OBSERVATIONS FOR POSTNATAL WOMAN

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Postnatal woman is appropriately monitored to detect and manage abnormal observations

2. PATIENT

- Postnatal woman

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Thermometer
- Sphygmomanometer
- Stethoscope
- Hand held glucometer
- Pulse oximeter

5. CLINICAL PRACTICE

- Perform observations on admission – temperature, blood pressure (BP), heart rate (HR), respiratory rate (RR), oxygen saturations and level of consciousness
- Activate Clinical Emergency Response System (CERS) call if criteria met
- Ask for review by medical officer if the observations are outside normal limits but do not fulfil CERS criteria
- Refer to flowchart (Appendix 1) 'Postnatal Maternal Observations' attached to bedside notes to reinforce policy
- Perform ongoing observations and clinical assessment for the following maternal conditions:
    - Diabetes (pre-gestational and gestational): Consult individualised care plan or as directed by obstetric physician/endocrinology team
    - Hypertensive Disorders: 4th hourly BP for 24hrs, then 6 hourly until advised by medical team
    - Febrile in labour, temperature ≥ 38.5°C, suspected sepsis: As per recommendations on page 4 of maternal sepsis pathway
    - Postpartum Haemorrhage: 4th hourly observations, assessment of uterine fundus, and assessment of lochia for 24hrs
    - Manual removal of placenta and/or membranes: 4th hourly observations, assessment of uterine fundus, and assessment of lochia for 24hrs
    - Third or fourth degree tear or severe perineal trauma: 4th hourly observations and assessment of lochia for 24hrs, or until intravenous antibiotics are ceased
    - Epidural: Bromage score 2nd hourly for 6 hours, then 4th hourly for further 18 hours. Epidural site inspection 8th hourly for 24 hours and at 48 hours postpartum
    - Caesarean Section: Hourly observations, sedation, pain score, assessment of uterine fundus, wound and lochia for the first 6 hours, then 4th hourly for a further 18hrs, then 8th hourly until discharge. PLUS:
        - If a woman has had neuraxial morphine, include RR and Bromage score hourly for 6 hours, then 2nd hourly for a further 18 hours; or
        - If a woman has had neuraxial fentanyl include Bromage score hourly for 6 hours, then 4th hourly for further 8 hours

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OBSERVATIONS FOR POSTNATAL WOMAN cont'd

- If observations fall within the YELLOW zone on Standard Maternity Observation Chart (SMOC), hourly observations until they fall back in the WHITE zone, or medical review attended
- If observations fall within the RED zone on SMOC, 15 minute observations until Raid Response System review
- Any pre-existing significant illness requiring ongoing medical care as directed by medical team
- Deterioration or concern in maternal condition: Increase observations as per clinical condition and activate CERS call

6. DOCUMENTATION

- Standard Maternity Observation Chart (SMOC)
- Neuraxial Opioid Observation Chart (Adult)
- Obstetric Epidural Analgesia
- Postnatal Clinical Pathway for Caesarean Section
- Postnatal Clinical Pathway for Vaginal Birth
- PACE notification form
- Maternal Sepsis Pathway
- Wound Chart

7. EDUCATIONAL NOTES

- The majority of postnatal women are well. UK National Institute for Clinical Excellence (NICE) guidelines states routine assessment of observations is unnecessary in the absence of risk factors or clinical signs and symptoms. This includes uncomplicated instrumental vaginal births.
- A CERS call must be initiated if observations reach criteria, as per SMOC.
- Bromage score is the scale of the intensity of the motor block. It is assessed by the patient's ability to move their lower extremities. It is important to assess a patient's motor block to determine the amount of motor function, to prevent pressure areas, to ensure the patient is safe to ambulate (if allowed), and to detect the onset of complications for e.g. epidural haematoma or abscess.
- Vital signs monitoring is an important nursing and midwifery assessment and assists with detecting and reporting deterioration.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- SESLHDPR/283 2016 Patient with Acute Condition for Escalation (PACE): Management of the Deteriorating ADULT and MATERNITY Inpatient
- SESLHD policy PD/282 – Gestational Diabetes Mellitus (GDM) Management
- SESLHD policy PD/283 - Management of Pre-Gestational Diabetes in Pregnancy
- Hypertension – Management in Pregnancy
- Postpartum Haemorrhage – Prevention and Management
- Retained Placenta - Management
- Third or Fourth Degree Tear – Ward Based Care of a Postnatal Women
- Epidural Analgesia Guidelines
- Neuraxial (Intrathecal or Epidural) Opioid – Single Dose Morphine ONLY
- Epidural Analgesia – Programmed Intermittent Epidural Bolus (PIEB) and Patient Controlled Epidural Analgesia (PCEA) – Delivery Suite
- Sepsis in Pregnancy and Postpartum
- Adult clinical emergency response system (CERS) and escalation

9. RISK RATING

- Medium

OBSERVATIONS FOR POSTNATAL WOMAN cont'd

10. NATIONAL STANDARD

- Deteriorating patient

REFERENCES

1. Bramham, K, Nelson-Piercy, C, Brown M, & Chappell L.C 2013, 'Postpartum management of hypertension', *BMJ,* vol. 346; f894, viewed 13 September 2017, https://www.ncbi.nlm.nih.gov/pubmed/23440270
2. Chebbo, A. Tan, S. Kassis, C. Tamura, L. Carlson, W 2016, 'Maternal Sepsis and Septic Shock', *Critical Care Clinics* , vol. 32(1), 2016, pp. 119-135, viewed 13 September 2017, http://www.sciencedirect.com/sdfe/pdf/download/eid/1-s2.0-S0749070415000822/first-page-pdf
3. Taylor, D, Fleischer, A, Meirowitz, N, & Rosen, L, 2017, Shock index and vital-sign reference ranges during the immediate postpartum period', *International Journal of Gynecology & Obstetrics,* 137, 192–195
4. Eadie, I, J & Sheridan, N.F, 2017, 'Midwives' experiences of working in an obstetric high dependency unit: A qualitative study', *Midwifery,* vol. 47, 2017, pp.1-7, viewed 13 September 2017, https://www.ncbi.nlm.nih.gov/pubmed/28188998
5. Emma L, Kingwell, E.J, Butt, J, Gavin Leslie, G 2017, 'Maternity high-dependency care and the Australian midwife: A review of the literature', *Women and Birth*, vol. 30, (2) pp. e73-e77.
6. NICE Clinical Guideline, 2012,'Caesarean Section National Institute for Health and Clinical Excellence'. www.nice.org.uk /CG123, viewed 13 September 2017, https://www.nice.org.uk/guidance/cg132/chapter/1-guidance
7. The Royal Children's Hospital of Melbourne, updated 2016, 'Assessment of motor block', viewed 14 September 2017, http://www.rch.org.au/anaes/pain_management/Assessment_of_motor_block/
8. Cooper S, Bulle B, Biro M.A, Jones J., Miles M, Gilmour C, Buykx P, Boland R, Kinsman L, Scholes J, Endacott R. 2012, 'Managing women with acute physiological deterioration: Student midwives' performance in a simulated setting', *Women and Birth*, Sep vol. 25(3): e27-36, viewed 13 September 2017 https://www.ncbi.nlm.nih.gov/pubmed/21940231
9. Mok WQ, Wang W, Liaw S.Y 2015, 'Vital signs monitoring to detect patient deterioration: An integrative literature review', *International Journal of Nursing Practice.* 2015 May;21 Suppl 2:91-8, viewed 13 September 2017, http://onlinelibrary.wiley.com/doi/10.1111/ijn.12329/abstract
10. Pacagnella, R. C, Souza, J. P, Durocher, J, Perel, P, Blum, J, Winikoff, B, & Gülmezoglu, A M, 2013,'A Systematic Review of the Relationship between Blood Loss and Clinical Signs', *PLoS ONE*, vol. *8*(3), e57594. http://doi.org/10.1371/journal.pone.0057594

REVISION & APPROVAL HISTORY
Amended August 2019 – PACE changed to CERS
Change 777 to 2222 February 2019
Reviewed and endorsed Maternity Services LOPs group 10/10/17
"Observations for postnatal woman on the postnatal ward' - Approved Quality & Patient Safety Committee 19/5/11
Reviewed Obstetric Clinical Guidelines group April 2011
"General Observations – Postnatal Wards' – approved Quality Council 21/7/03

FOR REVIEW : OCTOBER 2020

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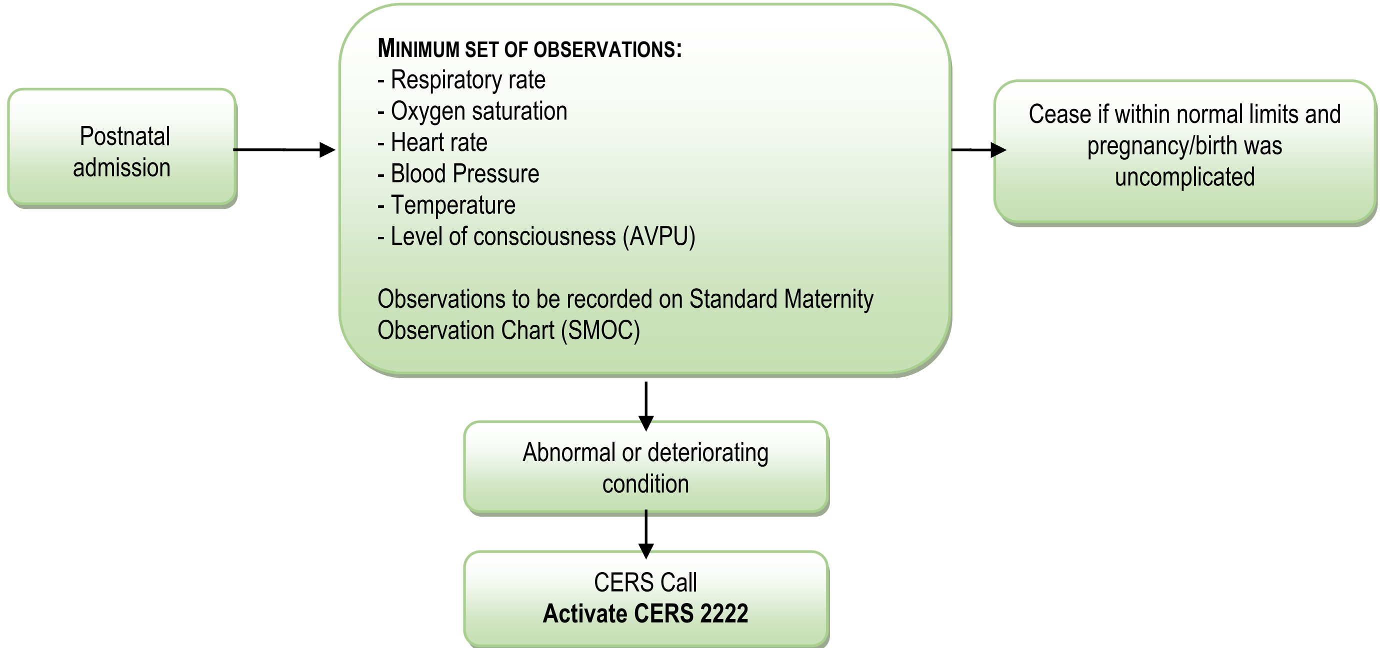
APPENDIX 1

POSTNATAL MATERNAL OBSERVATIONS



Continue Observations for the Following Maternal Conditions

Condition	Observations
Diabetes	Consult individualised care plan OR as directed by obstetric physician/endocrinology team
Hypertensive Disorders (use **Manual** sphygmomanometer)	4/24 observations x 24 hours → 6/24 until advised by medical team
Febrile in Labour Temperature > 38.5 °C Suspected Sepsis	30 minute observations x 2 hours THEN 1/24 x 4 hours (as per SEPSIS PATHWAY)
PPH and MROP	4/24 observations, uterine fundus and lochia assessment x 24 Hrs
3 and 4° Tear	4/24 observations and lochia assessment x 24 Hrs or until IV AB's ceased
EPIDURAL	Bromage score 2/24 x 6 hours THEN 4/24 for further 18 hours. Epidural site inspection 8/24 x 24 hours and at 48 hours postpartum
Caesarean Section	1/24 observations, sedation, pain score, assessment of uterine fundus, wound and lochia x 6 Hrs THEN 4/24 observations for further 18 hours THEN 8/24 until discharge PLUS, IF neuraxial morphine used, include 1/24 RR and Bromage score x 6 hours THEN 2/24 for further 18 hours PLUS, IF neuraxial fentanyl used, include 1/24 Bromage score x 6 hours THEN 4/24 for further 8 hours
Pre-existing Medical Conditions	As advised by medical team
YELLOW zone	1/24 observations until return to WHITE zone OR medical review attended
RED zone	15 minute observations until CERS review