



Elite Learning Podcast

Missed Maternal Red Flags: Critical Postpartum Emergencies in the First Year

From subtle symptoms to life-threatening emergencies—the critical warning signs every nurse needs to know!

 **Listen time:** ~60 minutes •  **Audience:** RNs, APRNs, nurse leaders, new grads, career changers •
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Featured Voices

Host: Robin McCormick, RN, DNP
Faculty with Elite Learning by Colibri Healthcare, nurse educator, and advocate passionate about maternal health and safety

Guest: Allyssa Dolphin, RN, MSN-Ed,
Nurse with 9 years of experience specializing in OB, Pediatrics, and NICU, with focus on OB care and diabetic education for pregnant women

What You'll Learn

- Why the first 12 months postpartum remain a high-risk period for maternal complications
- Critical warning signs of delayed preeclampsia, venous thromboembolism, and cardiomyopathy
- How to distinguish normal recovery symptoms from dangerous red flags
- Effective discharge education strategies that save lives
- Special considerations for patients with darker skin tones when assessing DVTs and infections
- The importance of multiple touchpoints beyond the standard 6-week follow-up
- Strategies to empower patients to speak up when something doesn't feel right
- How to improve continuity of care between hospital discharge and primary care

Key Takeaways

- Over half of maternal deaths occur between 7 days and 1 year postpartum—well after hospital discharge.
- The standard 6-week postpartum visit leaves a dangerous gap in care—ACOG now recommends ongoing care throughout the first 12 weeks.
- Hypertensive disorders and venous thromboembolism are among the most common postpartum emergencies.
- Patients are actually at higher risk for DVT postpartum than during pregnancy due to physiological changes.

- Lochia should never return to bright red after transitioning to lighter colors—this signals a potential emergency.
- Mental health crises are urgent complications that are frequently overlooked or dismissed as 'baby blues.'
- In darker skin tones, DVT may present as dark brown or purplish discoloration rather than redness.
- Discharge education should start at admission, not in the final hours before going home.
- Involving partners and family members in education is crucial—they often notice concerning symptoms before the patient does.

Do This Next

- Implement the POST-BIRTH warning signs checklist from AWHONN in your discharge education
- Create a clear visual guide showing how lochia should progress and when to seek help
- Practice using the Teach-Back method to confirm patient understanding of critical warning signs
- Advocate for a follow-up call or visit within the first week after discharge
- Include partners/support persons in all postpartum education sessions
- Update your assessment skills for DVT and infection in patients with darker skin tones

? 3 Quick Postpartum Screening Questions

Use these with any postpartum patient during follow-up calls or visits:

1. Bleeding patterns: 'Has your bleeding changed color, increased in amount, or developed an odor? Are you passing any clots larger than a quarter?'
2. Headache and vision: 'Have you had any headaches that don't go away with medication? Any changes in your vision like blurriness, spots, or sensitivity to light?'
3. Mental health check: 'How are you feeling emotionally? Are you having any thoughts that worry you or make you feel uncomfortable?'

Red Flags for Same-Day Escalation

- Blood pressure $\geq 160/110$ or persistent readings $\geq 140/90$ with symptoms
- Soaking through a pad in less than an hour or clots larger than a golf ball
- Severe, unrelenting headache not relieved by medication
- Difficulty breathing, especially when lying down (orthopnea)
- Chest pain or palpitations
- Unilateral calf/leg pain, redness, or significant swelling
- Fever $\geq 100.4^\circ\text{F}$ (38°C)
- Thoughts of harming self or baby
- Incision with increasing redness, warmth, drainage, or separation

Clinical Spotlight

Postpartum Preeclampsia: Can occur up to 6-12 weeks after delivery. Key signs: BP \geq 140/90, severe headache, vision changes, right upper quadrant pain, and new swelling in hands/face.

Lochia Progression: Rubra (bright red, days 1-3) → Serosa (pinkish-brown, days 4-10) → Alba (yellowish-white, days 10-42). Should never return to a previous color or have an odor.

Venous Thromboembolism (VTE): Higher risk postpartum than during pregnancy. Watch for unilateral leg pain, swelling, warmth, and in darker skin tones, dark brown/purplish discoloration.

Postpartum Cardiomyopathy: Can develop in final month of pregnancy through 5 months postpartum. Key signs: difficulty breathing (especially when lying down), chest pain, severe fatigue, palpitations.

POST-BIRTH Warning Signs (AWHONN):

- P (Pain in chest)
- O (Obstructed breathing)
- S (Seizures)
- T (Thoughts of harming self/baby)
- B (Bleeding)
- I (Incision not healing)
- R (Red/swollen/painful leg)
- T (Temperature \geq 100.4°F)
- H (Headache that won't go away).

Conversation Starter

'If you could implement one change to improve postpartum safety in the first year after birth, what would it be—and why?'

Nurse Leaders: Consider implementing a postpartum navigator program or scheduled follow-up calls within the first week after discharge. These touchpoints can identify complications before they become life-threatening.

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