POSTNATAL CARE: QUICK REFERENCE GUIDE (QRG)

Keywords: postnatal, postpartum, quick reference guide, postnatal care, caesarean, post-operative, observations, after birth, postnatal care on the ward, care after caesarean

This QRG must be used in conjunction with its respective Clinical Guidelines, Obstetrics & Midwifery: Postnatal: Subsequent Care; Care on Admission to Ward & Caesarean: Post-Operative Care. It pertains to care of women who have had a vaginal or caesarean birth.

Note: Observations and care should be performed as often as indicated by the patient’s clinical condition. All changes must be documented.

MATERNAL ASSESSMENT

<table>
<thead>
<tr>
<th>Identification</th>
<th>Vaginal Birth</th>
<th>Caesarean Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observations</strong></td>
<td>On admission to the ward assess &amp; document:</td>
<td>½ hrly for 2 hrs; 1 hrly for 2 hrs; 2 hrly for 2 hrs, 4 hrly for 24 hrs, then 3 times daily (if ex ASCU, attend 4hrly for 24 hrs from t/f):</td>
</tr>
<tr>
<td>See Clinical Guidelines, Obstetrics &amp; Midwifery: Postnatal: <a href="#">Postnatal: Care on Admission to the Ward</a></td>
<td>• Fundus (tone &amp; position)</td>
<td>• TPR, BP, O₂ sat, pain, consciousness &amp; urinary output</td>
</tr>
<tr>
<td>Postnatal Care: <a href="#">Postnatal: Care on Admission to the Ward</a></td>
<td>• Lochia/ PV loss</td>
<td>• Wound / dressing / drain</td>
</tr>
<tr>
<td>Postnatal Care: <a href="#">Subsequent Care</a></td>
<td>• Bladder needs- TOV / IDC</td>
<td>• Lochia/ PV loss</td>
</tr>
<tr>
<td>Caesarean Section: <a href="#">Post-Operative Care</a></td>
<td>• Pain &amp; analgesia needs</td>
<td>• IV therapy</td>
</tr>
<tr>
<td>* Attend more frequent observations as clinical condition requires.</td>
<td>Within 4 hours post birth &amp; again 4 hours later, then daily* (if normal), assess &amp; document:</td>
<td>And if present:</td>
</tr>
<tr>
<td></td>
<td>• TPR, BP, O₂ sat, consciousness, urinary function, pain, lochia, fundus</td>
<td>• Analgesia observations (e.g. PCEA, intrathecal morphine); &amp; check epidural site &amp; dermatomes each shift &amp; as required- see MR<a href="#">M280</a> Epidural /Spinal Chart</td>
</tr>
<tr>
<td></td>
<td>• Emotional wellbeing</td>
<td>Each shift: Breasts, Legs (&amp;ensure anti embolic stockings correctly applied) &amp; Emotional wellbeing</td>
</tr>
<tr>
<td></td>
<td>• Breasts, legs, bowels &amp; ask if haemorrhoids</td>
<td></td>
</tr>
</tbody>
</table>

**Perineal / Wound Care / Comfort**

See Clinical Guidelines:

- O&M: Postnatal Care: [Perineal Care](#)
- O&G: [Wound Care](#)

On admission to ward, check perineum. Each shift for initial 48hrs, then daily, ask about/inspect perineal healing / pain. Consider physiotherapy referral. Wound care as per post op orders on the MR[M310](#) Caesarean Section.

If observations normal after 2 hrs, offer bed wash & assist dressing as required.
### Prevention/ Screening

See Clinical Guidelines, O&G: Patient Administration:
- **Pressure Injury Prevention**;
- **Falls: Risks, Prevention & Management**;
- **Standard Protocols: Nicotine Dependence Assessment**

### Output

**Bladder**  First void required within 4 hrs of birth / IDC removal.

**Bowels**

### Input
- Food & fluids as desired. Post-surgery, early reintroduction of oral intake is encouraged:
  - Commence oral fluids if tolerated commence solids. If N&V, gradual re-introduction over several hours may be required. See also Clinical Guideline, Anaesthetics: Post-Operative Nausea & Vomiting Protocol
  - Women who are post GA or who have received intrathecal or epidural morphine may have a higher incidence of N&V and require pharmacological prophylaxis.
- Consider removing IV fluids when tolerating oral fluids. The IV cannula is to remain insitu while using epidural analgesia.

<table>
<thead>
<tr>
<th>Vaginal Birth</th>
<th>Caesarean Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assess on admission, discharge &amp; clinical condition change:</strong></td>
<td><strong>Minimum standards for fall prevention in place</strong></td>
</tr>
<tr>
<td>- Pressure areas (checked and assessed on Comprehensive Skin Assessment MR<strong>260.03</strong>)</td>
<td><strong>VTE prevention (MO completes VTE assessment on NIMC &amp; TED stocking sticker).</strong></td>
</tr>
<tr>
<td><strong>Assess &amp; document at admission &amp; risk change:</strong></td>
<td><strong>Anticoagulant if charted. See Thromboprophylaxis After Caesarean Birth</strong></td>
</tr>
<tr>
<td>- MO documents on NIMC-VTE risk for all women.</td>
<td><strong>Pressure areas (checked and assessed on Comprehensive Skin Assessment MR</strong>260.03**).**</td>
</tr>
<tr>
<td>- VTE risk assessment sticker If required, assess:</td>
<td><strong>If required, assess:</strong></td>
</tr>
<tr>
<td>- Falls screening If required, assess:</td>
<td>- Falls screening</td>
</tr>
<tr>
<td>- Smoking offer NRT if not contraindicated If required, assess:</td>
<td>- Smoking offer NRT if not contraindicated</td>
</tr>
<tr>
<td>- IV cannula site-VAS/VIPS If required, assess:</td>
<td>- IV cannula site (VAS/VIPS)</td>
</tr>
</tbody>
</table>

**Assessment after birth / removal of an IDC – measure until 2x urine output between 150-600mls**

- Removal of IDC as per orders. Measure until urine output of 2 x voids 150-600mls.

- See Clinical Guideline, O&M, Postnatal Care: **Bladder Care** for process if void <150ml or >600ml or unable to void within 4 hrs of birth / IDC removal.

- For concerns, see O&G: **Constipation: Postnatal Management**
MEDICATIONS - As required

- RhD Ig. See Clinical Guideline, O&G, Standard Protocols: RhD Immunoglobulin
- MMR. See Clinical Guideline, O&M, Postnatal Care: MMR Vaccine Administration
- Analgesia / anti-emetics / regular medications. See Medication chart (MR810.05), Postoperative nausea & vomiting (MR810.02), Diabetes Record (MR265) - if required

PROCEDURES TO BE CONSIDERED

<table>
<thead>
<tr>
<th>Blood tests:</th>
<th>Kleihauer, FBP/ Hb, 4point profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal of Epidural:</td>
<td>See MR280 Epidural/Spinal Chart – check if contraindicated by anticoagulant use or platelet count. See also Anaesthetics: Epidural Catheter Removal</td>
</tr>
<tr>
<td>IV:</td>
<td>See post op orders MR310 Caesarean Section</td>
</tr>
<tr>
<td>Staples / Sutures:</td>
<td>See post op orders MR310 Caesarean Section</td>
</tr>
<tr>
<td>Drains:</td>
<td>See post op orders MR310 Caesarean Section</td>
</tr>
<tr>
<td>Other:</td>
<td>Follow care required in Vaginal or Caesarean Clinical Pathway</td>
</tr>
</tbody>
</table>

BREASTFEEDING - See Clinical Guidelines, O&M: Newborn Feeding

- Commence expressing if baby in SCN or not fed within 4 hrs.

EDUCATION / COMMUNICATION

- As per clinical pathway (Vaginal birth / Caesarean birth) and relevant full guidelines.
- Arrange interpreter if required- see WNHS Policy W037 Language Services

REFERRALS TO BE CONSIDERED

- Aboriginal Liaison Officer
- Adolescent service
- Allied health-other
- Breastfeeding Centre
- Diabetes service
- Dietician
- Physiotherapy
- Urology
- Psychological Medicine
- Social Work
- Special Child Health Nurse
- WANDAS
- Continued postnatal care: Visiting Midwifery Service; MGP; EPPM; CMP; or Emergency Centre (if baby in SCN or ineligible/ inappropriate for VMS)

See also Clinical Guidelines:

- O&G: Patient Administration; Referrals: VMS; Psychological Medicine; Social Work, Dietician; Physiotherapy; Adolescent Service
- O&M, Postnatal: Transfer to Home / VMS / GP care

ACTIVITY - Minimum standards for falls prevention in place

Post Caesarean birth

- Graduated Compression Stockings +/- Flowtron as ordered
- Bromage scores. Early ambulation when sensation / movement returned & tolerated

Post vaginal birth

- Ambulate as tolerated.
DOCUMENTATION TO BE CONSIDERED

- MR 230.01 Labour and Birth Summary
- MR 249.60 Vaginal Birth Clinical Pathway OR MR 249.61 Caesarean Birth Pathway
- MR 250 Integrated Progress Notes
- MR 255.04 Home & Community Visit Risk Assessment
- MR 260.02 Falls Risk; & MR 260.03 Comprehensive Skin Assessment
- MR 261.10-261.19 Breastfeeding Variance Charts
- MR 280 Epidural / Spinal Chart
- MR 285.01 Midwifery Observation and Response Chart
- MR 729 Fluid Balance Chart
- MR 740 Intravenous Fluid and Additive Order Sheet
- MR 810.02 Postoperative Nausea and Vomiting Protocol
- MR 810.05 Medication Chart & MR 810.12 Staff Initial/Signature Identification
- Update clinical handover sheet- see Clinical Guideline, O&G, Patient Administration: Clinical Handover: Inpatient Wards: Midwifery / Nursing Shift to Shift

DISCHARGE PLANNING – as per Postnatal clinical pathway (Vaginal or Caesarean)

Note: This QRG represents minimum care & should be read in conjunction with the full guideline. Additional care should be individualised.

Abbreviations: ASCU- adult special care unit; BP- blood pressure; CMP- community midwifery program; EPPM- eligible privately practicing midwife; FBP- full blood picture; GA- general anaesthesia; GP- General Practitioner; Hb- haemoglobin; hr- hour; IDC- indwelling catheter; IV- intravenous; MGP- midwifery group practice; MMR- measles, mumps, rubella; MO- Medical Officer; NIMC- National Inpatient Medication Chart; NRT- nicotine replacement therapy; N&V- nausea & vomiting; O2 sat- oxygen saturation; O&G- Obstetrics & Gynaecology; O&M- Obstetrics & Midwifery; PCEA- patient controlled epidural analgesia; RhD Ig- rhesus D immunoglobulin; SCN- special care nursery; t/f- transfer; TOV- trial of void; TPR- temperature, pulse, respirations; VAS- vascular assessment/access score; VIPS- visual infusion phlebitis score; VMS- Visiting midwifery service; VTE- venous thromboembolism; WNHS- Women & Newborn Health Service.

Note: This QRG contains key information relevant to the subheadings listed only and is not a comprehensive list of all postnatal care required. Refer to the full guidelines for other care, most recent updates, clarification and elaboration of information.
REFERENCES / STANDARDS

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice; 4- Medication Safety; 5- Patient Identification and Procedure Matching; 6- Clinical Handover; 8- Preventing & Managing Pressure Injuries; 9- Recognising & Responding to Clinical Deterioration in Acute Health Care; 10- Preventing Falls & Harm from Falls

Legislation - Nil

Related Policies –

- WNHS W037 Language Services (2014)
- WNHS W045 Communication for Patient Discharge and Followup (2014) & W062 Discharge Policy (2012)
- WNHS W073 Clinical Handover (2014)
- WA Health OD 0324/11 Consent to Treatment Policy for the Western Australian Health System (2011)
- WA Health OD 0346/11 WA Health Language Services Policy (2011)

Other related documents – KEMH Clinical Guidelines:

- Obstetrics & Gynaecology:
  - Standard Protocols: FBP, Postnatal: Requesting of; RhD Immunoglobulin; Kleihauer; Nicotine Dependence Assessment & Intervention; Graduated Compression Stockings; Recognising & Responding to Clinical Deterioration
  - Patient Administration: Discharge of a Patient; Midwifery / Nursing Considerations; Discharge Against Medical Advice; Referrals; VMS; Psychological Medicine; Social Work; Dietician; Physiotherapy; Adolescent Service: Falls, Risks, Prevention & Management; Pressure Injury Prevention; Clinical Handover: Inpatient Wards; Midwifery / Nursing Shift to Shift
  - Parenteral Therapy: IV Therapy; Monitoring
  - Management of the Bladder & Urinary Drainage Apparatus (IDC insertion, removal etc.)
  - Wound Care (C/S dressings, sutures, staples, drains etc.)

- Obstetrics & Midwifery:
  - Postnatal Care section: Maternal Postnatal Care; Postnatal: Care on Admission to the Ward; Postnatal: Subsequent Care; MMR Vaccine Administration; Bladder Care; Perineal Care; EBM Identification & Storage on Postnatal Wards; Transfer to Home / VMS /GP care
  - Caesarean Section: Post-Operative Care; Thromboprophylaxis After Caesarean Birth
  - Newborn Feeding section (how to breastfeed; Expressing; Breastfeeding Challenges etc.)

- Anaesthetics: Post-Operative Management; Post-operative Nausea & Vomiting Protocol; Intrathecal Morphine; Postoperative Pain; Labour Analgesia; Administration of Epidural Therapy; Epidural Infusion & PCEA; Testing of Dermatomes; Assessment of Motor Function; Epidural Catheter Removal

RESPONSIBILITY

<table>
<thead>
<tr>
<th>Policy Sponsor</th>
<th>Nursing &amp; Midwifery Director OGCCU</th>
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<tbody>
<tr>
<td>Initial Endorsement</td>
<td>August 1993</td>
</tr>
<tr>
<td>Last Reviewed</td>
<td>October 2015</td>
</tr>
<tr>
<td>Last Amended</td>
<td>May 2016</td>
</tr>
<tr>
<td>Review date</td>
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