NHS
University Hospitals Sussex
NHS Foundation Trust
St Richards, Worthing & Southlands Hospitals

Postnatal Care Guideline

Summary statement: How does the document support patient care?	By providing evidence based guidance for staff caring for postnatal women and people and newborn babies
Staff/stakeholders involved in development:	Leads for Maternity Risk Management (Obstetric and Midwifery), Labour Ward Leads (Obstetric and Midwifery), Joint Obstetric Guidelines Group
Division:	Women and Childrens
Department:	Maternity
Responsible Person:	Chief of Service
Author:	Community Team Leader and CNST Midwife
For use by:	All UH Sussex (SRH & WH) Medical and Midwifery staff involved in the care of postnatal women and people and their babies
Purpose:	To provide clear evidence-based guidance on planning and providing postnatal care.
This document supports:	NICE NG194 Postnatal Care 2021
Key related documents:	**UH Sussex (SRH&WH) Maternity Guidelines:** CG1129 Guideline fo Newborn Feeding, CG1150 Support for Parents Guideline, Perinatal Mental Health CG12031 Guideline on Safe Sleeping of Babies and Reducing the Risk of Sudden Infant Death
Approved by:	Joint Obstetric Guideline Group
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If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
Reference Number:	CG1134

Version	Date	Author	Status	Comment
1.0	November 2010	Community Team Leader and CNST Midwife	Archived	New Trustwide guideline
2.0	February 2011	CNST Lead Midwife	Archived	Administrative update
3.0	October 2012	CNST Midwife	Archived	Clarity included regarding coordinating health care professional for complicated cases
3.1	November 2013	CNST Midwife	Archived	3 year update-minor amendments
4.0	June 2017	Midwifery Matron - Community	Archived	Triannual Review and update
5.0	September 2019	Postnatal ward manager	Archived	Out of area discharge process reviewed and clarified. Addition of PN ward discharge checklist for parents.
6.0	August 2021	J. Collard, Clinical Effectiveness Support Midwife	Archived	Triannual review and updated in line with NICE NG194 Postnatal Care 2021 Information to be given to women and people updated. Red flag symptoms added. ICON added. Discharge process to community and health visitor clarified.
6.1	August 2023	CE Team	LIVE	All babies should have their temperature taken and recorded prior as part of the discharge check prior to discharge from the postnatal ward.

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Contents

Postnatal Care Guideline

1.0 Aim

The aim of the guideline is to provide clear guidelines for all staff involved in planning and providing postnatal care.

2.0 Scope

This guideline applies to all staff caring for postnatal women and people and their babies.

3.0 Responsibilities

Midwives, maternity support workers, maternity care assistants & obstetricians:

- To access, read, understand and follow this guidance.
- To use their professional judgement in application of this guideline.
- This guidance is for staff employed by UH Sussex (SRH &WH). The guidance is not rigid and should be tailored to the individual circumstances of each woman and person. If the guidance is not being followed, documentation of the reasoning and/or justification is essential, with clear documentation of alternative plans and discussions.

Management:

- To ensure the guideline is reviewed as required in line with Trust and National recommendations.
- To ensure the guideline is accessible to all relevant staff.

4.0 Abbreviations used within this guideline

MIS - Maternity Information System eg BadgerNet	**NIPE -** Newborn and Infant Physical Examination
VTE - Venous Thromboembolism	**MEOWs -** Modified Early Obstetric Warning Score

5.0 Postnatal care planning & documentation

- Postnatal care should be a continuation of the care the woman and person received during their pregnancy, labour and birth irrespective of location.
- An individualised plan of care should be documented on MIS, including a risk assessment at arrival on the postnatal ward and on discharge to the community.
- This plan should be developed by the midwife with the woman and person and reviewed at each contact.
- Any referrals should be on MIS.

- It is the responsibility of the midwife and other health workers to document on MIS all discussions at each contact and ensure the woman and person and their family understand the information being given. Regular opportunities should be provided for them to ask questions, and enough time should be set aside to discuss any concerns.

When planning care and performing postnatal assessments, be aware that the MBRRACE-UK 2020 report on maternal and perinatal mortality showed that women and people and babies from some minority ethnic backgrounds and those who live in deprived areas, have an increased risk of death and may need closer monitoring. The reports showed that:

- Compared with white women and people (8 per 100,000), the risk of maternal death during pregnancy and up to 6 weeks after birth is:
  - 4 times higher in black women and people (34 per 100,000).
  - 3 times higher in mixed ethnicity women and people (25 per 100,000).
  - 2 times higher in Asian women and people (15 per 100,000; does not include Chinese women and people).
- The neonatal mortality rate is around 50% higher in black and Asian babies compared with white babies (17 compared with 25 per 10,000).
- Women and people living in the most deprived areas are more than 2.5 times more likely to die compared with those living in the least deprived areas (6 compared with 15 per 100,000).
- The neonatal mortality rate increases according to the level of deprivation in the area the mother and person lives in, with almost twice as many babies dying in the most deprived areas compared with the least deprived areas (12 compared with 22 per 10,000).

6.0 Maternal and birthing parent postnatal care

The following issues should be discussed at each postnatal contact:

- Emotional and psychological wellbeing, including emotional attachment to the baby. Where infant attachment problems are identified, families should be referred to community based services designed to improve the relationship.
- Support network to be discussed/acknowledged at each appointment.
- Safer infant sleeping.
- Identification of any new risk factors.
- Be given the opportunity to discuss their birth with a midwife. All women and people should be given information on the ‘Birth Afterthoughts’ (also known as Birth Stories) service, which provides access to a counselling service.

Ask the woman and person about their general health and whether they have any concerns, and assess their general wellbeing. Discuss topics that may be affecting their daily life, and provide information, reassurance and further care as appropriate. Topics to discuss may include:

- The postnatal period and what to expect.
- Symptoms and signs of potential postnatal mental health problems and how to seek help.
- Symptoms and signs of potential postnatal physical problems and how to seek help.
- The importance of pelvic floor exercises, how to do them and when to seek help.
- Fatigue.
- Factors such as nutrition and diet, physical activity, smoking, alcohol consumption and recreational drug use.
- Contraception.
- Sexual intercourse.
- Safeguarding concerns, including domestic abuse.

All women and people should be signposted to the Wellbeing and Exercise in Pregnancy Programme (WEPP) which also has resources suitable for the postnatal period. Postnatal exercise videos can be used from 6-8 weeks after the birth as long as the individual is medically fit and well. Additional resources may be helpful prior to this: https://sussexlmns.org/wepp

Assess the woman and person's physical health, including the following:

- Symptoms and signs of infection.
- Pain.
- Vaginal discharge and bleeding.
- Bladder function.
- Bowel function.
- Nipple and breast discomfort and symptoms of inflammation.
- Symptoms and signs of thromboembolism.
- Symptoms and signs of anaemia.
- Symptoms and signs of pre-eclampsia.
- Perineal healing for women and people who have had a vaginal birth.
- Wound healing for women and people who have had a caesarean birth.
- Symptoms of wound infection.

All healthcare professionals should ensure appropriate referral if there are concerns about the woman and person's health.

Within 24 hours of birth, or before leaving after a homebirth, ensure the woman and person is aware page ‘Potential Serious Health Conditions in women’ in the Postnatal Book on MIS. If any of these occur, they should be aware seek medical advice without delay.

6.1 Perineal healing assessment and advice

At each postnatal contact ask the woman and person if they have any concerns and ask about:

- Pain not resolving or worsening.
- Increasing need for pain relief.
- Discharge that has a strong or unpleasant smell.
- Swelling.
- Wound breakdown.

Advise the woman and person about the importance of good perineal hygiene, including daily showering of the perineum, frequent changing of sanitary pads, and hand washing before and after doing this.

If the perineal wound breaks down or there are ongoing healing concerns, refer the woman and person urgently into the maternity unit (to be seen the same day in the case of a perineal wound breakdown).

6.2 Lochia after birth

Discuss with women and person what vaginal bleeding to expect after the birth (lochia), and advise them to seek medical advice if:

- The vaginal bleeding is sudden or very heavy.
- The bleeding increases.
- They pass clots, placental tissue or membranes.
- They have symptoms of possible infection, such as abdominal, pelvic or perineal pain, fever, shivering, or vaginal bleeding or discharge has an unpleasant smell.
- They have concerns about vaginal bleeding after the birth.

If a woman and person seeks medical advice about vaginal bleeding after the birth, assess the severity, and be aware of the risk factors for postpartum haemorrhage. (See CG12029 PPH guideline)

Be aware that anaemia and weight at booking appointment of less than 50kg may worsen the consequences of secondary postpartum haemorrhage.

6.3 In patient care

- Women and people receiving midwifery led care should have at least one set of complete observations once every shift (every 12 hours).
- Assessment of maternal and birthing parent wellbeing should be undertaken and documented at least once every 24 hours.
- Where a woman and person requires observations for a required period (as per individualised plan), ensure these are completed as per plan, and have been reviewed as satisfactory prior to considering discharge.
- A woman and person may be supported by their partner in the postnatal period. Involve them according to the woman and person's wishes.

- The obstetric team should carry out a daily ward round on the Postnatal Ward and review all 'high risk' postnatal women and people. Any concerns should be escalated to a senior obstetrician.
- Women and people requiring referral to other specialists should be informed and a referral arranged as soon as possible.

6.4 Discharge to community care from hospital

- Offer each woman and person a ward discharge checklist to facilitate communication around the discharge process (see appendix 2). This is to inform parents of the process and the required steps before discharge can take place.
- Complete Transfer of Care form on MIS.
- Check the woman and person knows how to contact a midwife if they have any concerns when home. Check the woman and person still has access to the Emergency Contact Card given at their Booking Appointment. This has the Triage number on the front and the woman and person's community midwifery teams contact number on the revers. Give out a new card if needed.
- For women and people discharged to a different health authority, an information sheet with local contact numbers should be provided (see appendix 1).
- Prior to discharge home, midwives should document on MIS that the woman and person has been advised that postnatal advice can be accessed on MIS.

It is the responsibility of the postnatal ward staff to ensure that the community teams are aware of all discharges. The discharge spreadsheet should be completed with all relevant information and out of area discharges documented on the spreadsheet, and emailed out to the relevant out of area community team.

- Any outstanding results should be checked prior to discharge. If no result available and the woman and person are assessed at fit to be discharged to the community midwives without results, ensure this is documented on the discharge spreadsheet for community midwives to follow-up and ask the woman and person to contact Triage to check results.
- If the mother and birthing parent and baby are not going home to the same address, for example when a baby is going to a foster placement, then it is the discharging midwife's responsibility to ensure that there are clear instructions as to what address the mother and person and the baby are being discharged to.
- The newborn screening coordinator should also be advised to ensure that the Hearing screening, NIPE and Newborn Bloodspot are all completed.

6.5 Community postnatal visiting pattern

The process for postnatal visiting following discharge from hospital should be discussed with the woman and person and documented on MIS.

As a minimum this should be:

- Midwife visit following day after discharge.
- Midwife and/or Maternity support worker by day 5 to offer Newborn Hearing Screening, baby weight and Newborn Bloodspot Screening.
- Midwife discharge visit for final review and baby weight (if clinically indicated). This appointment may be at a Postnatal Discharge Clinic or at home and can be up to day 20 for low risk women and people with no concerns regarding weight gain for the baby.

Other postnatal visits by the midwife or the maternity support worker will be arranged at the discretion of the midwife/maternity support worker and in discussion with the woman and person.

6.6 Community care

- On the first day home the community midwife must undertake a full set of maternal observations and again at final point of contact. This should be recorded on MIS.
- At the first community postnatal midwife contact, remind women and people again of the page 'Potential Serious Health Conditions in women' in the Postnatal Book on MIS. If any of these occur, they should seek medical advice without delay.
- Check the woman and person is aware of the 'Recovery from a Spinal or Epidural' leaflet on MIS.

7.0 Baby postnatal care

Within 24 of birth parents/carers of the baby should be signposted to Lullabytrust- Baby check guidance on MIS to help them assess whether their baby is unwell. Safe sleeping and safe sleeping products should also be discussed, parents should be shown where nearest poster is on the ward which discusses the do's and don'ts. These should be discusses again as part of the Discharge Talk.

All maternity staff involved in postnatal care should recognise the following as 'red flags' for serious illness in young babies:

Red Flags for serious illness in young babies	
• Appearing ill to a healthcare professional. • Appearing pale, ashen, mottled or blue (cyanosis). • Unresponsive or unrousable. • Having a weak, abnormally high-pitched or continuous cry. • Abnormal breathing pattern, such as	• Non-blanching rash. • Bulging fontanelle. • Neck stiffness. • Seizures. • Focal neurological signs. • Diarrhoea associated with dehydration. • Frequent forceful (projectile) vomiting.

grunting respirations, increased respiratory rate (over 60 per min), chest indrawing. • Temperature of 38°C or over or under 36°C.	• Bilious vomiting (green or yellow-green vomit).

If a baby is thought to be seriously unwell based on a 'red flag' or on an overall assessment of their condition, arrange an immediate paediatric assessment or an appropriate emergency service depending on whether the baby is in the hospital or at home. If the baby is at home and their condition is immediately life-threatening, dial 999.

Be aware that the presence or absence of individual symptoms or signs may be of limited value in identifying or ruling out serious illness in a young baby.

7.1 Jaundice

- If there are concerns with regard to neonatal jaundice please refer to CG12035 Neonatal Jaundice guideline.
- Any baby jaundiced within 24hrs should have immediate review with a paediatrician.
- Any baby jaundiced within 72 hours should be referred back to the hospital for full assessment and feeding plan.

7.2 In patient

- When caring for a baby, remember that those with parental responsibility have the right be involved in the baby's care, if they choose.
- Babies should have (as a minimum) an assessment of wellbeing documented along with a temperature once every 24 hours unless clinically indicated more frequently.
- Within the first 72 hours following birth then the baby's age should be documented in hours after that it can be recorded in days.
- Within 72 hours Newborn Infant Physical Examination (NIPE) should have been completed and entered onto NIPE Smart.
- Consider re-weighing baby if remains in hospital post day 3.
- If the baby requires observations for a required period (as per individualised plan), ensure these are completed and have been reviewed as satisfactory prior to considering discharge. CG11100 Management of risk factors for neonatal sepsis including GBS
- All babies should have a further temperature recorded at the discharge check prior to being discharged from the postnatal ward.
- Ensure a full newborn feeding assessment is performed and a plan is discussed if necessary with the woman and person and documented on MIS. Prior to discharge from hospital, feeding should be established. Refer to CG1129 Newborn feeding Guideline.

- Complete Transfer of Care form on MIS.

Parents should be given information about:

- How to bathe their baby and care for their skin.
- Care of the umbilical stump.
- Check that parents are aware of the following leaflets on MIS:
  - Off to the Best Start
  - How to tell if breastfeeding is going well
  - Information on Five to Thrive.

  As well as care of your baby in the Postnatal Booklet on MIS.
- Established guidance on safer sleeping (including recommendations on bed sharing). CG12031 Safe sleeping of babies and reducing the risk of SIDS
- Confirm ICON (infant crying and how to cope) has been received on MIS. Discuss the crying curve, hope to cope and suggest comfort methods. Never shake or hurt the baby, discussion of crying plan and support networks available.
- Reminder of safe sleeping and safe sleep products.
- Signpost partners and father's to DadPad for further guidance and support.
- Maintaining a smoke-free environment for the baby.
- Vitamin D supplements for babies in line with the NICE guideline on vitamin D supplement use. NICE - Vitamin D: supplement use in specific population groups
- Immunising the baby in line with PHE: Routine Childhood Immunisation Schedule.

7.3 Community care

- Parents/carers of the baby should be reminded of the signs and symptoms of serious illness on first postnatal visit at home.
- Remind parents/carers of the Baby Check assessment tool: Lullabytrust- Baby check guidance on MIS to help them assess whether their baby is unwell.
- Discuss ICON advice again at discharge and crying plan to be put into red book.
- At each postnatal contact, ask parents if they have any concerns about their baby's general wellbeing, feeding or development. Review the history and assess the baby's health, including physical inspection and observation. If there are any concerns, take appropriate further action.
- Ensure a full newborn feeding assessment is performed and a plan is discussed if necessary with the woman and person and documented on MIS.
- If the baby has not passed any meconium, advise the parents that if the baby does not do so within 24 hours of birth, they should seek advice from a healthcare professional. Be aware that if the baby has not passed meconium within 24 hours of birth, this may indicate a serious disorder and requires medical advice.

7.4 Discharge to health visitor from community midwifery care

- Whooley Questions should be asked on transfer to the Health Visitor or before if there are concerns about the woman and person's psychological wellbeing. Referral to perinatal mental health services should be made if appropriate.
- A complete set of observations should be undertaken on the day the woman and person is discharged from midwifery care.

On discharge on MIS, the midwife should ensure the following information is on MIS for mother and birthing parent, and in Red Book (Personal child health record) for baby to handover to the health visitor:

- The pregnancy, birth, postnatal period and any complications.
- The plan of ongoing care, including any condition that needs long-term management.
- Problems related to previous pregnancies that may be relevant to current care.
- Previous or current mental health concerns.
- Female genital mutilation (mother or birthing parent or previous child).
- Who has parental responsibility for the baby, if known.
- The woman and person's next of kin.
- Safeguarding issues.
- Concerns about the woman and person's health and care, raised by them, their partner or a healthcare professional.
- Concerns about the baby's health and care, raised by the parents or a healthcare professional.
- The baby's feeding.

8.0 Reasons to continue visiting from day 10 onwards

The midwife does have a professional responsibility to continue postnatal visits beyond day 10 if indicated. Reasons for this include:

- Safeguarding concerns.
- Infant feeding concerns and weight loss.
- Neonatal Jaundice.
- Perineal/wound infection/breakdown.
- Emotional support.
- Unstable hypertension.
- Following readmission.
- If newborn hearing screen has not yet been offered or completed.

Professional judgement is required if further visits are required and document reason. It is important to liaise with health visitor/practice nurses/GP in order to maintain effective communication.

9.0 Women and people with complex needs

- Women and people with multidisciplinary/multiagency needs require a named coordinating health professional. By default these women and people have complex needs and as such may have more than one involved health professional.
- This could be the continuation of the antenatal health professional such as safeguarding, Young Parents or vulnerable in Pregnancy Midwife or it could be the named Consultant for the women with complex medical needs.
- However in the postnatal period the roles of the involved health professionals may change through multidisciplinary care planning.
- Postnatally the lead / coordinating health professional should be documented in the health record to ensure optimal communication.
- Where there are noteworthy medical or social issues these must be documented on MIS.

10.0 Language support

For providing help for patients requiring language support, staff can access interpreting services by opening this this link:

Interpretation & Translation Toolkit

11.0 Postnatal follow-up appointments

Follow up appointments should be arranged as documented in the plan made by the on-call obstetrician in the debrief with the woman and person following birth.

12.0 Postnatal readmissions

- All women and people who are re-admitted to hospital within 6 weeks postnatally should be reviewed by the Obstetric Registrar on labour ward.
- A Datix incident report is required for all mothers/people and babies readmitted to hospital.
- A clinical assessment should take place using the Maternity MEOWS and VTE assessment.
- Any required referrals should take place in a timely manner and be documented on MIS.
- A letter should be sent to the patients GP informing them of the reason for re-admission.

13.0 Audit

- Women and people or main carers of babies are advised, within 24 hours of the birth, of the symptoms and signs of serious illness in the baby that require them to contact emergency services.

- Women and people are advised at the first postnatal midwife contact, of the symptoms and signs of potentially serious conditions that require them to see medical advice without delay.

- Women and people, their partner or main carers of babies have discussions with their healthcare professional about safer bed-sharing practices.

- Women and people receive breastfeeding support from a service that uses an evaluated, structured programme.

- Information about bottle feeding is discussed with women and people or main carers of formula-fed babies.

- Women and people have an assessment of their emotional wellbeing, including bonding with their baby, at each postnatal contact.

(NICE QS32 Postnatal care April 2021)

References

National Institute for Health and Clinical Excellence (2006) Postnatal care up to 8 weeks after birth. London: NICE https://www.nice.org.uk/guidance/cg37

Department of Health (2007). Maternity Matters: Choice, Access and Continuity of Care in a safe service. London www.dh.gov.uk

Department of Health (2004). Maternity Standard, National Framework for Children, Young People and Maternity Services. London. www.dh.gov.uk

NICE 2021 Postnatal Quality Standards NICE QS32 Postnatal care April 2021

NICE 2021 NICE194 Postnatal Care 2021

Appendix 1: Out of area discharge information for women and people

Discharge information for women and people

Transferring to community postnatal care out of area

Congratulations on the birth of your baby, now you are going home please be aware of the following:

- A midwife from your local area should see you on your first day home, this maybe at your home or in a local centre. If they have not made contact by 3pm on your first day home please call your local hospital (numbers below). If you cannot get in touch with your local community midwife, call us on **01903 285269** so that we can help you.
- Within the first 3 days from birth your baby will have had their Newborn Examination undertaken by either a specially trained midwife or a paediatrician. This may have been done in hospital before you left.
- A hearing screening appointment should be made for you prior to discharge from the ward.
- You will be offered a screening test for your baby on day 5; a Newborn Blood Spot Test (a small heel prick blood test).

There is information regarding all of the screening tests within the booklet "*Screening Tests for You and Your Baby":*

https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief

☐ **BSUH 01273 664793**

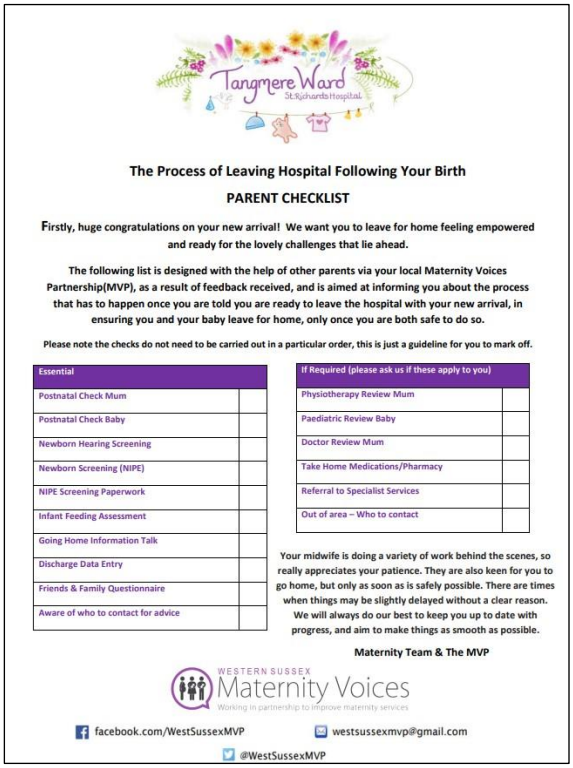
☐ **ESHT 01737 231764**

☐ **PRH 01444 448608/ 01444 441881**

☐ **QA 02380540777**

Appendix 2: Postnatal ward discharge checklist for parents

Do not print from guideline



Tangmere Ward
St Richards Hospital

The Process of Leaving Hospital Following Your Birth

PARENT CHECKLIST

Firstly, huge congratulations on your new arrival! We want you to leave for home feeling empowered and ready for the lovely challenges that lie ahead.

The following list is designed with the help of other parents via your local Maternity Voices Partnership(MVP), as a result of feedback received, and is aimed at informing you about the process that has to happen once you are told you are ready to leave the hospital with your new arrival, in ensuring you and your baby leave for home, only once you are both safe to do so.

Please note the checks do not need to be carried out in a particular order, this is just a guideline for you to mark off.

Essential	
Postnatal Check Mum	
Postnatal Check Baby	
Newborn Hearing Screening	
Newborn Screening (NIPE)	
NIPE Screening Paperwork	
Infant Feeding Assessment	
Going Home Information Talk	
Discharge Data Entry	
Friends & Family Questionnaire	
Aware of who to contact for advice	

If Required (please ask us if these apply to you)	
Physiotherapy Review Mum	
Paediatric Review Baby	
Doctor Review Mum	
Take Home Medications/Pharmacy	
Referral to Specialist Services	
Out of area – Who to contact	

Your midwife is doing a variety of work behind the scenes, so really appreciates your patience. They are also keen for you to go home, but only as soon as is safely possible. There are times when things may be slightly delayed without a clear reason. We will always do our best to keep you up to date with progress, and aim to make things as smooth as possible.

Maternity Team & The MVP

WESTERN SUSSEX Maternity Voices
Working in partnership to improve maternity services

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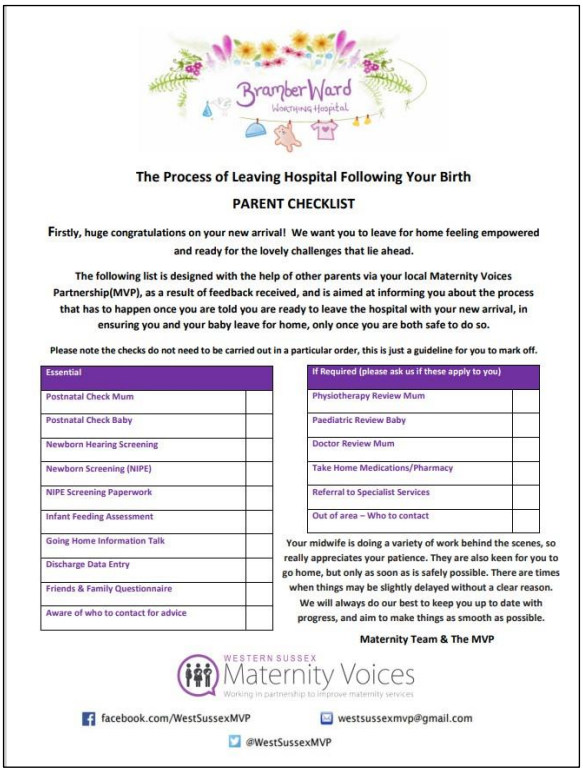

Bramber Ward
Worthing Hospital

The Process of Leaving Hospital Following Your Birth

PARENT CHECKLIST

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Postnatal Check Mum	
Postnatal Check Baby	
Newborn Hearing Screening	
Newborn Screening (NIPE)	
NIPE Screening Paperwork	
Infant Feeding Assessment	
Going Home Information Talk	
Discharge Data Entry	
Friends & Family Questionnaire	
Aware of who to contact for advice	

If Required (please ask us if these apply to you)	
Physiotherapy Review Mum	
Paediatric Review Baby	
Doctor Review Mum	
Take Home Medications/Pharmacy	
Referral to Specialist Services	
Out of area – Who to contact	

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