



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Postnatal Care: QRG

Scope (Staff): Obstetrics and Midwifery Staff

Scope (Area): Obstetric Areas

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

This **Quick Reference Guide (QRG)** applies to patients who have had a vaginal or caesarean birth and must be used in conjunction with its respective Clinical Guidelines and the [Postnatal Clinical Pathway](#).

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

MATERNAL ASSESSMENT

Identification – Introduce self and confirm patient identification with 3 unique patient identifiers

	Vaginal Birth	Caesarean Birth
<p>Observations *</p> <p>See Clinical Guidelines:</p> <ul style="list-style-type: none"> Inpatient Postnatal Care Caesarean Birth (Postoperative Care section) <p>* Attend more frequent observations as clinical condition requires.</p>	<p>On admission to the ward assess and document:</p> <ul style="list-style-type: none"> Fundas (tone and position) Lochia/ PV loss Bladder needs – TOV/IDC Pain and analgesia needs <p>Within 4 hours post birth and again 4 hours later, then daily* (if normal), assess and document:</p> <ul style="list-style-type: none"> TPR, BP, O₂ sat, consciousness, urinary function, pain, fundus. Lochia/ PV loss Emotional wellbeing Breasts, nipples, legs, and bowels Consider goals of care <p>Each shift: Breasts, legs and emotional wellbeing</p>	<p>Observation frequency on arrival to the ward:</p> <ul style="list-style-type: none"> ½ hrly for 2 hours then, 1 hrly for 2 hours then, 2 hrly for 2 hours then, 4 hrly for 24 hours then 3 times daily (or as per clinical condition) <p>Assess and document:</p> <ul style="list-style-type: none"> TPR, BP, O₂ sat, pain, consciousness and urinary output Wound/dressing/drain Lochia/PV loss Emotional wellbeing Breasts, nipples, legs, and bowels Consider goals of care <p>And if in situ:</p> <ul style="list-style-type: none"> Analgesia observations (e.g. PCEA, intrathecal morphine), Epidural site each shift if epidural remains in situ (see MR280 Epidural/Spinal Chart) <p>Each shift: Breasts, legs and emotional wellbeing</p>

<p>Perineal / Wound Care / Comfort</p> <p>See Clinical Guidelines:</p> <ul style="list-style-type: none"> • Perineal Care and Repair • Wound Care 	<p>On admission to ward, check perineum.</p> <p>Each shift for initial 48 hrs, then daily, ask about / inspect perineal healing / pain.</p> <p>Consider physiotherapy referral.</p>	<p>Wound care as per post op orders on the MR310 Caesarean Section.</p> <p>If observations normal after 2 hrs, offer bed wash and assist dressing as required.</p>
<p>Prevention/ Screening</p> <p>See Clinical Guidelines/ Policies/ Protocols:</p> <ul style="list-style-type: none"> • Pressure Injury Prevention and Management • Falls: Risk Assessment and Management of Patient Falls • Management of Nicotine Dependence • Venous thromboembolism (VTE): Prevention and management • Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities 	<p>Assess on admission, change in clinical condition and prior to discharge:</p> <ul style="list-style-type: none"> • Falls • Pressure injury <p>Assess and document a VTE screening at least once post-delivery, or if clinical condition changes on the Postnatal Risk Assessment for Venous Thromboembolism (VTE) Prophylaxis MR251.02 (KEMH) / MR93.1 (OPH)</p> <p>If present, inspect the PIVC once per shift whilst in situ and for 48 hours post removal.</p> <p>Utilise the Postnatal Clinical Pathway (MR249.60 (KEMH) / MR72.1 (OPH)) to guide further screening in the postnatal period.</p>	
<p>Output - Bladder</p> <p>See Clinical Guideline: Bladder Management</p>	<p>The timing, flow, and sensation of the first two voids following birth or removal of IDC must be monitored. These voids should be between 150 – 600mls.</p> <p>If any concerns with the following, refer to the Bladder Management Guideline</p> <ul style="list-style-type: none"> • Abnormal sensation when voiding • Voiding less than 150mls or greater than 600mls • Inability to void within 4 hours post IDC removal/birth, or any other symptoms of urinary retention. 	
<p>Output - Bowels</p>	<p>Refer to O&G Guideline: Bowel Care</p>	
<p>Input</p>	<ul style="list-style-type: none"> • Encourage food and fluids as desired. Post-surgery, early reintroduction of oral intake is encouraged: <ul style="list-style-type: none"> ○ Commence oral fluids and if tolerated, commence solids. If N&V, gradual reintroduction over several hours may be required. See also Clinical Guideline: Neuraxial Analgesia (Epidural and spinal – side effects section) ○ 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 <p>Consider removing IV fluids when tolerating oral fluids. The IV cannula is to remain in situ while using epidural analgesia.</p>	

MEDICATIONS – Consider need for;

- RhD Immunoglobulin – see clinical guideline [Use of RhD Immunoglobulin \(RhD Ig\) in pregnancy](#)
- MMR - see Clinical Guideline [Vaccinations](#)

Review all medication charts and administer medications as prescribed:

- [Medication Chart \(MR810.05\)](#),
- [Post-operative nausea and vomiting \(MR810.02\)](#),
- [WA Anticoagulation Chart \(MR810.11\)](#)
- [Obstetric Subcutaneous Insulin Order and Blood Glucose Record \(MR265.04KEMH/MR170.6OPH\)](#) – if required.

PROCEDURES TO BE CONSIDERED

Blood tests: Kleihauer, full blood picture, or as per clinical condition

Removal of Epidural: See [MR280 Epidural/Spinal Chart](#) – check if contraindicated by anticoagulant use or platelet count. See [Clinical Guideline: Neuraxial Analgesia](#)

Staples/Sutures: Refer to post op orders [MR 310 Caesarean Section](#) or TMS Op Plan

Drains: Refer to post op orders [MR 310 Caesarean Section](#) or TMS Op Plan

Other: Follow care required in [Postnatal Clinical Pathway](#)

BREASTFEEDING –

See Clinical Guidelines, [Newborn Feeding and Maternal Lactation](#)

- Commence expressing 3 hourly if baby in SCN, vulnerable baby (see guideline) or not fed within 4 hrs.
- Consider additional cares for vulnerable babies (as per clinical guideline)

EDUCATION / COMMUNICATION

- Complete as per Postnatal Clinical Pathway
- Arrange interpreter if required – see [WNHS Procedure: Language Services](#)

REFERRALS TO BE CONSIDERED

- | | | |
|------------------------------|--------------------|------------------------------|
| • Aboriginal Liaison Officer | • Diabetes Service | • Mental Health Services |
| • Adolescent Service | • Dietitian | • Social Work |
| • Allied Health – Other | • Physiotherapy | • Special Child Health Nurse |
| • Breastfeeding Centre | • Urology | • WANDAS |

- Continued postnatal care: Visiting Midwifery Service; MGP; PPEM; CMP; VMS Hospital Clinic (if baby in SCN or ineligible/inappropriate for VMS)

See also Clinical Guidelines/Policies:

[Women's and Perinatal Mental Health Referral and Management](#); [Neonatal Special Referrals to Child Health Services](#); [Dietitian Referral](#); [Referrals – Physiotherapy](#); [Social Work: Working with Obstetric Patients](#); [Adolescent Service](#); [Discharge/Transfer of a Postnatal Woman to Home/Visiting Midwifery Service/Care of General Practitioner](#)

ACTIVITY – Minimum standards for falls prevention in place

- Consider risk factors including postpartum haemorrhage or post epidural / spinal

Post Caesarean Birth

- Graduated Compression Stockings +/- Flowtron as ordered. See [Caesarean Birth Guideline](#)
- Bromage scores. Early ambulation – when sensation/movement returned and tolerated. See [Neuraxial Analgesia Guideline](#)

Post vaginal birth

- Ambulate as tolerated
- Consider Bromage scores post epidural. Early ambulation – when sensation/movement returned and tolerated. See [Neuraxial Analgesia Guideline](#)

DOCUMENTATION TO BE CONSIDERED

MR 230.01	Labour and Birth Summary
MR255.04 K/MR30.5 O	Home and Community Visit Risk Assessment
MR280	Epidural / Spinal Chart
MR285	Postnatal Observation and Response Chart
MR425.10K/MR75.2 O	Care of the Newborn
MR729 K/ MR144.1 O	Fluid Balance Chart
MR740 K/ MR176.1 O	Intravenous Fluid and Additive Order Sheet
MR810.02	Postoperative Nausea and Vomiting Chart
MR810.05	WA Hospital Medication Chart – Short Stay
Update clinical handover sheet – see WNHS Clinical Handover at WNHS Policy	

DISCHARGE PLANNING – As per [Postnatal Clinical Pathway \(MR249.60 KEMH/MR72.1 OPH\)](#)

Note: This QRG represents minimum care and 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; FBP- full blood picture; GA - general anaesthesia; GP- General Practitioner; Hb- haemoglobin; hr-hour; IDC- indwelling catheter; IV- intravenous; KEMH-King Edward Memorial Hospital; 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; OPH – Osborne Park Hospital; PCEA- patient controlled epidural analgesia; PPEM- privately practicing endorsed midwife; 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 and Newborn Health Service

Related WNHS policies, procedures and guidelines

[Obstetrics and Gynaecology Guideline: Inpatient Postnatal Care](#)
[Obstetrics and Gynaecology Guideline: Caesarean Birth](#)
[Anaesthesia and Pain Medicine Guideline: Neuraxial Analgesia \(including Epidural, Intrathecal Morphine\)](#)
[Obstetrics and Gynaecology Guideline: Perineal Care and Repair](#)
[Obstetrics and Gynaecology Guideline: Wound Care](#)
[WNHS Policy: Pressure Injury Prevention and Management](#)
[WNHS Procedure: Falls: Risk Assessment and Management of Patient Falls](#)
[Obstetrics and Gynaecology Guideline: Bladder Management](#)
[Obstetrics and Gynaecology Guideline: Bowel Care](#)
[Transfusion Medicine Protocol Use of RhD Immunoglobulin in Pregnancy](#)
[Obstetrics and Gynaecology Guideline: Vaccinations](#)
[WNHS Procedure: Language Services](#)
[Women's and Perinatal Mental Health Referral and Management Guideline](#)

Related WNHS policies, procedures and guidelines[WNHS Policy: Neonatal Special Referrals to Child Health Services](#)[Nutrition and Dietetics Protocol: Dietitian Referral](#)[Physiotherapy Protocol: Referrals – Physiotherapy](#)[Social Work Guideline: Working with Obstetric Patients](#)[Obstetrics and Gynaecology Clinical Guideline: Discharge/Transfer of a Postnatal Woman to Home/Visiting Midwifery Service/Care of General Practitioner](#)

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Version History

Number	Date	Summary
1.0	August 1993	First version
2.0	October 2015	Revised version
2.1	May 2016	Revised version
3.0	October 2024	Revised, updated links; updated to new template; ensured emotional wellbeing and goals of care are considered
3.1	February 2025	Minor amendment: removal of reference to rescinded postnatal guidelines and replaced with updated Inpatient Postnatal Care Guideline with hyperlink.

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy.

This document can be made available in alternative formats on request for a person with a disability.

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