York Teaching Hospital
NHS Foundation Trust

## MATERNITY SERVICES GUIDELINE

# Postnatal Care for Mothers and Babies

| | | |
|---|---|---|
| Version Author | Rachel McCormack – Maternity Risk Support Midwife | |
| Owners | Deborah Hollingsworth and Naomi Inman (Postnatal Ward Managers) | |
| Date of first issue | February 2019 | |
| Version | 1 | |
| Date of version Issue | February 2019 | |
| Ratified by | York: 19/03/2019 | Scarborough: 18/04/2019 |
| Date ratified | 18/04/2019 | |
| Review date | February 2022 | |
| Published date | April 2019 | |
| Version information | Postnatal Care Version 5 and Care of the Newborn at birth version 8 condensed into 1 guideline. | |

## Contents

# 1 Introduction & Scope

This guideline is to assist Midwives, Paediatricians, Maternity Support Workers and Health Care Assistants to provide individualised postnatal care to all women and their babies within York Maternity Services. This guideline is for Term Newborn Babies, regardless of place of birth, and refers to the first 24 hours following birth. Most babies will have an uncomplicated postnatal period but care during this time needs to address any concerns.

Women should be fully involved in planning and decision-making throughout this period and individual needs and choices must be respected.

Babies transferred directly from Labour Ward to Special Care Baby Unit (SCBU) are excluded from this guideline.

# 2 Management

Postnatal care planning commences during the antenatal period when discussions around caring for the baby is undertaken between the woman and the named midwife and is documented on the birth plan page of the hand-held pregnancy notes.

All discussions and care planning must be documented in the woman's individualised postnatal notes.

## 2.1 Prior to Delivery

A baby starts to lose its heat as soon as it is born, therefore to assist the newborn to regulate its body temperature, and prevent Hypothermia (see *Hypothermia of the Newborn guideline*), the following must be undertaken:

- Keep doors and windows closed to maintain room temperature.
- Turn off fans to prevent cooling the baby.
- Make sure you have warm blankets available.
- All mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery.

**Initial assessment**

- Dry the baby quickly and remove all wet towels. Encourage and facilitate skin-to-skin contact at birth if the mother consents. The baby should be dried and placed on the mother's chest in direct contact, with a warm blanket/s placed over them. Skin to skin helps to bond mother and newborn, prevent cooling of baby and is known to help establish feeding and enhance brain development in the baby.

  If the mother does not want skin to skin contact, ensure baby is wrapped in warm dry blankets. An acceptable temperature is 36.5-37.5ºC. (Resuscitation Council (UK) 2015).

Apply cord clamp and cut the cord 2-3cm away from the umbilicus on full-term healthy babies and 7-8cms on pre-term or ill babies. **Delayed cord clamping (not before 1 minute after birth) is recommended in babies where no concerns have been identified.** If cord clamping is delayed there is no evidence that giving oxytocics causes harm to the baby if given while the cord is still pulsating therefore syntometrine/oxytocin administration should not be delayed.

Whilst doing this assess the baby's condition by checking:

- Colour: **look at the colour of the trunk, lips and tongue.**
- **Tone:** Check whether the baby is well flexed with good tone
- **Breathing:** Look at the rate and pattern of respirations. Most babies start breathing regularly within 30 seconds of birth. Normal respiratory rate is 30-60 breaths per minute.
- **Heart rate:** if concerned listen for the heart rate with a stethoscope or feel for a pulse at the base of the umbilical cord. However, even in a healthy baby the cord does not always pulsate, nor does the rate of cord pulsation always reflect the true pulse rate (Resuscitation Council (UK) 2015). If you feel a slow heart rate or no heartrate at all, listen with a stethoscope before assuming that this reflects the true heart rate. Normal baby's heart rate is 100-160 bpm.
- Assess and document the Apgar score at one minute, five minutes and ten minutes.

## 2.2 Initial Postnatal period

- Early Feeding

  All newborn babies experience a fall in blood glucose in the first few hours after birth, therefore early feeding is essential for the prevention of hypoglycaemia in the newborn (see *Hypoglycaemia guideline*). Offer support and advice on infant feeding (see *Newborn Feeding Policy*). Ideally feeding should take place prior to the examination/weighing when appropriate.
- A Neonatal Risk Assessment must be completed in the baby's postnatal notes for all babies, and appropriate action taken.
- Put 2 labels on baby as soon as possible and prior to leaving the delivery room. Where a baby needs urgent transfer to SCBU, the baby must be labeled by a member of staff present at the delivery on arrival on SCBU. Check labels with the mother and/or mother's partner and against the details on the mother's identification bracelet. (See guideline: *Identification of Mothers and Babies guideline*). Make sure they are fixed securely and apply a security tag.

**Initial baby check after birth:**

This should take place in a warm well-lit room and ideally in the presence of the parent(s) on Labour Ward or at home. The purpose of this examination is to detect any deviations from normal and to enable prompt treatment as required.

- Check the baby's temperature to detect for hypothermia - if ≤ 36.4°C refer to *Hypothermia guideline* for management.
- Observe colour and respiratory effort, posture, movement, and skin condition.
- Weigh the baby.

| Examine: | What to observe: (List not exhaustive) |
|---|---|
| **Head** | shape, size |
| **Vault** | bones, sutures, fontanelles |
| **Face** | facial appearance, position and normality of eyes, ears, nose and mouth. |
| **Mouth** | examine carefully for the presence of e.g. teeth, tongue tie, palate (both inspection and palpation of palate for sub – mucosal clefts). |
| **Respiratory system** | Observe there is equal chest movement. No tachypnoea, recession, wheeze, stridor or grunting. |
| **Cardiovascular system** | examine for the presence of cyanosis – reassure parents if the baby's feet are cyanosed at delivery. |
| **Abdomen** | Observe for any distension |
| **Genitalia** | female: observe for no fusion of labia or cliteromegaly<br>male: observe for hypospadias, presence of two testes in the scrotum. |
| **Anus** | examine for patency |
| **Spine** | Observe for myelomeningocele or naevus. |
| **Limbs** | look for extra digits and talipes |
| **Skin** | note any birthmarks, blemishes or spots and document on the body map page of the Child Health Record (red book) |
| **Nervous system** | Observe for abnormal tone and normal movement of his/ her limbs. |

- Give the baby Vitamin K intramuscularly/orally with the consent of the parents and document in the birth notes, postnatal notes and the Child Health Record Book. If declined document in the postnatal notes. If oral Vitamin K is requested, use a Vitamin K TTO pack. *(See vitamin K guideline)*
- Complete the purple postnatal notes for both mother and baby, utilising the key to risk section and the management plan section within the notes and also stating the lead healthcare professional co-ordinating the woman's care i.e. lead consultant or named midwife.
- Commence the Red Child Health Record Book and discuss its use. The Child Health Record book should include:
    - a mother's sticker on the plastic part of the inside of the front cover, (only if the baby is going home with the mother) - this is because the baby and mother may not share the same surname once the baby is registered.
    - Complete the following information on the relevant pages:
        - place and type of birth and any complications
        - birth weight
        - baby's NHS number – to ensure correct baby details for that baby

        - Whether Vitamin K has been given
        - Body mapping
    - The newborn examination (NIPE) should be documented in the Red Book by the paediatrician or examining midwife once it has been performed.
    - Ensure barcoded stickers are placed in the Red Child Health Record for use when completing the Newborn Bloodspot Test.

### 2.3 Newborn Pulse Oximetry Screening (O2 Sats)

**How to perform Newborn Pulse Oximetry**

- Ensure the baby is warm and settled (temperature and movement can affect the reading)
- Do not apply the saturations sensor to broken skin
- Do not hold the saturations sensor in place with your fingers as this can provide an inaccurate result, secure with chosen fixation material
- Once in place, turn the monitor on and **wait** for a good signal strength and trace. The reading should be taken continuously for at least **1 minute** (once a good signal strength has been achieved) to ensure a stable reading.
- Measure **Pre ductal** saturations on the **Right Hand** by attaching the two flat sides of the saturations sensor to opposing sides of the hand with the red light emitting side uppermost. Do not cover the thumb with the fixation material.
- Measure **Post ductal** saturations on the **Right or Left Foot** by attaching the two flat sides of the saturations sensor to opposing sides of the foot with the red light emitting side uppermost.
- See the Screening Pathway flowchart in **Appendix 2** for interpretation of results
- Record screening results on the stickers available and place one in the baby's postnatal notes and one in the O2 Sats record book. These results should also be entered onto NIPE
- If a repeat screen is needed ensure this is documented and handed over if transferred to the postnatal ward.

**Early Postnatal Care for Baby**

An awareness of any antenatal factors which may affect the baby is important in the prevention and detection of any problems. This will enable an appropriate management of care to be planned and subsequently undertaken. These factors include:

- maternal medical history eg diabetes (see *Diabetes guideline*)
- social factors
- maternal substance misuse during pregnancy (see *Substance Misuse Policy*)
- Group B streptococcus in either the mother or the baby (see *Group B streptococcus guideline*)
- the presence of meconium stained liquor (see *Meconium in Amniotic Fluid guideline*)

Observation of the newborn during this period will help in the early detection and subsequent management of:

- Infection/Sepsis (see *GBS guideline*)
- Hypothermia (see *Hypothermia guideline*)
- Hypoglycaemia (see *Hypoglycaemia guideline*)
- Jaundice (see *Jaundice guideline*)

### 2.4 Early discharge home

If a woman requests an early discharge home the condition of Mother and Baby must be considered:

- The mother should:
  - Be obstetrically well with no medical conditions that cause concern
  - Have no special circumstances that cause concern – check for safeguarding or cause for concern forms.
  - Have passed urine (see *bladder care* guideline)
- The Baby should:
  - Be ≥ 37 weeks and ≥ 2.5kgs
  - Have Apgars of ≥ 7 @ 1 min and ≥ 9 @ 5 mins
  - Have had the first feed
  - Have no observable abnormalities or any causes for concern
  - Have an initial baby check at birth prior to transfer home
  - Have had a Negative Pulse Oximetry Screen on first or repeat screen and results entered on NIPE
  - Have had a NIPE examination completed or arranged
  - Have had no history of thick meconium, Shoulder Dystocia or GBS
  - Be warm, apyrexial and have normal colour and respirations
- If the woman or the baby is deemed not to be appropriate for an early discharge home then a Doctor should be informed and a 'Discharge Against Advice' form completed and signed.
- **N.B.** take into account parental request to go home against advice and Dr's workload, advise the parents that if possible the paediatric check will be completed prior to discharge. This can be completed at any time after birth if an early discharge is requested. If this cannot be facilitated, inform the mother that her baby will need a baby check within 72 hrs of birth by a midwife qualified in Neonatal Examination, or in York her GP. Although GP's are informed of this by maternity records staff, it is often pertinent to ask mum to ring her GP herself the following working day as the appointment can then be arranged in a timely manner. If the mother is going home to an area where the Midwives or GP's don't do baby checks, inform her that she will need to return to ward at a convenient time the next day with her baby for this to take place. She may need to wait to be seen. (NIPE Guidelines)
- Discharge arrangements as below.

## 2.5 Handover of Care from Labour Ward to Postnatal Ward

- Prior to transfer to the postnatal ward, perform a full set of maternal observations, and input to Maternal Early Warning Score (MEWS) chart on CPD.
- SBAR handover will take place from the Labour Ward Midwife to the Postnatal Ward midwife directly and documented in the woman's notes; refer to *Handover of care* guideline.
- Specific individualised care will be discussed with the mother and provided on a daily basis as a minimum, then documented in the postnatal notes. The key to risk and management plans are reviewed daily.
- Refer to specific guidelines for appropriate care:
  - *Infant Feeding*
  - *Hypoglycaemia of the newborn*
  - *Hypothermia of the newborn*
  - *Caesarean Section*
  - *Instrumental Delivery*
  - *Bladder Care*
  - *Group B Strep*
  - *Meconium stained liquor*
  - *Prolonged Rupture of Membranes*
  - *Substance Misuse*
- *SBAR sticker*

**Process for giving information to enable parent(s) to assess their newborn*'s* general condition and identify any signs and symptoms of common health problems to enable parents to respond to problems**

- Ensure all women and babies are discharged with their individualised purple postnatal notes for mother and baby. Encourage women and their partners to read both booklets. They contain information for parents to observe and act on 'Important Symptoms' for their baby/ies, providing signs and symptoms of common health problems and general well-being.

## 2.6 Transfer to the community

- Complete the postnatal discharge information in the maternal and baby's postnatal notes and in the electronic discharge summary including Hb status, Rhesus Status and 6/52 P/N appointment. Discuss contraception and document.
- Give and discuss appropriate patient information leaflets and document in the woman's postnatal notes.
- Ensure the opportunity is offered to discuss the woman's birth experience and allow time for her to ask any questions. This discussion must be documented in her P/N notes.
- If Newborn Hearing Screening is not undertaken, advise mother that an appointment will be sent as an outpatient

    - In York: place an addressograph on the list on Labour Ward for the Hearing Screening Co-ordinators to follow-up.
    - In Scarborough the Hearing Screening Coordinators print a daily report.
- Give the woman a copy of the electronic discharge letter, the purple postnatal notes for her and her baby/babies and the red child health record book/s
- Provide appropriate equipment on discharge e.g. Medications, Fragmin, sharps box, clip removers, barcode stickers (for use by the community midwives when completing the Newborn Bloodspot Test)
- In York: inform Ward Clerks of discharge home and confirm the correct discharge address and complete discharge SBAR.
- In Scarborough: Complete postnatal discharge communication sheet for the community midwives and place in the box provided on Hawthorn Ward.
- All women will have an initial visit by a member of the community midwifery team the day after discharge.
- The Newborn Blood Spot test should be offered on day 5 (but can be taken up to day 8), usually taken by community midwife during her visit
- Breastfed infants require a breast feeding assessment prior to discharge as well as weighing and a feeding assessment on day 3 and day 5 or 6
- All Formula feeding babies should be weighed on day 5 and arrangements made for reweighing as appropriate.

**Process for ensuring that parent(s) have contact details for the relevant healthcare professionals regardless of the place of birth**

**In York**

- Ensure that all women are provided with 24 hour contact details for an appropriate community midwife (out of hours these calls are directed through Labour Ward) A sticker with all relevant contact numbers will be placed on the front of the mothers purple notes
- Area specific contact details are given to each woman in the form of a sticker
- Ensure women are provided with contact details for relevant healthcare professionals. Document this in her postnatal notes. The work mobile number of their named midwife and GP name and contact number will be documented on the front of their purple notes.

**In Scarborough**

- Ensure that all women are provided with 24 hour contact details for Hawthorn Ward. A sticker with all relevant contact numbers will be placed on the front of the mothers purple notes
- Area specific contact details are given to each woman in the form of a sticker
- Ensure women are provided with contact details for relevant healthcare professionals. Document this in her purple postnatal notes. The named midwife can be contacted by phoning Hawthorn Ward or Labour Ward and GP name and contact number will be documented on the front of their purple notes.

**Process for ensuring that there is a co-ordinating healthcare professional for women with multi-agency or multidisciplinary needs**

- Women who have multidisciplinary or multiagency needs will have their care co-ordinated by an identified healthcare professional. This is usually a continuation of the antenatal co-ordinating healthcare professional allocated from antenatal risk assessments or antenatal clinic appointments. If the need for a co-ordinating healthcare professional is identified postnatally and is not already involved, then this will be identified either on delivery ward or the postnatal ward prior to discharge. This professional is then identified on the front cover of the postnatal booklet.

## 3 Links with local guidelines

Newborn Feeding
Hypoglycaemia of the newborn
Hypothermia of the newborn
Caesarean Section
Operative Vaginal Delivery
Bladder Care
Group B Strep
Meconium stained liquor
Prolonged Rupture of Membranes
Substance Misuse
Identification of Mothers and Babies
Vitamin K
Patient Information Leaflet
A/N Screening
Home Birth

## 4 References

NICE (2015) Clinical Guideline 37 Routine Postnatal Care of Women and their Babies. Available at: www.nice.org.uk.

Newborn Pulse Oximetry Screening Pilot: Local Education Programme Resource

https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-screening-programme-updates

Resuscitation Council (UK) (2015) Resuscitation and support of transition of babies at birth.

NICE (2015) Postnatal Care up to 8 weeks after birth. www.nice.org.uk

Public Health England (2016). NHS Screening Programmes - Newborn and Infant Physical Examination Clinical guidance. www.newbornphysical.screening.nhs.uk

**Appendix 1**

# NORTHERN AND YORKSHIRE CLEFT LIP AND PALATE SERVICE

Please refer all babies with a cleft lip and/or palate within 24 hours of birth / diagnosis by contacting:

**The Cleft Co-ordinator** on a Wednesday, Thursday or a Friday
on: **0113 3925115** (24 hour answer phone)

**OR**

**The Cleft Lip Palate Nurse**
on: **0113 3923788**
or: **07881 824505**

**Cleft Co-ordinator:** Regional cleft & Palate Service
F Floor
Martin Wing
The General Infirmary at Leeds
Great George Street
Leeds LS1 3EX

Fax: 0113 3925116

**Appendix 2**

## Newborn Pulse Oximetry Screening Pathway