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Midwifery Facilitated Discharge Following Caesarean Section

Originator:	Women & Child Health
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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 at Singleton Hospital ensuring more effective use of resources.

Guidance to support the introduction of Midwife Facilitated Discharge

Following caesarean section, 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. To practice competently, the midwife must possess the knowledge, skills and abilities required for lawful, safe and effective practice without direct supervision.

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

Operative documentation must be completed, on TOMS, by the surgeon or lead clinician undertaking the procedure, 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. The medical team should inform women suitable for midwife led discharge, that providing their condition is stable their discharge can be facilitated by a registered midwife.

Medication

During their hospital stay, women will be assessed for SAM'S (Self-Administered Medications) for simple analgesia to avoid unnecessary delays in administration. Ideally, this should be initiated on the labour ward, or in main theatre, immediately post operation. Any further 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.

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 sheet and by completing the relevant midwife facilitated discharge checklist (**Appendix 1**)

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 the midwifery handheld postnatal pathway, 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

Midwife Facilitated Discharge Checklist for transfer home following Caesarean Section

Addressograph

	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 yes the woman must be reviewed by Registrar to re-access suitability for midwife left discharge?		

Haemoglobin	
Blood Pressure Recording	
Check if anti D required	

Suitable for midwifery led discharge?

All below must be answered with 'yes' to be suitable

	Yes	No	NA
Temp, blood pressure, pulse and respiration rate within normal limits			
Pain acceptable for patient			
Fluids and diet tolerated			
Wound dressing/site/perineum satisfactory			
Evidence of good urinary output (following removal of catheter)			
Lochia <u>not</u> excessive			
Absent of any signs of potential DVT			
Mobilising and self-caring			
Cannula has been removed			
Take home medication dispensed or have own supply			
Discharge completed in maternity records			
Discussion about contraception?			
Completed all other discharge documentation			
Should not require postnatal appointment with Consultant			

Signature..... Date of Discharge.....

Print name..... Designation.....

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

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Name(s) of Author:	Carole Christie, Danielle Clifton
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