



POSTNATAL CARE (ROUTINE)

MATERNAL POSTNATAL CARE

POSTNATAL CARE ON ADMISSION TO THE WARD

Keywords: Postnatal care, vaginal birth clinical pathway, care after birth, postnatal admission, postnatal ward, admitted to ward, transfer to the ward

AIMS

- To assess maternal condition
- To identify factors which may influence postpartum care of the woman
- To determine the level of care the woman requires
- To make the woman feel welcome and at ease.

KEY POINT

1. This procedure encompasses the care provided to women who have had a normal labour, birth and immediate postpartum period.

PROCEDURE

PROCEDURE	ADDITIONAL INFORMATION
<ol style="list-style-type: none"> 1. Welcome the woman and her support person into the ward and introduce self. Note time of arrival to ward. 	<p>The literature suggests that the admission is part of the process of care for the woman and not a procedure in itself.¹ It is the time when the relationship between the woman and the midwife begins and it provides the opportunity for the midwife to:¹</p> <ul style="list-style-type: none"> • allay the woman's anxiety² • establish an effective means of communication • establish a collaborative relationship based on respect and understanding • make an initial assessment of the woman
<ol style="list-style-type: none"> 2. Assist the woman onto the bed 	
<ol style="list-style-type: none"> 3. Check with the escorting midwife that the: <ul style="list-style-type: none"> • woman's identification band matches her medical record • infant's identification bands match the woman's band. 	<p>Confirms the identification of the woman and her infant and ensures transfer of the correct medical records.</p>
<ol style="list-style-type: none"> 4. Assess and record: <ul style="list-style-type: none"> • uterine tone, position and level • lochia – amount, consistency and colour • condition of perineum • condition of bladder • level of pain or discomfort and need for analgesia 	<p>Checks the status of the woman on arrival to the ward assessing the need for any immediate action. In addition, a baseline set of observations is obtained.</p>



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<p>5. If the above observations are within normal limits, receive handover from the transferring midwife regarding the woman's:</p> <ul style="list-style-type: none">• obstetric, medical, surgical or psychological history;• need for a Kleihauer test if she has a Rhesus negative blood group;• risk factors that may lead to a complicated postpartum recovery;• type, time and outcome of the birth and third stage;• observations and condition since the birth;• specific postpartum instructions and• specific postpartum preferences which she may have identified in her birth plan.	<p>Adequate handover is necessary for continuity of care and to individualize care plans to suit the woman's needs.</p>
<p>6. Explain to the mother the importance of keeping her baby safe while in hospital including:</p> <ul style="list-style-type: none">• The basic hospital security procedures,• Not to give her baby to anyone without an ID badge,• Not leaving the baby unattended in the room or ward nursery,• Not providing information to unknown persons regarding her personal details, such as the ward location, name of baby etc.• Provide clear instructions on the responsibilities of the woman and staff if leaving the ward area for other than scheduled medical appointments.	<p>Provide the brochure 'Keeping your baby safe in Hospital' if the mother does not already have a copy.</p>
<p>7. Explain the layout of the ward to the woman and give information on:</p> <ul style="list-style-type: none">• the function of the handset,• rooming in with her baby,• toilet and shower facilities,• meal times,• telephone and television hire,• the arrangement for receiving clean linen,• the ward pantry,• chapel services and• her expected date and time of discharge.	<p>Explanation of the ward layout and routines and services helps the woman to orientate herself to her new surroundings and to feel more at ease. In addition, it promotes independence and a more satisfactory postnatal stay in hospital.</p>



PROCEDURE

ADDITIONAL INFORMATION

8. If the woman's infant is in the Special Care Nursery, ensure she is aware of:
 - how to get to the nursery from the ward and
 - how to contact the nursery from her ward phone.
9. Inform the woman of the need:
 - to measure urinary voids until she has passed two consecutive amounts of 150mL. (See Clinical Guideline, Obstetrics & Midwifery, Postnatal Care (Routine), Postnatal Ward, Subsequent Care: Bladder Care;
 - for early ambulation;
 - for perineal care (see [Clinical Guideline, Postnatal Care \(Routine\), Postnatal Ward: Subsequent Care: Perineal Care](#) and
 - for rest.
- 10 **Documentation**
Complete the Vaginal Birth Clinical Pathway MR 249.60 pages 1 and 2 including appropriate care plan for 0-4 hours post birth and thereafter.

Informing the woman of appropriate care strategies for the postpartum period promotes self-care and well being. In addition, the woman is less likely to experience complications.

Discharge planning commences on admission and aids in timely discharge from hospital.

REFERENCES (STANDARDS)

- 1 The Joanna Briggs Institute.2002.Clinical Practice Manuals Literature Review Archive. **Patient Admission**.www.joannabriggs.edu.au/members/admit.html
- 2 Enkin, M, Keirse, M, Crowther, C et al. 2000. **A guide to effective care in pregnancy and childbirth**, Melbourne: Oxford University Press.
- 3 Australian Standard Security in Healthcare Facilities; 2000.

National Standards – 1- Care provided by the clinical workforce is guided by current best practice
2- Patient Identification
6- Clinical Handover
9- Recognising and Responding to Clinical Deterioration

Legislation - Nil

Related Policies - Nil

Other related documents – KEMH Clinical Guidelines, Obstetrics & Midwifery: Postnatal Care (Routine)

RESPONSIBILITY

OGCCU

Policy Sponsor	Director of Nursing and Midwifery
Initial Endorsement	September 2001
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