

Evidence-Based Nursing Assessment and Management of Minor Puerperal Disorders: A Narrative Clinical Review for Postpartum Practice

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Abstract: ***Background:** The puerperium is a critical transitional period characterized by physiological involution, endocrine shifts, lactation initiation, and psychosocial adaptation. While major postpartum complications receive substantial clinical attention, minor puerperal disorders remain highly prevalent and significantly influence maternal comfort, breastfeeding success, mobility, sleep quality, and psychological well-being. Structured nursing guidance for systematic assessment and management of these conditions is inconsistently emphasized in routine postpartum care. **Objective:** To synthesize contemporary evidence on the assessment and nursing management of common minor disorders during the puerperium and to provide clinically applicable recommendations for postpartum practice. **Methods:** A non-systematic narrative clinical review was conducted using PubMed and CINAHL databases for English-language publications between January 2018 and March 2025, with emphasis on studies published from 2020 onward. The initial search yielded 59 records; 28 full-text articles were screened, and 13 recent high-quality studies and major clinical guidelines were purposively selected based on methodological rigor, recency, and relevance to nursing care. Evidence was integrated descriptively to generate structured clinical recommendations. Formal PRISMA reporting and structured risk-of-bias appraisal were not undertaken, consistent with the narrative design. **Results:** Frequently reported minor puerperal disorders include perineal pain, afterpains, breast engorgement, nipple trauma, constipation, hemorrhoids, urinary retention, urinary incontinence, postpartum fatigue, and postpartum blues. Evidence supports implementation of structured symptom-based assessment, breastfeeding optimization strategies, pelvic floor muscle training, dietary and hydration counseling, early mobilization, and psychological screening as core nursing interventions. Standardized postpartum assessment frameworks enhance early detection of deviations and reduce risk of progression to significant morbidity. **Conclusion:** Minor puerperal disorders represent clinically meaningful indicators of maternal recovery rather than trivial postpartum discomforts. Integrating structured, evidence-based nursing assessment frameworks into routine postpartum care strengthens maternal recovery, supports breastfeeding continuity, and contributes to quality improvement in postnatal services.*

Keywords: puerperium; postpartum care; minor disorders; nursing assessment; maternal recovery; clinical review

1. Introduction

The puerperium extends from placental expulsion to approximately six weeks postpartum and represents a dynamic phase of physiological restoration and psychosocial adaptation [1,2]. During this period, uterine involution occurs, endocrine equilibrium is re-established, lactation is initiated, and pelvic floor structures progressively recover.

Although global maternal health initiatives prioritize prevention of severe morbidity and mortality, minor postpartum disorders are considerably more prevalent and substantially affect maternal comfort, breastfeeding establishment, mobility, sleep quality, and emotional stability [3,4]. With increasing trends toward early hospital discharge, structured postpartum nursing assessment has become even more critical, as many minor symptoms manifest after women return home.

Nurses serve as primary providers of postpartum care in both facility and community settings. Systematic assessment and timely evidence-based intervention are central to optimizing maternal recovery. This narrative clinical review synthesizes contemporary evidence and translates it into practical, clinically applicable guidance for nursing practice.

2. Methods

This study employed a non-systematic narrative clinical review methodology to synthesize evidence relevant to

nursing assessment and management of minor puerperal disorders.

A structured literature search was conducted in PubMed and CINAHL for English-language publications between January 2018 and March 2025. Priority was given to literature published between 2020 and 2025 to ensure contemporary clinical relevance. Search terms included combinations of “puerperium,” “postpartum minor disorders,” “postnatal symptoms,” “nursing management,” “breast engorgement,” “perineal pain,” “postpartum fatigue,” and “postpartum blues.”

The initial search yielded 59 records. After removal of duplicates and screening of titles and abstracts for relevance to minor postpartum conditions and nursing management, 28 articles were reviewed in full text. Thirteen recent high-quality publications and authoritative clinical guidelines were purposively selected based on methodological rigor, recency, and applicability to postpartum nursing practice.

Formal PRISMA reporting and structured risk-of-bias appraisal were not undertaken, consistent with the narrative design and clinical translation focus of this review.

3. Conceptual Framework

This review is guided by principles of evidence-based nursing practice, integrating best available research evidence, clinical expertise, and individualized maternal needs. The framework

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aligns with WHO recommendations for a positive postnatal experience [1] and emphasizes:

- Early identification of physiological deviations
- Symptom-based nursing assessment
- Preventive education and counseling
- Breastfeeding optimization
- Pelvic floor rehabilitation
- Psychological screening and family-centered support

This woman-centered approach supports continuity of care throughout postpartum recovery.

Clinical Assessment Framework for Postpartum Nurses

A structured postpartum assessment should include:

- Pain evaluation and progression
- Perineal inspection
- Breast examination and latch observation
- Bowel and bladder function review
- Pelvic floor function screening
- Fatigue and sleep assessment
- Psychological screening
- Identification of red-flag symptoms

Routine use of standardized symptom checklists enhances early detection and timely intervention [1,2].

Common Minor Disorders and Clinical Management

1) Perineal Pain

Perineal pain commonly occurs following episiotomy or spontaneous perineal trauma [5].

Assessment

- Pain scoring using validated scales
- Inspection for edema, hematoma, dehiscence, or infection
- Functional impact evaluation

Management

- Cold therapy within first 24 hours
- Warm sitz bath after 24 hours
- Prescribed analgesics
- Perineal hygiene education
- Pelvic floor exercises [5,6]

Red Flags: Increasing pain, fever, foul discharge.

2) Afterpains

Afterpains result from uterine contractions during involution and may intensify during breastfeeding [2].

Management includes reassurance, bladder emptying, mild analgesics, and relaxation techniques.

3) Breast Engorgement and Nipple Trauma

Breast engorgement typically occurs between postpartum days 2–5 [7,8].

Management

- Early and frequent breastfeeding
- Correct positioning and latch
- Warm compress before feeding
- Cold compress after feeding
- Lactation counseling

Red Flags: Localized erythema with fever, flu-like symptoms.

4) Constipation and Hemorrhoids

Often due to reduced bowel motility and fear of perineal pain [4].

Management includes high-fiber diet, hydration, ambulation, sitz baths, and stool softeners when indicated.

5) Urinary Retention and Incontinence

May result from bladder hypotonia or pelvic floor trauma [6]. Management includes encouraging early voiding, privacy, pelvic floor muscle training, and monitoring urinary output.

Red Flags: Inability to void, suprapubic pain.

6) Postpartum Fatigue

Multifactorial and associated with sleep deprivation and adjustment demands [9].

Management includes rest planning, nutritional support, mobilizing family assistance, and screening for anemia or mood disorders when persistent.

7) Postpartum Blues

Characterized by transient mood lability within the first postpartum week [10].

Management includes reassurance, family support, and monitoring.

Red Flags: Persistence beyond two weeks, suicidal ideation.

4. Discussion

Minor puerperal disorders are frequently normalized within routine maternity care; however, accumulating evidence suggests that their cumulative burden significantly influences maternal functional recovery, breastfeeding sustainability, psychological adaptation, and overall postnatal quality of life. The terminology “minor” may inadvertently contribute to clinical under-recognition, despite the meaningful impact these symptoms exert on maternal well-being and early caregiving capacity.

The early postpartum period represents a complex intersection of physiological involution, endocrine recalibration, sleep disruption, and psychosocial transition. Physical discomforts such as perineal pain, breast engorgement, urinary symptoms, and constipation rarely occur in isolation. Instead, they interact bidirectionally with fatigue, mood lability, and breastfeeding challenges. For instance, unresolved nipple trauma or engorgement may reduce feeding frequency, increase mastitis risk, and contribute to early cessation of exclusive breastfeeding. Similarly, persistent perineal pain may restrict mobility, delay pelvic floor rehabilitation, and negatively influence maternal-infant bonding and self-efficacy.

Global trends toward shortened postpartum hospital stays have shifted a substantial portion of recovery to the home environment. Consequently, structured discharge assessment, anticipatory guidance, and early community follow-up have become increasingly important. Standardized postpartum symptom checklists, direct breastfeeding observation prior to discharge, and clear red-flag education represent pragmatic strategies to enhance continuity of care across facility and community settings. Such structured approaches may reduce preventable escalation of symptoms and improve maternal confidence during the transition to home-based recovery.

Emerging evidence supports nurse-led postpartum care models that integrate lactation support, pelvic floor education, and psychological screening into routine care pathways. These models demonstrate improvements in maternal satisfaction, symptom resolution, and early identification of deviations from expected recovery patterns. Alignment with the World Health Organization's framework for a positive postnatal experience underscores the importance of moving beyond survival-focused metrics toward comprehensive recovery-oriented care.

Importantly, minor puerperal disorders may function as early clinical indicators of physiological dysregulation and evolving morbidity. Timely recognition and intervention can prevent progression to mastitis, wound infection, urinary dysfunction, or postpartum depression. Reframing these symptoms as quality-of-care indicators rather than benign inconveniences may strengthen postnatal service delivery standards and inform development of structured assessment bundles and discharge criteria.

From a health systems perspective, integration of symptom-based postpartum frameworks into routine practice supports value-based maternal healthcare, where maternal comfort, functionality, breastfeeding continuity, and psychological stability are recognized as core outcomes. Future research should evaluate implementation strategies, digital symptom-monitoring tools, and nurse-led follow-up interventions to determine their effectiveness in improving short- and long-term maternal recovery trajectories.

5. Conclusion

Minor puerperal disorders are common yet clinically significant contributors to maternal morbidity. Structured, evidence-based nursing assessment and timely intervention enhance maternal recovery and support safe postpartum transition. Integrating symptom-based frameworks into routine postpartum care strengthens quality and safety in maternal health services.

Declarations

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