Royal Hospital for Women (RHW)

BUSINESS RULE

COVER SHEET

NAME OF DOCUMENT	Discharge Planning for Postnatal Woman
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN128
DATE OF PUBLICATION	14/4/2025
RISK RATING	Low
REVIEW DATE	April 2030
FORMER REFERENCE(S)	T25/19880
EXECUTIVE SPONSOR	Clinical Co-Director Maternity Services Division Clinical Co-Director Obstetrics
AUTHOR	C. Byron Clinical Midwifery Educator
SUMMARY	The clinical practice to support timely discharge of postnatal woman and her newborn from hospital with appropriate information and support for postnatal care

Contents

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is timely discharge of postnatal woman and her newborn from hospital with appropriate information and support for postnatal care.

2 RESPONSIBILITIES

- Medical Staff- assess and review postnatal woman to be appropriate for discharge into midwifery care.
- Midwifery staff – provide woman with options for postnatal discharge, ensure the postnatal woman is appropriate for discharge home and assist in planning follow-up.
- Allied health – review and support postnatal woman and assist in planning of follow-up.

3 PROCEDURE

3.1 Clinical Practice points

3.1.1 Midwifery discharge

- Ensure woman has the opportunity to discuss the birth with her midwife and/ or medical team.
- Ensure that woman and her newborn are well. Complete comprehensive postnatal assessment as per maternal postnatal clinical pathway and neonatal care plan.
- Ensure woman is feeding her neonate independently - verified by Breastfeeding Assessment tool in maternal care plan or if chosen to formula feed, educate appropriate formula preparation.
- Discuss with woman discharge planning options, during pregnancy, and on admission to Postnatal (PN) Services, as soon as appropriate.
- Discuss postnatal follow up with midwifery home visiting after discharge with Midwifery Antenatal Postnatal Service (MAPS) or Midwifery Group Practice (MGP),

if the woman was under the care of MAPS/ MGP during her pregnancy.

- Provide woman with the option of Midwifery Support Program (MSP) home visiting follow-up, if eligible and has not been under the care of MAPS/ MGP during her pregnancy.
- Eligibility for RHW MSP if:
    - discharge home 4-48 hours post vaginal birth or 24-72 hours post Caesarean birth
    - consider MSP if outside the above hours post birth, but requiring follow-up
    - she lives within the RHW geographical catchment area (postcodes 2000-2036 and 2060)
    - if the woman lives outside RHW geographical catchment area, contact the closest maternity hospital to the woman's home to enquire if they can provide MSP home visits for the family. See guide in cross referral folder on Postnatal ward. Complete paperwork and fax to accepting hospital
- Explain to woman that while the MSP/MAPS/MGP midwives are visiting her at home she and her newborn is still under the care of the hospital. If clinically indicated, they could return to the hospital for review and care.
- Discuss the expectation that woman not using MSP/MAPS/MGP will be discharged around 72 hours post vaginal birth or 120 hours post Caesarean birth, unless there is ongoing significant health issues.
- Complete postnatal discharge checklist (Appendix A)
- Discuss individual women need for medical review at morning postnatal multidisciplinary huddle.
- Ensure medical clearance has been completed, if required by obstetric RMO (see below Postnatal RMO section).
- Arrange follow up according to RHW related policies, including third/fourth degree tear, diabetes.
- Arrange newborn examination prior to discharge. Completed by neonatal doctor or accredited midwife.
- Provide woman with "Going home from hospital after your baby is born" leaflet
- Provide woman with "Discharge information following caesarean section" leaflet if the woman has had a caesarean section.
- Provide women who are follow up with midwifery home visiting after discharge with MAPS or MSP leaflet
- Advise woman to call her local Child and Family Health Centre (C&FHC) within a few days of discharge to arrange follow-up appointment. Provide the woman with the C&FHC handout for her local area, which includes the Central Intake phone number.
- Advise woman to make an appointment for her six-week postnatal check with GP or private obstetrician.
- Complete appropriate discharge folders on eMaternity.
- Print two copies of the eMaternity discharge summary for woman. Give two copies to the woman and ask her to give one copy to her general practitioner (GP).

- Photocopy the antenatal card and place in woman's integrated clinical notes. Return the original to the woman.
- Give woman leaving hospital the Patient Discharge form that they must give to the front desk as they leave (for legal and financial purposes).
- Complete the additional postnatal care folders on eMaternity and print out those sections at discharge from MSP/MAPS/ MGP home visit follow-up. This must be completed by staff working in MSP/MGP.
- Clinical Midwifery Manager to update the woman's status to **Green 'yes' G2G (Good to Go)** **or** **Red 'not' G2G (Not Good to Go)** on the Electronic Patient Journey Board (EPJB).

3.1.2 Postnatal Resident Medical Officer (RMO)

- Review woman on day 1 following birth with [1] :
  - caesarean birth
  - forceps delivery
  - postpartum haemorrhage (PPH) greater than 1000mls. Team registrar/consultant should be informed regarding decisions for intravenous (IV) iron therapy or blood transfusion
  - medicated gestational hypertension
  - third / fourth degree tear or severe perineal trauma
  - ongoing bladder or bowel problems
  - pre-existing significant illness requiring ongoing medical care
  - poor obstetric outcomes or unexpected birth outcome
  - preterm birth regardless of where they have birthed, including inter-hospital transfers
  - unexplained pain
  - any other woman that the midwives request a review

  Note: an uncomplicated ventouse delivery do not require routine medical review
- Complete caesarean letter, prescriptions and documentation as required for planning discharge.
- Write a discharge letter to the woman's GP if there have been significant complications.
- Discharge to midwifery care unless ongoing issues. Document discharge into midwifery care in clinical notes.

3.2 Documentation

- maternal postnatal clinical pathway
- neonatal care plan
- electronic medical records
- eMaternity
- Patient Discharge form

3.3 Education Notes

- Postnatal multidisciplinary Huddle is where the postnatal team meet daily at 09.15am on Paddington Ward to identify women and their newborns who require medical review prior to discharge. The team include obstetric Resident Medical Officer (RMO), Clinical Midwifery Unit Manager (MUM), midwifery staff, Lactation Consultant, neonatal Resident Medical Officer (RMO) and allied health (physiotherapist, Social Worker).
- Birth debriefs are designed to support a woman to share and understand her birth experience, explore any grief from unexpected birth outcomes and discuss any thoughts or feelings that are arising as a result of birth and early parenting experience. It may be an informal chat, or a more formal review of the birth notes with a doctor and/or midwife. [2]
- Debriefing has been recommended as a health promoting strategy for all women after childbirth, in recognition that even an uncomplicated birth can be traumatic and in the belief that "talking things through" can prove beneficial. [3]
- Midwifery home visiting of mothers and their babies has potential advantages, including a familiar environment and better sleep, less exposure to artificial schedules imposed in the hospital environment and decreased exposure to infection risks. [4]

3.4 Related Policies/procedures

- Hypertension – Management in Pregnancy
- SESLHDGL/117 – Management of Gestational Diabetes Mellitus (GDM)
- SESLHDGL/116 - Management of Pre-Gestational Diabetes in Pregnancy
- Sepsis in Pregnancy and Postpartum
- Third and Fourth Degree Perineal Tears- Repair, Management and ward based postnatal care

3.5 References

1. Australian College of Midwives edition 2021. National Midwifery Guidelines for Consultation & Referral;ACM,Canberra https://www.midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf
2. birthtrauma.org.au/2022/05/The-ABTA-Guide-to-Debriefing-1.pdf

   https://birthtrauma.org.au/wp-content/uploads/2022/05/The-ABTA-Guide-to-Debriefing-1.pdf
3. Small R, Lumley J, Donohue L, Potter A, Waldenström U. Randomised controlled trial of midwife led debriefing to reduce maternal depression after operative childbirth. BMJ. 2000 Oct 28;321(7268):1043-7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27510/

4. Jones E, Stewart F, Taylor B, Davis PG, Brown SJ. Early postnatal discharge from hospital for health mothers and term infants. Cochrane Database of Systematic Reviews 2021, Issue 6. https://www.cochrane.org/CD002958/PREG_early-postnatal-discharge-hospital-healthy-mothers-and-term-infants

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
21.1.25	2	Cheryl Byron, Postnatal Clinical Midwifery Educator
31.3.25	2	BRGC