



## CLINICAL PRACTICE GUIDELINE

# CMP: Maternal observations and postnatal care

This document should be read in conjunction with this [Disclaimer](#)

## Frequency of observations

- Observations should be performed as often as indicated by the woman's clinical condition.
- The first postnatal visit and assessment of the mother and baby following a home birth or early discharge should take place within 24 hours post birth and be dependent on client's clinical needs and time of birth.
- Daily postnatal assessments of the mother shall be performed for the first 72 hours postpartum.
- The remainder of the visits shall be individualised to each mother's needs.

## Procedure

- A complete assessment of the whole clinical picture of the woman's wellbeing, including how the woman feels physically and emotionally.
- Observe how the mother and baby are bonding and document. Discuss sleep patterns, nutrition, discomfort, stress levels, mood changes and effectiveness of support systems available.
- **If observations are outside the normal range or if the woman's condition gives rise to concern, immediate consultation and/or referral to the woman's GP or obstetrician at her support hospital must occur.**

## Daily maternal observations

- Perform BP, pulse and temperature daily for 72 hours, or if clinically indicated.
- Assess the vaginal loss for colour, amount, clots passed or offensive odour.
- Check uterine involution – note the tone and height in finger breadths below the umbilicus and position. When assessing involution of the uterus other

factors such as fundal tenderness, pyrexia and increased or offensive lochia need to be considered.

- Discuss perineal comfort and check the perineal area/wound site (if had a c/s) for signs of inflammation, infection or breakdown.
- Assess degree of mobilisation and educate regarding the risks and signs and symptoms of DVT.
- Discuss bladder and bowel function.
- Educate regarding the benefits of pelvic floor exercises and the importance of the pelvic floor function.
- At each post-natal visit, review the woman's emotional wellbeing, support networks and her on going ability to cope and deal with day to day matters.
- Consider EPDS (refer to CMP's EPDS referral pathway)
- Discuss and offer Rh(D) immunoglobulin to all non- sensitised Rh D women within 72 hours following the birth of a Rh(D) positive baby.

## **Breastfeeding**

- Assess the woman's confidence with positioning and attachment
- Inspect the nipples for skin integrity and signs of tissue trauma if the woman complains of tenderness or pain (refer to KEMH Newborn Feeding: Breastfeeding Challenges: Nipple Trauma guideline)
- Discuss breast comfort and check for any lumps, red or painful areas (refer to KEMH Newborn Feeding: Breastfeeding Challenges: Engorged and Lumpy Breasts guideline)
- Discuss general care of lactating breasts including the management of engorgement, expressing and the signs and symptoms of mastitis
- Advise the woman of the need for consultation with a midwife, lactation consultant or a GP if concerned regarding any of the above. Ensure that all contact details and numbers are readily available and accessible.

## **Discharge assessment**

- Assess whether breastfeeding is established, and breasts and nipples are comfortable
- Determine if the attachment and positioning of baby is effective and if there is general confidence with breastfeeding
- If infant formula feeding, provide education regarding preparation of feeds and hygiene of equipment
- Maternal observations are stable and within normal limits, including:
  - Perineum comfortable and healing well
  - Lochia minimal and alba

- Uterus involution and check for diastasis
- Normal bladder and bowel function
- Appears well adjusted to lifestyle with no symptoms of depression
- Mother crafting and parenting skills
- No physical pain or discomfort
- Ensure that any referrals have been made and all issues of concern have been addressed
- Discuss contraception and resuming sexual intercourse
- Ensure that all postnatal education has been offered as per CMP guidelines including:
  - Postpartum pap smears
  - Recommend Measles, Mumps and Rubella (MMR) immunisation if the woman is non immune
  - Discuss future support of GP, Physiotherapist, Child Health Nurse, Breast Feeding Association and other support groups
  - Recommend a 6 week postnatal GP check
- Complete all relevant documentation in maternal, baby notes and Child Health Folder
- Ensure the woman has a copy of all her notes and her Birth Registration / Centrelink forms

## References

### **Bibliography**

Australian College of Midwives. [National Guidelines for Consultation and Referral](#) (3<sup>rd</sup> ed. Issue 2). 2014.

Department of Health WA. [WA Health Policy for publicly funded Home Births including guidance for consumers, health professionals and health services \(Revised October 2013\)](#)

NICE guidelines [CG37. Postnatal care up to 8 weeks after birth](#). 2015.

## Related legislation and policies





Department of Health WA. [WA Health Policy for publicly funded Home Births including guidance for consumers, health professionals and health services \(Oct 2013\)](#)

## Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines:

- Community Midwifery Program: [Non-compliance of client with CMP midwifery standard of practice](#)
- Obstetrics & Gynaecology:
  - Acute Deterioration (Adult): Resuscitation and Life Support
  - Bladder Management
  - Postnatal Care: Observations

WNHS Policy: [Recognising and Responding to Acute Physiological \(Clinical\) Deterioration](#)

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