Note to instructors:

This module provides an overview of physiologic and psychosocial changes occurring during the post partum period. Post partum nursing assessment, intervention and evaluation information is presented including information about postpartum complications, post partum depression and breastfeeding support.

As you prepare this presentation, please consider incorporating information regarding your facility’s policies or procedures for post partum assessment and care. Additional teaching adjuncts relevant to the content presented may be useful to reinforce the information presented.
Immediately following birth, a new set of complex physiologic and psychosocial changes begin; and your role in caring for the post partum woman is important to promote maternal physical well-being and facilitate the woman's transition to motherhood. The focus of care provided should be family centered; that means incorporating assessment of the needs of the woman within the context of her family support network, however family may be defined (AWHONN, 2003b). Therefore, involvement of the woman and her significant others in setting goals, planning, implementing and evaluating care whenever possible is an important component of family centered post partum care.

Objectives for this presentation are to:

- **Describe the normal physiologic changes occurring during the postpartum period**
- **Differentiate normal from abnormal emotional changes during postpartum**
- **Differentiate normal from abnormal physiologic changes during the postpartum period**
- **Differentiate between normal and abnormal postpartum**

(Objectives continued on next slide)
Objectives

- Identify signs and symptoms of postpartum complications
- Describe the physiology of normal lactation
- Identify techniques used to teach and support breastfeeding
- Review procedural skills specific to the postpartum period

Objectives continued:

- Identify signs and symptoms of postpartum complications
- Describe the physiology of normal lactation
- Identify techniques used to teach and support breastfeeding
- Review procedural skills specific to the postpartum period
Breastfeeding is the process whereby the infant is fed the mother’s breast milk. The American Academy of Pediatrics recommends exclusive breastfeeding for the first 12 months of life, including premature and sick newborns, except when the mother’s or infant’s medical condition contraindicates breastfeeding (AAP, 1997). Exclusive breastfeeding means that the infant receives only breast milk and no other solid food or formula during the first six months of life. After six months, other foods may be introduced. “Exclusive breast feeding after six months to one year means that the only source of milk given to the infant continues to be breast milk” (AWHONN, 2000a p. iv).

Many women may want to breastfeed their infants, but may not be able to do so without interruption, or may choose not to breastfeed exclusively. This is referred to as partial breastfeeding. Partial breastfeeding is defined as feeding the infant breast milk for some feedings while and supplementing or substituting feedings with formula or glucose water at other times. With the introduction of formula into the infant’s diet, the benefits of breast feeding that we’re about to discus may diminish, therefore, women should be encouraged to provide as much breast milk as possible for infant feeding (AWHONN, 2000a).
Positioning for both the mother and the infant is important to facilitate the infant latch-on to the breast and to make both the mother and infant comfortable during each breastfeeding session (AWHONN, 2000a). In the traditional cradle and cross cradle holds that you see on this slide, the infant is placed chest to chest with the mother at the level of the breast and the baby’s head and body are supported.

The infant’s mouth is placed directly in front of the breast, and the infant’s nose, cheeks and chin should touch the breast. You can then help your patient position her hand around the breast correctly, using what we refer to as the “C” hold to direct the nipple towards the infant’s mouth. As you can see in the photo of the cross cradle hold, the C hold helps the mother support her breast and position it to promote latch-on. Using the C hold also helps the mother hold her fingers in a way that prevents obstruction of the lactiferous ducts (AWHONN, 2000a; Biancuzzo, 1999).

Other positions may be used to help your patient place herself in a comfortable position for feeding. Let’s take a look at the slide lying hold on the next slide (AWHONN, 2000a).
In 2002, there were 281.4 million people living in the U.S.

- 143.4 million were women comprising 50.9% of the population
- 42.1 million females (or 29.3%) are members of racial and ethnic minority groups
- 29.5% of all U.S citizens are of racial or ethnic minority groups

(First, present statistics on slide)

As you can see, people living in the United States come from many different ethnic and racial groups. Stop and think about your own ancestors and where they came from. How many of you have your original roots here in the United States?

**Notes to instructors:**

You may want to ask participants to share information about cultural practices within their own families to illustrate some of the differences they may encounter in practice.