Postpartum Nursing Assessment

The postpartum nursing assessment is an important aspect of care in order to identify early signs of complications in the woman who has just given birth. Following pregnancy, the woman is at risk for infection, hemorrhage, and the development of a Deep Vein Thrombosis (DVT). The nurse can remember the key points of a postpartum assessment by learning the acronym BUBBLE-LE, which stands for breasts, uterus, bladder, bowels, episiotomy, lower extremities, and emotions.



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BUBBLE - LE
Bubbly-champagne
BUBBLE-LE is an acronym to remember the key points for postpartum nursing assessment.

Breasts
Breasts
The first form of breast milk produced is colostrum, which contains high levels of bioactive compounds like immunoglobulins and growth factors. As the milk matures, usually within 72-96 hours, the breasts may become heavier and fuller and feel nodular and firm. The breasts should be assessed for signs of infection (mastitis) such as pain, redness, and warmth.

Uterus
Uterus
The uterus must remain firm and contracting in order to prevent postpartum hemorrhage. If the uterus feels boggy, it should be massaged. If the uterus becomes deviated to one side, it may indicate bladder distention.

Bladder
Bladder
Postpartum, the woman may experience difficulty voiding resulting in a distended bladder. If the bladder becomes distended, the woman is at a higher risk for hemorrhage because the distended bladder applies pressure on the uterus.

Bowels
Bowels-bowl
It may take 2 or 3 days for the woman to have a bowel movement due to pain, lack of food, dehydration, and soreness from lacerations or hemorrhoids. A stool softener may be given to the woman in order to aid in easier passage of the bowel movement.

Lochia
Loch-ness
The lochia should be assessed for color, amount, and odor. Too much lochia may indicate hemorrhage so it is important to know how the lochia is expected to look. In addition, foul smelling lochia may indicate infection. Lochia is usually bright red and contains small clots after birth. Normal shedding of blood and decidua is referred to as lochia rubra (red/red-brown) and lasts for the first few days following delivery. Between day 3-4 the lochia becomes more pink/brown color and contains serum, leukocytes, tissue debris and old blood and is called lochia serosa. Around 10 days post birth, the lochia becomes yellow/white and contains mainly leukocytes. This is referred to as Lochia Alba. Lochia will last 4-8 weeks postpartum.

Episiotomy (Laceration)
E-pistachi-O's
If the woman had an episiotomy, the nurse should assess for redness, edema, ecchymosis, discharge, and approximation.

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Lower Extremities

Legs

The lower extremities must be assessed for deep vein thrombosis. This can be done easily by looking for redness, warmth and edema. DVT could lead to pulmonary embolism which presents with tachycardia and shortness of breath. There is controversy on the usefulness and accuracy of checking for Homan's sign (dorsiflexion of the foot while knee is flexed - positive sign is pain in the calf muscle indicating a thrombus). The mother is at risk for developing a DVT due to increased clotting factors from birth and lying in bed.

Emotions

Emoticons

Hormone fluctuations, as well as the birth experience, can cause the mother to experience many new and strong emotions. The nurse should assess how the mother is feeling to determine whether the mom may be experiencing the postpartum blues. E can also include providing "education" to the mother dependent on her needs.

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