Clinical Guideline

Postnatal Care Planning Guideline

SETTING Maternity Services – all settings

FOR STAFF All staff caring for women after delivery

PATIENTS Postnatal mothers and their newborns under the care of the maternity services

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Women should have the opportunity to make informed decisions about their care. An individualised postnatal care plan should be developed which respects the views, beliefs, culture and values of the woman and her family. Any information given regarding care and support should also take into account any additional needs such as language or physical, cognitive or sensory disabilities.

Normal Low risk post natal care

- If the woman is low risk and no risks are identified no care plan is required. Full utilisation of the hand held records and all care given will be documented on the post natal assessment and post natal evaluation pages. Post natal checks completing the post birth assessment of mother or baby is expected**.**
- All care given is recorded on the postnatal assessment and postnatal evaluation pages in the handheld records. If any problems or deviations from normal are identified a plan of care addressing the needs is developed by the midwife or healthcare professional with the woman and is documented on the postnatal plan of care

Developing an individualised care plan if required.

- Following the birth the midwife at delivery will ensure that a postnatal risk assessment has been carried out and any risk factors or special considerations for mother or baby are written on the designated page in the postnatal sections of the handheld notes.
- When completing the post natal SBAR handover a note will be made if a detailed plan of care is required
- An individualised care plan will then be documented by the midwife in the handheld notes taking into account any risk factors or special instructions highlighted. The plan of care contained within the hand held records will be updated as circumstances change by staff involved in the care. Appendix 1 is an aid memoir in place in all clinical areas to identify key risks and suggested management plans, the list is not exhaustive and the Obstetric team may request further care.
- (NB. Neonatologists document plan of care for babies in the neonatal buff notes)
- As a minimum every woman should receive postnatal care as in Appendix 2.

Coordinating Healthcare Professional

All women have an identified lead professional in the postnatal period which is documented in the handheld notes and on Medway Live and on the white boards on Central Delivery Suite (CDS) or the postnatal wards when an in-patient and are allocated to the care of a midwife at all times in hospital. This midwife coordinates the care of women with multidisciplinary or multiagency needs, communicating with relevant multidisciplinary team members or agencies as required to ensure that the woman's particular healthcare needs are met.

Once discharged home from hospital or following home birth, the community midwife is responsible for the provision and coordination of care for all women.

Communication

Healthcare professional will use hand-held maternity records, the postnatal care plans, neonatal records and Personal Child Health Records (red book) to ensure effective communication between all healthcare teams, the parents and their families.

Process for transfer of care from hospital to community midwife

- Once the woman and her baby have been assessed as fit for transfer of care from hospital to the community by the lead professionals the midwife must:
- Inform the woman's community midwife by completing the community discharge form.
    - Write the woman's name and usual address on the form. Check with the mother the actual discharge address for the first home visit and write this address on the form if different to the usual address. Ensure an up to date telephone number is included for contact and that it is the correct telephone number
    - Write basic details of birth and any complications that may have occurred. The midwife will request that the community midwife phones the ward if further details need to be handed over or to confirm that discharge has occurred if there is any doubt.
    - Please ensure the writing is legible and clear.
- Once details are complete on the form it is faxed to the community midwifery office where the community midwifery clerk is responsible for communicating the information to the relevant community midwifery team. A copy of the form is kept on the ward and by the community midwifery clerk for future reference if required.
- The woman is informed that the community midwife will make contact the following day either via a telephone call or a visit depending upon clinical need
- The women will be given telephone numbers to ring if she has not received communication from the community midwife by the following afternoon after 4pm or if she has any concerns and needs an earlier assessment.
- If a woman is discharged outside of "office hours" the same procedure is followed but in addition, the on call community midwife for that area is phoned and informed of the discharge verbally. The sheet faxed to the office must document this telephone call out.
- The GP is informed of the discharge by letter detailing birth and postnatal information and medication that the woman is requiring and any ongoing care that is required of the GP.
- The woman is transferred home with her handheld notes and Personal Child Health Records in order that care can be continued.
- A postnatal follow appointment for the woman will be made with the obstetrician as appropriate and the community midwifery team will encourage women to make an appointment at 6 weeks to see their GP. The team will remind the woman again at discharge to the health Visiting team

System for postnatal visiting

The system for postnatal visiting is discussed with the mother prior to discharge as documented on the 'Postnatal care about you' section of the maternity handheld notes. Appendix 2 sets out the Postnatal Care Pathway for community midwifery visits and postnatal support.

Appendix 1

Aid Memoir

Risk/concern	Suggested prompts for care planning not exhaustive
Third/ fourth degree tear	▪ Leaflet ▪ Laxatives/ Analgesia/ Observe bowel function and document ▪ Antibiotics/TTA ▪ Physiotherapy ▪ OASIS clinic follow up
Pyrexia in Labour	▪ Antibiotics ▪ Commence MEOWS observations (mum and baby) ▪ Ensure neonatal team aware ▪ Chase outstanding results HVS,MSSU, blood cultures
Inability to void	▪ Fluid balance ▪ Measurement of urine ▪ SRC/TWOC/ indwelling catheter plan
PPH (EBL>500ml)	▪ FBC as requested by medical team ▪ Treatment: Oral iron/ Venofer/ Blood transfusion ▪ Diet ▪ Follow up FBC at 6 weeks
Raised BP in labour/ postnatally	SEE SEPARATE GUIDELINE
Shoulder dystocia or difficult delivery	▪ Proforma completed on CDS ▪ Letter to woman, explanation and de-brief as required ▪ Follow up with consultant if planned
Unexpected poor neonatal outcome	▪ Review on ward by senior medical staff, Consultant follow up ▪ Increased emotional support, side room if available ▪ Support with lactation ▪ Information (e.g. SANDS) support networks ▪ Good communication with NICU
Feeding issues	▪ Ensure clear plan for feeding is discussed ▪ Provide consistent advice and support to facilitate lactation and feeding patterns. ▪ Discuss care with Infant Feeding midwife if required

Postnatal Care Pathway
(Appendix 2, postnatal care planning guideline)

Midwifery assessment at home or in postnatal clinic;

- First appointment at home or in postnatal clinic
- Day 3 weight
- Day 5 – 8 to perform newborn screening test and possibly weigh baby
- Last appointment and transfer to Health Visitor care

Other contacts may be undertaken in person or by telephone by a Midwife or Maternity Support Worker as appropriate.

At every contact:

Offer postnatal assessment of mother and baby as described in handheld maternity notes

- Follow the postnatal care plan with the mother for her and baby in the handheld maternity notes.
- Include relevant antenatal and intrapartum details
- If a risk or clinical indicator requires an individualised management plan then a plan must be documented in the hand held records. See Appendix 1 for advice.
- Provide opportunities to ask questions
- Ensure information is given as per postnatal information guideline
- Consider equality and diversity
- Ensure all discussions/care provided is documented in handhelds notes
- Ensure mother has emergency contact numbers
- Offer support and information to partners as appropriate

Mother

- Ask about the emotional / psychological / physical well being and discuss normal patterns of emotional changes
- Assess for signs of common health problems and inform mother of signs and symptoms.
- Provide an opportunity to talk about and reflect upon the birth experience
- Promote mother - infant bonding and attachment
- Offer relevant and timely health promotion
- Discuss existing social support network
- Consider liaison/ referral to other members of multidisciplinary teams as required eg. GP, physiotherapist, obstetrician

Baby

- Offer research based information and advice to all parents to enable them to care for their baby's daily needs
- Identify signs of common health problems and inform parents of signs and symptoms to be aware of.
- Provide information to support the initiation and continuation of successful infant led feeding
- Discuss safe sleeping and ensure provided with written information

In addition
Day 0-1

Mother

- Urine: ensure passed urine within six hours of birth and record time/volume of first void. Establish if any bladder dysfunction.
- Medication: Consider any relevant medication e.g. Clexane, ferrous sulphate, analgesia, Anti D.
- Daily observations of temperature, respiratory rate, pulse and blood pressure while in hospital or more frequently if clinical need.
- Information: Provide information on the normal recovery after birth (see postnatal literature packs given on each ward)
- Perineal hygiene: Discuss perineal hygiene and care of sutures, the perineum must be checked during the puerperium to ensure healing has taken place.

Baby

- Encourage skin to skin contact
- Keep baby with mum at all times unless clinical indication or social concerns exclude this
- Initial assessment and weight of baby
- Encourage early initiation of feeding
- Ensure newborn examination undertaken within 72 hours of birth by neonatologist, midwife or GP
- Ensure the Personal Child Health Record is completed and given to parents as appropriate
- Provide research based advice including bathing/skin care
- Cord care
- Discuss Safe Sleeping

Day 2-4
Consider visits or extra phone calls for support if required

Mother

- Medication: Review
- Full Blood Count: If indicated.
- Discuss coping strategies for tiredness
- Observations of temperature, respiratory rate, pulse and blood pressure if clinical need or if first postnatal visit
- Diet: Discuss intake and onset of normal bowel habit

Baby

- Weigh on day 3
- Promote family and social network
- Discuss forthcoming screening tests and gain consent (ensure parents have screening leaflet)
- Discuss Safe Sleeping

Day 5-8

Mother
- Discuss emotional mood
- Coping strategies
- Family Support
- What to expect

Baby
- Undertake Newborn Blood Spot Screening
- Administer Oral vitamin K if required
- Weigh baby if concerns regarding feeding
- Discuss safe sleeping

Day 6-9

Offer telephone support or visit from Maternity Support Worker if previous assessments satisfactory. Consider midwifery contact if problems.

Day 10-14

Mother
- Assess physical and emotional wellbeing including mental health
- Observations of temperature, respiratory rate, pulse and blood pressure if clinical need
- Check that parents have received all relevant information including how to register the birth
- Discuss contraception and resumption of sexual relationship
- Offer ongoing breastfeeding support
- Ensure mum is aware of all follow up appointments e.g. postnatal check with GP/hospital
- Ensure all relevant information is communicated to health visitors
- Ensure GP and health visitors are aware if there are safeguarding concerns and if the mother has undergone FGM and this is a female child.

Baby
- Weigh baby
- Refer for prolonged jaundice screen as per guidelines if necessary
- Ensure baby referred for BCG vaccination if necessary
- Discharge to health visitors
- Discuss Safe Sleepinng

Monitoring process

Process	Tool	Responsibility of:	Frequency of review	Responsibility for: (plus timescales)			
				Review of results	Development of action plan and recommendations	Monitoring of action plan and implementation	Making improvement lessons to be shared
Documentation of coordinating healthcare professional for women with multiagency or multidisciplinary needs.	Clinical audit	Postnatal Working party	Every 3 years	Presented to Postnatal Working Party and Clinical Audit meeting	Postnatal Working Party, within 3 months of the Clinical Audit Meeting	Postnatal Working Party as a minimum 6 monthly	See monitoring statement for dissemination of learning

The above table outlines the minimum requirements to be audited; additional audits will be commissioned in response to deficiencies identified within the service through morbidity and mortality reviews/benchmark data provided by CHKS or in response to national initiatives e.g. NICE, RCOG guidelines, CNST standards

Version 5

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Ratified by
Postnatal Working Party

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References

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http://newbornbloodspot.screening.nhs.uk

Royal College of Anaesthetists, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health. (2007). *Safer Childbirth: Minimum Standards For The Organisation And Delivery Of Care In Labour*. London: RCOG Press. Available at: www.rcog.org.uk

UK National Screening Committee. 'Newborn Hearing Screening'. *UK Screening Portal*. Available at: http://www.screening.nhs.uk

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RELATED DOCUMENTS

Clinical risk assessment and selection of lead professional
http://nww.avon.nhs.uk/dms/download.aspx?did=11238

Postnatal information guideline
http://nww.avon.nhs.uk/dms/download.aspx?did=11243

Recognition of severely ill pregnant woman
http://nww.avon.nhs.uk/dms/download.aspx?did=11109

SAFETY None

QUERIES Contact [redacted] 'in hours' Ext [redacted] or the on call Supervisor of Midwives via switchboard at any other time.