

Coronavirus (COVID-19) Postnatal Care Pathway SOP

The following SOP relates to the Postnatal Care Pathway as it stands from 16/06/2020. This is subject to review at all times in response changes in clinical need and advice.

Hospital Postnatal Care

- Care offered in the Hospital in the Postnatal period follows the structure laid out in the HUH Postnatal Care guideline with very minimal changes.
- Visiting hours: We will be gradually restarting visiting on the postnatal ward, starting with a single visitor, who must be the primary birth partner, between 2pm and 6pm daily. The visitor will be subject to the same screening checks and requirements and not to be experiencing any COVID-19 symptoms as previously described. We cannot accommodate more than one visitor, including any children, on the ward at present.
- All staff on the Postnatal areas will operate universal precautions in terms of hand hygiene and PPE in keeping with national guidance for a green zone.
- All women who are symptomatic for COVID including those being treated for suspected sepsis are to be treated via barrier nursing and isolation away from asymptomatic women until a swab result is acquired.

Community Postnatal Care

- Care offered in the Community in the Postnatal period follows the structure laid out in the HUH Postnatal Care guideline with very minimal changes.

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| Postnatal Day | Telephone triage all women re potential symptoms prior to all visits |
| Day 1 (following discharge) | To visit all families regardless of Covid-19 symptoms. |
| Day 3 | Visit by MSW for infant feeding support (not for routine weight on D3 unless clinical concerns eg; : premature, twins, borderline TcB reading, feeding concerns) |

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| | If Covid-19 symptoms or positive to try and provide video call by MSW to support feeding, if unable to accurately assess feeding then for visit. |
| Day 5 | Visit by MSW or midwife General P/N check for mother & baby including baby weight & NBBS screening – additional visits may require depending findings at this visit Refer to weight loss in new-born flow chart. |
| Day 10 | Discharge over the phone unless clinical concerns including concerns with feeding. Refer to HV team rapid response team (Weight loss>8%, jaundice, cord still on, mental health concerns with mum) |

- At every Postnatal encounter
 - Midwives should follow the Maternal Postnatal Daily Observation Form: filling in all relevant sections.
 - Any mental health or social concerns? Midwives should keep asking about DV on the telephone appointments (ask if women are alone or ask them to go to a private room) as these women are at higher risk during Covid-19. They should contact their team leader to discuss any women with concerns and continue with PHMW referrals and self-referrals to IAPT (Talk changes).
 - Covid-19? Midwives should ask all women if they or anyone in their household had symptoms of COVID-19 or if she had been in contact with anyone with symptoms. If answered Yes for any of the risk factors woman should self-isolate for 7 days and members of her household for 14 days. In this case we will only visit the family if there is a clinical concern warranting a visit on first day home. Day 5 must be undertaken even if Covid-19 positive- and full PPE and precautions should be taken. If unsure or any concerns noted over the phone then the Midwife should speak to their team leader or the Community Manager or Matron for advice.
 - Fever
 - Acute persistent cough
 - Hoarseness
 - Nasal discharge/congestion
 - Shortness of breath
 - Sore throat
 - Wheezing
 - Sneezing
 - If any concerns in the mother or babies wellbeing is identified and the client has reported symptoms or exposure to those with symptoms of Covid-19 risk then Midwives should call EOU/ Manager/ Matron/ team leader to discuss.
 - DNA: If women DNAs appointments either face-to-face or over the phone Midwives should refer to DNA policy as standard
 - Advice given to go to A+E immediately: if experiencing very heavy vaginal bleeding,

palpitations, severe headaches with blurred vision or flashing lights.

- Any Obstetric concerns: Midwives should notify EOU if sending women in with Obstetric concerns and speak to delivery suite co-ordinator.

- Give useful contact details: Midwives should signpost the women to the contact numbers on the back of her blue notes to call the Maternity Helpline, Delivery Suite or named midwife if client has any queries or concerns.

- Midwives should provide clients with useful information on the following:
 - HV role, birth registration and GP appointment at 6/52
 - Advice given regarding pelvic floor exercises and SIDS
 - Signs of an unwell mum and baby discussed TCI A&E if major concerns, GP if minor concerns.
 - Discussed signs and symptoms of Covid-19 and to self-isolate if symptoms and call 111 if any concerns.
 - See GP for contraception
 - Contact numbers given
 - Aware due to Covid-19 there may be some changes to services mentioned above.

- Midwives should ensure the woman is aware of when her next appointment is and to make sure it is booked on EPR scheduling.

- Midwives are to use the following “Postnatal Checklist for Telephone Discharge”

Documentation on EPR: (Once completed please copy and paste to EPR as a progress note)

(DATE)

Telephone postnatal discharge carried out by (NAME) due to Covid-19 contingency measures.

Please see the all data contained within the Antenatal visit form for details of care and discussion.

The following was also discussed in full with the client and the client was encouraged to ask questions fully on this and any other concerns and enquiries they have.

| SITUATION | |
|-----------|--|
| Day | |
| Parity | |
| Delivery | |
| Perineum | |
| EBL | |

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| Antenatal concerns (eg High BP) | |
| Delivery complications (e.g PPH/ 3 rd Degree tear) | |
| Social concerns | |

| <u>ASSESSMENT- MOTHER</u> | |
|---|--|
| Observations (BP machine /Thermometer at home?) | ?Temperature |
| Breasts/Nipples | ?Mastitis |
| Breast/Bottle | |
| Uterus | |
| Lochia | ?Clots/Offensive/Heavy |
| PU/BO | |
| Perineum/Abdominal wound | ?Signs of infection |
| Pain | |
| Legs | ?Pain in calves with SOB |
| VTE score (on Clexane? Can she administer?) | |
| Medication (e.g Antibiotics, Antihypertensives, Iron) | |
| Discussed pelvic floor exercises | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contraception | |
| Exercise | |
| Sleep | |
| Appetite | |
| Emotional state | |

| <u>ASSESSMENT- BABY</u> | |
|--|--|
| Tone/Temperature | ?Floppy |
| Activity | |
| Colour | ?Pale |
| Skin | |
| Jaundice | ?Yellow |
| Eyes/Mouth | |
| Cord | On <input type="checkbox"/> Off <input type="checkbox"/> |
| PU /BO Number of wet nappies AND Stools/Dirty nappies: | ?PU yellow/ Pale stools |
| Feeding Can refer women to HENRY Infant Feeding team for Waltham forest on 02084965222 or | At least 8-12 feeds in 24 hrs? Yes <input type="checkbox"/> No <input type="checkbox"/> Alert and waking for feeds? Yes <input type="checkbox"/> No <input type="checkbox"/> Rhythmic sucks/ hear swallowing? Yes <input type="checkbox"/> |

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| email wfsupport@henry.org.uk or huh- tr.homertonbreastfeedingsupport@nhs.net | No <input type="checkbox"/> Feeds for between 5-40minutes? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Discussed safe sleeping- signposted to lullaby trust website | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Discussed ICON (infant crying and how to cope leaflet sent/discussed) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hearing test | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Newborn Blood Spot (Guthrie) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Birth Weight/ Current Weight | |

Advice given as follows (INSERT DETAIL)

(NAME OF MIDWIFE) RM