

Discharge < 12hrs Postpartum

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1. Introduction

This Clinical Guideline is designed to assist in the management and safety of a mother and her baby who are discharging <12hrs following birth from the Labour and Birthing Suite or postnatal wards to Community Midwifery care, private LMC midwifery care, or to Auckland Birthcare .

Decisions regarding discharge <12 hours are made in partnership with women, with their informed consent considering safety and women's individual needs. Communication and co-ordination between all team members and the woman/family is expected.

Note: For the healthy woman and baby, postnatal beds are located at Birthcare and not Grafton.

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2. Discharge of the Mother Home

The well mother may be discharged from hospital to home when she is physically well and has consented to go home. The woman will require a support person who can assist her at home especially if an emergency arises. All discharge documentation needs to be completed and communication with the postnatal midwife made verbally, by voicemail/electronically.

A physical postnatal examination must be carried out and meet the standards of care required.

- The woman is physically well and haemodynamically stable
- Normal third stage blood loss
- No excessive perineal trauma (i.e. vulval haematoma). Women with 3rd or 4th degree tears may transfer to Auckland Birthcare following completion of perineal trauma documentation as per the [Perineal Tear – Third and Fourth Degree guideline](#))
- No other medical or obstetric complications
- Advice has been given regarding:
 1. What to do in an emergency e.g. If the woman starts to bleed.
 2. When to expect a home visit from a midwife and who to contact if not seen in 24 hours.
 3. If oral Vitamin K given to the baby, when the next oral dose is required.

Maternal Check

- Observe and document postnatal vital signs according to the immediate postnatal care following birth guidelines
- Uterine fundal tone and position should be contracted and central respectively
- Lochia should be slight to moderate rubra
- The perineum should have minimal or no bruising and swelling
- The woman has voided post birth or bladder was emptied at delivery and there are no concerns regarding possible urine retention or bleeding
- Where the woman is Rhesus negative, take the Kleihauer within 1-2 hours post birth (this will generally be before the baby's blood results are available). Ensure midwives providing on-going postnatal care following transfer (Birthcare, Community Midwife or LMC) are aware to check the Kleihauer result and baby blood results, and then give anti D if indicated.
- Mother and family/whanau know how to access emergency services
- Discharge documentation complete

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3. Discharge of Baby Home

Baby Check

- Normal cord lactate
- Only healthy term infants >2400g with a normal newborn examination will be considered for discharge < 12 hours
- The infant should be able to maintain thermal homeostasis and have no evidence of sepsis, the woman should not have had meconium stained liquor
- The infant should be feeding normally, with adequate latch, and the mother should feel confident with breastfeeding.
- Check that information on safe sleep has been given antenatally and discussed
- Initial vaccines e.g. Hep B immunisation should have been given and documented in Well Child book and Healthware screen. BCG form completed (if available).
- Refer to discharge planning re suitability and risk sheet e.g. Is a social worker required? Will this baby be safe?
- Appropriate information leaflets (e.g. safe sleep cot card, information on BCG, if available) and discharge summaries, completed. Well child book (point out to woman the newborn examination section, including the need for the red eye reflex to be completed), PKU card and information about online Birth registration should be given to the woman.
- Check with woman that infant car restraint is available and that she is familiar with its use.

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4. Transfer to Birthcare within 12 hours

Primary Births

Women who have had a vaginal birth and who are well should (as per transfer agreement) usually transfer to Birthcare within 12 hours of the birth. Ideally the mother and the baby should transfer directly from Labour and Birthing Suite usually within 4-5 hours.

Contact the shift co-ordinator at Birthcare: phone 374 0800 to clarify if there are concerns.

Non-eligible women will be required to pay the full Birthcare schedule of fees (not subsidized by ADHB) on arrival for the planned length of stay. Refer women to Birthcare for further information.

- It is the LMC's responsibility to organise the woman's transfer to Birthcare. This includes prescribing pain relief. The LMC is responsible to ensure the woman is informed of the necessity for a suitable infant car restraint for the transfer home or to Birthcare.
- If handover to secondary care has occurred, the team is responsible to ensure follow-up arrangements are in place and ACC documentation completed before transfer back to primary care occurs (e.g. for 3rd degree tears).

Birthcare accept women with the following:

- Intravenous luer
- Intravenous antibiotics (3rd degree tears)
- Urinary indwelling catheters
- Third and fourth degree tears (requires planned follow-up clinic appointment) (physiotherapy service on site at Birthcare)
- Maternal Mental health Service care
- Gestational diabetes (diet and insulin)
- Essential hypertension with no added complications.
- Multiple births
- Postpartum haemorrhage with a subsequent stable clinical assessment
- Adoption mothers for parent craft
- Hepatitis B positive
- High BMI with no other complications

Birthcare accept babies with the following:

- Large for dates glucose monitoring, after first normal blood sugar
- Babies of gestational diabetic mothers following first normal blood sugar
- Babies born with intrauterine growth retardation (>2400gms)
- 36 weeks gestation requiring extra monitoring following normal blood sugar and neonatal assessment

NB. Babies who are likely to need paediatric supervision need to be discussed with a paediatrician *before they are transferred to Birthcare.*

A private paediatrician can facilitate transfer and review at Birthcare

NB. Women who have had:

- An epidural for safety reasons should be observed 4 hours from the last epidural top up or following a PCEA after the last self-administered dose
- An instrumental birth (forceps or ventouse) may be transferred within 12 hours

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5. Documentation Requirements

- Completed clinical notes including labour and birth summary, neonatal examination (blue card), etc...
- Healthware on computer by Midwife or Ward Clerk (if LMC)
- Well Child book with neonatal examination (document if red eye reflex still needs to be checked), birth and immunisation details completed.
- ACC 45 and 2152 by doctor if required

All women require:

- Well Child book
- Information regarding online birth registration
- Postnatal advice brochures
- PKU card
- 6 NHI stickers (baby)
- Healthware discharge summaries 5 copies (copy for mother, Birthcare, community midwife, GP, and Well Child provider)

Women with NWH as LMC, discharging to Community Midwifery Care:

If the woman has been seen by the community Team a voice mail message must be left on the **phone extension 28258**. Provide details: Name / NHI / where woman is being discharged to (home / temporary address / Birthcare) and LMC's name. There is no need to provide clinical information at this point.

Women Transferring to Auckland Birthcare

- Women with Community Midwifery Team LMC:
 - Ward clerk to phone and book woman with Auckland Birthcare coordinator
 - Labour and Birthing Suite Midwife to phone allocated Auckland Birthcare midwife for clinical handover prior to transfer
 - Labour and Birthing Suite Midwife to phone or leave voice mail message for Community Midwifery Team
- Women with Primary LMC
 - LMC to phone and book woman with Auckland Birthcare coordinator
 - LMC to phone allocated Auckland Birthcare midwife for clinical handover prior to transfer
- Birthcare will inform the LMC (self-employed or Community) if the woman does not arrive.

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6. Supporting Evidence

- Click [here](#) for NICE Clinical guidelines 37 (2015) Postnatal care up to 8 weeks after birth

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7. Associated Documents

- [ADHB Safe Sleep Policy – Northern Region](#)
- [ADHB Perineal Tears – Third and Fourth Degree](#)

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8. Disclaimer

No set of guidelines can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using these guidelines to adapt them for safe use within their institutions and for the individual needs of patients.

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