Breastfeeding & Postpartum Care

MATERNAL-NEWBORN NURSING

NCLEX 2026 TEST PLAN • HIGH YIELD

1 DEFINITION & OVERVIEW

- **Postpartum (puerperium):** the 6-week period after birth when maternal body returns to pre-pregnancy state.
- **Breastfeeding:** infant nutrition via maternal milk — provides immunity, bonding, and ideal nutrition.
- **Why it matters:** this is the highest-risk window for hemorrhage, infection, DVT, and mood disorders — nursing assessment drives early detection.

2 PATHOPHYSIOLOGY (SIMPLIFIED)

LACTATION CASCADE

Placenta delivered → ↓ Progesterone & Estrogen → ↑ **Prolactin** (milk production) → Infant suckling → ↑ **Oxytocin** (let-down reflex / milk ejection)

MILK PROGRESSION

Colostrum (Day 1–3: "liquid gold," high IgA) → **Transitional milk** (Day 3–10) → **Mature milk** (Day 10+)

UTERINE INVOLUTION

Delivery → Uterus contracts → Fundus descends **~1 cm/day** → Non-palpable by 10–14 days

LOCHIA PROGRESSION

Rubra (red, days 1–3) → **Serosa** (pink/brown, days 4–10) → **Alba** (white/yellow, 10 days–6 weeks)

3 SIGNS & SYMPTOMS

NORMAL FINDINGS

- Fundus **firm, midline,** at/below umbilicus
- Breast fullness days 2–4; colostrum first
- Lochia rubra → serosa → alba, **decreasing**
- Afterpains (↑ with multipara & breastfeeding)
- Diaphoresis & diuresis first 48h
- Baby blues (mild, resolves by 2 weeks)

RED FLAG FINDINGS

- **Boggy uterus** → hemorrhage risk
- **Pad saturated < 1 hr** → PPH
- **Foul-smelling lochia** → endometritis
- Fever **> 100.4°F** after 24h
- **Unilateral** red/hot/tender breast + flu-like Sx → **mastitis**
- Calf pain, **(+) Homans**, unilateral swelling → DVT
- Severe HA, visual changes, epigastric pain → **postpartum preeclampsia**
- Hallucinations, thoughts of harm → **PP psychosis (EMERGENCY)**

4 PRIORITY NURSING INTERVENTIONS

- **ASSESS** using **BUBBLE-EE**: Breasts, Uterus, Bladder, Bowels, Lochia, Episiotomy, Extremities, Emotions.
- **MASSAGE** boggy fundus **FIRST** — if still boggy, have pt **empty bladder** (distended bladder displaces uterus).
- **WEIGH/COUNT** peri-pads to quantify bleeding (**1 g = 1 mL blood**).
- **MONITOR** VS q15 min × 1 hr post-delivery, then per protocol; watch for tachycardia (early sign of hemorrhage).
- **ENCOURAGE** breastfeeding within the **1st hour** (stimulates oxytocin → uterine contraction).
- **TEACH** proper latch: nose-to-nipple, wide gape, lips flanged, chin to breast.
- **ADMINISTER** Rho(D) immune globulin within **72 hrs** if Rh-negative mother / Rh-positive infant.
- **PROMOTE** early ambulation → ↓ DVT & constipation risk.
- **APPLY** ice pack to perineum first 24 hrs → warm sitz bath after.
- **SCREEN** for postpartum depression at every visit (Edinburgh scale).

5 PHARMACOLOGY

Oxytocin (Pitocin)
Uterotonic • 1st-line PPH
MOA: Stimulates uterine contraction
SE: Water intoxication, hyperstimulation
Nsg: Monitor fundus, VS, I&O, bleeding

Methylergonovine (Methergine)
Ergot alkaloid • PPH
MOA: Sustained uterine contraction
SE: **HYPERTENSION**
Nsg: **Contraindicated in HTN/preeclampsia** — check BP before!

Carboprost (Hemabate)
Prostaglandin F2α • PPH
MOA: Uterine contraction
SE: Diarrhea, bronchospasm, fever
Nsg: **Contraindicated in ASTHMA**

Rho(D) Ig (RhoGAM)
Immune globulin
MOA: Prevents Rh sensitization
When: Rh-neg mom + Rh-pos baby; within **72 hrs**
Route: IM (deltoid/gluteal)

Ibuprofen (Motrin)
NSAID • pain/afterpains
MOA: ↓ Prostaglandins
SE: GI upset
Nsg: ✓ Safe with breastfeeding; give w/ food

Docusate (Colace)
Stool softener
MOA: Softens stool
SE: Mild cramping
Nsg: Prevents straining over episiotomy/hemorrhoids

6 NCLEX TEST TRAPS

TRAP #1: Boggy uterus → **MASSAGE FIRST**, don't "call the provider" yet. If firm but deviated → have mom **VOID**.

TRAP #2: Fundus **above umbilicus** or **deviated right** = **full bladder** (not hemorrhage first).

TRAP #3: Lochia must go **Rubra → Serosa → Alba**. Reversal (alba back to rubra) = abnormal (retained products/sub-involution).

TRAP #4: **Methergine** — always **check BP first**; hold if SBP > 140 or DBP > 90.

TRAP #5: **Hemabate** is **contraindicated in asthma** — causes bronchospasm.

TRAP #6: **Mastitis ≠ stop breastfeeding. CONTINUE** nursing on affected side — empties the breast and prevents abscess.

ENGORGEMENT VS MASTITIS: Engorgement = **bilateral, no fever**. Mastitis = **unilateral, fever, flu-like**.

TRAP #7: **RhoGAM** is given to the **Rh-negative MOTHER**, not the baby.

BLUES VS DEPRESSION VS PSYCHOSIS: Blues = < 2 wks, self-limiting. Depression = > 2 wks, persistent sadness. **Psychosis = hallucinations, thoughts of harming baby → EMERGENCY.**

TRAP #8: Afterpains are **worse with breastfeeding** (oxytocin) and in **multiparas** — normal, treat with ibuprofen.

TRAP #9: Exclusive breastfeeding is **NOT** reliable contraception — counsel on birth control.

7 PATIENT EDUCATION

BREASTFEEDING

- Feed **8–12×/24 hrs**, ~15–20 min/breast
- Proper latch: mouth covers areola, lips flanged
- Alternate starting breast each feeding
- Burp between breasts
- Signs of adequate intake: **6+ wet diapers/day** after day 5, steady weight gain
- Avoid pacifiers/bottles first **4 weeks** (nipple confusion)
- Pump q2–3h if separated from infant
- Nipple care: air-dry, apply expressed milk or lanolin
- Continue prenatal vitamin; ↑ fluids

POSTPARTUM SELF-CARE

- **Pelvic rest × 4–6 weeks**: no tampons, douching, or intercourse
- Perform **Kegel** exercises daily
- Ice pack × 24h → warm sitz baths after
- Peri-bottle rinse front-to-back after voiding
- Report: soaked pad < 1 hr, fever, foul lochia, calf pain, severe HA
- Screen mood — call provider if sadness > 2 wks or thoughts of harm
- Safe sleep for baby: **back, alone, in crib** — no co-sleeping
- Discuss contraception before sexual activity resumes

8 MEMORY BOOSTERS

BUBBLE-EE

Postpartum Assessment
Breasts • **U**terus • **B**ladder • **B**owels • **L**ochia • **E**pisiotomy • **E**xtremities • **E**motions

R → S → A

Lochia Order
Rubra (red) → **S**erosa (pink/brown) → **A**lba (white). Never goes backward!

TLC

Good Latch
Tongue down • **L**ips flanged • **C**hin to breast

"1 cm/day"

Fundal Descent
Fundus drops ~1 fingerbreadth/day — non-palpable by 10–14 days postpartum.

M.A.S.T.I.T.I.S

Mastitis = ONE side + FEVER
Milk stasis • **Acutely** unilateral • **Sore**/red • **Temp** ↑ • **I**nflammation • **T**reat w/ abx • **I**ce/warm • **S**till breastfeed!

"HEMA"

PPH Causes — 4 T's
Tone (atony) • **T**rauma (laceration) • **T**issue (retained placenta) • **T**hrombin (coag issue)

"Baby → Breast"

Positioning Rule
Bring the **baby to the breast**, never breast to baby — prevents poor latch & nipple trauma.

"72 hrs"

RhoGAM Window
Rh-negative mom + Rh-positive baby = RhoGAM IM within **72 hrs** of delivery.