OBSERVATIONS FOR POSTNATAL WOMAN ON THE POSTNATAL WARD

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM
   • Observations for postnatal woman are appropriately monitored to detect and manage a deviation from normal parameters

2. PATIENT
   • Postnatal woman

3. STAFF
   • Registered Midwives
   • Student Midwives
   • Medical staff

4. EQUIPMENT
   • Thermometer and probe cover
   • Sphygmomanometer
   • Stethoscope
   • Blood glucose machine
   • Landsets
   • Reagent strips

5. CLINICAL PRACTICE
   • Perform observations – blood pressure (BP), pulse, respiratory rate and temperature and complete postnatal clinical pathway on admission to postnatal ward for all postnatal women
   • Do not perform any further observations if the woman has had an uncomplicated pregnancy, birth and the admission observations are within normal limits and she remains stable
   • Review by medical officer is required for any woman if the observations are outside normal limits or her condition deteriorates
   • Perform ongoing observations for the following groups as these women will require further observations and review by medical officer
     o if a woman has a pre existing condition
     o has had complications during her pregnancy, birth or postnatal period

   LOP for some of the conditions that require further observations are listed below:
     o Diabetes:
       ➢ Pre-existing Insulin requiring Diabetics:
         • Continue 4 times daily Blood Glucose level (BGL) or more frequent if indicated
           A. before breakfast
           B. 2 hours after breakfast
           C. 2 hours after lunch
           D. 2 hours after the evening meal
       ➢ Gestational Diabetes:
         Continue 4 times daily BGL’s for 48 hours (as described above) after recommencement of a normal diet
         • Further monitoring may be determined following review by medical team
OBSERVATIONS FOR POSTNATAL WOMAN ON THE POSTNATAL WARD  cont’d

- Hypertensive Disorders: 4th hourly BP for 24hrs, then 6 hourly until advised by medical team or more frequently if severe hypertension
- Febrile in labour or postnatally, temperature >38.5°C on more than one occasion, suspected infection: 4th hourly temperature, pulse and respiration rate for 24hrs, and medical review should conditions persist
- Postpartum Haemorrhage: 4th hourly observations (BP, temperature pulse, respiratory rate, and assessment of vaginal loss) for 24hrs, and medical review should conditions persist
- Manual removal of placenta and/or membranes: 4th hourly temperature, pulse, respiration and vaginal loss for 24hrs, and medical review should conditions persist
- 3rd or 4th degree tear or severe perineal trauma: 4th hourly temperature, pulse respiration and vaginal loss for 24hrs or until IV antibiotics are ceased and cannula is removed
- Caesarean Section: hourly observations, including urine output, and sedation scores for the first 6 hours, then 4th Hourly for 24hrs, then TDS until discharge. Further monitoring may be required if the woman has opioids, as directed by ‘Pain Observation Chart’
- Woman with pre-existing significant illness requiring ongoing medical care: as directed by medical team

6. DOCUMENTATION
- Postnatal Clinical Pathway for Caesarean Section
- Postnatal Clinical Pathway for Vaginal Birth
- Maternity Observation Chart
- Pain Observation Chart
- Integrated Notes
- PV Loss Chart

7. EDUCATIONAL NOTES
- The majority of postnatal women are well. UK National Institute for Clinical Excellence (NICE) guidelines states routine assessment of observations is unnecessary in the absence of risk factors or clinical signs and symptoms
- A PACE call must be initiated if observations are within below criteria:
  - Blood pressure: Systolic < 85 or >170mmHg
    Diastolic >110mmHg
  - Pulse: < 45 or >130
  - Respiration: < 8 or > 30
  - Temperature: >38.5°C or >38°C on 2 or more occasions
  - BGL – fasting glucose level <3.0 If BGL is outside this range please follow Appendix A of the Diabetes guideline
  - Urine output <100mls/4Hrs

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP
- Diabetes in Pregnancy Service
- Hypertension – Management in Pregnancy
- Post Partum Haemorrhage – Prevention and Management
- Retained Placenta
- Third or Fourth Degree Tear – Care of a Postnatal Women
- NSW Health PD 2010_026 Recognition and Management of a Patient who is Clinically Deteriorating
- Severe and/or Urgent Hypertension in Pregnancy

Reviewed April 2011
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9. REFERENCES