On arrival, the woman is transferred to the appropriate area for ongoing care following assessment in the Emergency Centre.

Notes: Women booked to birth at:
- Family Birth Centre (FBC) can be admitted directly to the FBC if the Ambulance staff feel this is appropriate after individualised assessment.
- OPH are admitted directly to Birth Suite.

Mother

Criteria for admission to the Labour and Birth Suite (LBS)
- Retained or in situ placenta
- Woman’s condition is unstable
- OPH: All women booked to birth at OPH are admitted directly to Birth Suite

Criteria for admission to the Postnatal Ward
- Not requiring suturing.
- Third stage complete.
- No excessive vaginal bleeding (blood loss <500ml or no ongoing vaginal bleeding/ trickling).
- Observations are satisfactory.
Criteria for admission to the FBC

- Woman’s condition is stable and she feels well.
- No excessive vaginal bleeding (blood loss <500ml or no ongoing vaginal bleeding/trickling).

Baby

Note: See also ‘observations’ within Neonatal Care guideline for admission to postnatal ward, e.g. if meconium present at birth.

Criteria for admission to the LBS

- If the mother is admitted to Labour and Birth Suite.

Criteria for admission to the Postnatal Ward

- If the mother is admitted to Postnatal Ward and
- Observations are satisfactory. For additional observations required (e.g. for meconium stained liquor, GBS) see also ‘observations’ within Neonatal Care guideline.

Criteria for admission to the FBC

- If the mother is admitted to FBC and
- Observations are within normal limits

Criteria for admission to the Special Care Nursery (SCN)

- As per Neonatology guidelines: Admission to NICU KEMH and PCH.

Documentation

1. As per KEMH Clinical Guideline: Obstetrics & Gynaecology, Labour & Birth: Birth Notification
2. The midwife caring for the woman, i.e. in Labour and Birth Suite, FBC or the Postnatal Ward, completes the documentation and STORK entry.
3. A midwife shall inspect the placenta (as per WNHS Clinical Guideline Obstetrics & Gynaecology: Labour & Birth: Third Stage) and include the details in the Labour and Birth Summary (MR230.01 if KEMH) or at OPH MR(OPH)71.
4. Follow relevant guidelines for the placenta; it should be either:
   a. given to parents to take home (see Labour: Placenta Being Taken Home: Safe Handling),
   b. bagged and put into anatomical waste bin on Labour and Birth suite (see Labour: Third Stage) or
   c. if meets criteria/requested by medical team sent for histopathology. (see Labour: Indications for Pathological Examination of a Placenta).
Related WNHS policies, procedures and guidelines

Clinical guidelines:
- Obstetrics & Gynaecology:
  - Patient Movement: Admission: Patient admission and booking procedure
  - Labour and Birth: Birth Notification; Third Stage
  - Neonatal Care: Observations

CAHS Neonatology: Admission guidelines: Admission to NICU: KEMH and PCH

Patient Flow and Bed Management Unit Health point hub page [Intranet access only]: Admission policy and procedure

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NSQHS Standards (v2) applicable:
- ☑ 1: Clinical Governance
- ☑ 2: Partnering with Consumers
- ☑ 3: Preventing and Controlling Healthcare Associated Infection
- ☑ 4: Medication Safety
- ☑ 5: Comprehensive Care
- ☑ 6: Communicating for Safety
- ☑ 7: Blood Management
- ☑ 8: Recognising and Responding to Acute Deterioration

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