

Postnatal Readmission

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Key Amendments

Date	Amendments	Approved by

Introduction

Women or neonates who develop a postnatal problem should only be readmitted to the postnatal ward/delivery suite if they cannot be safely managed in the community. All staff should be mindful of the need for robust communication to ensure continuity of care between hospital and community and of the distress readmission may cause the family unit. A full discussion regarding the need for possible readmission should take place with the woman and her partner, prior to arranging transfer.

Prior to admission the midwife must discuss the woman/baby with a registrar/consultant not SHO

Women may be referred to hospital from the community for many reasons e.g. bleeding pv, raised BP, signs of sepsis. Possible thromboembolic episode

N.B. Not all women/babies will need readmission to hospital. A suitable care plan may be put in place after discussion with the relevant Registrar, which enables them to stay at home.

Some women may present themselves in Accident and Emergency Department without contacting the community midwife or wards, and will be managed accordingly.

If the condition of the woman warrants admission to a medical/surgical ward the Obstetric Registrar and Maternity Bleep holder **must be informed** and they will ensure that she is reviewed as appropriate to monitor the maternal wellbeing. The Obstetric Consultant should be informed of the admission at the next opportune occasion. Should the woman require admission to ITU or HDU the Obstetric Consultant on call should be notified immediately.

Guideline

The Community Midwife should consider the following if she is concerned about the condition of a mother and or baby

- Can the problem be managed in the community setting with additional support e.g. Support from Infant Feeding Advisor or Breast Feeding Support worker
- Can the problem be managed by a GP allowing the mother and baby to remain at home e.g. wound infection, or raised BP
- Does the woman need to be transferred into hospital, further advice should be sought from the relevant registrar/consultant see below;

Maternal problem → Contact obstetric registrar → Advice given, if advice is readmission discuss with Midwife in charge of postnatal ward and arrange time of admission

Neonatal problem → Contact Paediatric registrar → Advice given, if advice is readmission discuss with Midwife in charge of postnatal ward TCU or NICU and arrange time of admission.

- Urgent /emergency situation contact ambulance via 999 Midwife to escort mother and or baby to hospital. Alert Delivery suite coordinator who should advise most appropriate location for admission
- If a test/investigation needs to be performed or followed up can it be done in the community setting after discussion with appropriate registrar.

Discharge following readmission

An individualized care plan must be clearly documented in the mother and baby postnatal notes (purple) all test /investigation results should also be documented

All discharge information is given verbally to mother/parents Discharge information is forwarded to Community Midwifery Team. If there has been medical involvement the SHO should write to GP with relevant information especially about medication.

A Postnatal readmission outcome form (WR4228) must be completed and attached to notes to enable coders to correctly code the readmission.