



CLINICAL PRACTICE GUIDELINE

Discharge/Transfer of a Postnatal Woman to Home/Visiting Midwifery Service/Care of General Practitioner

This document should be read in conjunction with the [Disclaimer](#)

Aim

All well women and babies shall be transferred into the community safely, in optimal postnatal health.

Key points

1. An experienced midwife (Level 2 or above) or a Medical Officer (MO), using the criteria set out below, may determine whether or not a postnatal woman is suitable for transfer home by a midwife.
2. The development of any complication after a woman has been deemed suitable for a midwifery discharge requires consultation with a Medical Officer.
3. The woman must be admitted under the public Health Care System.
4. Women who have an uncomplicated vaginal birth may be discharged from 4 hours if clinically appropriate and safe to do so (i.e. if they fulfil the criteria below).
5. Women who have experienced a stillbirth, FDIU or neonatal death are excluded from midwifery discharge.

Inclusion criteria for midwifery discharge

Spontaneous vaginal and instrumental vaginal births

- The woman is physically well and vital signs are within normal limits.
- Normal third stage blood loss / consequent haemoglobin is within an acceptable range.
- There has been no excessive perineal trauma i.e. 3rd or 4th degree tears.
- If an instrumental vaginal birth, the procedure was a mid to low cavity forceps and did not involve mechanical rotation of the baby's head e.g. Kiellands.
- There are no other medical or obstetric complications that require a doctor's assessment e.g. pre-eclampsia.
- There are no treatments that require ongoing hospital care.

Special Cases

Women with the following conditions may also be discharged by a midwife:

- **Preterm birth**
Note: When discharging the woman she should be advised to seek early (first trimester) antenatal care in any future pregnancies.
- Psychological problems requiring medical intervention or any current or past history of depression provided the woman has been cleared for discharge by the Psychological Medicine Team.
- **Abnormal PAP smear.**
Note: Women with:
 - *Atypical/CIN I* should be advised to see their GP for a PAP smear, or
 - *CIN II or CIN III* should be given a referral to the Colposcopy Clinic.
- Transfer to another hospital for continued midwifery care, provided the woman is suitable for midwifery discharge.

Exclusion criteria for midwifery discharge

- Diabetes mellitus on insulin or hypoglycaemic medication.
- Women who have had a birth by Caesarean Section.
- Hypertensive disease, both essential and pregnancy related, where:
 - Medication has been required either antenatally or postnatally
 - There has been a **SUSTAINED AND SIGNIFICANT** increase in BP which **required** medical review during labour or the postpartum period.
- Positive TPHA
- Women under the care of WANDAS
- Women with a current history of Drug and/or Alcohol abuse.
- Psychological problems requiring medical intervention or any current or past history of depression unless cleared by the Psychological Medicine Team.

Procedure

- The midwife or MO who determines whether or not a woman is suitable for a postnatal discharge should tick the 'midwife discharge' box on the back of Form MR004 and sign their name.
- The discharge of **all** women must involve a review of the notes to ensure all postnatal recommendations have been followed and the following must be carried out:
 - The midwife shall check whether the woman requires any further treatment e.g. Rh Anti-D immunoglobulin or suture removal and advise the woman accordingly and appropriate arrangement made including instruction to the Visiting Midwifery Service if relevant.
 - Any ongoing medications shall be prescribed and supplied.
 - Any follow up arrangements shall be made.
 - Correct discharge address and contact details shall be confirmed.
 - Check the map on the ward to ensure the woman lives within the VMS catchment area.

- Advice on registration, postnatal follow up, cervical smear, feeding, SUDI/SIDS prevention and contraception shall be given.
- The woman shall be advised of the usual postnatal visit arrangement and be given information of who to contact if support is required outside these times.
- Discharge details shall be entered into STORK.
- If the baby requires a Special Child Health Referral- ensure this is completed on STORK and emailed to the CHN.
- For process to be followed if a mother decides to relinquish her baby for adoption refer to Clinical Guideline: [Adoption: Relinquishment for](#)
- The VMS referral shall be completed and sent to VMS via the afterhours Clinical Nurse Manager.
- The woman shall be advised of when she should seek medical assistance.

Exclusions for Referral to VMS

- Women requiring Intravenous antibiotics (these women are to be referred to their Silver Chain- HITH)
- Women with a Peripherally Inserted Central Catheter (PICC) who require drug administration through a PICC, removal of a PICC or flushing of a PICC. These women are to be referred to Silver Chain (Hospital In The Home)
- Women requiring procedures outside of normal midwifery care (Anti-D, Vaccinations, blood tests, vaginal swabs etc.)
- Women requiring specialised wound dressings (e.g. VAC dressings) refer to Clinical Guideline- [Complex Wound Management: Referral to HITH at SCGH](#) .
- Women living outside the VMS catchment area (40km radius of the hospital)
- Women from environments where there is known aggression or domestic violence.
- Women who have been identified as being complex and who have also been deemed not suitable for visiting midwifery services.
- Women booked into the Family Birth Centre / Midwifery Group Practice model of care regardless of whether they birthed in the centre, labour and birth suite or have had a caesarean section. The Midwifery Group Practice will arrange follow up.
- Women with babies in the SCN. They need to attend EC for their postnatal follow up.

References and resources

Related policies




[WNHS Discharge Policy](#)

Related WNHS policies, procedures and guidelines

[Discharge of a patient](#)

[Bed Management Plan- Gynaecology](#)

[Bed Management Plan- Maternity Services](#)

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