Frimley Health NHS Foundation Trust

Postnatal visiting in the Community and Postnatal transfer to the Health Visitor

Key Points

- The aim of postnatal care is to empower women to care for themselves and their newborn babies in order to promote their long term physical and emotional wellbeing.
- This guideline will demonstrate that care is planned through a process of education and discussion to meet individual needs.

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Key words:	Community midwifery, health visiting, postnatal, post-natal, concerns for baby, safeguarding, discharge, transfer

Abbreviations

MSW	Maternity Support Worker
CMW	Community Midwife
PPH	Postpartum haemorrhage
DVT	Deep vein thrombosis
NMC	Nursing and Midwifery Council
NIPE	Newborn Infant Physical Examination
HV	Health Visitor

Contents

1. Purpose of the guideline

The aim of postnatal care is to empower women to care for themselves and their newborn babies to promote their long term physical and emotional wellbeing. Appropriate care planning will help to enhance quality and continuity of postnatal care for new mothers. These minimum requirements will help to support the ethos that postnatal care provision is undertaken in partnership with women and that care is offered, not imposed on her. This guideline will demonstrate that care is planned through a process of education and discussion to meet individual needs.

The Guideline

2. Postnatal visiting in the community

Postnatal appointments either at home or the community midwifery hubs should be tailored to the individual needs of the mother and her baby.

2.1 In the antenatal period

Postnatal visit schedule should be discussed from 34 weeks of pregnancy and at parent education sessions.

2.2 Postnatal visits:

The first postnatal contact should be made by a midwife the day following discharge from hospital. Ideally, women should be visited at home.

At the first postnatal contact the midwife will:

- Discuss scheduled postnatal checks that the woman and her baby will receive including where to attend postnatal appointments.
- Provide information regarding infant feeding support within the area.
- Women are advised, within 24 hours of the birth, of the **symptoms and signs** of life-threatening illnesses that may occur in them or their baby, that require them to access emergency treatment. Information regarding relevant contact numbers is given.
- Discuss signs of and prevention of jaundice and to call mamas line straight away if any concerns.
- Discuss SIDS prevention and asked about where baby sleeps. See links below:
  - Safe Sleeping
  - Crying Baby
  - Is my baby unwell?
  - Healthier Together
- Ensure the woman is aware of how to contact us if any concerns - mamas line, community Midwives, 111/A&E (if urgent): Call the Midwife
- Reminded to register birth/register with GP and book for 6-8 week follow up.
- Document the next scheduled contact via EPIC.

Women or babies who experience problems in the postnatal period will have as many visits as are clinically required up to 28 days postnatal.

Community midwives should endeavour to provide continuity of care by taking responsibility to carry out the next postnatal contact where possible, even if this requires delaying the next contact by one day.

Maternity support workers are based in the community to promote confidence and to provide emotional/practical support in the postnatal period; therefore, they can be given additional postnatal visits to support mothers who require extra feeding support and to check babies' weights. They also use a Bilirubinometer to assess severity of neonatal jaundice and refer to the community midwife if any abnormalities are detected.

Maternity Support Workers should carry out the day 5 visit, including newborn bloodspot screening test and newborn hearing screening if appropriate training has been completed.

The Maternity Support Worker will remove the C-section dressing where appropriate and refer to the midwife if they have any concerns. If there are any concerns raised by the MSW or mother at this appointment, this should be assessed by midwife.

It is important that the maternity support worker recognises their professional boundaries and reports back any concern to a community midwife. The community midwife remains accountable for the care of the woman and baby.

At all visits the midwife / MSW will:

- Review the woman and baby.
- Document the individualised postnatal care plan at each postnatal contact.
- Assess physical / emotional health and wellbeing of the woman
- Assess coping strategies and support networks
- Advise the parents of signs and symptoms of potential life-threatening illnesses, i.e., PPH, infection, pre-eclampsia, DVT, etc (midwives only). If the woman is feeling unwell in any way, then the maternity support worker should report immediately to the midwife.
- Undertake relevant observations as per the maternal observation checklist.
- Undertake a thorough baby check, assessing the baby's wellbeing and feeding method.
- Discuss safe infant sleeping with women, their partner or the main carer.
- Carry out (or delegate) a screening test on the same day if the baby shows any sign of jaundice, using the Draeger Transcutaneous Jaundice Monitor (refer to the neonatal jaundice guideline).

3. No Access to postnatal care

If contact is not obtained on three consecutive daily attempts at a woman's home or she does not attend (DNA) planned appointments, the safeguarding midwife should be informed, and a plan of action made, including informing the Health Visitor team. All attempts should be documented on EPIC. If visiting at home, the CMW or MSW should leave information on how to contact the community midwifery team.

4. Documentation

- All postnatal visits should be clearly documented on EPIC as per NMC guidelines.
- Out of area deliveries

4.1 Women delivering Out of Area

Hospital of birth should email the discharge information on mum and baby which should be stored on the media tab on the patients EPIC file
WPH community midwives' email: fhft.fax.maternitycommunity@nhs.net
FPH community midwives' email: fph-tr.communitymidwives@nhs.net

4.2 Women living Out of WPH catchment Area

- The women's details are checked and confirmed as correct.
- A Docman letter is sent to the GP via EPIC.
- The mother and baby discharge summary emailed to the hospital providing postnatal care and the ward copied in: fhft.wphpostnataldischarges@nhs.net
- A copy of the discharge summary is printed and given to the parents.

4.3 Women living Out of FPH catchment Area

- The women's details are checked and confirmed as correct.
- A Docman letter is sent to the GP via EPIC and Health Visitor via email.
- The mother and baby discharge summary is emailed from the generic community midwives' email to the hospital providing postnatal care: fph-tr.communitymidwives@nhs.net
- A copy of the discharge summary is printed and given to the parents.

5. Postnatal Transfer to the Health Visitor

The community midwife will clarify with the mother that the HV has contacted them prior to discharge from community midwifery care. Contact numbers for the local HV teams can give by the community midwife if required.

If the personal child health record (red book) is available the relevant pages are to be completed by the CMW, e.g., bloodspot, hearing screening, weight.

A copy of the Newborn Infant Physical Examination (NIPE) test must be filed in the red book alongside the body map. EPIC care link is accessible for all health visitors providing them with read only access to the woman's and the baby's electronic records.

6. Health Visitor Contact Details

These are held by the community midwives and MSW.

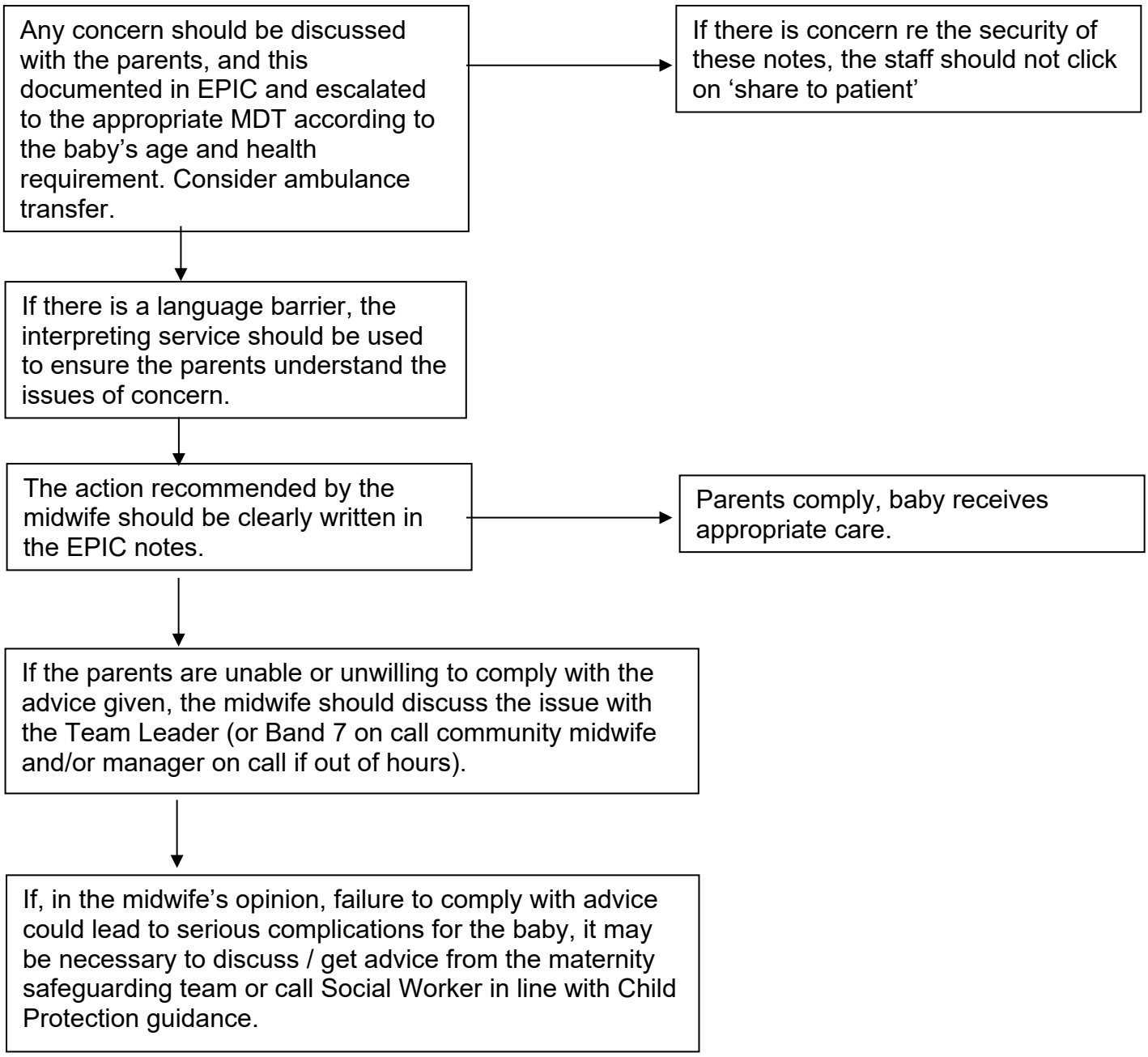
7. Implementation Plan

This guideline will be implemented as follows:

- Guidelines are approved by the Obstetric Clinical Governance Group (OCGG),
- the minutes of which are available on the maternity shared drive
- After approval the guideline will be placed on the guidelines platform.
- Staff will be made aware of the updating of the guideline via email and the Clinical Governance Newsletter.

Appendix 1 – Guidance for midwives concerned with the health or safeguarding need of a baby in the community.

The following guidance is intended to clarify what action should be taken if there is concern about the health of a baby visited in the community.



Detailed record keeping of any discussion, messages left, decisions made and action taken is vitally important in all cases but in particular if there is non-compliance. The midwife may need to document on a safeguarding note within EPIC.

Full version control record

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Guidelines Lead(s):	Tanya Santacaterina, Community Midwifery Matron FPH, Monica Warren, Community Midwifery Matron. WPH, Louise Taylor, Community Team Lead, WPH
Contributor(s):	
Lead Director / Chief of Service:	Miss Anne Deans, CoS for Obstetrics & Gynaecology
Professional Midwifery Advocates:	Elizabeth White, Angeliki Karava-Sood
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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	June 2020	H. Jones, L. Heppolette	Final	First cross site version, Updated and approved at OGCG 22.06.2020
2.0	March 2024	M. Warren, T. Santacaterina	Final	Scheduled review. Ratified at Cross site Obstetric Clinical Governance Meeting 27 March 2024

Related Documents

Document Type	Document Name
Guideline	Neonatal jaundice
Guideline	Newborn blood spot screening
Guideline	Infant feeding