

CLINICAL GUIDELINES  
SECTION B : GUIDELINES RELEVANT TO OBSTETRICS AND MIDWIFERY

6 ROUTINE POSTPARTUM CARE

6.2 CARE OF THE MOTHER ON THE POSTNATAL WARD

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6.2.2.5 QRG Subsequent care in the postnatal ward  
Section B  
Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia

6.2.2.5 QUICK REFERENCE GUIDE – SUBSEQUENT CARE OF THE WOMAN IN THE POSTNATAL WARD

This **Quick Reference Guide** must be used in conjunction with its respective Clinical Guidelines, Section B, 6.2.2 and 7.7. It pertains to care of women who have had a vaginal birth or a Caesarean section.

**Observations and care should be performed as often as indicated by the patients clinical condition.**

**All changes must be documented**

MATERNAL ASSESSMENT		
	Vaginal Birth	Caesarean Section
<b>Observations</b> See Clinical Guidelines, Section B: 6.2.1 Care on admission to the ward 6.2.2 Subsequent care on the ward 7.7 Post operative care	On admission to ward, 4 hours later then daily: <ul style="list-style-type: none"> <li>• TPR + BP</li> <li>• Fundus</li> <li>• Lochia</li> <li>• Emotional wellbeing</li> <li>• Breasts</li> <li>• Legs</li> <li>• Complete VTE Risk screening</li> <li>• VTE risk assessment completed if applicable</li> <li>• Minimum standards for falls prevention in place</li> <li>• Pressure areas checked and assessed</li> </ul>	½ hrly for 2 hours; 1 hrly for 2 hours; 2 hrly for 2 hours then four hrly for the next 24hours; then BD: <ul style="list-style-type: none"> <li>• Emotional wellbeing</li> <li>• TPR + BP and pain score</li> <li>• Breasts</li> <li>• Wound</li> <li>• Lochia</li> <li>• Legs</li> <li>• Minimum standards for falls prevention in place</li> <li>• Pressure areas checked and assessed</li> </ul>
<b>Perineal / Wound care</b> See Clinical Guidelines, Section B: 6.2.2.2 Perineal Care 7.8 Wound Care	Check perineum on admission to ward then daily Consider physiotherapy referral	Wound care as per post op orders MR310 Caesarean Section
<b>Input</b>	Food and Fluid as desired unless post General Anaesthetic.	
<b>Output</b> See Clinical Guidelines, Section B: 6.2.2.1 Care of the bladder following birth	Assessment after birth and post removal of IDC – measure until urine output of 2 x voids of at least 300mls	Removal of IDC as per orders Measure until urine output of 2 x voids of at least 300mls
<b>Medications</b>		
RhD Ig as required MMR as required	See Clinical Guidelines Section A 1.9.3 RhD Immunoglobulin See Clinical Guidelines Section B – 6.2.2.4 Administration of MMR Vaccine	

PROCEDURES TO BE CONSIDERED	
<b>Blood Tests</b>	Kleihauer, Hb, 4pt profile
<b>Removal of Epidural Catheter</b>	See MR280 Epidural / Spinal Chart – check if contraindicated by anticoagulant use or platelet count
<b>IV</b>	See post op orders MR310 Caesarean Section post LUSCS See MR250 Integrated Progress Notes for Medical orders post vaginal birth
<b>Staple / Sutures</b>	See post op orders MR310 Caesarean Section
<b>Drains</b>	See post op orders MR310 Caesarean Section

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**EDUCATION**  
As per MR261.01 Postnatal Education and Care in Hospital and at Home

**REFERRALS TO BE CONSIDERED**

Aboriginal Liaison Officer	Dietitian
Adolescent service	Physiotherapy
Psychological Medicine	Social Work
Breastfeeding Centre	Chemical Dependency Liaison
Visiting Midwifery Service	

**ACTIVITY**

**Post LUSCS:**

- Graduated Compression stockings
- Flowtron as ordered
- Ambulate when sensation / movement returned and tolerated

**Post vaginal birth:** Ambulant as tolerated

- DOCUMENTATION TO BE CONSIDERED**
- MR285 Midwifery Observation Chart
  - MR810 Medication Chart
  - MR250 Integrated Progress Notes
  - MR230 Labour and Birth Summary
  - MR280 Epidural /Spinal Chart
  - MR261.01 Postnatal Education and Care in Hospital and at Home
  - MR261.10 - 261.19 Breastfeeding Variance Charts
  - MR315A Post Operative Nausea and Vomiting Chart
  - MR740 IV Orders
  - MR729 Fluid Balance Chart