

Post Partum and Newborn Care Summary Checklist for Family Physicians

These recommendations are based on a review of the best evidence and consensus opinion of the Vancouver Division of Family Practice Primary Maternity Care Network Committee.

Health assessments of mother and baby should occur:

- Within 2-4 days of leaving the hospital
- One week later
- One month after birth
- Two months after birth

The 10 B's:

1) BABY

PHYSICAL EXAMINATION AND HISTORY:

- Gold standard for assessment and documentation is the **Rourke Baby Record** for relevant history, developmental milestones, focused physical exam, growth charts, and education topics for parents. <http://ow.ly/qPBWz>

FEEDING:

Canadian Paediatric Society recommends:

- Exclusive breastfeeding until six months and continued breastfeeding with complementary foods for up to two years and beyond.
- Vitamin D supplementation 400 IU/day for all exclusively breastfed babies two weeks and older.
- Feeding on demand
 - In the first month: at least every 2-3 hours, or 8-12 times in 24 hours
 - In the second month and after: minimum 7-9 times a day for exclusively breast-fed babies
 - Formula fed babies: may demand to feed slightly less often in 2nd month
- Monitor effective feeding by infant's behaviour, weight gain, and voiding a minimum of 6-8 wet diapers in 24 hours. <http://ow.ly/qPCpL>

GROWTH AND WEIGHT GAIN:

- Use WHO growth charts for weight, length, and head circumference. <http://ow.ly/qPDRU>
- Use corrected age until 24-36 months for preterm infants (<37 weeks).
- Expect weight loss in the early newborn period until day 5-6.
- Expect a minimum of ~20 grams/day weight gain after the first week.
- Expect return to birth weight by 10-14 days of age.



- Monitor closely (twice weekly minimum) if weight loss is greater than 10% of birth weight.
 - Consider referral to lactation consultant, breastfeeding clinic, maternity care provider, or paediatrician.
 - Assess and improve milk transfer if needed.
 - Supplementation with expressed breast milk or formula may be required after full assessment of feeding and corrective measures are unsuccessful.

JAUNDICE (HYPERBILIRUBINEMIA):

- Follow recommendations from hospital discharge regarding neonatal hyperbilirubinemia.
- Use BiliTool to interpret serum bilirubin and guide management. <http://bilitool.org>
- Visual assessment for jaundice is unreliable in assessing bilirubin level
- Ask parents about infant stool colour. If abnormal contact Biliary Atresia Home Screening Program. <http://ow.ly/Xzo32>

2) BREASTS

- Assess latch, milk transfer, and lack of pain.
- Treat problems or refer to lactation consultant.
- Provide information on collection and storage of breast milk.
- Assess for signs of mastitis: fever, erythema of breasts and flu-like symptoms.
- Treat mastitis or refer urgently for treatment.
 - Assessment of breastfeeding and improving milk transfer is the primary treatment. Recommend continuing to breastfeed or pump and give expressed milk.
 - Prescribe antibiotics (Cloxacillin, Cefalexin) if symptoms severe or conservative treatment fails.
- **Langley Maternity Clinic**

3) BOWELS

- Prevent or treat constipation to reduce perineal pain.
- Recommend high fibre diet, increased water intake, and laxatives such as polyethylene glycol, lactulose, or short-term sennosides as necessary.
- Docusate no longer recommended.
- Expect resolution of stool or flatus incontinence by three months. If symptoms persist (3rd/4th degree tears with delivery), arrange endoanal U/S and refer to colorectal surgeon.

4) BLADDER

- Recommend Kegel exercises.
- Expect resolution of urinary symptoms by 3 months.
- Refer pelvic floor physiotherapist as needed to control symptoms.
- Refer urogynecologist if urinary symptoms are significant beyond 3 months.

5) BELLY

- Assess and treat pain: recommend acetaminophen (first line) and ibuprofen (second line) for analgesia. If narcotics are needed hydromorphone 2-4 mg is effective and safe. Codeine is contraindicated for breastfeeding. (*new*)
- Refer to maternity care provider if an incision opens, has significant discharge or bleeding, or becomes red or painful.

6) BOTTOM

- Expect perineal pain to resolve by 6 weeks.
- Treat haemorrhoids as per usual care.
- Refer maternity provider if perineal wound is gaping, has odorous discharge, or unusual pain or swelling is present.

7) BLEEDING

- Assess lochia. Normal lochia is brown and light after two weeks and finished by 6-8 weeks.
- Refer urgently to maternity provider if fever is present, pain and cramping are persistent, or lochia is heavy, persistent beyond 6 weeks, frequently bright red or has a foul odour.
- Treat endometritis with a second-generation cephalosporin (Cefoxitin).

8) BABY BLUES/ POST PARTUM DEPRESSION

- Enquire about mood, social adjustment, and family adjustment at every visit. Add formal screening using Edinburgh Postnatal Depression Scale (EPDS) if woman at risk or has signs or symptoms. EPDS form and score calculator <http://ow.ly/t5Bic>
- Provide preventive health counseling about the use of tobacco, alcohol, and other substances.
- Expect mild mood changes that may last 1-6 weeks.
- Be aware of Post Partum Depression, which is common, frequently undiagnosed and under treated with serious morbidity for the whole family.

- Refer as appropriate:
 - Public Health Prenatal Health Program (notify for assistance with support and referral)
 - Pacific Post Partum Support Society: www.postpartum.org
 - BC Reproductive Mental Health Program: www.reproductivementalhealth.ca
 - Maternity care provider

9) BIRTH CONTROL

- Discuss by six weeks
- Provide information about barrier methods, IUD, progestin-only pill, or depot medroxyprogesterone if desired. www.SexualityandU.com
- Avoid or delay the use of combined oral contraceptives as there may be small effects on lactation but no effect is seen on infant growth and development.
- Consider referral to maternity care provider or Options clinic. <http://ow.ly/qPD4D>

10) BLOODWORK

At 6-8 weeks postpartum, or sooner if indicated, assess whether any of the following labwork is needed:

Serum TSH if:

- woman had abnormal TSH in pregnancy
- low milk supply
- woman is experiencing significant symptoms of postpartum depression in first six weeks

CBC and Ferritin if:

- woman has Hx of anemia
- woman experienced >500 cc blood loss at delivery (postpartum hemorrhage)

Oral Glucose Tolerance Test if:

- woman had gestational diabetes (diet controlled or insulin dependent)

Resources for Women and Families with a Newborn:

Newborn Hotline for parents: (604) 737-3737

Healthy Families BC www.healthyfamiliesbc.ca/parenting

Canadian Paediatric Society www.caringforkids.cps.ca

The Hospital for Sick Children – Toronto www.aboutkidshealth.ca



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A GPSC initiative

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