National Institute for
Health and Clinical Excellence

Quick reference guide

Routine postnatal care of women and their babies

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NICE clinical guideline 37
Developed by the National Collaborating Centre for Primary Care

This guidance is written in the following context

This guidance represents the view of the Institute, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Related guidance

NICE has published clinical guidelines on induction of labour and caesarean section.

NICE is developing guidelines on antenatal and postnatal mental health and intrapartum care (which incorporates an update of the NICE guideline on electronic fetal monitoring) and updating its guideline on antenatal care.

NICE is also developing public health guidance on maternal and child nutrition.

Check our website for publication dates.

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How to use this booklet

This handy quick reference guide is designed to be carried around in a small bag or pocket.

It is divided into different, colour-coded sections.

The policies, protocols and competencies needed to ensure women and their babies are cared for in a supportive environment are set out in the **pink** section.

Core activities that should be carried out at each postnatal contact are outlined at the start of the **blue** section, followed by more specific advice according to the baby's age.

Checklists of common health problems and life-threatening conditions (and what to do about them) are provided in the **red** section.

Key priorities for implementation

- A documented, individualised postnatal care plan should be developed with the woman ideally in the antenatal period or as soon as possible after birth. This should include:
  - relevant factors from the antenatal, intrapartum and immediate postnatal period
  - details of the healthcare professionals involved in her care and that of her baby, including roles and contact details
  - plans for the postnatal period.

This should be reviewed at each postnatal contact.

- There should be local protocols about written communication, in particular about the transfer of care between clinical sectors and healthcare professionals. These protocols should be audited.
- Women should be offered relevant and timely information to enable them to promote their own and their babies' health and well-being and to recognise and respond to problems.
- At the first postnatal contact, women should be advised of the signs and symptoms of potentially life-threatening conditions (page 22) and to contact their healthcare professional immediately or call for emergency help if any signs and symptoms occur.

Key priorities

- All maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative (www.babyfriendly.org.uk) as a minimum standard.
- At each postnatal contact, women should be asked about their emotional well-being, what family and social support they have and their usual coping strategies for dealing with day-to-day matters. Women and their families/partners should be encouraged to tell their healthcare professional about any changes in mood, emotional state and behaviour that are outside of the woman's normal pattern.
- At each postnatal contact, parents should be offered information and advice to enable them to:
  - assess their baby's general condition
  - identify signs and symptoms of common health problems seen in babies
  - contact a healthcare professional or emergency service if required.

Woman and baby centred care

Women and their families should always be treated with kindness, respect and dignity. The views, beliefs and values of the woman, her partner and her family in relation to her care and that of her baby should be sought and respected at all times.

Women should have the opportunity to make informed decisions about their care and any treatment needed. When a woman does not have the capacity to make decisions, healthcare professionals should follow the Department of Health guidelines – 'Reference guide to consent for examination or treatment' (2001) (available from www.dh.gov.uk).

Good communication is essential. It should be supported by information tailored to the needs of the individual woman.

Care and information should be appropriate and the woman's cultural practices should be taken into account. All information should be provided in a form that is accessible to women, their partners and families, taking into account any additional needs, such as physical, cognitive or sensory disabilities, and people who do not speak or read English.

Every opportunity should be taken to provide the woman and her partner or other relevant family members with the information and support they need.

A good environment for women and their babies

Commercial packs that contain formula milk or advertisements for formula should not be distributed

All healthcare providers should:

- have local protocols about communication and the transfer of care between clinical sectors and healthcare professionals
- ensure the Baby Friendly Initiative (or another similar externally evaluated breastfeeding programme) is implemented
- have a written breastfeeding policy that is communicated and implemented
- ensure breastfeeding support is available in all care locations.

Hospitals should ensure:

- round the clock rooming in
- privacy
- adequate rest
- ready access to food and drink.

How long a woman stays in hospital after birth should be negotiated; consider the health and well-being of the woman and her baby and the level of support available following discharge.

Competencies

All healthcare professionals caring for women and their babies should meet the relevant competencies developed by Skills for Health (www.skillsforhealth.org.uk).

If relevant, you should also have demonstrated competency and ongoing experience in:

- maternal and newborn physical examinations
- supporting breastfeeding women
- recognising the signs and symptoms of maternal mental health problems
- recognising risks, signs and symptoms of domestic and child abuse and knowing who to contact for advice.

Woman's well-being and care

Update postnatal care plan

Ask about:

- physical and emotional health and well-being
- coping strategies and support
- experience of common health problems, see pages 23–24.

Encourage the woman and family members to report concerns.

Look out for signs and symptoms of maternal mental health problems.

No need to take temperature unless signs and symptoms of infection.

Discuss vaginal loss, healing of perineum, headache symptoms

Give information on:

- promoting health
- recognising common health problems, see pages 23–24
- managing fatigue with diet, exercise and planning activities.

Every

A healthy

Healthy babies should
for their ethnicity,
temperature, and pass
regular intervals. They
well on the breast (or
between feeds. They
irritable, tense, sleepy

The vital signs of
should fall within

- respiratory rate
breaths per
- heart rate normally
per minute in
- temperature in
environment
(if measured).

contact

baby

have normal colour
maintain a stable body
urine and stools at
initiate feeds, suck
bottle) and settle
are not excessively
or floppy.

a healthy baby
the following ranges:

normally 30–60
minute

100–160 beats
a newborn

a normal room
of around 37°C

Baby's well-being and feeding

Ask about:

- the baby's health
- breastfeeding; document any support needed in postnatal care plan.

Provide advice and support for breastfeeding women, see pages 18–19.

Encourage the woman to contact you if her baby is jaundiced, the jaundice is getting worse or her baby is passing pale stools.

Advise the woman of signs and symptoms of mastitis and encourage her to report any concerns to you urgently.

Give information on:

- promoting the baby's health
- recognising problems
- the baby's social capabilities
- local support.

Provide contact details of healthcare professional or emergency service

Assess emotional attachment, see page 15

Woman's well-being and care

Ensure woman has a copy of 'Birth to five' and the personal child health record

Take the woman's blood pressure and document the result within the first 6 hours.

Document the first urine void within the first 6 hours.

Encourage gentle mobilisation.

Provide an opportunity to talk about the birth.

Be alert to life-threatening conditions, see page 22.

Women who are obese should receive individualised care because of increased risk of thromboembolism.

If concerned about the woman's health, see pages 22–24

Give information on:

- signs and symptoms of life-threatening conditions, see page 22
- the physiological process of recovery after birth.

First 2

Develop a care plan with

This should

- relevant factors the antenatal, and immediate
- plans for the
- names, roles details of the professionals

A coordinating professional should identified for

postnatal
the woman
include:
from
intrapartum
postnatal period
postnatal period
and contact
healthcare
involved.
healthcare
be clearly
each woman.

Baby's well-being and feeding

Don't separate the woman and her baby within the first hour.

Encourage skin-to-skin contact.

Don't ask about feeding method before skin-to-skin contact.

Encourage initiation of breastfeeding within the first hour.

Offer skilled breastfeeding support – including advice on positioning, attachment, ways to prevent concerns.

Reassure women who leave hospital soon after birth about breastfeeding duration.

Offer all parents intramuscular vitamin K (1 mg IM) for their baby. If IM dose is declined, offer oral.

See pages 18–19 for advice on successful breastfeeding

Give information on:

- bathing (cleansing agents, lotions and medicated wipes are not recommended)
- keeping the umbilical cord clean and dry
- the benefits of colostrum, breastfeeding and the timing of the first breastfeed. This information should be culturally appropriate
- formula feeding as required.

If concerned about the baby's health, see pages 25–26

Woman's well-being and care

Read these pages alongside pages 10–11

Ask about:

- constipation (within 3 days of giving birth).

Immunisation

Offer MMR to sero-negative women in hospital following birth and before discharge.

Advise women to avoid pregnancy for 1 month after MMR, but to continue breastfeeding.

For recommendations on non-sensitised Rh-D negative women, see the full guideline on the NICE website.

If concerned about the woman's health, see pages 22–24

Give information on:

- normal patterns of emotional changes (within 3 days of giving birth)
- perineal hygiene
- methods and timing of resumption of contraception.

First

Assess

If an insufficiency of
reassure, review
positioning and
health. If the baby
sufficient milk
the breast and
are necessary,
milk should be given
Other fluids are not

Don't give formula
breastfeeding
medically

Common
concerns are shown

breastfeeding

milk is perceived,
attachment and
evaluate the baby's
is not taking
directly from
supplementary feeds
expressed breast
by a cup or bottle.
recommended.

milk to
babies unless
indicated.

breastfeeding
on page 27.

Baby's well-being and feeding

Carry out a full examination within 72 hours of birth (see pages 20–21) and explain its aims to parents.

Document this examination in the postnatal care plan and the personal child health record.

Share the results with the parents.

Offer a newborn blood spot test when the baby is 5–8 days old.

Encourage both parents to be present when examining the baby

Emotional attachment

Promote parent–, mother–baby attachment.

Offer support and information to fathers.

Encourage social networks.

Offer group-based parenting programmes as required.

See pages 18–19 for advice on successful breastfeeding

Woman's well-being and care

Read these pages alongside pages 10–11

Ask about:

- resumption of sexual intercourse (within 2–6 weeks)
- resolution of baby blues (within 10–14 days).

Give information on:

- common health problems, see pages 23–24
- contraception, including contact details for expert advice
- local peer, statutory and voluntary groups (within 2–8 weeks).

If concerned about the woman's health, see pages 22–24

At the end of the postnatal period, the coordinating healthcare professional should review the woman's physical, emotional and social well-being. Screening and medical history should also be taken into account.

Safety

Assess and educate the safety

Promote the correct equipment such as smoke

Be alert to signs of abuse. If concerned the Department of child protection

1 National Service Framework for People and Maternity Services.

2 Department of Health (2005) abuse: a handbook for health Department of Health. Available

family regarding issues.

use of basic safety infant seats and alarms.

domestic abuse or child follow guidance from Health[1, 2], and local policy, respectively.

Children, Young
See www.dh. gov.uk

Responding to domestic professionals. London: from: www.dh.gov.uk

Baby's well-being and feeding

Offer routine immunisations.

At 6–8 weeks repeat the examination on pages 20–21 and assess social smiling and visual fixing and following.

Complete a hearing screen within 4–5 weeks.

Recommendations made by the NHS National Screening Committee should be carried out

Sudden infant death syndrome

Advise parents of Department of Health guidance: 'The safest place for your baby to sleep is in a cot in your room for the first six months.'

Advise parents never to sleep on a sofa or armchair with their baby.

If parents choose to share a bed with their baby, advise of increased risk of sudden infant death if either parent: is a smoker; has recently drunk any alcohol; has taken medication or drugs that make them sleep more heavily; or is very tired.

Use of a pacifier (dummy) should not be stopped suddenly.

If concerned about the baby's health, see pages 25–26

Successful breastfeeding

Review attachment and positioning if breastfeeding causes pain or discomfort

Offer additional breastfeeding support to women who have had a narcotic/general anaesthetic, a caesarean or delayed contact with their baby.

Ensure breast pumps are available for women who have been separated from their babies and give instruction on how to use them.

Encourage unrestricted breastfeeding frequency and duration.

Reassure women about breast milk supply and help them gain confidence.

Advise women that babies will stop feeding when satisfied.

Advise women of the signs that a baby is successfully feeding:

- swallowing is audible and visible
- there is a sustained rhythmic suck
- the arms and hands are relaxed
- the mouth is moist
- regular soaked/heavy nappies.

See page 27 for common breastfeeding concerns

Attachment and

Advise women of the
good attachment

- the baby's mouth
- there is less areola
the chin than
- the baby's chin is
the lower lip is
the nose
- there is

If the baby is not
advise teasing the
nipple to open

positioning

following signs of
and positioning:

is wide open

visible underneath
above the nipple

touching the breast,
rolled down and
is free

no pain.

attaching effectively,
baby's lips with the
the mouth.

Reassure women that they may feel:

- brief discomfort at the start of feeds in the first few days; this is not uncommon but should not persist
- softening of their breast during the feed
- no compression of the nipple at the end of the feed
- relaxed and sleepy

All breastfeeding women should be taught how to hand express milk and how to store, freeze and warm it

If formula feeding, advise on how to prepare, store and warm formula and how to clean and sterilise bottles and teats.

Newborn examination

This full examination needs to be done within 72 hours and repeated at the end of the postnatal period.

Review the health history of the family, woman and baby and address any parental concerns.

Carry out a physical examination of the baby. This should include checking the:

- appearance, including colour, breathing, behaviour, activity and posture
- head (including fontanelles), face, nose, mouth including palate, ears, neck and general symmetry of head and facial features. Note head circumference
- eyes; check opacities and 'red reflex'
- neck and clavicles, limbs, hands, feet and digits; assess proportions and symmetry
- heart; check position, rate, rhythm and sounds, murmurs and femoral pulse volume
- lungs; check effort, rate and sounds
- abdomen; check shape and palpate to identify any organomegaly; also check umbilical cord

- genitalia and anus; check completeness and patency and undescended testes in males
- spine; palpate bony structures and check integrity of skin
- skin; note colour and texture as well as birthmarks or rashes
- central nervous system; check tone, behaviour, movements and posture, and elicit reflexes only if concerned
- hips; check symmetry of limbs and skin folds; perform Barlow and Ortolani's manoeuvres
- cry; note sound
- weight; note.

Carry out appropriate recommendations made by the NHS National Screening Committee (www.nsc.nhs.uk/ch_screen/child_ind.htm).

Life-threatening conditions in women

Possible sign/symptom	Evaluate for	Action
Sudden or profuse blood loss, or blood loss and signs/symptoms of shock, including tachycardia hypotension, hypoperfusion, change in consciousness	Postpartum haemorrhage	**Emergency action**
Offensive/excessive vaginal loss, tender abdomen or fever. If no obstetric cause consider other causes	Postpartum haemorrhage/sepsis/ other pathology	**Urgent action**
Fever, shivering, abdominal pain and/or offensive vaginal loss. If temperature exceeds 38°C repeat in 4–6 hours. If temperature still high or other symptoms and measurable signs, evaluate further	Infection/genital tract sepsis	**Emergency action**
Severe or persistent headache	Pre-eclampsia/eclampsia	**Emergency action**
Diastolic BP is greater than 90 mm Hg and accompanied by another sign/symptom of pre-eclampsia	Pre-eclampsia/eclampsia	**Emergency action**
Diastolic BP is greater than 90 mmHg and no other sign/symptom, repeat BP within 4 hours. If it remains above 90 mm Hg after 4 hours, evaluate	Pre-eclampsia/eclampsia	**Emergency action**
Shortness of breath or chest pain	Pulmonary embolism	**Emergency action**
Unilateral calf pain, redness or swelling	Deep vein thrombosis	**Emergency action**

Emergency action: life-threatening or potentially life-threatening situation **Urgent action**: potentially

Common health problems in women

Health problem	Action
Baby blues	If symptoms not resolved after 10–14 days, assess for postnatal depression, and if symptoms persist, evaluate further (**urgent action**)
Perineal pain, discomfort, stinging, offensive odour or dyspareunia	Offer to assess the perineum. Evaluate for signs of infection, inadequate repair, wound breakdown or non-healing (**urgent action**) Advise use of topical cold therapy and paracetamol (if not contra-indicated), but if neither are effective consider oral or rectal non-steroidal anti-inflammatory drug (**non-urgent action**)
Dyspareunia	In cases of perineal trauma offer to assess the perineum (see row above) Advise use of water-based lubricant If problem persists evaluate further (**non-urgent action**)
Headache	Advise women who have had epidural/spinal anaesthesia to report severe headache For tension/migraine headaches offer advice on relaxation and avoiding factors associated with headache For mild headache follow local protocols
Persistent fatigue	Ask about general well-being and offer advice on diet, exercise and planning activities. If it affects a woman's care of herself or baby, evaluate underlying cause. Measure haemoglobin level and if low, treat according to local policy
Backache	Manage as general population
Constipation	Assess diet and fluid intake. If changes in diet are ineffective advise use of a gentle laxative
Haemorrhoids	If haemorrhoids are severe, swollen or prolapsed, evaluate (**urgent action**). Otherwise advise dietary measures to avoid constipation and manage according to local protocol

serious situation, which needs appropriate action **Non-urgent action**: continue to monitor and assess

Common health problems in women *continued*

Health problem	Action
Faecal incontinence	Assess severity, duration and frequency. If symptoms don't resolve evaluate further (**urgent action**)
Urinary incontinence	Teach the woman to do pelvic floor exercises, and if symptoms don't improve or get worse evaluate
Urinary retention (within 6 hours of birth)	Advise methods of assisting urination such as taking a warm bath or shower. If this doesn't work, assess bladder volume and consider catheterisation (**urgent action**)

Emergency action: life-threatening or potentially life-threatening situation **Urgent action**: potentially

Health problems in babies

Health problem	Action
Jaundice in first 24 hours	**Emergency action**
Jaundice in babies aged 24 hours or more	Monitor, record jaundice and overall well-being, hydration and alertness
Jaundice in babies starting aged 7 days or lasting longer than 14 days	**Urgent action**
Significantly jaundiced or unwell babies	Evaluate serum bilirubin
Jaundice in breastfeeding babies	Advise frequent breastfeeding, waking the baby to feed if necessary; routine supplementation is not recommended
Thrush	Offer information and guidance on hygiene. If symptoms are causing pain to the woman or baby treat with antifungal medication
Nappy rash	Consider hygiene and skin care, sensitivity, infection (for example, thrush).
Persistent painful nappy rash	Consider antifungal treatment. If it doesn't resolve evaluate further (**non-urgent action**)
No meconium in first 24 hours	**Emergency action**
Constipation in formula fed baby	Evaluate feed preparation, quantity, frequency and composition (**urgent action**)
Diarrhoea	Evaluate (**urgent action**)

serious situation, which needs appropriate action **Non-urgent action**: continue to monitor and assess

Health problems in babies *continued*

Health problem	Action
Excessive inconsolable crying	Reassure parents and assess general health, antenatal and perinatal history, onset and length of crying, nature of stools, feeding, woman's diet if breastfeeding, family allergy, parent's response, factors making crying better/worse (**urgent action**)
Colic	Advise parents that holding their baby during the crying episode and peer support may be helpful. Dicycloverine should not be used
Colic in formula fed babies	Consider use of hypoallergenic formula
Unwell baby	A full assessment, including physical examination, should be undertaken. Take temperature, and if it is above 38°C evaluate cause (**emergency action**)

Emergency action: life-threatening or potentially life-threatening situation **Urgent action**: potentially

Common breastfeeding concerns

Concern	Action
Cracked or painful nipples	Assess attachment and positioning. If pain persists, consider thrush
Engorged breasts	Advise frequent unlimited feeding, breast massage, hand expression, analgesia and that the woman has a well-fitting bra
Mastitis	Offer assistance with attachment and positioning and advise woman to continue breastfeeding/hand expression, gently massage affected breast(s), take paracetamol and increase fluid intake. Advise woman to contact you urgently if it lasts more than a few hours
Mastitis lasting more than a few hours	Consider antibiotics (**urgent action**)
Inverted nipples	Give extra breastfeeding support
Breastfeeding concerns despite review of attachment and positioning	Evaluate for ankyloglossia (**urgent action**)
Perceived breastmilk insufficiency	Reassure woman, review attachment and positioning and evaluate baby's health
Sleepy baby	Advise skin-to-skin contact or massage of baby's feet. If no improvement, assess general health

serious situation, which needs appropriate action **Non-urgent action**: continue to monitor and assess

Further information

This is a quick reference guide. It has been distributed to healthcare professionals in England and Wales (www.nice.org.uk/CG037distributionlist).

The clinical guideline on postnatal care is available in different forms on our website (www.nice.org.uk/CG037).

- The full guideline – all of the recommendations, details of how they were developed and summaries of the evidence on which they were based.
- The NICE guideline – all of the recommendations.
- 'Understanding NICE guidance' – a lay version of the guideline.

Printed copies of the quick reference guide and 'Understanding NICE guidance' are available from the NHS response line on 0870 1555 455. Quote N1074 for the quick reference guide and N1075 for 'Understanding NICE guidance'.

All NICE clinical guidelines are reviewed. Please check our website for updates.

Implementation

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/CG037).

- Slides highlighting key messages for local discussion.
- Costing tools
  - Costing report to estimate the national savings and costs associated with implementation
  - Costing template to estimate the local costs and savings involved.
- Implementation advice on how to put the guidance into practice and national initiatives which support this locally.
- Audit criteria to monitor local practice.

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