



**OBSTETRICS AND GYNAECOLOGY  
CLINICAL PRACTICE GUIDELINE**

# Inpatient Postnatal Care

<b>Scope (Staff):</b>	WNHS Obstetrics and Gynaecology Directorate Staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at KEMH, OPH and home visiting (e.g. Visiting Midwifery Services, Community Midwifery Program and Midwifery Group Practice)

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

## Aims

- This guideline is to support staff by outlining WNHS' minimum standards for postnatal care:
  - Assess maternal condition, monitor progress and identify factors which may influence postpartum care (i.e. complications and/or deterioration during the immediate postnatal period)
  - Promote recovery from labour and birth
  - Promote physical, emotional and psychological wellbeing
  - Provide educational support and advice to clients with mothercrafting, breastfeeding initiation and provision of infant care
  - Ensure clinicians are aware of, and able to provide appropriate postnatal referral pathways

## Key Points

- Patient identification will be confirmed per WNHS Procedure '[Patient Identification](#)'.
- Client consent will be sought prior to all physical examinations and consideration given to the client's environment (i.e. presence of visitors).
- Observations are to be performed per -
  - WNHS MR249.60 (KEMH) / MR72.1 (OPH) Postnatal Clinical Pathway
  - WNHS Policy [Recognising and Responding to Acute Clinical Deterioration \(Physiological and Mental Health\)](#), and **should be performed more frequently where the patients clinical condition requires.**
  - Physiological observations must be documented on the Postnatal Observation and Response Chart MR284 (KEMH) or Maternal Observation and Response Chart MR140B (OPH) – for all postpartum inpatient women (up to 42 days).
  - Regular measurement and documentation of physiological observations include:
    - Respiratory rate
    - oxygen saturation

- oxygen flow rate (if on oxygen therapy)
- heart rate
- blood pressure
- temperature
- level of consciousness (Alert, Voice, Pain, Unresponsive)
- Postnatal patients also require the following additional observations:
  - vaginal loss
  - fundal tone / position
  - urine output
- Maternal transfers are to occur by:
  - wheelchair
  - bed where the client is unable to bear weight, or the clinical status makes wheelchair use inappropriate.
  - walking, if the client requests and condition permits.
- Where the client is transferred by wheelchair or bed, the baby may be transported in the clients arms. However, if the client is walking between clinical areas the baby must be transported in a hospital cot.

## Maternal Postnatal Documentation

- WNHS MR249.60 (KEMH) / MR72.1 (OPH) Postnatal Clinical Pathway:
  - Postnatal Risk Screening: Falls, per WNHS Procedure '[Falls: Risk Assessment and Management of Patient Falls](#)'
  - Postnatal Risk Screening: Pressure Injury, per WNHS Guideline '[Pressure Injury Prevention and Management](#)'
- MR285 Postnatal Observation and Response Chart, per WNHS Policy '[Recognising and Responding to Acute Clinical Deterioration \(Physiological and Mental Health\)](#)'. Minimum observation frequency MR249.60 (KEMH) / MR72.1 (OPH) Postnatal Clinical Pathway.
  - If the Fundus, Caesarean Section Wound, Perineum and/or Vaginal Loss requires increased surveillance or review, the clinician should recommend the client be nil by mouth until resolved **OR** review.
- MR251.02 (KEMH) / MR93.1 (OPH) Postnatal Risk Assessment for Venous Thromboembolism (VTE) Prophylaxis, per WNHS Clinical Guideline '[Venous thromboembolism \(VTE\): Prevention and management](#)'
- MR255.04 (KEMH) / MR30.5 (OPH) Home and Community Visit Risk Assessment, per WNHS Clinical Guideline '[Home visiting in safety](#)'
- FDV 950 Screening for Family and Domestic Violence, per WNHS Clinical Guideline '[Family and domestic violence: Screening](#)'

## Neonatal Postnatal Documentation

- MR425.10 (KEMH) / MR75.2 (OPH) Care of the Newborn
- MR426 (KEMH) / MR75.1 (OPH) Newborn Observation and Response Chart per WNHS Policy '[Recognising and Responding to Acute Clinical Deterioration \(Physiological and Mental Health\)](#)'

## Postnatal Care

Additional resources to guide clinicians with recommended postnatal cares per MR249.60 (KEMH) / MR72.1 (OPH) Postnatal Clinical Pathway:

- Breastfeeding: refer to WNHS Clinical Guideline [Newborn feeding and maternal lactation](#).
- Pain and Epidural management:
  - Perineal care to be provided per WNHS Clinical Guideline [Perineal care and repair: Protection, assessment and management](#).
  - Epidural catheter to be removed per “Removal of epidural catheter” in WNHS Clinical Guideline [Neuraxial analgesia \(including epidural, intrathecal morphine\)](#).
  - **Prior to mobilisation**, perform and document a Bromage Score. Refer to “Assessment of motor function (Bromage)” in WNHS Clinical Guideline [Neuraxial analgesia \(including epidural, intrathecal morphine\)](#).
- Nutrition:
  - Intravenous cannula/s (IVC) must remain insitu if epidural analgesia continues.
  - Discontinue all intravenous infusions if the clients clinical condition allows.
- Elimination:
  - per “Postnatal TOV: Following birth or following initial removal of an IDC” in WNHS Clinical Guideline [Bladder management](#).
  - Monitor bowel movements and elimination patterns. Provide education and offer aperients if indicated per WNHS Clinical Guideline [Bowel Care](#).
  - Monitor for haemorrhoids and offer the client a topical haemorrhoid ointment (e.g. Rectinol) for pain relief.
  - Clients with severe, swollen or prolapsed haemorrhoids, and/or rectal bleeding should be referred to a medical officer.
- Documentation:
  - Above ‘Postnatal Documentation’ must be completed at recommended intervals
  - Contemporaneous clinical notes in the patient’s Medical Record

## Discharge

- When the ‘Criteria for Discharge’ is met on the front page of MR249.60 (KEMH) / MR72.1 (OPH) Postnatal Clinical Pathway, the client is eligible for discharge.
  - Refer to WNHS Clinical Guideline [Discharge/Transfer of a Postnatal Woman to Home/Visiting Midwifery Service/Care of a General Practitioner](#), to determine which women are suitable for midwifery or medical discharge.
- Transfer of a postnatal client to Home / Visiting Midwifery Service / Privately Practising Midwives / Care of a General Practitioner is outlined in the [Postnatal Care: Quick Reference Guide](#).
- Refer to ‘Postnatal Pathways to Community Transfer’.

- Refer to the [Discharge of a patient](#) clinical guideline for discharge processes.

## Special Considerations

- Where mother and baby have been separated due to Special Care Nursery (SCN) admission:
  - Provide the mother with [“Expressing Breast Milk for Your Baby in the Neonatal Intensive Care Unit” \(PDF, 7.9MB\)](#).
  - Expressing for a preterm baby in SCN should commence within 1 hour of the birth. See CAHS Neonatology: [‘Providing Breast Milk for Preterm and Sick Babies’ brochure \(PDF, 325KB\)](#).
  - See Expressing (Hand expressing and Electric breast pump expressing) section in [Newborn feeding and maternal lactation](#) for further information.









### Related WNHS procedures and guidelines

Obstetrics and Gynaecology Clinical Practice Guidelines:  
[Bladder Management](#)  
[Bowel Care](#)  
[Newborn Feeding and Maternal Lactation](#)  
[Perineal Care and Repair: Protection, Assessment and Management](#)  
[Postnatal Care: Postnatal Care QRG](#)  
[Postnatal Care: Transfer of a Postnatal Woman to Home / Visiting Midwifery Service / GP Care](#)  
[Vaccinations](#)  
[Venous Thromboembolism \(VTE\): Prevention and management](#)

Haematology Protocols (access via intranet only):  
[Kleihauer Test for Fetomaternal Haemorrhage](#)  
[Use of RhD Immunoglobulin \(RhD Ig\) in Pregnancy](#)

WNHS Policies and Procedure (access via intranet only):  
[Breastfeeding](#)  
[Patient Identification](#)  
[Recognising and Responding to Acute Clinical Deterioration \(Physiological and Mental Health\)](#)  
[Falls: Risk Assessment and Management of Patient Falls](#)  
[Pressure Injury Prevention and Management](#)

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NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance	<input type="checkbox"/>  5: Comprehensive Care
	<input type="checkbox"/>  2: Partnering with Consumers	<input type="checkbox"/>  6: Communicating for Safety
	<input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection	<input type="checkbox"/>  7: Blood Management
	<input type="checkbox"/>  4: Medication Safety	<input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration
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**Version History**

Version Number	Date	Summary
1.0	Nov & Sep 2001	First versions
2.0	September 2014	Revised versions
3.0	February 2015 and April 2016	Revised versions
4.0	September 2017	Revised versions
5.0	November 2024	<ul style="list-style-type: none"> <li>• Guideline renamed to Inpatient Postnatal Care.</li> <li>• Content of three postnatal guidelines amalgamated: “Immediate Maternal Care in the Labour and Birth Suite”, “Admission to Ward” &amp; “Subsequent Care”.</li> <li>• All content streamlined, removed triplication</li> <li>• Recommended care referenced to the WNHS MR249.60 (KEMH) / MR72.1 (OPH) Postnatal Clinical Pathway</li> <li>• Hyperlinks updated.</li> </ul>

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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