

Postnatal care overview

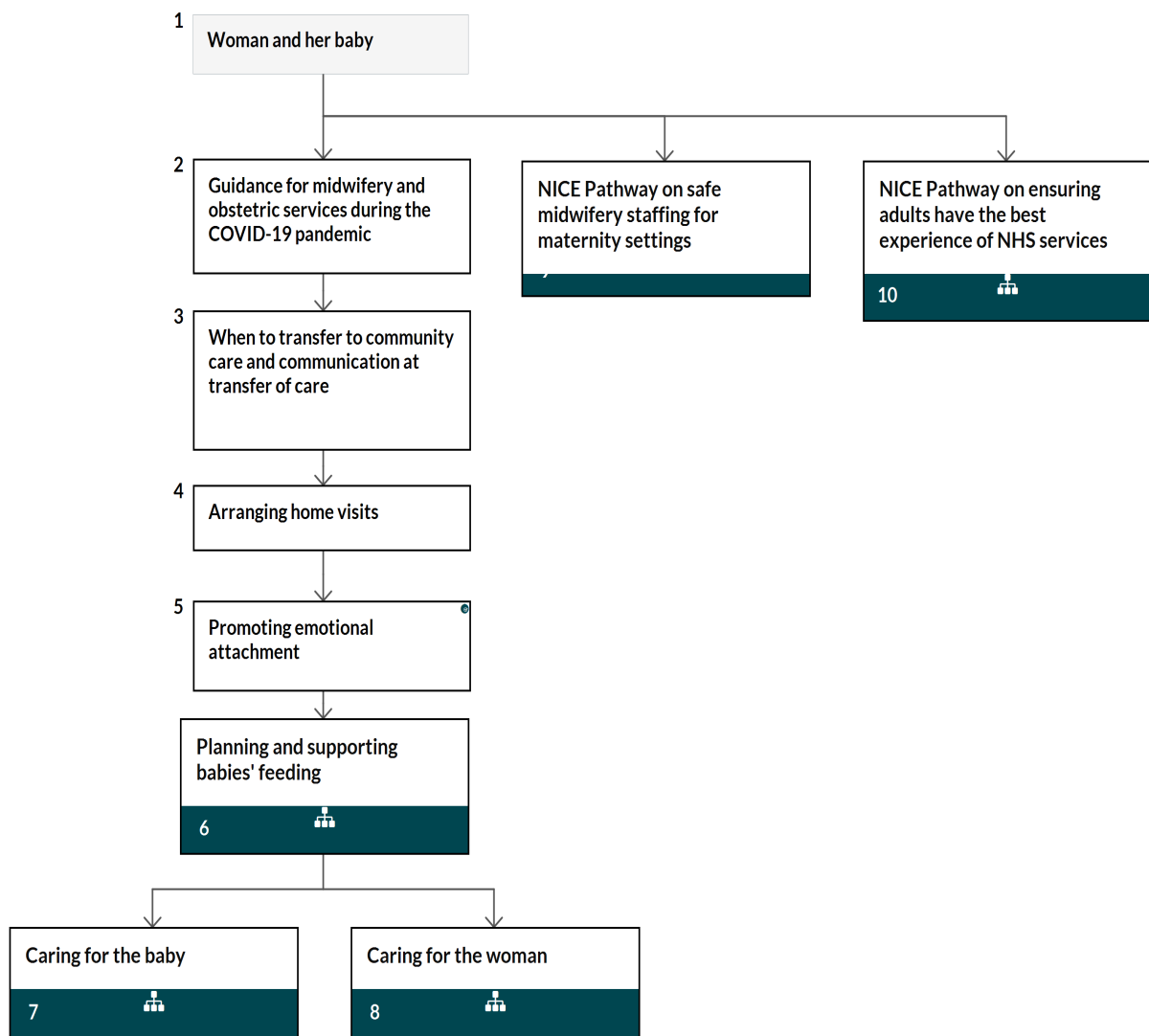
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/postnatal-care>

NICE Pathway last updated: 20 April 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman and her baby

No additional information

2 Guidance for midwifery and obstetric services during the COVID-19 pandemic

The Royal College of Obstetricians and Gynaecologists has produced [guidance on COVID-19 and postnatal care](#) for all midwifery and obstetric services.

3 When to transfer to community care and communication at transfer of care

Timing of transfer to community care

Before transfer from the maternity unit to community care, or before the midwife leaves after a home birth:

- assess the woman's health (see [assessment and care](#))
- assess the woman's bladder function by measuring the volume of the first void after giving birth
- assess the baby's health (including physical inspection and observation)
- if the baby has not passed meconium, advise the parents that if the baby does not do so within 24 hours of birth, they should seek advice from a healthcare professional (also see [information for parents](#))
- make sure there is a plan for feeding the baby, which should include observing at least 1 [effective feed](#) [See page 8].

Before transfer from the maternity unit to community care, discuss the timing of transfer to community care with the woman, and ask her about her needs, preferences and support available.

When deciding on the timing of the transfer to community care, take into account the woman's preferences, the factors in the recommendations above and any concerns, including any safeguarding issues (also see [the NICE Pathway on domestic violence and abuse](#)).

Before transfer from the maternity unit to community care, or before the midwife leaves after a home birth, give women information about:

- the postnatal period and what to expect
- the importance of pelvic floor exercises
- what support is available (statutory and voluntary services)
- who to contact if any concerns arise at different stages.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Communication between healthcare professionals at transfer of care

Ensure that there is effective and prompt communication between healthcare professionals when women transfer between services, for example, from secondary to primary care, and from midwifery to health visitor care. This should include sharing relevant information about:

- the pregnancy, birth, postnatal period and any complications
- the plan of ongoing care, including any condition that needs long-term management
- problems related to previous pregnancies that may be relevant to current care
- previous or current mental health concerns
- female genital mutilation (mother or previous child)
- who has parental responsibility for the baby, if known
- the woman's next of kin
- safeguarding issues (also see [the NICE Pathways on domestic violence and abuse and child abuse and neglect](#))
- concerns about the woman's health and care, raised by her, her partner or a healthcare professional
- concerns about the baby's health and care, raised by the parents or a healthcare professional
- the baby's feeding.

Midwifery services should ensure that:

- the transfer of care from midwife to health visitor is clearly communicated between healthcare professionals **and**
- the woman or the parents are informed about the transfer of care from midwife to health visitor.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

4 Arranging home visits

First midwife visit after transfer of care from the place of birth or after a home birth

Ensure that the first postnatal visit by a midwife takes place within 36 hours after transfer of care from the place of birth or after a home birth. The visit should be face-to-face and usually at the woman's home, depending on her circumstances and preferences.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

First health visitor visit

Consider arranging the first postnatal health visitor home visit to take place between 7 and 14 days after transfer of care from midwifery care so that the timing of postnatal contacts is evenly spread out.

If a woman did not receive an antenatal health visitor visit, consider arranging an additional early postnatal health visitor visit.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

5 Promoting emotional attachment

Before and after the birth, discuss the importance of [bonding and emotional attachment](#) [See [page 8](#)] with parents, and the approaches that can help them to bond with their baby.

Encourage parents to value the time they spend with their baby as a way of promoting emotional attachment, including:

- face-to-face interaction
- skin-to-skin contact
- responding appropriately to the baby's cues.

Discuss with parents the potentially challenging aspects of the postnatal period that may affect bonding and emotional attachment, including:

- the woman's physical and emotional recovery from birth

- experience of a traumatic birth or birth complications
- fatigue and sleep deprivation
- feeding concerns
- demands of parenthood.

Recognise that additional support in bonding and emotional attachment may be needed by some parents who, for example:

- have been through the care system
- have experienced adverse childhood events
- have experienced a traumatic birth
- have complex psychosocial needs.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Also see [the NICE Pathways on antenatal and postnatal mental health, attachment difficulties in children and young people](#) and [looked-after babies, children and young people](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Postnatal care

9. Emotional wellbeing and bonding with the baby

6 Planning and supporting babies' feeding

[See Postnatal care / Postnatal care: planning and supporting babies' feeding](#)

7 Caring for the baby

[See Postnatal care / Postnatal care for the baby](#)

8 Caring for the woman

[See Postnatal care / Postnatal care for the woman](#)

9 NICE Pathway on safe midwifery staffing for maternity settings

[See Safe midwifery staffing for maternity settings](#)

10 NICE Pathway on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Bonding and emotional attachment

Bonding is the positive emotional and psychological connection that the parent develops with the baby.

Emotional attachment refers to the relationship between the baby and parent, driven by innate behaviour and which ensures the baby's proximity to the parent and safety. Its development is a complex and dynamic process dependent on sensitive and emotionally attuned parent interactions supporting healthy infant psychological and social development and a secure attachment. Babies form attachments with a variety of caregivers but the first, and usually most significant of these, will be with the mother and/or father.

Effective feed

In general, effective feeding includes the baby showing readiness to feed, rhythmic sucking, calmness during the feed and satisfactory weight gain. For a first feed at the breast or with a bottle, effective feeding is shown by the baby latching to the breast or drawing the teat into mouth when offered and showing some rhythmic sucking.

Glossary

Parents

(those with the main responsibility for the care of a baby – this will often be the mother and the father, but many other family arrangements exist, including single parents)

Partner

(the woman's chosen supporter – this could be the baby's father, the woman's partner, a family member or friend, or anyone who the woman feels supported by or wishes to involve)

Sources

Postnatal care (2006 updated 2021) NICE guideline NG194

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.