Postpartum and Newborn Normals

Fundus and lochia, BUBBLE-HE, PPH, Rh and vaccines, newborn vital signs, Apgar, jaundice, glucose, screening and discharge teaching

FUNDUS AND LOCHIA

TIME	FUNDUS	LOCHIA
First hours	Firm, midline, not above the umbilicus	Rubra, moderate
Days 1 to 3	Stays firm; descends about 1 cm (a fingerbreadth) a day (classic teaching)	Rubra: red, small clots
Days 4 to 10	About midway to the symphysis by day 5–7	Serosa: pink-brown
To 6 weeks	Not palpable by 2 weeks; prepregnant size by 4–6 weeks	Alba: yellow-white

Report: more than 1 pad an hour, clots bigger than a golf ball, foul-smelling discharge, or bleeding that stops and then comes back (a short rise in red flow around days 7–14 can be normal).

BUBBLE-HE AND COMFORT

- Breasts: engorged over the first 3–4 days. Breastfeeding: feed regularly, express only for comfort. Not: snug bra, cold packs, no nipple stimulation
- Uterus: boggy → massage. Afterpains: first few days, stronger in multiparous clients and during breastfeeding (oxytocin makes the uterus contract)
- Bladder: diuresis; void often. Fundus above the umbilicus or a suprapubic mass = full bladder
- Bowel: mild laxative if no BM by day 3; fluids, fiber, softener
- Lochia: amount, color, odor
- Episiotomy: REEDA; ice 24 h, then warm sitz baths
- Homans/extremities: one red, swollen, painful leg = DVT (Homans unreliable)
- Emotions: blues start around day 2–3 and resolve within about 2 weeks; longer or severe: screen for depression

VITAL SIGNS, BLEEDING, DANGER SIGNS

SIGN	EXPECTED	REPORT
Temperature	Slight rise first 24 h; baseline by day 3–4	38 °C or higher
Pulse	Falls within 24 h; baseline by day 3–4	Rising: early sign of bleeding
BP	Near baseline	140/90 or higher (preeclampsia can start up to 6 weeks after birth); or falling
Blood loss	Measured: weigh pads, sponges and clots	PPH: 1,000 mL or more in 24 h, or hypovolemia (ACOG); older texts: over 500 mL vaginal, over 1,000 mL cesarean
Vital sign schedule	Typically q15 min for 1 h, q30 min for the 2nd hour, then q4 h through 24 h (unit protocol)	Any trend toward bleeding or hypertension: recheck now

SAFETY CDC Hear Her urgent signs after birth: persistent headache, vision changes, fever 38 °C or higher, trouble breathing, chest pain or racing heart, vaginal bleeding or discharge, a swollen, painful leg, thoughts of harming herself or the baby.

RH, VACCINES, CONTRACEPTION

ITEM	RULE
Rh immune globulin	Rh-negative, unsensitized mother, Rh-positive baby: 300 mcg IM within 72 h
MMR (not rubella immune)	Before discharge; avoid pregnancy 28 days
Varicella (not immune)	Dose 1 before discharge, dose 2 in 4–8 weeks
With Rh immune globulin	Still vaccinate; recheck immunity at 3 months
Tdap	Each pregnancy, 27–36 weeks; never had it: after birth
Contraception	Ovulation can precede the first period. No estrogen before 21 days; progestin-only or IUD earlier
LAM	Under 6 months, no period, nearly exclusive breastfeeding

NEWBORN VITAL SIGNS AND APGAR

SIGN	NORMAL
Heart rate	100–160 (Merck; many nursing texts 110–160); apical, 1 min
Respirations	30–60 (MedlinePlus; Merck gives 40–60), full minute; grunting, flaring, retractions: distress
Temperature	36.5–37.5 °C (WHO range)
Color	Acrocyanosis normal 24–48 h; central cyanosis is not
Periods of reactivity	1st: first ~30 min, alert and active, may feed well. Then sleep or less responsive. 2nd: about 2–8 h, alert again, may gag or have mucus

At 1 and 5 min; 7–10 at 5 min is normal. Never delay resuscitation for it.

APGAR	0	1	2
Appearance	Blue or pale	Pink body, blue limbs	All pink
Pulse	Absent	Under 100	Over 100
Grimace	None	Grimace	Cry, cough, sneeze
Activity	Limp	Some flexion	Active
Respiration	Absent	Slow, irregular	Good cry

THE FIRST DAYS

ITEM	NORMAL	ACT ON
Weight	Up to 8–10% loss in the first days; regained by 2–3 weeks	Loss over 10%; not regained
Output	First void by 24 h; 6 or more wet diapers a day by days 5–7; stools yellow by days 5–7	No void or no meconium by 24 h; fewer wet diapers
Jaundice	After 24 h; shows about day 2–4, gone by about 2 weeks; spreads head to toe as bilirubin rises, so measure, never judge by eye	Any in the first 24 h: bilirubin now
Glucose (IDM, LGA, SGA, preterm)	Feed in 1 h, check 30 min later; 45 mg/dL or more before feeds	Symptomatic under 40, or under 25 (0–4 h), 35 (4–24 h): IV dextrose
Fontanels	Soft and flat (closure ages: see Pediatrics)	Bulging: ICP, meningitis; sunken: dehydration

Reflexes fade (StatPearls): Moro, rooting, palmar 4–6 mo; tonic neck 3–4 mo; stepping 2–3 mo; plantar 9–12 mo; Babinski 12–24 mo. Absent, asymmetric or persisting: report.

NEWBORN MEDS, SCREENING, DISCHARGE

- Vitamin K 1 mg IM (vastus lateralis) within 6 h; erythromycin 0.5% both eyes
- Screens: blood spot after 24 h, usually before discharge; hearing by 1 month; CCHD pulse ox after 24 h: pass: 95% or more in right hand and foot, gap 3% or less
- Cord: clean and dry, sponge baths until it falls off (about days 5–15); never pull it
- Circumcision: petroleum jelly each change; yellow crust is normal; report bleeding, pus, no void in 12 h
- Sleep: back, own firm flat surface, room share (not bed) 6 months, nothing soft
- Car seat: rear-facing, back seat, to the seat's limit; harness at or below shoulders, clip at armpits
- Breastfeed 8–12 times a day; football or side-lying after cesarean; wide latch, flanged lips, swallows

EXAM TIP NCLEX favorites: boggy fundus, massage first; high, deviated fundus, empty the bladder; jaundice before 24 h is never physiologic; MMR after birth, never in pregnancy.

Sources (20) are listed with links at rnbasics.com/sheets/postpartum-newborn-normals.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. RN Basics is an independent study aid not affiliated with any certifying body.