Postpartum Discharge Teaching

Empowering Families for the Fourth Trimester

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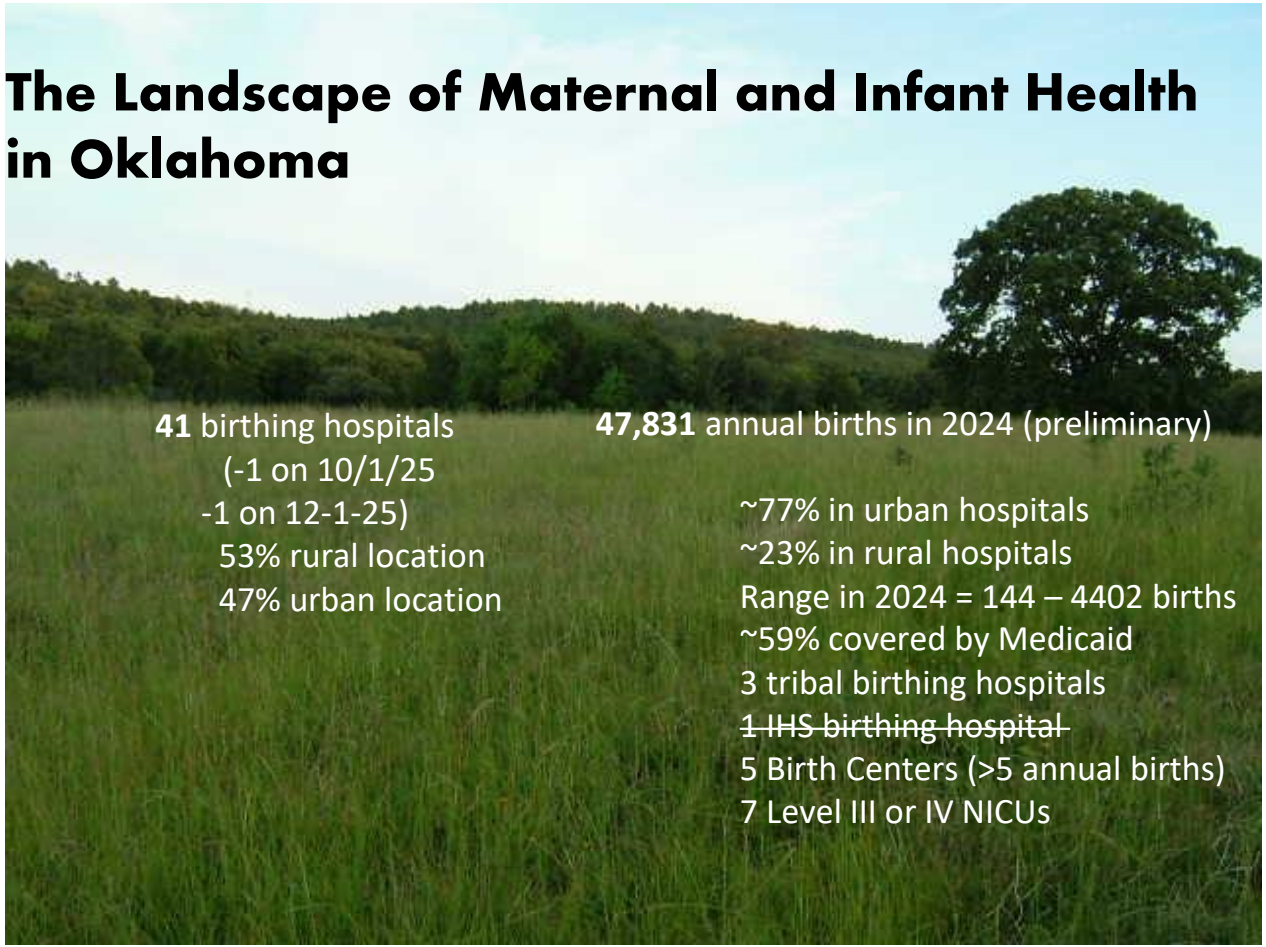
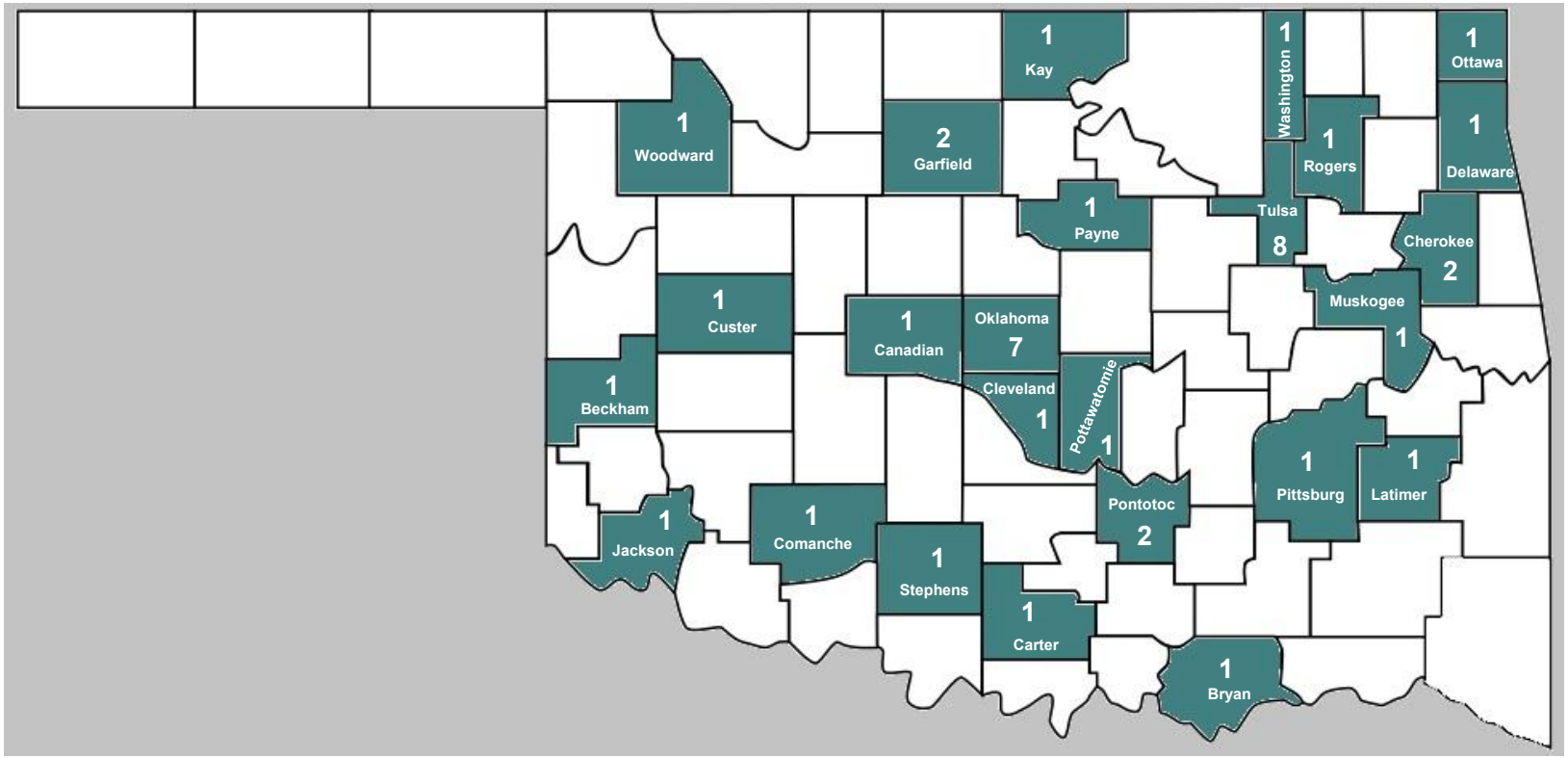
Overview

- Recognize the Importance of quality discharge education for postpartum mothers and newborns in Oklahoma
- Implement techniques to improve patient engagement and increased retention of discharge instructions
- Understand that quality education comes from evidenced based resources
- Implement change in personal practice and in the workplace
- Performing a thorough head to toe assessment
- Performing a thorough perineal assessment
- Performing a thorough psychosocial assessment


The Landscape of Maternal and Infant Health in Oklahoma
41 birthing hospitals
(-1 on 10/1/25
-1 on 12-1-25)
53% rural location
47% urban location
47,831 annual births in 2024 (preliminary)
~77% in urban hospitals
~23% in rural hospitals
Range in 2024 = 144 – 4402 births
~59% covered by Medicaid
3 tribal birthing hospitals
~~1 IHS birthing hospital~~
5 Birth Centers (>5 annual births)
7 Level III or IV NICUs

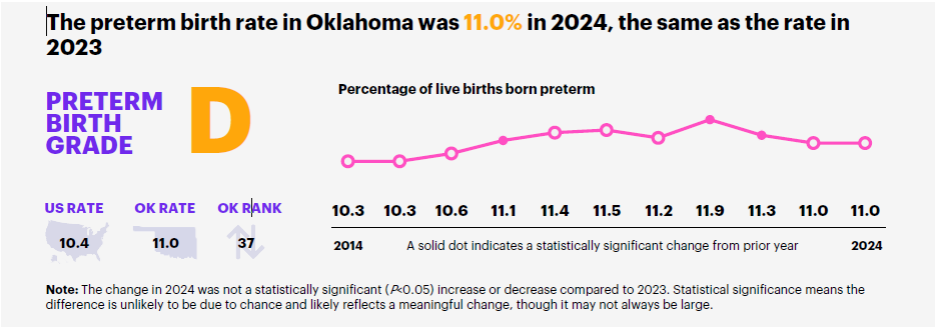


Oklahoma Birthing Hospitals January 2026 = 41

Oklahoma

"The U.S. remains among the most dangerous developed nations for childbirth, despite the fact that more than 80% of these maternal deaths are entirely preventable through expanded access to high-quality care and early intervention for chronic conditions."

– *March of Dimes,* March 11, 2026



March of Dimes, 2025

Why Discharge Education Matters

- Parents arrive home overwhelmed, sleep-deprived, and with limited support
- Quality discharge education improves early recognition of warning signs
- Your teaching models how patients should assess themselves
- Time in the hospital is your window to set families up for success

- ~1 in 5 women will experience Postpartum Anxiety
- ~1 in 8 women will experience Postpartum Depression
- ~1-2 per 1000 women will experience Postpartum Psychosis
- ~3 per 1,000 mothers die in the first year after going home from the hospital

Appropriate expectations= Better OUTCOMES!

Eliminate Distractions

What is on our minds on Day 2 or 3?

- Our patients are thinking about their babies! Not themselves.
- Set them up for success- let them know you're coming to teach and you want them to listen (we all feel great when we are out of the shower)
- Set a time and hold true to it
- Include the partner and family
- Offer them coffee, tea, a snack, etc.
- Make sure their phone is away, baby is calm
- **Sit Down!**
- We have been teaching them the whole time they've been there, but discharge is an opportunity to assess what they know and what they need to know

Welcome to New Parent Orientation

The Fourth Trimester: Like Starting a New Job

Week 1:

Panic and overwhelm

Week 2:

Slight improvement and rhythm developing

Week 3-12:

Fog lifts and confidence builds

This is not about perfection

- No gourmet meals
- No deep cleaning
- No achieving pre-baby body
- Success = small wins daily

Normalize this trajectory. Parents who know this is expected feel empowered, not broken.

Every Patient Every Time

- Spend time with your primips but don't let the multips fool you!
- Don't forget the babies too
- Standardize the Education Process

By utilizing the AIM initiative state-wide, "Oklahoma saw about a 20% decrease in severe maternal morbidity in its participating hospitals." (HRSA, 2019).

Postpartum Assessment: Teach Self-Monitoring

You Assess (BUBBLE-LE/BUBBLE-HE/BUBBLE-HEAD)

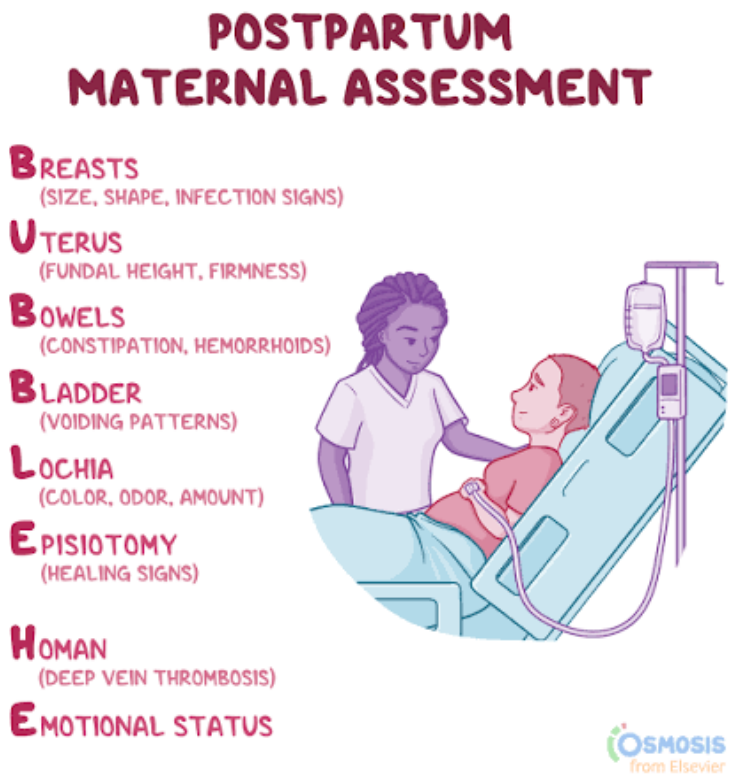
- **B**reasts
- **U**terine
- **B**ladder
- **B**owel
- **L**ochia
- **E**pisiotomy-**Perineum**-Incision (C Section)
- **L**ower Legs/**H**oman's Sign
- **E**motions
- ***A**ttachment*
- ***D**iscomfort*

Actually Look!

You Teach

- Some swelling and redness for days is normal
- Mild Discomfort with urination is expected
- Localized tenderness is common
- Gradual improvement over 7 to 10 days

Red Flags: Severe pain, spreading redness, foul-smelling discharge, fever, or opening of stitches



Perineal Assessment: Teach Self-Monitoring

You Assess (REEDA)

- Redness
- Edema
- Ecchymosis
- Discharge
- Approximation

You Teach

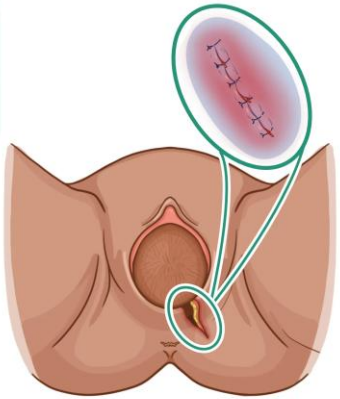
- Some swelling and redness for days is normal
- Mild Discomfort with urination is expected
- Localized tenderness is common
- Gradual improvement over 7 to 10 days

Red Flags: Severe pain, spreading redness, foul-smelling discharge, fever, or opening of stitches

REEDA

REDNESS	EDEMA	ECCHYMOSIS	DISCHARGE	APPROXIMATION
NONE	NONE	NONE	NONE	CLOSED 0
<0.25cm of INCISION BILATERALLY	PERINEAL, <1cm from INCISION	<0.25cm BILATERALLY or 0.5cm UNILATERALLY of INCISION	SEROUS	SKIN SEPARATION <3mm 1
<0.5cm of INCISION BILATERALLY	PERINEAL, 1-2cm from INCISION	<0.25cm -1cm BILATERALLY or 0.5cm-2cm UNILATERALLY of INCISION	SEROSANGUINOUS	SKIN & SUBCUTANEOUS FAT SEPARATION 2
>0.5cm of INCISION BILATERALLY	PERINEAL, >2cm from INCISION or AFFECTS VULVAR AREA	>1cm BILATERALLY or 2cm UNILATERALLY of INCISION	BLOODY, PURULENT	SKIN, SUBCUTANEOUS FAT, & FASCIAL SEPARATION 3

TOTAL SCORE
HEALED: 0
MODERATELY HEALED: 1-5
MILDLY HEALED: 6-10
NOT HEALED: 11-15



Proactive Pain Management: Week One to Week Two

Why Proactive, Not Reactive?

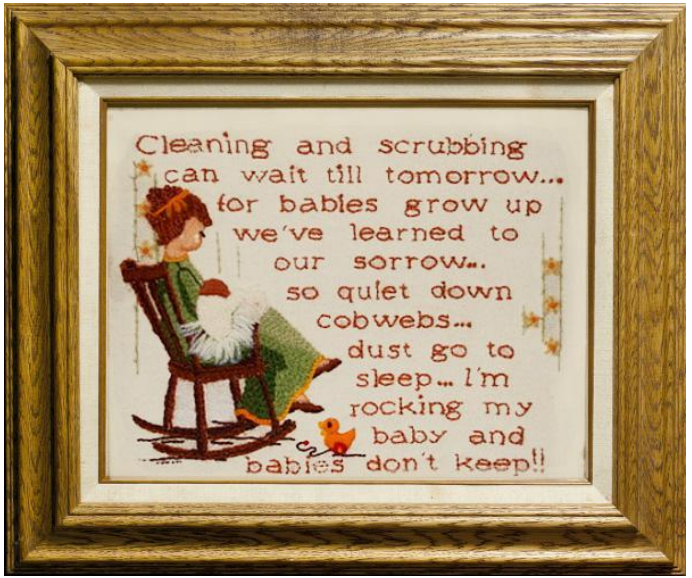
- Epidural effects last 72+ hours
- Muscle soreness peaks days 3 to 7
- Joint inflammation from labor or surgery
- Breast engorgement days 3 to 5

The Schedule: Stagger Every 3 Hours

Take ibuprofen or acetaminophen every 3 hours, alternating which one. Example: Motrin 6am, Tylenol 9am, Motrin 12pm, Tylenol 3p. This keeps anti-inflammatory coverage constant.

Stool softener AC & HS

Self-Care: Prioritize Basics, Accept Imperfection



Week 1 Priorities

- Food (yes, fast food/heat and eat counts)
- Clean diapers and pads
- Showers
- Sleep/Rest when baby sleeps
- Pain meds on schedule

Permission to Give (tell your patient it is okay)

- A baby crying while being held is better than cry it out
- Accept help even if imperfect
- Limit visitors if tired
- Paper plates, plasticware, plastic cups/water bottles are a great idea!
- Frozen meals are fine

Progress not perfection!

Warning Signs: Postpartum Hemorrhage

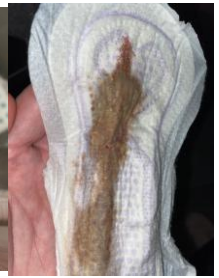
Normal Lochia

- Heaviest first week
- Tapers over time
- Quarter-sized clots normal
- Red to brown to yellow color

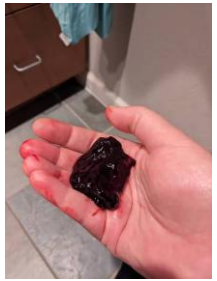
Call Provider or Go to ER If:

- Soaking more than 1 pad per hour
- Passing golf ball-sized clots
- Dizziness or shortness of breath
- Severe cramping pain



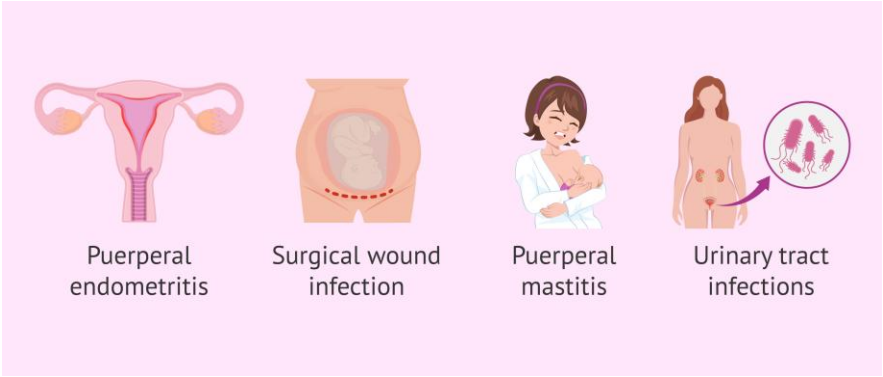







Give families a script: "I am soaking more than one pad per hour" or "I am passing large clots and feel dizzy." These specific phrases help ER staff take them seriously.

Warning Signs: Infection



Call Provider or Go to ER If:

- Fever above 100.4 degrees F
- Foul-smelling discharge
- Spreading redness
- Severe pelvic pain

2nd leading cause of maternal death postpartum!

Teaching Points:

- Normal lochia has a mild odor, not foul
- Temperature is more concerning than how you feel subjectively
- Teach patients to take their own temperature
- If redness spreads beyond immediate area, that warrants evaluation

Perinatal Mental Health

Normal Postpartum Adjustment

- Overwhelm in week 1
- Worry about baby's safety
- Occasional tears
- Improves by week 3

Intrusive Thought Example

"I might trip and drop the baby"

This is NORMAL. It shows how much you care.

National Resources:
833-852-6262 (Maternal Mental Health Hotline)
988 (National Suicide & Crisis Lifeline)

Concerns Needing Escalation

- Persistent sadness beyond week 1
- Cannot do self or infant care
- Urges to shake, hit, or harm
- Thoughts of self-harm
- Severe anxiety or panic

SIDS & SUID Prevention Without Fear

The Reality

SIDS is more rare than perinatal death. Teach prevention with confidence, not fear.
Less than 1 out of every 2000 babies dies from SIDS, About 1 out of every 1000 babies dies from SUID

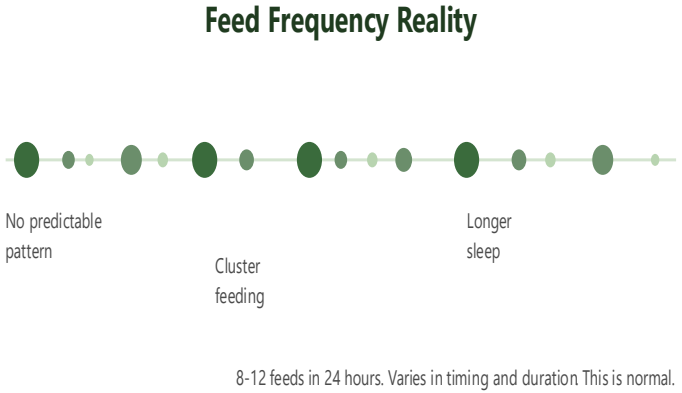
Sudden Unexpected Infant Death (SUID) includes SIDS, unknown causes, and accidental suffocation

Safe Sleep Practices

- Firm, flat surface (crib, bassinet, play yard)
- Room-sharing without bed-sharing for 6 months to 1 year
- Back sleeping for naps and nighttime
- Avoid pillows, blankets, bumpers, positioners
- Consider pacifier after breastfeeding established
- Avoid overheating and overdressing

Safe sleep does not need to be perfect. If baby sleeps on parent's chest while parent is awake, that is safe.

Feeding: Understanding Typical Patterns



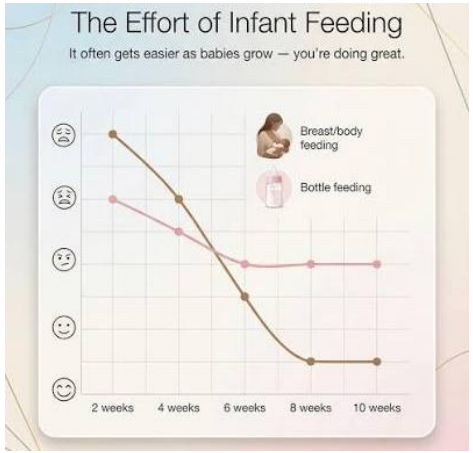
Intake/Output Tracking:

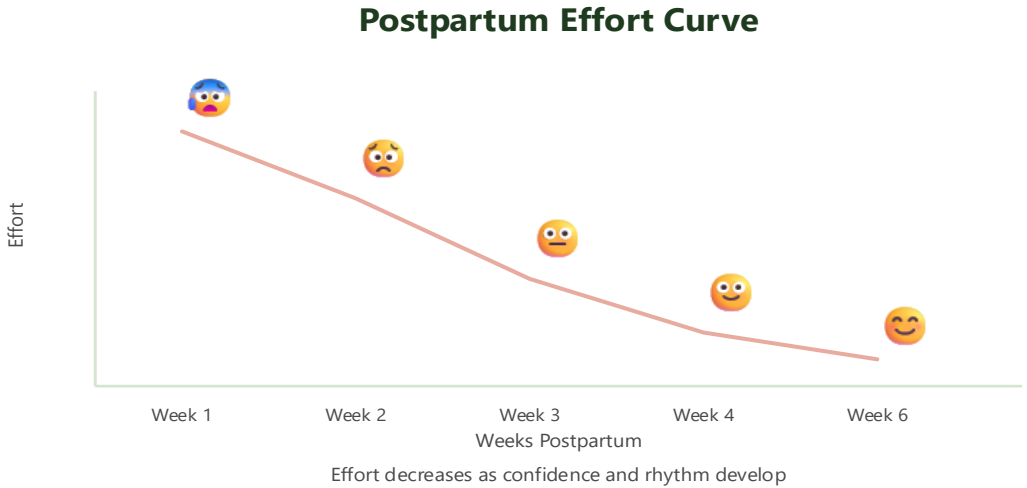
Day 1: 6-8 feeds; 1 wet, 1 poop • **Day 2:** 8-12 feeds; 2 wet, 2 poop • **Day 3:** 8-12 feeds; 3 wet, 3 poop • **Day 5+:** 8-12 feeds; 6+ wet, 3+ poop

Week 12: 6-10 feeds; at least 1 poop daily for formula, EBF could go up to 1 week between poops!

In the beginning, we worry about **TOO LITTLE output**, not too much.
Breastfed babies usually poop with each feeding; formula-fed may be each feed or only 2-4 daily.

The Postpartum Effort Curve





What This Means: Parents do not suddenly get their confidence back on day 21. It builds gradually. By week 3 to 4, most families feel they can navigate things. Unexpected issues or inadequate support can extend this curve, and that is normal.

This Weeks Plan: Before Going Home

Pain Management

Take first dose before leaving hospital. Set phone alarm for schedule. Take stool softener with first dose.

Feeding

Feed baby 8 to 12 times today. Start output tracking. Have lactation/pediatrician number for questions.

Rest & Self-Care

Take a shower. Eat a real meal. Rest/Sleep/Self-Care when baby sleeps. Let partner care for baby for non-feeding related tasks (if breastfeeding) so you can rest.

Success tonight: take meds, feed baby, shower, rest. Everything else can wait.

Key Takeaways

- Teach preparation, not fear.
- Talk with patients during hospitalization about goals.
- Give concrete plans to achieve goals in the hospital and after discharge.
- Normalize adjustment.
- Empower self-monitoring.

Resources: For Nurses and Families

For Nurse Education:

- AWHONN Compendium of Postpartum Care (3rd Edition)
- Postpartum Support International: postpartum.net
- ACOG Committee Opinion #736: Optimizing Postpartum Care
- AWHONN Healthy Mom & Baby: health4mom.org

Mental Health Hotlines:

- 833-852-6262: National Maternal Mental Health Hotline (English and Spanish, 24/7)
- 988: National Suicide & Crisis Lifeline (24/7)

Questions?

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