BULE HORA UNIVERSITY

COLLEGE OF HEALTH SCIENCE AND MEDICINE

DEPARTMENT OF NURS9IMG

FOR 3RD YEAR NURSING

ABNORMAL PUERPERIUM

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Objectives

- Explain puerperal sepsis
- Discuss psychiatric disorder of the puerperium
- Dissus urinary complications
- Define thrombophlebitis
- Explain Breast complications

Puerperal sepsis

- Puerperal sepsis is any bacterial infection of the genital tract which occurs after the birth of a baby.
- Puerperal sepsis together with septic abortion constitute the two most dangerous infectious morbidities of pregnancy which can lead to serious morbidity or at times maternal mortality.

Bacteria which cause puerperal sepsis

- streptococci
- staphylococci
- escherichia coli (E.coli)
- clostridium tetani
- clostridium welchii
- chlamydia
- Gonococci

Risk factors for puerperal sepsis

- Anaemic and/or malnourished.
- Protracted labour
- Prolonged rupture of the membranes
- Frequent vaginal examinations
- A traumatic delivery
- Retained placental fragments
- Caesarean delivery- more than vaginal
- Ruptured uterus

Symptoms and signs of puerperal sepsis

- fever (temperature of 38°C or more)
- chills and general malaise
- lower abdominal pain
- tender uterus
- sub involution of the uterus
- Purulent, foul-smelling lochia.
- light vaginal bleeding
- shock.

Diagnostis

- Hx
- Hematology- CBC
- Urinalysis, urine culture and sensitivity
- Gram stain and culture and sensitivity of high vaginal swab and other specimens from wound sites

Differential Diagnosis

- Peritonitis
- Mastitis
- Breast abscess
- Cystitis
- Acute pyelonephritis
- Deep vein thrombosis
- Pneumonia
- Uncomplicated/complicated malaria
- Typhoid
- Hepatitis

Management of Puerperal Sepsis

General management

- bed rest
- adequate hydration by mouth or IV
- use of a fan or sponging with tepid water

IV antibiotics:

Continue until fever-free for 48 hours

complications

- Pelvic inflammatory disease
- Chronic pelvic pain
- Dysmenorrhoea, Menorrhagia
- Infertility
- death

Prevention

Reduce the length of labor

- Partograph
- Ambulation
- Labor support
- Appropriate controlled augmentation of labor

Reduce the time of rupture of membranes

Reduce the number of vaginal exams

Infection prevention practices for every delivery

Urinary tract infections

- A urinary tract infection (UTI) is defined as a bacterial inflammation of the bladder or urethra
- 2–4% of women develop a urinary tract infection postpartum.

Diagnosis

History

- A patient may report frequency, urgency, dysuria, hematuria, suprapubic or lower abdominal pain, or no symptoms at all.

Physical

- On examination, vital signs are stable and the patient is afebrile. Suprapubic tenderness may be elicited on abdominal examination.

Lab.

- urinalysis, urine culture and CBC count.

Treatment

Antibiotics:-

- trimethoprim/sulfamethoxazole
- ciprofloxacin and norfloxacin
- ampicillin

Psychiatric disorder of the puerperium

- Pregnancy and the puerperium are emotionally stressful periods for many women.
- Psychologically, these disorders are thought to result from the stress of the peripartum period and the responsibilities of child rearing.
- Mood swings are commonly manifested by emotional lability, weepiness, irritability, and feeling blue or high.

Risk factors

- undesired pregnancy,
- feeling unloved by mate,
- age younger than 20 years,
- unmarried status,
- low self-esteem,
- dissatisfaction with extent of education,
- economic problems with housing or income,
- poor relationship with husband or boyfriend,
- limited parental support ,
- past or present evidence of emotional problems.
- Women with a history of PPD and postpartum psychosis have a 50% chance of recurrence.
- Women with a previous history of depression unrelated to childbirth have a 30% chance of developing PPD.

types

Three psychiatric disorders may arise in the postpartum period:

1. **Postpartum blues**
2. **Postpartum depression (PPD)**
3. **Postpartum psychosis**

Postpartum blues

- is a transient disorder the lasts hours to weeks.
- Postpartum blues is a mild, transient, self-limited disorder that usually develops when the patient returns home.
- It commonly arises during the first 2 weeks after delivery and is characterized by bouts of sadness, crying, anxiety, irritation, restlessness, mood lability, headache, confusion, forgetfulness, and insomnia.

Treatment

- Postpartum blues, which has little effect on a patient's ability to function, often resolves by postpartum day 10; therefore, no pharmacotherapy is indicated.
- Providing support and education has been shown to have a positive effect.
- explaining what is occurring, and restricting visitors.

Postpartum depression (PPD)

- Is a more prolonged affective disorder that lasts for weeks to months.
- Patients suffering from ppd report insomnia, lethargy, loss of libido, diminished appetite, pessimism, incapacity for familial love, feelings of inadequacy, ambivalence or negative feelings toward the infant, and an inability to cope.
- Consult a psychiatrist when ppd is associated with comorbid drug abuse, lack of interest in the infant, excessive concern for the infant's health, suicidal or homicidal ideations, hallucinations, psychotic behavior, overall impairment of function, or failure to respond to therapeutic trial.

Treatment

- Psychotherapy
- antidepressant medication
- support groups
- Suicidal or homicidal patients should be immediately referred to a mental health professional.
- they should not be left alone
- Hospitalization may be necessary.

Postpartum psychosis

- occurs in the first postpartum year and refers to a group of severe and varied disorders that elicit psychotic symptoms.
- Patients usually require admission to mental hospitals for delusions and the concern that the woman may harm herself or the infant.
- A woman is more likely to suffer from new-onset psychosis during the postpartum period than during any other time of her life.
- Postpartum psychosis generally lasts only 2-3 months.

Symptoms

- Develop most commonly from a few days to 4–6 weeks postpartum,
- The woman may become restless, unable to sleep, irritable, have pressured speech, unusual behavior, obsessional or delusional thinking, or become very withdrawn.
- Drug-dependency
- Infant injury or infanticide by the mother
- anxious, restless, and sometimes manic with paranoid thoughts or delusions.

Treatment

- Treatment of postpartum psychosis should be supervised by a psychiatrist.
- Admit the mother and baby to a special ward in the psychiatric unit.
- psychotherapy, antipsychotic treatment and isolation of the neonate from the mother.

Thrombophlebitis

Thrombophlebitis:

is a phlebitis (inflammation of a vein) related to a thrombus (blood clot).

When it occurs repeatedly in different locations, it is known as **thrombophlebitis** migrans, (migrating**thrombophlebitis**

Risk factors

- Are inactive for a prolonged period.
- Have varicose veins, which are a common cause of superficial thrombophlebitis
- Are pregnant or have just given birth
- Use birth control pills or hormone replacement therapy, which can make your blood more likely to clot
- Have a family history of a blood-clotting disorder or a tendency to form blood clots
- Are overweight or obese
- Have cancer
- Smoke

symptoms

- pain
- warmth
- tenderness
- swelling
- redness

Diagnosis

Ultrasound

- This test can confirm the diagnosis and distinguish between superficial and deep vein thrombosis.

Blood test.

- It's useful for ruling out DVT and for identifying people at risk of developing thrombophlebitis repeatedly.

Treatment

Support stockings

- applying heat to the painful area, elevating the affected leg, using (NSAID) and possibly wearing compression stockings.
- The condition usually improves on its own.
- Your doctor might also recommend these treatments for both types of thrombophlebitis:

Blood-thinning medications.

- For deep vein thrombosis, injection of a blood-thinning (anticoagulant) medication, like heparin or fondaparinux (Arixtra), will prevent clots from enlarging.
- After the initial treatment, taking the oral anticoagulant warfarin (Coumadin, Jantoven, others) or the newer rivaroxaban (Xarelto) for several months continues to prevent clots from enlarging.

Clot-dissolving medications:

- medications such as alteplase (Activase) for extensive DVT, including some cases that involve a blood clot in the lungs (pulmonary embolus).

Compression stockings:

- Prescription-strength compression stockings help prevent swelling and reduce the chances of complications of DVT.

Varicose vein strippin:

- is surgically remove varicose veins that cause pain or recurrent thrombophlebitis in this procedure.
- removing a long vein through small incisions.
- Removing the vein won't affect circulation in your leg because veins deeper in the leg take care of the increased volumes of blood.

Complications

Pulmonary embolism.

- If part of a deep vein clot becomes dislodged, it can travel to your lungs, where it can block an artery (embolism) and become potentially life-threatening.

Post-phlebetic syndrome.

- This condition, also known as post-thrombotic syndrome, can develop months or even years after you've had DVT. Post-phlebetic syndrome can cause lasting and possibly disabling pain, swelling and a feeling of heaviness in the affected leg.

Prevention

Take a walk

- If you're flying or riding a train or bus, walk up and down the aisle once an hour or so. If you're driving, stop every hour or so and move around.

Move your legs regularly.

Flex your ankles, or carefully press your feet against the floor or footrest in front of you at least 10 times each hour.

Wear loose clothing.

Drink plenty of nonalcoholic fluids to avoid dehydration.

Common Breast complications

- ✓ Lump in the breast
- ✓ Discharge from the nipple
- ✓ Pain in the breast
- ✓ History should direct towards characterizing this complaints AND
- ✓ Associated symptoms ,fever chills , rigors, lactating or not,
- ✓ Risk factors for breast ca. Family history, age at 1st full term pregnancy, number of children,

Injury of the breast

- Haematoma
- Traumatic fat necrosis

Infectious conditions of the breast.

Acute pyogenic mastitis

- ✓ Bacterial mastitis is the commonst type of mastitis
- ✓ Commonly occurs during lactation
- ✓ Symptoms develop rapidly
- ✓ Aetiology ; **staph. Aureus** the most common cause.
- ✓ Risk factors;- cracks/fissure in nipple, nipple retraction, infected oral cavity of the child.

- Pathogenesis;- blockage of the lactifrous duct by epithelial debris →stasis of milk →staphylococcal colonization →clotting of milk by the act of bacterial enzymes → proliferation → diffuse inflammation.

- D x ;- is made clinically.

  -supportive evidences;- raised WBC count with neutrophilia, needle aspiration of the pus for culture and sensitivity.

❖Rx ;- support of the breast

  -anti inflammatory & analgezics

  -the affected side rested to feed on the opposite only.

  -antibiotics(cloxacilline) only if at cellulitis stage.

  -incision and drainage of abscess!!

Other conditions

- Tuberculosis
- Syphilis
- Actinomycosis
- Breast cancer

Investigations

- CBC, -Hgb.
- LFT
- CXR
- ULTRASOUND
- **FNAC**
- MAMMOGRAPHY
- X-RAY OF LIMBS & THORACOLUMBAR VERTEBRAE.
- BONE SCAN

TREATMENT

- Aim of treatment are;-
  - ❑ achieve cure
  - ❑Control local disease
  - ❑Conservation of breast function and structure
  - ❑Prevent or delay recurrence and occurrence of distant metastasis.

Rx ....cont.

- Surgery;- main stay of treatment

  (lumpectomy, simple mastectomy, patey mastectomy, quadrantectomy, radical mastectomy)

- ❑Radiotherapy
- ❑Hormonal therapy;- tamoxifen
- ❑Chemotherapy (CMF)
- ❖Prognosis -best indicators are;-

  tumour size

  lymph node status

  *nature of the cancer





Thank you



