

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Postnatal care up to 8 weeks after birth (full update)

The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#).

This guideline will update the NICE guideline on postnatal care up to 8 weeks after birth (CG37).

This guideline will also be used to update the NICE [quality standard](#) for [postnatal care up to 8 weeks after birth](#).

1 Why the update is needed

Service delivery and provision of care have changed considerably since this guideline was first developed in 2006, and the recommendations no longer fit with current practice.

New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance review decision](#).

Why the guideline is needed

Around 700,000 women give birth in England and Wales each year. The postnatal period is uncomplicated for most women and their babies. However, morbidity and mortality can still occur, and it is vital to identify complications or deviations from expected progress. In addition, postnatal care services are needed to provide women (especially first-time mothers) with information on health and feeding.

1 Models of postnatal care originated in the early 20th century, when they were
2 established in response to the then high maternal mortality rate. Despite the
3 subsequent reduction in life-threatening conditions and the changing social
4 and environmental context of birth, there has been little revision to the pattern
5 and content of postnatal care.

6 There have been significant societal changes that are relevant to postnatal
7 care: women are older when having their first baby, there is a higher
8 prevalence of obesity, and postnatal discharge from hospital is happening
9 increasingly earlier.

10 In a survey of over 1,000 first-time mothers, 1 in 8 were highly critical of their
11 postnatal care. Their feedback reflects fragmentation of care, insufficient
12 advice on emotional recovery, and poor planning and communication between
13 healthcare professionals. Furthermore, women continue to report receiving
14 insufficient or inconsistent information on infant feeding, particularly after
15 giving birth to their first baby.

16 The postnatal period presents opportunities to identify needs and implement
17 effective care to reduce maternal and infant morbidity and mortality. Given
18 that 45% of pregnancies are unplanned it is also an opportunity to promote
19 health for any subsequent pregnancies.

20 **2 Who the guideline is for**

21 Women using postnatal services, their families, and the public will be able to
22 use the guideline to find out more about what NICE recommends, and help
23 them make decisions.

24 This guideline is for:

- 25 • healthcare professionals providing care to women and babies in the first 8
26 weeks after birth
- 27 • commissioners of primary and secondary postnatal care services
- 28 • women having routine postnatal care in the first 8 weeks after the birth of
29 their baby, and their families

- 1 • people who look after babies in the first 8 weeks after birth, for example
2 parents and carers.

3 It may also be relevant for:

- 4 • social care practitioners.

5 NICE guidelines cover health and care in England. Decisions on how they
6 apply in other UK countries are made by ministers in the [Welsh Government](#),
7 [Scottish Government](#) and [Northern Ireland Executive](#).

8 ***Equality considerations***

9 NICE has carried out [an equality impact assessment](#) during scoping. The
10 assessment:

- 11 • lists equality issues identified, and how they have been addressed
12 • explains why any groups are excluded from the scope.

13 The guideline will look at inequalities relating to:

- 14 • young women (aged 17 or under)
15 • women with physical and cognitive disabilities
16 • women who have difficulty accessing postnatal care services
17 • vulnerable women.

18

19 **3 What the updated guideline will cover**

20 **3.1 Who is the focus?**

21 **Groups that will be covered**

22 Women and babies from the birth of the baby until the end of the postnatal
23 period, which is currently defined as 8 weeks after the birth.

1 **3.2 Settings**

2 **Settings that will be covered**

- 3 • All settings where postnatal health and social care is provided, including at
4 home.

5 **3.3 Activities, services or aspects of care**

6 **Key areas that will be covered in this update**

7 We will look at evidence in the areas below when developing this update. We
8 will consider making new recommendations or updating existing
9 recommendations in these areas only.

- 10 1 Planning the content and delivery of care
- 11 2 Identifying and assessing health needs in women
- 12 3 Identifying and assessing health needs in babies
- 13 4 Planning and management of babies feeding

14 Note that guideline recommendations for medicines will normally fall within
15 licensed indications; exceptionally, and only if clearly supported by evidence,
16 use outside a licensed indication may be recommended. The guideline will
17 assume that prescribers will use a medicine's summary of product
18 characteristics to inform decisions made with individual patients.

19 **Relation to previous NICE guidance on this topic**

20 This is a full update of the NICE guideline on [postnatal care](#) (published 2006),
21 and all recommendations in the original guideline will be 'stood down' and
22 deleted. The table below outlines all the areas that will be included in the
23 guideline. It sets out what NICE plans to do for each area in this update.

Area of care from original guideline	What NICE plans to do in this guideline
1. Planning the content and delivery of care	
What are the models for delivering the care?	<p>Review evidence: stand down original recommendations. The new review question is expected to cover the model of care.</p> <p>New review question: When should the first contact be made following discharge to the home setting?</p>
Is there an optimal postpartum stay?	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: How does the length of postpartum stay impact on women and their babies?</p>
What is the optimal number of postnatal contacts for the best outcomes?	<p>No evidence review: stand down original recommendations. The consensus is that there is no general optimal number of postnatal care contacts, and this should be decided based on each woman's circumstances.</p>
What is the optimal content of the postnatal care contact?	<p>Review evidence: stand down original recommendations.</p> <p>New review question: What is the optimal content of the postnatal care contacts for women and babies?</p>
What information needs to be communicated between healthcare professionals at transfer of care?	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: What information needs to be communicated between healthcare professionals at transfer of care from hospital to community setting?</p>
What competencies are required of the health professionals who make each postnatal contact?	<p>No evidence review: stand down original recommendations. Professional competencies are now outside the scope of NICE guidelines.</p>

Maternal health and wellbeing core information and advice	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: What is the experience of new mothers (from birth to 8 weeks, including discharge) as to when and how information is given to them regarding self-care?</p> <p>New review question: What information should be given to parents on routine care of babies?</p>
2. Maternal health	
What are the signs and symptoms of major physical morbidities (postpartum haemorrhage [PPH])?	No evidence review: stand down original recommendations. There is no significant variation in practice, so recommendations from NICE are not needed in this area.
What are the signs and symptoms of major physical morbidities (genital tract sepsis)?	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: How should early signs and symptoms of genital tract sepsis be detected?</p>
What are the signs and symptoms of major physical morbidities (pre-eclampsia)?	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: How should pre-eclampsia be assessed in women who have had pregnancy induced hypertension or pre-eclampsia?</p>
What are the signs and symptoms of major physical morbidities in women? (thrombosis)	No evidence review: stand down original recommendations. This is covered by the NICE guideline on venous thromboembolism , which will be cross-referred to in the update.
What are the signs and symptoms/risk factors of psychological morbidities (such as postpartum blues, transient anxiety)?	No evidence review: stand down original recommendations. This is covered by the NICE guideline on antenatal and postnatal mental health , which will be cross-referred to in the update.

<p>What are the signs and symptoms of major psychological morbidities (such as postnatal depression, puerperal psychosis/psychotic illness, risk of suicide/injury to baby, post-traumatic stress disorder, panic disorder) in women?</p>	<p>No evidence review: stand down original recommendations. This is covered by the NICE guideline on antenatal and postnatal mental health, which will be cross-referred to in the update.</p>
<p>How should common health problems be identified and managed? (perineal pain)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because there is no significant variation in practice, so recommendations from NICE are not needed in this area.</p> <p>New review question: How should perineal pain (and its cause) be assessed in women following birth?</p>
<p>How should common health problems be identified and managed? (dyspareunia)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>
<p>How should common health problems be identified and managed? (headache)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>

<p>How should common health problems be identified and managed? (fatigue)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>
<p>How should common health problems be identified and managed? (backache)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>
<p>How should common health problems be identified and managed?(constipation)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>
<p>How should common health problems be identified and managed? (haemorrhoid)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>

<p>How should common health problems be identified and managed? (faecal incontinence)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>
<p>How should common health problems be identified and managed? (urinary retention)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>
<p>How should common health problems be identified and managed? (urinary incontinence)</p>	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p> <p>New review question: What tools for clinical review of women are effective during the first 8 weeks after birth (for example, MEOWS)?</p>
<p>Postpartum contraception</p>	<p>No evidence review: stand down original recommendations. This is covered by the Faculty of Sexual and Reproductive Health guideline on contraception after pregnancy.</p>
<p>When is the optimal time to offer and administer maternal vaccination?</p>	<p>No evidence review: stand down original recommendations. This is covered by advice on vaccination from NHS England.</p>

What tools exist to identify the women at risk for domestic violence in the postpartum period?	No evidence review: stand down original recommendations. This is covered by the NICE guideline on domestic violence and abuse , which will be cross-referred to in the update.
The six to eight week maternal postnatal check	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: When should a comprehensive, routine assessment of the woman at the end of the postnatal period occur (for example at 6 weeks, 8 weeks or not at all)?</p>
3. Infant feeding	
Do environmental factors (hospital practice; Baby Friendly Initiatives; room-in) facilitate effective breastfeeding?	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: What interventions in the 8-week postnatal period are effective in enabling successful breastfeeding?</p>
What factors immediately after birth contribute to successful breastfeeding?	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: What interventions in the 8-week postnatal period are effective in ensuring breast feeding is successful?</p>
What practices encourage breastfeeding?	<p>Review evidence: stand down original recommendations. The new review question is based on the original question, but has been amended for clarity.</p> <p>New review question: What interventions in the 8-week postnatal period are effective in enabling successful breastfeeding?</p>

How should successful breast feeding be assessed?	No evidence review: stand down original recommendations. There is no significant variation in practice, so recommendations from NICE are not needed in this area.
What information and support offered to the woman and her partner and family members is more likely to enable women to successfully commence and continue breastfeeding?	Review evidence: stand down original recommendations. New review question: What information and support on breastfeeding should be provided to parents?
What should be done to prevent, identify and treat breastfeeding problem? (sore nipple)	Review evidence: stand down original recommendations. New review question: What are the facilitators and barriers for initiating and sustaining breastfeeding?
What should be done to prevent, identify and treat breastfeeding problem?(engorgement)	Review evidence: stand down original recommendations. New review question: What are the facilitators and barriers for initiating and sustaining breastfeeding?
What should be done to prevent, identify and treat breastfeeding problem? (mastitis)	Review evidence: stand down original recommendations. New review question: What are the facilitators and barriers for initiating and sustaining breastfeeding?
What should be done to prevent, identify and treat breastfeeding problem? (inverted nipple)	Review evidence: stand down original recommendations. New review question: What are the facilitators and barriers for initiating and sustaining breastfeeding?
Are there interventions to facilitate continued breast feeding when the baby is tongue tied?	No evidence review: stand down original recommendations. This is covered by the NICE interventional procedure guidance on division of ankyloglossia (tongue-tie) for breastfeeding , which will be cross-referred to in the update.
Are there interventions to facilitate continued breast feeding when the baby is sleepy?	Review evidence: stand down original recommendations. New review question: What are the facilitators and barriers for initiating and sustaining breastfeeding?

Are there interventions to facilitate continued breastfeeding when the baby is failing to gain weight?	No evidence review: This is covered by the NICE guideline on faltering growth , which will be cross-referred to in the update.
What information offered to the woman and her partner is more likely to enable women to formula feed?	Review evidence: stand down original recommendations. New review questions: What information and support on formula feeding should be provided to parents? What information and support on bottle feeding should be provided to parents?
Are there any interventions that promote attachment/bonding in the postpartum period?	No evidence review: stand down original recommendations. This is covered by the NICE guideline on antenatal and postnatal mental health , which will be cross-referred to in the update.
4. Maintaining infant health	
Physical examination of the newborn	Review evidence: stand down original recommendations. The new review question is expected to cover all infant health issues from the original guideline, as the critical clinical issue is when signs and symptoms are outside the ordinary healthy variation in the child. For severe problems, a specialist will need to decide what care is needed. New review question: What tools for clinical review of babies are effective during the first 8 weeks of life? New review question: What are the signs and symptoms of babies that lead to hospital admission?
How should common health problems in the infants be identified and managed? (Jaundice)	Review evidence: stand down original recommendations - See above
How should common health problems in the infants be identified and managed? (skin)	Review evidence: stand down original recommendations - See above
How should common health problems in the infants be identified and managed? (thrush)	Review evidence: stand down original recommendations - See above
How should common health problems in the infants be identified and managed? (Napkin [nappy] rash)	Review evidence: stand down original recommendations - See above

How should common health problems in the infants be identified and managed? (constipation)	Review evidence: stand down original recommendations - See above
How should common health problems in the infants be identified and managed? (diarrhoea)	Review evidence: stand down original recommendations - See above
How should common health problems in the infants be identified and managed? (colic)	Review evidence: stand down original recommendations - See above
How should common health problems in the infants be identified and managed? (fever)	Review evidence: stand down original recommendations - See above
Is there an association between childhood cancer and IM vitamin K?	No evidence review: stand down original recommendations. There is no significant variation in practice, so recommendations from NICE are not needed in this area.
Incidence, risk and prevention of accidents	No evidence review: stand down original recommendations. There is no significant variation in practice, so recommendations from NICE are not needed in this area.
What is the risk of co-sleeping in relation to sudden infant death syndrome (SIDS)?	No evidence review: stand down original recommendations. There is no significant variation in practice, so recommendations from NICE are not needed in this area.
What tools exist to identify the child at risk of abuse?	No evidence review: stand down original recommendations. This is covered by the NICE guideline on child maltreatment , and will be cross-referred to in the update.

1

2 **Areas not covered by the guideline**

3 These areas will not be covered by the guideline.

4 1 Specialist care (care beyond routine postnatal care) needed by women
5 who experience complications in the intrapartum period, including
6 complications associated with caesarean section or instrumental
7 delivery.

8 2 Specialist care (care beyond routine postnatal care) needed by women
9 with pre-existing conditions.

- 1 3 Specialist care (care beyond routine postnatal care) needed by babies
2 with pre-existing conditions, for example complications before or during
3 birth.
- 4 4 Care before or during birth.
- 5 5 Contraceptive care or services.
- 6 6 The competencies of healthcare professionals involved in postnatal care.

7 Although the guideline will only cover routine postnatal care, parts of it may
8 still be relevant to women and babies who are having specialist care. Parts of
9 the guideline may also be relevant to women who have had a stillbirth,
10 premature birth or late termination (for example, for fetal abnormality).

11 **Related NICE guidance**

12 NICE has published the following guidance that is closely related to this
13 guideline:

- 14 • [Parenteral nutrition in neonates](#) (publication expected August 2019) NICE
15 guideline
- 16 • [Specialist neonatal respiratory care for babies born preterm](#) (publication
17 expected April 2019) NICE guideline
- 18 • [Intrapartum care for women with existing medical conditions or obstetric
19 complications and their babies](#) (publication expected March 2019) NICE
20 guideline
- 21 • [Venous thromboembolism in people aged 16 and over: reducing the risk of
22 hospital-acquired deep vein thrombosis or pulmonary embolism](#)
23 (publication expected March 2018) NICE guideline
- 24 • [Child abuse and neglect \(2017\)](#) NICE guideline NG76
- 25 • [Faltering growth: recognition and management of faltering growth in
26 children](#) (2017) NICE guideline NG75
- 27 • [Developmental follow-up of children and young people born preterm](#) (2017)
28 NICE guideline NG72
- 29 • [Eating disorders: recognition and treatment](#) (2017) NICE guideline NG69
- 30 • [Cerebral palsy in under 25s: assessment and management](#) (2017) NICE
31 guideline NG62

- 1 • [End of life care for infants, children and young people with life-limiting](#)
- 2 [conditions: planning and management](#) (2016) NICE guideline NG61
- 3 • [Sepsis: recognition, diagnosis and early management](#) (2016) NICE
- 4 guideline NG51
- 5 • [Tuberculosis](#) (2016) NICE guideline NG33
- 6 • [Gastro-oesophageal reflux disease in children and young people: diagnosis](#)
- 7 [and management](#) (2015) NICE guideline NG1
- 8 • [Children's attachment: attachment in children and young people who are](#)
- 9 [adopted from care, in care or at high risk of going into care](#) (2015) NICE
- 10 guideline NG26
- 11 • [Safe midwifery staffing for maternity settings](#) (2015) NICE guideline NG4
- 12 • [Diabetes in pregnancy: management from preconception to the postnatal](#)
- 13 [period](#) (2015) NICE guideline NG3
- 14 • [Antenatal and postnatal mental health: clinical management and service](#)
- 15 [guidance](#) (2014) NICE guideline CG192
- 16 • [Intrapartum care for healthy women and babies](#) (2014) NICE guideline
- 17 CG190
- 18 • [Vitamin D: increasing supplement use in at-risk groups](#) (2014) Public health
- 19 guideline PH56
- 20 • [Smoking: acute, maternity and mental health services](#) (2013) Public health
- 21 guideline PH48
- 22 • [Urinary incontinence in women: management](#) (2013) NICE guideline
- 23 CG171
- 24 • [Hepatitis B \(chronic\): diagnosis and management](#) (2013) NICE guideline
- 25 CG165
- 26 • [Fever in under 5s: assessment and initial management](#) (2013) NICE
- 27 guideline CG160
- 28 • [Ectopic pregnancy and miscarriage: diagnosis and initial management](#)
- 29 (2012) NICE guideline CG154
- 30 • [Neonatal infection \(early onset\): antibiotics for prevention and treatment](#)
- 31 (2012) NICE guideline CG149
- 32 • [Venous thromboembolic diseases: diagnosis, management and](#)
- 33 [thrombophilia testing](#) (2012) NICE guideline CG144

- 1 • [Epilepsies: diagnosis and management](#) (2012) NICE guideline CG137
- 2 • [Social and emotional wellbeing: early years](#) (2012) NICE guideline PH40
- 3 • [Multiple pregnancy: antenatal care for twin and triplet pregnancies](#) (2011)
- 4 NICE guideline CG129
- 5 • [Common mental health problems: identification and pathways to care](#)
- 6 (2011) NICE guideline CG123
- 7 • [Caesarean section](#) (2011) NICE guideline CG132
- 8 • [Food allergy in under 19s: assessment and diagnosis](#) (2011) NICE
- 9 guideline CG116
- 10 • [Hypertension in pregnancy: diagnosis and management](#) (2010) NICE
- 11 guideline CG107
- 12 • [Pregnancy and complex social factors: a model for service provision for](#)
- 13 [pregnant women with complex social factors](#) (2010) NICE guideline CG110
- 14 • [Meningitis \(bacterial\) and meningococcal septicaemia in under 16s:](#)
- 15 [recognition, diagnosis and management](#) (2010) NICE guideline 102
- 16 • [Jaundice in newborn babies under 28 days](#) (2010) NICE guideline CG98
- 17 • [Donor milk banks: service operation](#) (2010) NICE guideline CG93
- 18 • [Looked-after children and young people](#) (2010) NICE guideline PH28
- 19 • [Weight management before, during and after pregnancy](#) (2010) NICE
- 20 guideline PH27
- 21 • [Constipation in children and young people: diagnosis and management](#)
- 22 (2010) NICE guideline CG99
- 23 • [Smoking: stopping in pregnancy and after childbirth](#) (2010) NICE guideline
- 24 PH26
- 25 • [Venous thromboembolism: reducing the risk for patients in hospital](#) (2010)
- 26 NICE Guideline CG92
- 27 • [Child maltreatment: when to suspect maltreatment in under 18s](#) (2009)
- 28 NICE guideline CG89
- 29 • [Immunisations: reducing differences in uptake in under 19s](#) (2009) NICE
- 30 guideline PH21
- 31 • [Maternal and child nutrition](#) (2008) NICE guideline PH11
- 32 • [Familial hypercholesterolaemia: identification and management](#) (2008)
- 33 NICE guideline CG71

- 1 • [Antenatal care for uncomplicated pregnancies](#) (2008) NICE guideline CG62
- 2 • [Atopic eczema in under 12s: diagnosis and management](#) (2007) NICE
- 3 guideline CG57
- 4 • [Urinary tract infection in under 16s: diagnosis and management](#) (2007)
- 5 NICE guideline CG54
- 6 • [Faecal incontinence in adults: management](#) (2007) NICE guideline CG49
- 7 • [Division of ankyloglossia \(tongue-tie\) for breastfeeding](#) (2005)
- 8 Interventional procedure guidance 149

9 **NICE guidance about the experience of people using NHS services**

10 NICE has produced the following guidance on the experience of people using
11 the NHS. This guideline will not include additional recommendations on these
12 topics unless there are specific issues related to postnatal care up to 8 weeks
13 after birth:

- 14 • [Medicines optimisation](#) (2015) NICE guideline NG5
- 15 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 16 • [Service user experience in adult mental health](#) (2011) NICE guideline
- 17 CG136
- 18 • [Medicines adherence](#) (2009) NICE guideline CG76

19 **3.4 Economic aspects**

20 We will take economic aspects into account when making recommendations.
21 We will develop an economic plan that states for each review question (or key
22 area in the scope) whether economic considerations are relevant, and if so
23 whether this is an area that should be prioritised for economic modelling and
24 analysis. We will review the economic evidence and carry out economic
25 analyses, using an NHS and personal social services perspective, as
26 appropriate.

27 **3.5 Key issues and questions**

28 While writing the scope for this updated guideline, we have identified the
29 following key issues and draft review questions related to them:

- 30 1 Planning the content and delivery of care

- 1 1.1 How does the length of postpartum stay impact on women and their
2 babies?
- 3 1.2 What information needs to be communicated between healthcare
4 professionals at transfer of care from hospital to community setting?
- 5 1.3 When should the first contact be made following discharge to the
6 home setting?
- 7 1.4 When should a comprehensive, routine assessment of the woman at
8 the end of the postnatal period occur (for example at 6 weeks, 8 weeks
9 or not at all)?
- 10 1.5 What is the optimal content of the postnatal care contacts for women
11 and babies?
- 12 2 Identifying and assessing health needs in women
- 13 2.1 What is the experience of new mothers (from birth to 8 weeks,
14 including discharge) as to when and how information is given to them
15 regarding self-care?
- 16 2.2 What tools for clinical review of women are effective during the first 8
17 weeks after birth (for example MEOWS)?
- 18 2.3 How should early signs and symptoms of genital tract sepsis be
19 detected?
- 20 2.4 How should pre-eclampsia be assessed in women who have had
21 pregnancy induced hypertension or pre-eclampsia?
- 22 2.5 How should perineal pain (and its cause) be assessed in women
23 following birth?
- 24 3 Identifying and assessing health needs in babies
- 25 3.1 What tools for clinical review of babies are effective during the first 8
26 weeks of life?
- 27 3.2 What information should be given to parents on routine care of
28 babies?
- 29 3.3 What are the signs and symptoms of babies that lead to hospital
30 admission?
- 31 4 Planning and management of babies feeding
- 32 4.1 What information and support on breastfeeding should be provided
33 to parents?

1 4.2 What information and support on formula feeding should be provided
2 to parents?

3 4.3 What information and support on bottle feeding should be provided
4 to parents?

5 4.4 What are the facilitators and barriers for initiating and sustaining
6 breastfeeding?

7 4.5 What interventions in the 8-week postnatal period are effective in
8 enabling successful breastfeeding ?

9 **3.6 Main outcomes**

10 The main outcomes that will be considered when searching for and assessing
11 the evidence are:

12 Maternal outcomes:

- 13 1 maternal mortality
- 14 2 maternal morbidity
- 15 3 quality of life
- 16 4 service user experience
- 17 5 ability to carry out activities of daily living
- 18 6 emotional attachment

19 Baby outcomes:

- 20 7 baby mortality
- 21 8 baby morbidity
- 22 9 baby growth
- 23 10 rates of breast feeding (initiation and continuation)
- 24 11 reaching developmental milestones
- 25 12 social and emotional development

26 **4 NICE quality standards and NICE Pathways**

27 **4.1 NICE quality standards**

28 NICE quality standards that may need to be revised or updated when this
29 guideline is published

- 30 • [Contraception](#) (2016) NICE quality standard QS129

- 1 • [Early years: promoting health and wellbeing in under 5s](#) (2016) NICE
- 2 quality standard QS128
- 3 • [Antenatal and postnatal mental health](#) (2016) NICE quality standard QS115
- 4 • [Maternal and child nutrition](#) (2015) NICE quality standard QS98
- 5 • [Jaundice in newborn babies under 28 days](#) (2014) NICE quality standard
- 6 QS57
- 7 • [Postnatal care up to 8 weeks after birth](#) (2013) NICE quality standard QS37
- 8 • [Neonatal specialist care](#) (2010) NICE quality standard QS4

9 **4.2 NICE Pathways**

10 When this guideline is published, the recommendations will be added to NICE
11 Pathways. NICE Pathways bring together all related NICE guidance and
12 associated products on a topic in an interactive flowchart. The existing
13 [postnatal care flowchart](#) will be reviewed and amended to integrate the
14 updated recommendations.

15 **5 Further information**

This is the draft scope for consultation with registered stakeholders. The
consultation dates are 18 October to 15 November 2017.

The guideline is expected to be published in January 2020.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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