Royal Cornwall Hospitals
NHS Trust

Postnatal Care Planning and Information Clinical Guideline

V3.2

October 2024

1. Aim/Purpose of this Guideline

1.1. Postnatal care covers care of the birthing person and the baby after transfer from intrapartum care up until 28 days after the birth.

1.2. NICE recommends that when giving information about postnatal care, use clear language and tailor the timing, content and delivery of information to the woman's needs and preferences. Information should support shared decision making and be: (NEW 2022).

- Provided face to face and supplemented by virtual discussions and written formats, for example, digital, printed, braille or Easy Read.
- Offered throughout the birthing person's care.
- Individualised and sensitive.
- Supportive and respectful.
- Evidence based and consistent.
- Translated by an appropriate interpreter face to face (or using phone services if no interpreter is available in person) to overcome language barriers.

1.3. Postnatal Care is a continuum of pregnancy and birth. The care aims to empower the birthing person to care for themself and new baby, promoting optimum physical and emotional wellbeing. Postnatal care is undertaken in partnership with patient and is individualised to meet the specific needs of birthing people and their babies. When caring for a person who has recently given birth, listen to them and be responsive to their needs and preferences.

1.4. This guideline makes recommendations for people who are pregnant. For simplicity of language the rest of this guideline uses the term woman, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.

1.5. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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2. The Guidance

2.1. Care Planning, Information and Documentation:

Following the birth of the baby, it is the responsibility of the midwife completing the intrapartum notes to commence the postnatal records. This includes the:

- Handover and plan of care for mother and baby.
- Initial neonatal assessments page.
- NEWS observations to be completed in first hour for all babies.
- All neonatal documentation to be written in the neonatal notes main medical folder, a summary to be completed on transfer to community.

2.2. Individualised Postnatal Care Plan

The midwife completing the woman's intrapartum care should ensure that a plan of care is agreed with the woman/family, considering any relevant factors from the antenatal, intrapartum and immediate postnatal period and any special considerations for both birthing person and baby this should be documented on the postnatal handover tool in the handheld notes**.** This may be informed by the person's personalised care and support plan.

- All postnatal contacts including postnatal checks, including while admitted, must be documented on the electronic record.
- The postnatal care plan section of the electronic record should also be updated and should include information regarding the plan of care including if enhanced postnatal care is needed. (NEW 2024).
- Ensure the electronic record (speech bubble) and TR11 are checked for any safeguarding concerns and any relevant plans followed.

2.3. Women with multiagency, multidisciplinary or safeguarding needs

2.3.1. Any woman who has required support from other agencies or healthcare professionals throughout the ante natal period will have an individualised plan which will be on the shared drive and/or on the electronic record in the speech bubble icon. (NEW 2024).

2.3.2. This plan will give information or special instructions about postnatal and ongoing care, and the name(s) of any health care or other professionals that need to be informed of the birth of the baby and the named health professional responsible for her ongoing care.

2.3.3. Any woman who is open to social care, an update is required for each shift from the named midwife caring for this patient to ensure effective communication for the safeguarding team and named social worker. (NEW 2024).

2.3.4. If the woman is being transferred out of county for a mother and baby placement, the transfer form needs to be completed and the sent to the relevant community team. (NEW 2024).

2.3.5. It will also be documented if the woman should be supported by enhanced postnatal care on the transfer to community records.

2.4. Communication between healthcare professionals at transfer of care (NEW 2022)

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

- The pregnancy, birth, postnatal period and any complications.
- The plan of ongoing care, including any condition that needs long term management.
- Advised schedule of weight reviews for the baby, including if a day 3 weight is recommended as per TC pathway. Please refer to Weighing and Care Planning for Newborn Babies with Weight Loss Clinical Guideline (cornwall.nhs.uk).
- Problems related to previous pregnancies that may be relevant to current care.
- Previous or current mental health concerns.
- Who has parental responsibility for the baby.
- The woman's next of kin
- Safeguarding concerns.

- 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.

2.5. Named Midwife

2.5.1. Whilst in hospital a midwife will be allocated, following handover, on each shift, to co-ordinate the care of the woman and that of the baby.

2.5.2. The allocated midwife is responsible for ensuring that the patient is aware who their named midwife is.

2.5.3. The potential length of stay within the hospital should have been discussed with the woman during the antenatal period; this should be revisited following the birth of the baby, considering any change in risk factors or new recommendations, prior to transfer to the postnatal ward.

2.6. Postnatal Contact

2.6.1. Postnatal care will be individualised to the needs of the woman and her baby and following the principles provided on the checklist in the electronic maternity records. Whilst they are inpatients, both mother and baby should receive a daily postnatal check documented on the electronic record.

2.6.2. Postnatal contacts in the community will be timed according to the guide in appendix 3 and as detailed in section 2.8 as with additional contacts as necessary.

2.6.3. At every postnatal contact in the community and hospital setting, ask the woman about her general health and whether she has any concerns, and assess her general wellbeing. Discuss topics that may be affecting her daily life, and provide information, reassurance and further care as appropriate. Topics to discuss may include:

- The postnatal period and what to expect.
- The importance of pelvic health and floor exercise, how to do them and when to seek help.
- Fatigue.
- Factors such as nutrition and diet, physical activity, smoking, alcohol consumption and recreational drug use.
- Contraception.
- Sexual Intercourse.
- Safeguarding concerns, social factors including support at home, preparation for the newborn, suitable equipment and housing.

- Routine enquiry into domestic abuse.

2.6.4. At each postnatal contact, assess the woman's psychological and emotional wellbeing, discuss signs/symptoms of postnatal mental health and psychiatric problems and how to seek help.

2.6.5. At each postnatal contact by a midwife, assess the woman's physical health, offer to check any wound including perineal sutures or caesarean section wound.

2.6.6. Women should be advised about the following are signs and symptoms of potentially serious conditions, and she should seek medical advice without delay if these occur (NEW 2022):

- Sudden or very heavy vaginal bleeding, or persistent or increased vaginal bleeding, which could indicate retained placental tissues or endometritis.
- Abdominal, pelvic or perineal pain, fever, shivering, or vaginal discharge with an unpleasant smell, which could indicate infection.
- Leg swelling and tenderness, or shortness of breath, which could indicate venous thromboembolism.
- Chest pain, which could indicate venous thromboembolism or cardiac problems.
- Persistent or severe headache.
- Worsening reddening and swelling of breasts persisting more than 2 hours despite self-management, which could indicate mastitis.
- Change or deteriorating mental health, insomnia, feelings of inadequacy as a mother.

2.6.7. At each postnatal contact, give the family the opportunity to talk about their birth experience at a time that is right for them, and provide information about the birth reflections service if appropriate (NEW 2022).

2.6.8. All healthcare professionals should ensure appropriate referral if there are concerns about the persons physical or emotional health.

2.7. Postnatal Care of the Baby (NEW 2022)

2.7.1. Assessment and care of the baby

2.7.1.1. At each postnatal contact, ask parents if they have any concerns about their baby's general wellbeing, feeding or development.

2.7.1.2. Review the history and assess the baby's health, including physical inspection and observation. If there are any concerns, take appropriate further action.

2.7.1.3. Offer to carry out a complete examination of the baby within 72 hours of the birth – See Screening for Newborn Infant Physical Examination (NIPE) Clinical Guideline (cornwall.nhs.uk).

2.7.1.4. Offer neonatal screening in line with national guidance on day 5 of life - Screening for Newborn Blood Spot Clinical Guideline (cornwall.nhs.uk).

2.7.1.5. When Neonatal blood spot screening is carried out on the ward a second practitioner should counter check the quality of the samples and the accuracy of patient details and ward log to be completed.

2.7.1.6. Offer reviews of baby's weight in line with the Weighing and Care Planning for Newborn Babies with Weight Loss Clinical Guideline (cornwall.nhs.uk).

2.7.1.7. Give parents information about:

- Care of the umbilical stump.
- Feeding.
- Bonding and emotional attachment.
- How to recognise if the baby is unwell, and how to seek help see 2.7.3.
- Established guidance on safer sleeping signpost to lullaby trust.
- Maintaining a smokefree environment for the baby.
- ICON - to be discussed with the father/partner present. Consider the use of the ICON Coping with Crying plan (NEW 2024).
- Recognising signs of jaundice and seeking advice about this if concerned (NEW 2024).

2.7.1.8. Advise parents how to access advice from a healthcare professional if they think their baby is unwell, and to contact emergency services (call 999) if they think their baby is seriously unwell.

2.7.1.9. Situational risks out of routine circumstances can increase the risk of sudden unexpected death in infancy (SUDI) Discussion to highlight to families the risks when sleeping routine is altered, such as a change in location. (NEW 2024).

2.7.1.10. Bed Sharing advise parents that the safest place for their baby to sleep is in their own separate and clear sleep space, on a firm, flat mattress.

2.7.1.11. Discuss with parents that if they choose to bed share at any point, that they should be aware of safer practices for bed sharing including:

- Making sure the baby sleeps on a firm, flat mattress, lying face up (on its back) with its feet at the foot of the cot (NEW 2024).
- Not sleeping on a bed or chair with the baby.
- Not having pillows of duvets near the baby.
- Babies should not be overwrapped/swaddled and do not need to wear a hat in the house. (NEW 2024).
- Not having children or pets in the when sharing the bed with a baby.

Strongly advise parents not to share a bed with their baby if their baby was low birth weight or if either parent:

- Has had any alcohol.
- Smokes.
- Has taken medication that causes drowsiness.
- Has used recreational drugs.

2.7.2. Promoting emotional attachment.

2.7.2.1. Before and after the birth, discuss the importance of bonding and emotional attachment with parents, and the approaches that can help them to bond with their baby.

2.7.2.2. 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.

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

- The woman and partners physical and emotional recovery from birth.
- Experience of a traumatic birth or birth complications.
- Fatigue and sleep deprivation.

- Feeding concerns.
- Demands of parenthood.

2.7.2.4. Recognise that additional support in bonding and emotional attachment may be needed by some parents who:

- Have experienced a traumatic birth.
- Have a history and lived experience of being a child in care supported by the local authority.
- Have experienced adverse childhood events.
- Have complex psychosocial needs.
- Parents with a learning or physical disability. Easy read resources are found on the TR11 shared folder to be used to support parenting advice and observations (NEW 2024).

2.7.3. Symptoms and signs of illness in babies

2.7.3.1. Listen carefully to parents' concerns about their baby's health and treat their concerns as an important indicator of possible serious illness in their baby.

2.7.3.2. Follow the local guidance for early-onset neonatal infection including the red flags for serious illness in young babies: Infection in Neonates - Early and Late Onset Clinical Guideline (cornwall.nhs.uk).

2.7.3.3. Be aware that fever may not be present in young babies with a serious infection.

2.7.3.4. Be aware of possible significance of a change in the baby's behaviour or symptoms, such as refusing feeds or a change in the level of responsiveness.

2.7.3.5. Be aware that the presence or absence of individual symptoms or signs may be of limited value in identifying or ruling out serious illness in a young baby.

2.7.3.6. If a baby is thought to be seriously unwell based on a 'red flag' (see recommendation 2.7.3.2) or on an overall assessment of their condition, arrange an immediate assessment with an appropriate emergency service. If the baby's condition is immediately life-threatening, dial 999.

2.8. Transfer to Community Care

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

- Assess the woman's health and document on the electronic maternity records.

- Assess the woman's bladder function by measuring the volume of the first void with sensation. If this has not already been undertaken - refer to Bladder Care for the Obstetric Patient Clinical Guideline (cornwall.nhs.uk).
- Assess the baby's health (including physical inspection and observation) and document on the electronic maternity records.
- If the baby has not passed meconium or urine, advise the parents that if the baby does not do so within 24 hours of birth, they should be advised to call the maternity triage line for advice.
- Ensure there is a plan for feeding the baby and document the plan on the electronic maternity records complete a feeding assessment.
- If there are concerns regarding infant feeding, weight loss or poor weight gain consider referral to infant feeding team and follow the guideline for this (NEW 2024).
- Signposting to relevant patient information leaflets on the electronic record leaflet library and talking through them. This will be individualised to the women but must always include:
    - Signs of Sepsis.
    - ICON – Babies cry you can cope.
    - Safer Sleeping.
    - Registration of birth.
    - Relevant feeding/expressing leaflets.
    - The postnatal period and what to expect.
    - The importance of pelvic floor exercises.
    - What support is available.
    - Jaundice (NEW 2024).

2.8.2. Ensure the woman has contact details and knows to contact the community team and emergency 24-hour maternity triage line and discuss who to contact in which circumstances. Advise them to expect a phone call the following day and to contact triage if they have not heard from the community team by 12:00 the day following discharge. The woman should also be aware that she can access help and advice from her GP and NHS 111. (NEW 2024).

2.8.3. At discharge, staff must ensure the woman's discharge address, registered GP and contact details are correct on the electronic record, and that the transfer is completed in a timely fashion to the correct community team by fully completing the 'transfer to community' questionnaire on the electronic record ensuring a green tick next to the questionnaire is present. (NEW 2024).

2.9. Postnatal care planning in the community (NEW 2024)

2.9.1. When transferred to the community, the woman's local midwifery team will continue her postnatal care.

2.9.2. The day following transfer to the community from hospital or following birth in the community a community midwife will contact the woman and will make a plan made for postnatal care contacts.

2.9.3. NICE recommends that the first postnatal visit is within 36 hours of transfer from the place of birth or after a home birth and should be face-to-face.

2.9.4. This contact may be in a community base or the woman's home depending on their needs.

2.9.5. If the baby is born out of county, the midwife receiving the discharge will need to register the electronic system ensuring that a CR number is generated for mother and baby.

2.9.6. If the NIPE is not already completed, a plan to do this should be made by the community midwifery team if possible, within 72 hours of birth. If this is not possible a team leader should be contacted to make a plan, which may include the woman returning to the hospital setting to receive a NIPE check for her baby.

2.9.7. The next routine contact will be a telephone call on day 3, which is an opportunity to enquire about jaundice and to make a full infant feeding assessment, alongside general wellbeing, the woman and baby can be seen on this day if needed.

2.9.8. The woman should be offered a face-to-face contact on day 5 and day 10. Baby's weight and feeding should be assessed at these points and infant newborn blood spot collected (if consented for) on day 5. This may be with a maternity support worker or a midwife.

2.9.9. Discharge from community care to the GP/health visitors should be done by a registered midwife, ensuring that all relevant discharge information has been provided.

2.9.10. Postnatal care will continue up to 28 days according to the needs of the family.

2.9.10.1. **ENHANCED POSTNATAL CARE.**

If a family has been identified as requiring enhanced postnatal care this should be documented in the woman's electronic record. In this case the woman should not be

discharged before the fourth week postnatally and may expect to receive additional care and support. Enhanced postnatal care should include:

- A face-to-face appointment with a **midwife** on the day following discharge from hospital. This may be in her home or in the midwifery base.
- A day 3 contact which may be over the phone or face to face with a midwife or MSW depending on need.
- A day 5 appointment with a midwife or MSW either in the home or in the midwifery base.
- A day 10 appointment with a midwife or MSW either in the home or the midwifery base.
- A minimum of weekly contact until discharge which may be face to face or on the telephone.
- A face-to-face contact on or around 28 days to weigh baby and discharge both mum and baby from maternity care. This should be carried out by a midwife.
- There may be additional contacts if the family or the midwifery team have any concerns.
- Updates to TR11 are required if the baby is on a child protection or child in need plan. Otherwise, usual documentation is sufficient and social updates can be added to the speech bubble on the electronic record.
- There should be regular ongoing communication with social worker/ family support worker, Wren and Safeguarding team if involved, and robust handover of care to HV and GP upon discharge from maternity services.

The care given on each postnatal contact should include all the elements included in the universal guideline but with additional considerations for the circumstances which have led to the family needing the enhanced pathway.

At least one of the postnatal contacts should be carried out in the home so that the living environment can be assessed as being safe and suitable for baby.

2.10. Discharge from the maternity service

2.10.1. On discharge from the maternity service the midwife must complete the final discharge questionnaire in the electronic maternity records.

2.10.2. Any referrals required at that time will be completed using the maternity

electronic records including referral to the Health Visitor.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	• The audit will take into account record keeping by obstetricians and midwives. • Any failings in care will be reported via the audit report or direct to the senior management team if patient safety issue requiring immediate response. • The results will be inputted onto an excel spreadsheet The audit will be registered with the Trust's audit department.
Lead	Audit Midwives
Tool	• Was it documented that a postnatal discussion had taken place about the baby's health and how to recognise and respond to concerns about their baby's health? • For a baby diagnosed with suspected or poor outcome, were any discussions with the parents documented in either the woman's or baby's notes? • Was it documented that sepsis, ICON and safer sleeping information had been given prior to transfer to the community team? • Was it documented that the triage contact number had been given prior to discharge form the hospital/birth centre setting? • Was it documented that baby's feeding and general care was explored at each contact? • For women with an individualised plan of care on the safeguarding shared drive, was it documented who the named health professional responsible for her care was? • Were all women on an enhanced care plan seen at home at least once in the postnatal period? • Was it documented that the woman's psychological and emotional wellbeing was explored at each contact? • Was it documented that the woman's physical wellbeing was explored at each contact? • Was the electronic discharge care record completed for ▪ Mother on transfer to community. ▪ Mother on discharge from midwifery care. ▪ Baby on transfer to community (if from maternity care). ▪ Baby on discharge from midwifery care (if under midwifery care).

Information Category	Detail of process and methodology for monitoring compliance
Frequency	1% or 10 sets, whichever is the greater, of all health records of women who have delivered, will be audited over a 12-month period.
Reporting arrangements	• A formal report of the results will be received annually at the Maternity Patient Safety Forum, as per the audit plan. • During the process of the audit if compliance is below 85% or other deficiencies identified, this will be highlighted at the next Maternity Patient Safety Forum and an action plan agreed.
Acting on recommendations and Lead(s)	• Any deficiencies identified on the annual report will be discussed at the maternity risk management and an action plan developed. • Action leads will be identified and a time frame for the action to be completed by. • The action plan will be monitored by the patient safety forum until all actions complete.
Change in practice and lessons to be shared	• Required changes to practice will be identified and actioned within a time frame agreed on the action plan. • A lead member of the forum will be identified to take each change forward where appropriate. • The results of the audits will be distributed to all staff through the Patient Safety newsletter as per the action plan.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Postnatal Care Planning and Information Clinical Guideline V3.2
This document replaces (exact title of previous version):	Postnatal Care Planning and Information Clinical guideline V3.1
Date Issued/Approved:	October 2024
Date Valid From:	October 2024
Date Valid To:	December 2025
Directorate/Department responsible (author/owner):	Sam Gale, Maternity Matron
Contact details:	01872 252684
Brief summary of contents:	Postnatal Care is a continuum of pregnancy and birth. The care aims to empower the women to care for herself and new baby, promoting optimum physical and emotional wellbeing. Postnatal care is undertaken in partnership with women and is individualised to meet the specific needs of women and their baby.
Suggested Keywords:	Postnatal, care, planning.
Target Audience:	**RCHT: Yes** **CFT: No** **CIOS ICB: No**
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Tamara Thirlby
Links to key external standards:	CNST 5.9
Related Documents:	References: National Institute for Clinical

Information Category	Detailed Information
	Excellence (NICE) 2013: Routine postnatal care of women and their families.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Midwifery and obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 2010	1.0	Initial document	Jan Clarkson Maternity risk manager
October 2012	1.1	Changes to compliance monitoring	Jan Clarkson Maternity risk manager
May 2016	1.2	Benchmarked with NICE guidance	Karen Needham Deputy Team Leader Mairead Archer Post Natal Ward Sister
April 2019	2.0	Reviewed and changes made to include Euroking	Sarah Coe, Postnatal Ward Lead
November 2022	3.0	Full version update. All changes have been labelled as ‘NEW 2022’ Addition of new Trust template	Sarah Harvey Hurst, Clinical Matron

Date	Version Number	Summary of Changes	Changes Made by
September 2024	3.1	Multiple updates. All changes have been labelled as 'NEW 2024'	Kath Bell Postnatal/Transitional Ward Lead, Amber Newton, Community Team leader
October 2024	3.1	Update to 2.9.4	Catherine Wills, Practice Development Midwife

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Postnatal Care Planning and Information Clinical guideline V3.2
Directorate and service area:	Obstetrics and Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Kath Bell and Amber Newton, Postnatal/Transitional care Ward Manager and Community Midwifery Team Leader.
Contact details:	01872 252159

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance for midwives on care planning and information giving in the post-natal period.
2. Policy Objectives	Midwives to provide individualised care and provision of information.
3. Policy Intended Outcomes	Women/parents to receive relevant information and advise during the post-natal period.
4. How will you measure each outcome?	Compliance monitoring tool.
5. Who is intended to benefit from the policy?	Women/parents and their newborn.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Maternity Guidelines Group
6c. What was the outcome of the consultation?	Guideline Agreed.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Kath Bell, postnatal ward manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Postnatal Care Pathway