



NCCU CLINICAL GUIDELINES
SECTION: 21

CARE OF THE POSTNATAL MOTHER ON WARD 6B

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Postnatal Midwifery Care
Date Updated: July 2010

Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia

Postnatal Midwifery Care

This policy is to be used in conjunction with the KEMH Obstetric and midwifery postnatal guidelines

http://kemh.health.wa.gov.au/development/manuals/O&G_guidelines/sectionb/index.htm#6

The 6B Admission Policy

- Parents / carers of critically ill patients
- Rural parents / carers
- Breastfeeding Mothers

Mothers are admitted as inpatients up to and including Day 5.

During office hours admitted by the ward clerk.

After hours by BAC ext: 8632

Obtain Buff notes with mother's stickers

Commence post partum observation chart, admission registration forms and inpatient progress sheet M822 and Discharge Summary form MR 806.

Ward 6B has 9 rooms available. Mothers are accepted when medically able to be discharged from Maternity Hospital. 6 hours post vaginal delivery and 72 hours post caesarean section.

Boarder

Parents are admitted as boarders if greater than 5 days post delivery.

Alternative accommodation can be found by contacting the Social Worker.

Meals

Are provided from the Hospital Kitchen and delivered to the Parents Lounge up to and including breakfast Day 6 post delivery at 7am, 12 midday and 5pm. The Social Worker needs to be contacted if assistance is needed after this time.

Special dietary requirements can be arranged through the Dietician.

Postnatal Care

Requirements for transfer to 6B

Postnatal assessment must be carried out at referring hospital and the mother is to be medically discharged prior to transfer. Discharge medication and analgesia are required to be prescribed and dispensed to the mother by the referring hospital.

Midwifery Assessment

On admission to Ward 6B assess the mother. Document medication the mother is taking and medical history including allergies. Assess and document on care plan observations daily until Day 5:

- TPR, BP
- Palpate the uterus to ensure involution is occurring
- Check the colour and amount of lochia as well as any odour
- Check the status of the bladder, noting for displacement of the uterus (usually to the maternal right) or swelling in the supra pubic region which may indicate a full bladder. Encourage the woman to void 2- 3 hourly, if dysuria occurs encourage mother to drink fluids and provide urinary alkalinizers.
- Check the condition of perineum and or abdominal wound. Follow the obstetricians post operative orders for the removal of staples / sutures.
- Breasts – observe filling, presence of redness or lumps. Instruct on massaging of lumps whilst expressing or breast feeding. Contact the 6B Mothers physio for ultrasound (Ext: 8503). Ultrasound treatment is done prior to expressing or a breast feed.
- Ensure the nipples are not sore and assess attachment when / if breastfeeding.
- Check the calves for any redness/swelling/pain. TED stockings may be required. They can be ordered through the Physio – ensure you have the inner thigh, lower calf and inside measurements when you place the order.
- Bowels – assess whether the Mother is constipated. Ensure bowel function is maintained – educate on adequate fluids, high fibre diet, assess the need for medication – aperients, softeners.
- Assess level of pain or discomfort and need for analgesia/ pain relieving measures

If the observations are within normal limits, repeat the assessment the next day. Document the observations.

Report and treat deviations from the norm. For temperatures >38C reassess after two hours. If the temperature remains > 38C a medical review is required. In such circumstances immediate antibiotic therapy is required due to the risk of puerperal pyrexia. Refer to WNHS Obstetric and Gynaecology guidelines.

http://kemh.health.wa.gov.au/development/manuals/O&G_guidelines/sectionb/9/5295.pdf

If medical treatment is required contact the Medical Officer at the referring Hospital. If the Mother is from a country hospital refer to KEMH Emergency Department (Ext: 1433). Arrange transport if required and / or nurse escort.

Subsequent care as indicated.

Perineal Tears

Refer to the KEMH Obstetric and Midwifery guidelines. [Section B 6.2.2.](#)

The woman is referred to the physiotherapist for assessment if ultrasound treatment is required. Reiterate the importance of pelvic floor exercises.

Analgesia

Refer to the guidelines for Drugs and 6B Mothers Section _____

- Level and type of pain is reviewed regularly and administered as required

General Care:

- Advice and support is provided to the postnatal Mothers with referral to appropriate agencies i.e. social workers, aboriginal liaison workers, patient advocate, pastoral care, palliative care nurse, KE Breastfeeding Clinic, Kilparrin Centre.
- Attend Family Focus Meetings and document psych / social needs of the family in appropriate notes. Education in parent crafting skills, breastfeeding, postpartum period and what to expect, preparing for discharge.

Discharge

If a mother is transferred back to her referring Hospital contact the on duty midwife and give a verbal handover. A copy of the post natal observations and the progress notes are sent back with the mother.

If a mother is going home within 5 days the 6B midwife contacts the Visiting Midwife Service from the maternity hospital and organises a follow-up. Copies of the Postnatal Observations and Progress Notes are sent home with the mother.

References:

1. King Edward Memorial Hospital. (2006) Clinical Guidelines, Section B: Obstetric and Midwifery Guidelines Section 6 Routine Postnatal Care.
2. King Edward Memorial Hospital. (2006) Clinical Guidelines, Section B: Obstetric and Midwifery Guidelines. Perineal Tears Section 6.2.2
3. King Edward Memorial Hospital. (2006) Obstetric & Gynaecology Clinical Guidelines, Section B: Obstetric and Midwifery Care. Section 9 Complications of the Postnatal Period. Puerperal Pyrexia Section 9.2.1