

Postpartum:

Six-week period following childbirth. [asking to increase definition to 8 weeks to match MSS service coverage]

Signs and Symptoms:

- Difficulty breast-feeding
- Difficulty coping with postpartum changes
- Abnormal depressed feelings
- Difficulty with postpartum exercise/diet/behaviors
- Abnormal bleeding/ vaginal discharge
- Postpartum complications
- Other: inadequate social support

KBS rating considerations:

Knowledge	Behavior	Status
Consider knowledge of: <ul style="list-style-type: none"> • emotional and physiological changes • danger signs • healthy postpartum recovery/self care (see guidelines & notes) • understanding of maternal benefits of breastfeeding for postpartum recovery 	Consider: <ul style="list-style-type: none"> • Willingness to learn • Behaviors related to self-care • Adherence to plan of care; seeks wellness/illness care * high risk behaviors (see guidelines & notes) 	Consider: <ul style="list-style-type: none"> • Physical symptoms of postpartum complications: infection, severe pain, bleeding, vaginal discharge, hemorrhoids, engorgement, nipple discomfort, c-section or perineum problems, poor wound healing, diabetes, hypertension, thrombophlebitis, • emotional recovery • ability to care for self and infant • available social support Birth Outcomes: multiple birth , fetal death, premature infant or infant with special health care needs

Guidelines & Notes:

- Status in this problem refers to ability to care for self and infant as a result of postpartum recovery. If there are other contributing problems, those problems should be opened.
- Some issues may be addressed as a selected target within the *Postpartum* problem rather than opening another OMAHA system problem. Example: limited social/community support could be addressed under the target: “support system”. Anticipatory teaching for family planning can be documented in the *Postpartum* Problem, as a “family planning” target. The *Family Planning* problem may be opened postpartum if signs and symptoms of this OMAHA system problem are present & it is a significant area of concern and activity.

- **Self Care;** engages in behaviors which promote healthy postpartum recovery, including management of lochia, perineal or incision care, afterpains, emotional swings, breast/nipple discomforts, diet, rest/sleep, exercise.
- Inability to care for infant and self may be due to problems other than the course of postpartum recovery. For example, if mother has lack of knowledge of basic infant care, growth and development, providing adequate safety and supervision of newborn, open *Caretaking/Parenting* problem.
- **High risk behaviors are behaviors that could endanger the mother's health** may include use of legal/illegal substances, engaging in dangerous activities, or exposing self to toxins or other environmental hazards.
- **Substance use** during postpartum. If a postpartum woman is using drugs, alcohol or tobacco, *the Substance Use* problem must be opened as an actual problem with signs and symptoms indicated.
- **Mental Health:** if signs and symptoms of postpartum psychosis, postpartum depression or other mental health problems are present, open *Mental Health* as an Actual problem.
- Consider cultural norms, values and beliefs for knowledge and behavior.

		Postpartum				
		1	2	3	4	5
		None	Minimal	Basic	Adequate	Superior
Client's Knowledge	No knowledge about physical and emotional postpartum changes, PP danger signs, baby blues & healthy self care	Knows very little about postpartum changes & healthy self care and what to expect and why.	Some knowledge of common physical and emotional postpartum changes & self care, but unsure if her experience is typical.	Good understanding of physical and emotional postpartum changes & self care	Excellent understanding of physical and emotional postpartum changes, self care and rationale	
	Believes inaccurate information, myths.	Little knowledge of need for pregnancy spacing and birth control methods.	Some knowledge of need for pregnancy spacing and birth control methods.	Good knowledge of need for pregnancy spacing and birth control methods.	Knows when, where, and how to seek help and support including medical, dental and vision care	
Client's Knowledge	No knowledge of need for pregnancy spacing and birth control methods.	Little knowledge or experience with breast feeding, lactation physiology	Some knowledge or experience with breast feeding, lactation physiology	Good knowledge or experience with breast feeding, lactation physiology	Excellent knowledge of need for pregnancy spacing and birth control methods suited to her needs.	
	No knowledge or experience with breast feeding, lactation physiology				Excellent knowledge or experience with breast feeding, lactation physiology	
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate	
Client's Behavior	Does not accept information about postpartum health	Will listen and accept information about healthy postpartum behavior	Some interest in learning about healthy postpartum recovery	Actively seeking information about healthy postpartum	Asks detailed questions about promoting a healthy postpartum	
	Does not seek or follow	Minimal postpartum care or fails appointments	Inconsistently	Usually keeps postpartum appointments	Consistent use of	

	through with postpartum care for danger signs or complications Unwilling to change high risk behaviors	Listens to information but not willing to change high risk behaviors	chooses healthy postpartum behavior Has postpartum care but misses some appointments Taking some steps to change high risk behaviors	and follows recommendations. Usually chooses healthy behaviors	wellness and postpartum care which meets individual needs Consistently practices healthy behaviors
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Client's Status	Has postpartum complications that need hospitalization or extensive plan of care Cannot perform most ADL No social supports or has negative interpersonal relationships Unable to cope with postpartum changes Does not engage in healthy postpartum self care	Has serious postpartum complications which require a treatment plan and may be on bed rest Needs daily assistance with ADL Has minimal social supports Expresses great difficulty in coping with postpartum changes Seldom engages in healthy postpartum self care	Has some postpartum complications that are managed by self care and regular postpartum care Able to perform some ADL's independently Able to identify supportive person who can give help some of the time Expresses some difficulty in coping with postpartum changes. Sometimes engages in healthy postpartum self care	Has minimal postpartum complications that are managed by self care and regular postpartum care Able to perform most ADL's Minimal postpartum complications Has supportive person most of time Expresses little difficulty in coping with postpartum changes. Usually engages in healthy postpartum self care	Has no postpartum complications & has normal involuntary progress. Able to perform all ADL's for self and family Has excellent supportive persons to help as needed. Expresses satisfaction in postpartum recovery Consistently engages in healthy postpartum self care.