

# SCOPE

## 1 Guideline title

Postnatal Care: routine postnatal care of women and their babies

### 1.1 Short title

Postnatal care

## 2 Background

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Primary Care to develop a clinical guideline on postnatal care for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and Welsh Assembly Government (see Appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness. This guideline follows on from the recently published NICE guideline *Antenatal care: routine care for the healthy pregnant woman* and should be used in conjunction with this and guidelines on Caesarean section, intra-partum care and postnatal depression to be published in due course.
- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

### 3 Clinical need for the guideline

- a) Many models of postnatal care originate from the beginning of the 20<sup>th</sup> century, when they were established in response to the then high maternal mortality rate. Despite the subsequent reduction in life-threatening conditions and the changing social and environmental context of birth, there has been little revision to the pattern and function of postnatal care.
- b) Little evaluation has been carried out of whether current models of care meet women's and babies' needs, or whether they make appropriate use of the skills and time of the relevant healthcare professionals.
- c) There is limited guidance to inform the content of postnatal care. Studies have highlighted widespread and persistent physical and psychological maternal health needs after childbirth; a substantial proportion of these needs are unlikely to be met, as women do not report them and health professionals do not routinely ask about them.
- d) A range of routine screening is undertaken during the postnatal period to detect any potential disorders in the infant. This includes screening for congenital abnormalities (for example, cardiac defects) and blood test screening (for example, to detect hypothyroidism). There is limited information on the appropriate competencies to deliver different components of screening.
- e) Women's views of maternity care show that many are dissatisfied with aspects of postnatal care. Duplication during domiciliary postnatal care and provision of conflicting advice are commonly reported.
- f) There has been little attention paid to the needs of fathers/partners during the postnatal period or of people with specific needs, for example, relating to diverse cultures or disabilities.

## 4 The guideline

- a) The guideline development process is described in detail in two booklets that are available from the NICE website (see 'Further information'). *The Guideline Development Process – An Overview for Stakeholders, the Public and the NHS* describes how organisations can become involved in the development of a guideline and the *Guideline Development Methods: Information for National Collaborating Centres and Guideline Developers*.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see Appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

### 4.1 Population

#### 4.1.1 Groups that will be covered

- a) The guideline will address the routine postnatal care that every woman and her baby should be offered, appropriate to their individual circumstances, after the birth of the baby until the conclusion of the postnatal period, which is currently defined as 6–8 weeks after the birth.

### 4.2 Healthcare setting

- a) The guideline will cover the acute and primary care offered by all NHS healthcare professionals who have direct contact with women who have recently given birth, and make decisions concerning postnatal care.

- b) The guideline will cover the postnatal period following birth in hospitals, birthing centres, GP units or at home.
- c) The guideline will not specifically address postnatal care offered by practitioners or units outside of the NHS, although many of the recommendations may be of relevance for practitioners in these sectors.

### **4.3 Clinical management**

4.3.1 The guideline will advise on the appropriate postnatal contact and care necessary to promote or maintain optimal health and well-being in each woman and her baby, taking account of her needs and choices. This will include:

- (i) planning the objectives, purpose and content of each postnatal contact in collaboration with the woman and her family
- (ii) the competencies (knowledge, skills and expertise) required of the health professionals for each postnatal contact
- (iii) the minimum frequency of postnatal contacts.

This guideline should be used in conjunction with NICE guidance on related topics (see Section 6).

4.3.2 The guideline will advise health professionals and maternity service users, as appropriate, on best practices for information, support, assessments, investigations and management that may be required at a postnatal contact. This will include advice on the following:

- (i) assessment of immediate physical and psychological post-birth recovery of the woman and her baby

(ii) ongoing and appropriate physical care and psycho-social support of the woman at each subsequent postnatal contact, including the final postnatal discharge consultation; this care and support will include:

- identification and referral of suspected major physical morbidity (for example, thrombosis)
- identification and referral of suspected psychological morbidity, including, for example, major morbidity such as suspected puerperal psychosis as well as postnatal depression
- identification and management of commonly experienced health problems (for example, pain, breast problems, baby blues, constipation)
- information, management and support to enable the woman to begin and successfully continue with her chosen method of infant feeding
- promotion of attachment between mother and baby, and father (and/or partner) and baby
- evaluation of birth experience
- evaluation of social support, including existing relationships with partner and significant others
- assessment of risk of domestic violence and abuse

(iii) ongoing physical and psychological care of the baby in discussion with the parents or main carer at each subsequent postnatal contact, including the final postnatal discharge consultation; this care and support includes :

- advice, offering and administration of vitamin K
- advice, offering and administration of routine screening of the newborn, including congenital abnormalities and blood test screening
- advice on avoidance of risk of sudden infant death syndrome

- monitoring and discussion of growth and development
- identification of common health problems (for example, colic, skin rashes), together with their management
- identification of the 'child in need'
- discussion and support about ways of responding to the baby's physical and psychological needs
- discussion of any other relevant concerns of the parent/carer and referral, as appropriate.

4.3.3 The guideline will include educational aspects of postnatal care, as appropriate for each contact, relevant to the health of the woman, her baby, partner and family. This will include information and advice about:

- risks and benefits of co-sleeping
- exercises to regain muscle function of the abdominal, pelvic girdle and pelvic floor muscles
- sexual health needs
- resumption of sexual intercourse
- importance of timely access to, and resumption of use of, the contraceptive method of choice
- timing of and access to maternal immunisation
- diet
- parenting skills (for example, supporting fathers (and/or partners in their developing role, care of the baby, safety issues)
- access to postnatal support groups, including peer breastfeeding support.

4.3.4 The guideline will advise on sources of information as appropriate for each contact, relevant to the health of the woman, her baby, partner and family, but will not review evidence of effectiveness, for the following:

- smoking cessation
- preparation for return to work (for example, storage of expressed breast milk, choosing childcare)
- individual's own contribution to health and social needs
- achieving a work–life balance
- local baby-friendly facilities (for example, sources of local advice on shops and restaurants with baby changing/feeding facilities).

4.3.5 The guideline will include advice on the length of postnatal hospital stay and transfer arrangements between healthcare facility and home, and between healthcare professionals (for example, when primary responsibility for care is transferred from the midwife to the health visitor).

4.3.6 The guideline will consider good practice in communication, between health professionals and women, and among health professionals, which supports access to care and information and enables women to make informed decisions. It will refer, in this respect, to:

- (i) accurate and timely documentation and communication
- (ii) beliefs and attitudes of different races and cultures
- (iii) the needs of those with disabilities.

- 4.3.7 The guideline will include advice on circumstances in which health professionals should refer to and work with other health or social agencies. Both voluntary and peer support groups will be included.
- 4.3.8 Advice on treatment options will be based on reliable evidence. When referring to pharmacological treatments, the guideline will normally recommend use within the licensed indications. Exceptionally, and only where the evidence supports it, the guideline may recommend use outside the licensed indications.
- 4.3.9 The guideline will be prepared on the basis that prescribers will use the Summary of Product Characteristics to inform their prescribing decisions for individual patients.

#### **4.3.10 Exclusions from the guideline**

The guideline will not address interventions that may be needed by women or their babies beyond that routinely associated with postnatal care.

Examples of such exclusions include:

- complications arising in the woman before, during or after the birth, including those associated with abdominal or instrumental delivery
- existing pregnancy- and/or non-pregnancy-related acute or chronic diseases or conditions
- complications or abnormalities arising in the baby before, during or after the birth
- any aspect of antepartum or intrapartum care, including procedures **immediately** related to the birth, for example, assessment of infant APGAR scores, primary repair of perineal trauma, assessment of uterine involution immediately following expulsion of the placenta and membranes. A separate guideline addressing routine antenatal care has been published and intrapartum care is the subject of separate NICE guidance (see Section 6)



- the investigation and management of postnatal depression, which is the subject of separate NICE guidance (see Section 6)
- the investigation and management of symptoms of major morbidity (puerperal psychosis, which is the subject of separate NICE guidance, see Section 6)
- the specific clinical management of provision of contraception (although advice on timing and resumption of contraception will be addressed)
- the specific clinical management of immunisation (although advice on commencement of infant immunisation will be covered).

4.3.11 Although the guideline will not address care beyond that normally required for a healthy woman and baby, in circumstances where the woman or her baby require such care, aspects of this guideline may continue to be relevant to either or both the woman and baby. Referral to the guideline may also be appropriate in circumstances where a woman requires elements of routine postnatal care following a late termination (for example, for fetal abnormality), stillbirth or premature birth.

#### **4.4 Audit support within guideline**

- a) The guideline will provide audit criteria.

#### **4.5 Status**

##### **4.5.1 Scope**

This is the final scope.

##### **4.5.2 Guideline**

The development of the guideline recommendations will begin in March 2004.

## 5 Further information

Information on the guideline development process is provided in:

*The Guideline Development Process – An Overview for Stakeholders, the Public and the NHS*

*The Guideline Development Methods: Information for National Collaborating Centres and Guideline Developers.*

These booklets are available as PDF files from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). Information on the progress of the guideline will also be available from the website.

## 6 Related NICE guidance

National Institute for Clinical Excellence (2003). Antenatal care: routine care for the healthy pregnant woman. *NICE Clinical Guideline* No. 6. London. National Institute for Clinical Excellence.

National Institute for Clinical Excellence. Guideline development in progress. Caesarean section. Anticipated publication date, April 2004.

National Institute for Clinical Excellence. Guideline development in progress. Intrapartum care: management and delivery of care to women in labour. Anticipated publication date, August 2005.

National Institute for Clinical Excellence. Guideline development in progress. Puerperal/perinatal mental health: clinical management and service guidance. Anticipated publication date, November 2006.

## Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

Title: Clinical guideline on routine post natal care of recently delivered women and their babies

Remit: “To prepare clinical guidelines for the NHS in England and Wales on the provision of routine postnatal care for recently delivered women and their babies. The guideline should cover:

- the length of any postnatal hospital stay; and
- the scope, content, purpose and competencies required for each routine postnatal visit or appointment with the mother or baby, taking into account the particular needs of individual families.

The guidelines should link with NICE’s guidelines for routine antenatal and intrapartum care, and complement the maternity section of the Children’s National Service Framework.