

Postpartum and Newborn Care Summary Checklist for Primary Care Providers

Hyperlinks, shown in **blue**, are embedded throughout this document.

This checklist is a summary of the recommendations for postpartum care based on a review of best evidence and consensus opinion.

Health assessments of the well mother and baby should occur:

- Within 2-4 days of leaving the hospital
- One week later
- One month after birth
- Two months after birth

The 10 Bs

1) BABY

Physical Examination and History:

- Gold standard for assessment and documentation is the **Rourke Baby Record** for relevant history, developmental milestones, focused physical exam, growth charts, and education topics for parents.

Feeding:

Canadian Paediatric Society recommends:

- Exclusive breastfeeding until six months and continued breastfeeding with complementary foods for up to two years and beyond.
- All breastfed infants in Canada should receive Vit D 400 IU/day. In the North (>55° lat.), breastfed infants should receive 800 IU/day in Oct-Apr; Formula fed infants in the North should receive Vit D 400 IU/day in Oct-Apr.

www.cps.ca/en/documents/position/vitamin-d

- Feeding on demand
 - In the first two months, at least every 2-3 hours, or 8-12 times in 24 hours
 - Formula fed babies: may demand to feed slightly less often in 2nd month
- Monitor effective feeding by infant's behaviour, weight gain, and voiding a minimum of 6-8 wet diapers in 24 hours.

<http://ow.ly/qPCpL>

Growth and Weight Gain:

- Use **WHO growth charts** for weight, length, and head circumference.
- Use corrected age until 24-36 months for preterm infants (<37 weeks).
- Expect weight loss in the early newborn period until day 4-5.
- Monitor closely (twice weekly minimum) if weight loss is greater than 10% of birth weight.
 - Assess supply and improve milk transfer if needed.



- Consider referral to a lactation consultant, public health nursing services, breastfeeding clinic, maternity care provider, or pediatrician.
- Supplementation with expressed breast milk or formula may be required after full assessment of feeding and corrective measures are unsuccessful.
- Expect a minimum of ~20 grams/day weight gain after the first week.
- Expect return to birth weight by 10-14 days of age.

Hyperbilirubinemia (Jaundice):

- Follow recommendations from hospital discharge regarding neonatal hyperbilirubinemia.
- Use **BiliTool** to interpret serum bilirubin and guide management.
- Ensure parents have an infant stool colour card to detect Biliary Atresia. If stool colour is abnormal, contact **Biliary Atresia Home Screening Program**.

2) BREASTS

- Assess supply, latch, milk transfer, and lack of pain.
- Treat problems or refer to a lactation consultant or public health nursing services.
- Provide information on **collection and storage of breast milk**.
- Assess for signs of mastitis: fever, erythema of breasts and flu-like symptoms.
- Treat mastitis or refer urgently for treatment.
 - Assessment of breastfeeding and improving milk transfer is the primary treatment. Recommend continuing to breastfeed or pump and give expressed milk.
 - Prescribe antibiotics (Cloxacillin, Cefalexin) if symptoms severe or conservative treatment fails. It is safe to breastfeed while treating mastitis.

3) BOWELS

- Prevent or treat constipation to reduce perineal pain.
- Recommend a high fibre diet, increased water intake, and laxatives such as polyethylene glycol, lactulose, or short-term sennosides as necessary.
- Docusate no longer recommended to treat constipation.
- Expect resolution of stool or flatus incontinence by three months. If symptoms persist (for women who sustained a 3rd/4th degree laceration during delivery), arrange endoanal U/S and refer to a colorectal surgeon.

4) BLADDER

- Recommend Kegel exercises.
- Expect resolution of urinary symptoms by 3 months.
- Refer to a pelvic floor physiotherapist as needed to control symptoms.
- Refer to a urogynecologist if urinary symptoms are significant beyond 3 months.

5) BELLY

- Assess and treat pain: recommend acetaminophen (first line) and ibuprofen (second line) for analgesia. If narcotics are needed, hydromorphone 2-4 mg is effective and safe.
- Codeine is contraindicated for breastfeeding. (*new*)
- Refer to a maternity care provider if an incision opens, has significant discharge or bleeding, or becomes red or painful.

6) BOTTOM

- Expect perineal pain to resolve by 6 weeks.
- Treat haemorrhoids as per usual care.
- Refer to a maternity provider if perineal wound is gaping, has odorous discharge, or unusual pain or swelling is present.

7) BLEEDING

- Assess lochia. Normal lochia is brown and light after two weeks and finished by 6-8 weeks.
- Refer urgently to a maternity provider if fever is present, pain and cramping are persistent, or lochia is heavy, persistent beyond 6 weeks, frequently bright red or has a foul odour.
- Treat endometritis with a second-generation cephalosporin (Cefoxitin).

8) BABY BLUES / POSTPARTUM DEPRESSION

- Be aware of postpartum depression, which is common, frequently undiagnosed and under treated with serious morbidity for the whole family.
- Expect mild mood changes that may last 1-6 weeks.
- Enquire about mood, social adjustment, and family adjustment at every visit. If 6-8 weeks postpartum, add universal screening for all women using Edinburgh Postnatal Depression Scale (EPDS).
EPDS form and score interpretation.
- Provide preventive health counseling about the use of tobacco, alcohol, and other substances.

- Refer as appropriate:
 - Public Health Services (notify for assistance with support and referral).
 - **Pacific Post Partum Support Society.**
 - **BC Reproductive Mental Health Program.**
 - Maternity Care Provider.

9) BIRTH CONTROL

- Discuss by six weeks.
- Provide information about barrier methods, IUD, progestin-only pill, or depot medroxyprogesterone if desired.
www.SexualityandU.com
- Avoid or delay the use of combined oral contraceptives as they may reduce lactation in some women.
- Consider referral to a maternity care provider or **Options clinic.**

10) BLOODWORK

- At 6-8 weeks postpartum, or sooner if indicated, assess whether any of the following labwork is needed:
 - serum TSH if:
 - woman had abnormal TSH in pregnancy
 - low milk supply
 - woman is experiencing significant symptoms of postpartum depression in first six weeks or prolonged mood disturbance beyond six weeks postpartum
 - CBC and Ferritin if:
 - woman has Hx of anemia
 - woman experienced >500 cc blood loss at delivery (postpartum hemorrhage)
 - Oral Glucose Tolerance Test if:
 - woman Dx with glucose intolerance or gestational diabetes, irrespective of whether it was diet controlled or insulin dependent

Resources for Women and Families with a Newborn:

HealthLinkBC 8-1-1 Telephone support available by dialing 8-1-1
www.healthlinkbc.ca

Healthy Families BC www.healthyfamiliesbc.ca/parenting

Canadian Paediatric Society www.caringforkids.cps.ca

The Hospital for Sick Children–Toronto www.aboutkidshealth.ca

American Academy of Pediatrics www.healthychildren.org

BC Reproductive Mental Health Program
<https://reproductivementalhealth.ca>

Motherisk: www.motherisk.org

Lactmed: <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>



Perinatal Services BC

An agency of the Provincial Health Services Authority

www.perinatalervicesbc.ca

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