

NHS no 2 0 0 0 0 0 0 0 0 0

Maternity Unit

A H O S P I T A L

CONFIDENTIAL

These notes should be kept safe by the mother during the postnatal period. If found, please return immediately to the owner, or her midwife or maternity unit.



Postnatal Notes

Name *Jane Brown*

Address *75 Harborne Road, Edgbaston, Birmingham*

Postcode *B 1 5 3 D H*

Date of birth *1 6 0 3 8 4*

Unit No. *A345678*

Consultant *A Consultant*

Communication

Assistance required No ☒ Yes ☐ Details Your preferred name
 Do you speak English No ☐ Yes ☒ What is your first language *English*
 Preferred language Interpreter

Baby's Name *Jennifer Brown* D.O.B *0 3 1 0 1 6* Baby's birthweight *2 7 8 0*
 Baby's Name D.O.B Baby's birthweight

Unit of booking

A Hospital

Place of birth

Forget me not bereavement suite

Maternity contacts

Specialist midwife *S Midwife* ☎ *08456 678594*
 Community midwife *B Midwife* ☎ *0121 1234 6789*
 9am - 5pm contact ☎ *0121 5555 5555* 24 hr contact ☎ *0121 3678 9087*
 Neonatal nurse contact ☎ Religious leader/Chaplain ☎

Primary care contacts

Centre *Parkway Medical Centre* ☎ *0121 3333 5555* Other(s)
 GP *GP* *Pressure* ☎ *0121 2222 7777*
 Postcode (GP) *B 1 5 6 D U* ☎
 Health Visitor/ Family Nurse Practitioner *C Visitor* ☎ *0121 5555 79809*

Next of kin

Name *David Brown* Relationship *Husband*
 Address *Same as Jane (see above)*
 ☎

Previous history

Medical history

Details:- including sensory/physical disability

Asthma in childhood - nil medication

Obstetric history

Para 1 + 0

Details (antenatal screening/diagnosis)

38+2 slow growth from fundal height measurements, with a history of reduced fetal movements. Attended assessment unit - unable to auscultate fetal heart. IUD confirmed on scan

Social assessment (Record any referrals on page 6 - management plan)

Needs help understanding Postnatal Notes

No ☒ Yes ☐

Faith/religion

C of E

Do you have support from partner / family / friend

☐ No ☒ Yes

Any household member had/has social services support

☒ No ☐ Yes

Occupation

Accountant

Have appropriate housing

☐ No ☒ Yes

How many people live in your household?

3

These notes are a guide to your options in the postnatal period and are intended to help you make informed choices. This is to promote care which is safe and personalised to you. However, the explanations in these notes are a general guide only and not everything will be relevant to you. Please feel free to ask if you have any questions.

Some of the information in these notes will be recorded electronically, to help your health professionals provide the best possible care. The National Health Service (NHS) has very strict confidentiality and data security procedures in place to ensure that personal information is not given to unauthorised persons. The data is recorded and identified by NHS number, and your name and address is removed to safeguard confidentiality.

The NHS also wishes to collect some of this information about you and your baby, to help it:

- Increase our understanding of poor outcomes
- Strive toward the highest standards
- Make recommendations for improving maternity care
- Monitor health trends.

In some cases, details of the care are looked at by independent experts working for the NHS, as part of special investigations (e.g. confidential enquiries) by regional and/or national organisations, but only after the records have been completely anonymised.

While it is important to collect data to improve the standard and quality of care, you can opt out and have information about your care excluded. This will not in any way affect the standard of care you receive. For further details, please ask your midwife (page 1).

However, your information may be shared with other agencies where the midwife believes or suspects, that you are suffering or likely to suffer significant harm. In these cases, information will be shared without your consent.

Data collection and record keeping discussed ☒

Date

0 1 1 0 1 6

Signed*:
Care provider

S Midwife

Investigations/immunisations Including antibodies, hepatitis B, syphilis, HIV, sickle cell, thalassaemia, if **NOT** done antenatally.

Antenatal Serology Screening Yes ☒ No ☐

Postnatal follow-up required Yes ☐ No ☒

Signed*

S Midwife

Test	Explained	Accepted by mother Yes No	Date taken/ Date given	Results/Actions/Comments	Signed *
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<i>DDMMYY</i>		
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

Following admission. To aid communication, the following should be informed of admission and appointments cancelled.

Action required	Yes	No	N/A	Signed *	Professionals informed	Yes	No	N/A	Signed *
Obstetric Consultant/Registrar on call informed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife	Community Midwife	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife
Ultrasound performed to confirm diagnosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife	GP (General Practitioner)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife
Named Consultant Obstetrician informed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife	Spiritual support i.e. chaplain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife
Bereavement support midwife informed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife	Antenatal clinic/USS co-ordinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife
Specialist team informed e.g. Haematologist, Diabetologist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	S Midwife	Medical secretaries co-ordinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife
Partner/next of kin contacted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	S Midwife	Health Visitor if indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife
Induction of labour procedure explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife	Bounty pack organisers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Midwife
Unit of booking informed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	S Midwife	Parentcraft co-ordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	S Midwife
Social worker/other multi-agency professional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	S Midwife		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Pre delivery investigations. Specific clinical assessments and laboratory investigations should be offered to assess maternal wellbeing, to try to determine the cause or the chance of recurrence and possible means of avoiding future pregnancy complications.

Test	Explained	Accepted Yes No	Date taken	Results/Actions/Comments	Signed *
Full blood count	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	114gd/l	S Midwife
Kleihauer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Negative	S Midwife
C-reactive protein	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	1	S Midwife
Group and save	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6		S Midwife
Coagulation screen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	INR 0.9 APPT 0.10	S Midwife
Random blood glucose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	4.2 mmol/l	S Midwife
HbA1c	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	38 mmol/mol	S Midwife
TORCH screen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Negative	S Midwife
Parvovirus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Negative	S Midwife
Liver enzymes, bile acids	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Within normal limits	S Midwife
Urea & electrolytes, uric acid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Within normal limits	S Midwife
Bacteriology: MSU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	No growth	S midwife
High vaginal swab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	No growth	S Midwife
Blood cultures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	No growth	S Midwife
Thyroid function	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Within normal limits	S Midwife
Serology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Negative	S Midwife
Thrombophilia/Lupus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Negative	S Midwife
Anticardiolipin antibodies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 1 1 0 1 6	Negative	S Midwife

Documentation. If you complete any of the following forms please document in the relevant boxes. This will facilitate communication between health professionals. These will be completed at varying times, not all the following will be required for all women.

	Completed Yes	N/A	Actions/Comments	Date	Signed *
TOP : form and consent	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0 3 1 0 1 6	S Midwife
Birth notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 3 1 0 1 6	S Midwife
Non registerable form	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0 3 1 0 1 6	S Midwife
Stillbirth/death certificate	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 4 1 0 1 6	S Midwife
Congenital anomaly form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Number:	0 3 1 0 1 6	S Midwife
Incident Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0 3 1 0 1 6	S Midwife
Post mortem : form and consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 4 1 0 1 6	A Consultant
MBRRACE Perinatal and Infant Death Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 4 1 0 1 6	S Midwife
Child death notification form	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0 3 1 0 1 6	S Midwife
	<input type="checkbox"/>	<input type="checkbox"/>			

N/A = not applicable
 MBRRACE = Mother and Babies: Reducing Risk through Audits and Confidential Enquiries
 TOP = Termination of Pregnancy
 * Signatures must be listed on page 26 for identification

Name	Jane Brown							
Unit No/ NHS No	A	3	4	5	6	7	8	

Post-birth investigations: specific clinical assessments and laboratory investigations of the baby should be offered to the parents, to try to determine the cause of the death. They should be advised that often no specific cause is found, but when one is it can influence the care of future pregnancies. Even when no cause is found, this can be helpful.

Test	Explained	Accepted Yes No	Date taken	Results/Actions/Comments	Signed *
Initial examination of baby	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 3 1 0 1 6	Nil	S Midwife
Swab from baby <input type="text" value="ear"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 3 1 0 1 6	No growth	S Midwife
Swab from baby <input type="text" value="skin"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 3 1 0 1 6	No growth	S Midwife
Placental swab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 3 1 0 1 6	No growth	S Midwife
Karyotyping if applicable	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 3 1 0 1 6	N/A	S Midwife
Post mortem discussed	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	0 3 1 0 1 6		A Consultant
● Leaflet given	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 3 1 0 1 6		S Midwife
● Full post mortem	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	0 3 1 0 1 6	Declined PM	A Consultant
● Limited post mortem	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	0 3 1 0 1 6		S Midwife
● External examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 3 1 0 1 6	Agrees to external exam	A Consultant
● Placental pathology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	0 3 1 0 1 6		S Midwife
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DD MM YY		
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DD MM YY		

Creating memories: The death of a baby is unique; it is the loss of someone very important to the parents, who has changed their lives, but of whom there are few or no tangible memories and no memories that can be shared with other people. Most parents have a desire to remember their baby. Physical items connected to their baby may help. Health professionals can help by offering parents opportunities to create memories. Parents should be given the information to make choices and health professionals should be aware of possible variations in individual and cultural approaches to death. (Record any discussions on page 6 - management plan)

Offer	1st offer		Accepted		Date	Signed *	2nd offer		Accepted		Date	Signed *
	Yes	No	Yes	No			Yes	No	Yes	No		
Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hand and foot prints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lock of baby's hair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
To bath/dress baby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Keep first set of clothes baby wore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Memory boxes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Baby gift	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Time alone with baby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Taking baby home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	03.10.16	S Midwife	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	04.10.16	S Midwife
Spiritual or pastoral support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blessing/ naming ceremony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03.10.16	S midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Visiting for family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bereavement support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Information about support groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
● Hospital burial/cremation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
● Private burial/cremation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	03.10.16	S Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Postnatal venous thromboembolism (VTE) assessment

- to be completed immediately after birth. Update Management Plan as required.

	Yes	
Any previous VTE	<input type="checkbox"/>	High risk At least 6 weeks postnatal prophylactic LMWH
Anyone requiring antenatal LMWH	<input type="checkbox"/>	
High-risk thrombophilia	<input type="checkbox"/>	
Low-risk thrombophilia + family history	<input type="checkbox"/>	
Caesarean section in labour	<input type="checkbox"/>	Intermediate risk At least 10 days' postnatal prophylactic LMWH Note: if persisting or > 3 risk factors, consider extending thromboprophylaxis with LMWH
BMI ≥ 40	<input type="checkbox"/>	
Readmission or prolonged admission (≥ 3 days) in the puerperium	<input type="checkbox"/>	
Any surgical procedure in the puerperium except immediate repair of the perineum	<input type="checkbox"/>	
Medical comorbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy; nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVU	<input type="checkbox"/>	
Age > 35 years	<input type="checkbox"/>	2 or more risk factors
BMI ≥ 30	<input type="checkbox"/>	
Parity ≥ 3	<input type="checkbox"/>	Fewer than 2 risk factors
Smoker	<input type="checkbox"/>	
Elective caesarean section	<input type="checkbox"/>	Lower risk Early mobilisation and avoidance of dehydration
Family history of VTE	<input type="checkbox"/>	
Low-risk thrombophilia	<input type="checkbox"/>	
Gross varicose veins	<input type="checkbox"/>	
Current systemic infection	<input type="checkbox"/>	
Immobility, e.g. paraplegia, PGP, long distance travel	<input type="checkbox"/>	
Current pre-eclampsia	<input type="checkbox"/>	
Multiple pregnancy	<input type="checkbox"/>	
Preterm delivery in this pregnancy (<37 weeks)	<input checked="" type="checkbox"/>	
Stillbirth in this pregnancy	<input type="checkbox"/>	
Mid cavity rotational or operative delivery	<input type="checkbox"/>	
Prolonged labour (> 24 hours)	<input type="checkbox"/>	
PPH > 1 litre or blood transfusion	<input type="checkbox"/>	
No risks identified <input type="checkbox"/>		
Signature* <u>S Midwife</u>		Date <u>03/10/16</u>

Mother alerts

Part of the assessment at each postnatal contact is to identify any additional needs you may have e.g. medical, personal or family problems, to assess which additional services you might need to be offered. The alerts below can be used by your midwife and other carers to help identify your risk of developing problems. During the postnatal period, the aim is to monitor your health and to check that you are well. The management of any problems or special features can then be documented on page 6. Your midwife will circle which features apply to you and transfer them to the key below to identify any risks you may have.

1 Age > 35	12 Incomplete placenta or membranes	23 Excessive blood loss
2 Para > 3	13 Uterine infection	24 Lack of family support
3 BMI > 30	14 Placental abruption	25 Current mental health problems
4 Immobility prior to labour > 4 days	15 Baby weight > 90th centile	26 Previous mental health problems
5 Pregnancy induced hypertension / Pre-eclampsia	16 High temperature / unwell	27 Family history of severe perinatal mental health
6 Previous venous thromboembolism	17 Severe varicose veins	28 Issues accessing care
7 Prolonged rupture of membranes	18 Episiotomy / 2nd degree tear	29 Previous fetal loss / stillbirth / neonatal death
8 Labour > 12 hours	19 3rd / 4th degree tear	30 Current fetal loss / stillbirth / neonatal death
9 Pushing > 1.5 hours	20 No spontaneous urinary void > 3 hours	31 Medical co-morbidities
10 Ventouse or forceps	21 Single catheter drainage > 500 ml	32 Antenatal anti-coagulation therapy
11 Caesarean section	22 Indwelling catheter > 24 hours	33 Thrombophilia
		34 Smoker

Key to risk

If you have one or more risk factors for any of the conditions, it does not necessarily mean that you will develop a problem. These are merely prompts for your carers to initiate further investigations, treatment or referral. Should you have concerns about any of these risks, contact your midwife.

For more information on what to do if you start to feel unwell, see pages 21 and 25.

Infection	4	7	11	12	13	14	16	17	18	19	20	21	22	23	31	34
Abnormal bleeding	2	5	6	12	13	14	16	32	33							
Hypertensive disorders	1	3	5													
Urinary / Faecal urgency or incontinence	2	8	9	10	15	18	19	20	21	22						
Psychological wellbeing	4	24	25	26	27	28	29	30								

Key to abbreviations: BP = Blood Pressure; BMI = Body Mass Index; DM = Diabetes Mellitus; IBD = Inflammatory Bowel Disease; IVU = Intravenous Drug User; LMWH = Low Molecular Weight Heparin; SLE = Systemic Lupus Erythematosus; PGP = Pelvic Girdle Pain; > = greater than

Name	Jane Brown							
Unit No/	A	3	4	5	6	7	8	
NHS No								

* Signatures must be listed on page 26 for identification

Key points	Ist urinary void	Date 03.10.16	Time 10.40	Amount (ml)	250mls
Medications Nil	Allergies Nil				

Management plan

To deal with special issues after your birth, a personalised management plan will outline specific treatment and care agreed between you and your care providers, including specialists. The aim is to keep you well, and to ensure that everyone involved in your care is aware of your individual circumstances. If any special issues have been identified from the alerts on page 5, which require further consideration they will be recorded below. This plan will be updated and amended to reflect your changing needs.

[illegible]

Management plan (continued)

[illegible]

* Signatures must be listed on page 26 for identification

Name *Jane Brown*

Unit No/ NHS No	A	3	4	5	6	7	8				
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Assessment To be completed within 6 hours of delivery

Are there any concerns about the following:	No	Yes	Discussed	No	Yes
Temperature, pulse, respirations & blood pressure: baseline assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental health and emotional wellbeing: anger, anxiety, sadness, denial, grief	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEOWS chart commenced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pain: headache, backache, abdominal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uterus: contracted, atonic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sleeping pattern: unable to sleep, disturbed sleep	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vaginal loss: clots, increased lochia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partner support: open visiting, employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bladder: pain on passing urine, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family support: siblings, grandparents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bowels: haemorrhoids, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arrangements: registration, follow-up	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Perineum: soreness, bruising, swelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional support/ referrals		
Legs: redness, swelling, pain, varicose veins, cramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Breasts: suppression of lactation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Wound: dressing, oozing	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Postnatal exercises: pelvic floor, abdominal, legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Key to risk reviewed (page 5)	Yes	<input checked="" type="checkbox"/>
Tissue viability assessment completed Risk of developing a pressure ulcer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management plan initiated	Yes	<input checked="" type="checkbox"/>

For further information, see pages 19-25

Where seen forget me not unit Date 031016 Time 0830 Signed S Midwife

Orientation to ward Explanation of ward layout (if applicable)

Introductions <input checked="" type="checkbox"/>	Call system <input checked="" type="checkbox"/>	Ward layout <input checked="" type="checkbox"/>	Visiting details <input checked="" type="checkbox"/>	Meals/drinks <input checked="" type="checkbox"/>	Information leaflets <input checked="" type="checkbox"/>	Expected date of discharge <input checked="" type="checkbox"/>
Date <u>031016</u> Time <u>0850</u> Signature* <u>S Midwife</u>						

Date/time	Notes	Signed*
031016	Jane is feeling tired. Baby Jennifer remains with Jane and David, she has been bathed and dressed by David. Family coming in to visit this evening. Mr A Consultant has visited and condolences given. Outpatient appointment will be given for 3 months when all results available for review	
1205	Jane and David to be left alone with Jennifer, aware of call buzzer.	S Midwife
16.00	Hospital chaplain visited Jane and David and blessing of Jennifer carried out. Memory box and disposable camera given to take family pictures. Arrangements for Jennifer's funeral discussed - hospital to make funeral arrangements. Jane and David wish to attend and asked for a special teddy bear to be placed in the coffin.	S Midwife
21.00	Jane very tearful now her family has gone home. David is staying overnight and Jennifer will remain with them both. Further analgesia offered and accepted. Jane is aware for further analgesia in 4-6 hours if required.	
	MEOWS score = 0. Stressed the use of the call buzzer at any time if needed.	N Midwife
22.00	Lactation suppressant given as prescribed.	N Midwife

Assessment

Are there any concerns about the following:	No	Yes	Discussed	No	Yes
Temperature, pulse, respirations & blood pressure: fever, chills, headache, visual disturbances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental health and emotional wellbeing: anger, anxiety, sadness, denial, grief	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Pain: headache, backache, abdominal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uterus: abdominal tenderness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sleeping pattern: unable to sleep, disturbed sleep	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vaginal loss: clots, offensive smell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partner support: emotional support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bladder: pain on passing urine, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family support: siblings, grandparents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bowels: constipation, haemorrhoids, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arrangements: registration, employment, funeral	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Perineum: soreness, bruising, swelling, infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional support/ referrals		
Legs: redness, swelling, pain, varicose veins, cramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Breasts: redness, pain, suppression of lactation offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Wound: healing, infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Key to risk reviewed (page 5)	Yes	<input checked="" type="checkbox"/>
Postnatal exercises: pelvic floor, abdominal, legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management plan reviewed/revised	Yes	<input checked="" type="checkbox"/>
For further information, see pages 19-25					
Where seen	forget me not suite		Date	04/01/2016	
			Time	0830	
			Signed*	S Midwife	

[illegible]

SAMPLE

Assessment

Are there any concerns about the following:	No	Yes	Discussed	No	Yes
Temperature, pulse, respirations & blood pressure: fever, chills, headache, visual disturbances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental health and emotional wellbeing: anger, anxiety, sadness, denial, grief	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Pain: headache, backache, abdominal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uterus: abdominal tenderness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sleeping pattern: unable to sleep, disturbed sleep	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vaginal loss: clots, offensive smell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partner support: emotional support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bladder: pain on passing urine, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family support: siblings, grandparents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bowels: constipation, haemorrhoids, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arrangements: registration, employment, funeral	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Perineum: soreness, bruising, swelling, infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional support/ referrals		
Legs: redness, swelling, pain, varicose veins, cramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Breasts: redness, pain, suppression of lactation offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Wound: healing, infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Key to risk reviewed (page 5)	Yes	<input checked="" type="checkbox"/>
Postnatal exercises: pelvic floor, abdominal, legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management plan reviewed/revised	Yes	<input checked="" type="checkbox"/>
For further information, see pages 19-25					
Where seen	home		Date	05/10/16	
			Time	1040	
			Signed*	B Midwife	

[illegible]

SAMPLE

Assessment

Are there any concerns about the following:	No	Yes	Discussed	No	Yes
Temperature, pulse, respirations & blood pressure: fever, chills, headache, visual disturbances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental health and emotional wellbeing: anger, anxiety, sadness, denial, grief	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Pain: headache, backache, abdominal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uterus: abdominal tenderness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sleeping: unable to sleep, disturbed sleep	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vaginal loss: clots, offensive smell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partner support: emotional support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bladder: pain on passing urine, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family support: siblings, grandparents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bowels: constipation, haemorrhoids, leakage, urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arrangements: registration, employment, funeral	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Perineum: soreness, bruising, swelling, infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional support/ referrals		
Legs: redness, swelling, pain, varicose veins, cramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Breasts: redness, pain, suppression of lactation offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Wound: healing, infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Key to risk reviewed (page 5)	Yes	<input checked="" type="checkbox"/>
Postnatal: pelvic floor, abdominal, legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management plan reviewed/revised	Yes	<input checked="" type="checkbox"/>
For further information, see pages 19-25					
Where seen	Home		Date	09/10/16	
			Time	1530	
			Signed*	B Midwife	

Date/time	Notes	Signed*
09/10/16	Jane coping well, improved sleeping pattern and resting during the day.	
15/30	Funeral tomorrow afternoon, family and friends attending with Jane and David. No concerns identified regarding physical health, however Jane feels it may be beneficial to speak to someone regarding coping with her feelings of grief. SANDS line number given and encouraged to consider contacting the local SANDS support group. Jane has a very good relationship with her GP, so is considering making an appointment to see her in the next couple of weeks. This will depend on how she feels after the funeral. Further visit arranged to see Jane and David in 4 days. Emergency contact numbers identified again.	B Midwife
13.10.16	Home visit by bereavement specialist midwife. Jane tearful, discussed how the funeral went and how she feels about the time spent in hospital during the induction and birth of Jennifer. Jane feels that the staff caring for her were extremely supportive and helpful at such a sad time.	
10.30	David back at work and Thomas has gone back to school. Friends are helping with school drop offs and pick ups and popping in to keep Jane company. Jane has made contact with her local SANDS group and intending on going to the next meeting in November. Jane is aware of how to contact the bereavement team if she wants further follow up.	S Midwife
14.10.16	Home visit. Postnatal check completed, Jane is well. Discussed contraception and resuming having sex. Jane feels ready to be discharged from community midwifery care today. Has contact numbers if needed.	
11.45	Has an appointment for GP for postnatal check up in 5/52.	B Midwife

SAMPLE

Name <i>Jane Brown</i>									
Unit No/ NHS No	A	3	4	5	6	7	8		

SAMPLE

How soon will all the results be available , can i seen my consultant sooner?

Discussed with Jane and David the reason why the appointment is in 3 months following the birth of Jennifer. Reassured that this is normal to ensure all the relevant test results are available.

B Midwife

05.10.16

Your thoughts/reflections (completed following the delivery of your baby, at appropriate times).

You may find it helpful to discuss aspects of your pregnancy, birth and after the delivery of your baby with your care givers. This can take place at any time and your midwife may wish to record the details below.

	Details	Signature*/Date/Time
Pregnancy	<i>Jane is feeling she should have done something different during her pregnancy to prevent Jennifer dying. Discouraged from trying to take any blame for what has happened. Discussed that results will be available for specific tests that have been carried out and there may be a reason why Jennifer died.</i>	S Midwife 1 3 1 0 1 6 1 0 3 0
Birth	<i>Although the birth was traumatic, Jane and David feel that they have been well supported by hospital midwives. They want to pass on to everyone their thanks.</i>	S Midwife 1 3 1 0 1 6 1 0 3 0
Postnatal	<i>Jane and David are very grateful for the time that they spent with Jennifer after her birth, and that their families had the opportunity to meet Jennifer and take photographs and help build memories.</i>	S Midwife 1 3 1 0 1 6 1 0 3 0

Support for parents

Following the birth of your baby. The NHS has a duty of care to be open and honest with regards to the care you have received. Following the death of a baby, NHS trusts will routinely review the care that has been provided. Staff caring for you will actively listen to any concerns you have. Every family deserves a thorough review of their baby's death to understand what happened and you will be asked about your experience and any issues you would like to raise. Staff may be able to give you an explanation why your baby has died before you go home from hospital. If this information is not available for you at this time, you will be offered an appointment to be seen by your health care team. This is usually 6-12 weeks after the birth of your baby. Your health care team will ask how you would like to receive this information and feedback on the review of your care. The information that you receive regarding the death of your baby will also be shared in a letter to your GP (family doctor).

Emotions. The death of your baby, whether during pregnancy, giving birth or after the birth is likely to be a distressing time for you. You may be feeling numb, angry, sad and confused. These are all normal feelings of grief and is a normal response.

Creating memories. When someone we love dies we usually have memories we can share. When a baby dies, the memories are only a few. Although you may feel unsure of what to do, many parents say how important the memories and keepsakes are in years to come. You will be able to hold and cuddle your baby and will be offered the opportunity to spend time alone together. Your baby can stay with you for as long as you wish. Not all women feel ready to do this straight away, it is entirely up to you what you want to do. You may feel unsure about seeing your baby for the first time. These are normal feelings and staff caring for you will support your choices. You may want to wash and dress your baby in special clothes and have them wrapped in a shawl/blanket. You can use your own or ask staff who will be able to provide these for you. You can keep the clothes that your baby wore, and take them home if you choose, even if the hospital provided them. Some parents want to have photographs of their baby to keep. If you feel that you would like this to happen, speak to the midwives caring for you. They can take photographs for you if you prefer, and if you don't want to take the photographs home straight away, it may be possible for them to be stored in the hospital until you decide you want them. If it isn't possible to store them in the hospital, you may want to ask family/friends to keep them for you until you feel ready to see them. You can ask to see your baby at any time and the staff caring for you will tell you where your baby will be kept. You may also wish other members of your family to come and meet your baby, have a cuddle and have photographs taken with them, your midwives will support you with this as it can be very emotional. It may be possible to create memories of your baby other than photographs, such as foot and hand prints, take a lock of your baby's hair for you, provide you with an identification bracelet and a cot card. You will be offered a memory box from the staff looking after you to keep these items safe and together. If you have any ideas or thoughts about creating memories, please discuss these with the staff looking after you.

Appearance. If your baby died quite a long time before birth, his or her appearance may have been affected. Your baby's skin may be very fragile. The staff caring for you will be able to advise you on how your baby looks as soon as the baby is born. After birth, your baby's appearance will change with time.

Spiritual support. Some parents may want the support of a spiritual/religious leader from their own faith. Most spiritual/religious ceremonies that parents want to perform after their baby has died can easily be accommodated. Hospital chaplains are experienced to provide help and support to bereaved parents of any faith or religion. They can give advice about traditions and rituals associated with when a baby dies. A naming or blessing ceremony can be arranged with the hospital chaplain. Alternatively, you can choose your own spiritual/religious advisor to carry out the ceremony.

Partner support. The grieving process is different for everyone, and everyone has their own way of managing and expressing their feelings. It's not unusual to feel frightened and helpless seeing your partner in pain and distress, and you may feel you should be strong and focus on supporting her, and ignore the distress you are feeling. It can be very difficult for either parent to support each other when both are experiencing a bereavement. Staff caring for your partner will be able to offer sensitive support for you and please feel free to ask any questions you have. In some circumstances, a parking permit may be issued to you. Ask staff about what facilities are available to you e.g. toilets, somewhere to sleep, availability of food and drinks.

Other children. Many people feel that children should be protected from bereavement. Children become affected when the people they depend on are affected by grief. Your decision to tell your child/children will be a very personal one and individual to your circumstances. When talking to young children, it's important to use words that they will understand. It is a good idea to explain to other family members, friends, nursery or school. Children can be deeply affected by the death and it may affect their behaviour for some time.

Other family members/friends. Some parents want time to be alone, others may feel comforted by the support of family and friends. Visiting hours for your family/friends should be flexible dependant on your wishes. You may have chosen for your family or friends to see your baby, staff caring for you will support you in doing what feels right for you.

Support groups. Some parents find it helpful to talk to other people whose babies have died. Many people can be affected by a baby's death, such as siblings, grandparents, and other family members and friends. Local support groups and national helplines can offer emotional support and practical help. They will be able to offer support by phone and email. They have friendly and relaxed meetings, which are an opportunity for bereaved parents to meet with others who have been through a similar experience. Ask staff caring for you about these local support groups and helplines. See page 26 of this booklet for further information.

Comments

SANDS support group contact details given.

Date

13/01/16

Time

10:45

Signature*

S Midwife

Name Jane Brown

Unit No/
NHS No

A 3 4 5 6 7 8

* Signatures must be listed on page 26 for identification

page

19

Going home. When you are ready to go home, it can be a frightening and difficult time, as everything has changed. Some women wish to leave as soon as they are medically able to, whereas other women prefer to stay longer. It is usual for your baby to stay at the hospital in a dedicated area. Some parents decide that they want to take their baby home or to a special place for a short while. This gives you the chance to spend time with your baby in your own surroundings. It can also be an opportunity for your family and friends to spend time with your baby. Staff caring for you will provide you with information about keeping your baby in a cool place (they may supply a cold cot for you to use). A completed form/letter will be issued by the hospital to accompany the baby, that will detail yours and the baby's details and a contact number for the bereavement team at the hospital. If a post mortem examination is being carried out you may not be able to do this until the post mortem has been done. If you do not take your baby home, but change your mind and would like the baby at home, this should not be a problem. Your midwife will be able to advise you what to do next. Some hospitals have the facility for you and your partner/family to come back and see the baby once you have gone home. Ask if this is something you would like to do.

Post Mortem Examination. Many parents want to know as much as possible as to why their baby died during the pregnancy or after birth. A post mortem is an examination of your baby after he/she has died. They are carried out by doctors who specialise in this field of medicine - they are called pathologists. A post mortem can provide helpful information such as: - conditions that might not have been diagnosed during the pregnancy, can rule out possible causes such as infection, or growth restriction, give an approximate time of death if your baby died before birth or may indicate a genetic condition that will influence care in a future pregnancy. Written consent will be needed from you before the procedure is carried out, unless the coroner has ordered the post mortem. In this instance, your consent does not have to be obtained. The examination will be discussed with you in detail and feel free to ask questions. As well as talking to you, staff will offer written information. This will give you time to decide whether you want to have the post mortem carried out. It will also give you an opportunity to talk to your family and friends if you want to. For some families, it can help to answer certain questions and may help to come to terms with what has happened and plan for the future.

Registration of birth and death. It is a legal requirement that if a baby lives and then dies after birth, both the birth and death must be registered by the Registrar of Births and Deaths. A doctor will issue you with a medical certificate of death. This must be taken to the Registrar's office within 5 working days from the date of death. Your baby's birth can be registered at the same time, if you have not already done this. If your baby was stillborn after 24 weeks' gestation, the midwife or doctor that was present at the birth will complete a Medical Certificate of Stillbirth. You need to take this to the Registrars' office within 42 days. If you are married, either parent can register the birth. If you are not married, you will both have to see the Registrar, if you want to have the father's name entered in the register. A certificate for you to keep will be issued. Your midwife will advise you about making an appointment at the Registrars' office. The registration must be done before a cremation or burial. The Registrar will then issue you a Certificate for Burial or Cremation and you can start making funeral arrangements. The staff caring for you can guide you with making your own arrangements. They will also provide you with the necessary paperwork that you will need.

Arranging a funeral. Your wishes and needs will be respected by your care providers. They have experience and knowledge with helping parents to decide what to do next and make arrangements. It is important to take time and choose what feels right for you and your family. You can make the funeral arrangements yourself or the hospital can make the arrangements with you, by contacting the funeral directors on your behalf. If you choose to have your baby buried, your care providers will give advice about whether your baby will be buried in a shared grave with other babies or in an individual plot. The ceremony can be very personal, with you choosing who you want to conduct the service. Some parents, for either religious or cultural reasons may wish to bury their baby as soon as possible. Ask the staff looking after you if this is something that you want, as they can help you make arrangements. Special items can be placed into your baby's coffin such as a family photograph, a letter or poem, a soft toy. You will need to decide whether you want your baby to be cremated or buried. It is entirely up to you whether you attend the funeral or not. If you choose not to, the funeral director and the hospital will have a record of where your baby's grave or ashes are, so if at a later date you want more information, please feel free to contact the either of them.

Financial help. During this difficult time, you may be facing financial difficulties due to extra costs. There are experts who can help you with finding out if you are entitled to claim any benefits, visit www.moneyadvice.service.org.uk. Most funeral directors offer a funeral service free of charge, although there may be some costs for additional items or services. If you are on a low income, you may be able to claim The Funeral Expenses Payment from the Social Fund, towards the cost of your baby's funeral. For more information see www.direct.gov.uk/FuneralPayments or contact your local Jobcentre Plus for further help. If your baby was stillborn, or born alive and then died after some time, you may be entitled to claim benefits and or maternity leave. For more information contact your employer/ or Maternity Action UK via www.maternityaction.org.uk or contact The Money Advice Service on 0800 138 7777.

Memorials. Many parents want to create a lasting memorial of their baby. Some choose to have a headstone or plaque in a cemetery or the grounds of a crematorium. Many cemeteries/crematoria have books of remembrance in which parents can have their baby's name entered. Some maternity units and neonatal units have memorial books too. Some hospitals and churches hold an annual act of remembrance or memorial service where bereaved parents are invited. The staff caring for you will be able to offer suggestions based on what other parents have done.

Comments

Jane and David want the hospital to make funeral arrangements on their behalf.

Date

1 3 1 0 1 6

Time

1 1 0 0

Signature*

S Midwife

Name Jane Brown

Unit No/ NHS No A 3 4 5 6 7 8

Postnatal care

The health care team that will provide care for you includes: midwives, student midwives, midwifery support workers, doctors/specialists, physiotherapists, health visitors and your GP (family doctor). At each postnatal assessment, your midwife will check to see if you have any problems or symptoms which may affect you after your birth. Please discuss any worries or questions you may have with your midwife.

Infection. The midwife will check your temperature, pulse, blood pressure and breathing rates as required, depending on the type of birth you have had. A high temperature, rapid pulse and increased breathing rate may be a sign of infection. This is more likely if you are experiencing other symptoms such as pain on passing urine, diarrhoea and vomiting, rash on your body, a painful perineum (see below) or abdominal wound, and/or abdominal tenderness. It is important that you try to reduce the risk of infection with good personal hygiene: wash your hands properly before and after preparing food, using the toilet and sneezing/blowing your nose. If you feel unwell, have a sore throat, cough with mucous or respiratory infection contact your GP/midwife **immediately** for advice. You may need treatment with antibiotics.

Blood pressure (hypertension). Pregnancy induced hypertension or pre-eclampsia is usually considered a disease of the second half of pregnancy but it can occur for the first time after birth. It usually disappears after the birth, but in some women, it can take longer for the blood pressure to return to normal. High blood pressure may cause severe headaches, blurred vision/spots before your eyes, nausea and vomiting. This is rare, but if any of these symptoms occur you need to inform your midwife or doctor **immediately**. Your blood pressure will be checked after the birth and may need to be monitored if needed. If your blood pressure is raised after birth, you may need to stay in hospital longer for your health care team to monitor you closely. Some women need treatment to lower their blood pressure.

Uterus (womb). Your uterus should gradually return to its non-pregnant size. This can take about 10 days. By gently feeling your abdomen your midwife can check this recovery process. Sometimes it may take longer, which in most cases is normal. Occasionally this may be a sign of retained blood or fragments of the placenta or membranes. Often this problem resolves spontaneously, however if you have any heavy bleeding, abdominal pain or a high temperature inform your midwife or GP **immediately**. You may need to be treated with antibiotics/medication.

Blood loss (lochia). Some vaginal bleeding straight after birth is normal. Your midwife will measure this and record it as estimated blood loss in your notes. Vaginal discharge after childbirth is called lochia - a mix of blood and other products from inside the uterus. At first it is bright red, and then becomes a pinkish/brown, turning to cream. It can be quite heavy at first, requiring several changes of sanitary pads a day. Washing your hands properly before and after changing your pads is recommended. After the first week, it slows down, but you may find it lasts three or four weeks before finally disappearing. If you start to lose fresh red blood or clots, have abdominal pain or notice an offensive smell, or develop a high temperature inform your midwife or GP **immediately**. You may need to be treated with medication/antibiotics. The use of tampons is not recommended until you have had your 6 week post natal check-up at your GP surgery. Inserting a tampon can increase your chance of developing an infection.

Bladder (passing urine). Soreness after the birth can make passing urine painful initially, but it should resolve quickly. Drinking plenty of fluids to keep the urine diluted helps. If you have problems passing urine, a warm bath or shower might help, but if it persists your midwife will refer you for medical advice. Sometimes leakage of urine may occur on coughing or sneezing, this is known as stress incontinence. It is advisable for you to perform pelvic floor exercises to strengthen your pelvic floor muscles. (see page 22). If you are experiencing this, speak to your midwife/GP who can refer you to a specialist, once other underlying causes such as infection have been excluded.

Bowels (passing faeces/motions). Constipation is common. This can be made worse by haemorrhoids (piles). Piles can be treated using good hygiene, haemorrhoid treatment cream, lactulose and pain relief. A high fibre diet including fresh fruit and vegetables and drinking plenty of fluids can help to prevent constipation. It may feel more comfortable if a clean sanitary pad is held against the perineum when having your bowels open. Occasionally women may have urgency, both of wind and motions or have difficulty getting to the toilet in time. This is not normal and you need to get advice. Your midwife/GP can refer you to a specialist if any of these problems occur.

Perineum (area between vagina and anus). Your midwife may check your perineum to see it is healing especially if you have had a tear or stitches. The stitches usually take about two weeks to dissolve and throughout that time your perineum should continue to heal. Regular pain relief will help with any discomfort, try to avoid constipation. The perineum is a common area for infection and should be kept as clean and dry as possible and you should change your pad regularly.

Legs (thrombosis). All pregnant women are at a slightly increased risk of developing blood clots (thrombosis) during pregnancy and in the first weeks after the birth. This risk increases if you are over 35, overweight (BMI >30), a smoker or have a family history of thrombosis. You are advised to seek advice from your midwife/GP **immediately** if you have any pain, redness or swelling in your legs. This may be a sign of DVT (deep vein thrombosis). If you have pain in your chest, with shortness of breath or coughing up blood, this may be a sign of pulmonary embolism (blood clot in the lung) and you should inform your GP or midwife **immediately**.

Breasts. Following childbirth women's breasts will naturally produce milk. Some women find this distressing as it is a reminder that they do not have a baby to feed. The production of milk usually lasts 2-3 days and may be uncomfortable. Your midwife/GP will offer you medication to reduce milk production. You can also do certain things to help reduce the discomfort: wear a supportive bra and sleep with it on, taking regular pain killers such as paracetamol, ice packs. Some women may experience some leakage, using breast pads will help, don't try and express any milk, your body will respond by making more. Eat and drink normally, don't reduce your fluid intake.

Pain. It is not unusual to have some pain following the birth. This can be because of the type of birth you have had. It can vary from minor discomfort which is eased by having a warm bath/shower and taking paracetamol, to post operative pain requiring prescribed pain relief by your doctor. If you develop any type of pain, always tell your midwife and she will advise you on what to do to ease the pain.

Sleep. You may find it difficult to sleep even though you feel exhausted. This is a common experience for many bereaved parents following the death of their baby. Speak to your midwife or GP for advice.

Care of the pelvic floor and perineum

The pelvic floor is made up of the deep muscles that cover the bottom of your pelvis. They support the womb (uterus) and help to control the bladder and bowel. These muscles are kept firm and slightly tense to stop leakage of urine from the bladder or faeces from the bowel. When you pass urine, or have a bowel motion, the pelvic floor muscles relax. Afterwards they tighten again to restore control. Pelvic floor muscles can become weak and sag because of pregnancy and childbirth. Pelvic floor muscle exercises are easy to perform and can be done anywhere.

How to exercise your pelvic floor

It's important to concentrate on the right group of muscles when exercising your pelvic floor. You shouldn't be working the muscles in your legs, buttocks or above your tummy button and you mustn't hold your breath. Feeling some slight tension in your lower abdominal muscles is normal. Tighten the muscles around your back passage (as if trying to stop yourself passing wind) and draw them up and forwards. At the same time, tighten the muscles around your front passage (as if trying to stop passing urine). You should feel a 'lift and squeeze' inside. Once you have found the right muscles, try and see what they can do. Work towards being able to complete the following routine:

- Squeeze and lift your pelvic floor muscles as hard as you can.
- Hold for a count of 10 seconds. (If your muscles feel too weak to hold for 10 seconds, aim to build up the time slowly).
- Repeat this exercise up to 10 times. Tighten and lift your pelvic floor muscles as quickly and as strongly as you can, then relax.

Aim to perform these exercises three times a day, every day. Try to squeeze and lift your pelvic floor muscles each time you pick up anything heavy and before you cough, or sneeze. This helps your pelvic floor muscles to support the downward pressure on your body. It is safe to gently restart your exercises even if you feel a bit sore, or have stitches. If you have had a catheter (tube to drain urine from your bladder), then wait until this is removed and you are passing urine normally. Initially you may find it difficult to feel your pelvic floor muscles working. It takes some weeks to build their strength back up. Take the exercises slowly at first but do keep trying because you will soon be aware of the pelvic floor muscles contracting and relaxing. Remember to include these exercises as part of your daily routine. It will take weeks of regular exercise to improve your pelvic floor muscles and perhaps several months to regain their previous strength. If you do your exercises three times a day, you should notice a difference after about six weeks. You can then reduce to doing the exercises to once a day. You need to do these exercises, every day, for the rest of your life. If you find the exercises difficult and they don't seem to be working after six weeks, talk to your GP. They can refer you to a women's health physiotherapist for extra help. Chartered women's health physiotherapists, along with physiotherapists are experts in pelvic floor muscle exercise and training. Further information can be found via www.csp.org.uk.

Information for women following a caesarean section

Caesarean section

After your caesarean section your blood pressure, pulse, temperature and breathing rates will be monitored frequently. This is to check you are recovering from your anaesthetic and the birth. If you are well and have no problems, you should be able to eat and drink. If you are hungry or thirsty, your midwife will advise you when it is safe to do so. You may have a drain in the wound to allow fluids to drain away to help with healing. It usually remains in place for 24-48 hours and will gently be removed. Some women experience numbness around the wound and even in their abdomen for some time after the operation. This is normal as the nerves and muscles need time to heal. The midwives looking after you will discuss with you how to look after your wound and will regularly check your wound for signs of infection. Symptoms of infection are: -

- Redness and swelling around the wound.
- Increased pain.
- Foul smelling discharge or pus from the wound.

This can be accompanied by feeling unwell and having a high temperature. If you develop any of these symptoms inform your midwife or GP **immediately** for advice. You may need to have medication/treatment. It is important to complete any prescribed antibiotics and to take regular pain relief as recommended by your health care team. A tube which keeps your bladder empty (catheter) will be removed usually within 24-48 hours after your operation, usually when you are out of bed and mobilising. Have a bath or shower daily, ensuring your wound is carefully washed and dried. If you notice any bleeding from your wound, contact your midwife or GP for **immediately** for advice. You may need to have medication/treatment. There is no need to apply a dressing unless instructed to do so, dressings will be supplied to you if needed. Wear loose, comfortable clothing and cotton underwear to help keep your wound area from getting too hot and sweaty. You will have stitches in your wound, they will either be dissolvable or need to be removed. If they need to be removed, the midwives looking after you will discuss when this will happen.

Going home after a caesarean section

If you are well, you may be able to go home after 24 hours, but you may wish to stay in longer. When you go home, you should continue to take regular pain killers. There may be some things you can't do straight after a caesarean section, such as driving a car, lifting heavy things and some exercises. Speak to your healthcare team who will be able to offer advice. Check with your car insurance cover about driving after a caesarean section. Some insurance companies require your GP to certify you are fit to drive. You will need to have a 6-week postnatal check to ensure that your body has recovered from your operation. This is usually with your GP. Just because you have had a caesarean this time, it does not mean you will have to have another one. It will depend on the reason why you had the caesarean. You can discuss with your health care team about the reason why you had a caesarean this time and your options for the future.

Sex and contraception

The health care team can discuss sexual relationships and contraception with you when you feel the time is right. You need to be aware that you can get pregnant as little as 3 weeks after the birth.

Birth summary

Birth order	Date of Birth	Gestation	Mode of Delivery	Sex	Birth weight (g)	Centile	Outcome	Date of Death	Details / comments
1	03.10.16	38+2	NVD	F	2780	8	stillbirth		preliminary diagnosis of fetal growth restriction
2									restriction

Postnatal management plan - to be completed at postnatal follow up

LMP	Discussed/Comments	Signed*
0 1 1 2 1 6	Microbiology identifies no growth on any swabs	A Consultant
Test results		
Post mortem results	Declined PM. External examination - no abnormalities Placental examination - multiple infarcts seen	A Consultant
Circumstances of death and cause if known	Fetal growth restriction - BW centile 8	A Consultant
Any abnormal tests - follow up	Nil	A Consultant
Any referral required	Nil	A Consultant
Future plans	early referral to consultant led care. Serial scanning from 26-28 weeks, 3 weekly. IOL 39-40 weeks depending on scan results.	A Consultant
Pre-conception / lifestyle advice	Folic acid and 75 mgs aspirin during pregnancy	A Consultant

Comments

Alcohol and drug use

Details

Minimal alcohol intake - 2/3 units per week

Smoking

Do you currently smoke Yes ☐ No ☒ No. per day

When did you give up

Have you tried to stop smoking in the last 12 months Yes ☐ No ☐

Do you want to be referred to a smoking cessation advisor Yes ☐ Declined ☐

Follow up required Yes ☐ No ☒

Who with

When

Date 1 9 1 2 1 6

Time

1 2 3 0

Signed

A Consultant

Key to abbreviations:

LMP = Last Menstrual Period

* Signatures must be listed on page 26 for identification

SUMMARY of BIRTH

To be completed by midwife present at birth

Para 2 + 0

Name *Jane Brown*

Address *75 Harborne Road, Edgbaston*

Birmingham

☎ *0987 6667 8888*

Postcode *B 1 5 3 B U*

Date of birth *1 0 0 3 6 8*

Unit No. *A345678*

NHS No. *2 0 0 0 0 0 0 0 0 0*

Unit /Place of birth

A Hospital

GP/Health visitor

Dr G Doctors

EBL

250mls

Perineum

intact

Baby 1

Baby 2

Name *Jennifer*

DOB *0 3 1 0 1 6* *DDMMYY*

Time *0 6 2 4* *HHMM*

Sex *female*

Mode of delivery *Vaginal*

Gestation *38+2 days*

Birth weight *2.780grams*

Birth weight centile *8*

Unit no. *A10985743*

NHS no. *600 000 0000*

Outcome *stillbirth*

Date of death *03.10.16*

Duration of labour *4* h *14* m

Summary e.g. labour onset, prolonged rupture of membranes, 3rd stage management

Induction of labour for confirmed stillbirth

Explanation of death given and any comments

*Birth weight below 10th customised centile
preliminary diagnosis of fetal growth restriction*

Date *0 4 1 0 1 6*

Signature* *S Midwife*

Title *Bereavement midwife*

MATERNAL DISCHARGE SUMMARY from Midwifery Care

To be completed by midwife at discharge to Health Visitor/ GP.

Perineum

Intact

Blood test results

Blood group *A + -*

Last Hb *114g/l*

Contraception

Discussed ☒

Leaflet given ☒

Comments *will use condoms*

Investigations / immunisations

Date *DDMMYY*

Anti D ☐ BN ☐

Site ☐

Signed*

Date *DDMMYY*

MMR ☐ BN ☐

Site ☐

Signed*

Appointments

6-8 week postnatal check arranged (GP)

☒ Yes ☐ No

6-12 week postnatal review arranged (Hospital)

☒ Yes ☐ No

Mental health and emotional wellbeing

Normal grieving process : feeling down, little interest in doing things, low mood, anxious, nervous or on edge

No Yes

☐ ☒

Additional concerns :

☒ ☐

Referral required

☒ ☐

To

Comments

Attending local SANDS support group

Comments (e.g. details of any postnatal problems)

Nil of note

Date *1 4 1 0 1 6*

Signature* *B Midwife*

Title *Community Midwife*

Important symptoms

Abnormal vaginal bleeding. Varying amounts of blood loss during and after the birth affect women in different ways. If you begin to develop symptoms including palpitations (aware of your own heartbeat), dizziness, a rapid pulse, weakness, sweating and restlessness following or during a heavy blood loss, you should contact your midwife or GP **immediately**. You may need treatment/medication.

Infection. The midwife will check your temperature, pulse and breathing rates as required. Signs of infection to look out for are: fever and chills; sore throat or a cough with mucous or respiratory infection; lower abdominal pain and tenderness; offensive, foul-smelling vaginal discharge; a tender uterus; pain or frequently passing urine; high temperature 38°C or higher; rash on your body. If you develop any of these please seek **immediate** medical advice. You may need treatment with antibiotics. There are ways you can reduce the risk of infections. It is important to try and reduce the risks by; good personal hygiene, washing your hands properly before and after preparing food, using the toilet, changing your sanitary pads or sneezing/blowing your nose.

Headache with neck stiffness, fever and visual disturbances. Some women may suffer from tension headaches and/or migraines after the birth. These usually resolve with mild pain relief (e.g. paracetamol) and rest. If, however, you have a sudden onset severe headache with neck stiffness and a high temperature you should contact your midwife or GP **immediately**. If the severe headache occurs within 3 days of the birth and is accompanied with heartburn-type pain, blurred vision/spots before your eyes, nausea or vomiting, you should also contact your midwife or GP **immediately** as this may indicate a sudden rise in blood pressure, which may require treatment. If you had an epidural and then develop a headache which worsens when you are upright but is relieved when you lie down and is accompanied by nausea and vomiting and ringing in the ears, this could be symptomatic of epidural complications and you should speak to your midwife or GP **immediately** for advice.

Backache. This is common after childbirth and is likely to improve with mild pain relief and normal activity. If you experience pain radiating down one or both legs, this could be nerve pain (sciatica) and you should consult your GP.

Persistent fatigue, faintness/tiredness, dizziness, pale complexion, heart palpitations. These are all symptoms of anaemia, which is caused by too little haemoglobin (Hb) in the red blood cells. This can be treated with iron supplements and dietary advice. If you are concerned, discuss this with your midwife or GP.

Additional care

Care and support at home. You will be offered support once you are home from the primary care team. This team consists of GP's, community midwives and health visitors. All women will receive postnatal care and support from a community midwife. Some women may want a health visitor to visit, especially if they have other children. They will be able to offer support for the whole family. One of the purposes of a home visit is to check your physical health, and offer help with physical symptoms such as vaginal bleeding, stitches and pain. If you don't want a visit at home, you can arrange to see your midwife at another location such as your GP surgery. The midwife will be able to offer emotional support to you and your partner. Please feel free to discuss any questions you have. The Trust where you delivered your baby may have a bereavement support midwife who can provide additional support for you.

Appointments. You will be offered an appointment to come back to speak to the consultant/bereavement specialist midwife caring for you. It's an opportunity for you to ask any questions you have. The results of any blood tests, or investigations that were carried out should be available for you to discuss, this will include post-mortem results, if it was done. Depending on these results, you may be referred to a specialist e.g. genetic team to discuss any specific results with you. It may be a good idea to write down any questions or worries you may have, and take this to the appointment. A written summary of this appointment will be sent to you, and a copy will be sent to your GP (family doctor). It is advisable that you see your GP for a postnatal check-up around six weeks after the death of your baby.

Another pregnancy. The timing of another pregnancy is a very individual decision that will be different for each family. Many parents are very frightened and worried about another baby dying. It's not unusual for some parents to feel under pressure to have another baby as soon as possible, sometimes to relieve the anxiety of their family and friends who love them and want them to be happy. Some parents feel the need to find out as much as possible as to why their baby died before even considering trying to get pregnant again, to try to prevent losing another baby in a future pregnancy. There may be no reason or cause for your baby's death, and this may be very stressful for you to plan another pregnancy.

Staff caring for you will offer time to discuss your feelings. This can be offered to you either together as a couple or on your own. It's important to look after yourselves both physically and emotionally. A future pregnancy will be stressful but staff caring for you will realise this and will offer additional antenatal support. You should be offered a link with a named person that you can contact as soon as you find out that you are pregnant.

Checklist for transfer of care to community midwife

To be completed by midwife prior to mother leaving hospital after the birth

Professionals informed : Specialist Midwife <input checked="" type="checkbox"/> Community Midwife <input checked="" type="checkbox"/> Health Visitor <input checked="" type="checkbox"/> GP <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
	Yes No	Yes No Not required
Discharge address checked	<input checked="" type="checkbox"/> <input type="checkbox"/>	Prescription given if necessary <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Contact numbers given	<input checked="" type="checkbox"/> <input type="checkbox"/>	Urinary/faecal incontinence referral <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Pattern of postnatal visits explained	<input checked="" type="checkbox"/> <input type="checkbox"/>	Anti D given <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Postnatal exam appointment explained	<input checked="" type="checkbox"/> <input type="checkbox"/>	MMR vaccine given <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Out-patient appointment	<input checked="" type="checkbox"/> <input type="checkbox"/>	Registration discussed <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Serology results checked	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Handover of care tool (as per Trust guideline)	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Relevant details		
Date 0 4 1 0 1 6	Time 14.30	Signed S Midwife

Appointments

Date	Day of week	Time	Where	With	Reason
0 5 1 0 1 6	Sunday	AM	Home	Community Midwife	Postnatal visit
0 9 1 0 1 6	Thursday	AM	Home	Community Midwife	Postnatal visit
1 3 1 0 1 6	Monday	AM	Home	Bereavement Midwife	Assessment at home
1 4 1 0 1 6	Tuesday	AM	Home	Community Midwife	Postnatal visit
DDMMYY					
DDMMYY					

Signatures

Anyone writing in these notes should record their name and signature here

Abbreviations: BSM/SBM = Bereavement Specialist Midwife/Specialist Bereavement Midwife; CMW = Community Midwife; MW = Midwife; StM = Student Midwife; HCA = Health Care Assistant; GP = General Practitioner; Con = Consultant; ST = Specialist Trainee; FY = Foundation Year Doctor; MSW = Maternity Support Worker

Name (print clearly)	Post	Signature*
Sarah Midwife	Bereavement	
	Midwife	S Midwife
Brenda Midwife	CMW	B Midwife
	Midwife	N Midwife
Nancy Midwife	Obstetrician	A Consultant
Anthony Consultant		

Name (print clearly)	Post	Signature*

Support groups/additional information

Alcohol Concern	0203 815 8920
Antenatal results and choices	0207 713 7486
Bladder and Bowel Foundation Helpline	01926 357 220
Bliss Charity	0808 810 0322
Childline	0800 11 11 11
Child Bereavement UK www.childbereavement.org.uk	0800 0288 840
Citizens Advice Bureau (CAB)	0345 404 0506
Frank About Drugs	0300 123 6600
Maternity Action Advice Line	0808 802 0029

The Miscarriage Association	01924 200 799
MIND-for better mental health	0300 123 3393
National Domestic Violence Helpline	0808 2000 247
NHS Choices	www.nhs.uk
NHS Direct	111
Stillbirth and Neonatal Death Charity (SANDS) www.sands.org.uk	0808 164 3332
The Money Advice Service	0300 500 5000
Tommy's Charity	0207 398 3400
Working Families (rights and benefits)	0300 012 0312