GUIDELINES FOR ROUTINE POSTNATAL CARE FOR WOMEN WHO HAVE A VAGINAL BIRTH

Purpose

The purpose of the guidelines are:

- To ensure that women are supported in the transition to motherhood while in the postnatal ward.
- To ensure that women receive an excellent standard of care while in the postnatal ward.

The care that is provided is aimed at being both physical and emotional for both mother and baby.

Scope

All midwives, nursing and medical staff employed by the Hutt Valley DHB Maternal and Child Health Services.
All ancillary staff employed by Hutt Valley DHB Maternity Department
All Maternity access holders/LMC’s.

Responsibilities

All women must have a care plan which clearly describes the roles and responsibilities of care providers in the postnatal ward. Hospital midwifery and maternity nursing staff work in partnership with the LMC and the woman in facilitating care that has been documented during the antenatal period. If a care plan is not formulated prior to birth, a hospital postnatal care plan is to be filled out prior to transfer of care of the woman to the postnatal ward, (see appendix 1).

Section 88 DA29(b)(i) Services following birth
A daily visit while the woman is receiving inpatient postnatal care unless otherwise agreed by the woman and the maternity facility.

Communication

To ensure that appropriate care is provided to the woman, clear channels of communication must exist between the woman, the LMC and the facility midwives/nurses. Facility midwives/nurses must have no hesitation in contacting the LMC if they wish to discuss aspects of a woman or her babies care.
Guidelines for care
The following guidelines for care are based on the NZCOM Midwives Handbook for Practice, (2008).

“First decision point in the postnatal period – immediately postpartum and including the first 24 hours”.
(NZCOM,2008, p.39)

Midwives and nurses working in the DHB in this time period should ensure that the following care is provided to the woman:

Physical care of the mother
This includes assessment of the following

- Involution of the uterus
- Lochia
- The woman’s perineum and any trauma that has been sustained, pain relief if required
- The mothers ability to pass urine and move her bowels, symptoms of incontinence
- Signs of DVT, encourage mobilisation
- Breasts and nipples, determine assistance required with breastfeeding

Tests for Rh negative mums
- Ensure Kleihauer is taken one hour post delivery
- Assess need for and administration of anti D immunoglobulin if required

Physical care of the baby

- At birth a full physical assessment should be completed including red eye reflex, as per post delivery Baby page (Appendix 2). If red eye reflex not completed at this assessment, ensure it is completed prior to discharge.
- Hip check
- Ensure vitamin k has been administered if consent has been obtained.
- Hearing screening

Babies’ of Hepatitis B positive mums
- Ensure the administration of Hepatitis B vaccine and gamma globulin has been completed with consent.

Education and assisting the transition to Motherhood

A balance is to be made between the provision of ongoing education to the woman to support her in her role as a mother and also to provide the woman with the opportunity to spend time with her new born baby in order to foster the mother-child relationship.

An assessment of the mothers’ knowledge in regard to the following should be made and education given as required:

- Uterus and blood loss
- Perineum
- Breast changes and guidance with breastfeeding
- Bladder and bowel care
- Emotional well-being
- Social support
- Safe at home

The mother also requires information for baby care that relates to:
- Feeding (breast or artificial)
- Respiration
- Passing urine and meconium
- The baby’s umbilical cord
- Patterns of crying
- Temperature
- Safety including SIDS prevention
- The national immunisation register
- Parenting skills

A legal birth notification must be completed for each baby (BDM009).

**Ongoing care**

During the woman’s stay in hospital it is imperative that on-going care is provided. Timely and appropriate referral must be made if there are any concerns about the woman or her baby. Regular physical assessments of the woman should take place following birth to ensure the woman recovers well. The nature and frequency of physical assessments are guided by the type of birth, any trauma and the midwife’s professional judgement. The LMC has the responsibility to document the role that she/he expects the hospital midwifery/nursing team to take in these assessments. This should be provided in the postnatal care plan.

It would be expected that a minimum of a daily postnatal assessment is undertaken by the core midwife/nurse from day one until discharge from the ward and that this is documented in the woman’s notes.

**Communication**

Regular communication between the LMC and the postnatal staff is fundamental to the effective care of the woman and her baby.

**Documentation**

- A post Natal care plan should be provided by the LMC to include and detail the individual postnatal care requirements of each woman and her baby
- Any care that is provided to the woman and her baby must be documented in the notes
- Any education that is provided to the woman and her family, including any brochures, must be documented in the notes
- LMC's should update the woman’s care plan to ensure that they reflect what has been discussed and decided between the woman and themselves.
References


Associated documents and guidelines
Babies and bed sharing in the maternity unit
Breastfeeding policy
Caesarean section – post operative care
Education for change: Partners in change
Section 88, New Zealand Public health and disability Act 2002.
Administration of Vitamin K to neonates (Draft 2005)
Guidelines for newborn metabolic screening
Hip check policy (Draft Dec 2005)
NIR : information for parents
Hutt Valley DHB: Postnatal care brochure for women
Hutt Valley DHB: Physiotherapy brochure for women
Guidelines for management of postpartum pain (Draft Nov 2005)
Hutt Valley District Health Board Neonatal deafness detection referral form
Guidelines for referral for assessment of dilated

See:-
appendix 1 – Postnatal Care Plan
appendix 2 – Baby Page
appendix 3 - Routine Postnatal care guidelines
POSTNATAL CARE PLAN

Date:
Midwife:
Prefered contact number:

☐ Before any consultation with Obstetric or Paediatric services is made, please contact me to discuss your concerns. This does not apply in emergency, however under emergency circumstances please contact me once the situation has stabilized.

Postnatal care requests from LMC:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
FEEDING

______________(mothers name) has chosen to:

☐ Exclusively Breastfeed

As ________________(mothers name) has chosen to breastfeed her baby, there is the expectation that ________________(babys' name) will not receive any fluids other than breast milk. Should the need for formula be discussed or ________________(mothers name) express concerns about breastfeeding then:

☐ Please contact me prior to the administration of any supplementary feeds.

☐ Please contact me during daytime hours, otherwise supplement with medical indication or maternal request.

☐ Please do not contact me, just supplement with medical indication or maternal request.

☐ Partially Breastfeed

☐ Formula Feed

GUTHRIE TEST

☐ ________________(midwifes' name) will complete Guthrie Test if inpatient after 48 hours.

☐ DHB staff to complete Guthrie Test if inpatient after 48 hours.

WEIGHING BABY

☐ ________________(midwifes' name) will weigh baby as required, please contact me if you have any concerns.

☐ DHB staff to please weigh baby after 72 hours.

☐ DHB staff to please weigh baby if medically indicated and contact me with any concerns or to discuss feeding plan before paediatric referral.

☐ DHB staff to please weigh baby if medically indicated and contact me with plan.

Midwifes' name and signature__________________________________ Date:

Womans' name and signature__________________________________ Date:          (Appendix 1)
### THE BABY

**BABY’S STICKY**

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Name:</td>
<td></td>
</tr>
<tr>
<td>Father’s Name:</td>
<td></td>
</tr>
<tr>
<td>Para:_______ Gravida:_______ EDD:______________</td>
<td></td>
</tr>
<tr>
<td>Ethnicity:______________ Blood Group:____________</td>
<td></td>
</tr>
<tr>
<td>Antibody Screen:</td>
<td></td>
</tr>
<tr>
<td>Mother’s Antenatal Health:</td>
<td></td>
</tr>
<tr>
<td>Prescribed drugs during pregnancy:</td>
<td></td>
</tr>
<tr>
<td>Smoker: YES □ (Amount per day ) NO □</td>
<td></td>
</tr>
<tr>
<td>Recreational Drugs/ Alcohol used during pregnancy:</td>
<td></td>
</tr>
<tr>
<td>Methadone Programme: YES □ NO □</td>
<td></td>
</tr>
<tr>
<td>GBS: □ detected □ negative □ not tested □ declined</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B: □ positive □ negative □ not tested □ declined/ late booker</td>
<td></td>
</tr>
<tr>
<td>HIV: □ positive □ negative □ not tested □ declined/ late booker</td>
<td></td>
</tr>
<tr>
<td>Date &amp; Time Membranes Ruptured:_________________</td>
<td></td>
</tr>
<tr>
<td>Time between membrane rupture and birth:__________</td>
<td></td>
</tr>
<tr>
<td>Baby’s Gestational Age:</td>
<td></td>
</tr>
<tr>
<td>Betamethasone 11.4mg given IM 1st dose &amp; time:</td>
<td></td>
</tr>
<tr>
<td>2nd dose date &amp; time:</td>
<td></td>
</tr>
<tr>
<td>Nature of Labour: (Please Circle)</td>
<td></td>
</tr>
<tr>
<td>Spontaneous Induction - Reason:_________________</td>
<td></td>
</tr>
<tr>
<td>Augmentation - Reason:____________</td>
<td></td>
</tr>
<tr>
<td>Analgesia and when given:</td>
<td></td>
</tr>
<tr>
<td>Antibiotics given to mother: YES □ NO □</td>
<td></td>
</tr>
<tr>
<td>If YES drug name, time and date commenced:</td>
<td></td>
</tr>
<tr>
<td>Foetal Blood Sample PH:</td>
<td></td>
</tr>
<tr>
<td>At Birth- Date and Time of Birth:_______________</td>
<td></td>
</tr>
<tr>
<td>Baby’s sex:________</td>
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</tr>
<tr>
<td>Type of birth: Spontaneous vaginal birth Water birth Instrumental (Type )</td>
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</tr>
<tr>
<td>Elective caesarean section - Reason:___________</td>
<td></td>
</tr>
<tr>
<td>Emergency caesarean section – Reason:___________</td>
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<tr>
<td>Breathing Established:_________________ minutes after birth</td>
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<tr>
<td>Skin to skin:________</td>
<td></td>
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<tr>
<td>First breast or artificial feed:________________</td>
<td></td>
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<tr>
<td>Weight:____________</td>
<td></td>
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<tr>
<td>Vitamin K: consent - Obtained Oral given 2mg in 0.2ml IM given 1mg in 0.1ml</td>
<td></td>
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<tr>
<td>If mother Hep B pos and consent obtained Time and date Hep B vaccine given:</td>
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</tr>
<tr>
<td>Time and date immunoglobulin given:</td>
<td></td>
</tr>
<tr>
<td>Paediatric RMO (name__________________________)</td>
<td></td>
</tr>
<tr>
<td>SCBU Nurse (name___________________________)</td>
<td></td>
</tr>
<tr>
<td>Neonatal Emergency 777 called YES / NO</td>
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</tr>
</tbody>
</table>
### APGAR SCORE

<table>
<thead>
<tr>
<th></th>
<th>1 min</th>
<th>5 min</th>
<th>10 min</th>
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<tbody>
<tr>
<td>Heart Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory State</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Reflex Irritability</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Muscle Tone</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Colour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Clinical examination
- Within 24 hours
- On Discharge
- Colour and Activity
- Nervous system
- Moro reflex
- Grasp reflex
- Skin
- Fontanelles
- Eyes
- Mouth
- Respiration
- Heart
- Abdomen
- Cord # of vessels
- Genitalia
- Limbs
- Hip joints
- Femoral pulses
- Head circumference

CORD BLOOD TAKEN: □ Yes □ No

Date and Time:
Arterial PH:
Venous PH:
Baby’s Blood Group:
DAT:
SBR:
Stem Cells Collection:

<table>
<thead>
<tr>
<th>Completed tests: (Date)</th>
<th>Guthrie card:</th>
<th>Red eye reflex:</th>
<th>Hip Check:</th>
<th>Hearing Screening:</th>
</tr>
</thead>
</table>

Transferred to:
- □ PN ward
- □ SCBU
- □ Discharged Home

Date and time of discharge home:
If baby to SCBU following transfer to postnatal ward - Time, date and reason:

If baby transferred back to postnatal ward from SCBU –
- □ clinical responsibility of baby to remain with SCBU/Paeds
- □ clinical responsibility of baby transferred to postnatal ward
- □ requires Paediatric RMO review prior to discharge

### Instructions:

Resuscitation documentation and/or paediatric notes:
Appendix 3

ROUTINE POST NATAL CARE

Complete check of both mother and baby include

MOTHER:   Fundus/lochia
           Perineum
           Breast/Nipples
           P/U
           Bowels open
           Mobilising
           Signs of DVT
           Emotional State
           Mothercraft skills
           Plans for Discharge
           Cultural Preferences
           Diet
           Specific wishes/expectations/requirements of woman

BABY:      Temperature
           Colour
           Cord Clamp secure/removed
           Mode of Feeding
           Time of Feed (suck code)
           Settled between feeds
           Output (including approximate time)

Please check postnatal care plan for instructions re: Feeding,
Guthrie/PKU test, Weighing and any other postnatal care requirements.