



# Postpartum Care in the Community Universal and Enhanced Services

Health Mothers and Healthy  
Babies Conference

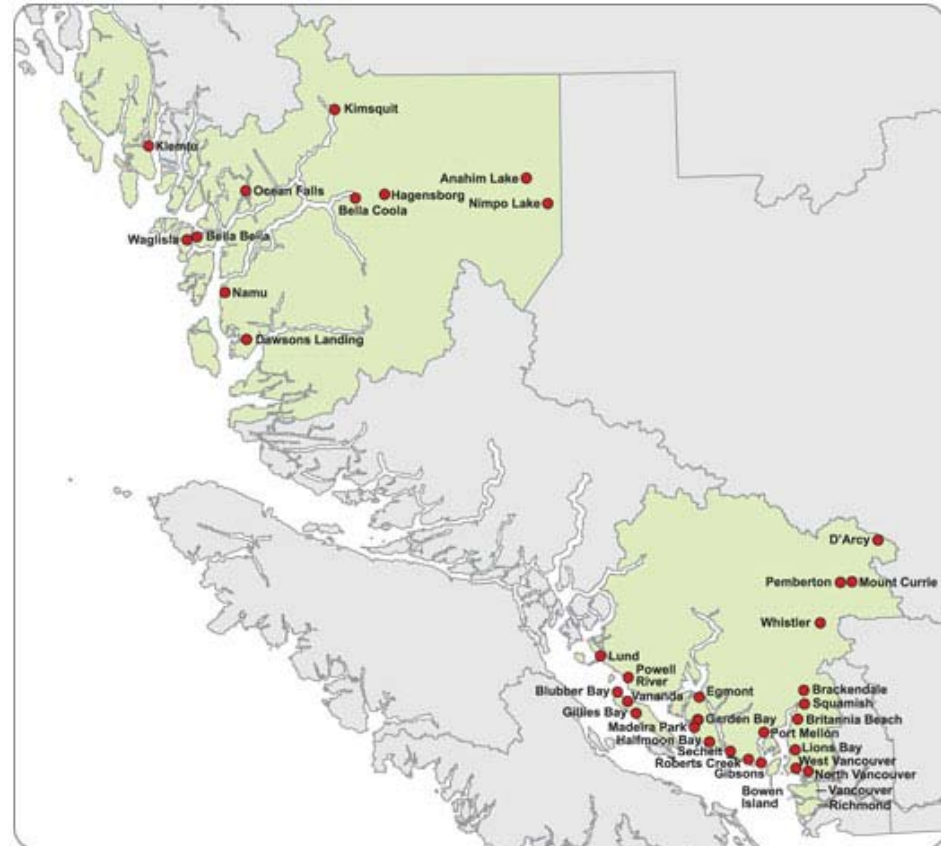
March 11, 2016

# Learning Objectives:

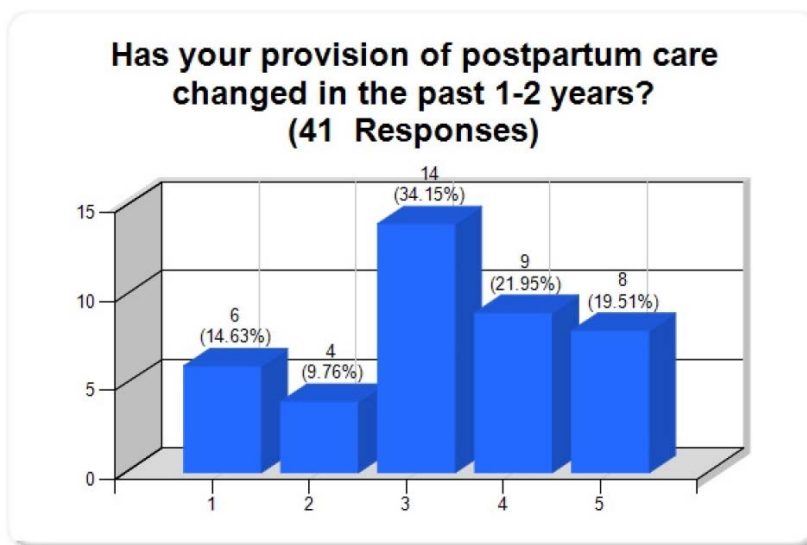
- Understand the provincial public health service goals for families in the postpartum period, both universal and enhanced, particularly the role of public health nursing in the continuum of support
- Understand VCH's approach to postpartum care in the community and identification of families who may benefit from additional public health services.
- Know how to refer a client in the perinatal period to public health for support

# Who are We

- Vancouver
- Richmond
- North Shore
- Sea-to-Sky
- Sunshine Coast
- Powell River
- Central Coast (Bella Bella and Bella Coola)



# Feedback from Staff Survey (Fall 2014)

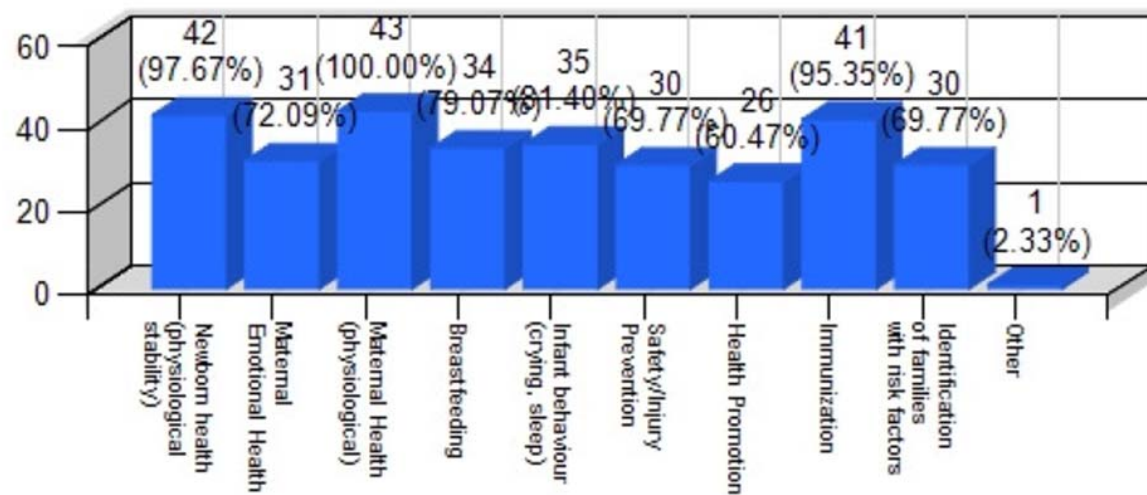


1= no change 5= large change

- PHNs noted significant changes in their PP practice
- Comments
  - More midwifery clients
  - Less HV, more TC
  - Increased workload/decreased staff
  - Lack of continuity of follow-up
  - Multips (more, refusing visits, important)

# Staff Survey- PP Needs

**From this list, please select the areas where families are having their needs met in the postpartum period.  
(43 Responses)**



# Postpartum Service Statements

## 2. Postpartum (Birth to 8 Weeks) Public Health Services

### 2.1 Universal Service Statement

All families will be contacted within 24 to 48 hours post discharge from acute care, and offered an initial maternal and newborn assessment and intervention based on the Perinatal Services BC (PSBC) Postpartum and Newborn Nursing Care Pathways. By 8 weeks postpartum, families will be offered a complete assessment, health promotion and education, as well as intervention, including referral as needed.

### 2.2 Universal Service Statement

All families will be offered support within 24 to 48 hours of discharge from acute care to establish and maintain breastfeeding with continued support provided as needed.

### 2.3 Universal Service Statement

All women will be offered an Edinburgh Postnatal Depression Scale (EPDS) screening by eight weeks postpartum, education and intervention, including referral as needed.

### 2.4 Universal Service Statement

All families will be offered Newborn Hearing Screening and infants requiring follow up will receive intervention according to BC Early Hearing Program standards and protocols.

### 2.5 Enhanced Service Statement

Families identified as vulnerable through nursing assessment will be offered health promotion and education and more intensive follow-up including referral as needed.



# Goals of PP Care

- Assess the emotional and physiological stability of mother and provide nursing interventions for variances.
- Assess the physiological stability of all infants as it relates to feeding and hydration, and infection for some infants and provide nursing interventions for variances.
- Identify and support families who would benefit from additional services from public health or community partners.

# Practice Guidance

- Practice and documentation based on PSBC Guidelines

*Addressing*

## Perinatal Depression

A Framework for BC's Health  
Authorities

### CONSENSUS STATEMENT

Screening for Depression in the  
Perinatal Period in BC Revisited

Perinatal Services BC  
Newborn Guideline 13  
Newborn Nursing Care Pathway

Perinatal Services BC  
Health Promotion Guideline  
Breastfeeding Healthy Term Infants

Perinatal Services BC  
Obstetrics Guideline 20  
Postpartum Nursing Care Pathway



# Postpartum Care in VCH

Initial Contact  
to Day 5

- Initial Contact 24-48 hours post discharge
- Planning for follow-up by PHN and PCP
- Stability Assessment, BF assessment and support
- Hands-on assessment of Newborn by PHN or PCP

Days 6-14

- Completion of assessment, BF support
- Health Promotion and Education
- Identification of families at risk (Nursing Priority Screening Tool)
- Hands-on assessment of Newborn by PHN or PCP

2-6 weeks

- Follow-up of identified variances
- Determine follow-up of families at risk (Enhanced Services)

# Initial Contact

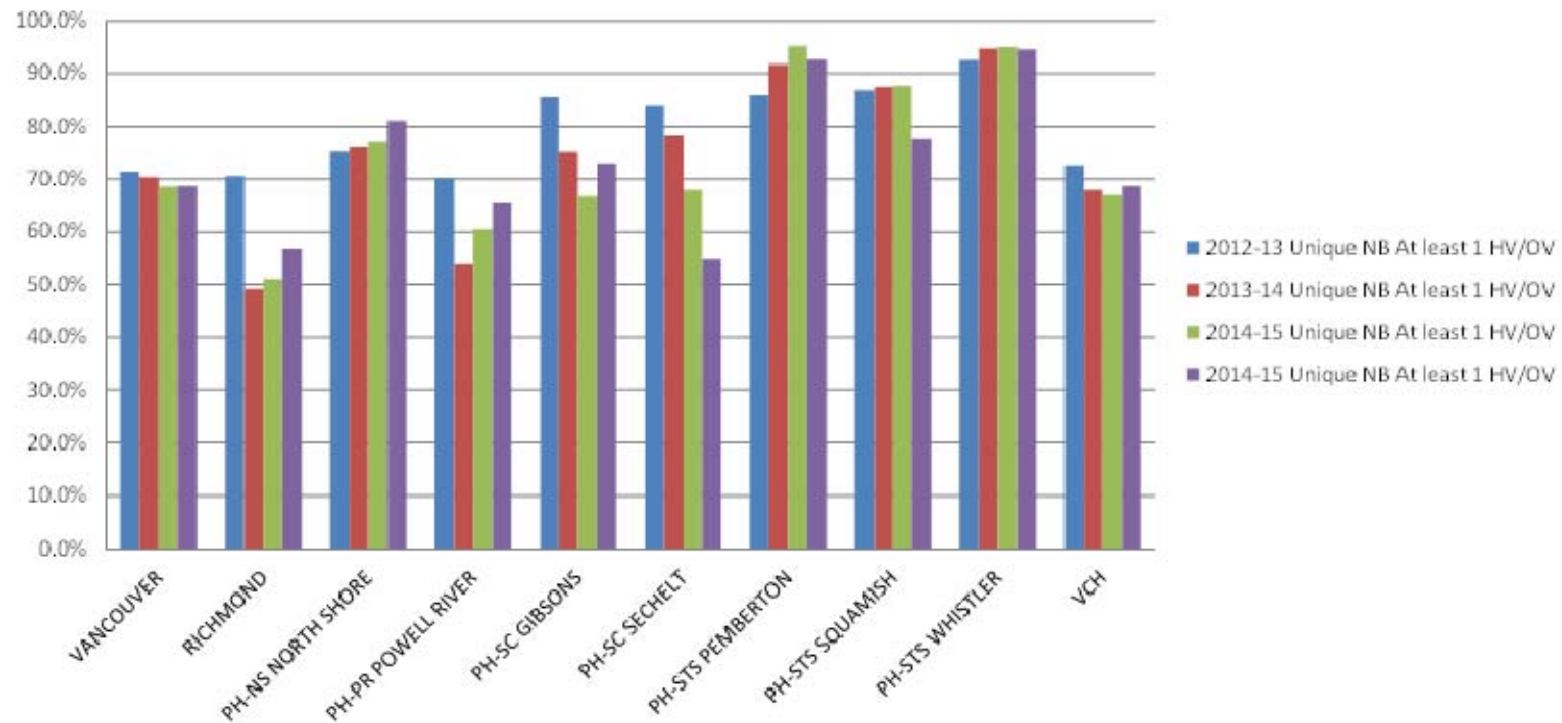
- Timing
  - 24-48 hours after discharge
- Purpose
  - Telephone assessment and intervention
  - Determine need for face to face contact
- Priority Areas for assessment/intervention
  - Maternal and Newborn Stability
  - Breastfeeding
  - Planning for hands on assessment (GP or PHN)



# Determining type of contact



### Unique Newborns (excluding Midwifery) with at least one Face to Face Visit



**Definition:** The number of newborn with a referral of PHN – Newborn who received at least one face to face visit (home visit or office visit, by team)

**Sources:** PARIS data extract – Postpartum/Newborn Report (Decision Support) Oct 9 2015.

**Prepared by:** Regional Prevention, Vancouver Coastal Health, Oct 2015.

# What is included in Stability Assessment (Days 2-5)

- Maternal
  - Lochia
  - Vital Signs
  - Breasts/breastfeeding
  - emotional status
  - support systems
  - incision
  - hospital or client identified concerns
- Newborn
  - feeding and hydration
  - jaundice
  - Relevant, historical or current concerns regarding vital signs e.g. group B strep, communicable disease, congenital/metabolic anomalies
  - infant behaviour
  - safe sleep environment
  - hospital or client identified concerns



### **Routine Follow-up (Days 6-14)**

Follow-up with clients to complete assessment or teaching not yet completed



# Key areas for Health Promotion



- Nutrition
- Healthy Relationships
- Healthy Lifestyles
- Mental health
- Parenting
- Health Care/Physical Wellbeing
- Injury Prevention

# Identifying Family Risk Factors



# Nursing Priority Screening Tool

## Categories

- Children with a known disability
- Developmental risk factors
- Family Interaction Risk Factors
  - Age
  - Social situation, finances, prenatal care, parental mental health, separation, lack of bonding

# Follow-up Expectation

- Follow-up – For families with any risk factors, the PHN is to offer at least one home visit in the postpartum period



# Follow-up of Midwifery Clients

- Offer of Maternal and Newborn assessment,
- Breastfeeding assessment and support
- Health Promotion and Education
- Identification of families at risk (Nursing Priority Screening Tool)
- Follow-up of identified variances
- Determine follow-up of families at risk (Enhanced Services)







## Follow-up 2-6 Weeks

For families with unresolved variances or family risk factors



# Enhanced PHN Services

- Client with identified need for supports to optimize child health and development will be offered continued follow-up after the initial maternal-newborn care is completed.
- Needs may be identified through the use of the Nursing Priority Screening tool and the Edinburgh Postnatal Depression Scale

# Discharge



# Referring to Public Health

## Primary Care Referral

- Fax in referral form
- Call Health centre

## Prenatal Telephone Access Line

1-855-550-2229

Vancouver Coastal Health  
Public Health Program

**PRENATAL AND POSTPARTUM PUBLIC HEALTH REFERRAL**  
See back of Page for Fax Number

Client Aware of Referral? ☐ Yes ☐ No Note - Public Health will not contact if client unaware of referral

Client Last Name		Client First Name	
Address - Number, Street Name		Apt.	Date of Birth (dd/mm/yy)
City/Town	Province	Postal Code	Marital Status
Home Phone #	Work/Alternate Phone #	Language Spoken: Fluent in English <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Health Number (Care Card):		Name of Primary Care Provider	

☐ Prenatal  
Expected Date of Birth: G \_\_\_\_ T \_\_\_\_ P \_\_\_\_ A \_\_\_\_ L \_\_\_\_

☐ Postpartum  
Date of Baby's Birth: \_\_\_\_\_

Birth Weight	Current Weight
Concerns (Check all that apply):	
<input type="checkbox"/> Mental Health	If applicable indicate EPDS Date Score
<input type="checkbox"/> Age	<input type="checkbox"/> Financial Stress
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Limited Cognitive Abilities
<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Inadequate Housing
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Nutritional Issues
<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Relationship Issues
<input type="checkbox"/> Dental	<input type="checkbox"/> Lack of Support/Isolation
If Other, Specify	
Comments:	

Referred By: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_





# Questions??