



**POSTNATAL CARE: MATERNAL**

**POSTNATAL CARE: QUICK REFERENCE GUIDE (QRG)**

**Keywords:** postnatal, postpartum, quick reference guide, postnatal care, caesarean, post-operative, observations, after birth, postnatal care on the ward, care after caesarean

This QRG **must be used in conjunction** with its respective Clinical Guidelines, Obstetrics & Midwifery: Postnatal: [Subsequent Care](#); Care on [Admission to Ward](#) & [Caesarean: Post-Operative Care](#). It pertains to care of women who have had a vaginal or caesarean birth.

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

<b>MATERNAL ASSESSMENT</b>		
<b>Identification-</b> Introduce self & confirm patient identification		
	<b>Vaginal Birth</b>	<b>Caesarean Birth</b>
<p><b>Observations*</b></p> <p>See Clinical Guidelines, Obstetrics &amp; Midwifery:</p> <ul style="list-style-type: none"> <li>Postnatal Care: <a href="#">Postnatal: Care on Admission to the Ward</a></li> <li>Postnatal Care: <a href="#">Subsequent Care</a></li> <li><a href="#">Caesarean Section: Post-Operative Care</a></li> </ul> <p>* Attend more frequent observations as clinical condition requires.</p>	<p>On <b>admission</b> to the ward assess &amp; document:</p> <ul style="list-style-type: none"> <li>Fundus (tone &amp; position)</li> <li>Lochia/ PV loss</li> <li>Bladder needs- TOV / IDC</li> <li>Pain &amp; analgesia needs</li> </ul> <p>Within <b>4 hours</b> post birth &amp; again <b>4 hours later</b>, then <b>daily*</b> (if normal), assess &amp; document:</p> <ul style="list-style-type: none"> <li>TPR, BP, O<sub>2</sub> sat, consciousness, urinary function, pain, lochia, fundus</li> <li>Emotional wellbeing</li> <li>Breasts, legs, bowels &amp; ask if haemorrhoids</li> </ul>	<p>½ hrly for 2 hrs; 1 hrly for 2 hrs; 2 hrly for 2 hrs, 4 hrly for 24 hrs, then 3 times daily (if ex ASCU, attend 4hrly for 24 hrs from t/f):</p> <ul style="list-style-type: none"> <li>TPR, BP, O<sub>2</sub> sat, pain, consciousness &amp; urinary output</li> <li>Wound / dressing / drain</li> <li>Lochia/ PV loss</li> <li>IV therapy</li> </ul> <p>And if present:</p> <ul style="list-style-type: none"> <li>Analgesia observations (e.g. PCEA, <a href="#">intrathecal morphine</a>); &amp; check epidural site &amp; <a href="#">dermatomes</a> each shift &amp; as required- see MR280 Epidural /Spinal Chart</li> </ul> <p>Each shift: Breasts, Legs (&amp;ensure anti embolic stockings correctly applied) &amp; Emotional wellbeing</p>
<p><b>Perineal / Wound Care / Comfort</b></p> <p>See Clinical Guidelines:</p> <ul style="list-style-type: none"> <li>O&amp;M: Postnatal Care: <a href="#">Perineal Care</a></li> </ul>	<p>On <b>admission</b> to ward, check perineum.</p> <p>Each shift for initial <b>48hrs</b>, then <b>daily</b>, ask about/inspect perineal healing / pain.</p> <p>Consider physiotherapy</p>	<p>Wound care as per post op orders on the MR310 Caesarean Section.</p> <p>If observations normal after 2 hrs, offer bed wash &amp; assist dressing as required.</p>



	Vaginal Birth	Caesarean Birth
<ul style="list-style-type: none"> <li>O&amp;G: Wound Care</li> </ul>	referral.	
<p><b>Prevention/ Screening</b></p> <p>See Clinical Guidelines, O&amp;G: Patient Administration:</p> <ul style="list-style-type: none"> <li><a href="#">Pressure Injury Prevention</a>;</li> <li><a href="#">Falls: Risks, Prevention &amp; Management</a>;</li> <li>Standard Protocols: <a href="#">Nicotine Dependence Assessment</a></li> </ul>	<p>Assess on admission, discharge &amp; clinical condition change:</p> <ul style="list-style-type: none"> <li>Pressure areas (checked and assessed on Comprehensive Skin Assessment MR260.03)</li> </ul> <p>Assess &amp; document at admission &amp; risk change:</p> <ul style="list-style-type: none"> <li>MO documents on NIMC-VTE risk for <b>all</b> women.</li> <li>VTE risk assessment sticker</li> </ul> <p>If required, assess:</p> <ul style="list-style-type: none"> <li>Falls screening</li> <li>Smoking- offer NRT if not contraindicated</li> <li>IV cannula site-VAS/VIPS</li> </ul>	<ul style="list-style-type: none"> <li>Minimum standards for fall prevention in place</li> <li>VTE prevention (MO completes VTE assessment on NIMC &amp; TED stocking sticker). Anticoagulant if charted. See <a href="#">Thromboprophylaxis After Caesarean Birth</a></li> </ul> <p>Assess on admission, discharge &amp; clinical condition change:</p> <ul style="list-style-type: none"> <li>Pressure areas (checked and assessed on Comprehensive Skin Assessment MR260.03).</li> </ul> <p>If required, assess:</p> <ul style="list-style-type: none"> <li>Falls screening</li> <li>Smoking- offer NRT if not contraindicated</li> <li>IV cannula site (VAS/VIPS)</li> </ul>
<p><b>Output</b></p> <p><b>Bladder</b>- First void required within 4 hrs of birth / IDC removal.</p>	<p>Assessment after birth / removal of an IDC – measure until 2x urine output between 150- 600mls</p>	<p>Removal of IDC as per orders.</p> <p>Measure until urine output of 2 x voids 150-600mls.</p>
	<p>See Clinical Guideline, O&amp;M, Postnatal Care: <a href="#">Bladder Care</a> for process if void &lt;150ml or &gt;600ml or unable to void within 4 hrs of birth / IDC removal.</p>	
	<p><b>Bowels</b></p> <p>For concerns, see O&amp;G: <a href="#">Constipation: Postnatal Management</a></p>	
<p><b>Input</b></p> <ul style="list-style-type: none"> <li>Food &amp; fluids as desired. Post-surgery, early reintroduction of oral intake is encouraged: <ul style="list-style-type: none"> <li>➤ Commence oral fluids&amp; if tolerated commence solids. If N&amp;V, gradual re-introduction over several hours may be required. See also Clinical Guideline, Anaesthetics: <a href="#">Post-Operative Nausea &amp; Vomiting Protocol</a></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>		



	<b>Vaginal Birth</b>	<b>Caesarean Birth</b>
<ul style="list-style-type: none"><li>• Consider removing IV fluids when tolerating oral fluids. The IV cannula is to remain insitu while using epidural analgesia.</li></ul>		

**MEDICATIONS-** As required

- RhD Ig. See Clinical Guideline, O&G, Standard Protocols: RhD Immunoglobulin
- MMR. See Clinical Guideline, O&M, Postnatal Care: [MMR Vaccine Administration](#)
- Analgesia / anti-emetics / regular medications. See Medication chart (MR810.05), Post-operative nausea & vomiting (MR810.02), Diabetes Record (MR265) -if required

**PROCEDURES TO BE CONSIDERED**

- Blood tests:** Kleihauer, FBP/ Hb, 4point profile
- Removal of Epidural:** See MR280 Epidural/Spinal Chart – check if contraindicated by anticoagulant use or platelet count. See also Anaesthetics : [Epidural Catheter Removal](#)
- IV:** See post op orders MR310 Caesarean Section
- Staples / Sutures:** See post op orders MR310 Caesarean Section
- Drains:** See post op orders MR310 Caesarean Section
- Other:** Follow care required in Vaginal or Caesarean Clinical Pathway

**BREASTFEEDING** - See Clinical Guidelines, O&M: New born Feeding

- Commence expressing if baby in SCN or not fed within 4 hrs.

**EDUCATION / COMMUNICATION**

- As per clinical pathway (Vaginal birth / Caesarean birth) and relevant full guidelines.
- Arrange interpreter if required- see WNHS Policy W037 Language Services

**REFERRALS TO BE CONSIDERED**

- Aboriginal Liaison Officer
- Adolescent service
- Allied health-other
- Breastfeeding Centre
- Continued postnatal care: Visiting Midwifery Service; MGP; EPPM; CMP; or Emergency Centre (if baby in SCN or ineligible/ inappropriate for VMS)
- Diabetes service
- Dietician
- Physiotherapy
- Urology
- Psychological Medicine
- Social Work
- Special Child Health Nurse
- WANDAS

See also Clinical Guidelines:

- O&G: Patient Administration: Referrals: [VMS](#); [Psychological Medicine](#); [Social Work](#), [Dietician](#); [Physiotherapy](#); [Adolescent Service](#)
- O&M, Postnatal: [Transfer to Home / VMS / GP care](#)

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

**Post Caesarean birth**

- [Graduated Compression Stockings](#) +/- Flowtron as ordered
- [Bromage](#) scores. Early ambulation-when sensation / movement returned & tolerated

**Post vaginal birth**

- Ambulate as tolerated.



## DOCUMENTATION TO BE CONSIDERED

- MR 230.01 Labour and Birth Summary
- MR 249.60 Vaginal Birth Clinical Pathway OR MR 249.61 Caesarean Birth Pathway
- MR 250 Integrated Progress Notes
- MR 255.04 Home & Community Visit Risk Assessment
- MR 260.02 Falls Risk; & MR 260.03 Comprehensive Skin Assessment
- MR 261.10-261.19 Breastfeeding Variance Charts
- MR 280 Epidural / Spinal Chart
- MR 285.01 Midwifery Observation and Response Chart
- MR 729 Fluid Balance Chart
- MR 740 Intravenous Fluid and Additive Order Sheet
- MR 810.02 Postoperative Nausea and Vomiting Protocol
- MR 810.05 Medication Chart & MR 810.12 Staff Initial/Signature Identification
- Update clinical handover sheet- see Clinical Guideline, O&G, Patient Administration:  
[Clinical Handover: Inpatient Wards: Midwifery / Nursing Shift to Shift](#)

## DISCHARGE PLANNING – as per Postnatal clinical pathway (Vaginal or Caesarean)

*Note: This QRG represents minimum care & 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; EPPM- eligible privately practicing midwife; FBP- full blood picture; GA- general anaesthesia; GP- General Practitioner; Hb- haemoglobin; hr- hour; IDC- indwelling catheter; IV- intravenous; MGP- midwifery group practice; MMR- measles, mumps, rubella; MO- Medical Officer; NIMC- National Inpatient Medication Chart; NRT- nicotine replacement therapy; N&V- nausea & vomiting; O<sub>2</sub> sat- oxygen saturation; O&G- Obstetrics & Gynaecology; O&M- Obstetrics & Midwifery; PCEA- patient controlled epidural analgesia; 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 & Newborn Health Service.

**Note:** This QRG contains key information relevant to the subheadings listed only and is not a comprehensive list of all postnatal care required. Refer to the full guidelines for other care, most recent updates, clarification and elaboration of information.

## REFERENCES / STANDARDS

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice; 4- Medication Safety; 5- Patient Identification and Procedure Matching; 6- Clinical Handover; 8- Preventing & Managing Pressure Injuries; 9- Recognising & Responding to Clinical Deterioration in Acute Health Care; 10- Preventing Falls & Harm from Falls

Legislation - Nil

Related Policies –

- WNHS W037 Language Services (2014)
- WNHS W045 Communication for Patient Discharge and Followup (2014) & W062 Discharge Policy (2012)
- WNHS W073 Clinical Handover (2014)
- WA Health OD 0324/11 Consent to Treatment Policy for the Western Australian Health System (2011)
- WA Health OD 0346/11 WA Health Language Services Policy (2011)

Other related documents – KEMH Clinical Guidelines:

- Obstetrics & Gynaecology:
  - Standard Protocols: FBP, Postnatal: Requesting of; RhD Immunoglobulin, Kleihauer, [Nicotine Dependence Assessment & Intervention](#); [Graduated Compression Stockings](#); Recognising & Responding to Clinical Deterioration
  - Patient Administration: Discharge of a Patient: Midwifery / Nursing Considerations; Discharge Against Medical Advice; Referrals: [VMS](#); [Psychological Medicine](#); [Social Work](#), [Dietician](#); [Physiotherapy](#); [Adolescent Service](#); [Falls: Risks, Prevention & Management](#); [Pressure Injury Prevention](#); [Clinical Handover: Inpatient Wards: Midwifery / Nursing Shift to Shift](#)
  - Parenteral Therapy: IV Therapy: Monitoring
  - Management of the Bladder & Urinary Drainage Apparatus (IDC insertion, removal etc.)
  - Wound Care (C/S dressings, sutures, staples, drains etc.)
- Obstetrics & Midwifery:
  - Postnatal Care section: Maternal Postnatal Care: [Postnatal: Care on Admission to the Ward](#); [Postnatal: Subsequent Care](#); [MMR Vaccine Administration](#); [Bladder Care](#); [Perineal Care](#); [EBM Identification & Storage on Postnatal Wards](#); [Transfer to Home / VMS /GP care](#)
  - [Caesarean Section: Post-Operative Care](#); [Thromboprophylaxis After Caesarean Birth](#)
  - Newborn Feeding section (how to breastfeed; [Expressing](#); Breastfeeding Challenges etc.)
- Anaesthetics: Post-Operative Management: [Post-operative Nausea & Vomiting Protocol](#); [Intrathecal Morphine](#); [Postoperative Pain](#); Labour Analgesia; [Administration of Epidural Therapy](#); [Epidural Infusion & PCEA](#); [Testing of Dermatomes](#); [Assessment of Motor Function](#); [Epidural Catheter Removal](#)

## RESPONSIBILITY

<b>Policy Sponsor</b>	<b>Nursing &amp; Midwifery Director OGCCU</b>
<b>Initial Endorsement</b>	August 1993
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**Do not keep printed versions of guidelines as currency of information cannot be guaranteed.  
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