Surveillance report 2017 – Postnatal care up to 8 weeks after birth (2006)
NICE guideline CG37

Surveillance report
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Surveillance decision

We will plan a full update of this guideline.

We will amend the guideline to:

- Indicate the 'Birth to five' booklet is no longer available in hard copy in recommendation 1.2.2 which states that The Department of Health booklet 'Birth to five', which is a guide to parenthood and the first 5 years of a child's life, should be given to all women within 3 days of birth.

- Add a cross-referral to NICE guideline NG51 on sepsis published July 2016 in recommendations 1.2.8, 1.2.9 and 1.2.10.

Reason for the decision

We found 245 studies through surveillance of this guideline.

This included new evidence that supports current recommendations on:

- planning the content and delivery of care (model of care, postpartum hospital stay)

- maintaining maternal health (thrombosis, perineal pain, incontinence)

- infant feeding (environmental factors, successful breastfeeding, information and support, breast engorgement and mastitis)

- maintaining infant health (attachment/bonding, skin problems, home visiting).

We also found new evidence that was not thought to have an impact on current recommendations, including:

- maintaining maternal health (postnatal haemorrhage, psychological morbidities, constipation, urinary retention, contraception)

- infant feeding (sore nipple)

- maintaining infant health (colic, vitamin K, sudden infant death syndrome [SIDS]).

We did not find any new evidence related to:
• signs and symptoms of major physical morbidities (pre-eclampsia, genital tract sepsis)

• identification and management of common health problems in women (dyspareunia, headache, fatigue, backache)

• prevention, identification and treatment of breastfeeding problems (inverted nipple, tongue tied, sleepy baby).

We held a workshop with topic experts and asked for their views on the current recommendations. The topic experts indicated that the service delivery and provision of care have considerably changed since the guideline was developed and the recommendations no longer fit with current practice.

Based on the feedback from topic experts, it was felt that the guideline should be updated to bring the recommendations into line with how services are currently delivered.

Other clinical areas

We did not find any new evidence in areas not covered by the original guideline.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the new evidence and views of topic experts, we decided that a full update is necessary for this guideline.

See how we made the decision for further information.
Commentary on selected new evidence

With advice from topic experts we selected 1 study for further commentary.

*Maintaining infant health – Co-sleeping and sudden infant death syndrome*

We selected a qualitative study *Crane and Ball (2016)* for a full commentary because it is a UK-based study considering how new mothers understand and interpret guidance on reduction of SIDS.

**What the guideline recommends**

The recommendations regarding SIDS and co-sleeping were updated following an exceptional surveillance review in 2013. The issue of understanding and implementation of the recommendations was not addressed in NICE guideline CG37. However the guideline recommendations emphasise individualised care and indicate that the postnatal services should be planned locally to achieve the most efficient and effective service for women and babies.

**Methods**

*Crane and Ball (2016)* conducted a qualitative study aiming to discover how mothers in Bradford recall, understand and interpret SIDS-reduction guidance, and to explore whether and how they implement the guidance.

Recruitment was carried out at Bradford Royal Infirmary’s maternity unit when the mothers-to-be were 28 weeks pregnant. The participants were recruited from the pool of participants enrolled in a cohort study (*Born in Bradford* study). A total of 137 women who had already participated in the cohort study were approached and asked if they would agree to be interviewed when their infants were 8 to 12 weeks old. From the 69 who gave their consent to be contacted, 23 were not contactable. Overall, 25 white British and 21 Pakistani mothers (n=46) were subject to in-depth narrative interviews. Of the 21 Pakistani mothers that were interviewed, 16 were born in the UK and 5 were born in Pakistan.

Interviews were carried out at the participants’ homes and audio-taped. Interviews were conducted, transcribed verbatim and analysed by the first author who was an experienced researcher. The interviews were thematically analysed via a continuous comparative method. The generated themes were discussed and agreed by both authors.
The consolidated criterion for reporting qualitative research (COREQ) 32-item checklist was used for explicit and comprehensive reporting of the study methods.

Results

The participants were from the same geographical areas of Bradford and were considered to have similar socio-economic status. All participants had received national SIDS-reduction guidance through leaflets provided to them during antenatal and postnatal appointments.

**Room sharing**

Despite white British mothers being aware of SIDS guidance to keep babies in the parental bedroom for the first 6 months, 7/25 kept their babies in separate bedrooms before 3 months of age. In contrast, the Pakistani mothers included in the study kept their babies in the parental bedroom at night and close to them during daytime sleep.

**Positioning**

All white British mothers included in the study knew about the recommendations to place babies supine and 'feet-to-foot'. However, a third of white British mothers interviewed stated that sometimes infants slept on their side.

All Pakistani mothers who were interviewed stated that they place their babies supine for sleep. However, the feet-to-foot position was not applied by almost half of the mothers due to the use of 'infant pillows'. The Pakistani mothers stated that the use of infant pillows is valued traditionally. The article describes the pillow as a thin infant head positioner that poses negligible suffocation risk because it does not mould around the baby’s face.

**Bed sharing**

All white British mothers who were interviewed stated that they would avoid bed-sharing. However, a third of white British mothers reported sleeping on a sofa with their babies despite being aware of guidance discouraging this.

The Pakistani mothers included in the study knew about recommendations to avoid bed-sharing with an infant. Sleeping on a sofa with their babies was considered socially and culturally unacceptable in Pakistani households.
Overheating

Mothers in the study were aware of SIDS-reduction guidance that emphasises the importance of preventing babies from overheating.

Alcohol and smoking

All Pakistani mothers who were interviewed acknowledged the link between maternal smoking and SIDS-risk, but they were not aware of the association between paternal smoking and SIDS. All of the white British mothers were also aware of the smoking and SIDS association. They tried to modify their behaviour by not smoking near their babies.

All of the white British mothers included in the study were aware of the advice regarding alcohol consumption and SIDS, however those who consumed alcohol reported they 'only drank at weekends' or 'on special occasions' and they 'did not get drunk'. Pakistani parents reported no alcohol consumption and considered this advice was not for them.

Strengths and limitations

Strengths

The aim of the research was clearly specified and the appropriate qualitative methodology was used. The research is a UK-based study that addresses a topic related to NICE guideline CG37 recommendations about SIDS.

Limitations

The researchers did not discuss the general plan of inquiry including how the interviews were carried out and guided and if the data was saturated.

The researchers specified that all participants had received national SIDS-reduction guidance. However it is not clear what specific guidance women had been given as the information may vary within different guidance.

The researchers did not acknowledge the potential biases during analysis and data selection including interviewer's potential biases and how it could have affected the findings during development of the questions and data collection.
The researchers specified that they used COREQ to describe study methods. However this tool is not validated and there is no empirical basis that shows that the introduction of COREQ will improve the quality of reporting of qualitative research.

**Impact on guideline**

The recommendations regarding SIDS in NICE guideline CG37 were updated in 2013 following availability of new evidence on bed-sharing/co-sleeping, breastfeeding and pacifier use. Some of the reviewed evidence showed that there is a statistical relationship between SIDS and co-sleeping. However, the evidence did not indicate that co-sleeping causes SIDS. Therefore the term 'association' has been used in the recommendations (1.4.47, 1.4.48 and 1.4.49) to describe the relationship between co-sleeping and SIDS.

NICE guideline CG37 currently recommends that each postnatal contact should be provided in accordance with the principles of individualised care and the postnatal services should be planned locally to achieve the most efficient and effective service for women and babies.

The identified factors in this qualitative research may need to be investigated further with a large quantitative research study to assess whether these factors would affect the uptake of SIDS reduction guidance.
How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 10 years after the publication of postnatal care up to 8 weeks after birth (2006) NICE guideline CG37.

For details of the process and update decisions that are available, see ensuring that published guidelines are current and accurate in ‘Developing NICE guidelines: the manual’.

Previous surveillance update decisions for the guideline are on our website.

New evidence

We found 74 new studies in a search for systematic reviews published between 6 March 2014 and 29 June 2016. We also considered 2 additional studies identified by members of the guideline committee who originally worked on this guideline.

Evidence identified in previous surveillance 5 years and 8 years after publication of the guideline was also considered. This included 169 studies identified by search.

From all sources, 245 studies were considered to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See appendix A: summary of new evidence from surveillance and references for all new evidence considered.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline and other correspondence we have received since the publication of the guideline.

Views of stakeholders

Stakeholders are consulted only if we decide not to update the guideline following checks at 4 and 8 years after publication. Because this was a 10-year surveillance review, and the decision was to update, we did not consult on the decision.
See ensuring that published guidelines are current and accurate in 'Developing NICE guidelines: the manual' for more details on our consultation processes.

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