DISCHARGE FOR POSTNATAL WOMAN

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
   • Timely discharge of postnatal woman from hospital with appropriate information and support for follow up care

2. PATIENT
   • Postnatal woman

3. STAFF
   • Medical, midwifery and nursing staff

4. EQUIPMENT
   • Nil

5. CLINICAL PRACTICE
   • Discuss options for discharge planning during pregnancy, and on admission to Postnatal (PN) Ward as soon as appropriate
   • Discuss inpatient stay:
     • Normal uncomplicated vaginal birth: 4-48 hours inpatient stay and offer discharge home on Midwifery Support Programme (MSP). Up to 72 hours if MSP is not requested or suitable.
     • Caesarean birth: offer discharge within 3 days (72 hours) if on MSP, or up to 5 days (120 hours) if MSP not requested/ suitable
     • Provide woman with the option of MSP to continue her postnatal care at home
     • Women are eligible for RHW MSP if they:
       ▪ live within the RHW geographical catchment area
       ▪ are medically well for discharge
       ▪ are breastfeeding independently - verified by Breastfeeding Assessment tool
       ▪ or feeding baby independently if formula feeding
       ▪ are voiding normally
       ▪ have no unexplained pain
   • Review by medical officer prior to discharge is required for any woman meeting the following criteria:
     o Antenatal complications requiring postnatal follow-up, such as diabetes, hypertension 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°C on more than one occasion, suspected infection
     o 3rd degree tear or severe perineal trauma
     o Persisting bladder problems
DISCHARGE FOR POSTNATAL WOMAN  cont’d

- Significant psycho-social issues (these women may not need medical review but may need Clinical Midwifery Consultant (CMC) Perinatal Mental Health (PNMH)/Social Work or Chemical Use in Pregnancy Service (CUPS) review)
- Woman with pre-existing significant illness requiring ongoing medical care
- Woman with poor obstetric outcomes
- Woman with unexplained pain
- Any other concerns

- Ensure woman has had debriefing if primary caesarean section operation or instrumental birth
- If woman has had caesarean section ensure that the caesarean section letter is completed

Following medical review, women with any of the above issues may be eligible for MSP discharge
- Complete the following documentation:
  - Home visit risk assessment form on maternal clinical pathway - check that the address and phone number are correct
  - Discharge checklist (Appendix 1)
- Education regarding self fundal assessment, bleeding and understanding of normal voiding patterns and amounts must be given prior to discharge
- Arrange follow up according to RHW related policies
- Advise woman of need for 6 week check with GP, Midwife or Obstetrician

DISCHARGE
- Complete Mother postnatal and hospital discharge / neonatal hospital discharge folders in ObstetriX prior to discharge from ward. The neonatal folder is completed only if baby is discharged with the woman
  - Woman on the General Practitioner Shared Care (GPSC) program - Print 2 copies of Discharge summary from ObstetriX database. Give 1 copy to the woman and fax a copy to her GP. This copy then remains in the woman’s notes.
  - For private patients and woman in Midwifery Group Practice (MGP), print 3 copies of the discharge summary. Give 2 copies to the woman and ask her to give one copy to her GP. One copy will remain in the woman’s medical record
- In addition, and with her permission, an electronic copy will be forwarded onto the Child & Family Health Centre (C&FHC) on her behalf. If woman declines, the midwife should note this in ObstetriX where the nominated C&FHC is documented by typing in text box ‘declined’
- Copy the antenatal card and place in the Medical Record. Return the original to the woman
- Provide woman with a patient ward card / discharge slip and advise her to give this to the front desk
- For women in MSP/MGP:
  - MSP/ MGP staff should complete the additional postnatal care folders and printout those sections on discharge from MSP/MGP
  - Referral from the MSP midwife can be made to the Breastfeeding Support Unit (BSU) if the woman needs extra breastfeeding support on discharge from MSP

Referral to MSP at another hospital
- Contact woman’s local hospital to determine availability of MSP and the paperwork required if place available
- Fax copies of paperwork to accepting MSP
- Print 2 copies of Discharge summary from ObstetriX database
- Give the woman the Local Health District printed information on MSP
DISCHARGE FOR POSTNATAL WOMAN  cont’d

6. DOCUMENTATION
   • Integrated Clinical Notes
   • ObstetriX Database
   • Postnatal Clinical Pathway
   • Postnatal Ward Card Discharge Slip

7. EDUCATIONAL NOTES
   • All women leaving the hospital require a patient ward card/discharge slip that they give to the front desk as they leave for legal and financial purposes
   • All women should receive midwifery support at home for at least two weeks after the baby is born (Towards Normal Birth target is 100% by 2015 for metropolitan services)
   • Length of stay in a maternity unit should be discussed between the individual woman and her healthcare professional, taking into the account of the health and wellbeing of the woman and her baby and the level of support available after discharge (5).
   • All women undergoing primary caesarean section operation or instrumental birth should receive postnatal debriefing/counselling by a senior clinician ( Towards normal birth target 100% by 2015)
   • Almost half of all pregnancies in Australia are unplanned. The use of long-term reversible methods of contraception (e.g. Implanon, Mirena) provide effective, convenient contraceptive options and can be used in postpartum women beyond 6 weeks. Contraception options may be discussed during inpatient stay and women may be provided with patient information provided. Review in gynaecology clinic (Ph: 93826248) may be offered if woman is interested in long acting reversible contraceptive options. The World Health Organisation (WHO) recommends exclusive breastfeeding up to the age of 6 months

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP
   • Neonatal Discharge
   • Breastfeeding – Protection, Promotion and Support
   • Breastfeeding – Early Intervention with Potential Breastfeeding Problems guideline
   • Breastfeeding Support Unit Diabetes Mellitus - Management in pregnancy
   • Hypertension – Management in pregnancy
   • Third or Fourth Degree Tear – Care on the Postnatal Ward Bladder care during labour and postpartum
   • Mental Health Referral Guideline
   • Observations for Postnatal Woman on the Postnatal Ward
   • Postnatal Consultation at 6-8 weeks for Midwifery Group Practice (MGP)
9. REFERENCES

# APPENDIX A

## POSTNATAL DISCHARGE CHECKLIST

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL DISCHARGE AND / OR</td>
<td></td>
</tr>
<tr>
<td>MIDWIFERY DISCHARGE</td>
<td></td>
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<tr>
<td>MSP OR MGP DISCHARGE</td>
<td></td>
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<tr>
<td>NEONATAL DISCHARGE</td>
<td></td>
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<tr>
<td>OBSTETRIX DISCHARGE SUMMARY</td>
<td></td>
</tr>
<tr>
<td>POST CAESAREAN SECTION LETTER</td>
<td></td>
</tr>
<tr>
<td>PSYCHOSOCIAL CARE PLAN / DEBREAPING ATTENDED</td>
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<tr>
<td>SOCIAL WORKER OR PERINATAL HEALTH CMC</td>
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<tr>
<td>BREASTFEEDING ASSESS</td>
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<tr>
<td>D/C SCRIPT AND INSTRUCTIONS</td>
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<tr>
<td>MMR + CONSENT</td>
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<tr>
<td>BOOSTRIX</td>
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<td>ANTI D</td>
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<tr>
<td>CONTRACEPTION ADVICE</td>
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<tr>
<td>C &amp; FHC</td>
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<tr>
<td>6 – 8 WEEK FOLLOW-UP FOR MOTHER AND BABY WITH GP</td>
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<tr>
<td>COMBINE ALL MEDICAL RECORDS</td>
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<tr>
<td>NEONATAL O2 SATS</td>
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<tr>
<td>DISCHARGE WEIGHT</td>
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<tr>
<td>HEPATITIS B (NEONATE)</td>
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<tr>
<td>NEWBORN SCREENING TEST</td>
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<tr>
<td>NEWBORN HEARING TEST</td>
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</table>

**Patient Label**