	eyes	KS

Lab Data ☐ None Time ____

Blood Gases	Sent	Umb Art	Umb Vein
pH			
pO_2			
pCO_2			
HCO_3			

Test	Result
Dextrostix	

Initial Newborn Exam

Weight 3742 gms 8 lbs 4 ozs ☐ Deferred
Length 50.8 cms 20 ins ☐ Deferred
Head 33 cms 13 ins ☐ Deferred
Chest ____ cms ____ ins ☐ Deferred
Abdomen ____ cms ____ ins ☐ Deferred
Temp 98.6 ☐ Rectal ■ Axillary
AP 120 Resp 44 BP n/a
■ No Observed Abnormalities

Initial Newborn Exam (Cont'd.)

☐ Abnormalities Noted
☐ Meconium Staining ☐ Cephalhematoma
☐ Petechiae ☐ Other
Describe ____

Intake ☐ None
■ Breast Fed ☐ Formula ☐ Glucose Water
Output ■ None
☐ Urine ☐ Stool (type ____)
☐ Gastric Aspirate ____ mL per hour
Examined By kathy Smith, RN
Transfer ■ With Mother
☐ To Newborn Nursery
☐ To NICU
☒ mom's room
Date ____/____/____ Time ____
Mode of Transport ____

Delivery Personnel

RN (1) Kathy Smith, RN
(2) Joe Olson, RN
Anesthesiologist/CRNA Mary Schneider
CNM ____
Physician—Attending B. Barker, MD
Physician—Assist (1) ____
(2) ____
Technician ____
Pediatric Provider ____
■ Notified ☐ Present at Birth
Others Present ____
Remarks

Kathy Smith, RN (Signature)
Date Completed xx / xx / xx

Form 5712N © BRIGGS, Des Moines, IA 50306 (800) 245-4080 www.BriggsCorp.com R1206 PRINTED IN U.S.A.

LABOR AND DELIVERY SUMMARY (Page 2 of 2)

- Suggested Facilitator Question:
    - Review the Delivery Record. Will anything in the record affect your postpartum care of this patient?

GENETICS SCREENING

Genetics Screening	Response (Yes/No)	Family Member
Patient Age > 35 years?	No	
Italian, Greek, Mediterranean, Oriental Background (if MCV<80)	Yes	
Jewish background (Tay Sachs)	No	
History of Neural Tube Defect?	No	
History of Down's Syndrome?	Yes	Paternal uncle's baby
History of Sickle Cell Disease or Trait?	No	
History of Hemophilia?	No	
History of Cystic Fibrosis?	No	
History of Congenital Heart Disease?	Yes	Sister's baby
History of Muscular Dystrophy?	No	
History of Huntington Chorea?	No	
Patient had child with birth defect not listed above, >3 first trimester abortions, or stillbirths?	No	
Baby's father had child with birth defect not listed above, >3 first trimester abortions, or stillbirths?	No	
Medications or street drugs since LMP?	Yes	

- Suggested Facilitator Question:
    - What information in the Genetics Screening would affect the newborn assessment?

ORDERS

Date	Time	Order
Today	On Admission	**Order Set: Admission for Routine Postpartum**
		Admit to Postpartum vaginal delivery
		Vitals and Monitoring: Vital signs and assess fundus and lochia q 30 minutes x 30, then q hour x 2, then q 4hours x 24 hours then qshift until discharge
		IV fluids: Saline lock IV • Discontinue IV when the following are met: • Patient toleration oral intake without nausea or vomiting • After antibiotics completed • 12 hours post epidural catheter removal
		Diet: As tolerated
		Activity: • On first ambulation for post epidural: Assess for full sensation and motor ability prior to ambulation. • Encourage ambulation; shower or tub bath prn
		Labs: • Hemoglobin in the morning • Hematocrit in the morning • If mother is Rh negative: perform Rhogam studies
		Urinary care If unable to void: perform bladder scan and straight catheterization PRN
		MEDICATIONS **If pain rated 1 to 3, or less than patient's comfort goal:** Acetaminophen 1000 mg PO every 6 hours PRN for pain Ibuprofen 600 mg PO every 6 hours prn **Post-delivery Uterotonic medications** If needed: Oxytocin 60 mU/ml (30 units/500 ml) at 250 ml/hour IV continuous infusion immediately after delivery • Discontinue Oxytocin after 500 ml infused if patient stable **Antacids**

		Calcium Carbonate 500 mg chewable tablet, 2 tablets PO every 2 hours PRN for indigestion **Bowel Care** Docusate 100 mg PO twice daily Bisacodyl 10 mg suppository PRN Magnesium hydroxide 400 mg/5ml suspension, 30 ml PO every 8 hours PRN **Vaccines** • If non-immune to rubella administer Measles-Mumps-Rubella vaccine 0.5 ml subq first morning after delivery • If mother has not had during this pregnancy: Tdap 0.5ml intramuscularly first morning after delivery • Seasonal influenza virus vaccine PRN **Other** • If mother is Rh negative and a candidate for RhoGam: Rho D immune globulin (RhoGAM) 333 mcg IM and order Rh Antbody testing
		Notify Provider if: • Temperature greater than 38.5 degrees Celsius • Systolic BP greater than 140 or less than 90 • Diastolic BP greater than 100 or less than 55 • Heart rate greater than 120 or less than 50 bpm • Oxygen saturation less than 90% • Urine output less than 30 ml/hr for 2 consecutive hours
		---- B. Barker, MD

- Suggested Facilitator Questions:
  - When is it safe for the patient to ambulate post-delivery?
  - How will you assess for sensation and motor ability?
    - Facilitator note: may tap Procedures tab to view dermatome map and procedure
  - When are you concerned about urinary retention on bladder scan?
  - How can bladder function affect fundal position and vaginal bleeding?
  - Where should the fundus be after delivery?
  - What amount and color of lochia is expected after delivery?

- When are you concerned about clots? How are clots distinguished from placental tissue?
- What will you teach the mom about bowel care?
- When is a patient a candidate for Rhogam?

MAR

Medication Administration Record

Scheduled			
Docusate 100 mg PO twice daily	**Due Today**		**Last Given**
	0800	1800	
Continuous Infusion			
PRN			
Acetaminophen 1000 mg PO every 6 hours PRN for pain			**Last Given**
Bisacodyl 10 mg suppository PRN			**Last Given**
Ibuprofen 600 mg PO every 6 hours prn			**Last Given** Today 20 mins ago
Magnesium hydroxide 400 mg/5ml suspension, 30 ml PO every 8 hours PRN			**Last Given**
Measles-Mumps-Rubella vaccine 0.5 ml subq first morning after delivery PRN if non-immune to rubella			**Last Given**
Rho D immune globulin (RhoGAM) 333 mcg IM PRN if mother is Rh negative			**Last Given**
Seasonal influenza virus vaccine PRN			**Last Given**
Tdap 0.5ml intramuscularly first morning after delivery PRN if mother has not had during this pregnancy			**Last Given**

Discontinued		
Lactated Ringers 1000 ml bolus	**Discontinued**	**Last Given**
		8 hours ago 4 hours ago
Epidural continuous infusion with fentanyl 2mcg/mL and Bupivacaine 0.125% epidural 10mL/hr	**Discontinued**	**Last Given**
	1 hour ago	1 hour ago
Fentanyl 100 mcg IV	**Discontinued**	**Last Given**
		7 hours ago
Penicillin G 5 million units/100 ml IVPB	**Discontinued**	**Last Given**
		18 hours ago
Penicillin G 2.5 million units/100 ml IVPB	**Discontinued**	**Last Given**
		14 hours ago, 10 hours ago, 6 hours ago, 2 hours ago

- Suggested Facilitator Questions:
  - What are the 24-hour max dosing guidelines for acetaminophen and ibuprofen?
  - Note: LACTMED information about medication in breastmilk can be viewed by clicking on the medication hyperlink in the MAR, then clicking on “Presence in Breast Milk” on the DailyMed site.

IMMUNIZATIONS

A link is also provided to the CDC Guidelines for Vaccinating Pregnant Women.

Immunization Record	Date Received
Hepatitis A	Never
Hepatitis B	1/30/1990, 3/2/1990, 7/5/1990
Haemophilus influenzae type b4 (Hib)	3/2/1990, 5/7/1990, 2/1/1991
HPV	Never
Influenza	12/14/2016
Measles, mumps, rubella (MMR)	2/1/1991

Pneumococcal	Never
IPV – Inactivated Polio	3/2/1990, 5/7/1990, 2/1/1991
Diphtheria, tetanus, & acellular pertussis (DTaP)	3/2/1990, 5/7/1990, 7/5/1990
Td booster	11/14/2000, 9/9/2010
Varicella Vaccine or had Chicken Pox	Reported chicken pox 8/1995
Rhogam	Xx/xx/20xx (28 wks gestation)

- Suggested Facilitator Question:
    - Does Olivia require a MMR? When can it be given? What kind of patient education will you provide about vaccines?

LABS

Hospital Laboratory Results

CBC					
	Today on Admission			Units	Reference Range for Pregnant Females
WBC	11.0			$x10^3$uL	3rd trimester: 5.6 - 16.9
RBC	4.8			$x10^6$uL	3rd trimester: 2.72 - 4.43
Hgb	11			g/dL	3rd trimester: 9.5 -15
HCT	33.0			%	3rd trimester: 28 - 40
MCV	82.6			fL	3rd trimester: 82.4 - 100.4
MCH	30			pg	3rd trimester: 25-32
MCHC	32			g/L	3rd trimester: 319-355
RDW	12.3			%	3rd trimester: 11.4- 16.6
Platelet	355			$x10^9$uL	3rd trimester: 146 - 429
MPV	9.0			fl	3rd trimester: 8.2-10.4
Neutro	6.2			X 10^3	3rd trimester: 3.9-13.1
Lymph	2.7			X 10^3	3rd trimester: 1.0-3.6
Mono	0.5			X 10^3	3rd trimester: 0.1 – 1.4
Eos	0.5			X 10^3	3rd trimester: 0-0.6
Baso	0.1			X 10^3	3rd trimester: 0-0.1

PRENATAL Laboratory Results

Group B Strep					
	36 week visit				Reference Range
Group B Strep	**positive**				negative

CBC					
	8 week visit	28 week visit	36 week visit	Units	Reference Range for Pregnant Females
WBC	5.4	6.1		$x10^3$uL	1st trimester: 5.7 - 13.6 2nd trimester: 5.6 - 14.8 3rd trimester: 5.6 - 16.9
RBC	4.3	4.8		$x10^6$uL	1st trimester: 3.42 - 4.55 2nd trimester: 2.81 - 4.49 3rd trimester: 2.72 - 4.43
Hgb	11.4	12.7		g/dL	1st trimester: 11.6 - 13.9 2nd trimester: 9.7 - 14.8 3rd trimester: 9.5 -15
HCT	34	33		%	1st trimester: 31 – 41 2nd trimester: 30 – 39 3rd trimester: 28 - 40
MCV	79.3	80.1		fL	1st trimester: 85 -97.8 2nd trimester: 85.8 - 99.4 3rd trimester: 82.4 - 100.4
Platelet	234	242		$x10^9$uL	1st trimester: 174 – 391 2nd trimester: 155 – 409 3rd trimester: 146 - 429

Glucose Tests

		28 week visit		Units	Reference Range
GCT	1 hour	144		mg/dl	< 140
GTT	fasting	90		mg/dl	< 95
	1 hour	160		mg/dl	<180
	2 hour	110		mg/dl	< 155
	3 hour	100		mg/dl	< 140

Prenatal Panel					
	8 week visit	28 week visit			Normal Reference Range
ABO Group	A				A,B, AB, O
Rh Typing	neg				Pos or Neg
Rh Antibody screen	neg	neg			neg
HBsAg (Hepatitis B)	neg				neg
HIV	neg				neg
HSV 1 & 2 by PCR	**pos**				neg
RPR	neg				neg
Rubella	immune				immune
PAP	normal				normal
Chlamydia	neg				neg
Gonorrhea	neg				neg

Urine					
	8 wks				Reference Range
Urine culture	No growth				No growth
Urine pregnancy	Positive				

- Suggested Facilitator Question:
  - What lab work is clinically relevant for Olivia's postpartum care?

DIAGNOSTICS

Ultrasound Report #1

DESCRIPTION: First trimester ultrasound for dates. EDC by LMP: xx/xx/20xx.

DISCUSSION:

Vaginal scan carried out with consent. Chaperone declined.
Intrauterine pregnancy.
Single live embryo. CRL = 18mm.
Gestational age = 8 weeks + 3 days.
USEDD = XX.YY.20ZZ

Ultrasound Report #2

DESCRIPTION: Second trimester ultrasound at 20 weeks gestation by LMP

DISCUSSION:

Single live pregnancy.
HC = 130mm
AC = 105mm
FL = 22mm
Anterior placenta, not low.
Gestational age, based on dating parameters of HC and FL = 20 weeks and 4 days.
USEDD = XX.YY.20ZZ

Measurement notes: crown rump length (CRL), femur length (FL), head circumference (HC), abdominal circumference (AC), and humerus length (HL)

PATIENT EDUCATION

Students may use several handouts available under this tab to provide patient education including: “Successful Breastfeeding,” “Postpartum Care” and “Postpartum Warning Signs”. Printable forms are also available in Appendix B, C, and D.

DEPRESSION SCALE

This tab links to the Edinburg Postnatal Depression Scale calculator by perinatology.com

- Suggested Facilitator Question:
  - When would you perform a Depression screen?

- What follow-up is recommended based on the total score?
- What are recommended treatments?
- What is the difference between postpartum depression and postpartum blues?
- How often does postpartum depression occur?
- Are there medications for depression that are safe to take during breastfeeding?

SIMULATIONS

This tab contains a video of a new mother breastfeeding.

- Facilitator Note: A Breastfeeding handout is also available under the Patient Education tab.
- Suggested Facilitator Questions:
  - Evaluate latch and positioning
  - How do you evaluate milk exchange between mom and baby?
  - What teaching will you provide to help mom establish her milk supply?

LEVEL

Level 1 is displayed.

SCANNER

Use this tab to scan QR codes.

EXIT

The iPad displays the message, “Are you sure you want to exit? All data will be lost?”

- If “No,” the iPad returns to the home screen.
- If “Yes,” the iPad will exit and allow users to take the included survey.

STATE 1

ASSESS POSTPARTUM PATIENT

- Patient Overview
    - Students should address the patient's concerns therapeutically, educate about breastfeeding, and perform appropriate assessments and interventions according to the Postpartum Order Set.
- Expected Student Behaviors
    - Provide appropriate hand hygiene throughout scenario
    - Introduce themselves to the patient
    - Verify patient identity with name and date of birth
    - Address patient's concerns therapeutically
    - Implement orders from Postpartum order set
    - Appropriately manage the patient's pain using pharmacological and non-pharmacological interventions
    - Review hospital and prenatal lab work and indicate impact of results on nursing care
    - Educate patient on breastfeeding. May view simulated video of breastfeeding (Simulations tab) for evaluating how patient is performing breastfeeding, and a "Successful Breastfeeding" handout is available under the Patient Education tab.
- Technician Prompts
    - Olivia is very happy that her baby girl has arrived. She is experiencing mild to moderate perineal pain that is "acceptable level" with the use of Ibuprofen and ice packs. She has not voided or showered yet. She has some questions about breastfeeding. Potential questions include:
    - "How can I tell if I am breastfeeding correctly? My nipples are starting to get sore."
    - "How can I tell if the baby is getting enough milk?"
    - "Why does my bottom hurt so much? Did it tear down there?"
    - "Can I get something for the pain?"

- "I'm feeling crampy. It gets worse when I breastfeed. Why do I have cramps when I'm not having a period?"
- "I looked at my pad and there is a lot of blood. Should I be worried?"
- "I tried to pee but nothing came out. Is there something wrong down there from pushing so hard?"
- "I'm hungry. Can I get something to eat?"

- Suggested Facilitator Questions
  - Review the Routine Postpartum Order Set with the students.
  - What are priorities of care at this point?
  - Is there any lab work should be ordered at this time?
    - What is the negative Coomb's test and a fetal screen test?
  - What medications are available for pain relief?
  - What non-pharmacological interventions may help reduce the patient's pain?
  - When can the patient eat?
  - When should the provider be notified? What conditions might cause the change in vital signs listed?
  - What motor and sensory assessments will you do related to the epidural anesthesia she received during labor? (See Procedure tab for a dermatome map.)
  - How much lochia is expected at this time and what color?
  - Why is the patient feeling crampy?
  - Why might the patient have difficulty urinating? When is a catheterization required?
  - If a patient can't void, how might the fundus and lochia be affected?
  - Review Olivia's vaccination record. What vaccinations are required prior to discharge?
  - Olivia is Rh negative. What interventions are required and why?

- Tabbed iPad changes
    - When student has performed the expected behaviors, scan **QR Code: Facilitator** to exit the scenario.

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How did you feel this scenario went?
2. Review the learning objective: Maintain a safe, effective health care environment for a patient in active labor
    a. Summarize how you provided safe, effective care to a postpartum patient who experienced a vaginal delivery?
3. Review the learning objective: Relate patients' health status to assessment findings, medications, laboratory and diagnostic test results, medical and nursing interventions
    a. What are routine postpartum assessments after a vaginal delivery?
    b. What are routine postpartum interventions for a vaginal delivery?
    c. What assessments and safety interventions are required when a patient has received epidural anesthesia?
    d. Interpret the lab work. Is there anything concerning requiring follow-up?
    e. What pain management interventions can be provided to a postpartum patient after vaginal delivery?
    f. How will pharmacological pain interventions affect the baby if the mother is breastfeeding?
4. Review the learning objective: Provide patient education about breastfeeding and newborn topics.
    a. Outline important patient education to provide about breastfeeding and newborn topics.
5. Review the learning objective: Provide patient centered care by utilizing the nursing process for a patient receiving postpartum care after a vaginal delivery. Tie this scenario to the nursing process:
    a. Identify 3 priority nursing problems you identified.
    b. Create a patient centered goal for each nursing problem you identified.
    c. Describe focused assessments for each nursing problem.

   d. Discuss nursing interventions for each nursing diagnosis.

   e. Re-evaluate the simulation in terms of the nursing process; what was actually accomplished? What could be improved in the future?

6. Summarize/Take Away Points: “In this scenario you care for a postpartum patient after a routine vaginal delivery. What is one thing you learned from participating in this scenario that you will take into your nursing practice?” (Ask each student to share something unique from what the other students share.)

NOTE: Debriefing technique is based on INASCL Standard for Debriefing and NLN Theory-Based Debriefing by Dreifuerst.

APPENDIX A: PROCEDURE: MOTOR AND SENSORY CHECKS DURING EPIDURAL ANESTHESIA PATIENT EDUCATION HANDOUT

MOTOR AND SENSORY CHECKS DURING EPIDURAL ANESTHESIA

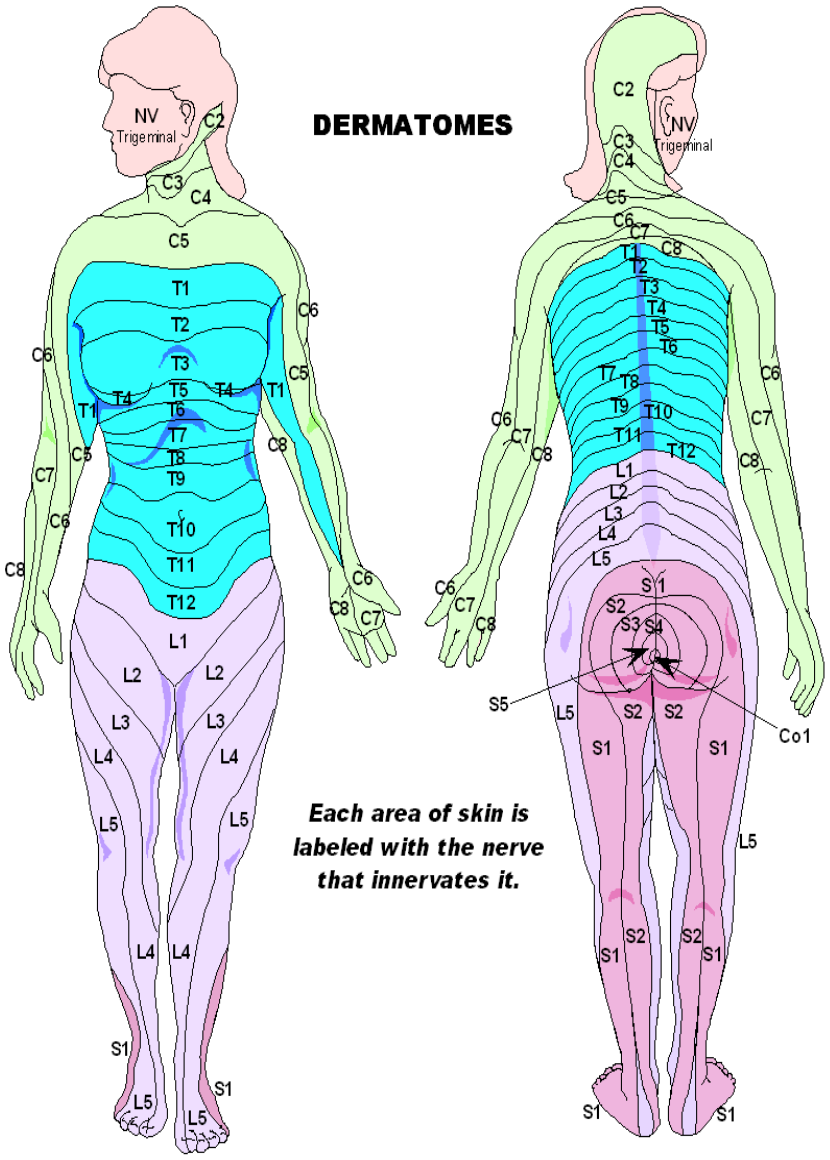


Image credit: http://standardofcare.com/Dermatomes

COMMON ANATOMIC LANDMARKS ON THE DERMATOME CHART

The line between the posterior iliac crests which lines up with interspace between L-3 and L-4.

The effects of the epidural are usually 3-4 dermatomes higher than the point of insertion.

T-4 is the nipple line

T-6 is the xyphoid process

T-10 is umbilicus

L-1 is the hip area

LABOR PAIN SENSATION AND STAGES OF LABOR

In stage l, labor pain sensation travels along sympathetic nerve fibers at T10-T12 and L1-L4. In stage 2 labor pain sensation travels along sympathetic nerve fibers at L2-L4 and S2-S4. The analgesia / anesthesia needs to be lower for delivery.

When a patient is 8-9 cm dilated, elevate the HOB 45 degrees to promote downward movement of the sensory blockade.

HOW TO DO SENSATION CHECKS FOR LABOR EPIDURAL

Obtain a small plastic bag with crushed ice. Test the patient by touching the ice to the patients arm so patient identify cold sensation. Then begin testing on the right side of abdomen with ice. Have patient identify when she no longer feels the cold. Repeat this on the left side. Review the dermatome chart and determine the level which the patient no longer has sensation of cold. Document on the chart hourly.

HOW TO DO MOTOR CHECKS

Review the following chart and indicate what motor grading the patient is at and document hourly.

Motor Grading Criteria

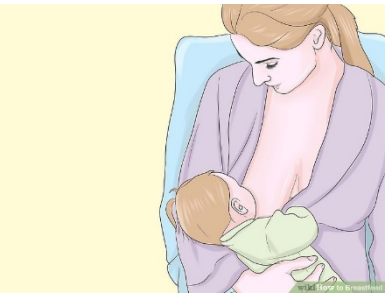
GRADE	CRITERIA
I	Free Movement of legs and feet
II	Just able to flex knees with free movement of feet
III	Unable to flex knees, but with free movement of feet
IV	Unable to move legs or feet

Assess the epidural site and tubing.

APPENDIX B: BREASTFEEDING PATIENT EDUCATION HANDOUT

SUCCESSFUL BREASTFEEDING FOR YOU AND YOUR BABY

START WITH A CALM BABY AND MOTHER



1. Feed Regularly. Feed your newborn regularly and often. Start with a feeding in the first hour of birth. All newborn babies need to eat frequently, watch the baby not the clock. Watch for feeding cues like sucking and rooting. Bring the baby to the breast frequently. Babies vary for time they take to nurse at each feeding.

2. Positioning. Allow your baby to take the lead. Support your baby's body with your arms. Allow your breast to fall naturally and help the baby line up under your breast with your nipple toward the baby's nose.

3. Skin to Skin, Hold your baby skin to skin for the first hour after birth and have the baby in your room during the hospital stay. Skin to skin has many benefits including bonding for mothers and babies, breastfeeding success, keeping the baby warm, stabilizing blood sugar levels. Nursing and medical procedures can be completed while the infant is skin to skin. Support people can assist with skin to skin too.

4. Breast Compression is a technique that can increase milk supply and get milk to a baby that is not latching as well. Please your hand behind the nipple and areola and compress you breast in a rhythmic fashion. This technique takes practice and a

lactation consultant can assist you with this. You can do it before, during and after infant feedings.

5. Aim your nipple toward the baby's nose. The baby will then reach for the nipple. Make sure your baby's moth is open wide. The baby's upper lip should barely brush past the top of the nipple. Support the baby's upper back and shoulders with your palm. Do not put pressure on the back of the baby's head.

6. Latching on. Let your baby feed as long as he wants to on the first breast. Some babies are more "efficient" than others, some like to nurse longer. Depending on how much milk a mother makes, a baby may not take the second side. Just make sure to switch between breasts when you start a new feeding. Listen for rhythmic, regular suck/swallow pattern that will let you know the baby has latched properly and milk is being exchanged between mother and infant.

    a. When your baby feeds from your breast, it should feel like a gentle pull, not a pinch or a bite. Look at your nipple after the feeding if your nipple changes shape when in the baby's mouth your infant may be pinching the nipple. Help your baby achieve a deeper latch.
    b. Baby's need to latch onto the underside of the breast, not the nipple.
    c. When your baby is done feeding on a breast, you shouldn't pull or even yank him away. Instead, insert your finger in his mouth so that his mouth releases your breast.

7. Burp your baby (optional). This isn't always necessary. Depending on how much air the baby takes in through the nose while it is nursing, you may or may not need to burp baby. If your baby is arching his back, squirming around, and looking uncomfortable, then he may be ready to get burped. Try to burp him in one of these ways:

    a. Lift your baby toward your shoulder, with your hand on his head and neck for support. He should be facing the area behind you. Rub your baby's back with a firm and open hand to release the trapped air.
    b. Sit your baby on your lap and lean him forward, supporting his chest with the base of your hand and his chin and neck with your fingers. Massage his stomach with your front hand and gently pat his back with the hand on his back.
    c. Lie your baby on your lap with his head raised higher than his stomach. Gently pat his back until he burps.

8. Getting enough milk. A newborn baby will mostly nurse and sleep. You know when the baby is "getting enough" when there are 8-10 wet and or dirty diapers by the end of the week.

9. Maintain a healthy diet. Eat a wide variety of foods that are low in sugar, caffeine, fat and salt and be active. Foods high in iron like beans, leafy greens, and broccoli. Include high fiber foods and whole grains. Many mothers also continue to take prenatal vitamins or should take daily multivitamins to stay healthy. Eat

foods with nutritional value. A handful of veggies and dip, a bran muffin or whole wheat grains are quick healthy snacks.

10. Stay hydrated. If you want to be healthy and produce enough milk for your baby and to remain healthy, then you have to stay hydrated. Drink at least 8 oz. of water eight times a day, and add some juice, milk, or other healthy drinks into your routine

11. Avoid alcohol at least two hours before you breastfeed. The American Academy of Pediatrics view is while you are nursing; avoid drinking alcohol because it can pass through your milk to your baby. Levels of alcohol peak at approximately 30-60 minutes following ingestion then decline rapidly thereafter. Alcohol can inhibit the release of milk from the breast.

12. Avoid smoking. Smoking not only changes the amount of your breast milk supply, but it can change the taste of your breast milk, and can make it much less appealing to your baby. If you are unable to stop smoking cut down the amount of smoking you do. Do not smoke immediately before or during breastfeeding. Discuss the possibility of nicotine replacement therapy and breastfeeding with your health care provider.

13. Medications. Be careful with the medication you take. You should always check with your doctor or a lactation consultant to make sure it's okay to take any of your medications, or a new medication, while you're breastfeeding. Call the Infant Risk Center if you need more information www.infantrisk.com/

14. Consult a lactation consultant, midwife or health care provider if:

- Baby is still fussy after nursing.
- Baby is not urinating or having regular bowel movements.
- Breasts are sore, or cracked and nipples are bleeding, this may be sign that baby is not latching correctly or could indicate a more serious problem, such as mastitis.
- Baby is not gaining weight.
- Baby's skin and/or fingernail and/or toenail beds appear to have a yellowish tinge.

Images adapted from: http://www.wikihow.com/Breastfeed

References:

International Lactation Consultant Association, ILCA's Inside Track (2013); a resource for breastfeeding mothers.

National Library of Medicine (2017), Drugs and Lactation Database. Downloaded from: https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

Texas Tech University Health Sciences Center (2017). Infant Risk Center: Alcohol and Breastfeeding. Downloaded from: http://www.infantrisk.com/content/alcohol-and-breastfeeding

APPENDIX C: POSTPARTUM CARE PATIENT EDUCATION HANDOUT

POSTPARTUM CARE

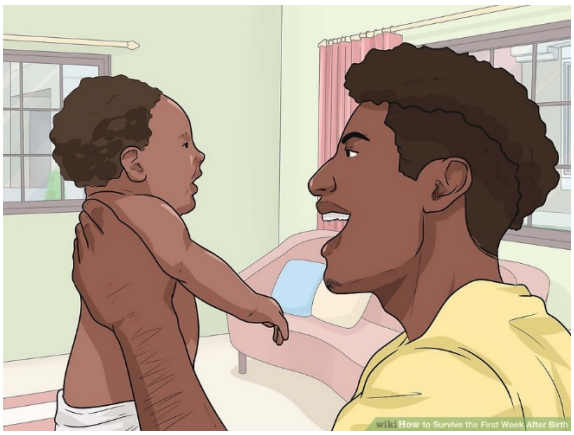
The first week after birth is an exciting and exhausting time. Both you and your baby will be bonding. At the same time, you will be recovering emotionally and physically from the birth. There are many things you can do to help yourself adjust to this new phase of life and to heal. Don't be afraid to ask for help from family, friends, and resources in your community if you need it.

GET AS MUCH SLEEP AS YOU CAN

Your baby will wake up every few hours to eat. The best way to get sleep is to sleep when your baby sleeps. This may include making up for your deficit by napping during the day.

You will likely feel physically exhausted from the exertion of the birth and emotionally exhausted from the excitement. This is normal and you will feel better as your body heals and you are able to rest.

If you have older children that also need attention and supervision, consider asking family members or friends to babysit. This will enable you to sleep for a few hours during the day.



ENCOURAGE YOUR PARTNER TO HELP YOU

Your partner may be unsure what to do or may feel left out if you don't have a family room where they can stay overnight with you and the baby in the hospital.

- Give your partner plenty of time to cuddle with the baby. Talk with your partner about how you both feel after the birth, since your lives are going through a big transition.
- If you are still in bed recovering, let your partner bring the baby to you so you don't have to get up to nurse. Your partner can also change the baby's diaper, bathe the baby, and dress the baby.
- Ask your partner to supervise any older children you might have as well. If your older child is big enough, your partner can explain how to hold the baby and supervise the initial bonding period between the siblings.

RECOGNIZE THE BABY BLUES

Many women feel sad, exhausted, or cry around three to five days after the birth. This can happen because of the hormonal changes your body is going through. You are particularly vulnerable to the baby blues if you are very tired, the birth was difficult, or your recovery is preventing you from taking care of your baby the way you want to. The baby blues are normal and pass after one to two weeks. Symptoms include:

- Being extremely emotional
- Reacting irrationally
- Crying without an apparent cause
- Feeling irritable
- Feeling anxious or stressed
- Feeling depressed
- Loss of appetite
- Finding it difficult to make choices

IDENTIFY POSTPARTUM DEPRESSION

Postpartum depression is different from the baby blues because it is more severe and doesn't pass after a week or two. It usually starts two weeks to two months after the baby's birth, but it can also start sooner or even a year after birth. One in 10 women and four in 10 teenage mothers can experience postpartum depression. If you think you may have postpartum depression or if a friend or family member thinks you may have it, talk to someone you trust and contact your doctor. Symptoms include:

- Loss of interest in the baby
- Crying
- Lack of pleasure
- Lack of concentration
- Feeling that you can't cope
- Memory loss
- Anxiety or panic attacks
- Exhaustion

- Insomnia
- Achiness
- Lack of hunger
- Post-traumatic stress disorder may also occur after a painful or difficult delivery

JOIN A NEW MOTHERS' GROUP

This will enable you to get support from women who are going through the same process that you are. You will be able to:

- Trade tips on breastfeeding and solving the day to day puzzles that are part of your new phase of life.
- Make new friends.
- Get support which will help buffer you against postpartum depression

ASK FOR HELP WHEN YOU NEED IT

The first week after birth is a time when you will naturally feel overwhelmed. Even a small amount of help from friends and family can go a long way to making things feel more manageable and giving you time to also take care of yourself. This help could include:

- Friends bringing you meals so that you don't have to cook. Or alternatively, you may have relatives that can come and stay with you for a few days and cook. They can also freeze food so that you won't have to cook for a few days after they go home.
- A family member holding the baby while you shower. Family members can also diaper the baby, burp the baby, and dress the baby. They can also help supervise older children while you nurse and take care of yourself.

NOTICE THE CHANGES YOUR BODY IS GOING THROUGH

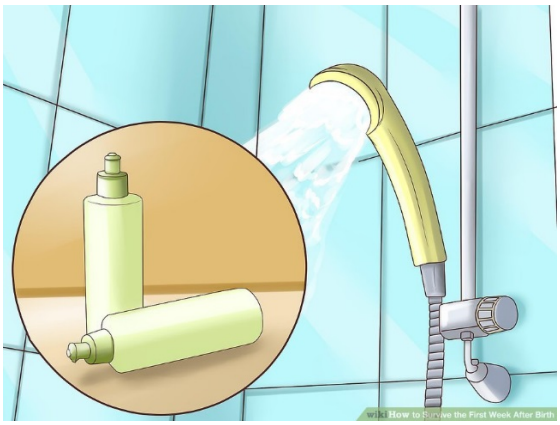
Your body is simultaneously healing and adjusting to not having the baby inside anymore. You will notice that:[8]

- Your abdomen will feel loose and baggy because the muscles and skin have stretched out. It will slowly return to normal.
- Breastfeeding helps your uterus to contract. If you feel cramps that feel similar to when you have your period, this may be why. If it is very uncomfortable, tell your doctor.

WEAR PADS TO ABSORB VAGINAL BLEEDING

In the first few days it will be red and you will be changing your pads every 2-3 hours. Over time it will be pinker and then lighter. At the end the discharge may be creamy white. This may last for six weeks.

- Call your doctor if you have a fever and pass large clumps of blood or if it smells bad or you are saturating pads frequently. You should also call the doctor if you bleed through more than one large pad in an hour for more than two consecutive hours.
- Try witch hazel. The hospital may also give you witch hazel pads that you can put between a sanitary pad and the wound. This will help promote healing.[12] You can also purchase postpartum bath teas. These are mixtures of healing herbs that you can put in your bath.
- Don't use tampons because the tissues are healing.[13] Tampons also raise your risk of an infection.



BATHE YOUR STITCHES IN WARM WATER AFTER AN EPISIOTOMY

If you had tearing or were cut to help the baby out (episiotomy), the doctors may have sewn you up with stitches. Most hospitals will give you a "peri-bottle" which you can fill with warm water and use to rinse your perineum after you urinate. This will help keep the area clean.[14][15]

- If it is uncomfortable, sit carefully and lie on your side instead of your back. You can also purchase a padded ring on which you can sit. This relieves the pressure around your vagina.[16]
- If you are breastfeeding, talk to your doctor before you take any painkillers, even over-the-counter painkillers. Your doctor will be able to tell you what medications will or won't be safe for your baby while you nurse.
- If the stitches hurt during bowel movements, you can hold a clean pad over them to support them. Try not to push too hard when you are having bowel movements. Eat fresh produce, salads, and whole-grain breads to increase your fiber intake. This will help your stool stay soft. Drink extra water as well. If this isn't enough, your doctor may recommend stool softeners.
- The stitches usually dissolve on their own and generally don't have to be removed. Contact your doctor if the pain gets worse or if the cut or tear gets inflamed or you notice a yellow discharge.

DON'T WORRY IF YOU LEAK A LITTLE URINE

After birth women often find that they may leak some urine if they laugh or cough. It may be tempting to drink less water so that you don't have to pee as often, but don't do that. If you dehydrate yourself it will also reduce your milk production. Drink at least eight cups of water per day.

- Doing pelvic floor or Kegel exercises will help you get the muscles back into shape. Once you have healed you can start. Tighten the muscles that you use when you are stopping the flow of urine midstream and then release them quickly. Repeat this several times. As you get stronger you will be able to do more repetitions. You can also do repetitions where you squeeze and hold for 10 seconds.
- Contact your doctor right away if you have signs of a urinary tract infection such as the feeling that you always have to pee; a painful, burning feeling when you do pee; or frequently passing only a little bit of urine.

DON'T STRAIN DURING BOWEL MOVEMENTS IF YOU HAVE HEMORRHOIDS

Hemorrhoids are stretched veins around your anus.[24] They can be painful, but usually heal after a few days.

- Your doctor may be able to give you an ointment that you can put on which will ease the discomfort.
- Increase your fiber intake by eating whole-grains, fresh vegetables, fruits, and salads. Drink extra water. This will help to keep your stool soft and reduce the discomfort when you have bowel movements.

GIVE YOURSELF TIME TO RECOVER AFTER A CESAREAN BIRTH

You will probably need to stay a few extra days in the hospital, possibly up to three days. If you have help at home, you may be able to go home after 24 hours. During the first week you should:

- Rest as much as you can. This can be either bed rest or sleeping.
- Walk around a little bit each day to lower your risk of getting a blood clot. It doesn't have to be far or strenuous, just enough to make sure your blood is circulating properly. This will also help relax your muscles. Ask your doctor or midwife how much walking they recommend for you.
- Try not to go up and down stairs more than necessary because this strains your stomach muscles. Wait until your doctor tells you that you are ready before driving, exercising, lifting heavy objects, or having sex.

- Follow your doctor's instructions for cleaning the wound and changing any dressings.

ASK FOR HELP IF YOU NEED IT

It can take a little while for you and your baby to figure out what techniques work best for you both. If you are having difficulties, there are many resources that you can reach out to. This can include:

- Asking an experienced female relative or friend
- Requesting assistance from a lactation consultant at the hospital. Many hospitals offer free lactation advice, even after you are discharged. This may even include having someone come to your house and help you or a hospital-supported breast feeding group.
- Talking to your midwife
- Hiring a private lactation consultant
- Going to La Leche League meetings. The La Leche League is a global organization that is dedicated to helping mother's breastfeed. They offer support in many different languages. You can check online to see if there are meetings in your area. If not, you may be able to get help through online forums or over the telephone.

Credits:

Images from www.wikihow.com

APPENDIX D: POSTPARTUM WARNING SIGNS PATIENT EDUCATION HANDOUT

POSTPARTUM WARNING SIGNS

Call your provider if you have any of these warning signs:

- Bleeding that's heavier than your normal menstrual period or that gets worse
- Discharge, pain or redness that doesn't go away or gets worse. These could be from a C-section incision (cut), episiotomy or perineal tear (a tear that happens between the vagina and rectum).
- Feelings of sadness that last longer than 10 days after giving birth
- Fever higher than 100.4 F
- Pain or burning when you go to the bathroom
- Pain, swelling and tenderness in your legs, especially around your calves
- Red streaks on your breasts or painful lumps in your breast
- Severe pain in your lower belly, feeling sick to your stomach or throwing up
- Vaginal discharge that smells bad

Trust your instincts. If you feel like something's wrong, call your health care provider. Many of these problems can be treated easily. But if you ignore warning signs and they go untreated, they may cause more serious problems. Call your provider or emergency medical services (911) right away if you think your life may be in danger, or if you have any of these warning signs:

- Bleeding that can't be controlled
- Chest pain
- Trouble breathing
- Signs of shock, such as chills, clammy skin, dizziness, fainting or a racing heart

Credits:

Images and content adapted from www.wikihow.com

CREDITS

Delivery Record form is used with permission from Briggs Healthcare at www.BriggsCorp.com

Dermatome map in Motor and Sensory Protocol is used with permission from http://standardofcare.com/Dermatomes

Focus Information Technology (2014). Edinburgh Postnatal Depression Scale Calculator. Link is directly downloaded from http://perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm

Medication information from National Library of Medicine: Daily Med at http://dailymed.nlm.nih.gov/dailymed/

Patient Education handout images and content adapted from www.wikihow.com

Shutterstock Breastfeeding videos are from www.shutterstock.com

REFERENCES

Berkowitz, L.R. (2017). Postpartum perineal care and management of complications. In: UptoDate, Brubaker, L. and Lockwood, C. (Eds), UptoDate, Waltham, MA. (Accessed on July 28, 2017)

Berens, P. (2017). Overview of postpartum care. In: UptoDate, Lockwood, C. (Ed), UptoDate, Waltham, MA. (Accessed on July 28, 2017)

Centers for Disease Control and Prevention (2016). Guidelines for Vaccinating Pregnant Women. Downloaded from: https://www.cdc.gov/vaccines/pregnancy/hcp/guidelines.html

Dreifuerst, Kristina Thomas (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. Journal of Nursing Education, 51(6), 326-333. doi:http://dx.doi.org/10.3928/01484834-20120409-02

International Nursing Association for Clinical Simulation and Learning. (2016). INACSL Standards of Best Practice: Simulation SM. Retrieved from: https://www.inacsl.org/i4a/pages/index.cfm?pageid=3407

National Institute of Health, Medline Plus (2017). Apgar Scores. Downloaded from: https://medlineplus.gov/ency/article/003402.htm

Toledano, R., and Leffert, L. (2017). Neuraxial analgesia for labor and delivery (including instrumented delivery). In: UptoDate, Hepner, D (Ed), UptoDate, Waltham, MA. (Accessed on July 26, 2017)

World Health Organization (2002). Essential Antenatal, Perinatal and Postpartum Care. Downloaded from http://www.euro.who.int/__data/assets/pdf_file/0013/131521/E79235.pdf

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This is an equal opportunity program. Assistive technologies are available upon request and include Voice/TTY (771 or 800-947-6644).