DISCHARGE BY MIDWIFE FOR POSTNATAL WOMAN GUIDELINE

1. OPTIMAL OUTCOMES
   • Discharge of postnatal woman from hospital with appropriate information and support for follow up care.

2. PATIENT
   • Postnatal woman

3. STAFF
   • Registered Midwife

4. EQUIPMENT
   Nil

5. CLINICAL PRACTICE
   • Discuss options for discharge planning from postnatal admission onwards
     o Normal discharge for vaginal births is 3 days = 72hrs
     o Caesarean deliveries 5 days = 120hrs
   • Provide uncomplicated woman with the choice of Home Midwifery Service (HMS) to have their postnatal care at home.
     o Women are eligible for HMS if:
       • they are discharged from hospital early, i.e. before baby is 48 hrs old for vaginal births or 72hrs old for caesarean deliveries
       • medically well for discharge
       • breastfeeding independently. Verified by Breastfeeding Assessment tool
       • feeding baby independently if formula feeding
   • Review by medical officer is required for any woman meeting the following criteria:
     o Antenatal complications requiring postnatal follow-up, such as diabetes or preeclampsia
     o Medically assisted birth, such as ventouse, forceps delivery, caesarean section
     o Postpartum haemorrhage, i.e. > 500ml
     o Postpartum problems such as persistent hypertension, temperature > 38.3°C on more than one occasion, suspected infection
     o 3rd degree tear or severe perineal trauma
     o Persisting bladder problems
     o Significant psycho-social issues
     o Women with pre-existing significant illness requiring ongoing medical care
     o Women with poor obstetric outcomes
     o Any other concerns

Following medical review women with any of above issues, may be eligible for HMS discharge
   • Complete ‘Discharge checklist’ as a prompt to ensure essential criteria for discharge have been met (see appendix)
   • Complete the following:
     o Ensure that the woman is feeding the baby independently. Where appropriate, complete the ‘Breastfeeding Assessment’ tool in the Maternal Postnatal clinical pathway
     o If the woman needs extra breastfeeding support on discharge, she can be followed up as an outpatient in the Breastfeeding Support Unit (BSU).
   • Check that the address and phone number are correct

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DISCHARGE BY MIDWIFE FOR POSTNATAL WOMAN GUIDELINE  cont’d

Standard discharge
  o Complete all postnatal details on ObstetriX data base.
  o Print 3 copies of Discharge summary from obstetric database. Give 2 copies to the woman: one for her GP and one for herself. The other copy remains in her notes and needs to be signed by the woman and the midwife.
  o In addition, an electronic copy will be forwarded onto the Child & Family Health Centre on her behalf, with her permission.
  o For private patients, check with the obstetrician first

RHW HMS / MGP
  o Complete only postnatal section of ObstetriX and Hepatitis B.
  Do not fill out discharge sections of ObstetriX and do not print.
  HMS staff will complete and print those sections on discharge from HMS

HMS at another hospital
  o Print 3 copies of Discharge summary from obstetric database, as per ‘Standard discharge’. Give the women an additional copy of Discharge Summary and a copy of the birth summary to give to HMS midwife from other hospital.
  • Provide woman with a postnatal ward card discharge slip

6. HAZARDS/SUB-OPTIMAL OUTCOMES
  • Inappropriate discharge of a woman needing ongoing medical care
  • Inappropriate follow-up resulting in compromised health of a woman
  • Inadequate support for a new mother
  • Inadequate breastfeeding support, increasing the risk of early cessation of breastfeeding

7. DOCUMENTATION
  • Integrated notes
  • ObstetriX Data base
  • Postnatal ward card discharge slip
  • Breastfeeding assessment tool in the postnatal maternal care plan

8. EDUCATIONAL NOTES
  • All women leaving the hospital require a postnatal ward card discharge slip that they give to the front desk as they leave for legal and financial purposes

9. RELATED POLICIES/ PROCEDURES/GUIDELINES
  • Neonatal Discharge
  • Breastfeeding – Staff Education and Implementation Guideline
  • Breastfeeding Support Unit – Referral and Admission

10. REFERENCES
  • Australian College of Midwives (2008) National Midwifery Guideline for Consultation & Referral

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Appendix 1

POSTNATAL DISCHARGE CHECKLIST

<table>
<thead>
<tr>
<th>PATIENT LABEL</th>
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<tbody>
<tr>
<td>OBSTETRIC DISCHARGE:</td>
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<tr>
<td>or</td>
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<tr>
<td>MIDWIVES DISCHARGE:</td>
</tr>
<tr>
<td>PAEDIATRIC DISCHARGE:</td>
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<tr>
<td>HMS or MGP DISCHARGE:</td>
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<tr>
<td>DISCHARGE SUMMARY:</td>
</tr>
<tr>
<td>PSYCHOSOCIAL CARE PLAN</td>
</tr>
<tr>
<td>SOCIAL WORKER or DISCHARGE PLANNER</td>
</tr>
<tr>
<td>BREASTFEEDING ASSESS:</td>
</tr>
<tr>
<td>MMR + CONSENT:</td>
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<tr>
<td>ANTI D</td>
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<tr>
<td>C&amp;FHC:</td>
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<tr>
<td>6-8 WEEK CHECK-UP</td>
</tr>
<tr>
<td>LOCAL MEDICAL OFFICER:</td>
</tr>
<tr>
<td>ANTENATAL NOTES</td>
</tr>
<tr>
<td>DISCHARGE WEIGHT:</td>
</tr>
<tr>
<td>HEPATITIS B (NEONATE):</td>
</tr>
<tr>
<td>NEWBORN SCREENING TEST:</td>
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<tr>
<td>NEWBORN HEARING TEST:</td>
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