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# **Midwifery Facilitated Discharge Following Caesarean Section and Instrumental Delivery**

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Originator:	Women & Child Health
Date Approved:	January 2017
Approved by:	Clinical Governance Committee
Date for Review:	January 2020

## **Introduction**

In principle, discharge from hospital of women with pregnancy or childbirth complications remains the responsibility of the Consultant in charge of the overall care of the woman. However it can be delegated to another Health Care Professional provided the appropriate guidance and protocols are in place to safeguard the welfare of women.

Midwife Facilitated Discharge from hospital is the process where midwives are responsible for the proactive management of the discharge of women in their care, engaging with the multi-disciplinary team to assist timely and appropriate discharge of women to enable them to return home as soon as they are clinically stable and fit for discharge. Midwives are responsible and accountable for the discharge of healthy pregnant women. Midwives may take delegated lead in the case of women with pregnancy or childbirth complications.

The benefits for the woman include a more appropriately timed discharge, with increased patient satisfaction and experience. Midwife Facilitated Discharge will improve the flow of women through ward 12 at Princess of Wales Hospital and ward 18 at Singleton hospital ensuring more effective use of resources.

## **Guidance to support the introduction of Midwife Facilitated Discharge**

Following caesarean section/instrumental delivery the surgeon is responsible for indicating on the back of the operation sheet whether the woman is deemed suitable for midwife facilitated discharge.

## **Who may undertake Midwife Facilitated Discharge?**

Midwife Facilitated Discharge should only be undertaken by midwives who have demonstrated competence in discharge planning for caesarean sections/instrumental delivery. To practice competently, the midwife must possess the knowledge; skills and abilities required for lawful, safe and effective practice without direct supervision and have undertaken a competency assessment which will be recorded in their personal development profile and a copy in personal file.

## **Assessment**

Supervision and assessment in carrying out Midwife Facilitated Discharge will be based on the competence framework.

### **(Appendix 1).**

Assessment of the midwife will be undertaken by:-

- a senior member of the midwifery team i.e ward manager/SOM/CPD lead
- An obstetric registrar or consultant.
- a midwife that has been assessed as competent and has been discharging women for at least one year

## **A Competence Framework**

The following framework can be applied in assessing that the midwife has the appropriate knowledge and skills to demonstrate competence in the discharge planning process.

- Proactively promote, discuss and document discharge decisions in collaboration with the multidisciplinary team
- Undertake regular and ongoing assessments to assist timely and appropriate discharges and review progress according to the discharge management plan
- Act as the woman's advocate and proactively promote, discuss and document the discharge decision in collaboration with the woman and her family
- Interpreting test results

A **Clinical Management plan** proforma (**Appendix 2 or Appendix 3**) must be completed by the surgeon undertaking the procedure or the lead clinician, clearly documenting those women whose discharge could be delegated, with any special instructions that provide guidance to the midwife as to the safe discharge of the woman.

The clinical management plan should be recorded in the maternity notes. If the woman is **unsuitable** for midwife Facilitated Discharge this should be recorded in the Clinical Management Plan.

Women should be informed by the medical team that providing their condition is stable their discharge can be facilitated by a registered midwife. They should be advised to buy analgesia (ipubrufen, paracetamol) ready for when they are discharged home.

Take-home medication, if different to simple analgesia, should be prescribed 24-hours prior to the patient's discharge to minimise any delay to their discharge from hospital. Ideally this should be initiated on the labour ward immediately post operation.

**On the date of discharge** it will be the responsibility of the designated Registered Midwife to discharge those patients whose condition remains within the scope of the agreed parameters that have been clearly documented by the Obstetric team.

The designated Midwife should ensure the woman is suitable for discharge with reference to the guidance written on the operation/instrumental sheet and by completing the relevant midwife facilitated discharge checklist (**Appendix 4**)

### **Record Keeping**

The midwife Facilitated Discharge checklist must be completed. If there are any deviations from normal the midwife must refer the woman for a medical opinion. The Midwife will inform the woman of the reasons for her decision and document this in the woman's hospital records.

The midwife will also complete postnatal discharge information as documented in midwifery process along with other generic discharge information.

The completed midwife facilitated discharge checklist will be filed in the woman's records for audit purposes.

**Appendix 1**



**Discharge Planning Competencies Assessment Tool**  
Midwife Facilitated Discharge

Name: \_\_\_\_\_ Assessor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Experience</b>	a) Registered Midwife <input type="checkbox"/>
	b) Experience of caring for women post caesarean section/ post instrumental delivery <input type="checkbox"/>
	c) Experience of identification of post caesarean section/post instrumental delivery complications <input type="checkbox"/>
	d) Experience of discharge planning of routine midwifery led cases <input type="checkbox"/>

<b>Knowledge</b>	a) Detailed understanding of discharge protocol <input type="checkbox"/>
	b) Detailed understanding of checklist and its use in practice <input type="checkbox"/>
	c) Detailed understanding of action to be taken if a deviation from the checklist is identified <input type="checkbox"/>
	d) Detailed understanding of required record keeping standard <input type="checkbox"/>

<b>Skills</b>	Observation and assessment in Practice by relevant member staff <input type="checkbox"/>
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## Appendix 2

### CAESAREAN SECTION

<b>URGENCY OF CAESAREAN SECTION</b>  Emergency (within 30 minutes) Urgent (within 75 minutes) Scheduled Elective
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Addressograph
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**Date:** .....  
**Time of Decision:** .....  
**Time of Delivery of baby:** .....  
**Time of clamping of cord:** .....  
**If cord clamped at <30 seconds, please give reason** .....

<b>Date/Time of Operation:</b>	
Operator: Assistant: Scrub Nurse: Paediatrician Present – Yes/No Name:	Anaesthetist:  Anaesthetic: Epidural / Spinal / GA
<b>Indications:</b> 1.  2.	In Labour <span style="float: right;">Yes/No</span>
<b>Immediate Pre-Operative Findings:</b> Abdominal examination: / 5 palpable Cervical Dilation: _____ cm <span style="float: right;">VE: done/not done</span> Station: -3 / -2/ -1/ 0/ +1/ +2 <span style="float: right;">Position: OA / OP / OT / _____</span>	
<b>Findings At Time of Procedure:</b> Lower Segment Formed: yes/no <span style="margin-left: 100px;">Thin: Yes/No</span> Uterine Scar: intact/ ruptured/ not applicable Presentation: cephalic/ breech/ other (specify) Station: not engaged/ engaged/ deeply engaged Position of head at surgery: OA / OP / OT / other - _____ Caput: none/moderate/marked <span style="margin-left: 100px;">Moulding: 0 / 1+ / 2+ / 3+</span> Cord: around neck/other cord entanglement (specify) Placental Site: anterior/ posterior/ fundal/ praevia Liquor: clear/ blood stained/ meconium Tubes and Ovaries: healthy/ abnormal (specify) _____ Tubal Ligation done: yes / no Uterine Abnormalities:	
<b>Procedure:</b> Abdominal Incision: <span style="margin-left: 100px;">Uterine Incision: Transverse Lower Segment / Classical</span> Uterine Cavity Check: Empty Yes/No Delivery of Baby: <span style="margin-left: 100px;">Delivery of Placenta: CCT/Manual</span> Closure (including suture material used) <span style="margin-left: 100px;">Swabs and Instrument Check</span> Uterus: <span style="margin-left: 100px;">Urine – clear / blood stained</span> Peritoneum: Sheath: Skin: <span style="margin-left: 100px;">Estimated Blood Loss</span> <span style="border: 1px solid black; padding: 2px 10px;">mls</span>	
Antibiotics: Given pre-incision / after delivery of baby Diclofenac:	

<b>Infant(s)</b>		Umbilical arterial pH	BE
Gestation:		Umbilical venous pH	BE
Boy/ Girl	Apgar Score	1 min =	5 min =
Boy/ Girl	Apgar Score	1 min =	5 min =
Post Operative Instructions			
Catheter to be removed in - 6hrs / 24 hrs / _____			

**Additional Comments:**

**Thromboprophylaxis: (complete risk assessment form)**

LWMH       TEDS       Early mobilisation

SSI

Suitable for Midwife Led Discharge      Yes       No

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

### Appendix 3

## Operative Vaginal Delivery Sheet

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parity: \_\_\_\_\_ Gestational Age: \_\_\_\_\_

BMI: \_\_\_\_\_

Labour: Spontaneous onset / IOL / Augmented

Name and addressograph

Indications:

\_\_\_\_\_

Location: Room / Theatre

Operator's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Senior doctor involved in decision making: Yes / No Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Senior Doctor present for delivery: Yes / No Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Anaesthetist present: Yes / No Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Analgesia / Anaesthesia:** Epidural top up / Spinal / GA / Pudendal / Local: \_\_\_\_\_

### **Examination Findings:**

PA: ____ /5 palpable	Cervical dilatation: _____ cm
Station:	Fetal position:
Caput: none / + / ++ / +++	Moulding: none / + / ++ / +++
Bladder catheterised: Yes / No	

### **Type of delivery**

**Manual rotation:** Yes / No

**Ventouse:** Posterior metal cup / Kiwi / Other \_\_\_\_\_

Number of pulls: \_\_\_\_\_ Duration of Cup application: \_\_\_\_\_ mins

Cup detachment: Yes / No; If Yes; number of times: \_\_\_\_\_

**Forceps:** Traction / Lift out / Rotational : \_\_\_\_\_

Number of pulls: \_\_\_\_\_ Duration of forceps application: \_\_\_\_\_ mins

**Second instrument used:** Yes / No

If Yes; which instrument: \_\_\_\_\_ Number of pulls: \_\_\_\_\_

If CS, failure of instrumental to delivery time: \_\_\_\_\_

Initial decision to delivery time: \_\_\_\_\_





## Appendix 4

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### Directorate of Women & Children's Services

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#### Midwife Facilitated Discharge Checklist for transfer home or to Birth Centre following Caesarean Section/Instrumental Delivery

Addressograph
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	Yes	No
Suitable for midwife facilitated discharge as recorded on operation sheet?		
Has the woman required a medical review or a complication or a PPH since completion of operation?		
If you have answered <b>yes</b> the woman must be reviewed by Registrar to re-access suitability for midwife left discharge?		

Haemoglobin	
Blood Pressure Recording	

#### **If Suitable for midwifery led discharge**

	Yes	No	NA
Temp, blood pressure, pulse and resps within normal limits?			
Pain acceptable for patient? (refer to pain scale score)			
Fluids and diet tolerated?			
Wound dressing/site/perineum satisfactory?			
Evidence of good urinary output (following removal of catheter)?			
Lochia <u>not</u> excessive?			
Any signs of potential DVT?			
Mobilising and self caring?			
Venflon has been removed?			
Is Anti D required?			
Rubella status checked?			
Take home medication dispensed?			
Discharge completed in maternity records?			
Discussion about contraception?			
Surgical Site Surveillance completed and relevant form attached to process?			
Debriefing operation form completed for GP / patient			
Completed all other discharge documentation			
<b>Should not require postnatal appointment with Consultant</b>			

Signature.....

Date of Discharge.....

Print name.....

Designation.....

Directorate of Women & Child Health

**Checklist for Clinical Guidelines being submitted for Approval  
by Quality & Safety Group**

Title of Guideline:	Midwifery Facilitated Discharge Following Caesarean Section and Instrumental Deliveries
Name(s) of Author:	
Chair of Group or Committee supporting submission:	Postnatal Forum
Issue / Version No:	1
Details of persons included in consultation process:	Senior Midwives
Brief outline giving reasons for document being submitted for ratification	3 yearly review of Policy through Postnatal Forum
Name of Pharmacist (mandatory if drugs involved):	n/a
Please list any policies/guidelines this document will supercede:	n/a
Keywords linked to document:	Midwifery, Facilitated discharge, caesarean
Date approved by Directorate Quality & Safety Group:	January 2017
File Name: Used to locate where file is stores on hard drive	pow_fs1\ABM_W&CH_mgt\Clinical Governance-Q&S\Policies & Procedures-Ratified\Maternity

\* To be completed by Author and submitted with document for ratification to Clinical Governance Facilitator