NGN NCLEX • MATERNAL / POSTPARTUM NURSING

THE W's of POSTPARTUM FEVER

Focus: WIND • WATER • WOUND

1 DEFINITION & WHY IT MATTERS

100.4°F

= 38.0 °C (fever threshold)

on any 2 of the first 10 days postpartum (excluding the first 24 hours)

- A postpartum fever = a sign of possible infection, one of the leading causes of maternal morbidity.
- The "W's" is a mnemonic that helps locate the source of the fever by organ system.
- This review focuses on the top 3: Wind (lungs), Water (urinary), Wound (incision / perineum).

2 PATHOPHYSIOLOGY — HOW FEVER DEVELOPS

LABOR & BIRTH	INVASIVE DEVICES	ANESTHESIA / IMMOBILITY	IMMUNE SHIFTS
Tissue trauma Perineum • Uterus Incision	IV lines, Foley catheter, epidural, vaginal exams	Shallow breathing ↓ lung expansion bed rest	Physiologic immunosuppression of pregnancy

MULTIPLE PORTALS → BACTERIAL ENTRY → LOCALIZED / SYSTEMIC INFECTION → FEVER

The fever's DAY and LOCATION help you pinpoint which "W" is the source.

THE 7 W's AT-A-GLANCE

Focus of this review: W1 Wind • W2 Water • W3 Wound

W1	W2	W3	W4	W5	W6	W7
Wind	Water	Wound	Walk	Womb	Wean	W.Drugs

NGN CLINICAL JUDGMENT MODEL

Recognize → Analyze cues → Prioritize hypotheses → Generate solutions → Take action → Evaluate.

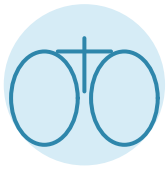
SECTION 3 • SIGNS & SYMPTOMS

Grouped by timeline — Early vs Late (red-bordered boxes = RED FLAGS)

W1 WIND

Pulmonary

Typical onset: Day 1–2



RISK FACTORS

General anesthesia, C-section, pain ↓ deep breaths, immobility

EARLY (Mild)

- Shallow breathing
- Mild ↓ SpO_2 (94–96%)
- Atelectasis on auscultation
- Low-grade fever, fatigue

⚠ LATE / RED FLAG

- **Productive cough**
- **Crackles / wheezes**
- **Tachypnea (RR > 24)**
- **Hypoxia (SpO_2 < 92%)**
- **Pneumonia, chest pain**

W2 WATER

Urinary Tract

Typical onset: Day 3–5

RISK FACTORS

Foley catheter, repeated vaginal exams, epidural, bladder trauma, urinary stasis

EARLY (Mild)

- Urgency, frequency
- Dysuria (burning)
- Suprapubic discomfort
- Cloudy / foul urine

⚠ LATE / RED FLAG

- **CVA / flank tenderness**
- **High fever + chills**
- **Nausea / vomiting**
- **Pyelonephritis**
- **Risk of urosepsis**

W3 WOUND

Incision / Perineum

Typical onset: Day 5–7

RISK FACTORS

C-section, episiotomy, perineal laceration, prolonged ROM, chorioamnionitis

EARLY (Mild)

- Redness around incision
- Edema, tenderness
- Mild warmth
- Serous drainage

⚠ LATE / RED FLAG

- **Purulent drainage**
- **Foul odor**
- **Wound dehiscence**
- **Induration / abscess**
- **Sharp ↑ in pain**

ONSET TIMELINE — use the DAY to choose where to assess first

SECTION 4 • PRIORITY NURSING INTERVENTIONS

Use ABC → Safety → NCLEX prioritization

PRIORITY RULE
Airway → Breathing → Circulation → Safety. Fever + ↓SpO_2 or crackles = address WIND first.

WIND

WIND — Airway & Breathing FIRST

AUSCULTATE lung sounds every 4 hrs; document adventitious sounds.
ELEVATE HOB ≥ 30°; incentive spirometer 10 breaths every hr awake.
ENCOURAGE early ambulation, cough & deep-breathe q1–2h.
MONITOR SpO_2; administer O_2 to keep SpO_2 ≥ 95% as ordered.
PAIN CONTROL so patient can breathe deeply — under-treated pain → atelectasis.

WATER

WATER — Urinary / Hydration

ASSESS void pattern; palpate bladder for distention; check for retention.
ENCOURAGE ≥ 3,000 mL fluids/24 h unless contraindicated.
COLLECT clean-catch UA + C&S BEFORE starting antibiotics.
REMOVE Foley catheter ASAP once no longer indicated.
TEACH wipe front-to-back, void every 2–3 hrs, empty bladder completely.

WOUND

WOUND — Incision & Perineum

REEDA assessment every shift (Redness, Edema, Ecchymosis, Discharge, Approximation).
ICE PACK × 24 hrs to perineum, then warm sitz baths 3–4×/day.
CHANGE perineal pad at least every 4 hrs front-to-back; don't touch inner surface.
STERILE dressing change for C-section; notify HCP of dehiscence or purulent drainage.
CULTURE wound drainage BEFORE antibiotics.

5 PHARMACOLOGY

Cefazolin (Ancef)

1st-gen cephalosporin

MOA	SIDE EFFECTS	NURSING
Inhibits bacterial cell wall synthesis	Diarrhea, rash, hypersensitivity (cross-react w/ PCN ~5%)	Ask about PCN allergy; infuse over 30 min; safe in breastfeeding.

Clindamycin + Gentamicin

Combo for severe infection / endometritis

MOA	SIDE EFFECTS	NURSING
Clinda: ↓ protein synthesis. Gent: aminoglycoside, concentration-dependent kill	Clinda → C. difficile. Gent → nephro- & oto-toxicity	Monitor BUN/Cr, peaks & troughs, hearing/tinnitus; report watery diarrhea.

Acetaminophen

Antipyretic / analgesic

MOA	SIDE EFFECTS	NURSING
↓ central prostaglandin synthesis	Hepatotoxicity if > 4 g / 24 hrs	Safe while breastfeeding; space doses q4–6h; avoid with alcohol.

TRAPS • TEACHING • MEMORY

Sections 6–8 • Think like the NCLEX writers

6 NCLEX TEST TRAPS ⚠

Normal temp spike ≠ infection
A one-time temp ≥ 100.4°F in the first 24 hrs is usually dehydration from labor. HYDRATE + reassess — do NOT jump to antibiotics.

Cultures BEFORE antibiotics
Always obtain blood / urine / wound cultures FIRST (unless septic shock). Giving antibiotics first contaminates results.

Lochia odor
Normal lochia = fleshy / musky. FOUL odor + fever + tender uterus = endometritis (Womb).

Engorgement ≠ mastitis
Engorgement: bilateral, no fever. Mastitis: unilateral, red wedge-shape, fever + flu-like symptoms.

REEDA "A" is Approximation
The "A" in REEDA is whether the wound edges are approximated (together). Not a redness finding.

Prioritize WIND
Two febrile patients? Pick the one with ↓ SpO_2 or crackles — airway/breathing beats urinary and wound.

7 PATIENT EDUCATION — "CALL THE PROVIDER IF…"

CALL PROVIDER IF:

- ✱ Fever > 100.4°F or chills
- ✱ Foul-smelling lochia / heavy bleeding (> 1 pad/hr)
- ✱ Red streaks or drainage from incision
- ✱ Painful / burning urination
- ✱ Leg pain, redness, swelling (DVT)

SELF-CARE AT HOME:

- ✓ Wipe front-to-back; change pad q2–4 hrs
- ✓ Drink 8–10 glasses water/day; void q2–3 hrs
- ✓ Use incentive spirometer; deep breathe, ambulate early
- ✓ Keep incision clean & dry; NO tub baths until cleared
- ✓ Hand hygiene before breastfeeding and after toilet

8 MEMORY BOOSTERS — THE 7 W's + REEDA

THE 7 W's — by typical day of onset

W1	**Wind**	— atelectasis / pneumonia	***Day 1***
W2	**Water**	— urinary tract infection	***Day 3***
W3	**Wound**	— incision / perineum	***Day 5***
W4	**Walk**	— DVT / thrombophlebitis	***Day 5–7***
W5	**Womb**	— endometritis	***Day 2–3***
W6	**Weaning**	— mastitis / engorgement	***Day 7–21***
W7	**Wonder drugs**	— drug / anesthesia fever	***Any day***

REEDA (wound) — **R** = Redness · **E** = Edema · **E** = Ecchymosis · **D** = Discharge · **A** = Approximation

Pattern tip: Fever DAY → tells you WHERE to assess first.