Postnatal Experience

PN5 **Date** XX/XX/XXXX

Woman's Details:

Woman's Initials
CJ
Type of Birth & Gestation
State the type of birth and the gestation at the date of birth If an EL or EM LSCS, Ventouse or Forceps, state the indication (this may inform your assessment).
G:P
2:2 *This is post birth, inclusion of the neonate born.*
Postnatal day of Hours (if less than 24 hours)
eg 1 day, 2 hours

Maternal Assessment

Vital Signs
Temperature: 36.8 (PA) Pulse: 80 bpm Respiratory rate: 20 rpm BP: 120/70
Breasts
Soft/ filling/ firm Additional descriptive terms could include: change in consistency/ soft post feeds/ lumps/ tenderness/ symmetrical/ engorged/ redness
Nipples
Indicate what side: Left or Right Intact/ Grazed/ Bleeding/ Blistered – if abnormal/damaged, comment on management
Fundus
Position and cms above or below umbi for example: Firm and central (F+C) at umbi. Also note if the fundus was deviated to the Left/Right and what management occurred. Not palpated (reason?).
Mobilisation/ Legs/ Nutrition
Mobilisation: Describe Braden or Bromage score. Walking with or without standby assistance, has the woman yet mobilised etc. **Legs**: Describe redness, swelling or pain in left & right calf. Bilateral or unilateral swelling/oedema. **Nutrition**: Describe the diet. For example: light diet/tolerating fluids/ward diet. Also comment on any restrictions: fluids/diabetic diet. Also describe nausea and vomiting if applicable.
Lochia/ Perineum
Lochia: • Rubra/Serosa/Alba • Describe amount. • Describe if malodourous *Questions to ask and subsequently document could include: how often are you changing your pad? And are you changing for comfort or due to the pad being soaked through? (It could be important to check the pad to clarify)* **Perineum**: • Describe perineal injury (for example: intact, grazes, 1st, 2nd, 3rd A, B & C OR 4th and episiotomy). • pain/swelling/redness/odour • management: ice, Ural, medication. • Viewed/ not viewed. If not viewed state, the justification to not view.

Voiding
NAD/stinging/burning/dysuria Describe further: slow or stop start flow/altered sensation to void/unable to void or straining to void/small voids/incomplete emptying/delay in commencing void/incontinence. Describe management plan: Trial of void/ continue to measure and observe/medical review/IDC inserted IDC: state the colour, clarity, average per hour drainage (this is important to track for urine function)
Bowels
Bowels not open (BNO)/Bowels open (BO) OR has passed flatus (HPF)/ Has not passed flatus (HNPF) Describe management plan: If BNO describe diet advice and use of aperients. OR if HNPF document the conclusion of a bowel assessment, were bowel sounds heard?
Pain management (if applicable)
Describe pain out of 1 to 10 (0 represents no pain and 10 represents severe pain). Pain on movement and pain at rest? Comment on management of pain if applicable (medication given **and the effect**)
Wound (if applicable)
• Clean & Dry (C+D)/ Oozing/ Not applicable/ Redness/ Swelling/ Odour/ Tenderness • Did you view the wound OR if not viewed, state the justification. • Type of dressing/ suture material

Neonatal Assessment*

**If mother and baby are separated you must still include information about the baby. State the reason for separation and follow on by incorporating information about the baby's wellbeing through having a discussion with the mother.*

Vital Signs
• Heart rate: 110-160bpm • Respiratory rate: 40-60bpm • Temperature: 36.5 - 37.5 Degrees Celsius • SpO2 (if applicable) Consider: whole clinical picture & local protocol
Colour
Describe the colour: For example: Centrally pink/ Well perfused/ acrocyanosis present/ jaundice (consider Kramer's rule)
Skin
Describe appearance: Intact/ peeling/ dry/ vernix/ languo/ note any trauma Common skin variations: acrocyanosis/ superficial capillary naevi 'stork bites'/ hyperpigmented macules 'Mongolian Blue Spot'/ milia 'milk spots'/ erythema toxicum/ petechiae/Subcutaneous fat necrosis Birth marks: Port wine stain/Strawberry naevus
Eyes/ Nose/ Mouth/ Ears
Eyes: • Note symmetry • Left and right eye absent/present • Eyes move • Note any subconjunctival haemorrhage **Nose:** • Left and right nostril (nare) patent • Nasal flaring yes/no **Mouth**: • Pink, moist, mouth opens symmetrically, closed at rest • Soft and hard palate assessed • Cleft lip/cleft palette/tongue tie/teeth/thrush **Ears**: • Two ears present, fully formed and note position (top of pinna in line with eyes/low set). • Auditory canal patent • Pinna flexible • Note any skin tags

Cord
Clean and dry/ moist/ clamped / malodourous/ abdominal inflammation
Urine
• Describe how many wet nappies in 24 hours • Has passed urine (HPU)/ Has not passed urine (HNPU) • Describe presence of urates
Bowels
• Describe stool colour and number of dirty nappies in 24 hours. • Has passed meconium (HPM)/ has not passed meconium (HNPM). • Meconium (black tar) /transitional (green-black)/ mustard
Feeding type/frequency
• Breastfeeding /Bottle feeding/ Nasogastric tube (NGT) • Demand feeding/ describe limit (for example 4/24 limit)/ cluster feeding • Demanding feeds or being woken for feeds? • Document any variation from normal for example top ups bottle/ syringe/ finger feeding/ cup feeding. Include rationale
Present Weight (+/- birth)
Describe weight in grams and the relationship to birth weight
Behaviour
Alert/ awake/ sleeping Active/ responsive/ unresponsive/ irritable/ crying/ unsettled / settled after feeding

Please briefly describe postnatal midwifery management and education:

Describe postnatal care provided to the mother and baby.

You could include:

- education,
- care pathway
- discharge planning etc.

Be specific, please don't just write that education was provided, describe specifically what education was provided.

TIP: If observations or assessments deviate from the normal parameters, please indicate the consultation and referral processes undertaken to manage the complexity.

Signature and designation of the supervising midwife or doctor. Date of signature and date of the episode of care must match *(retrospectively signed records will not be counted).*