

## Module 6: Postnatal Care

In March 2016, bump2babe sent a comprehensive survey to the 19 maternity hospitals/units and 2 midwifery-led units in Ireland. Responses were returned between March 2016 and May 2017 and can be found on the website [www.bump2babe.ie](http://www.bump2babe.ie). Private Midwives completed the same survey documents in May 2017 and we have presented them here.

The information provided here is as was provided to us Private Midwives but please check with your caregiver to see if there have been any recent changes to services, policies or practices.

Blank spaces indicate no information was provided.

	County	
	Unit or hospital name	Private Midwives Ireland
Person completing the survey	Name	Liz Halliday
	Title	Deputy Head of Midwifery
	Contact details and working hours (in case we need to contact you for clarification)	<a href="mailto:liz@privatemidwives.com">liz@privatemidwives.com</a>
Description of the postnatal accommodation (please include the no. of wards/rooms and no. of beds per ward/room <b>and if partners are welcome to stay 24/7</b> )	Public	
	Semi-Private	
	Private	
	Do women availing of public care have an option to pay for semi-private or private postnatal accommodation?	
	Accommodation arrangements for mothers and their partners in special circumstances	
	Ratio of midwives:women/babies in the postnatal ward <b>including differences at different times of the day/night or at weekends</b>	1:1 care at home
	For rhesus negative women availing of Anti-D, when is it administered?	Usually within 48 hours

	Unit policy/guideline on routine administration of vitamin K and how it is administered	<p>Full discussion of evidence regarding Vitamin K prophylaxis, with recommendation of IM injection.</p> <p>If client chooses IM injection this is administered an hour after birth with baby held by client.</p> <p>If client chooses oral administration this is given an hour after birth and repeated at 4-7 days old and at 28 days old. A prescription must be supplied.</p> <p>If client declines and is fully informed, that decision is respected.</p> <p>All clients are informed of the signs of vitamin K deficiency of the newborn and are aware to contact emergency services immediately with same.</p>
	What other options are there for Vitamin K and how it is administered?	IM, oral or decline, as above.
	Is BCG immunisation available in the unit?	No
	If yes, when is it administered <b>and which babies are eligible?</b>	
	Tests routinely carried out on a baby - please state when are where the tests are done	Newborn check by midwife. Paediatric check at 48-72 hours by GP, qualified midwife or hospital. Hearing test at hospital performed at discretion of hospital. Newborn heelprick test – usually performed on day 4.
	What routine checks and tests would necessitate a sleeping mother and baby to be woken?	None. Clients are asked to call us if they need to sleep and appointments can be rearranged. Appointments are long enough that it would be unusual for baby to need to be woken for baby check.
Continuity of carer in the midwifery-led unit <b>(alongside)</b>	N/A	
	Mothers are attended by the same person they saw antenatally	
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	

	Additional comment	
Continuity of carer with community midwives - <b>antenatal and postnatal care provided in woman's home or at outreach clinic with option for home birth or birth in hospital attended by a Community Midwife.</b>	N/A	
	Mothers are attended by the same person they saw antenatally	Yes
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	
	Additional comment	
Continuity of carer with DOMINO midwives - <b>antenatal and postnatal care provided in woman's home or at outreach clinic with birth in unit not necessarily attended by DOMINO team midwife.</b>	N/A	
	Mothers are attended by the same person they saw antenatally	Yes
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	
	Additional comment	
Continuity of carer with mothers who attended the public midwives clinic - antenatal care provided by midwives only	N/A	
	Mothers are attended by the same person they saw antenatally	
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	
	Additional comment	
Continuity of carer in other midwifery-led services specified by you in the Questionnaire: Module 2 - Antenatal Care	N/A	
	Mothers are attended by the same person they saw antenatally	Yes
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	
	Additional comment	

Continuity of carer for mothers who attended the public clinic	N/A	
	Mothers are attended by the same person they saw antenatally	
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	
	Additional comment	
Continuity of carer for mothers who attended the semi-private clinic	N/A	
	Mothers are attended by the same person they saw antenatally	
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	
	Additional comment	
Continuity of carer for mothers who attended the private clinic	N/A	
	Mothers are attended by the same person they saw antenatally	
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	
	Additional comment	
Continuity of carer in other obstetric-led services specified by you in the Questionnaire: Module 2 - Antenatal Care	N/A	
	Mothers are attended by the same person they saw antenatally	
	Mothers are attended by one of team (8 people or less) that they saw antenatally	
	Mothers are attended by midwives they may not have met before	
	Additional comment	

Do babies room-in with their mothers 24/7?	Always	Yes
	Mostly	
	Sometimes	
	Rarely	
	Never	
	<b>Additional comment including any reasons for temporary separation</b>	
	How is skin-to-skin contact promoted on the postnatal ward?	
	Unit policy /guideline on babies sleeping in the same bed as their mothers	Encouraged to safely co-sleep and advised on how to do this.
	Are there any co-sleeper cots (cots attached to the mother's bed) on the postnatal ward?	Some mothers have co-sleepers
Is there a nursery on the postnatal ward?	Yes/No	N/A
	If yes, under what circumstances is it used?	
Is baby-led feeding promoted and supported 24 hours per day?	Always	Yes
	Mostly	
	Sometimes	
	Rarely	
	Never	
	<b>Additional comment including how baby-led feeding is explained to mothers</b>	Ongoing discussions around normal infant behaviour and needs antenatally and postnatally. Literature is sometimes provided in required.
	Unit policy/guideline on advising mothers to wake their babies for feeds	In the case of a well baby it is not advised unless baby hasn't fed for over 6 hours.
Does the unit have a list of medical reasons for giving artificial milk or fluid other than breast milk to breastfeeding babies?	Yes/No	No
	If yes, please list the medical reasons	
If artificial milk or any other fluid is given, is consent sought from parents?	Always	Yes
	Mostly	
	Sometimes	
	Rarely	
	Never	
	<b>Additional comment</b>	
	If artificial milk or any other fluid is given, what methods can be used to give it to the baby?	Cup, syringe, spoon or SNS
	How often are babies weighed during the postnatal stay?	3 times. Post birth, Day 5 and Day 10 (or on discharge if before).

	Unit policy/guideline if a baby loses > 10% of baseline weight	Full assessment of baby's health, output and feeding. Address issues if apparent. Express to top up if necessary. Re weigh in 24 hours and reassess. In the case of an unwell baby or no improvement – referral to paediatric care and lactation consultant.
	In cases where a mother had prolonged IV fluids during labour, is the baby's weight loss calculated on birth weight or weight at 24 hours or some other baseline weight?	Calculated from birth weight but IV fluids taken into consideration.
	Unit policy/practice when a mother has a delay in breast milk production following a caesarean birth <b>or a traumatic birth</b>	Support, pain relief, encourage regular feeding and assess baby for signs of well-being
	Unit policy/guideline when a breastfeeding baby has (physiological) jaundice	Pathological jaundice – refer to paediatric unit.  Physiological jaundice – assessment by midwife for well-being of baby and effective feeding. Regular feeding encouraged and close observation. Referral if jaundice worsen, baby displays symptoms of lethargy, poor feeding or poor output or if jaundice is not receding as expected.
	Unit policy/guideline when a breastfeeding baby has low blood sugar	Referral to paediatric unit
	When antibiotics are administered before, during or after the birth of the baby, what measures are taken to prevent thrush in the mother or baby <b>or imbalance in the baby's microbiome?</b>	Advise probiotics for mother
	Specific assistance given to mothers who are experiencing postnatal pain (e.g. following a caesarean birth or episiotomy/tear) to care for and feed their babies	Adequate analgesia, advised re alternative feeding positions, advised re cool pads, arnica, witch hazel. Occasionally overnight support if requested.
	What communication is there between the postnatal ward & NICU/SCBU to ensure mothers who are separated from their babies are supported? Please include practical details such as ensuring meals are not missed etc.	N/A

Whilst on the postnatal ward, how are parents supported/educated on the following baby-care topics?		
Cord care	Demonstration	Yes
	Instruction / education	Yes
	What is recommended to parents	Clean with cooled boiled water if required, keep nappy tucked down until cord falls off. Call with any signs of infection.
Frequency & methods of bathing babies	Demonstration	Yes
	Instruction / education	Yes
	What is recommended to parents	Bath after 1 week with only water. No need to bath daily.
Baby eye care	Demonstration	Yes
	Instruction / education	Yes
	What is recommended to parents	If required wipe with cooled boiled water from nose bridge to outer eye. Do not take cotton wool back over eye or use on other eye. Call with any concerns.
Nappy changing	Demonstration	Yes
	Instruction / education	Yes
	What is recommended to parents	Change when necessary or every 4 hours if baby was sleeping. Wash baby with water, do not use nappy cream unless required.
Swaddling or wrapping	Demonstration	
	Instruction / education	
	What is recommended to parents	Not to swaddle
Safe sleeping practice	Demonstration	Yes
	Instruction / education	Yes
	What is recommended to parents <b>including any information on safe bed-sharing or co-sleeping</b>	<p>If cot sleeping – on back to sleep, feet to foot of cot, no more than 6 layers and less if room is warm.</p> <p>If co-sleeping – instruction on safe co-sleeping. Firm tight-fitting mattress. No space between bed and wall. No loose pillows, toys or blankets. Baby put on back and not covered by duvet – separate blankets. Baby's should not co-sleep if not exclusively breastfed, if parents smoke, have drunk alcohol or taken any prescription of non-prescription drugs that could cause drowsiness.</p> <p>Advised not to sleep on couch, chair or to put baby in separate room.</p>

Hand expression of breast milk	Demonstration	Yes
	Instruction / education	Yes
	What is recommended to parents	Hand express if supplementation is needed, or in case of moderate to severe engorgement – but only enough to provide some relief or to soften nipple to allow baby to latch on.
Safe preparation of artificial milk (formula feeds)	Demonstration	No
	Instruction / education	Yes
	What is recommended to parents	Follow HSE/SafeFood guideline and read formula tin/packet
	Additional information including if session is 1:1 or group, offered to all mothers or only those not breastfeeding	1:1 information given as appropriate to experience and requirement.
Unit policy on the provision of nappies	Provided by unit	Sometimes (some midwives carry nappies for emergencies)
	Mother brings her own	Yes
Unit policy on the provision of sanitary towels	Provided by unit	Sometimes
	Mother brings her own	Yes
Unit policy on the provision of anti-embolism stockings (after surgical birth)	Provided by unit	No
	Mother brings her own	No
Unit policy on the provision of breast milk pumps	Provided by unit	No
	Mother brings her own	Yes, if she wishes
	If breast milk pumps are available, what type (manual/electric, single/double, hospital grade etc.) does the unit have and how many of each type?	
	Are pump accessory kits available to mothers? If so, are they free?	No
<b>Distribution of formula</b>		
Formula is distributed to individual mothers at each feed	Always	
	Mostly	
	Sometimes	
	Rarely	
	Never	Yes
	Additional comment	
Formula is distributed to individual mothers for the day	Always	
	Mostly	
	Sometimes	
	Rarely	
	Never	Yes



	Additional comment	
Mothers get the formula for themselves from storage	Always	
	Mostly	
	Sometimes	
	Rarely	
	Never	Yes
	Additional comment	
Mothers provide their own formula	Always	Yes
	Mostly	
	Sometimes	
	Rarely	
	Never	
	Additional comment including details of facilities to safely prepare powdered formula feeds	Advised re safe sterilisation and preparation. Client provides facilities
	What can mothers have to eat between their evening meals and breakfast?	Anything they like
Is there a microwave available in each postnatal ward?	Yes/No	Dependant on client's home
	Additional Comment	
Visiting times	Partner	
	Mother's other children	
	Family	
	Others	
Are children (other than the baby's siblings) welcome to visit?	Yes/No	Yes
	Additional comment	
Is there a designated smoking area?	Yes/No	Dependant on client
	Additional comment <b>including location of smoking area and where baby goes/who cares for baby</b>	
Typical length of stay for first time mothers under public care following	A spontaneous vaginal birth	
	An instrumental birth	
	A caesarean birth	
Typical length of stay for first time mothers under private or semi-private care following	A spontaneous vaginal birth	
	An instrumental birth	
	A caesarean birth	
Typical length of stay for second & subsequent time mothers under public care following	A spontaneous vaginal birth	
	An instrumental birth	
	A caesarean birth	
Typical length of stay for second & subsequent time mothers under private or semi-private care following	A spontaneous vaginal birth	
	An instrumental birth	
	A caesarean birth	

Does the unit provide <b>care</b> for women who wish to go home early, e.g. an early transfer home scheme?	Yes/No	Yes
	Please give details <b>including how women access it/are referred to it</b>	Some hospitals are happy for women to come home earlier if they know that PMI are providing postnatal care
Percentage of infants in the unit whose first feed was at the breast/expressed breastmilk	2014	100%
	2015	100%
Percentage of infants in the unit who were exclusively breastfed from birth to discharge	2014	100%
	2015	100%
Percentage of infants in the unit who have received both breastmilk and artificial milk from birth to discharge	2014	0%
	2015	1%
Description of the education that postnatal ward staff undergo to promote, support and protect breastfeeding (please list topics, course duration, <b>frequency of updates and specify staff who undergo this training (doctors, midwives, nurses etc.)</b> )		20-hour breastfeeding course. Yearly CPD – topics at midwives' discretion
Percentage of postnatal ward staff who have been trained in this way	Midwives	100%
	Nurses	
	Doctors	
	Other staff	
Number of staff members <b>and WTE</b> who are currently International Board Certified Lactation Consultants (IBCLC)		0
Support given to staff members wishing to achieve and maintain the qualification of International Board Certified Lactation Consultant		None
Is there a clinical midwife specialist lactation post?	Yes/No	No
	If yes, <b>how many and WTE</b> and how many hours per week are they available to breastfeeding mothers	

Please specify days of the week/times that either a staff IBCLC or clinical midwife specialist lactation is available to breastfeeding mothers	N/A	
Where is information on voluntary groups and other support groups displayed in the postnatal ward and what information is sent home with mothers on discharge?	Contraception, feeding, cot death, immunisation, circumcision, Vit D	
Are breastfeeding mothers given information on private lactation consultant services?	Always	Yes
	Mostly	
	Sometimes	
	Rarely	
	Never	
	Additional comment	
Are voluntary breastfeeding supporters welcome to visit mothers on the postnatal ward if mothers invite them?	Yes, freely during the day, at mother's request	Yes
	Yes, during visiting hours, as a visitor	
	Yes, by special arrangement	
	No	
	Additional comment	
Are private lactation consultants welcome to visit mothers on the postnatal ward if mothers invite them?	Yes, freely during the day, at mother's request	Yes
	Yes, during visiting hours, as a visitor	
	Yes, by special arrangement	
	No	
	Additional comment	
Are doulas welcome to visit mothers on the postnatal ward for postnatal support if mothers invite them?	Yes, freely during the day, at mother's request	Yes
	Yes, during visiting hours, as a visitor	
	Yes, by special arrangement	
	No	
	Additional comment	
	If the postnatal ward is full, where are mothers accommodated?	N/A
Please describe any screening for mothers at risk of PND and follow up system	Mental health screening questionnaire and continuity of carer. If mental health issues arise referred to GP and PHN, and given contact details for support groups such as Nurture.	
Opportunities for mothers who wish to debrief their labour, birth and postnatal experience, whilst still on the postnatal ward	Full debrief available to all women at any point.	

Special support provided to parents in the case of a traumatic birth	Full debrief, psychological support. Referral to services including Nurture and AIMS. Some of our midwives are trained in birth trauma support.
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