British Columbia Maternal Postpartum Care Path (Vaginal Delivery)

Delivery Date: _____ Time: _____

Initial Assessment and then as indicated

	0 - 2 HOURS		2 - 12 HOURS		12 - 48 HOURS AND BEYOND	
	DATE		DATE		DATE	
	TIME		TIME		TIME	
	PP HRS.		PP HRS.		PP HRS.	
	VITAL SIGNS (shaded area): Q 15 min. x 1 hour after birth and at 2 hrs.		**VITAL SIGNS (shaded area): Once Q 8 - 12 hrs.**		**VITAL SIGNS (shaded area): Daily after 24 hrs.**	
1. Assessment of Physiologic Status	TEMP. 36.7 - 37.9		TEMP.		TEMP.	
	PULSE 55 - 100 bpm		PULSE		PULSE	
	RESP. 12 - 24 (unlaboured)		RESP.		RESP.	
	BP (90 - 140) Systolic (50 -90) Diastolic		BP		BP	
	FUNDUS: firm, midline at umbilicus		FUNDUS: firm, at umbilicus, or 1 above or below umbilicus		FUNDUS: firm, midline, involuting	
	LOCHIA: scant to moderate, rubra		LOCHIA: small to moderate rubra, small clots		LOCHIA:	
	PERINEUM: ☐ Intact ☐ Tear ☐ Degree ☐ Episiotomy ☐ Sutured		PERINEUM: no excessive bruising, swelling, skin edges approximated		PERINEUM: healing	
	BLADDER: not distended / voiding q.s.		BLADDER: voiding without difficulty		BLADDER:	
	BOWEL/HEMORRHOIDS: comfortable		BOWELS/HEMORRHOIDS:		BOWELS:	
	BREAST: soft, comfortable, everted nipples		BREASTS: as at 0-2 hours		BREASTS: tender, nipples intact ☐ soft → filling 48-72 hrs ☐ filling 72-90 hrs	
	PAIN: comfortable with / without analgesia		PAIN: comfortable with / without analgesia		PAIN: comfortable with / without analgesia	
			LEGS: no sign of calf discomfort, redness or swelling		LEGS: as at 2-12 hours	
2. Assessment of Emotional Needs	Mother/ family interact with baby by holding, talking, cuddling, making eye contact, breastfeeding		*Remaining categories will be assessed once every 8-12 hours if normal and no other indications*		*Remaining categories will be assessed once every 8-12 hours if normal and no other indications*	
			Support systems - partner / family present		Support systems	
			Emotional status		Emotional status	
			Family safety (see Care Path Guideline)		Family safety (see Care Path Guideline)	
			Verbalizes regarding birth experience		Verbalizes regarding birth experience	
			Responds to baby as per 0-2 hours		Responds to baby as per 0-2 hours and responds to newborn's needs i.e. diapering, feeding, cuddling, settling	
			Verbalizes understanding of postpartum adjustment including postpartum blues		**Verbalizes understanding of postpartum adjustment including postpartum blues**	
3. Treatment/ Medications	Icepack to perineum prn: ☐ No ☐ Yes		Ice pack to perineum prn		Ice pack to perineum to 24 hrs. prn	
	Analgesia as ordered		Hemorrhoid care prn		Hemorrhoid care, stool softeners prn as per physician/midwife orders	
			Analgesia as ordered		Analgesia as ordered	
			Routine perineal care , showers prn		**Routine perineal care / sitz bath / shower prn**	
4. Tests/ Procedures	Epidural catheter removed at _____ hrs. Intact _____		If PPH > 1000 cc, CBC sent		Rh immunoglobulin IM, if eligible	
	IV site free from redness and swelling		IV site free from redness and swelling		Date _____ Dose _____ Lot# _____	
	IV removed at _____ as ordered		IV removed at _____ as ordered		MMR SC, if eligible	
	Foley removed at _____				Date _____ Dose _____ Lot# _____	
	If mom is Rh neg., maternal / infant investigation sent: ☐ Yes					
5. Activity	Transfer to Postpartum unit at _____ hrs.		Participates in self and baby care		Mother is mobile	
	Discharged home from LDR at _____				Participates in self and baby care	
6. Nutrition	Tolerating diet		Adequate food and fluid intake		Adequate food and fluid intake	
			Mother understands her nutritional need for breastfeeding (if applicable)		Mother understands her nutritional need for breastfeeding (if applicable)	
7. Teaching/ Discharge Planning	**Skin to skin contact**		**Instructions given regarding**			
	Attempts to put baby to breast with assistance		**Hospital routines/newborn security/bracelet, combined mother / baby care**		**As at 2-12 hours**	
	Mother recognizes firm fundus and normal vaginal flow and will inform caregiver of any abnormal findings		**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)**		**As at 2-12 hours**	
	Mother verbalizes understanding of peri-care		**Demonstrates increasing ability to latch and position baby**		**Ability to latch and position baby independently prior to discharge**	
	Reinforce mom and baby care (combined care) with family or significant others		**Formula feeding: preparation, frequency, positioning/burping adequate hydration**		**As at 2-12 hours**	
	Newborn security precautions reinforced		**Infant care: e.g. bathing, diapering, cord care, positioning for sleep, infant handling**		**As at 2-12 hours**	
			Newborn behaviour: e.g. feeding cues, sleep/wake patterns, crying		**As at 2-12 hours**	
			Jaundice		**As at 2-12 hours**	
			Car seat safety		**As at 2-12 hours**	
			Circumcision care if applicable		**As at 2-12 hours**	
			Discharge process:		**Discharge process:**	
			Live Birth Registration form given ☐ Yes		Live Birth Registration form given ☐ Yes	
			Notice of Live Birth ☐ Yes		Notice of Live Birth ☐ Yes	
			Mom and baby bracelets checked ☐ Yes Signature: _____		Mom and baby bracelets checked ☐ Yes Signature: _____	
			Handouts reviewed: ☐ Baby's Best Chance ☐ Other		Handouts reviewed: ☐ Baby's Best Chance ☐ Other	
					Mother/family aware of community resources and how to access ☐	

Bold lettering indicates teaching which requires reinforcement

INSTRUCTIONS FOR USE

1. Initial the activity and/or outcome (put full signature on central sign in record)
2. Code V for variance (chart on variance record)
3. N/A - not applicable
4. D - deferred

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Variance Record

Page ______

HOSPITAL NAME | DATE

SURNAME | GIVEN NAME

ADDRESS | PHONE NUMBER

PHYSICIAN / MIDWIFE NAME

DATE	TIME	FOCUS	

Variance Record

Page ______

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