

## **Perinatal Forms Guideline 13**

### **COMMUNITY MATERNAL ASSESSMENT CHECKLIST (HLTH 1596)**

#### ***INTRODUCTION***

Due to earlier maternity discharge, care has shifted from hospital to home. This has resulted in considerable variation in assessment parameters and how postpartum home follow-up programs are implemented in British Columbia. Several areas throughout the province have developed program guidelines and standards for their communities. However, the current literature is unclear regarding some expectations of specific assessment criteria over a specified timeframe, particularly with regards to physiological assessment during the first week postpartum. The lack of evidence at this time makes recommendations for standards of postpartum care difficult. The Community Maternal and Newborn Assessment Checklists in conjunction with the Maternal and Newborn Postpartum Care Path Outcomes, Teaching and Interventions documents are based on existing community standards and interpretation of available evidence. They were developed to assist community postpartum care providers in providing postpartum care in the home. **Each region or area will need to decide how best to utilize the Community Maternal and Newborn Assessment Checklists and the Care Path Outcomes, Teaching and Interventions documents based on regional/area variation and needs.** This is especially true in those regions that have implemented electronic charting.

If clarification is required under “Elements to Collect,” then please refer to: Forms Guideline 11: Abbreviations used in the Provincial Perinatal Forms.

#### ***USING THE MATERNAL ASSESSMENT CHECKLIST AND THE MATERNAL POSTPARTUM CARE PATH OUTCOMES, TEACHING AND INTERVENTIONS DOCUMENT***

**An example of charting on the Community Maternal Assessment Checklist is in Appendix A. Please refer to this example for further clarification.**

#### **I. THE COMMUNITY MATERNAL ASSESSMENT CHECKLIST:**

- is a documentation tool for postpartum care in the community up to a period of 6 weeks postpartum
- provides legal documentation of the maternal physiological/psychological adaptations during the postpartum period, in addition to family functioning and support issues during this period
- is a nursing record to be completed by a Registered Nurse (RN, PHN, or CHN)
- utilizes the principle of charting by exception; this means that if the mother/family falls into the norms as identified on the care path, a narrative note is not needed
- is to be utilized in conjunction with the Maternal Postpartum Care Path Outcomes, Teaching and Interventions document
- applies to both vaginal and caesarean births

**II. THE MATERNAL POSTPARTUM CARE PATH OUTCOMES, TEACHING AND INTERVENTIONS DOCUMENT:**

- is a guideline that provides information on the norms, variances, teaching and interventions for postpartum mothers and families
- is divided into postpartum time frames including: 0-24 hours, 24-48 hours, 48-72 hours, and >72 hours
- is to be utilized in conjunction with the Maternal Assessment Checklist and follows the listing of assessment parameters on the Checklist

Note that similar tools are available for the newborn – the Community Newborn Assessment Checklist and the Newborn Care Path Outcomes, Teaching and Interventions document.

**DOCUMENTATION ON THE COMMUNITY MATERNAL ASSESSMENT CHECKLIST**

***Elements to Collect (Introductory Information)***

- *Health Centre/Health Authority: locally defined*
- *Maternal Surname and Given Name(s)*
- *Newborn Surname: document only if different from the maternal surname*
- *Maternal Date of Birth: yy/mm/dd*
- *Telephone Number: phone number where mother can be contacted. Some areas may choose not to complete this section.*
- *Newborn Birthdate: yy/mm/dd & time (24 hour clock)*

***Elements to Collect: Left-hand column***

- *Date & Time: the date (yy/mm/dd) and time (24 hour clock) must be documented for each postpartum contact*
- *P.P. Hours: document the hours since delivery up to 96 h postpartum, then document number of days postpartum*
- *Contact Type: for each maternal/family contact, document whether the contact occurred in a home visit, office visit, facility visit or by telephone contact*
- *Assessment Items: the assessment items listed on the Maternal Assessment Checklist follow the assessment items listed in the Maternal Postpartum Care Path Outcomes, Teaching and Interventions document.*

***Elements to Collect: Psychosocial Items***

- *Activities/Rest*
- *Attachment*
- *Emotional Status*
- *Family Function*
- *Family Planning/Sexuality*
- *Health Follow-up*
- *Lifestyle*
- *Support Systems/Resources*

***Elements to Collect: Physiological Items***

- *Breasts*
- *Abdomen/Fundus*

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- *Perineum*
- *Lochia*
- *Elimination*
- *Nutrition*
- *Vital Signs, Temp/Pulse, Resp/BP*
- *Other Needs/Concerns (specify)*
- *Family file opened: yes, no*
- *Signature or Initial: for each contact with the family, a signature or initial of the nurse completing the assessment is required. Utilize initials only if there is a central sign-in signature sheet in your facility.*
- *The bottom right-hand corner of the checklist provides a box for ‘**Family File Opened**’. Check the box marked “yes” if long-term follow-up for the family occurs. Check “no” if long-term follow-up does not occur.*

Notice that there is one blank row at the bottom of all of the assessment items on the Checklist. This row can be utilized for local needs.

**OUTCOME CODES**

Each assessment item on the Maternal Assessment Checklist requires documentation of an outcome code for each contact with the mother. The table below identifies the Outcome Codes:

OUTCOME	DEFINITION
√	Assessment or teaching done and no apparent concerns or problems exist at this time. The “norm” as identified in the Maternal Postpartum Care Path has been met. A variance note is NOT needed in this case.
X	Assessment item was not assessed at that contact with the family.
*OBS	A potential concern/problem/variance is evident – with intent to follow up by the nurse (or need to refer to district nurse). This means that the norm identified in the care path is not met.
*REF	Referral to a different professional/agency/support.
*TRP	Concerns are currently being handled by a professional agency or other Prevention Services Program.
*TRC	Specific issue/condition has been addressed or treated and completed.
*UNR	Concerns have been identified, but client unable or unwilling to take action.
YES/NO	Use for selected items where “yes” or “no” would answer a question. The assessment items requiring a “yes” or “no” answer are identified on the checklist.
<b>Those items with an *asterisk require a narrative explanation on the variance record.</b>	

**HOW TO CHART ON THE COMMUNITY MATERNAL ASSESSMENT CHECKLIST**

Your postpartum assessment begins with information received from the place of delivery. The BCRCP Community Liaison Record (HLTH 1591) should give to you the needed background information on the mother and family's well being. From the Community Liaison Record you find, for example, that Mrs. Wilson delivered her baby on May 23, 2000 at 0300 hours. The family was discharged from hospital at 1000 on May 23<sup>rd</sup>. You provide a postpartum home visit to the family at 1500 hours on the same day. One of the assessment items is family function.

**1. DOCUMENTING NORMS:**

*From the Maternal Postpartum Care Path Outcomes, Teaching and Interventions document*

Assessment	
Family Function	<b>norm:</b> -wide-ranging changes in family dynamics and interrelationships -some siblings may have difficulty adjusting to the birth of a new baby
Assess -interactions between family members	<b>teaching:</b> -include family members in teaching -reinforce family strengths -be aware of cultural influences on family function/adjustment in the postpartum period -teach re: sibling rivalry -explore individual/family expectations
-mother's perception of personal safety, e.g. "Is your home safe for you and your baby?"	<b>variance:</b> -family identified as being vulnerable or at risk (may utilize screening tools, i.e. Nursing Priority Screen, abuse tool)
-for hx and/or signs of domestic violence or abuse	<b>intervention:</b> -refer to appropriate health care provider prn
May wish to utilize an abuse screening tool.	

1. Look in the Maternal Postpartum Care Path Outcomes, Teaching and Interventions document and find the assessment item "family function".
2. Look under the appropriate time frame, e.g. you are assessing this family 12 hours post-delivery. Therefore, the appropriate time frame to look at on the care path is 0-24 hours.
3. The care path identifies what you should be assessing under the word "family function".
4. If the family meets the identified "norm" under this time frame, then the outcome code "√" is documented on the Maternal Assessment Checklist.
5. The teaching identified should be completed for all families. In some cases, not all teaching will be completed within the specified time frame, e.g. there may not be time to complete all teaching or the teaching item may not be appropriate for that mom at that particular visit. In these cases, document on the variance record the teaching areas not completed.
6. Repeat steps 1 to 5 for all assessment parameters.
7. Once all parameters have been assessed and documented, place your initial and designation (e.g. RN, PHN, CHN) in the last row of the Checklist. If your facility does not use a signature log, then your full signature and designation is required in this space.
8. Some facilities may want to record an actual number (where applicable) in the spaces provided on the checklist, e.g. vital signs.

*On the Maternal Assessment Checklist:*

Date (yy/mm/dd)	00/05/23
Time (24 hour clock)	1500
P.P. Hours (utilize hours to 96 h, then utilize number of days)	12 h
Contact Type HV = Home Visit; TC = Telephone Call OV = Office Visit; FV = Facility Visit	HV
Family Function	√
SIGNATURE OR INITIAL	J Doe, CHN

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**2. DOCUMENTING VARIANCES**

*From the Maternal Postpartum Care Path Outcomes, Teaching and Interventions document*

Assessment	0-24 HOURS
Perineum  <i>Assess integrity and progress of healing, effectiveness of comfort measures.</i>  <i>May wish to use a pain scale.</i>	<p><b>norm:</b> -may have mild to moderate discomfort -intact perineum or episiotomy/tear well approximated with minimal swelling or bruising</p> <p><b>teaching:</b> -teach re: use of comfort measures and analgesic -teach self inspection if mother wishes -review pericare -teach perineal exercises -teach re: normal lochia (see Lochia section for more information)</p> <p><b>variance:</b> -greater than moderate perineal pain + pressure possibly caused by episiotomy, tear, internal bleeding, or hematoma</p> <p><b>intervention:</b> -refer to appropriate health care provider prn</p>

Follow steps 1 to 3 above. Then:

- If the assessment parameter does not meet the identified “norm” under this time frame, document a variance. Choose the outcome code that best describes the action that has occurred, e.g. OBS or REF.
- A variance narrative note is required. This is documented on the back of the Maternal Assessment Checklist.
- The signature or initial of the nurse completing the assessment is needed for each contact with the family and for any variance recording.

**On the Maternal Assessment Checklist:**

Date (yy/mm/dd)	00/05/23
Time (24 hour clock)	1500
P.P. Hours (utilize hours to 96 h, then utilize number of days)	12 h
Contact Type HV = Home Visit; TC = Telephone Call OV = Office Visit; FV = Facility Visit	HV
Perineum	REF
SIGNATURE	J Doe, CHN

**On the Variance Record (on the back of the Maternal Checklist)**

Date	Time	Focus		
00/05/23	1500	Perineum	*A	Mother is reporting moderate pain even with 2 ES Tylenol q4h. Described feelings of perineal “pressure”. Unable to sit for periods longer than 20-30 minutes. Utilizing sitz baths and doing pericare. Has been resting frequently since home from the hospital and has help at home from partner and family members. Visual inspection revealed a well-approximated episiotomy, no bruising, minimal edema. Mild lochia with no clots. VS within the norm. TC to family physician to relay concerns.
			* I	Appointment to see Dr. Jane scheduled for 9:00am tomorrow morning. Encouraged mom to continue with comfort measures. Suggested the use of a donut cushion when sitting. Teaching re: perineum and lochia completed as per care path. CHN to TC
			*P	tomorrow afternoon re: recovery and need for further CHN follow-up . J Doe, CHN

### ***VARIANCE CHARTING***

Variances indicate that findings **are not within the normal outcomes** identified on the Maternal Postpartum Care Path Outcomes, Teaching and Interventions document. Variance charting provides an effective method for tracking both findings outside the norm, and reasons for these variances.

- If space runs out on the Variance Charting Record found on the back of the Community Maternal Assessment Checklist, additional Variance Charting Records (HLTH 1594) may be utilized (these are included in the perinatal forms package).
- The signature of the nurse completing the assessment must be documented after any variance charting.
- \*Regions will need to define if and how they will utilize the “Focus” area on the Variance Charting Record. For example, some regions may wish to list the assessment item in the ‘focus’ section (in the above example “perineum” is placed in the section). Other regions may wish to identify a type of charting in this section such as DAPE charting (data, assessment, plan, evaluation), AIP charting (assessment, intervention, plan). In the above example, AIP charting is identified in the focus section.

### ***POSTPARTUM TEACHING***

- Postpartum teaching is a large component in providing postpartum care. Postpartum teaching in the community is crucial due to the shorter length of postpartum hospital stay.
- The Maternal Postpartum Care Path Outcomes, Teaching and Interventions document outlines critical areas of postpartum teaching. The teaching/anticipatory guidance topics are outlined under the teaching section of the Care Path document. Other infant care teaching issues are identified in the Newborn Outcomes, Teaching & Interventions document.
- In some cases, not all teaching will be completed within the specified time frame, e.g. there may not be time to complete all teaching within that time frame or the teaching item may not be appropriate for that mom at that particular visit. In these cases, document the areas of teaching not completed on the variance record. This will provide a reminder to the nurse following the family as to what teaching still needs to be completed or reinforced.
- Each facility will have their own methods of teaching, e.g. videos, classes, one to one, pamphlets, etc. Baby’s Best Chance is the provincial source that may be utilized when interacting with postpartum families.

### **REFERENCES AND RESOURCES**

The following references/resources were utilized in determining formatting, outcomes and interventions for the **British Columbia Community Maternal Assessment Checklist and the Maternal Postpartum Care Path Outcomes, Teaching & Interventions document:**

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***British Columbia Community Health Perinatal Documentation Committee***  
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The British Columbia Community Newborn and Maternal Checklists and Care Paths were developed by the British Columbia Community Health Perinatal Documentation Working Group. The Working Group:

- consisted of public health nurses chosen by public health nurses
- was chosen to ensure geographic representation
- included public health nursing leaders as well as practitioners

The process of development was facilitated by the BCRCP. The Working Group based the provincial care paths on previous community postpartum care path work done by the public health nurses of the Simon Fraser Health Region. Extensive provincial input was elicited through regional contacts throughout the province.

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