

Policy, Procedures, and other Written Control Documents Template



Aneurin Bevan University Health Board

Postnatal care guideline

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1. Introduction/Overview

This guideline covers the routine postnatal care that women and their babies should receive in the first 8 weeks after the birth. It includes the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies, how to help parents form strong relationships with their babies, and baby feeding. The recommendations on emotional attachment and baby feeding also cover the antenatal period.

The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby.

This guideline includes recommendations on:

- [organisation and delivery of postnatal care](#)
- [postnatal care of the woman](#)
- [postnatal care of the baby](#)
- [symptoms and signs of illness in babies](#)
- [planning and supporting babies' feeding](#)

2. Policy Statement

The purpose of this guideline is to provide evidence-based guidance for clinicians working within maternity services, in the postnatal care of the mother and baby. The post-natal period extends from the birth of the baby to not less than 10 days and may be extended to 6 to 8 weeks (NICE- National Institute for Clinical Excellence 2021).

This is a time of physiological and psychological adaptation for the mother, baby and family and every opportunity should be taken to provide the family unit with information and support during this time.

The expectation is for all staff to follow the NICE (National Institute for Clinical Excellence) Postnatal guideline (NG194) (Updated April 2023) for all care, with the additional care described in this ABUHB (Aneurin Bevan University Health Board) Postnatal care guideline.

3. Aims/Purpose

To ensure safe, effective, evidence-based care for all mothers and babies

4. Objectives

For all staff within maternity services, to be able to easily access the NICE Postnatal care guideline NG194 (Updated April 2023) and recognise the additional standard of care within ABUHB maternity services.

5. Scope

This policy applies to all clinicians working within maternity services.

6. Roles and Responsibilities

All clinicians are responsible for acting in accordance with the GMC (General Medical Council) / NMC (Nursing and Midwifery Council) and within their scope of practice. The Head of Midwifery and Senior Midwifery Management team, alongside the Clinical Leads, are responsible for ensuring the updated guideline is cascaded to all clinicians.

7. Main Body

When caring for a woman who has recently given birth, listen to her and be responsive to her needs and preferences. Also see the [NICE guideline on patient experience in adult NHS services](#).

Be aware that the [2020 MBRRACE-UK reports on maternal and perinatal mortality](#) showed that women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring. The reports showed that:

- compared with white women (8 per 100,000), the risk of maternal death during pregnancy and up to 6 weeks after birth is:
- 4 times higher in black women (34 per 100,000)
- 3 times higher in mixed ethnicity women (25 per 100,000)
- 2 times higher in Asian women (15 per 100,000; does not include Chinese women)
- the neonatal mortality rate is around 50% higher in black and Asian babies compared with white babies (17 compared with 25 per 10,000)
- women living in the most deprived areas are more than 2.5 times more likely to die compared with women living in the least deprived areas (6 compared with 15 per 100,000)
- the neonatal mortality rate increases according to the level of deprivation in the area the mother lives in, with almost twice as many babies dying in the most deprived areas compared with the least deprived areas (12 compared with 22 per 10,000).

A woman may be supported by her [partner](#) in the postnatal period. Involve them according to the woman's wishes.

When caring for a baby, remember that those with [parental responsibility](#) have the right to be involved in the baby's care, if they choose.

When giving information about postnatal care, use understandable language and tailor the timing, content, and delivery of information to the woman's needs and preferences. Information should support shared decision making and be:

- provided face-to-face and supplemented by virtual discussions and written formats, for example, digital, printed, braille or Easy Read
- offered throughout the woman's care
- individualised and sensitive
- supportive and respectful
- evidence based and consistent
- translated by an appropriate interpreter to overcome language barriers.
- Please direct women to the Aneurin Bevan Healthier Together website and demonstrate how to change the language into one of 131 different languages [Home :: Healthier Together \(cymru.nhs.uk\)](http://Home::Healthier Together (cymru.nhs.uk))

The NICE Postnatal guidelines NG194 must be followed by all clinicians. These can be accessed here. [Overview | Postnatal care | Guidance | NICE](#)

In addition to the immediate maternal observations performed at birth (see ABUHB Labour Ward Guidelines and All Wales Midwifery Led Care guidelines 2022), all women should have their blood pressure, pulse, temperature, and respiration rate recorded on a MEOWS chart. An individual assessment should then be made, and these observations should be performed at least twice a day during inpatient stay where the observations meet normal parameters on the MEOWS chart, and a minimum of 4 hourly where there are additional risk factors or where an earlier observation does not meet normal parameters on a MEOWS chart.

8. Resources

Equipment should be available in clinical areas, or within a community midwife's kit, and should be clean and have all recommended maintenance checks.

9. Training

Updated guidelines should be cascaded to all staff, and new staff members should be directed to guidelines.

Staff should not print out the guidelines and should use the links to NICE within this document

10. Implementation

As above

11. Further Information Clinical Documents

<https://www.nice.org.uk/guidance/ng194/resources/postnatal-care-pdf-66142082148037>

wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/all-wales-midwifery-led-care-guideline-2022/

12. Review

3 years or if the NICE Postnatal Guideline NG194 is updated sooner

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