

## POSTNATAL CARE PLANNING AND PROVISION OF INFORMATION TO WOMEN IN THE POSTNATAL PERIOD

Key Document code:	WAHT-TP- 094		
Key Documents Owner/Lead:	Dr Hillman	Consultant Obstetrician	
Approved by:	Maternity Governance Meeting		
Date of Approval:	15 <sup>th</sup> November 2019		
Date of review:	15 <sup>th</sup> November 2022		

## **Key Amendments**

Date	Amendments	Approved by

The purpose of this guideline is to ensure that all women who access the maternity services within WAHT receive information relating to postnatal care. To enable them to make assessment regarding their babies general condition; to enable them to recognize signs of symptoms of common health problems, and have the contact details available for relevant health professionals.

Parents will be provided with written information, accompanied by discussion from the relevant health professional.

The midwife discharging the woman from hospital to community will inform the community midwife of the discharge by telephone or email pending the implementation of a suitable, approved electronic system.

The community midwife has the responsibility to plan the on-going care with the woman according to her physical, psychological and social needs. An individualised postnatal care plan should be developed for each mum and baby incorporating a home visit the day following discharge, a home visit to weigh the baby as close to 72 hours as possible, a home visit day 6 to perform neonatal screening and a home visit to discharge the woman from midwifery care to the health visitor.

As an alternative to home visits women may have the choice to receive their postnatal care in community postnatal clinics. This will be determined by the woman's health and social circumstances. Suitability will be based on the risk assessment completed by the community midwife in the antenatal period in conjunction with the postnatal transfer documentation. Postnatal care provision is provided to aid the transition to parenthood and the community midwife is in a unique position to provide this support and guidance to new parents.

Women who have complex needs or are vulnerable due to their age or lifestyle should be referred to the Specialist Midwife for Vulnerable Groups. A Specialist Midwife is available within each team and they are responsible for coordinating the care provision for vulnerable woman by liaising with the multidisciplinary and multiagency teams.

Coordinating healthcare professional for each woman will be clearly identified and documented in the notes.

All discussion will be documented in the relevant sections of the paperwork provided.

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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 and/or Key Document intranet page, which will provide approval and review information.

## Obstetric Pathways WAHT-TP-094



Postnatal information is consistent regardless of place of birth and is provided as soon as baby is born.

All women are supplied with a set of postnatal notes for mother and baby and risk assessment is completed and management plan implemented and documented according to the mother and baby's individual needs.

The contact details for health professional are written on the front of the hand held notes.

Women also receive a child health record book from their midwife, which includes details of the first examination of newborn. This examination will highlight any health concerns relating to the baby and should include what follow up investigations/appointments may be required.

On discharge from hospital to community, midwives will provide the woman with the relevant documentation, for example:-

- Copy of the Postnatal (Mother and Baby) Discharge Summary for Community Midwife, Health Visitor. Copy sent to GP by post generated by Athena.
- Breast/Bottle Feeding Advice detailing 24hr telephone number for Transitional Care
  Unit and telephone number for the Infant Feeding Advisor. Also detailing children's
  centre support addresses and telephone numbers

Discharge information is discussed with the woman, and partner if applicable, and documented in the postnatal notes additional information may also be available on the postnatal checklist. This discussion includes contact numbers of relevant health professionals documented the front of the Postnatal Notes.

Signs and symptoms of common health problems are detailed on page 15 of the mother's postnatal notes and page 20 of the baby's postnatal notes.

Women are encouraged to read the purple notes containing information regarding maternal and neonatal wellbeing. Staff will answer any questions or queries arising from this.