

# POSTPARTUM CHANGES



**1 Endocrine**

- Prolactin levels remain elevated in breastfeeding clients. Non-lactating clients' levels return to normal by 3 weeks.
- Ovulation may occur as soon as 45 days (non-lactating clients) or be delayed until 6 months (breastfeeding clients).

**2 Hematologic**

- Hematocrit levels drop up to 4 days postpartum, stabilize by 8 weeks.
- WBC count up to 30,000/mm<sup>3</sup> can be normal.
- Coagulation and fibrinogen levels remain increased 2–3 weeks postpartum.

**3 Musculoskeletal**

- Rectus abdominal muscles return to normal by 6 weeks postpartum.
- Pelvic floor muscle returns to normal by 6 weeks postpartum.

**4 Gastrointestinal**

- Increased appetite after delivery
- Bowel movement may be delayed 2–3 days postpartum.
- Breastfeeding clients need an additional 300–500 calories/day to support lactation.

**5 Reproductive**

- Breasts: colostrum present first 3 days, then changes to mature milk stimulated by breastfeeding
- Non-breastfeeding clients should avoid any breast stimulation. Milk production may take several days, up to several weeks, to stop.
- While breast engorgement can be normal postpartum, signs of mastitis require further evaluation and treatment.

- Uterus involutes ~ 1 cm/day (non-palpable by 2 weeks postpartum).
- Cramping may be stronger in multiparous and breastfeeding clients

Cervix: Os appears slit-like, instead of circular; returns to 1 cm dilation by 1 week postpartum.

- Lochia is normal discharge that contains blood, mucus and uterine tissue and may last up to 6 weeks postpartum.
- Lochia rubra: bright red, days 1–3
- Lochia serosa: pink, days 4–10
- Lochia alba: white/yellow, days 11–6 weeks

**6 Psychological**

Transient moments of feeling anxious or overwhelmed are normal. Symptoms should resolve by 2 weeks postpartum. After this, evaluation for postpartum depression is needed.

**Stages of adaptation:**

**Taking in:**

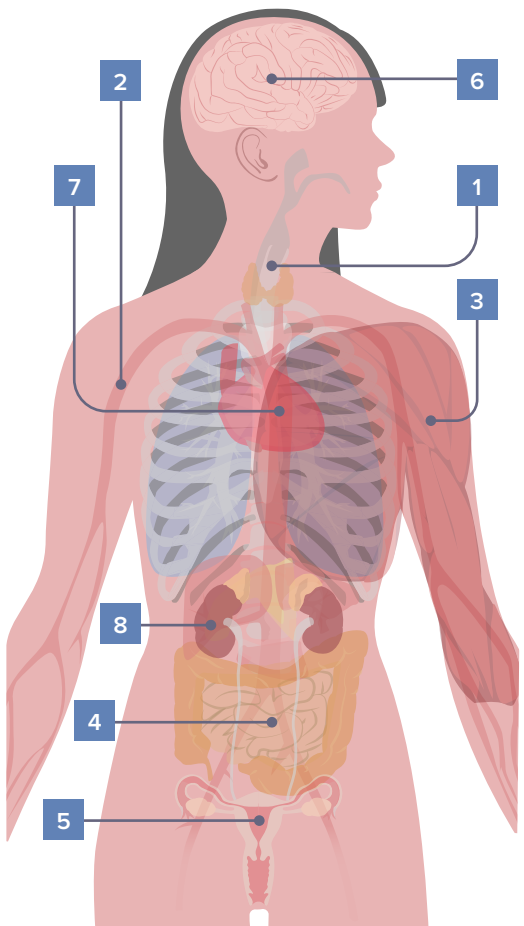
- Typically occurs 1–3 days postpartum
- Client focused on their own needs
- Needs assistance from others, may be passive and dependent

**Taking hold:**

- Typically occurs 2–4 days postpartum
- Client orients to taking care of infant.
- Client strives for independence and autonomy.

**Letting go:**

- Typically occurs after day 4 postpartum
- Client accepts infant's dependence.
- Client releases previous identity as a childless person or parent of fewer children; feels hopeful.
- Risk for postpartum depression during this stage



**7 Cardiovascular**

- Plasma volume decreases by 1,000 mL.
- Bradycardia down to 40 bpm may be noted postpartum.

**8 Renal**

- Diuresis occurs after first 12 hours postpartum, up to 3,000 mL/day.
- Dilated ureters and renal pelvises return to normal by 6–8 weeks postpartum.

## NOTES

