NCLEX 2026 HIGH-YIELD REVIEW

BUBBLE-HE & Lochia Changes

Systematic Postpartum Assessment for Clinical Judgment

MATERNAL-NEWBORN | POSTPARTUM | CLINICAL JUDGMENT | PRIORITY ASSESSMENT

1 Definition / Overview

- **BUBBLE-HE** is a head-to-toe mnemonic used to systematically assess the postpartum client and detect complications *early*.
- Performed **every 15 min × 1 hr → every 30 min × 1 hr → every hour × 2 hrs → every 4–8 hrs** per facility protocol.
- Catches the "big 4" postpartum killers: **hemorrhage, infection, thromboembolism,** and **emotional crisis**.

2 Pathophysiology (Simplified)

👶 Placenta delivers → uterine vessels **exposed & bleeding**

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💪 Uterus contracts firmly → " **living ligature** " clamps vessels

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📉 Fundus descends **~1 fingerbreadth/day** (involution)

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🩸 Endometrial shedding = **LOCHIA** (Rubra → Serosa → Alba)

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🤱 Prolactin ↑ → milk production | Oxytocin ↑ → let-down & contractions

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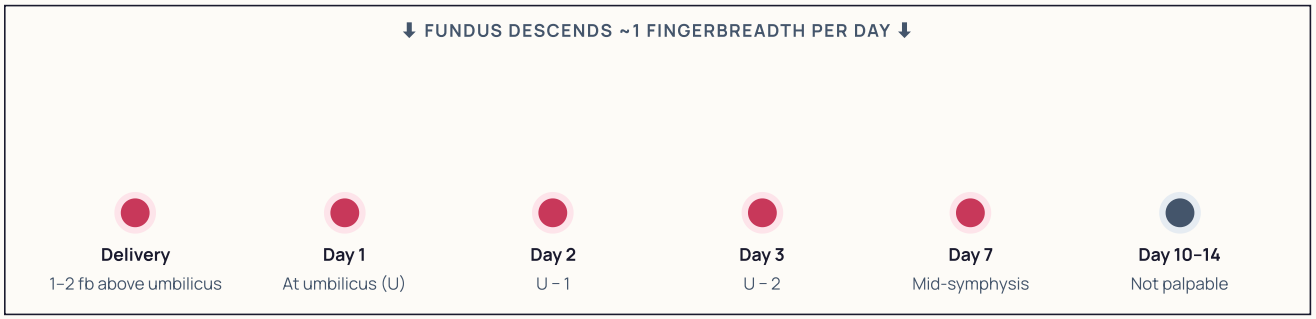
🧠 Estrogen/progesterone **drop sharply** → mood changes, "baby blues"



3 BUBBLE-HE Component Breakdown

B Breasts

Normal: soft → filling → firm by day 3. Colostrum first, mature milk ~day 3–5. Nipples intact.

Abnormal: engorgement (hard, hot, painful), cracked/inverted nipples, red wedge-shape = **mastitis**

U Uterus (Fundus)

Normal: *Firm, midline, at umbilicus* first 24 hr; descends 1 fb/day.

Abnormal: **BOGGY** (atony) , deviated right = full bladder, above umbilicus = retained clots.

B Bladder

Normal: voids **within 6–8 hr** of delivery; >150 mL per void.

Abnormal: distention, uterine displacement, dribbling/retention → **cath if unable to void**

B Bowels

Normal: bowel sounds active; BM within **2–3 days**; flatus post-C/S before feeding.

Abnormal: distention, no BS, constipation, no flatus after C/S.

L Lochia

Normal: Rubra → Serosa → Alba; fleshy/musty odor; scant–moderate.

Abnormal: saturates pad <1 hr, clot > golf ball, **foul odor = infection**, reverses color = retained placenta

E Episiotomy/Perineum

REEDA: Redness, Edema, Ecchymosis, Discharge, Approximation. Mild edema OK.

Abnormal: hematoma (severe pain, purple bulge), dehiscence, purulent drainage, foul odor

H Homans/Hemorrhoids

Normal: no calf pain, symmetric legs, hemorrhoids shrink over days.

Abnormal: unilateral calf pain, warmth, redness, swelling = **DVT** . (Note: Homan's sign no longer recommended — low sensitivity; assess pulses, warmth, swelling instead.)

E Emotional Status

Baby Blues: day 3–5, tearful, resolves in **≤ 2 wks**, bonding intact.

PPD: > 2 wks, anhedonia, poor bonding. **Psychosis** : hallucinations, thoughts of harm → **emergency.**

Lochia Progression

Rubra	Serosa	Alba
DAYS 1 – 3	DAYS 4 – 10	DAY 10 – 6 WKS
Color: dark/bright red	**Color:** pinkish-brown	**Color:** yellow-white/creamy
Amount: moderate; small clots OK	**Amount:** scant–moderate	**Amount:** scant
Odor: fleshy, musty	**Odor:** mild, non-foul	**Odor:** non-foul
Contents: blood, decidua, tissue	**Contents:** old blood, serum, WBCs	**Contents:** leukocytes, mucus, cells

RED FLAG

Lochia warning signs — HEMORRHAGE or INFECTION:

- Saturates a peripad in **< 1 hour** or continuous trickle with a firm fundus
- Clot **larger than a golf ball** (or passing clots consistently)
- **Foul odor** at any stage = endometritis
- **Lochia reverses** (returns to red after serosa/alba) = retained placental fragments

- **Amount estimation:** Scant ≤ 2.5 cm | Light ≤ 10 cm | Moderate ≤ 15 cm | Heavy = saturates pad in 1 hr

4 Priority Nursing Interventions

🎯 FIRST PRIORITY: Rule out hemorrhage

- **Assess fundus FIRST** — firm or boggy? Location? Midline?
- If **BOGGY → massage fundus immediately** (support lower uterine segment with non-dominant hand to prevent inversion)
- If **firm + heavy bleeding** → suspect laceration or retained placenta; notify provider
- If **displaced right/above umbilicus** → have client **void**, then reassess

📊 Ongoing Priorities (ABCs + Safety)

- **Monitor** vital signs q15 min × 1 hr if bleeding; watch for ↑ HR + ↓ BP = early shock
- **Count & weigh pads** (1 g = 1 mL blood); quantify blood loss objectively
- **Administer** oxytocin per protocol; establish 2 large-bore IVs if hemorrhaging
- **Assess** pain, REEDA, bladder distention, DVT signs q shift
- **Ambulate** early to prevent DVT & promote bowel return
- **Encourage** voiding q2–4 hr; straight cath if unable to void & bladder distended
- **Apply** ice to perineum × first 24 hr → warm sitz bath after
- **Promote** bonding; screen with **Edinburgh Postnatal Depression Scale (EPDS)**
- **Administer Rh immune globulin (RhoGAM)** within 72 hr if Rh-negative mom + Rh-positive baby

5 Pharmacology — Postpartum Essentials

Drug / Class	Mechanism	Side Effects	Nursing Considerations
Oxytocin (Pitocin) — 1st line uterotonic	Stimulates uterine contraction → reduces atony bleeding	N/V, water intoxication (hyponatremia), hypotension	IV per protocol (never IV push undiluted); monitor fundus, bleeding, I&O
Methylergonovine (Methergine)	Ergot alkaloid → sustained uterine contraction	HTN, HA, chest pain, seizures	⚠ CONTRAINDICATED in HTN or preeclampsia. Check BP before every dose.
Carboprost (Hemabate) — prostaglandin F2α	Contracts uterus via prostaglandin receptors	Diarrhea, fever, bronchospasm, N/V	⚠ CONTRAINDICATED in ASTHMA. Premedicate with antidiarrheal + antiemetic.
Misoprostol (Cytotec) — prostaglandin E1	Promotes uterine contraction	Fever, chills, diarrhea, shivering	Rectal/sublingual route PP; cheap & stable at room temp.
Tranexamic acid (TXA)	Antifibrinolytic → stabilizes clots	Thrombosis risk, visual changes	Give within **3 hours** of PPH onset for best effect.
Rh immune globulin (RhoGAM)	Prevents Rh sensitization in Rh-negative mom	Local soreness, fever	IM within **72 hr** if Rh-neg mom & Rh-pos baby. Given during pregnancy too (28 wks).
Docusate sodium (Colace)	Stool softener	Mild cramping	Prevents straining on perineum/hemorrhoids/C-section incision.
Ibuprofen / Acetaminophen	Analgesia & anti-inflammatory (ibuprofen)	GI upset, hepatotoxicity (APAP)	Both safe in breastfeeding. Ibuprofen best for afterpains & perineal pain.

🧠 *Uterotonic order for PPH: **Oxytocin → Methergine → Hemabate → Misoprostol → TXA → surgery.***

6 NCLEX Test Traps ⚠

1. **Boggy fundus?** MASSAGE FIRST — don't reach for meds. Only give uterotonics if massage fails or bleeding persists.
2. **Fundus above umbilicus or shifted right** → FULL BLADDER, not hemorrhage. Have client **void first**, then reassess.
3. **DO NOT massage a firm uterus** — over-massage fatigues the muscle and causes relaxation + bleeding.
4. **Lochia gushes when she stands up** = pooled blood, NOT hemorrhage. **Continuous trickle with firm fundus** = think laceration.
5. **Methergine** → check BP (don't give if HTN). **Hemabate** → check for ASTHMA. Always match drug to contraindication.
6. **Baby blues vs PPD vs Psychosis:** Blues ≤ 2 wks self-resolves. PPD > 2 wks → screen & refer. Psychosis = **emergency, never leave alone.**
7. **Reversal of lochia** (back to red after serosa) = **retained placenta**, not normal progression.
8. **Sudden severe perineal pain** with normal lochia = **hematoma**, not "normal soreness." Inspect perineum, notify provider.
9. **Rh-negative mom** + **Rh-positive baby** = RhoGAM within **72 hr**. If you miss the window, sensitization has occurred.
10. **Tachycardia is the EARLIEST sign of hemorrhage**, not hypotension. BP drops late; don't wait for it.

7 Patient Education

Perineal / Lochia Care

- ✓ Handwashing BEFORE & AFTER peri-care
- ✓ Wipe **front to back** only
- ✓ Use peri-bottle with warm water after voiding
- ✓ Change pad every **2–4 hours**
- ✓ Ice pack × first 24 hr, sitz bath after
- ✓ **No tampons, no douching, no sex × 6 wks** (pelvic rest)

When to Call the Provider

- ✓ Saturated pad in < 1 hour
- ✓ Clot larger than a golf ball
- ✓ Foul-smelling lochia
- ✓ Fever > **100.4°F (38°C)**
- ✓ Calf pain/redness/swelling (DVT)
- ✓ Severe HA, visual changes (late preeclampsia)
- ✓ Thoughts of harming self/baby

Breast & Feeding

- ✓ Breastfeed on demand; empty breasts fully
- ✓ Air-dry nipples; lanolin for cracks
- ✓ Warm compress BEFORE feeding, cold AFTER
- ✓ Cabbage leaves OR tight bra if not breastfeeding
- ✓ Report red streaks/fever = mastitis

Comfort & Recovery

- ✓ **Kegels** for pelvic floor strength
- ✓ Adequate fluid + fiber to prevent constipation
- ✓ Rest when baby sleeps; accept help
- ✓ Iron-rich foods (spinach, red meat, beans)
- ✓ No driving until cleared (esp. after C/S)
- ✓ Talk about feelings; baby blues are normal

8 Memory Boosters

✨ *BUBBLE-HE — Head-to-toe postpartum assessment*

B reasts	**U** terus	**B** ladder	**B** owels	**L** ochia	**E** pisiotomy	**H** omans/Hemorrhoids	**E** motions

✨ *REEDA — Perineum / incision assessment*

R edness	**E** dema	**E** cchymosis	**D** ischarge	**A** pproximation

✨ *Lochia Progression — "Red, Serious, Alba"*

Rubra (red, 1–3 d) → **S**erosa (pink-brown, 4–10 d) → **A**lba (white/yellow, 10 d–6 wks)

Think: traffic light — stop (red) → slow (brown) → go/clear (white).

✨ *Fundus descent rule*

"1 fingerbreadth per day" — down from umbilicus. Not palpable by day 10–14.

At delivery: 1–2 fb above umbilicus. Day 1: AT umbilicus (U). Day 2: U–1. Day 7: mid-symphysis.

✨ *"The 4 B's" of first-hour priorities*

B leeding — count pads	**B** oggy — massage	**B** ladder — empty it	**B** P/HR — trend up/down = shock

✨ *Uterotonic order — "Oh My, Here's More Trouble"*

O xytocin (1st)	**M** ethergine (no HTN)	**H** emabate (no asthma)	**M** isoprostol	**T** XA

✨ *"Firm & fundus" rhyme*

"Firm fundus, fine mom. Boggy fundus? Massage — don't be calm!"

✨ *The 3 P's postpartum comfort*

P ee — void q2–4h	**P** oop — soften stool	**P** ain — ice → sitz → PO meds

NCLEX 2026 High-Yield Study Series

Postpartum Clinical Judgment · Maternal-Newborn Nursing