Nursing Diagnosis

Postpartum infection

Prevention, Assessment and Management

******The individuals in the slide have obtained consent from the patient.

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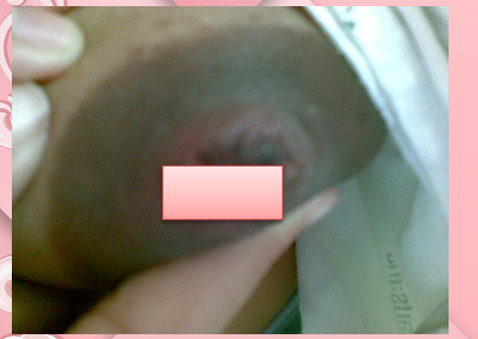
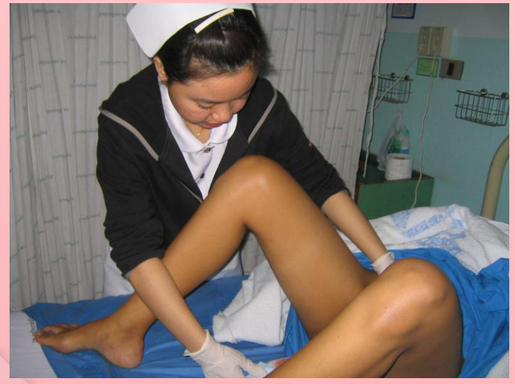
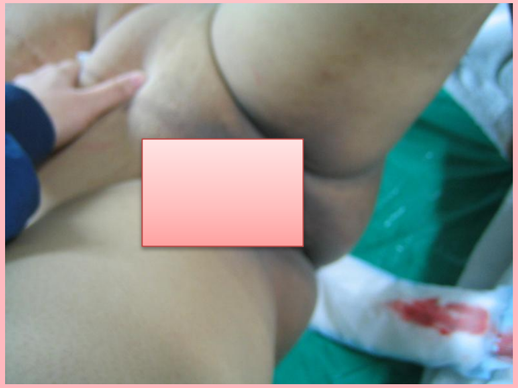
What is Postpartum Infection?

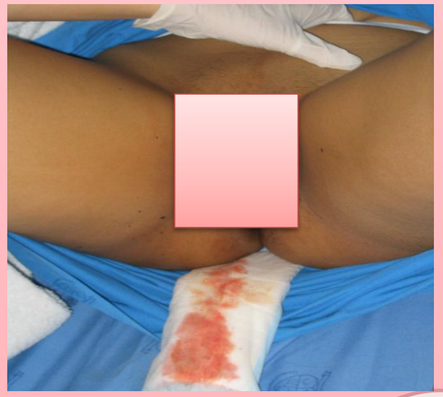
Postpartum infection, commonly known as puerperal fever, is an infection occurring during the postpartum period (typically within 10 days after delivery), characterized by fever and systemic signs of infection.

- Fever ≥38.5°C (101.3°F) occurring after delivery
- Most common postpartum complication affecting 1-8% of deliveries
- Primary causes: endometritis, wound infection, UTI, mastitis
- Requires prompt diagnosis and antibiotic therapy



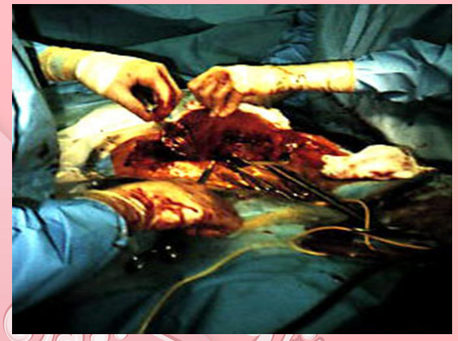


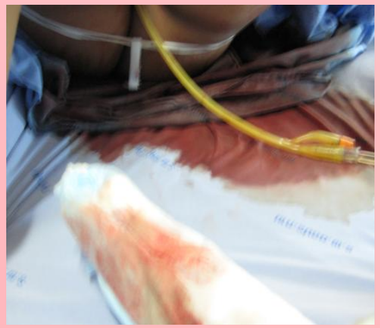


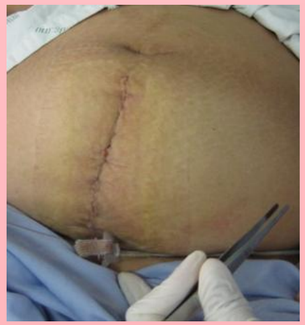


Types of Postpartum Infections

- **Endometritis** : Infection of uterine lining (most common); presents with fever, lochia abnormalities, uterine tenderness
- **Cesarean Wound Infection** : Surgical site infection (SSI) with redness, swelling, drainage, dehiscence
- **UTI/Pyelonephritis** : Urinary tract infection; dysuria, frequency, CVA tenderness
- **Mastitis** : Breast inflammation/infection; localized pain, swelling, fever







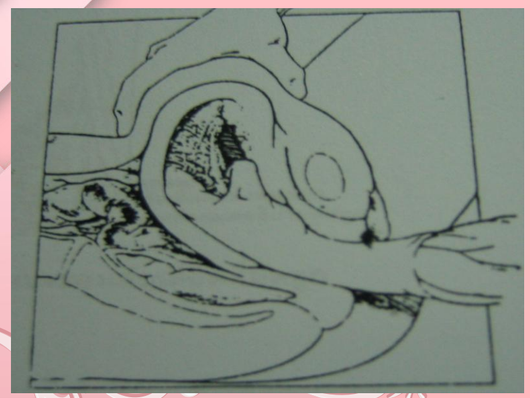
Risk Factors & Etiology

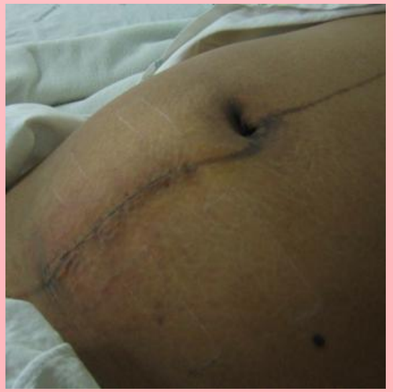
Major Risk Factors

- Cesarean delivery, prolonged labor, prolonged rupture of membranes (PROM)
- Anemia, obesity, immunosuppression, diabetes
- Invasive procedures (catheterization, internal monitoring)

Common Pathogens

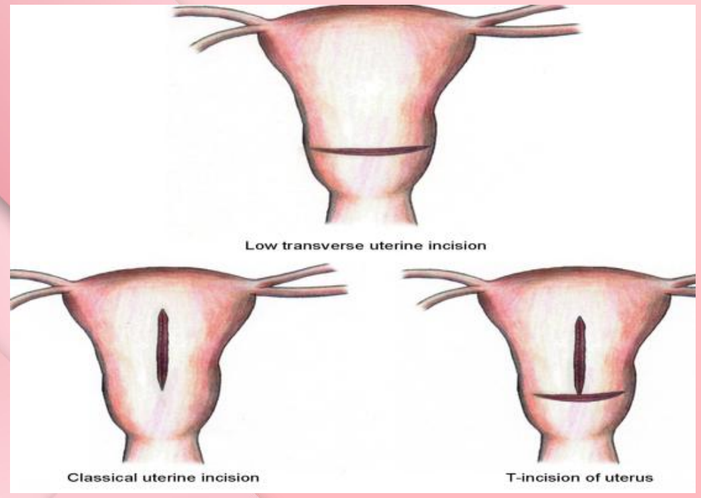
Group B Streptococcus, E. coli, Staphylococcus, Streptococcus faecalis, anaerobes

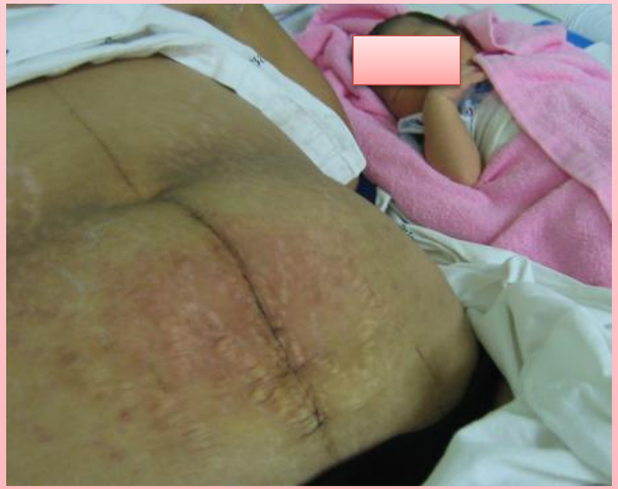


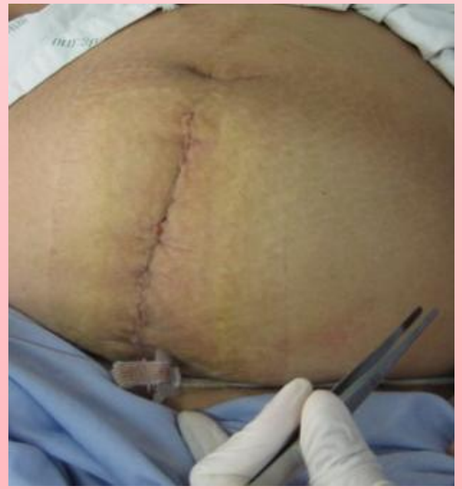


Primary Nursing Diagnosis (I)

- Hyperthermia related to infection and inflammatory response
- Acute Pain related to uterine contractions, tissue inflammation, and infection
- Fatigue related to infection, inflammatory response, and sleep disruption

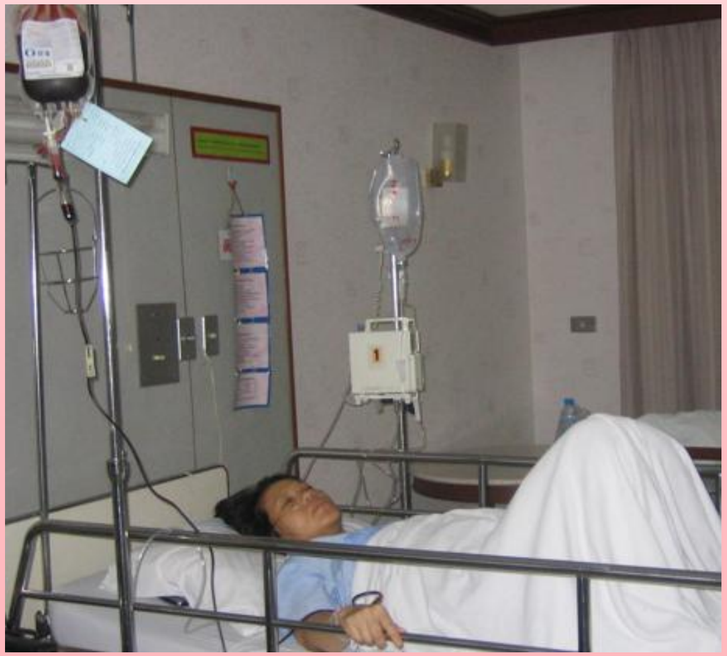






Primary Nursing Diagnosis (II)

- **Risk for Dehydration** related to fever, diaphoresis, and decreased fluid intake
- **Deficient Knowledge** related to postpartum infection prevention and management
- **Anxiety/Fear** related to complications and separation from infant



Hyperthermia

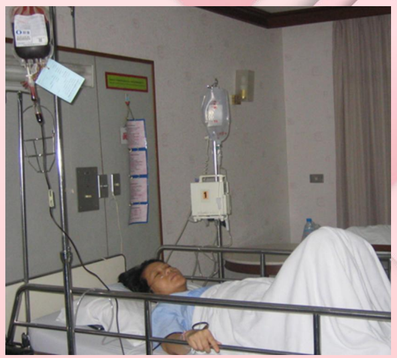
Related to : Infection and inflammatory response

Goal : Body temperature normalized to 37-37.5°C; comfort achieved

Interventions :

- Monitor body temperature every 2-4 hours; document patterns
- Administer antipyretics (acetaminophen, ibuprofen) as ordered
- Provide tepid sponging for comfort; maintain light clothing/bedding
- Maintain comfortable environment; promote air circulation
- Encourage oral fluid intake; maintain hydration (8-10 glasses daily)
- Monitor for signs of sepsis: tachycardia, tachypnea, hypotension

Acute Pain



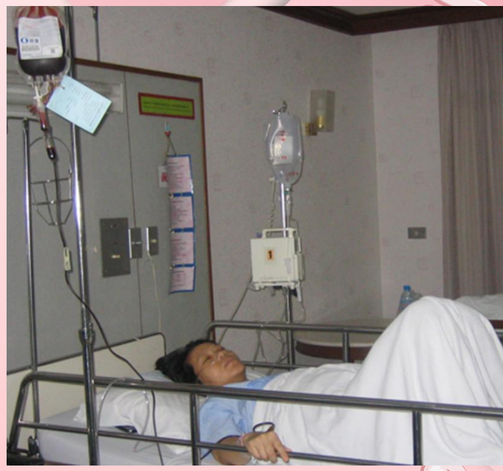
Related to : Uterine contractions, tissue inflammation, and infection

Goal : Pain reduced to acceptable level; comfort achieved

Interventions :

- Assess pain level regularly using pain scale (0-10)
- Administer analgesics as ordered; evaluate effectiveness within 30-60 minutes
- Provide comfort measures: positioning, heating pad, massage
- Teach non-pharmacological pain relief: breathing, relaxation, visualization
- Apply NSAIDs with anti-inflammatory effects (ibuprofen)
- Encourage rest periods between infant care activities

Fatigue



Related to : Infection, inflammatory response, and sleep disruption

Goal : Rest obtained; energy levels improved; participates in self-care

Interventions :

- Promote frequent rest periods; organize care to allow uninterrupted sleep
- Limit visitors and phone calls during rest periods
- Provide quiet, darkened environment for sleep
- Encourage partner to assist with infant care at night
- Maintain adequate nutritional intake; provide frequent small meals
- Monitor for depression or prolonged fatigue; refer as needed

Deficient Knowledge

Related to : Infection prevention and management strategies

Goal : Client verbalizes understanding of infection prevention and antibiotic therapy

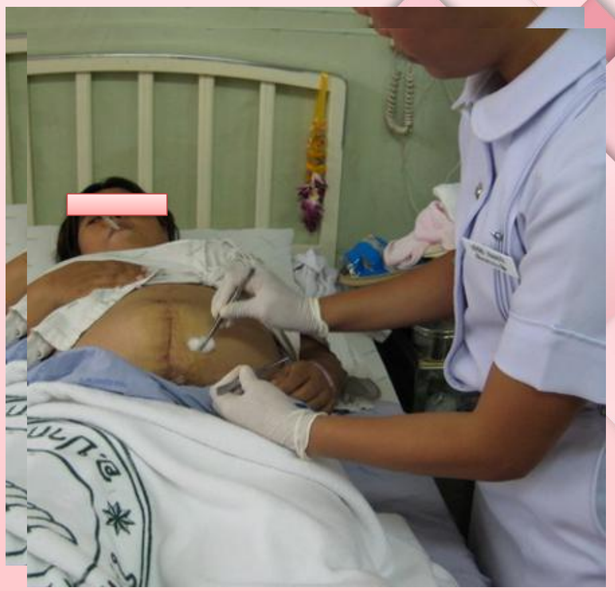
Interventions :

- Teach signs of infection: fever, increased lochia, foul odor, incision drainage
- Explain antibiotic therapy: importance of completing full course
- Educate on hygiene: handwashing, perineal care, pad changes Discuss infection prevention: adequate rest, nutrition, fluids
- Provide written instructions for home care and warning signs
- Schedule follow-up appointment; reinforce medication compliance

Prevention & Complications

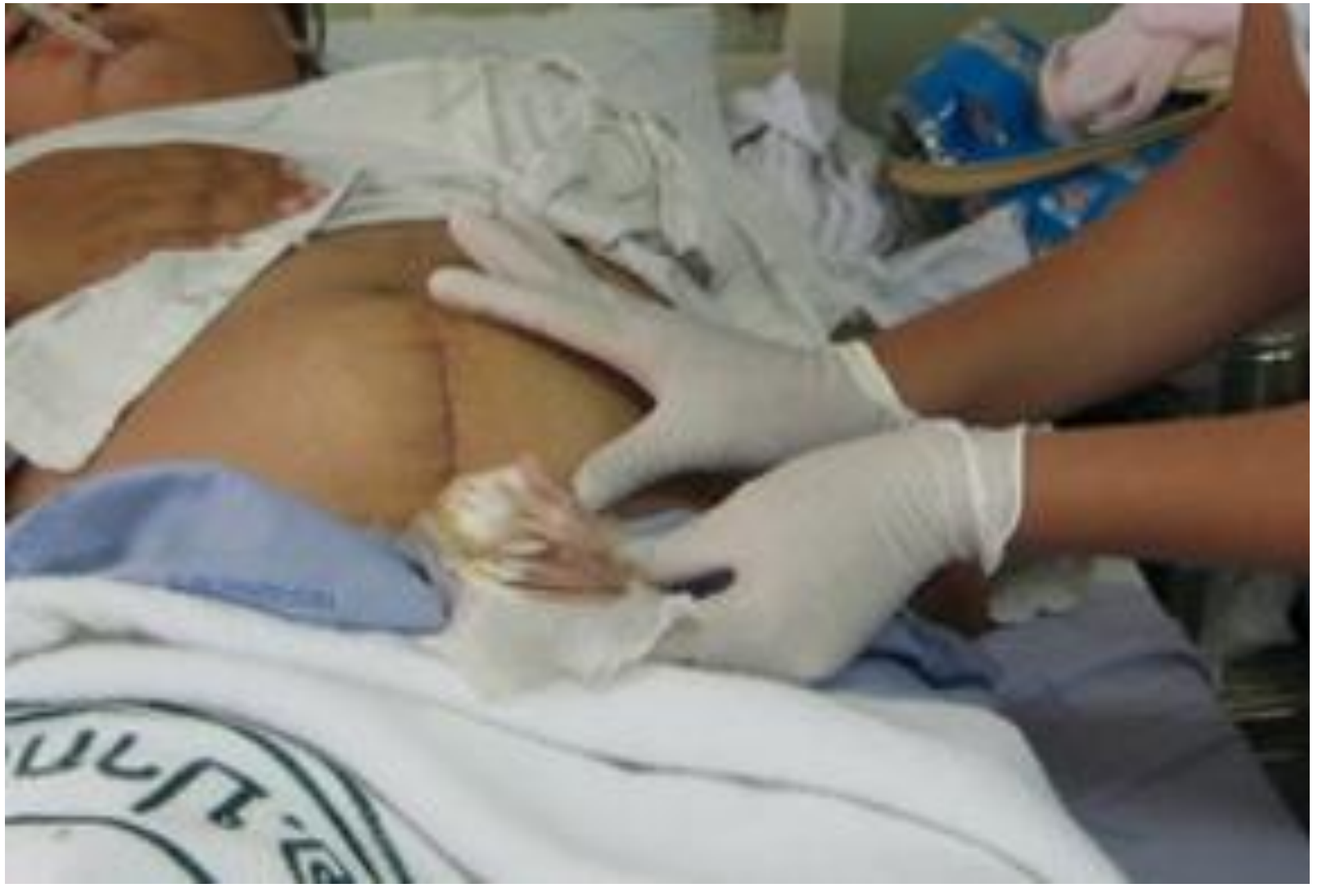
Prevention Strategies :

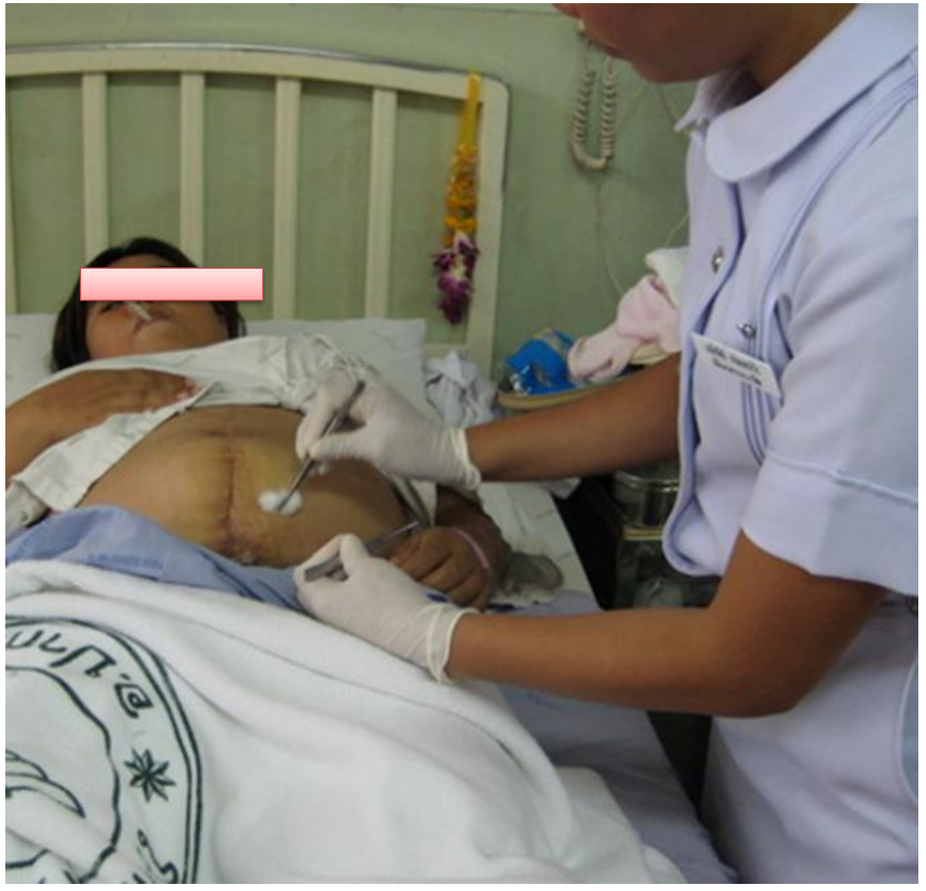
- Strict hand hygiene, aseptic technique during procedures
- Prophylactic antibiotics for high-risk patients
- Proper wound care and infection control measures

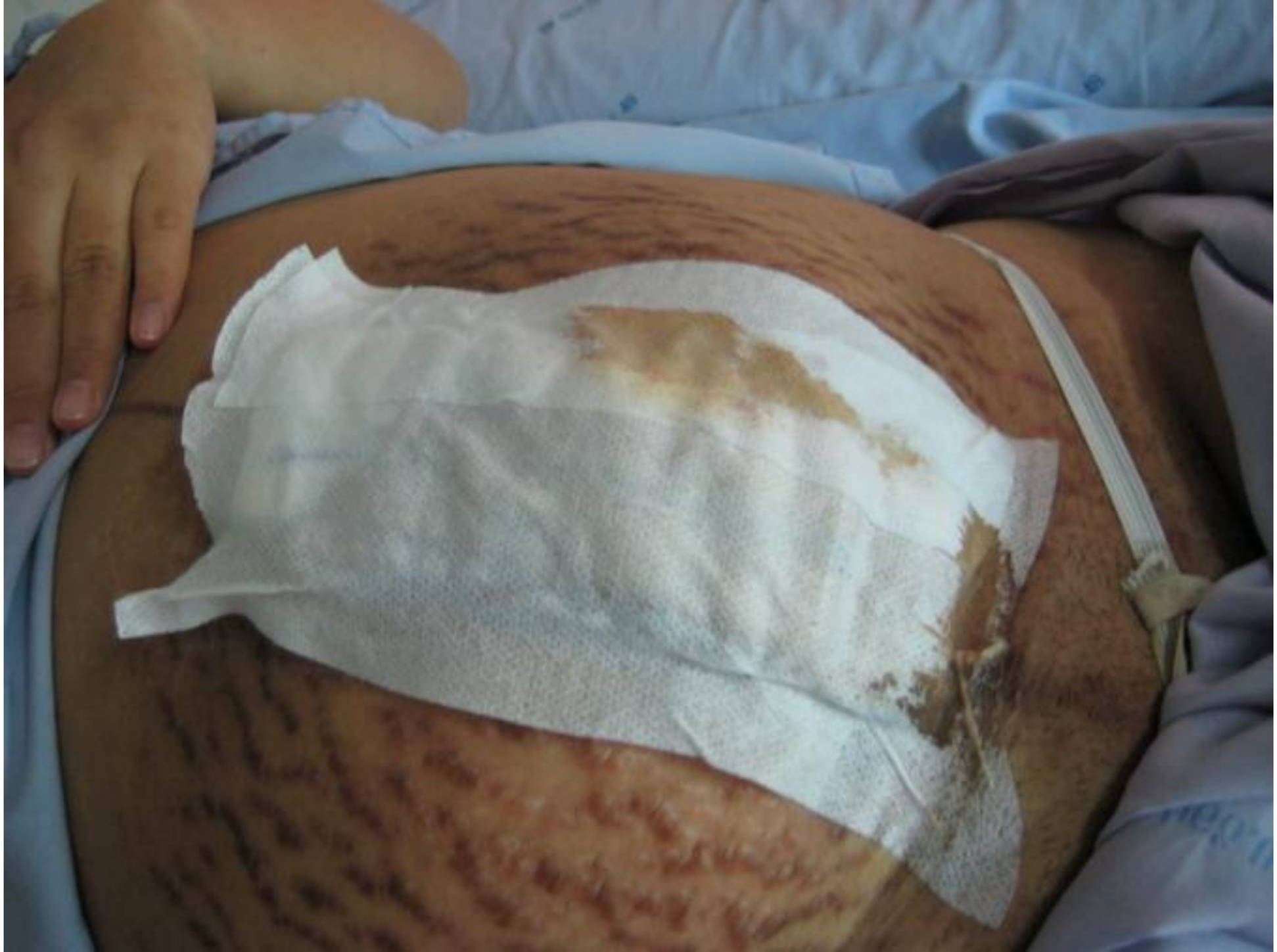


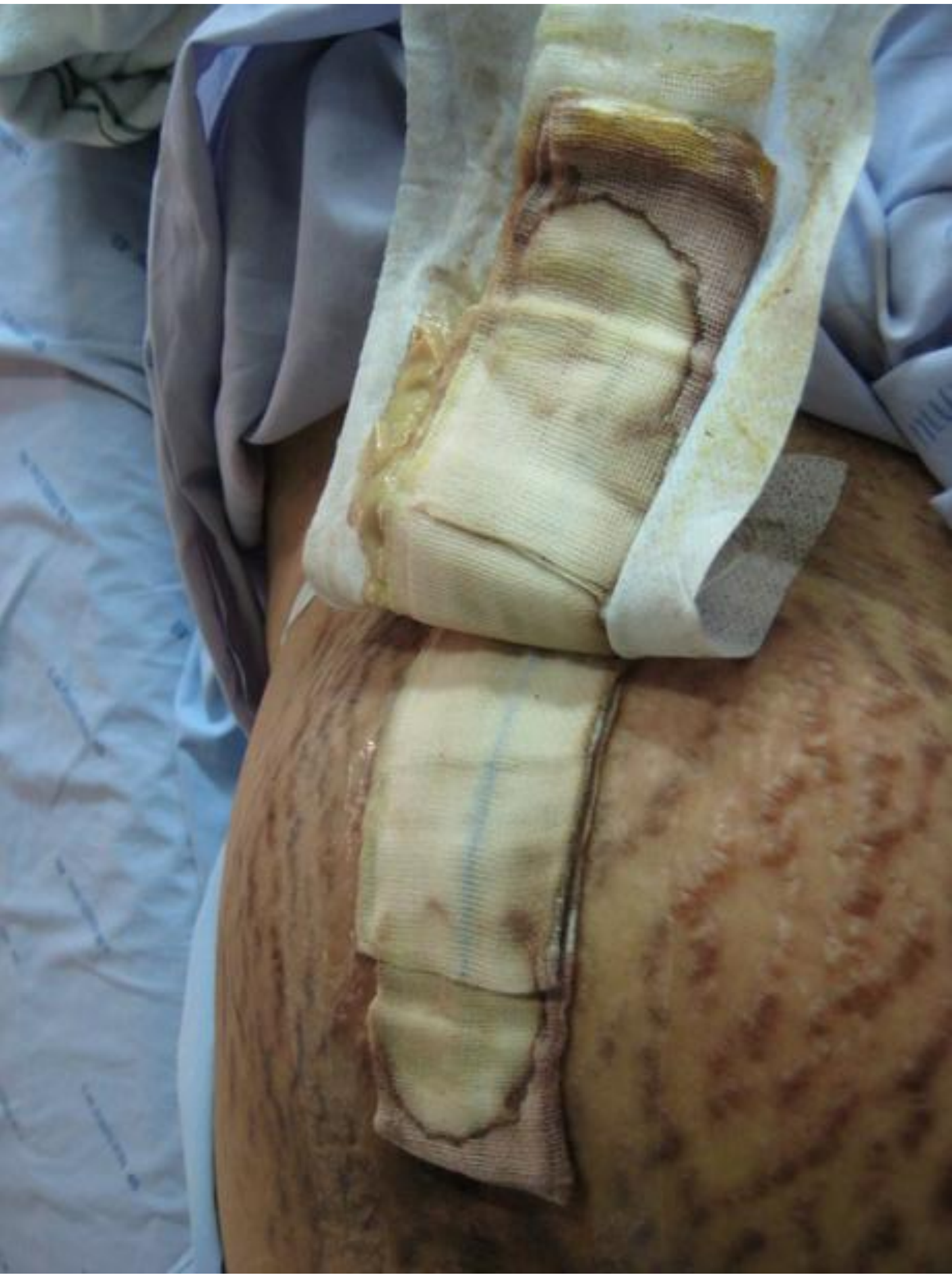
Serious Complications :

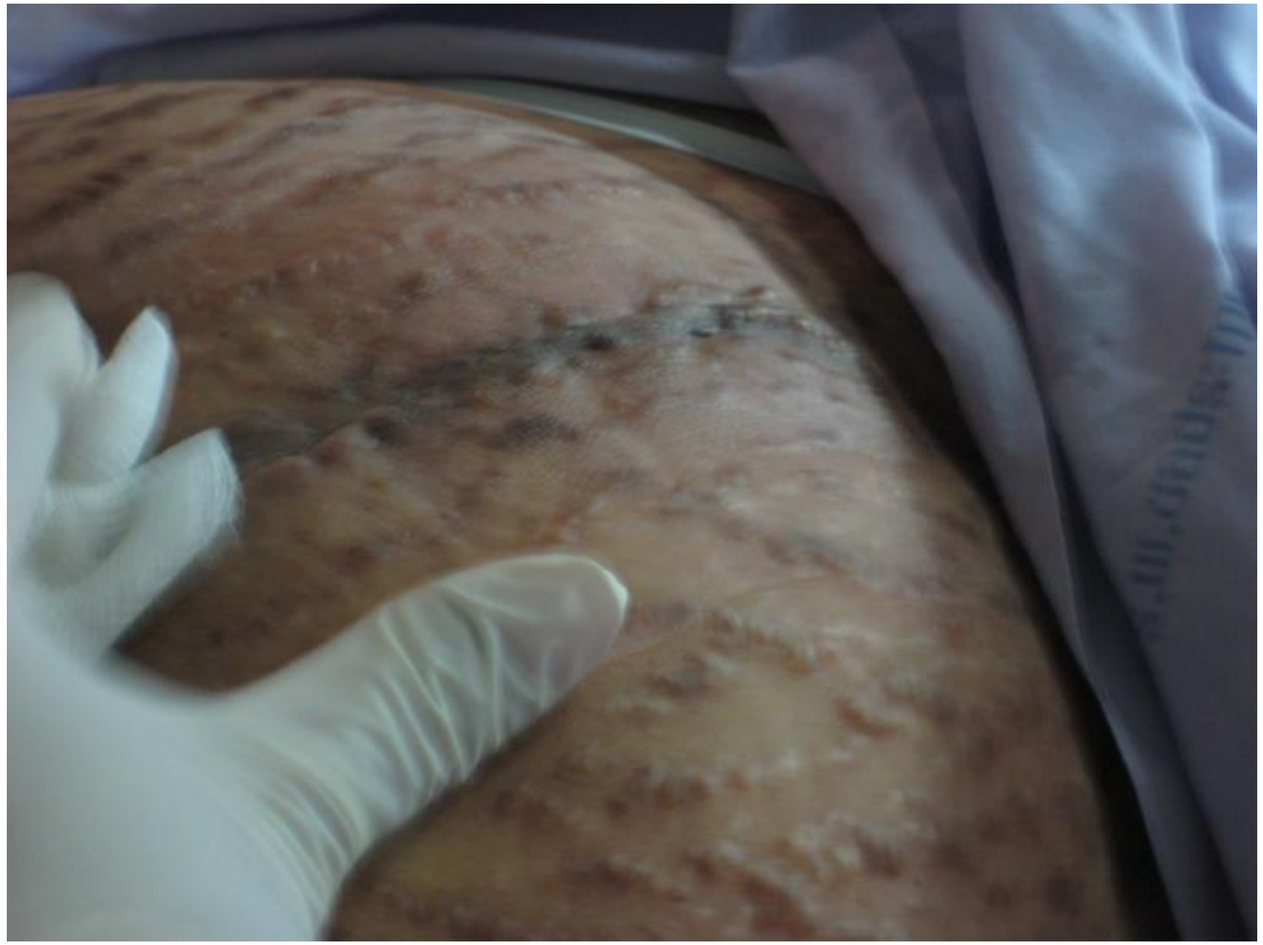
Sepsis, shock, DIC, abscess formation, thrombophlebitis. Prompt recognition and antibiotic therapy critical for preventing maternal morbidity/mortality.

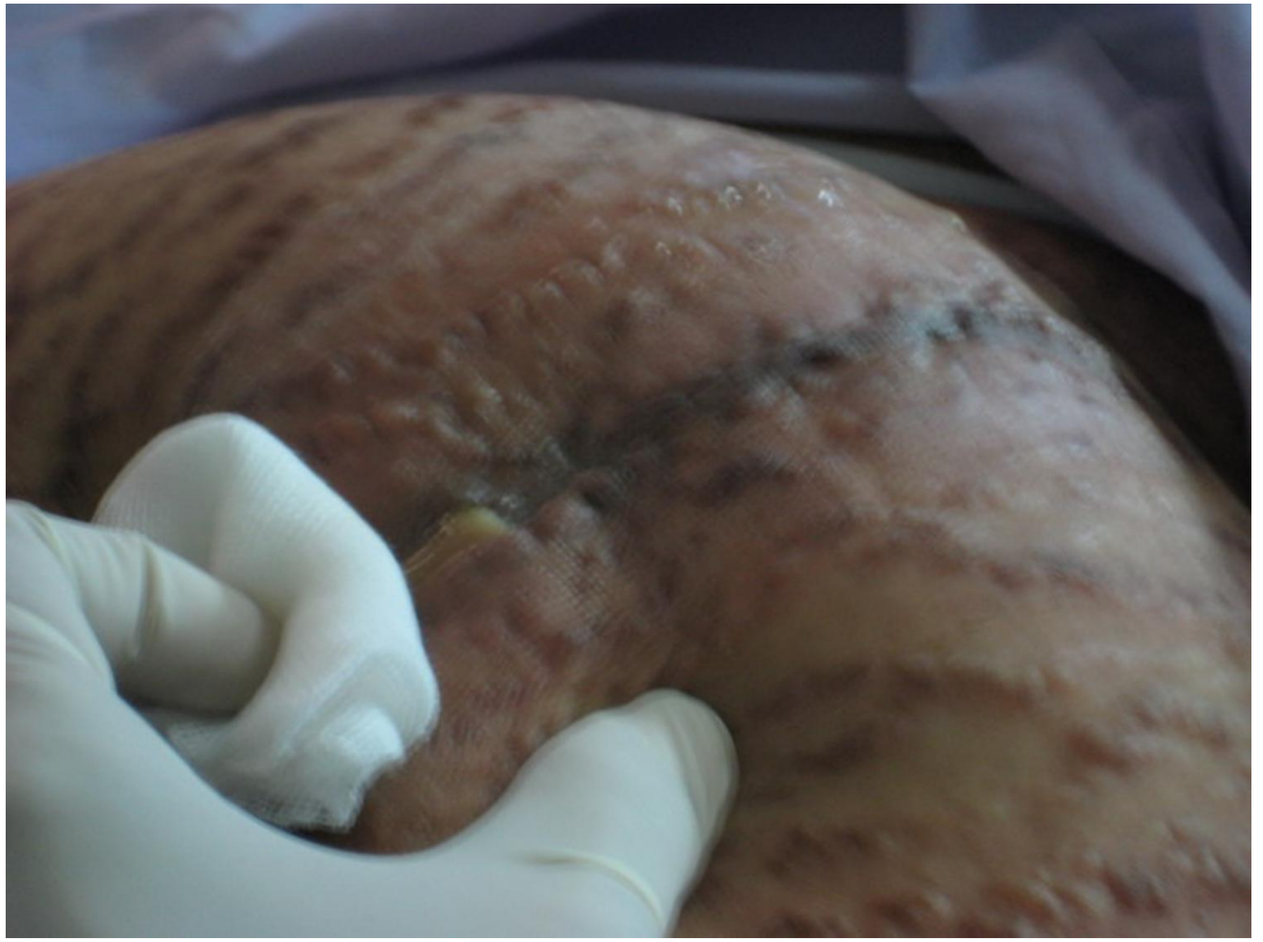








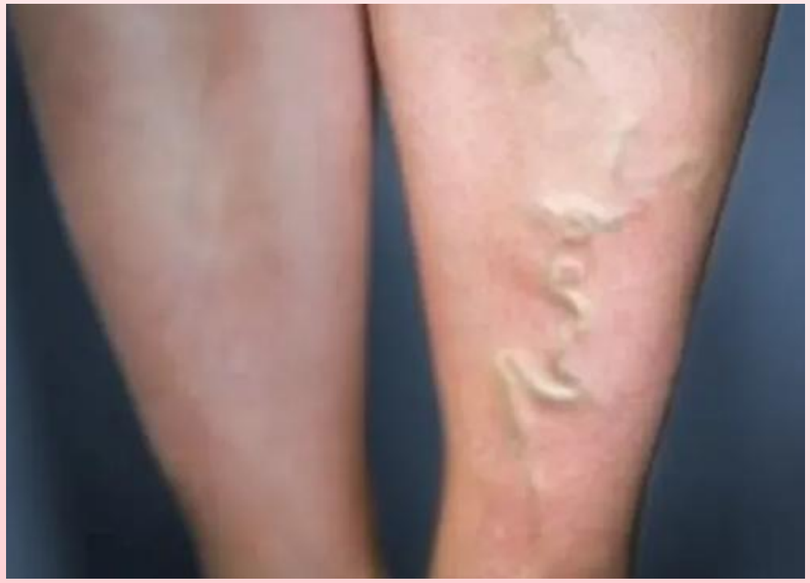


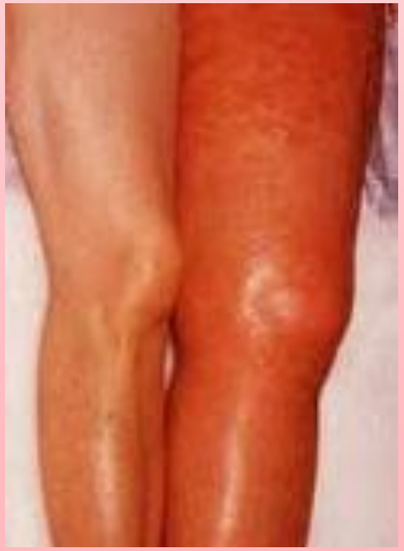


PICO-7 Negative Pressure Wound Therapy System 20cm. x 25 cm .

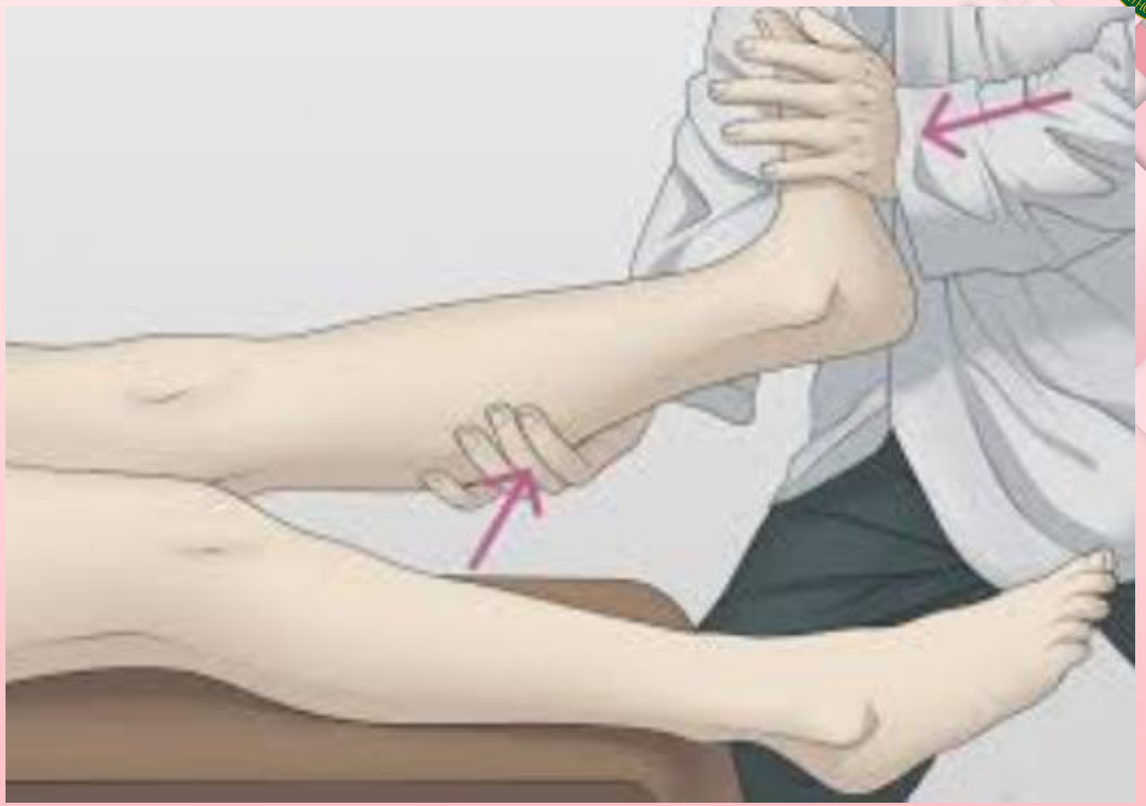
From: https://th-healthcare4all.glopalstore.com/pico-7-negative-pressure-wound-therapy-system-20cm-x-25cm


Thrombophlebitis
Valve
Pooling blood
Blood clot
Healthy vein
Thrombosis
Pain and swelling
Blood clot
Vein
Thrombophlebitis





Homan's Sign



Management of DVT (deep vein thrombosis)

requires strict adherence to doctor's instructions,

including taking anticoagulants for 3-6 months, wearing compression stockings,

elevating the legs above the heart to reduce swelling, gentle physical activity (not being bedridden),

and avoiding prolonged sitting to prevent blood clots from dislodging and traveling to the lungs.

Thank You

Questions & Discussion

Nursing Management of Postpartum Infection