

Home Visit for Postnatal Assessment and Follow Up Care Protocol

Introduction: Prior to visit: Review prenatal and Labor & Delivery history. Contact MCC and/or MOW to assess any medical issues that should have special attention while on visit. Complete demographic information required on form. If mother does not speak English, make sure to document whom interpreted for the mother. Reminder: If mother is non-English speaking, it would be optimum to have an interpreter make the visit with the nurse doing the assessment.

NOTE: Medicaid requires that form codes be used under the form's code column section.

Parameters of Assessment	Outcome Criteria	Constraints	Nursing Process
I. Prenatal History			Note: Document by weeks when prenatal care began Assess: By record review and/or by asking client — drug use during pregnancy, STD/HIV, GBS, hepatitis and prenatal complications
II. Labor and Delivery	Mother had uneventful/ positive experience of labor and delivery.		Gravida – Record total number of pregnancies Para – 1 st line is number of TERM pregnancies, 2 nd line is number of Preterm pregnancies, 3 rd line is numbers of miscarriages and abortions, 4 th line is number of present living children Assess: By record review and by asking client for — facts surrounding labor and delivery; problems during and after delivery; postpartum immunizations received as indicated (i.e., TD or Tdap, Varicella, Rubella)
III. Interim Health History A. General appearance	A. Mother states and/ or demonstrates time for her personal self	Pre-existing mental illness or mental retardation.	A. Assess: General well-being, current emotional status related to: <ol style="list-style-type: none">1. Labor and delivery experience2. Feelings regarding motherhood3. Mother's perception about how well her needs are being met4. Support persons5. Symptoms of depression (e.g., rejection/hostility to infant, decreased sleep, suicidal ideation, audio or visual hallucinations)6. Fatigue

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B. Emotional Changes	B. Mother state and/or demonstrates that she feels comfortable with her role as a mother and with her infant	Previous postpartum depression. Infant loss, birth defect, prematurity or adoption may modify client's postpartum emotional reaction. Other issues, which may affect adaptation to role, include unwanted pregnancy, difficult labor/delivery, poor support system, C-section, and drug use in and/or after pregnancy.	B. Observe <ol style="list-style-type: none"> 1. Mother's general appearance 2. Mother's affect 3. Mother's interaction with infant
			C. Counsel regarding: <ol style="list-style-type: none"> 1. Normal emotional changes in phases of postpartum period 2. Postpartum blues <ol style="list-style-type: none"> a. Lasts 3–7 days b. Due to hormonal changes, discomfort or fatigue c. Usually temporary 3. Need for rest, time for self and for support person
IV. Breastfeeding	Mother is breastfeeding comfortably. Mother is nursing at least every 2.5 to 3 hours during the day and once at night. No routine supplemental formula or water is given for the first three weeks of nursing	Not breastfeeding	Assess: If mother is having any problem with sore nipples, engorgement, or any other concerns. Inquire about frequency of feedings, and supplemental formula, or water feedings. Observe feeding to determine: positioning of infant; latch-on; strength of suck and swallow. Counsel to ensure that mother has written breastfeeding references BREASTFEEDING: a Mother's Gift, or a book from WIC lending library) Inform mother of breastfeeding support available in the community (peer counselors; lactation consultant; support groups; and telephone help) Counsel: Information on specific concerns related to feeding assessment or mother's questions If bottle feeding, note any issues or problems with feeding and need for referral

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V. Home Environment	<p>Family is living in a home that is adequate in space, cleanliness, and repair.</p> <p>Family has adequate equipment to safely prepare and store food.</p>		<p>Assess: Home environment for physical hazards and overcrowding.</p> <p>Assess: Smoking (home and car) and if smoke/ carbon monoxide detectors are present.</p> <p>Assess: <ul style="list-style-type: none"> – If equipment present and working by asking if stove, refrigerator, water, plumbing and electricity available (check off boxes as indicated on the form) – If bottle feeding, note any issues with formula preparation and/or storage, refer as indicated </p>
VI. Nutritional Status	<p>Mother's appetite is normal.</p> <p>Family has access to an adequate and safe food supply.</p>		<p>Assess: Determine the number of meals and snacks mother eats in a day as compared to how she ate before pregnancy.</p> <p>Determine if she is taking a vitamin/mineral supplement.</p> <p>Determine the date of the next WIC appointment and date of WIC certification appointment.</p> <p>Counsel: If significant nutrition-related problems exist, counsel during home visit.</p> <p>Refer to public health nutritionist, and/or care coordinator</p>
VII. Elimination 1. Voiding 2. Bowel/Function 3. Hemorrhoids	<p>Mother is voiding in adequate amounts with no discomfort.</p> <p>Mother's bowel pattern is normal, with no discomfort.</p>		<p>Assess: Determine adequacy of fiber and fluid intake if problems with constipation or hemorrhoids</p> <p>Assess: Determine fluid intake for both quantity and kind</p> <p>Counsel: Suggest increased fiber and fluid intake</p> <p>Suggest sitz baths for hemorrhoids</p> <p>Suggest cold witch hazel on soft material (white tee shirt, cotton gauze pads) for hemorrhoid discomfort</p>

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VIII. Postpartum Physical Recovery	<p>Mother states and/or demonstrates that she is progressing normally through postpartum recovery</p> <p>Edema not present</p> <p>BP will return to prenatal baseline reading</p> <p>Breast not engorged and nontender by three weeks</p> <p>Cesarean incision has healed by seven days postpartum.</p> <p>Rubra lochia subsides in one week</p> <p>Episiotomy/perineum is healed by six weeks</p> <p>Mother will increase her activities gradually within her level of tolerance</p>	<p>Pre-existing medical condition</p> <p>Delivery did not require C-section</p>	<p>Note: "WNL" means "within normal limits" and is optional to check off this box, but it will help in-house staff to identify more quickly what part of the exam was normal.</p> <p>Assess physical status:</p> <ol style="list-style-type: none"> 1. Inquire about general well being 2. Observe for edema of hands, face, and ankles 3. Take temperature if signs or symptoms of infection present 4. Take blood pressure and compare the reading prior to pregnancy or prenatal baseline blood pressure 5. Inquire and inspect if indicated: <ol style="list-style-type: none"> a. Breast/nipples b. Abdominal incision c. Uterus d. Lochia e. Afterbirth pains f. Episiotomy and perineum g. Legs including homan sign <p>Assess: Mother's current activity level and determine if it is detrimental for her.</p> <p>Counsel:</p> <ol style="list-style-type: none"> 1. Rest frequently, lying down with feet elevated 2. Wash perineum well, front to back, after each toileting 3. Change peri pad each time she goes to bathroom 4. Take sitz bath TID or more often as needed 5. Keep bladder empty and lie on stomach to ease afterbirth pains 6. If not breastfeeding, wear supportive bra day and night. Use ice packs if needed for breast discomfort: avoid hot showers. <p>Refer: Report to MD – edema beyond one week, temperature elevation, blood pressure elevation, painful lump in breast, signs of infection, excessive bleeding with clots beyond one week, foul smelling discharge, severe abdominal pain, burning of urination, pain in legs</p>

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	<p>Mother will perform appropriate postpartum exercises daily.</p>	<p>If Cesarean birth or Tubal ligation, follow doctor's advice for exercise</p>	<p>Assess: Mother understands the need for postpartum exercises.</p> <p>Counsel benefits exercise:</p> <ol style="list-style-type: none"> 1. Promotes healing 2. Enhances circulation 3. Restores figure 4. Enhances physical recovery during involution 5. Improves general well being and self esteem <p>Encourage daily exercises:</p> <ol style="list-style-type: none"> 1. Begin Kegel's exercises immediately after birth (includes women with abdominal incisions) 2. Start other exercises slowly and build up to maximum repetitions by 6th week: <ol style="list-style-type: none"> a. pelvic rock b. baby sit ups c. bent leg lift <p>Explain/demonstrate how to perform exercises. Praise for performing exercises and reinforce, as needed.</p>
<p>IX. Family Relationships</p>	<p>Mother moving toward a satisfying, comfortable relationship with her infant and significant others.</p>	<p>Stillbirth/miscarriage or baby placed for adoption.</p> <p>Additional issues in parent-infant interaction may exist when the infant has special medical and/or developmental needs, such as prolonged NICU stay, congenital anomaly or other special situations.</p>	<p>Assess:</p> <ol style="list-style-type: none"> 1. Observe feeding and caring for infant 2. Ask mother if family members assist her in caring for infant 3. Ask about source of income and its adequacy for meeting the basic family needs for food, shelter and clothing <p>Demonstrate, if needed, how to interact with infant:</p> <ol style="list-style-type: none"> 1. Establish eye contact 2. Hold closely, touch and stroke and rock 3. Talk and sing to baby <p>Point out to mother the unique characteristics of her baby. May use developmental test to do this.</p>

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	<p>Resumes sexual intercourse by mutual agreement with partner and without discomfort</p> <p>Domestic violence is identified and resources shared with mother.</p>	<p>Not having sexual relations.</p> <p>Episiotomy is not healed</p> <p>Privacy for open discussion.</p>	<p>A coital position in which the woman has control of the depth of the penile penetration is also useful. Side-lying or female-superior positions are often recommended. These positions are also recommended for women with abdominal incisions.</p> <p>Encourage Kegel's exercises; strengthening her pubococcygeal muscle will also assist with vaginal perception and response during intercourse.</p> <p>Vaginal dryness may occur and a lubricant might be needed (water soluble gel, contraceptive cream, etc.).</p> <p>If some vaginal tenderness is present, the partner can be instructed to insert one or more clean, lubricated fingers into the vagina, and rotate them within the vagina to help relax it and to identify possible areas of discomfort.</p> <p>Provide the following information:</p> <ol style="list-style-type: none"> 1. Observe behavior of mother and others in the home 2. Ask mother about safety issues 3. Provides resources
X. Contraception	<p>Mother able to articulate use of chosen method of contraception</p> <p>Does not conceive unplanned pregnancy.</p> <p>Planned future pregnancies</p>	<p>No method chosen; tubal ligation postpartum.</p> <p>No contraceptive method is acceptable.</p> <p>Lack of resources and not using effective method of birth control.</p>	<p>Assess: Couple's understanding and use of selected method of contraception; provide information as needed.</p> <p>Mother has postpartum exam within eight weeks.</p> <p>Particular attention should be given to family needs for information, support, and services in special situations.</p> <p>Assess: Mother's knowledge regarding reasons for family planning — physical, emotional, financial, social.</p> <p>Assess: Mother's knowledge of birth control methods and assist mother in future planning.</p> <p>Assess: Mother's knowledge and potential impact of family planning methods on lactation if applicable.</p> <p>Encourage mother to discuss family planning methods with her sexual partner.</p> <p>Counsel: Discuss a variety of temporary and permanent methods.</p>

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XI. Referrals	Mother recognizes need for preventive care for herself.		<p>Assess: Mother's knowledge of and need for postpartum exam. Ask if mother has information or appointments for:</p> <ul style="list-style-type: none"> A. WIC B. Medicaid C. Postpartum Exam/ Family Planning D. Child in need of CSC E. Breastfeeding support/reinforcement F. Parenting classes G. Transportation H. Make sure mother is aware of FP Medicaid waiver if no other source of medical coverage I. Newborn Assessment Completed J. Other
XII. Coordination of Services	Collaboration and information sharing with MCC and CSC as indicated	<p>Patient not receiving MCC or CSC services</p> <p>No MCC or CSC needs identified</p> <p>Patient refuses MCC or CSC referrals for identified needs</p>	<p>Review DMA Clinical Coverage Policy No.: 1M-5 (Revised: May 1, 2007 or latest revision), 7.0 Additional Requirements.</p> <ul style="list-style-type: none"> A. Prior to visit, discuss past and present medical history of mother and baby with MCC and/or CSC Coordinators. B. Discuss MCC/CSC Care plan(s), if services are currently being provided. C. Following the visit: document findings in mother's and Child's record as they apply; discuss observations with MCC and/or CSC Coordinators; and update MCC and/or CSC care plan as applicable.