Guideline for Postnatal Care

Author/Owner	Inpatient Matron/Consultant Obstetrician	
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Section Headings

1.0 Introduction

For the purpose of this guideline the term woman/women and 'mother' will be used throughout and this should be taken to include those who are pregnant but do not identify as women.

Postnatal care is about empowering woman to care for herself and her baby, promoting the physical and emotional wellbeing of both and establishing the mother-infant bond.

Postnatal care will be undertaken in partnership between a mother, her family and her healthcare providers.

Planning of care will be an opportunity for education and discussion about physical and emotional wellbeing and will include care preferences, support networks and social and spiritual considerations of importance to the family.

Women may require re admission to the inpatient unit with postnatal related complications up to six weeks post birth of their baby.

2.0 Objective

To ensure that care is planned in partnership with the mother and the lead professional(s) to ensure the most appropriate care for the woman, her baby and the family.

3.0 Scope

This guideline applies to all medical and midwifery staff working on the maternity unit and in community.

4.0 Main body of the document

4.1 Link to NICE guideline NG194

For Postnatal Care please follow the Postnatal Care guidance [NICE guideline [NG194] Published 20 April 2021] https://www.nice.org.uk/guidance/ng194

Exceptions/additional information to NICE NG194.

- NICE States ''Consider arranging the first postnatal visit of the health visitor to take place between 7 and 14 days after the transfer of care from midwifery care so that the timings of visits are evenly spread out''.

  At Barnsley Trust: Midwives will ensure the correct information regarding mother and baby has been transferred to the health visitor team to allow for a visit to be arranged.

- NICE states ''If a woman did not receive an antenatal health visitor visit consider arranging an additional early post-natal health visitor visit''.

  At Barnsley Trust: This is the responsibility of the health visitor team and not the midwife.

- NICE states ‘’At 6 to 8 weeks after birth, a GP should: carry out an assessment including the points in recommendations 1.2.1 to 1.2.5 and considering the time since birth and respond to any concerns, which may include a referral to specialist services in either secondary care or healthcare services such as physiotherapy’’.

  At Barnsley Trust: This is not the responsibility of the midwife.

- NICE States ‘’At 6 to 8 weeks, assess the baby’s social smiling and visual fixing and following’’.

  At Barnsley Trust: This is a Health Visitor assessment and not the responsibility of a midwife.

- NICE States ‘’Measure weight and head circumference of babies in the first week and around 8 weeks, and at other times if there are concerns. Plot the results on the growth chart’’.

  At Barnsley Trust: Measure weight and head circumference at birth, within the first week and at other times if there are concerns. Plot the results on the growth chart.

4.2 Care planning

All women will have an individualised care plan developed between themselves and their lead professional(s). This will be written by the Midwife who cares for the woman immediately post birth. It will then be reviewed at each handover of care episode and amended accordingly. It is imperative the notes are checked for all risk factors, including any safeguarding, which will be communicated to each member of staff providing care at all changeovers of staff, and to all caregivers, regardless of role.

A woman will have a named midwife for each shift and it will be her responsibility to coordinate the care for that woman, especially if there are additional multiagency or multidisciplinary needs. She will document any changes in care on the postnatal care plan and write relevant information in the maternal and neonatal records.

4.3 Transfer from all birth settings to the ANPN ward

Women will be orientated to the ward, given information about visiting and shown how to obtain assistance.

Women who are unable to mobilise will not be left without access to their call buzzer.

Women will be advised to ask for assistance when first mobilising. It is important that women are also aware what assistance will be given with baby care and feeding.

Antenatal and labour notes will be reviewed to identify any specific postnatal needs including any history of psychiatric illness, increased risk of thromboembolism or safeguarding concerns.

The plan of care, assessment and identification of risks will be documented by the person undertaking the assessment.

4.4 Immediate postnatal care

Mother:

- Perform a postnatal examination and a MEOWS score and document.
- Complete full SBAR and document in the postnatal notes. This will include details of:
  - any induction and reason why.
  - mode of birth and reason why.
  - degree of perineal trauma and
  - blood loss and management.
  - Medical, social and mental health history.
- Determine and record allergy status.
- Record maternal weight once woman is mobile.
- Check last full blood count, delivery blood loss and document any need for postnatal full blood count. In the event of a postpartum haemorrhage this will be approximately 6 hours after the event.
- Check Rhesus factor. If Rhesus negative, cord and maternal samples will be taken and sent within an hour of birth. If unable to obtain cord or maternal samples document reason and ensure performed as soon as possible and are followed up. Await results of cord and maternal bloods. This remains the case even if antenatal screening suggests the baby is rhesus negative also. Give Anti D immunoglobulin if indicated.
- Document when bladder emptied or when needs to pass urine by. If catheterized, document reason why and any instructions for removal.
- Undertake VTE risk assessment. Ensure Dalteparin is prescribed, and administered when indicated.

Baby:

- Examine the baby.
- Complete full SBAR and document in the postnatal record – neonatal section. This will include any details of resuscitation, relevant family history (e.g. cardiac or hip issues), administration of vitamin K.
- Ascertain feeding choice and if support required.
- Document time and quality of first feed.
- Document need for any additional observations, including reason, frequency and duration Guideline for the use of the Newborn Early Warning Trigger and Track system (NEWTT) https://portal.bdgh-r.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Guideline%20for%20newborn%20early%20warning%20trigger%20and%20track%20system.pdf.
- Document significant findings from the first examination; including any birth marks or injuries (Appendix 1 – Baby Body Map).
- Ensure baby is labelled correctly prior to administration of vitamin K or other medications.
- Allocate a security tag to the baby and attach to the baby's ankle https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Newborn%20security.pdf.

4.5 Signs and symptoms of potentially life-threatening conditions

4.5.1 Maternal

Following birth, the midwife will advise the mother of the signs and symptoms of potentially life-threatening conditions (see table below) and to call for emergency help or contact their healthcare professional immediately if any signs and symptoms occur.

Signs and Symptoms	Condition
Sudden and profuse blood loss or persistent increased blood loss Faintness, dizziness, or palpitations/tachycardia Postpartum	Postpartum Haemorrhage
Fever, shivering, abdominal pain and/or offensive vaginal loss	Infection
Headaches accompanied by one or more of the following symptoms within the first 72 hours after birth: visual disturbances nausea vomiting	Pre-eclampsia/eclampsia
Unilateral calf/leg pain, redness or swelling Shortness of breath or chest pain	Thromboembolism

If a midwife suspects a postnatal complication outside of her remit she will refer to a medical practitioner (NMC, 2018). Unwell postpartum women will be seen by an obstetric registrar and the consultant obstetrician will be made aware.

4.5.2 Sepsis

Refer to guideline for the use of the Modified Obstetric Early Warning Scoring (MOEWS) system And for the Care of Women with Sepsis in Pregnancy and the Postnatal Period https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/MOEWS%20and%20Sepsis.pdf.

4.5.3 Neonatal life-threatening conditions

Inform all parents within the first 24 hours of life that is any of the following are observed to get urgent medical attention by either calling for immediate medical support in the hospital or by ringing 999 if at home:

- stops breathing or goes blue.
- has a fit.
- cannot be woken.
- is unresponsive and not aware of what is going on.
- has glazed eyes and is not focussing on anything.
- has been badly or seriously injured.
- has a rash that does not fade when pressed with a glass.
- These conditions require urgent medical help.

For Postnatal Care please follow the Postnatal Care guidance [NICE guideline [NG194] Published 20 April 2021] https://www.nice.org.uk/guidance/ng194.

4.6 Woman's postnatal observations

An individual assessment is indicated in all postnatal women initially following birth and on transfer to another ward. A woman's well-being will be assessed as a minimum once daily whilst on the ward, unless staying in hospital for reasons concerning only her baby, where an individual plan will be made.

Modified Early Obstetric Warning Score (MEOWS)

A full MEOWS will be performed at least 12 hourly (once per shift) whilst in hospital, unless the woman remains in hospital for neonatal reasons only.

Many women will require more frequent observations:

- All women with PIH / PET or on antibiotics will require 4 hourly MEOWS. https://portal.bdg-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Severe%20pre-eclampsia%20and%20eclampsia.pdf.

- Post LSCS need 4 hourly MEOWS for first 24 hours. Refer to Guideline for the management of caesarean birth https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Management%20of%20caesarean%20birth.pdf.

The frequency of observations will be documented in the SBAR at each handover of care and each set of MEOWS recorded in the postnatal record.

4.6.1 Breasts

During the postnatal assessment a breast enquiry will be made to exclude discomfort and infection and will form part of the assessment of breastfeeding. Engorgement, especially on day 3, can be a source of pyrexia and flushing in the absence of infection.

4.6.2 Uterine involution and lochia

In the absence of abnormal vaginal loss, assessment of the uterus by abdominal palpation or measurement as a routine observation is unnecessary (NICE, 2015).

Assessment of vaginal loss and uterine involution and position will be undertaken in women with excessive or offensive vaginal loss, abdominal tenderness or fever.

Any abnormalities in size, tone and position will be documented and further evaluated. Women will be asked to report if lochia is heavy, not reducing or offensive.

Lochia will be assessed once daily as a minimum. Consider more frequent assessment in women who may have a higher risk of excessive bleeding (e.g. a history of PPH, multiple pregnancy, long labour, caesarean birth, low BP or raised pulse.

4.6.3 Perineum

At each postnatal contact enquire about perineal discomfort and offer inspection if increasingly uncomfortable or the woman is concerned. Women will be asked whether they have any concerns about the healing process of any perineal wound; this might include experience of perineal pain, discomfort or stinging, offensive odour or dyspareunia.

The healthcare professional will offer to assess the perineum if the woman has pain or discomfort. Document if the woman declines this examination.

Women will be advised that topical cold therapy, for example crushed ice or gel pads are effective methods of pain relief for perineal pain (NICE, 2015).

If oral analgesia is required paracetamol will be used in the first instance, unless contraindicated.

If cold therapy or paracetamol is not effective a prescription for non-steroidal anti-inflammatory (NSAID) medication will be considered in the absence of any contraindications (non-urgent action).

Signs and symptoms of infection, inadequate repair, wound breakdown, or non-healing will be evaluated (urgent action).

Women will be advised of importance of perineal hygiene, including frequent changing of sanitary pads, washing hands before and after doing this and daily bathing or showering to keep the perineum clean.

Discuss the expected course of healing and when to be concerned.

4.6.3 Legs

Observe for pain and swelling, considering risk of thromboembolic disorders.
Ensure TED stockings measured and applied in correct size for women with VTE score of 2 or more.

All women requiring Dalteparin will have TED stockings.

4.6.4 Bladder care

Refer to Guideline for the Management of Postpartum Bladder Care https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Postpartum%20Bladder%20Care.pdf.

4.6.6 Pain management

Pain relief will be considered on an individual basis. Paracetamol (in a weight appropriate dose) +/- NSAIDs (ibuprofen) will be used in the first instance unless contraindicated.
An assessment of the site and nature of the pain will be undertaken and escalated to a doctor where concerns exist that it could be symptomatic of an underlying problem. Routine post birth and post-operative analgesic needs can be managed by the midwife.

Where simple oral analgesia is not effective when given in correct doses and timings, further advice and prescription will be sought from a doctor.

Be aware of the implications of opiate and opioid analgesia for bowel movements and breastfeeding.

4.6.7 Psychological wellbeing

Refer to Guideline for Mental Health Assessment https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Guideline%20for%20Mental%20Health%20Assessment.pdf.

4.6.8 Thromboembolism

Refer to Thromboprophylaxis guideline for obstetric women https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Thromboprophylaxis%20guideline%20for%20obstetric%20women.pdf.

And Guideline for the Diagnosis and Treatment of Thromboembolic Disease in Pregnancy and the Puerperium https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Treatment%20Of%20Thromboembolic%20Disease.pdf.

4.7 Women who have had a caesarean section

Refer to Guideline for the management of caesarean birth https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Management%20of%20caesarean%20birth.pdf.

4.8 Headache

Women will be asked about headache symptoms at each postnatal contact. Women who have had epidural or spinal anaesthesia will be advised to report any severe headache, particularly one which occurs while sitting or standing.

Management of headache:

Perform baseline MEOWS observations. Review history to exclude possible cause. Request obstetric / anaesthetic review.

Give analgesia (Paracetamol in weight appropriate dose).

Post Dural Puncture Headache (PDPH) (dural tap) – is worse when the woman moves from supine to upright. Associated symptoms include neck stiffness, visual disturbances, vomiting and auditory symptoms. A review is required by an anaesthetist who may use conservative management or perform a blood patch. Encourage supine position, encourage fluids.

Postpartum pre-eclampsia and eclampsia – 29 - 44% of all cases of eclampsia occur in the postnatal period and often occur without the signs or symptoms.

A woman complaining of headache with hypertension+/- epigastric discomfort, visual disturbance, nausea or vomiting will be reviewed by the obstetric team.

5.0 Safeguarding and domestic violence

Refer to Standard Operating Process (SOP) for referral to early help or children's social care within maternity https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Referral%20to%20early%20help%20or%20childrens%20social%20care%20within%20maternity.pdf.

And NICE guidance for Domestic Violence and abuse: multi-agency working https://www.nice.org.uk/guidance/ph50/chapter/Introduction.

6.0 Newborn wellbeing

Assessment of wellbeing immediately following birth the midwife will perform a top to toe examination of the baby and determine the need for any specific neonatal observations following the Guideline for the use of the Newborn Early Warning Trigger and Track system (NEWTT) https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Guideline%20for%20newborn%20early%20warning%20trigger%20and%20track%20system.pdf.

6.1 Infant feeding (including weighing guidance)

Refer to Barnsley Borough Wide Joint Infant Feeding Policy. file:///C:/Users/heye/Downloads/Infant%20feeding%20-%20Policy%20and%20guidelines%20(3).pdf.

6.2 Jaundice

Refer to Guideline for the Management of Neonatal Jaundice https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Neonatal%20jaundice.pdf.

6.3 Skin & cord care

Parents will be advised that cleansing agents should not be added to a baby's bath water nor should lotions or medicated wipes be used. The only cleansing agent suggested, where it is needed, is a mild non-perfumed soap.
Parents will be advised how to keep the umbilical cord clean and dry and that antiseptic should not be used routinely. Advice will be offered on normal progression of the dry gangrene process and separation of the cord.
Midwives will be aware that the umbilical cord is a source of anxiety in many parents and will offer support accordingly. A baby can be discharged by the community midwife with the cord still attached.

6.4 Vitamin K

All parents will be offered vitamin K prophylaxis for their babies to prevent the rare but serious, and sometimes fatal, disorder of vitamin K deficiency bleeding.

Vitamin K will be administered as a single dose of 1 mg intramuscularly as this is the most clinically and cost-effective method of administration. A midwife will ensure this has been prescribed and signed for on the baby's prescription chart.

If parents decline intramuscular vitamin K for their baby, oral vitamin K will be offered as a second-line option. Parents will be advised that oral vitamin K must be given according to the manufacturer's instructions for clinical efficacy and will require multiple doses.

Parents who decline vitamin K will have a discussion with a paediatrician which will be documented in the neonatal notes along with parental concerns and a final decision.

Any baby who has not received vitamin K will be flagged to the healthcare professionals for awareness.

6.5 Co-sleeping and sudden infant death syndrome

The cause of sudden infant death syndrome (SIDS) is not known. It is possible that many factors contribute but some factors are known to make SIDS more likely. These include placing a baby on their front or side to sleep. Evidence was reviewed relating to co-sleeping (parents or carers sleeping on a bed or sofa or chair with an infant) in the first year of an infant's life.

The recommendations on co-sleeping and SIDS cover the first year of an infant's life. Recognise that co-sleeping can be intentional or unintentional. Discuss this with parents and carers and inform them that there is an association between co-sleeping (parents or carers sleeping on a bed or sofa or chair with an infant) and SIDS. https://www.lullabytrust.org.uk/.

Inform parents and carers that the association between co-sleeping (sleeping on a bed or sofa or chair with an infant) and SIDS is likely to be greater when they, or their partner, smoke.

Inform parents and carers that the association between co-sleeping (sleeping on a bed or sofa or chair with an infant) and SIDS may be greater with:

- parental or carer recent alcohol consumption, or
- parental or carer drug use, or
- low birth weight or premature infants.
- https://www.nice.org.uk/guidance/ng194/chapter/recommendations#bed-sharing.

7.0 Parenting and emotional attachment

Assessment for emotional attachment will be carried out at each postnatal contact. Home visits will be used as an opportunity to promote parent- or mother-to-baby emotional attachment.

Healthcare providers will offer fathers/second parent information and support in adjusting to their new role and responsibilities within the family unit. Women will be educated and supported to understand the importance of meeting baby needs and not allowing babies to cry or self soothe for long periods of time. Evidence supports better long-term security, emotional wellbeing, relationship building and reduced crying in infants whose needs are met. Feeding, especially breastfeeding, and skin to skin contact contributes to achieving this and will be encouraged.

7.1 Child abuse/neglect

Healthcare professionals will be alert to risk factors and signs and symptoms of child abuse. If there is raised concern, the healthcare professional will follow local child protection policies. https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Referral%20to%20early%20help%20or%20childrens%20social%20care%20within%20maternity.pdf.

To assist this process, it is imperative that any bumps, bruises, marks, birth marks and injuries are documented clearly on the body map in the baby record. These will also be passed from one health care professional to another to avoid unnecessary suspicion of child abuse (Body Map Appendix 1)

8.0 Newborn screening

Refer to Newborn Infant Physical Examination (NIPE) Guideline https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Newborn%20Infant%20Physical%20Examination%20NIPE.pdf.

Appropriate recommendations made by the UK National Screening Committee will also be carried out. The Newborn blood spot test will be offered to parents when their baby is 5-8 days old (NICE, 2015), however, locally we perform this on day 5 as our gold standard https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Newborn%20blood%20spot.pdf.

A hearing screen should be completed before discharge from hospital or by week 4 in the hospital programme or by week 5 in the community programme. Newborn Hearing Screen [online], from https://www.nhs.uk/conditions/pregnancy-and-baby/newborn-hearing-test/.

9.0 Pretransfer discussion

The decision on appropriate timing of transfer to community care will be made jointly between the woman, her named midwife and members of the multidisciplinary team where appropriate. It will take into consideration any tests, investigations or observations required for both the woman and the baby plus any concerns regarding safeguarding or wider care issues.

The woman will be informed of why such things are required and the anticipated completion date and time and will be kept up to date with any changes in the anticipated time of transfer and the reason for any delays.

Prior to transfer home the woman, and her partner or support person, will have the opportunity to discuss any ongoing concerns. If concerns are raised then a referral can be made to the Birth Afterthoughts clinic as required.

Take home medication (TTOs) will be prescribed and ordered at the earliest opportunity. There is a supply of TTO medication available on the ward. This includes analgesia, some antibiotics, labetalol, ferrous sulphate and Dalteparin. A copy of the discharge medication request being signed by 2 qualified members of staff logged in the TTO book.

Anti-D immunoglobulin will be offered to every non-sensitised Rh-D-negative woman within 72 hours following the delivery of an RhD-positive baby. Document if given or declined.

Women found to be sero-negative on antenatal screening for rubella will be offered an MMR (measles, mumps, rubella) vaccination following birth via their GP. This will be documented in the postnatal notes at the point of transfer home and a copy sent to the GP to action. See the Public Health England/Department of Health guidance, Immunisation against infectious disease (2013) (the Green Book) for guidance on the timing of MMR vaccination in women who are sero-negative for rubella who also require anti-D immunoglobulin injection.

Many women who have had a normal birth will be suitable for early transfer home (within 6 hours). Women will be assessed as physically and emotionally well and feel prepared for transfer home.
Women who are consultant led care need to be reviewed.

10.0 Transfer to care of community midwife

It is the responsibility of every member of staff to ensure that they are using the correct notes and information for the person they are caring for or discharging. At discharge, ensure all paperwork and TTO medication being given to the woman has a second check with a second midwife. Following this the midwife swill address the following and document:

- Ensure the white discharge envelope contains a sheet of barcoded baby labels, a copy of the NIPE report, documentation of the findings from the hearing screen, a copy of the BCG consent and family history if required.
- Ensure the woman is made aware of contact numbers. Advise her to call the discharging ward for advice 24 hours a day and triage or 999 in the event of an emergency.
- Ensure the woman has access to the information leaflets and QR code for postnatal discharge documents are available in the discharge envelope (Appendix 2).
- Leaflets will not be used in the absence of opportunity for discussion with a healthcare professional but can be used to re-enforce information.
- The woman's address (ideally including postcode), contact number and GP will be confirmed and recorded.
- If the woman is seen alone, complete a routine enquiry. If not alone complete the section in the electronic patient record accordingly to state this. This is a mandatory field.
- Complete as much information as you are able.
- Ask about contraception and discuss return of fertility and pregnancy risk from 3 weeks postpartum.

- Provide a summary of events, care, investigations and treatments for both the woman and the baby.
- Ensure TTOs are checked and provided to the woman with instructions on how to take, including Dalteparin administration. Provide a sharps bin suitable for the length and dose of Dalteparin where required.
- Confirm if vaccinations are up to date. Advise to see GP if any required.
- Confirm when last smear occurred and advise that GP should action but to be aware if requires one in the postnatal period that she should remind the GP if she doesn't hear anything by the 8-week check.
- Document any follow up appointments.
- Document any issues with lack of support.
- Document feeding choice and any previous or ongoing issues.
- Explain and document the role of the primary healthcare team - the community midwife will visit the woman at home the following day between 9am and 5pm. All women will be told to call the discharging ward if they do not receive a visit by 3pm.
- Explain how to register the baby with a GP.
- Explain how to register the birth and the law around this.
- Discuss availability of a car seat and how to safely travel the baby.
- Discuss safe sleeping.
- Ensure additional TED stockings are provided where required, along with instructions on how to fit, how long to wear and how to launder and dry (do not tumble dry).
- Complete the written notes and give to the woman with the discharge information.
- Assist woman and her partner to exit the ward area if required.

11.0 Community midwifery care and discharge

When a mother is discharged form hospital; complete the electronic discharge forms on CareFlow which when 'Print' is selected will send an email of the woman's discharge and visit requirement to the Midwifery Community Office.

All women receive postnatal visits arranged between themselves and the community midwife. Before discharging the woman from midwifery care the midwife will be satisfied that the woman and her baby are physically and emotionally well. The following will be recorded:

- Date.
- Physical wellbeing including a summary of recovery and any problems, treatments and ongoing concerns.
- Emotional wellbeing including social support and any ongoing concerns or additional support required.
- Smoking status.
- Planned contraception.
- Rubella Status if known and any advice about vaccination.
- Neonatal weight and whether attained birthweight.
- Any ongoing concerns with baby.
- A summary of feeding.
- Whether birth registration has been arranged or completed.
- Whether baby registered with a GP.
- Any safeguarding or safety issues.

- Care is handed over to the Health Visitor – any safeguarding concerns/ plan need to have a meeting to handover. The Health Visiting team are made aware of the birth when the birth notification is sent to child health.
- The Postnatal record will be returned to the Community Office at the earliest possible opportunity and a maximum of 1 week following discharge. It is the responsibility of the discharging midwife to ensure that all records are returned to the community office.

12.0 Associated documents and references

National Institute for Health and Care Excellence (NICE), Clinical guideline 194 Postnatal care (available on line) NICE guideline [NG194]Published: 20 April 2021.

Department of Health (2017) Responding to Domestic Abuse. A resource for health professionals [online], from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597435/DometicAbuseGuidance.pdf.

NICE guidance for Domestic Violence and abuse: multi-agency working https://www.nice.org.uk/guidance/ph50/chapter/Introduction.

ICON (2020) Babies Cry, You Can Cope [online], from https://iconcope.org/,

NHS (2018) Newborn Blood Spot Test [online], from https://www.nhs.uk/conditions/pregnancy-and-baby/newborn-blood-spot-test/,

Newborn Hearing Screen [online], from https://www.nhs.uk/conditions/pregnancy-and-baby/newborn-hearing-test/,

Newborn Physical Examination [online], from https://www.nhs.uk/conditions/pregnancy-and-baby/newborn-physical-exam/,

Guideline for the use of the Newborn Early Warning Trigger and Track system (NEWTT) https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Guideline%20for%20newborn%20early%20warning%20trigger%20and%20track%20system.pdf.

Security tag guideline https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Newborn%20security.pdf.

Care of Women with Sepsis in Pregnancy and the Postnatal Period https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/MOEWS%20and%20Sepsis.pdf.

PIH / PET Guideline. https://portal.bdg tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Severe%20pre-eclampsia%20and%20eclampsia.pdf.

Guideline for the management of caesarean birth https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Management%20of%20caesarean%20birth.pdf.

Guideline for the Management of Postpartum Bladder Care https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Postpartum%20Bladder%20Care.pdf.

Guideline for Mental Health Assessment https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Guideline%20for%20Mental%20Health%20Assessment.pdf.

Thromboprophylaxis guideline for obstetric women https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Thromboprophylaxis%20guideline%20for%20obstetric%20women.pdf.

And Guideline for the Diagnosis and Treatment of Thromboembolic Disease in Pregnancy and the Puerperium https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Treatment%20Of%20Thromboembolic%20Disease.pdf.

Refer to Standard Operating Process (SOP) for referral to early help or children's social care within maternity https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Referral%20to%20early%20help%20or%20childrens%20social%20care%20within%20maternity.pdf.

the Newborn Early Warning Trigger and Track system (NEWTT) https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Guideline%20for%20newborn%20early%20warning%20trigger%20and%20track%20system.pdf.

Barnsley Borough Wide Joint Infant Feeding Policy. file:///C:/Users/heye/Downloads/Infant%20feeding%20-%20Policy%20and%20guidelines%20(3).pdf.

Guideline for the Management of Neonatal Jaundice https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/Neonatal%20jaundice.pdf.

13.0 Training and resources

Training will be delivered as outlines in the Maternity Training Needs Analysis. This is updated on an annual basis.

14.0 Monitoring and audit

Any adverse incidents relating to the guideline for postnatal care will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for postnatal care will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

15.0 Equality and diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

15.1 Recording and monitoring of equality & diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative

Appendix 1 - baby body map

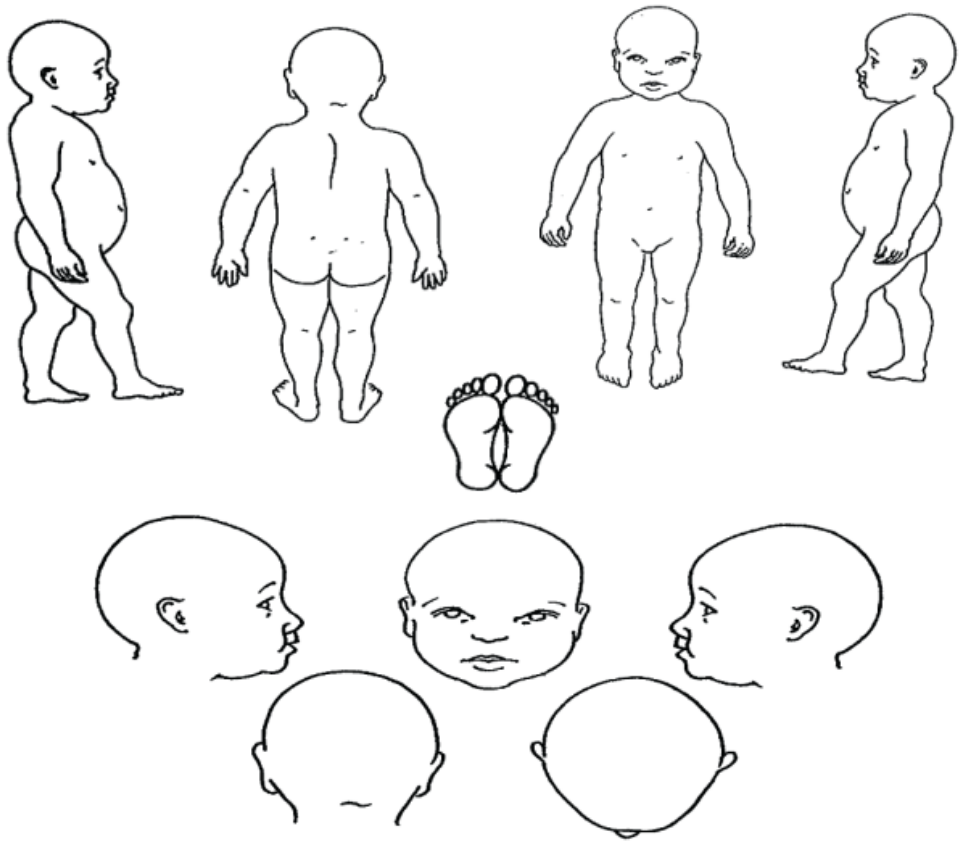
Baby Name: .....

DOB: .....

Unit Number: .....

NHS Number: .....

Baby Body Map Continued...



ANY NEW MARKS NOT RECORDED AT BIRTH OR AS TRAUMA FOLLOW MULTIAGENCY GUIDANCE FOR INJURIES IN NON-MOBILE INFANTS
(Located on Safeguarding Intranet page and BMBC Safeguarding website)

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Appendix 2 – Discharge from hospital QR codes for additional information

Please scan the QR code with your mobile phone to complete the Friends and Family questionnaire.

Please scan the QR code with your mobile phone to access your postnatal discharge documents.

Useful websites

www.barnsleyhospital.nhs.uk/services/maternity-services/

www.nhs.uk/start4life

www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/off-to-the-best-start/

www.unicef.org.uk/babyfriendly/baby-friendly-resources/relationship-building-resources/building-a-happy-baby/

www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/

https://www.unicef.org.uk/babyfriendly/new-resources-safer-sleep-week/

www.nct.org.uk/

www.bestbeginnings.org.uk/

www.abm.me.uk

www.laleche.org.uk/

www.bestbeginnings.org.uk/

www.firststepsnutrition.org/

www.lullabytrust.org.uk/

www.basisonline.org.uk/

Appendix 3

Version	Date	Comments	Author
1		3 yearly review	Maternity guideline group
2		3 yearly review	Maternity guideline group
3		Review	Maternity guideline group
4		Review	Maternity guideline group

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	N/A
Reviewed by Women's Business and Governance Group	17/03/2023
Reviewed at Women's Business and Governance meeting	22/03/2023

Archived	Date

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	Guideline for Postnatal care
Document author (Job title and team)	Inpatient Matron Consultant Obstetrician
New or reviewed document	Reviewed. Replaces; Postpartum bladder care, Early discharge of mothers and babies less than 6 hours, Guideline for Postnatal Care
List staff groups/departments consulted with during document development	Midwives Obstetricians
Approval recommended by (meeting and dates):	WB&G 17/03/223 CBU3 Governance 22/03/223
Date of next review (maximum 3 years)	23/03/2026
Key words for search criteria on intranet (max 10 words)	
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the FINAL version of this document	Name: Jade Carritt Designation: Governance Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Governance
Date approved: 22/03/2023
Date Clinical Governance Administrator informed of approval: 23/03/2023
Date uploaded to Trust Approved Documents page: 28/03/2023