

TRANSFER OF POSTNATAL MOTHERS/BABIES TO COMMUNITY CARE GUIDELINE

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Key Amendments

Date	Amendments	Approved by
4 th June 2024	Document extended for another 12 months whilst under review	Maternity Governance
24 th October 2025	Document reviewed and approved for 12 months	Maternity Governance Meeting

Introduction

The purpose of the guideline is:

- To ensure that mother and baby are fit for transfer to community care
- To ensure that continuity of midwifery care is provided.
- To ensure that all information is provided prior to transfer.
- It is anticipated that women who birth in the Meadow Birth Centre will go directly home as soon as possible. Early transfer should also be facilitated for women who deliver on the consultant unit
- The NIPE trained professional can review the baby at any time within 72 hours following delivery.
- Some women may be discharged home whilst their baby remains in hospital for continued care.

Discharge after neonatal examination performed

- The decision to transfer to the community will be made following consultation between the mother and her midwife.
- The midwife/doctor will assess the mother/baby regarding their fitness for discharge.
- The baby must be examined by a paediatrician or midwife trained in examination of the newborn, who will document their findings on the NIPE SMaRT.

Discharge prior to neonatal examination

- If it is not possible to arrange the neonatal examination prior to discharge, the baby can be examined at home by a community midwife qualified to undertake neonatal assessments, within 72 hours. If a suitably qualified community midwife is not available to examine a baby at home, the baby can be examined by paediatrician or midwife in hospital as a ward attender. However, prior to leaving hospital, the baby's oxygen saturation should be checked to ensure that it is within normal parameters.

Discharge against medical advice

- If the woman insists on being transferred home against medical advice, a member of the medical staff will discuss the reasons and risks carefully with her. The outcome of these

discussions should be recorded in the mother's notes ***and complete 'own discharge declaration'.***

- If the woman chooses to self-discharge, the receiving carer should be **Discharge of mother whilst baby remains in hospital**
- When a woman is discharged home but her baby remains in hospital, she should receive her postnatal care either with her community midwife or as a ward attender on postnatal ward. The community midwives should be informed of the plan of care. All postnatal checks need to be recorded in the mother's postnatal notes.

All discharges

- All postnatal information and advice will be discussed with her prior to the mother leaving hospital and documented in the postnatal notes for mother.
- Ensure any TTO's are given to the woman with instructions on their administration.
- The latest haemoglobin result and date must be recorded in the note as appropriate.
- Anti D is preferably given within 24 hours if required. NB: If results are not available prior to discharge, the community midwife should be informed (WRH/KH/ALEX) to check result and arrange for the woman to return or arrange for the community midwife to organise see WAHT-OBS-036 Guideline on the use of Anti-D Prophylaxis for Rhesus Negative Women.
- It is the responsibility of the hospital midwife to ensure that all transfer information and documentation is communicated to the receiving carer. Refer to WAHT-OBS-105
- Check that the address woman is being transferred to is correct and that the GP's address and phone number are correct. Complete discharge checklist and file in medical records.
- Ensure security tag is removed from baby and signed on the care plan. Provide information on the safe transportation of the baby. It is a legal requirement that babies travelling in cars need to be in a car seat.
- The woman may require a follow-up appointment with a consultant in view of her pre-existing medical condition, intrapartum events, or birth of her baby. This follow-up appointment should be requested via the consultant's secretary and her details should be sent to the secretary to arrange the appointment.