



<b>OBSTETRICS AND GYNAECOLOGY CLINICAL PRACTICE GUIDELINE</b>	
<h1>Postnatal Care: QRG</h1>	
<b>Scope (Staff):</b>	Obstetrics and Midwifery Staff
<b>Scope (Area):</b>	Obstetric Areas
<b>This document should be read in conjunction with the <a href="#">Disclaimer</a>.</b>	

This Quick Reference Guide (QRG) applies to patients who have had a vaginal or caesarean birth and must be used in conjunction with its respective Clinical Guidelines and the [Postnatal Clinical Pathway](#).

Note: Observations and care should be performed as often as indicated by the patient's clinical condition. All changes must be documented.

MATERNAL ASSESSMENT		
Identification – Introduce self and confirm patient identification with 3 unique patient identifiers		
	Vaginal Birth	Caesarean Birth
<p><b>Observations *</b></p> <p>See Clinical Guidelines:</p> <ul style="list-style-type: none"> <li>• <a href="#">Postnatal Care on Admission to the Ward</a></li> <li>• <a href="#">Postnatal Subsequent Care</a></li> <li>• <a href="#">Caesarean Birth (Postoperative Care section)</a></li> </ul> <p>* Attend more frequent observations as clinical condition requires.</p>	<p>On <b>admission</b> to the ward assess and document:</p> <ul style="list-style-type: none"> <li>• Fundas (tone and position)</li> <li>• Lochia/ PV loss</li> <li>• Bladder needs – TOV/IDC</li> <li>• Pain and analgesia needs</li> </ul> <p>Within <b>4 hours</b> post birth and again <b>4 hours later</b>, then <b>daily*</b> (if normal), assess and document:</p> <ul style="list-style-type: none"> <li>• TPR, BP, O<sub>2</sub> sat, consciousness, urinary function, pain, fundus.</li> <li>• Lochia/ PV loss</li> <li>• Emotional wellbeing</li> <li>• Breasts, nipples, legs, and bowels</li> <li>• Consider goals of care</li> </ul>	<p>Observation frequency on arrival to the ward:</p> <ul style="list-style-type: none"> <li>• ½ hrly for 2 hours then,</li> <li>• 1 hrly for 2 hours then,</li> <li>• 2 hrly for 2 hours then,</li> <li>• 4 hrly for 24 hours then</li> <li>• 3 times daily (or as per clinical condition)</li> </ul> <p>Assess and document:</p> <ul style="list-style-type: none"> <li>• TPR, BP, O<sub>2</sub> sat, pain, consciousness and urinary output</li> <li>• Wound/dressing/drain</li> <li>• Lochia/PV loss</li> <li>• Emotional wellbeing</li> <li>• Breasts, nipples, legs, and bowels</li> <li>• Consider goals of care</li> </ul>

	Each shift: Breasts, Legs and Emotional wellbeing	<p>And if present:</p> <ul style="list-style-type: none"> <li>• <a href="#">Analgesia observations</a> (e.g. PCEA, intrathecal morphine),</li> <li>• Epidural site each shift if epidural remains in situ (see <a href="#">MR280 Epidural/Spinal Chart</a>)</li> </ul> <p>Each shift: Breasts, Legs and Emotional wellbeing</p>
<p>Perineal / Wound Care / Comfort</p> <p>See Clinical Guidelines:</p> <ul style="list-style-type: none"> <li>• <a href="#">Perineal Care and Repair</a></li> <li>• <a href="#">Wound Care</a></li> </ul>	<p>On <b>admission</b> to ward, check perineum.</p> <p>Each shift for initial <b>48 hrs</b>, then <b>daily</b>, ask about / inspect perineal healing / pain.</p> <p>Consider physiotherapy referral.</p>	<p>Wound care as per post op orders on the <a href="#">MR310 Caesarean Section</a>.</p> <p>If observations normal after 2 hrs, offer bed wash and assist dressing as required.</p>
<p><b>Prevention/ Screening</b></p> <p>See Clinical Guidelines/ Policies/ Protocols:</p> <ul style="list-style-type: none"> <li>• <a href="#">Pressure Injury Prevention and Management</a></li> <li>• <a href="#">Falls: Risk Assessment and Management of Patient Falls</a></li> <li>• <a href="#">Management of Nicotine Dependence</a></li> <li>• <a href="#">Venous thromboembolism (VTE): Prevention and management</a></li> <li>• <a href="#">Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities</a></li> </ul>	<p>Assess on admission, change in clinical condition and prior to discharge:</p> <ul style="list-style-type: none"> <li>• Falls</li> <li>• Pressure injury</li> </ul> <p>Assess and document a VTE screening at least once post-delivery, or if clinical condition changes on the <a href="#">Postnatal Risk Assessment for Venous Thromboembolism (VTE) Prophylaxis MR251.02 (KEMH) / MR93.1 (OPH)</a></p> <p>If present, inspect the PIVC once per shift whilst in situ and for 48 hours post removal.</p> <p>Utilise the Postnatal Clinical Pathway (MR249.60 (KEMH) / MR72.1 (OPH) ) to guide further screening in the postnatal period.</p>	
<p><b>Output</b></p> <p><b>Bladder</b></p> <p>See Clinical Guideline: <a href="#">Bladder Management</a></p>	<p>The timing, flow, and sensation of the first two voids following birth or removal of IDC must be monitored. These voids should be between 150 – 600mls.</p> <p>If any concerns with the following, refer to the <a href="#">Bladder Management</a> Guideline</p> <ul style="list-style-type: none"> <li>• Abnormal sensation when voiding</li> <li>• Voiding less than 150mls or greater than 600mls</li> <li>• Inability to void within 4 hours post IDC removal/birth, or any other symptoms of urinary retention.</li> </ul>	
<p><b>Bowels</b></p>	<p>For concerns, see <a href="#">O&amp;G Guideline: Bowel Care</a></p>	

<b>Input</b>	<ul style="list-style-type: none"> <li>• Encourage food and fluids as desired. Post-surgery, early reintroduction of oral intake is encouraged:             <ul style="list-style-type: none"> <li>○ Commence oral fluids and if tolerated, commence solids. If N&amp;V, gradual reintroduction over several hours may be required. See also <a href="#">Clinical Guideline: Neuraxial Analgesia</a> (Epidural and spinal – side effects section)</li> <li>○ Women who are post GA or who have received intrathecal or epidural morphine may have a higher incidence of N&amp;V and require pharmacological prophylaxis</li> </ul> </li> </ul> <p>Consider removing IV fluids when tolerating oral fluids. The IV cannula is to remain in situ while using epidural analgesia.</p>
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<p><b>MEDICATIONS</b> – Consider need for;</p> <ul style="list-style-type: none"> <li>• RhD Immunoglobulin – see clinical guideline <a href="#">Use of RhD Immunoglobulin (RhD Ig) in pregnancy</a></li> <li>• MMR - see Clinical Guideline <a href="#">Vaccinations</a></li> </ul> <p>Review all medication charts and administer medications as prescribed:</p> <ul style="list-style-type: none"> <li>• <a href="#">Medication Chart (MR810.05)</a>,</li> <li>• <a href="#">Post-operative nausea and vomiting (MR810.02)</a>,</li> <li>• <a href="#">WA Anticoagulation Chart (MR810.11)</a></li> <li>• <a href="#">Obstetric Subcutaneous Insulin Order and Blood Glucose Record (MR265.04KEMH/MR170.6OPH)</a> – if required.</li> </ul>
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<b>PROCEDURES TO BE CONSIDERED</b>	
<b>Blood tests:</b>	Kleihauer, full blood picture, or as per clinical condition
<b>Removal of Epidural:</b>	See <a href="#">MR280 Epidural/Spinal Chart</a> – check if contraindicated by anticoagulant use or platelet count. See <a href="#">Clinical Guideline: Neuraxial Analgesia</a>
<b>Staples/Sutures:</b>	Refer to post op orders <a href="#">MR 310 Caesarean Section</a> or TMS Op Plan
<b>Drains:</b>	Refer to post op orders <a href="#">MR 310 Caesarean Section</a> or TMS Op Plan
<b>Other:</b>	Follow care required in <a href="#">Postnatal Clinical Pathway</a>

<b>BREASTFEEDING</b> –	
See Clinical Guidelines, <a href="#">Newborn Feeding and Maternal Lactation</a>	
<ul style="list-style-type: none"> <li>• Commence expressing 3 hourly if baby in SCN, vulnerable baby (see guideline) or not fed within 4 hrs.</li> <li>• Consider additional cares for vulnerable babies (as per clinical guideline)</li> </ul>	

<b>EDUCATION / COMMUNICATION</b>	
<ul style="list-style-type: none"> <li>• Complete as per Postnatal Clinical Pathway</li> <li>• Arrange interpreter if required – see <a href="#">WNHS Procedure: Language Services</a></li> </ul>	

<b>REFERRALS TO BE CONSIDERED</b>		
• Aboriginal Liaison Officer	• Diabetes Service	• Mental Health Services
• Adolescent Service	• Dietitian	• Social Work
• Allied Health – Other	• Physiotherapy	• Special Child Health Nurse
• Breastfeeding Centre	• Urology	• WANDAS

- Continued postnatal care: Visiting Midwifery Service; MGP; PPEM; CMP; VMS Hospital Clinic (if baby in SCN or ineligible/inappropriate for VMS)

See also Clinical Guidelines/Policies:

[VMS Referrals](#); [Women’s and Perinatal Mental Health Referral and Management](#); [Neonatal Special Referrals to Child Health Services](#); [Dietitian Referral](#); [Referrals – Physiotherapy](#); [Social Work](#); [Working with Obstetric Patients](#); [Adolescent Service](#); [Discharge/Transfer of a Postnatal Woman to Home/Visiting Midwifery Service/Care of General Practitioner](#)

**ACTIVITY** – Minimum standards for falls prevention in place

- Consider risk factors including postpartum haemorrhage or post epidural / spinal

**Post Caesarean Birth**

- Graduated Compression Stockings +/- Flowtron as ordered. See [Caesarean Birth Guideline](#)
- Bromage scores. Early ambulation – when sensation/movement returned and tolerated. See [Neuraxial Analgesia Guideline](#)

**Post vaginal birth**

- Ambulate as tolerated
- Consider Bromage scores post epidural. Early ambulation – when sensation/movement returned and tolerated. See [Neuraxial Analgesia Guideline](#)

**DOCUMENTATION TO BE CONSIDERED**

MR 230.01	<a href="#">Labour and Birth Summary</a>
MR255.04 K/MR30.5 O	<a href="#">Home and Community Visit Risk Assessment</a>
MR280	<a href="#">Epidural / Spinal Chart</a>
MR285	<a href="#">Postnatal Observation and Response Chart</a>
MR425.10K/MR75.2 O	<a href="#">Care of the Newborn</a>
MR729 K/ MR144.1 O	<a href="#">Fluid Balance Chart</a>
MR740 K/ MR176.1 O	<a href="#">Intravenous Fluid and Additive Order Sheet</a>
MR810.02	<a href="#">Postoperative Nausea and Vomiting Chart</a>
MR810.05	<a href="#">WA Hospital Medication Chart – Short Stay</a>
Update clinical handover sheet – see <a href="#">WNHS Clinical Handover Policy</a>	

**DISCHARGE PLANNING** – As per [Postnatal Clinical Pathway \(MR249.60 KEMH/MR72.1 OPH\)](#)

*Note: This QRG represents minimum care and should be read in conjunction with the full guideline. Additional care should be individualised.*

**Abbreviations**

ASCU – Adult Special Care Unit; BP – Blood Pressure; CMP- Community Midwifery Program; FBP- full blood picture; GA - general anaesthesia; GP- General Practitioner; Hb- haemoglobin; hr- hour; IDC- indwelling catheter; IV- intravenous; KEMH-King Edward Memorial Hospital; MGP- midwifery group practice; MMR- measles, mumps, rubella; MO- Medical Officer; NIMC- National

## Abbreviations

Inpatient Medication Chart; NRT- nicotine replacement therapy; N&V- nausea & vomiting; O2 sat- oxygen saturation; O&G- Obstetrics & Gynaecology; OPH – Osborne Park Hospital; PCEA- patient controlled epidural analgesia; PPEM- privately practicing endorsed midwife; RhD Ig- rhesus D immunoglobulin; SCN- special care nursery; t/f- transfer; TOV- trial of void; TPR-temperature, pulse, respirations; VAS- vascular assessment/access score; VIPS-visual infusion phlebitis score; VMS- Visiting midwifery service; VTE- venous thromboembolism; WNHS- Women and Newborn Health Service

## Related WNHS policies, procedures and guidelines

[Obstetrics and Gynaecology Guideline: Postnatal Care on Admission to the Ward](#)

[Obstetrics and Gynaecology Guideline: Postnatal Subsequent Care](#)

[Obstetrics and Gynaecology Guideline: Caesarean Birth](#)

[Anaesthesia and Pain Medicine Guideline: Neuraxial Analgesia \(including Epidural, Intrathecal Morphine\)](#)

[Obstetrics and Gynaecology Guideline: Perineal Care and Repair](#)

[Obstetrics and Gynaecology Guideline: Wound Care](#)

[WNHS Policy: Pressure Injury Prevention and Management](#)

[WNHS Procedure: Falls: Risk Assessment and Management of Patient Falls](#)

[Obstetrics and Gynaecology Guideline: Bladder Management](#)

[Obstetrics and Gynaecology Guideline: Bowel Care](#)

[Transfusion Medicine Protocol Use of RhD Immunoglobulin in Pregnancy](#)

[Obstetrics and Gynaecology Guideline: Vaccinations](#)

[WNHS Procedure: Language Services](#)

[Obstetrics and Gynaecology Guideline: Visiting Midwifery Service Referrals](#)

[Women's and Perinatal Mental Health Referral and Management Guideline](#)






[WNHS Policy: Neonatal Special Referrals to Child Health Services](#)

[Nutrition and Dietetics Protocol: Dietitian Referral](#)

[Physiotherapy Protocol: Referrals – Physiotherapy](#)

[Social Work Guideline: Working with Obstetric Patients](#)

[Obstetrics and Gynaecology Clinical Guideline: Discharge/Transfer of a Postnatal Woman to Home/Visiting Midwifery Service/Care of General Practitioner](#)

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NSQHS Standards Applicable:	 Std 1: Clinical Governance  Std 5: Comprehensive Care  Std 8: Recognising and Responding to Acute Deterioration		 Std 4: Medication Safety  Std 6: Communicating for Safety		
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Version History

Version Number	Date	Summary
1.0	August 1993	First version
2.0	October 2015	Revised version
2.1	May 2016	Revised version
3.0	October 2024	Revised, updated links; updated to new template; ensured emotional wellbeing and goals of care are considered

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy.

This document can be made available in alternative formats on request for a person with a disability.

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