

Perinatal Forms Guideline 9

MATERNAL POSTPARTUM CARE PATH:VAGINAL DELIVERY (HLTH 1592)

INTRODUCTION

The British Columbia Maternal Postpartum Care Path (Vaginal Delivery) has been developed to follow the normal course of care for a vaginal delivery. The Care Path provides legal documentation of maternal physiological and psychological adaptations during the postpartum period. It may be utilized throughout the woman's hospitalization providing she remains in stable condition.

Some women may not be suitable to be placed on the Care Path or some women may start on the Care Path and then become unsuitable to continue on it. An example of this may be if a woman is transferred to another unit for other medical problems, e.g. to a cardiac unit. Although another unit will have their own method of charting, having a copy of the Care Path in that unit may help staff meet some of the postpartum needs of mothers. Individual facilities will need to decide how best to utilize the Care Path in these circumstances.

Fourth stage of labour may be documented on **either** the Labour Admission & Partogram (HLTH 1583), or on the Care Path.

If the mother stays in hospital for an extended period and more space is needed for documenting for the **12-48 Hours and beyond** time frame, start another Care Path and continue charting on the **12-48 Hours and beyond** time frame of the new Care Path sheet. Upon discharge, the Care Path record stays with the mother's chart.

The Care Path is an important source of learning for the mother and her family. Facilities are encouraged to review the Care Path with the mother on a daily basis.

The Care Path is currently a nursing record, however interdisciplinary care maps may be developed in the future.

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

HOW TO CHART ON THE CARE PATH

An example of charting on the Care Path is enclosed.

The Care Path is divided into 7 areas of assessment/intervention:

1. Assessment of Physiological Status
2. Assessment of Emotional Needs
3. Treatment/Medications
4. Test/Procedures
5. Activity
6. Nutrition
7. Teaching/Discharge Planning

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- These seven areas are identified only once under the **0-2 Hours**, but continue along the Care Path for the other two identified time frames: **2-12 Hours and 12-48 Hours and Beyond**.
- The frequency of assessment is identified within each time frame.
- Beside each identified area of assessment are specific parameters and outcomes that should be assessed within the specified time frame, e.g. under **Assessment of Physiological Status at 0-2 Hours** the mother's fundus should be assessed Q15 minutes for 1 hour after birth, and at 2 hours. Her fundus should be firm, midline, and at the umbilicus at each assessment.
- If your assessment reveals a normal outcome, place your initials in the appropriate box beside that parameter (see sample chart). ***If the assessed parameters fall into the identified outcomes, there is no need for variance charting (commonly known as narrative charting or progress notes).***
- Notice that under the **2-12 Hours**, there is no outcome identified after several of the assessment areas, e.g. temp., pulse, resp. etc. **If there is no outcome identified, utilize the outcome from the previous time period**, e.g. the mother's temperature should be between 36.7-37.9 °C throughout every time frame. Another example is Lochia – the outcome for **12-48 Hours and Beyond** should be the same as for **2-12 Hours** “small to moderate rubra, small clots”.
- Each Postpartum Assessment must have the date (dd/mm/yy) and time (24 hour clock) and number of postpartum hours that the mother is.
- Some expected outcomes have options (for convenience), e.g. tick boxes, or space to insert time/date of a procedure.
- Some facilities may want to record an actual number in the spaces provided. This is appropriate provided that the initials of the recorder are identified.

Elements to Collect: Section 0-2 Hours

- *Date*
 - *Time*
 - *PP Hrs.*
- 1. Assessment of Physiologic Status***
 - *Temp.*
 - *Pulse*
 - *Resp.*
 - *BP*
 - *Fundus*
 - *Lochia*
 - *Perineum*
 - *Bladder*
 - *Bowel/Hemorrhoids*
 - *Breast*
 - *Pain*
 - 2. Assessment of Emotional Needs: Mother/family interact with baby by holding, talking, cuddling, making eye contact, breastfeeding***
 - 3. Treatment/Medications***
 - *Icepack to perineum prn: No, Yes*
 - *Analgesia as ordered*

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4. Test/Procedures

- Epidural catheter removed at _____ hrs. Intact _____
- IV site free from redness and swelling
- IV removed at _____ as ordered
- Foley removed at _____
- If mom is Rh neg., maternal/infant investigation sent: yes

5. Activity

- Transfer to Postpartum unit at _____ hrs.
- Discharged home from LDR at _____

6. Nutrition

- Tolerating diet

7. Teaching/Discharge Planning

- Skin to skin contact
- Attempts to put baby to breast with assistance
- Mother recognizes firm fundus and normal vaginal flow and will inform caregiver of any abnormal findings
- Mother verbalizes understanding of peri-care
- Reinforce mom and baby care (combined care) with family or significant others
- Newborn security precautions reinforced

Elements to Collect: 2 – 12 Hours

- Date
- Time
- PP Hrs.

1. Assessment of Physiologic Status

- Temp.
- Pulse
- Resp.
- BP
- Fundus
- Lochia
- Perineum
- Bladder
- Bowels/Hemorrhoids
- Breasts
- Pain
- Legs

2. Assessment of Emotional Needs:

- Support systems – partner/family present
- Emotional status
- Family safety (see Care Path Guideline)
- Verbalizes regarding birth experience
- Responds to baby as per 0 – 2 hours
- Verbalizes understanding of postpartum adjustment including postpartum blues

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3. Treatment/Medications

- Ice pack to perineum prn
- Hemorrhoid care prn
- Analgesia as ordered
- Routine perineal care, showers prn

4. Test/Procedures

- If PPH > 1000 cc, CBC sent
- IV site free from redness and swelling
- IV removed _____ as ordered

5. Activity

- Participates in self and baby care

6. Nutrition

- Adequate food and fluid intake
- Mother understands her nutritional need for breastfeeding (if applicable)

7. Teaching/Discharge Planning

- Instructions given regarding:
 - Hospital routines/newborn security/bracelet, combined mother/baby care
 - Mother is taught and verbalizes/demonstrates understanding of (ongoing): breastfeeding positioning, latch, burping, frequency, duration, prevention of engorgement, nipple care, adequate infant hydration, (voiding/stooling, weight gain, alertness, skin turgor, mucous membranes)
 - Demonstrates increasing ability to latch and position baby
 - Formula feeding: preparation, frequency, positioning/burping, adequate hydration
 - Infant care: e.g. bathing, diapering, cord care, positioning for sleep, infant handling
 - Newborn behaviour: e.g. feeding cues, sleep/wake patterns, crying
 - Jaundice
 - Care seat safety
 - Circumcision care if applicable
- **Discharge process:**
 - Live Birth registration form given, Yes
 - Notice of Live Birth, Yes
 - Mom and baby bracelets checked, Yes, Signature
 - Handouts reviewed: Baby's Best Chance, Other

Elements to Collect: Section 12 – 48 Hours and Beyond

- Date
- Time
- PP Hrs.

1. Assessment of Physiologic Status

- Temp.
- Pulse
- Resp.
- BP
- Fundus

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- *Lochia*
- *Perineum*
- *Bladder*
- *Bowels*
- *Breasts*
- *Pain*
- *Legs*
- 2. Assessment of Emotional Needs:**
 - *Support systems*
 - *Emotional status*
 - *Family safety (see Care Path Guideline)*
 - *Verbalizes regarding birth experience*
 - *Responds to baby as per 0 – 2 hours and responds to newborn's needs, i.e. diapering, feeding, cuddling, settling*
 - *Verbalized understanding of postpartum adjustment including postpartum blues*
- 3. Treatment/Medications**
 - *Ice pack to perineum to 24 hrs. prn*
 - *Hemorrhoid care, stool softeners prn as per physician/midwife orders*
 - *Analgesia as ordered*
 - *Routine perineal care/sitz bath/shower prn*
- 4. Test/Procedures**
 - *Rh immunoglobulin IM, if eligible*
 - *Date _____ Dose _____ Lot # _____*
 - *MMR SC, if eligible*
 - *Date _____ Dose _____ Lot # _____*
- 5. Activity**
 - *Mother is mobile*
 - *Participates in self and baby care*
- 6. Nutrition**
 - *Adequate food and fluid intake*
 - *Mother understands her nutritional need for breastfeeding (if applicable)*
- 7. Teaching/Discharge Planning**
 - *Ability to latch and position baby independently prior to discharge*
 - **Discharge Process**
 - *Live Birth Registration form given, Yes*
 - *Notice of Live Birth, Yes*
 - *Mom and Baby bracelets checked, Yes, Signature*
 - *Handouts reviewed, Baby's Best Chance, Other*
 - *Mother/family aware of community resources and how to access*

VARIANCE CHARTING

- Variances indicate that findings **are not within the normal outcomes** identified on the Care Path. Variance charting provides an effective method for tracking both findings outside the norm, and reasons for these variances.
- Variances are charted by placing a **V** in the square by the outcome not met.
- **If there is a variance identified, further documentation is required on the Variance Charting Record found on the back of the Care Path.**
- If space runs out on the Variance Charting Record found on the back of the Care Path, additional Variance Charting Records (HLTH 1594) may be utilized (these are included in the perinatal forms package).
- Variance charting must be initialed after the narrative.
- The “Focus” area on the Variance Charting Record is provided for those facilities that use Focus Charting. The “Focus” is shaded to allow charting to occur over the column in those facilities that do not use focus charting.

Elements to Collect: Variance Record

- *Date*
- *Time*
- *Focus*

DEFERRED OR NOT APPLICABLE

In certain situations, an identified area of assessment may not be applicable to a particular woman, e.g. “epidural catheter removed”. Not all women will have an epidural. In these cases N/A should be documented in the square beside the parameter.

In cases where a certain parameter cannot be assessed at the appropriate time, document **D** in the square beside the parameter. **If there is a deferral, further documentation is required on the Variance Charting Record.** This should be in the form of a “late entry”, with the time of the entry, the time of the event being recorded, and a reason for the deferral (e.g. an urgent patient care situation, chart not available, etc.).

POSTPARTUM TEACHING

In many facilities, the amount of time to complete all postpartum teaching has diminished due to postpartum women returning home quickly after birth. This trend has made it necessary to change what and how postpartum teaching for new mothers occurs. The Maternal Postpartum Care Path identifies key areas of postpartum teaching – it is by no means exhaustive, but attempts to cover the most critical areas that new mothers need to be aware of prior to discharge from the hospital.

The broad categories for teaching on the Care Path include:

- Hospital Routines/Procedures
- Maternal Physical Recovery and Care
- Emotional Adjustment
- Infant Feeding
- Infant Care

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- Newborn Behaviour
 - Jaundice
 - Car Seat Safety
 - Circumcision care if applicable
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- Areas of teaching are identified on the Care Path by **bold** lettering.
 - All **bolded** areas require teaching and reinforcement of teaching.
 - As much as possible, the Care Path attempts to frame the teaching in terms of the woman's actual learning, e.g. "verbalizes understanding" or "demonstrates".
 - There is some discretion given to individual nurses on how much teaching is needed based on the mother's individual needs, e.g. **Infant Care** – examples of what can be covered are listed, but may not be exhaustive or some areas may not be relevant to a particular mother.
 - If a teaching area is not covered during the course of stay, a variance should be documented – **V** in the square beside the particular teaching area and narrative documentation on the Variance Charting Record.
 - Each facility will have their own methods of teaching, e.g. videos, classes, one to one, pamphlets, etc.

INFORMATION ON SPECIFIC ASSESSMENT PARAMETERS

Most items on the Care Path are self-explanatory. The following provides more information on some of the assessment items.

I. Family Safety

Domestic violence in pregnancy and postpartum has been recognized as a growing health problem for women of childbearing age. The **Family Safety** parameter will give health care providers and facilities the opportunity to explore how best to approach the issue of assessment for violence in childbearing women. (See BCRCP Guideline 13: Domestic Violence in Pregnancy and Childbearing).

Family safety issues may also encompass:

- Concerns with safety of the mother's household dwelling
- Safety issues regarding other children or adults in the household
- Environmental hazards that the family may be going home to

Questions should be simple and direct. For example:

- Is your home a safe place for you to go?
- Is anyone hurting you at home?
- Have you been hit, slapped, choked or kicked during your pregnancy?

II. Handouts Reviewed

Facilities may choose to document on the Care Path those handouts that were reviewed.

III. Rh Immunoglobulin IM, if eligible

Eligibility is determined as per direction from the Blood Bank. This must be assessed prior to discharge.

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IV. MMR SC, If Eligible

Eligibility relates to non-immune women and is ordered by the physician/midwife.

V. Verbalizes Birth Experience

Consider cultural differences in expression of the birth experience.

VI. Support System

Identify a variance if a woman's support system does not appear adequate to support the mother and baby physically and emotionally.

VII. Emotional Status

Variance documentation should include:

- Risks for Postpartum Depression
- Current mental illness
- Previous mental illness if this is affecting adjustment to the postpartum period
- Transition to Parenthood Issues: document excessive anxiety, fear or negative feelings

REFERENCES AND RESOURCES

The following references/resources were utilized in determining formatting for the **British Columbia Maternal Postpartum Care Path (Vaginal Delivery)** and identifying outcome measures on the Care Path:

Bobak, I., Jensen, M. (1997). Maternity and gynecologic care. 6th edition. St. Louis: Mosby.

British Columbia Reproductive Care Program. (1998). Guidelines for perinatal care. Vancouver: Author.

British Columbia Children's & Women's Health Centre. (1997). Clinical path: vaginal birth. Vancouver: Author.

Canadian Institute of Child Health. (1996). National breastfeeding guidelines for health care providers. Ottawa: Author.

Dickason, E., Silverman, B. & Kaplan, J. (1998). Maternal-infant nursing care. 3rd edition. St. Louis: Mosby.

Lions Gate Hospital. (1998). Postpartum/Vaginal Delivery: Coordinated Care Timeline. North Vancouver: Author.

Peace Arch Hospital. (1997). Care Path: Vaginal Delivery. White Rock: Author.

Surrey Memorial Hospital. (1997). Clinical Pathway: Vaginal Delivery (Postpartum). Surrey: Author.

The Simon Fraser Health Region, Royal Columbian Hospital. (1997). Clinical Path: Vaginal Birth: Postpartum. New Westminster: Author.

Vancouver Health Department, B.C. Women's Hospital & St. Paul's Hospital. (1995). Healthy Beginnings community postpartum service expansion service delivery plan: Standards and protocols. Vancouver: Author.

Wong, D., Perry, S., & Hess, Caryn. (1998). Maternal child nursing care. St. Louis: Mosby.