INTRAPARTUM CARE

PREPARATION FOR LEAVING MOTHER AND BABY
AFTER BIRTH

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PURPOSE

To provide details on the role and responsibilities of the midwife when preparing to leave a mother and baby at home following a normal birth.

Pre-Requisites:

- The third stage of labour has been completed and haemostasis maintained.
- Perineal repair has been completed if required.
- The woman has voided at least once post birth (if not voided follow the KEMH clinical guideline Immediate Maternal Care in Labour and Birth Suite Following Birth). Consult with the back-up hospital for further management).
- All maternal observations have been completed and are within normal limits.
- The initial neonatal assessment, observations and Cephalocaudal examination have been completed.
- Contemporaneous records and documentation of the birth have all been completed.
- All equipment packed and waste products and sharps have been disposed of appropriately.
- The disclaimer for retaining placental tissue has been signed and the information on placental care and disposal has been given to the parents if required.
- The midwife must remain with the woman for a minimum of two hours following the completion of the 3rd stage of labour and monitor maternal and neonatal observations.

Post Birth Care of the Mother:

- Ensure baseline observations of respiratory rate, pulse, BP, and temperature are within normal limits and recorded 30 minutes and 60 minutes post birth and prior to the midwife leaving the home.
- Check that the uterus is well contracted.
- Check that the vaginal loss is within normal limits.
- Educate the women regarding normal blood loss, demonstrate rubbing up a contraction and advise when to call if concerned.

- Discuss perineal care and management of perineal pain or discomfort.
- Educate the woman regarding the signs and symptoms of DVT and encourage her to mobilise and walk around the house when she gets up to void.
- Discuss bladder function and the need to void regularly. Educate the woman regarding the management of vaginal, labial or perineal discomfort on micturition.
- Ensure appropriate education has been given during this time regarding infant feeding. The first feed and any subsequent feeds should be observed and documented in the birth notes. The woman should be confident with attachment at the breast or the giving of formula feeds.
- Commence postnatal education regarding the care of the newborn including:
  - Nappy changing;
  - Bathing of the newborn;
  - Care of the baby's cord and umbilicus;
  - Newborn feeding cues;
  - Baby-led feeding, frequency of feeds;
  - Hand expressing (offer a demonstration)
  - For mothers who have chosen to formula feed – ensure they have been provided with information and a demonstration on the correct process for making up bottles;
  - Safe Infant Sleeping and SIDS prevention (ensure parents have been provided with written information);
  - Temperature regulation

Post Birth Care of the Baby:
The first few hours of life should include assessing physiological adaption into extra-uterine life; colour, tone, breathing and heart rate. The neonate must be assessed in an appropriately lit environment.

When assessing the neonate after a homebirth or prior to early discharge, provide education to the parents regarding the signs and symptoms of an unwell neonate (as described in the CMP's informed choice pamphlet on GBS [5]).

- Ensure that all neonatal observations are within normal limits for colour, tone, respiratory rate, heart rate, temperature and positioning in a supine head neutral position enabling a patent airway. The normal range for a healthy term newborn are
- **Temperature** – 36.5 – 37.4 C

- **Heart rate** – 110-160 beats per minute (Apex)
- **Respirations** – 30 – 60 breaths per minute
- **Colour** - Skin, tongue and mucous membranes should be pink. Mild cyanosis is normal at birth and generally resolves after the first few minutes of life.
- **Tone** - The neonate should display good muscle tone, movement and flexion.

- Neonatal observations should be performed as clinically indicated but at a minimum of 30 minutes and 60 minutes after birth and again prior to leaving the house.

- Check that the cord clamp is secure and no bleeding or oozing from the cord stump is evident.

- Monitor the passing of urine and/or meconium and document.

- For any deviations from the 'normal observations' consultation with a paediatrician must occur. Refer to ACMI Guidelines for Consultation and Referral , 3rd Edition and Policy for Publicly Funded Homebirth, Oct 2013

- Discuss administration of Vitamin K and parental choice. For clients that accept Vitamin K for their babies please refer to KEMH Guideline "Medication Administration to the Neonate – Vitamin K". Document accordingly in the CMP Postnatal record – CMP MR 09

- Examination of the Neonate should include:

  General overview – Crying sounds, obvious abnormalities, activity.
  Skin – Colour, rashes, nevi, skin integrity
  Head – Shape and symmetry, fontanelles, head circumference, hair, bruising, ears, eyes, nose, mouth, neck and chin
  Chest – Movement, recession, shape, signs of respiratory distress, nipple and breast tissue
  Abdomen – Shape, colour, size, umbilicus, meconium staining of the cord, secure umbilical cord, number of cord vessels, presence of obvious masses, bowel sounds
  Genetalia/Anus – Passage of urine/meconium, patency. Penis – Foreskin, testes, urethral maetus. Vagina - vaginal and urethral orifice, vaginal discharge.
  Musculoskeletal – Arms, legs, hands, feet, digits, shape, posture, length, deformations, talipes. Neck and spine dimples or malformations. Hips – dislocated or unstable. Clavical – tenderness or fracture.
  Neurological – Reflexes – Moro grasp, rooting, suck, stepping, traction response.

- Ensure the baby has been offered a feed and if not interested that the mother understands to keep offering feeds regularly.

- If the baby does not feed effectively (Refer to CMP guideline "Breastfeeding The Healthy Term Infant"),

  - Continue skin to skin contact
  - Facilitate hand expressing of colostrum within 2 hours of birth and give the colostrum by finger of cup feeding.

  - Offer breast and/or express and give the colostrum via finger or cup feeding 8-12 times in 24hrs.
  - If <2mL colostrum is expressed encourage 2hrly expressing and feeding.
  - If no colostrum expressed, increase skin to skin contact and physical breastfeeding support.
  - **Formula supplementation is not required in the first 24 hours in the well term infant(ABM 2009)**
- If the baby does not feed effectively prior to the midwife leaving the house, a midwife must return within 12 hours of birth to determine the feeding status and assess neonatal wellbeing.

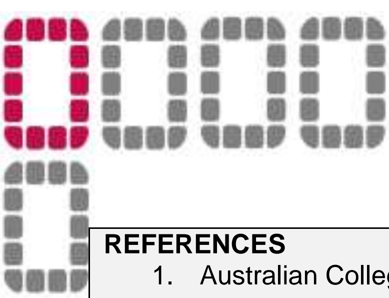
- If at 12 hours after birth the baby is still not effectively sucking at the breast contact the Support hospital for paediatric review.

- The mother should be advised about the importance of skin to skin contact with her baby to assist with the establishment of breastfeeding.

- The mother must be advised that if her baby does not feed for a period of longer than 6 hours in the first 24 hours she must increase the length of skin to skin time, hand express and give the expressed colostrum via a spoon and contact her midwife. [6,7] Long periods without breast stimulation are not advisable when establishing breastfeeding.

- Ensure that the woman has the contact number for the CMP midwife and support hospital and knows when her next visit will take place.

- The first postnatal visit should be arranged between 12 and 24 hours of the birth as indicated.



REFERENCES

1. Australian College of Midwives. National Guidelines for Consultation and Referral 2008

2. Women's and Newborns' Health Network, Policy for Publicly Funded Home Births including Guidance for Consumers, Health Professionals and Health Services, Feb 2012

3. NICE guidelines CG37 Routine postnatal care for women and their babies.

4. CMP informed choice pamphlet "Screening for Group B Streptococcus" 2011

6. Academy of Breastfeeding Medicine (2009) Clinical Protocol #3: Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate

7. Kent J, Mitoulas LR, Cregan M, Ramsay DT, Doherty DA, Hartmann PE 2006, Volume and frequency of breastfeeding and fat content of breast milk throughout the day. Pediatrics 117(3): 387-395.

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
12 Provision of Care

Legislation - Nil

Related Guidelines / Policies Nil

Other related documents –

Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP Midwifery Standard of Practice

Transfer Home to Hospital

RESPONSIBILITY	
Policy Sponsor	Nursing & Midwifery Director OGCCU
Initial Endorsement	October 2008
Last Reviewed	Junel 2016
Last Amended	June 2016
Review date	June 2019

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Department of Health Western Australia 2015

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