

STANDARDS FOR POSTPARTUM CARE

The postpartum period is defined as the time shortly following the delivery of the placenta and ending at six-weeks postpartum. The postpartum period is a critical time for a childbearing family and their newborn on a physical, social and emotional level. Perinatal Services BC (PSBC) states that the goal of care is “to achieve optimal newborn, maternal and family health in the short and long term, not only to prevent occurrences such as hospital readmission or rare adverse events”.

Midwifery Standards for Postpartum Care

Midwives in BC are expected to provide comprehensive care throughout the postpartum period, including a regular schedule of postpartum visits and 24 hour on call availability. Midwifery care in the postpartum period includes:

- 1 Assessing the emotional and physical well-being, self-care and overall functioning during the postpartum period, and providing preventive care and advice;
- 2 Assessing the physical well-being and development of the newborn;
- 3 Supporting the initiation and continuation of breastfeeding, including interventions, complementary therapies or supplemental feeding as required, to ensure infant well-being;
- 4 Providing information and resources to the childbearing family regarding newborn growth, development, behaviour, nutrition, feeding and care, as well as follow-up medical care such as immunizations;
- 5 Detecting complications and disease and arranging appropriate referral when required;
- 6 Assessing mental and emotional well-being, in particular assessing for the occurrence and severity of postpartum depression; and arranging timely and appropriate referral when needed;
- 7 Supporting the family in their sense of competence in parenting and in adopting healthy lifestyles; and
- 8 Counseling the family on issues such as nutrition, sexuality in the postpartum period and in the choice and use of contraceptive methods.

Postpartum care needs to both:

- 1 follow a minimum framework for safe care, and
- 2 be tailored to the needs of the individual family, taking into account medical, socioeconomic, psychological and environmental circumstances, while being culturally appropriate.

The midwife should remain in attendance to ensure maternal and newborn stability in the immediate postpartum, or until care is transferred to a physician if required.

When devising a plan of care the midwife must take into account the antepartum and intrapartum history. The timing of postpartum assessments may vary depending on maternal and newborn needs, with some families requiring closer attention and monitoring than outlined

in these minimum standards.

The CMBC *Indications for Discussion, Consultation and Transfer of Care* relevant to postpartum care should be kept in mind throughout the postpartum course so that timely referral can be made when indicated.

A back-up plan must be in place with other appropriate health care providers (other midwives, local physicians, and/or the public health unit) to ensure that someone is available for postpartum assessment when a visit is needed and the midwife is unable to carry out the visit.

Care must be transferred to another primary care provider if the midwife is unable to complete a full course of postpartum care.

While BC midwives may, within their scope of practice, provide care up to three months postpartum, normally the midwife will transfer the care to a family physician at six weeks postpartum. At discharge the midwife can provide the client with a copy of the *Labour and Birth Summary* and *Newborn Summary* or send these directly to the physician and ensure that the client is aware of the community resources available.