

DISCHARGE PLANNING FOR POSTNATAL WOMAN

This LOP is developed to guide clinical practice at the Royal Hospital for Women (RHW). 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 postnatal 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) Services as soon as appropriate
- Ensure woman has the opportunity to debrief
- Complete postnatal discharge checklist (Appendix 1). Do NOT file in medical record. Dispose in confidential waste once complete post discharge
- Give woman leaving hospital the Patient Discharge form that they must give to the front desk as they leave (for legal and financial purposes)

Postnatal Huddle

- Write the tasks with woman's surname and bed number in obstetric book on each postnatal ward
- Commence daily huddle at 0900 on Paddington Ward with the Midwifery Unit Manager (MUM), Clinical Coordinator, midwifery staff, obstetric Resident Medical Officer (RMO) and allied health
- Inform RMO of woman requiring discharge review
- 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)
- Identify woman who may be suitable for discharge over a weekend on Thursday or Friday, and discharge woman to midwifery care (MWC) if appropriate
- Identify woman at Friday 'huddle' who will require further medical review (by weekend RMO) prior to discharge on weekend. Ensure task is written in obstetric book for weekend RMO

Postnatal RMO

- Review unwell woman e.g. hypertensive, febrile, symptomatic of anaemia, urinary retention. Activate a PACE (Patient with Acute Condition for Escalation) call if criteria reached
- Inform the obstetric registrar (public patient) or obstetric consultant (private patient) about any woman who has been readmitted or is unwell

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
16/3/17

DISCHARGE PLANNING FOR POSTNATAL WOMAN cont'd

- Review woman with:
 - 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
 - 3rd/4th 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 patient that the midwives request a review for
- Review woman on Day 1 following caesarean section or forceps delivery and discharge to midwifery care unless ongoing issues. Women who have had an uncomplicated ventouse delivery do not require routine medical review.
- Complete all letters, prescriptions and paperwork as required for discharge
- Notify the woman's general practitioner (GP) if there have been significant complications

Midwifery discharge

- Outline to woman options and expectations of the length of her hospital stay:
 - vaginal birth:
 - 4-48 hours' inpatient stay, offer Midwifery Support Program (MSP)
 - after 48 hours MSP is only considered if there are significant issues
 - it is expected woman not using MSP/Midwifery Group Practice (MGP) will be discharged around 72 hours postpartum
 - Caesarean birth:
 - 24 to 72 hours' inpatient stay, offer MSP
 - after 72 hours MSP is only considered if there are significant issues
 - it is expected woman not using MSP/MGP will be discharged around 120 hours postpartum
- Provide woman with "Going home from hospital after your baby is born" leaflet (Appendix 2)
- Provide woman with "Discharge information following caesarean section" leaflet if the woman has had a caesarean section (Appendix 3)
- Provide woman with the option of MSP if eligible. A woman is eligible for RHW MSP if:
 - she lives within the RHW geographical catchment area
 - she is medically well for discharge
 - her neonate has been discharged by pediatric team member or accredited midwife
 - she is breastfeeding independently - verified by Breastfeeding Assessment tool – or feeding neonate independently if formula feeding
 - she is voiding normally
- Complete the following for MSP:
 - home visit risk assessment form on maternal clinical pathway
 - check that the address and phone number are correct
- Educate woman regarding normal bleeding and voiding patterns and amounts, prior to discharge
- Arrange follow up according to RHW related policies
- Advise woman of need for six-week postnatal check with GP, midwife or obstetrician
- Ensure medical clearance has been completed if required by obstetric RMO/team member for MSP or discharge home

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DISCHARGE PLANNING FOR POSTNATAL WOMAN cont'd

Referral to MSP at another hospital for a woman who lives outside the RHW geographical catchment area

- Contact woman's local hospital to determine availability of MSP and the paperwork required if place available
- Give the woman the Local Health District printed information on MSP
- Fax copies of paperwork to accepting MSP

Discharge

- Educate woman regarding normal bleeding and voiding patterns and amounts, prior to discharge
- Ensure medical clearance has been completed if required
- Arrange follow up according to RHW related policies
- Advise woman of need for six-week postnatal check with GP, midwife or obstetrician
- Complete all obstetric files in preparation for discharge (Appendix 3)
- Print three copies of the ObstetriX discharge summary for woman under private care, Midwifery Group Practice (MGP), or other public model of care that is NOT GPSC (General Practitioner Shared Care) program. Give two copies to the woman and ask her to give one copy to her GP. One copy will remain in the woman's integrated clinical notes
- Print two copies of the ObstetriX discharge summary for woman on the GPSC program. Give one copy to the woman. Fax second copy to her GP and file in woman's integrated clinical notes
- Photocopy the antenatal card and place in woman's integrated clinical notes. Return the original to the woman
- Complete the additional postnatal care folders and print out those sections at discharge, for woman on MSP/MGP. This must be completed by staff working in MSP/MGP

6. DOCUMENTATION

- Integrated Clinical Notes
- ObstetriX Database
- Postnatal Clinical Pathway
- Patient Discharge form

7. EDUCATIONAL NOTES

- Creating a team culture is identified as being essential to delivering high quality patient care. Huddles are easy to complete and only take a few minutes. Allotting time each day to address patient-related issues that arise during patient care allows the team to troubleshoot and resolve clinical issues.
- Length of stay in a maternity unit should be discussed between the individual woman and her healthcare professional, taking into account the health and wellbeing of the woman and her neonate and the level of support available after discharge. The vast majority of neonates are born in hospital (97% in 2013), and of these, most are discharged to home (96% in 2013).
- Childbirth is a complex life event that can be associated with both positive and negative psychological responses. If giving birth is experienced as particularly traumatic, this can have a negative impact on a woman's postnatal emotional wellbeing. There has been an increasing focus on women's psychological trauma symptoms following childbirth, including the relatively rare phenomenon of post-traumatic stress disorder (PTSD), and the benefit of debriefing interventions to prevent further psychological trauma.

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- Alternative models of care in the postnatal period, such as midwifery-led care, could facilitate a more woman-centered approach. Postnatal home visits may be considered within the first week of the mothers' hospital discharge. Early discharge enhances the possibility of being together as a family from the beginning. Partners should be involved in the postnatal care as an equal parent. Parents benefit from health professionals' individualised support. Availability of support and recognition has an impact on parental confidence.
- The World Health Organization (WHO) recommends exclusive breastfeeding up to the age of six months and continuation of partial breastfeeding up to the age of two years, in addition to nutritionally adequate and safe food. RHW is an accredited Baby-friendly Hospital Initiative (BFHI) facility.
- Early discharge from hospital creates opportunities for family-centered care, creates greater opportunities for families to bond in their home environment and is a safe and cost-effective way to provide postnatal care.
- An electronic copy of the ObstetriX discharge summary, with her permission, is forwarded to the Child and Family Health Services (C&FHS) on her behalf by administration staff. If the woman declines, the midwife should note this in ObstetriX where the nominated C&FHS is documented by typing in text box 'declined'
- It is important the home visit risk assessment form is completed for MSP, to optimise the safety of staff attending the woman's home

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 (GDM) Management – Gestational
- Diabetes in Pregnancy Policy – Management of Pregestational
- Hypertension – Management in pregnancy
- Bladder Care During Labour and the Postpartum Period
- Caesarean birth – maternal preparation and receiving the newborn by midwives and nurses' guideline
- Gestational Diabetes Mellitus (GDM) – Management SESLHD PD 282
- Hypertension - Management in pregnancy
- Instrumental vaginal delivery guideline
- Mastitis and Breast (Lactational) Abscess - Readmission for Treatment
- Medications - Standing Orders and Nurse Initiated Medication
- Observations for Postnatal Woman on the Postnatal Ward
- Pertussis vaccination for postnatal woman
- Postpartum Haemorrhage - Prevention and Management
- Postnatal Consultation at 6-8 weeks for Midwifery Group Practice (MGP)
- RhD Immunoglobulin in Obstetrics
- Rubella Immunisation - Postnatal Administration
- Third or Fourth Degree Perineal Tears - Repair and Management
- Third or Fourth Degree Tears – Ward based care of a postnatal woman

9. RISK RATING

- Low

CLINICAL POLICIES, PROCEDURES & GUIDELINES

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16/3/17

DISCHARGE PLANNING FOR POSTNATAL WOMAN cont'd

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES

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9. World Health Organization (2016). Early postnatal discharge from hospital for healthy mothers and infants [Internet], 2016 [cited 2016 Oct 3]. Available from: http://apps.who.int/rhl/pregnancy_childbirth/care_after_childbirth/cd002958_nardinjm_com/en/

REVISION & APPROVAL HISTORY

Amendment following new MoH PD July 2017
Reviewed and endorsed Maternity Services LOPs 14/2/17
Previously titled *Discharge for Postnatal Woman*
Approved Quality & Patient Safety Committee 15/5/14
Endorsed Maternity Services LOPs group 6/5/14
Approved Patient Safety & Quality Committee 21/5/09
Endorsed Obstetrics Clinical Guidelines Group March 2009

FOR REVIEW : MARCH 2022

APPENDIX 1

POSTNATAL DISCHARGE CHECKLIST

PATIENT LABEL

BIRTH DEBRIEF ATTENDED	<input type="checkbox"/>	-----
BREASTFEEDING ASSESSMENT	<input type="checkbox"/>	-----
MMR AND CONSENT	<input type="checkbox"/>	-----
BOOSTRIX (IF NOT GIVEN WITHIN LAST 12 MONTHS)	<input type="checkbox"/>	-----
ANTI-D AND CONSENT	<input type="checkbox"/>	-----
PSYCHOSOCIAL CARE PLAN	<input type="checkbox"/>	-----
SOCIAL WORK	<input type="checkbox"/>	-----
PERINATAL MENTAL HEALTH SERVICE	<input type="checkbox"/>	-----
CONTRACEPTION ADVICE	<input type="checkbox"/>	-----
MEDICAL DISCHARGE	<input type="checkbox"/>	-----
POST CAESAREAN SECTION LETTER	<input type="checkbox"/>	-----
DISCHARGE PRESCRIPTIONS	<input type="checkbox"/>	-----
MSP ARRANGED	<input type="checkbox"/>	-----
MGP FOLLOW UP	<input type="checkbox"/>	-----
POSTNATAL FOLLOW UP FOR MOTHER AND BABY	<input type="checkbox"/>	-----
CHILD AND FAMILY HEALTH CENTRE	<input type="checkbox"/>	-----
NEONATAL O ₂ SATURATIONS	<input type="checkbox"/>	-----
HEPATITIS B (NEONATE)	<input type="checkbox"/>	-----
NEWBORN HEARING TEST	<input type="checkbox"/>	-----
NEWBORN SCREENING TEST	<input type="checkbox"/>	-----
NEWBORN ASSESSMENT	<input type="checkbox"/>	-----
NEONATAL DISCHARGE WEIGHT	<input type="checkbox"/>	-----
eMATERNITY DISCHARGE SUMMARY	<input type="checkbox"/>	-----
COMBINE ALL MEDICAL RECORDS	<input type="checkbox"/>	-----

APPENDIX 2

GOING HOME FROM HOSPITAL AFTER YOUR BABY IS BORN

How long will I stay in hospital?

Please talk with your medical and/or midwifery team soon after your birth, so we can help you go home with all the supports you need. Some women plan to go home as soon as 4 hours after their birth. Sometimes there are health conditions that need review or treatment that can delay going home. The postnatal check is an ideal time to talk with your midwife about any concerns you may have. At this check you will be able to talk about any physical issues such as pain, urinary difficulties, sex and contraception. It is also an opportunity to talk about your feelings and any worries you may have. Some common concerns are:

Vaginal bleeding

You may notice the amount may vary for a few weeks after birth. It is expected to be like a heavy period for a few days and a small amount at the end of the first week. It is important to contact your health care provider if bleeding suddenly becomes heavier.

Nipple damage

To help healing, apply some breast milk and air dry regularly. Talk with your health care provider if the pain or damage worsens.

Perineal wounds

To help healing, wash with plain water 4-6 times a day. As part of the normal healing process the stitches may feel tight. This is nothing to worry about, as the stitches dissolve within 2-3 weeks. You may notice your stitches coming away. If you are concerned, talk with your health care provider.

Caesarean wounds

The dressing provides a protective barrier for 5 days. You will be told if the stitches will dissolve or need to be removed. Tell your health care provider if you have any bleeding or if you experience increasing discomfort or pain.

Who will support me at home?

When you go home, we like to know that you have the right supports in place. Some of our services involve home visiting. If you are having home visits, you will be asked some questions about possible risks around your home, to ensure safety of our staff. We appreciate your help in keeping our staff safe.

Here are some of the supports offered after having a baby at the RHW:

Midwifery Support Program (MSP)

You are eligible for this program if:

- you are a public patient NOT with a Midwifery Group Practice(MGP)
- you are a private patient, and your obstetrician agrees
- AND
- you go home between 4-48 hours after a vaginal birth
- you go home between 24-72 hours after a caesarean birth.

A midwife will visit you at home for up to three visits. You will still be a patient of the hospital so if any new health concerns arise, you can return to the hospital for review.

Midwifery Group Practice (MGP)

If you have had your pregnancy and birth care with an MGP, and live in the hospital's area, you will be visited on the ward by your MGP midwife to plan your discharge and home visits. This plan will have been discussed with you during your pregnancy. Early discharge is encouraged

Child and Family Health Services (C&FHS)

Within 2 weeks of going home you will be contacted by your local Child and Family Health Services to arrange a visit shortly thereafter. This service provides information on baby feeding and sleeping patterns, developmental milestones, and mother's groups. They can also support you accessing other services if you have any difficulties.

Lactation services/ Breastfeeding Support Unit (BSU)

Before you go home, you can drop into the BSU on level 3 any weekday afternoon. If you still have problems, your midwife will refer you to BSU and you will be contacted and given an appointment

Perinatal Outreach Mental Health Service (POMHS)

If you have used the POMHS during your pregnancy or hospital stay, you may be offered home visiting as part of your treatment. Please see your GP if you have mental health concerns after you are home. Your GP will be able to refer you to the correct services such as counselling, the perinatal mental health clinic at RHW or an outreach services.

MumSense

In the first 4 months you are welcome to drop in to the MumSense mothers group every Thursday between 10.30 am and 12.30 pm, Seminar room 1/2, RHW

Emergencies

If you have an urgent situation for you or your baby, you can call an ambulance on '000' or attend the emergency department of your local adult or children's hospital. If you have a mental health emergency, you can be helped at the adult emergency department or by calling the Mental Health Access Line 1800 011 511

Phone supports

As well as the phone lines listed on the back cover of the Personal Health Record (Blue Book) there are several other services that may be helpful to you. These are:

- Beyond Blue 1300 224 636
- Mensline 1300 789 978
- Parentline 1300 301 300
- Australian Breastfeeding Association helpline 1800 686 268

What is the 'Blue Book?'

The 'Blue Book' is your baby's personal health record and is important to take to all baby health visits. It includes baby's birth details, child and family health visits, milestones, weight and height charts, immunisations, contact numbers, websites, parenting groups and information leaflets about breastfeeding, pain management, and post epidural discharge information.

Who do I have to tell about the birth?

All births have to be registered with NSW Registry of Births Deaths and Marriages, Medicare and Centrelink. You will be given all three information packages and we recommend you do this as soon as you can. It is a requirement that your baby is registered within 60 days of birth.

When will I know I have fully recovered?

It is important for you to attend your health care provider for a health check around 6 weeks after your birth to review your postnatal recovery. This is an ideal time to talk about any other concerns and contraception.

APPENDIX 3

ObstetriX data base folders to be completed for discharge.

The dashes (-) represent sub-folders of the Mother and Baby folders

Mother Postnatal and Hospital Discharge

- Postpartum Maternal Details
- Mother Discharge

Baby

- Hepatitis B
- Nursery admission in postnatal period
- Neonatal Hospital Discharge