

### Postnatal Readmission

<b>Key Document code:</b>	WAHT-TP- 094	
<b>Key Documents Owner/Lead:</b>	Dr Hillman	Consultant Obstetrician
<b>Approved by:</b>	Maternity Governance Meeting/Paediatric Governance Meeting	
<b>Date of Approval:</b>	1 <sup>st</sup> February 2021	
<b>Date of review:</b>	1 <sup>st</sup> January 2024	

### Key Amendments

Date	Amendment	Approved by
20 <sup>th</sup> January 2021	Neonatal re-admission flow chart & re-admission review proforma and process	Maternity Governance Meeting
18 <sup>th</sup> February 2021		Paediatric Quality Improvement Meeting

### Introduction

Women or neonates who develop a postnatal problem should only be readmitted to the postnatal ward/delivery suite in the first instance (see appendix 1 for neonatal readmission flow chart) if they cannot be safely managed in the community. All staff should be mindful of the need for robust communication to ensure continuity of care between hospital and community and of the distress readmission may cause the family unit. A full discussion regarding the need for possible readmission should take place with the woman and her partner, prior to arranging transfer.

Prior to admission the midwife must discuss the woman/baby with a registrar/consultant in the respective specialties, not the SHO.

Women may be referred to hospital from the community for many reasons e.g. bleeding pv, raised BP, signs of sepsis. Possible thromboembolic episode

N.B. Not all women/babies will need readmission to hospital. A suitable care plan may be put in place after discussion with the relevant Registrar, which enables them to stay at home.

Some women may present themselves in Accident and Emergency Department without contacting the community midwife or wards, and will be managed accordingly.

If the condition of the woman warrants admission to a medical/surgical ward the Obstetric Registrar and Maternity Bleep holder **must be informed** and they will ensure that she is reviewed as appropriate to monitor the maternal wellbeing. The Obstetric Consultant should be informed of the admission at the next opportune occasion. Should the woman require admission to ITU or HDU the Obstetric Consultant on call should be notified immediately.

### Guideline

The Community Midwife should consider the following if she is concerned about the condition of a mother and or baby:

## Obstetric Pathways

### WAHT-TP-094

- Can the problem be managed in the community setting with additional support e.g. Support from Infant Feeding Advisor or Breast Feeding Support worker
- Can the problem be managed by a GP allowing the mother and baby to remain at home e.g. wound infection, or raised BP
- Does the woman need to be transferred into hospital, further advice should be sought from the relevant registrar/consultant see below;

**Maternal problem** → Contact obstetric registrar → Advice given, if advice is readmission discuss with Midwife in charge of postnatal ward and arrange time of admission

**Neonatal problem** → Contact the paediatric 0676 bleep holder → Advice given, if advice is readmission community midwife to discuss with Maternity bleep 223 holder to arrange admission to postnatal ward (Appendix 1).

- Urgent /emergency situation contact ambulance via 999. Midwife to escort mother and or baby to hospital. Alert Delivery suite coordinator who should advise most appropriate location for admission
- All readmissions regardless of where they are admitted should be recorded on the Datix system
- If the baby referred into the paediatric team is an unwell baby Riverbank will be the appropriate place to admit the baby
- All babies readmitted for whatever reason will need to be reviewed on admission by a paediatric SHO.
- Babies who are readmitted will need a retrospective multiprofessional review and a proforma completed (Appendix 2) to determine any identified themes. An action plan should be developed and monitored.
- If a test/investigation needs to be performed or followed up it can be done in the community setting after discussion with appropriate registrar.

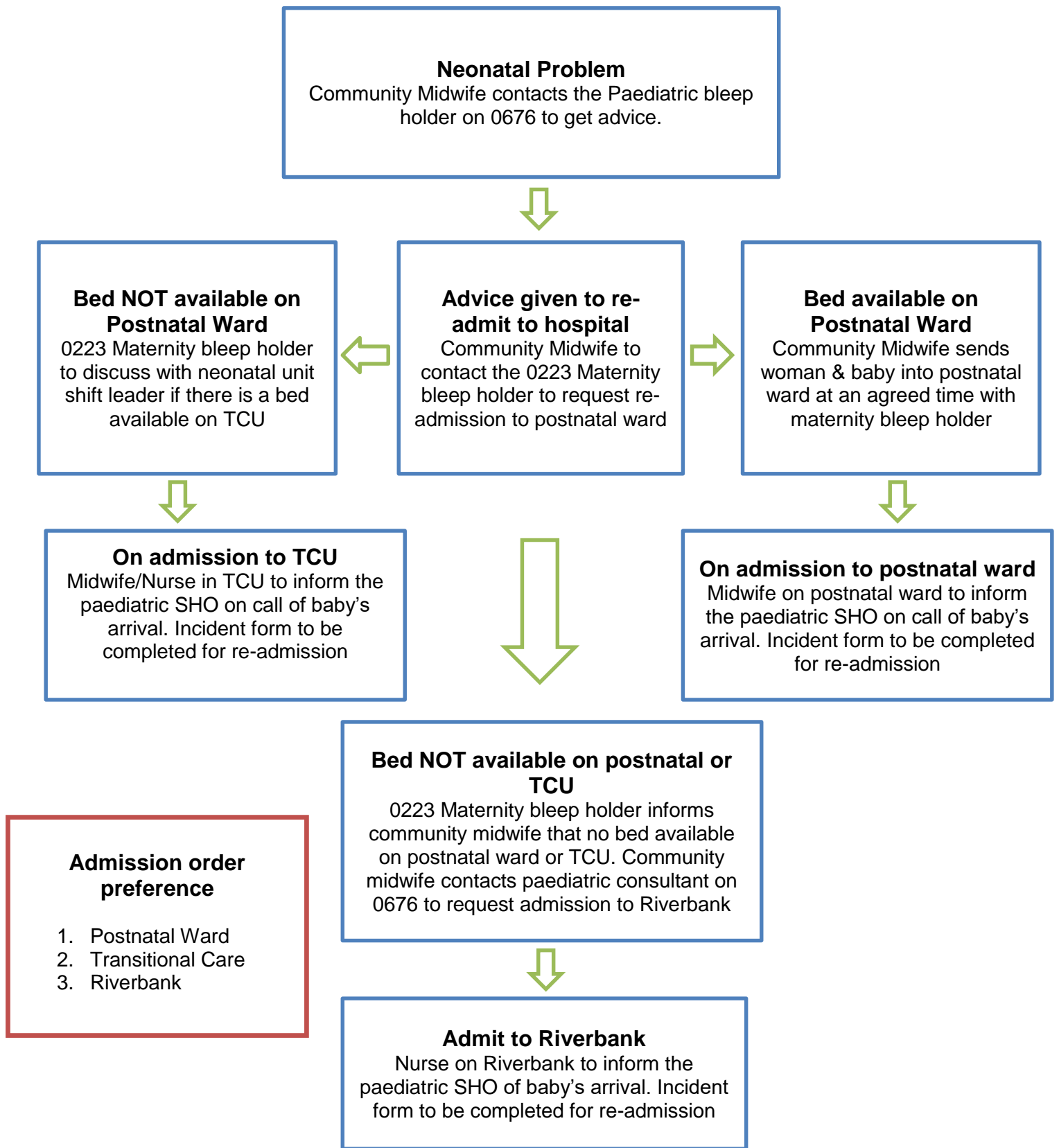
### Discharge following readmission

An individualised care plan must be clearly documented in the mother and baby postnatal notes (purple) all test /investigation results should also be documented.

All discharge information is given verbally to mother/parents. Discharge information is forwarded to Community Midwifery Team. If there has been medical involvement the SHO should write to GP with relevant information especially about medication.

Appendix 1

Neonatal Re-admission Flow Chart



Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information net page, which will provide approval and review information.

Appendix 2

Neonatal Re-admission Review Proforma

To be completed for all neonatal re-admissions

NHS no.				Age				
DOB				Birth weight (g) & re-admission weight (g)	Birth Weight	Re-admission Weight		
Admission date		Discharge date		Date of Review				
Admission to	Postnatal/TCU /Riverbank/ Other..... (please circle)			Reason for readmission (Tick all that apply)	Poor feeding <input type="checkbox"/>	Weight loss <input type="checkbox"/>	Jaundice <input type="checkbox"/>	Other <input type="checkbox"/>
<b>FOR ALL OTHER ADMISSIONS – please answer all questions below</b>								
Changes in in-patient management may have prevented this admission?					No <input type="checkbox"/>	Yes <input type="checkbox"/>		
<u>Learning points</u>								
Changes in <b>Community</b> Management may have prevented this admission					No <input type="checkbox"/>	Yes <input type="checkbox"/>		
<u>Learning points</u>								
If baby was admitted to Riverbank what was the reason? Tick all that apply								
Capacity on postnatal ward <input type="checkbox"/>			Capacity on TCU <input type="checkbox"/>		Other reason <input type="checkbox"/>			
Comments:								
<b>ACTIONS POINTS</b>	* NB – Any learning or actions required							

**Names of the review leads:**

Midwifery/ Obstetric.....

Neonatology/ Paediatric.....

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