

# NEONATAL TRANSITIONAL CARE – CARE OF THE MOTHER – S.O.P

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## **1. Introduction**

Postnatal care should be structured to meet the requirements of each individual mother and baby to promote long term physical and emotional wellbeing for both. Communication is a cornerstone of good clinical practice, underpinned by effective systems of communication between all team members and each discipline, as well as with the parent(s) and their families.

The Neonatal Transitional Care Unit (TCU) is a ward that aims to keep mothers and their babies together. Often the baby will require a longer length of stay and the mother may be otherwise fit for discharge. Unlike a Neonatal Unit the mother will need to remain an inpatient in TCU until the baby is medically fit for discharge home.

This standard operating procedure will outline the minimum amount of postnatal care the mother should receive whilst an inpatient in TCU.

This SOP should be used in conjunction with the 'Postnatal Care – Full Clinical Guideline'.

## **2. Abbreviations**

MEWS – Maternity Early Warning System  
TCU – Transitional Care Unit

## **3. Organisation and delivery of postnatal care**

When caring for a woman who has recently given birth, listen to her and be responsive to her needs and preferences. The implementation of personalised care and support plans (PCSP) should aid the planning of women's antenatal and postnatal care and provide a platform for discussions of preferences.

Be aware that the 2020 MBRRACE-UK reports on maternal and perinatal mortality showed that women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring.

When caring for a baby, remember that those with parental responsibility have the right to be involved in the baby's care, if they choose.

When giving information about postnatal care, use clear language and tailor the timing, content, and delivery of information to the woman's needs and preferences. Information should support shared decision making and be:

- provided face-to-face and supplemented by virtual and written formats
- offered throughout the woman's care

- individualised and sensitive
- supportive and respectful
- evidence based and consistent
- translated by an appropriate interpreter to overcome language barriers

Check that the woman understands the information she has been given, and how it relates to her. Provide regular opportunities for her to ask questions and set aside enough time to discuss any concerns

#### **4. Schedule of Postnatal care**

Women who are admitted to the TCU should have as a minimum a daily postnatal assessment and MEWS observations unless more frequent assessments have been identified through their personal care plans.

Once they have been deemed as medically fit for discharge they can be managed as per the community routine:

**Day 5** – full postnatal assessment and MEWS observations

**Day 10** – full postnatal assessment and MEWS observations

**Day of discharge and transfer to community** – full postnatal assessment including MEWS observations and discharge information

Outside of these days on each shift the midwife allocated to TCU should do a welfare check in and document this in the notes. A full postnatal assessment is not required. The mother will be offered prescribed medications if applicable at any point of the admission and a drug round will be completed four times a day.

At any point the mother becomes unwell and further observations are required then the daily checks should resume until again medically fit for discharge.

Once discharged to the care of the community team the 1<sup>st</sup> visit should be made and an assessment made by the community midwife regarding the requirement of further visits or if discharge to the health visitor is appropriate.

#### **5. Monitoring Compliance and Effectiveness**

As per agreed business unit audit forward program

## Documentation Control

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