CLINICAL PRACTICE GUIDELINE

Preparation for leaving after the birth

This document should be read in conjunction with this Disclaimer

Purpose

To provide CMP midwives with the role and responsibilities of the midwife when preparing to leave a mother and her 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 Obstetrics & Gynaecology: Bladder Management). 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 and are within normal limits. Observations as per MR426 Newborn Observation and Response Chart (NORC).
- 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 neonatal 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 neonate including:
    - Safe Infant Sleeping and SIDS prevention (ensure parents have been provided with written information)
    - Nappy changing
    - Bathing
    - Care of the cord and umbilicus
    - Temperature regulation
    - 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

Post birth care of the neonate

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 provide education to the parents regarding the signs and symptoms of an unwell neonate (see section GBS: ‘Signs and symptoms of GBS infection’ in the woman’s KEMH Pregnancy Birth and Your baby book (pdf, 5.93MB)).

- 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. Refer to the NORC.
- **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 per KEMH guideline Neonatal Care: Observations, or as clinically indicated. Additional observations to be performed if Midwife still present.
- Undertake oxygen saturation monitoring (as per KEMH guideline, Obstetrics & Gynaecology: Neonatal Care if equipment available

  If O_2 sats equipment not available:
  - Temp, heart rate and tone hourly for 3 hours
  - Respirations and colour 15 minutely for first hour then hourly for 3 hours
- 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 ACM Guidelines for Consultation and Referral and Department of Health WA: Policy for Publicly Funded Homebirth (Oct 2013).
- Discuss administration of Vitamin K and parental choice. For clients that accept Vitamin K for their babies, administer and document accordingly in the CMP Postnatal record – CMP MR 09
- Examination of the Neonate as per KEMH Clinical Guideline Obstetrics & Gynaecology, Neonatal Care: Examination
- Ensure the neonate has been offered a feed and if not interested that the mother understands to keep offering feeds regularly.
- If the neonate does not feed effectively (Refer to KEMH Obstetrics & Gynaecology: Newborn Feeding: Breastfeeding guidelines)
  - 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.
- If the neonate 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 neonate 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. 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

Bibliography

Academy of Breastfeeding Medicine. Clinical Protocol #3: Supplementary feedings in the healthy term breastfed neonate. 2017.

Australian College of Midwives. National Guidelines for Consultation and Referral (3rd ed. Issue 2). 2014.

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.

NICE guidelines CG37. Postnatal care up to 8 weeks after birth. 2015.

Women's and Newborns' Health Network, Policy for Publicly Funded Home Births including Guidance for Consumers, Health Professionals and Health Services, Oct 2013.

Related legislation and policies

Department of Health Western Australia: Policy for Publicly Funded Homebirth (Oct 2013)

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines:

- Community Midwifery Program: Non-compliance of client with CMP midwifery standard of practice
- Obstetrics & Gynaecology:
  - Bladder Management
  - Neonatal Care
  - Postnatal Care

Useful resources (including related forms)

KEMH Pregnancy Birth and Your baby book (pdf, 5.93MB)

Keywords:	CMP, Community Midwifery Program, leaving mother after birth, home birth		
Document owner:	Obstetrics & Gynaecology Directorate, Community Midwifery Program		
Author / Reviewer:	CMP CMM / CMC		
Date first issued:	October 2008		
Reviewed dates: (since June 2016)	; June 2016; April 2020	Next review date:	April 2023
Supersedes:	This April 2020 version supersedes the June 2016 version		
Endorsed by:	Obstetrics & Gynaecology Directorate Management Committee [OOS with Medical and Nurse Midwife Co-Directors]	Date:	28/04/2020
NSQHS Standards (v2) applicable:	1 Governance, 2 Partnering Consumers, 8 Recognising & Responding to Acute Deterioration		

Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from the WNHS website.

www.nmhs.health.wa.gov.au