NICE National Institute for Health and Care Excellence

NICE Pathways

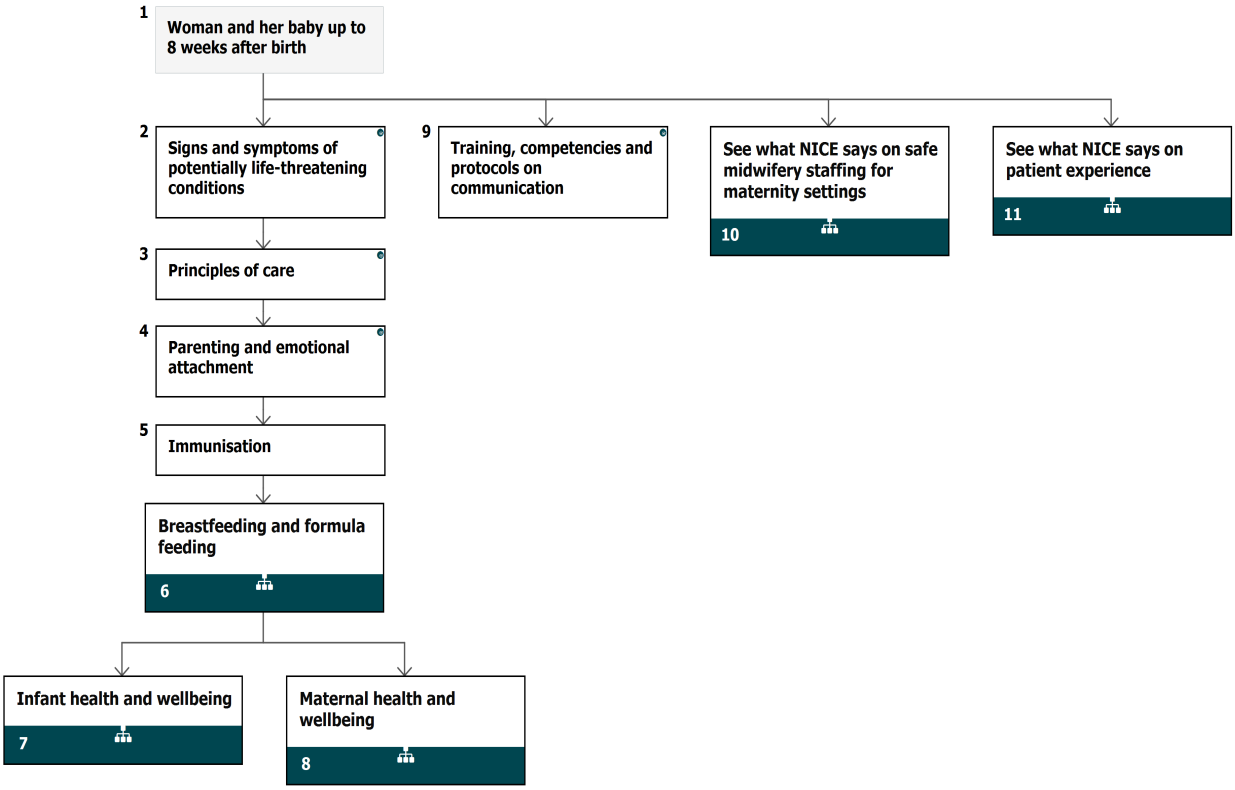
# Postnatal care overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/postnatal-care
NICE Pathway last updated: 04 April 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Woman and her baby up to 8 weeks after birth

No additional information

## 2 Signs and symptoms of potentially life-threatening conditions

At the first postnatal contact, women should be advised of the signs and symptoms of potentially life-threatening conditions [See page 9] and to contact their healthcare professional immediately or call for emergency help if any signs and symptoms occur. See assessment of potentially life-threatening conditions for the mother for further details.

### Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

**Postnatal care**

2. Maternal health – life-threatening conditions

## 3 Principles of care

Each postnatal contact should be provided in accordance with the principles of individualised care. In order to deliver the core care recommended, postnatal services should be planned locally to achieve the most efficient and effective service for women and their babies.

A coordinating healthcare professional should be identified for each woman. Based on the changing needs of the woman and baby, this professional is likely to change over time.

A documented, individualised postnatal care plan should be developed with the woman, ideally in the antenatal period or as soon as possible after birth. This should include:

- relevant factors from the antenatal, intrapartum and immediate postnatal period
- details of the healthcare professionals involved in her care and that of her baby, including roles and contact details
- plans for the postnatal period.

This should be reviewed at each postnatal contact.

Women should be offered an opportunity to talk about their birth experiences and to ask questions about the care they received during labour.

Women should be offered relevant and timely information to enable them to promote their own and their babies' health and wellbeing and to recognise and respond to problems.

The Department of Health booklet Birth to five, which is a guide to parenthood and the first 5 years of a child's life, should be given to all women within 3 days of birth (if it has not been received antenatally).

The personal child health record should be given to all women as soon as possible (if it has not been received antenatally) and its use explained.

At each postnatal contact the healthcare professional should:

- ask the woman about her health and wellbeing and that of her baby. This should include asking women about their experience of common physical health problems. Any symptoms reported by the woman or identified through clinical observations should be assessed.
- offer consistent information and clear explanations to empower the woman to take care of her own health and that of her baby, and to recognise symptoms that may require discussion
- encourage the woman and her family to report any concerns in relation to their physical, social, mental or emotional health, discuss issues and ask questions
- document in the care plan any specific problems and follow-up.

Length of stay in a maternity unit should be discussed between the individual woman and her healthcare professional, taking into account the health and wellbeing of the woman and her baby and the level of support available following discharge.

At the end of the postnatal period, the coordinating healthcare professional should ensure that the woman's physical, emotional and social wellbeing is reviewed. Screening and medical history should also be taken into account.

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

**Postnatal care**

1. Continuity of care

## 4 Parenting and emotional attachment

Assessment for emotional attachment should be carried out at each postnatal contact.

Home visits should be used as an opportunity to promote parent- or mother-to-baby emotional attachment.

Women should be encouraged to develop social networks as this promotes positive mother-baby interaction.

Group based parent-training programmes designed to promote emotional attachment and improve parenting skills should be available to parents who wish to access them.

Healthcare providers should offer fathers information and support in adjusting to their new role and responsibilities within the family unit.

See NICE's recommendations on attachment difficulties in children and young people and for babies taken into care see looked-after babies, children and young people.

### Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

**Postnatal care**

9. Emotional wellbeing and infant attachment

11. Parent–baby attachment

## 5 Immunisation

**Immunisation of the baby**

Parents should be offered routine immunisations for their baby according to the schedule recommended in Immunisation against infectious disease (the Green Book).

See what NICE says on immunisations for under 19s.

### Immunisation of mother if baby RhD-positive

Anti-D immunoglobulin should be offered to every non-sensitised Rh-D-negative woman within 72 hours following the delivery of an RhD-positive baby.

Women found to be sero-negative on antenatal screening for rubella should be offered an MMR vaccination following birth and before discharge from the maternity unit if they are in hospital.

See Immunisation against infectious disease for guidance on the timing of MMR vaccination in women who are sero-negative for rubella who also require anti-D immunoglobulin injection.

Women should be advised that pregnancy should be avoided for 1 month after receiving MMR, but that breastfeeding may continue.

## 6 Breastfeeding and formula feeding

See Postnatal care / Postnatal care: breastfeeding and formula feeding

## 7 Infant health and wellbeing

See Postnatal care / Postnatal care: infant health and wellbeing

## 8 Maternal health and wellbeing

See Postnatal care / Postnatal care: maternal health and wellbeing

## 9 Training, competencies and protocols on communication

### Training

See what NICE says on training in maternal and child nutrition and staff knowledge and training in relation to immunisations for under 19s.

### Competencies

All healthcare professionals who care for mothers and babies should work within the relevant competencies developed by Skills for Health. Relevant healthcare professionals should also

have demonstrated competency and sufficient ongoing clinical experience in:

- undertaking maternal and newborn physical examinations and recognising abnormalities
- supporting breastfeeding women including a sound understanding of the physiology of lactation and neonatal metabolic adaptation and the ability to communicate this to parents
- recognising the risks, signs and symptoms of domestic abuse and whom to contact for advice and management, as recommended by National Service Framework for Children, Young People and Maternity Services
- recognising the risks, signs and symptoms of child abuse and whom to contact for advice and management, as recommended by National Service Framework for Children, Young People and Maternity Services and Guide for health professionals on domestic abuse.

Healthcare professionals should be aware of the risks, signs and symptoms of domestic abuse and know who to contact for advice and management, following guidance on National Service Framework for Children, Young People and Maternity Services and Guide for health professionals on domestic abuse.

Healthcare professionals should be alert to risk factors and signs and symptoms of child abuse.

If there is raised concern, the healthcare professional should follow local child protection policies.

See what NICE says on child abuse and neglect.

**Protocols on communication**

There should be local protocols about written communication, in particular about the transfer of care between clinical sectors and healthcare professionals. These protocols should be audited.

Healthcare professionals should use hand-held maternity records, the postnatal care plans and personal child health records, to promote communication with women.

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

**Postnatal care**

1. Continuity of care

## 10 See what NICE says on safe midwifery staffing for maternity settings

See Safe midwifery staffing for maternity settings

## 11 See what NICE says on patient experience

See Patient experience in adult NHS services

## Signs and symptoms of potentially life-threatening conditions

| Signs and symptoms | Condition |
|---|---|
| Sudden and profuse blood loss or persistent increased blood loss, faintness, dizziness or palpitations/tachycardia | Postpartum haemorrhage |
| Fever, shivering, abdominal pain and/or offensive vaginal loss | Infection |
| Headaches accompanied by one or more of the following symptoms within the first 72 hours of birth:<br>• visual disturbances<br>• nausea, vomiting. | Pre-eclampsia/ eclampsia |
| Unilateral calf pain, redness or swelling, shortness of breath or chest pain | Thromboembolism |

## Glossary

### Co-sleeping

parents or carers sleeping on a bed or sofa or chair with an infant

### Diet

in this guidance, the term 'diet' refers to the habitual eating patterns of individuals and groups of people who are not slimming or eating to manage or treat a medical condition

### Emergency

life-threatening or potential life-threatening situation

### Follow-on formula

under UK law, follow-on formula may provide the liquid component of a progressively varied diet for healthy infants aged over 6 months

**Healthy eating**

there is no standard definition. However it is widely accepted that 'healthy eating' means following a diet which is low in fat (particularly saturated fat), sugar and salt, and high in fruit, vegetables and fibre-rich starchy foods. More details are available from NHS Choices

**Infant formula**

under UK law, infant formula is the term used to describe a food intended to satisfy, by itself, the nutritional needs of infants during the first months of life. The Department of Health advises that infant formula may be used on its own for the first 6 months

**MMR**

measles, mumps, rubella

**Non-urgent**

continue to monitor and assess

**NSAID**

non-steroidal anti-inflammatory

**SIDS**

sudden infant death syndrome

**Urgent**

potentially serious situation, which needs appropriate action

**Weaning**

weaning or 'complementary feeding' is the transition from an exclusively milk-based diet to a diet based on solid foods

## Sources

Postnatal care up to 8 weeks after birth (2006 updated 2015) NICE guideline CG37

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.