

POSTNATAL CONSULTATION AT 6-8 WEEKS POSTPARTUM

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

1. AIM

- Woman is offered a postnatal consultation with either her Midwifery Group Practice (MGP) midwife or her general practitioner (GP)
- Physical and psychosocial issues are assessed and referrals made as required
- Contraception is discussed as appropriate
- Cervical Screening Test (CST) is performed when due

2. PATIENT

- Woman 6-8 weeks postpartum who has received pregnancy and birth care as a public patient through Royal Hospital for Women (RHW)

3. STAFF

- Midwifery staff
- General Practitioners (GP)

4. EQUIPMENT

- Sphygmomanometer and stethoscope
- Speculum
- Cervical sampler and/or cytobrush
- Thin prep container and/or microscopic slide and container
- Cytology spray
- Lubricant (compatible with thin prep solution)
- Pencil to label the slide
- Gloves
- Light

5. CLINICAL PRACTICE

- Discuss the woman's experience of her pregnancy, birth and transition to parenting
- Review the woman's physical, emotional and social wellbeing
- Complete an Edinburgh Postnatal Depression Scale (EPDS), particularly if the woman describes low mood and/or increased anxiety. Refer to GP and ensure engaged with Child and Family Health (C&FH) services. **If there are immediate concerns for the woman's mental health, escalate as per 'Mental Health Escalation – Outpatients' LOP**
- Discuss breast health, educate and encourage breast self-examination
- Discuss vaginal discharge or bleeding and expectations for return to menstruation
- Assess history of urinary or faecal incontinence and discuss pelvic floor health
- Discuss sexual intercourse and address specific concerns
- Discuss contraceptive options and provide information or referrals as appropriate
- Ascertain if CST is due
- Examine the woman including:
 - Blood pressure
 - Breast examination
 - Abdominal palpation to assess uterine involution, separation of the rectus abdominis muscles and caesarean scar (if present)
 - Assessment of perineal trauma as required and any sensitive/painful areas. It may also be appropriate to assess pelvic floor strength during a vaginal examination

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
19/10/17

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- Refer for further assessment if any ongoing issues identified e.g. community Women's Health physiotherapist, GP for assessment and possible referral to gynaecology clinic (public or private), and C&FH
- Ensure woman with obstetric anal sphincter injury (OASI) has been followed up in OASIS clinic at RHW
- Review any other concerns and manage appropriately
- Advise hospital and community resources for the family unit as required
- Ensure woman is linked in with her GP or C&FH services for routine neonatal assessments and vaccinations
- Ensure any medical disorders during the pregnancy have an ongoing care plan with GP e.g. hypertension, thyroid disease, diabetes
- Discuss considerations for future pregnancies and births. Consider further consultation if high risk for an adverse outcome in a future pregnancy or pre-pregnancy counselling/preparation is needed e.g. maternal fetal medicine (MFM), high risk obstetric clinic, Mothersafe
- Ensure vaccinations are up to date in preparation for another pregnancy e.g. rubella, varicella. Arrange administration of vaccinations if non-immune and not already been given in postnatal period

6. DOCUMENTATION

- Medical records (if MGP review)

7. EDUCATIONAL NOTES

- Ideally the postnatal consultation is provided by the Midwife or Doctor who attended the birth as they are the most appropriate clinician to answer the woman's questions. If this is not possible the clinician attending the consultation should be well informed regarding the pregnancy and birth events
- If a CST is attended, it is the responsibility of the clinician performing the test to follow up the results and report these back to the woman, referring on if appropriate
- For women who have experienced a stillbirth or neonatal death, the postnatal consultation may be conducted at the perinatal loss clinic. The MGP midwife should attend this follow-up visit where possible.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE GUIDELINES

- Pap smear for maternity patients
- Breastfeeding – Care of breasts for postnatal women
- Stillbirths and Fetal Deaths: Diagnosis, Delivery, Documentation and Transport Guideline
- Mental Health Escalation Policy – Outpatient
- Rubella Immunisation – Postnatal Administration
- Third and Fourth Degree Perineal Tears – Repair and Management

9. RISK RATING

- Low

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10. NATIONAL STANDARDS – NSQHS (2012)

- CC – Comprehensive Care

11. REFERENCES & LINKS

- 1 NICE Clinical Guideline 37 (2006, updated Feb 2015) *Postnatal care up to 8 weeks after the birth*. Available online @ <https://www.nice.org.uk/guidance/cq37>
- 2 World Health Organisation 2014 WHO recommendations on Postnatal Care of the Mother and Newborn http://apps.who.int/iris/bitstream/10665/97603/1/9789241506649_eng.pdf Family Planning New South Wales, Family Planning Victoria and True Relationships and Reproductive Health. *Contraception: An Australian Clinical Practice Handbook, 4th edition*. Family Planning New South Wales, Family Planning Victoria and True Relationships and Reproductive Health, 2016 <https://www.fpnsw.org.au/health-professionals/publications>
- 3 National Safety and Quality Health Service Standards <https://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/> (accessed 12/4/2017)

REVISION & APPROVAL HISTORY

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Approved Quality & Patient Safety Committee 17/3/11

Endorsed Obstetrics Clinical Guidelines group December 2010

Previously titled '*Postnatal Consultation – 6-8 week Guideline*' – Approved Quality Council 20/9/04

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