



> 24 hour signs & symptoms

Advising on the potentially life-threatening signs in postnatal care



The message we are getting from our members is clear. We must do something to address the state of postnatal care. That's what our campaign Pressure Points is all about. Presenting the evidence and making a case for better provision of postnatal care – enabling midwives, maternity support workers (MSWs) and student midwives to give women and their families the care that they deserve.

Over the next few months we'll be focusing on different Pressure Points and demonstrating how they can be eased by funding more midwives. This report focuses on whether mothers are informed within the first 24 hours after the birth of the signs and symptoms of potentially life-threatening health problems that could affect them or their baby.

It is clear that our members are taking the strain of an underfunded and under resourced postnatal service. A service that without sufficient means can lead to harmful consequences on the health of mothers and children that the maternity team struggle to care for.

Cathy Wannick

Chief Executive,
Royal College of Midwives

Pressure Point 2

24 hour signs & symptoms; the background

The first day after birth and the weeks that follow are a life-changing time of transformation for both mother and baby.

Within the first 24 hours after the birth, a mother should be advised of the signs and symptoms of potentially life-threatening conditions both to herself and to her baby. She should understand what to look for and when to call the emergency services. For most mothers, thankfully, the postnatal period will be uncomplicated but, for others, knowing these warning signs could make all the difference.

One of the challenges of providing this information is in ensuring that the information is received, understood and retained. Maternity units should consider how written and other information sources can be provided for mothers to assist this.

The need to reiterate this information in the following days needs consideration too, to maximise the likelihood the messages will stick.

The majority of maternal deaths in the UK happen after the birth. So fixing postnatal care is something we all have to get right if we are to improve the safety of pregnancy and birth.

We fear that financial belt-tightening and the shortage of midwives, particularly in England, means women leaving maternity units too early and women being short-changed when it comes to postnatal visits. Inevitably that means midwives and maternity teams do not have the time to sit down and explain to women the vital things they should be looking for. It is also difficult to provide women with the name of a midwife they can contact whenever they need support and advice.

This report examines whether maternity teams have the time to provide the care that women want, need and deserve.

What are the signs?

Here are just some of the signs and symptoms that a mother needs to look for in her own body:

- Sudden, profuse or persistent vaginal bleeding as well as the normal process of changes in vaginal blood loss over the first week. This applies to all women whatever the mode of birth
- Faintness, dizziness, palpitations or a racing pulse – signs of possible excess bleeding
- Fever, shivering or abdominal pain – signs of possible infection
- Bleeding from abdominal wound
- Swelling and pain in the vulval or perineal areas – may indicate issues with perineal repair or vulval haematoma
- Widespread rash – sign of infection
- Headaches accompanied by visual disturbance, nausea, or vomiting
- Shortness of breath or chest pain – sign of thromboembolism
- Pains or swelling in her legs particularly the calves
- Difficulty or pain passing urine

And here are some of the signs and symptoms a mother needs to look for in her baby, especially during the first three months:

- being less active, less responsive or more irritable than usual
- breathing faster than usual or grunting when breathing
- feeding less than usual
- nappies much less wet than usual
- has blue lips
- is floppy
- has a fit
- has a rash
- vomits green fluid
- has blood in their stools
- has a bulging or very depressed fontanelle (the soft part at the top of a baby's head)
- has a temperature higher than 38C
- with the exception of hands and feet, feels cold when dressed appropriately
- does not pass urine or faeces or develops a yellow skin colour (jaundice)

What should women be receiving?

NICE guidelines recommend that at the first postnatal contact, which should take place within the first 24 hours after the birth, women should be advised:

- Of the symptoms and signs of conditions that may threaten their life or the life of their baby
- To contact their healthcare professional immediately or call for emergency help if any of these signs or symptoms occur

The results

We asked midwives, student midwives and MSWs some key questions about this topic. Through the website www.netmums.com we also asked mothers what they thought. Throughout this report we will show the results of our members and mothers by using the icons below. These are the results.



Midwives



MSWs



Student Midwives



Mothers

> Standard of care



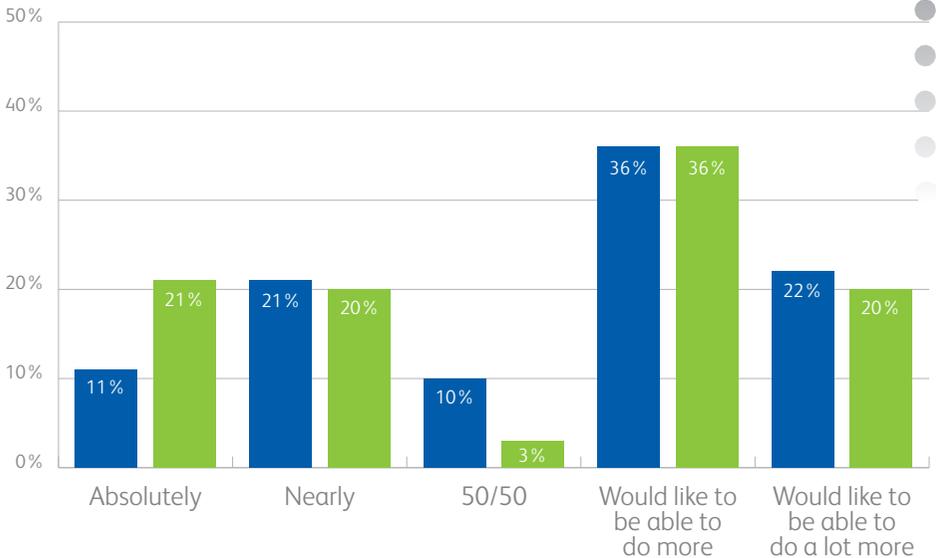
We asked midwives and maternity support workers:
Are you able to provide clinical postnatal care to a standard you are personally pleased with?



midwives



maternity support workers



mother: “I was disappointed with the postnatal care I received. I had no continuity postnatally”

midwife: “Women are discharged inadequately prepared because the hospital is grossly understaffed”

A clear majority of both midwives and MSWs are not able to provide women with postnatal care to a standard they are pleased with most of the time.

Of course midwives and MSWs need to provide care of the highest standard and ensure they are working as efficiently and effectively as possible but often they can't do this because of shortages. It is the fault of those who are in a position to ensure adequate staffing levels but choose not to do so.

These findings reflect perfectly the message we get from midwives time and again. They want to give better postnatal care, but they can't because there

aren't enough midwives and they don't have the resources they need to give women the care they need and deserve.

Recommendation: Providers of maternity care need to be supported to fund and recruit a sufficient number of midwives and MSWs, and to organise their services so they can provide a higher standard of postnatal care.

An established workforce planning tool, such as Birthrate Plus, should be used to help assess the number of staff required.

> NICE quality standard

We asked midwives:
Are you aware of the recently published NICE quality standard on postnatal care?

50%



Yes

Yes,
but I haven't had an opportunity to look at it in detail

student midwife:
"[the NICE standard] has not been promoted or acknowledged by our trust"

32%



Yes

Yes,
and I know what it recommends

student midwife: "It won't make the slightest bit of difference to the managers who try to control my practice and visits"

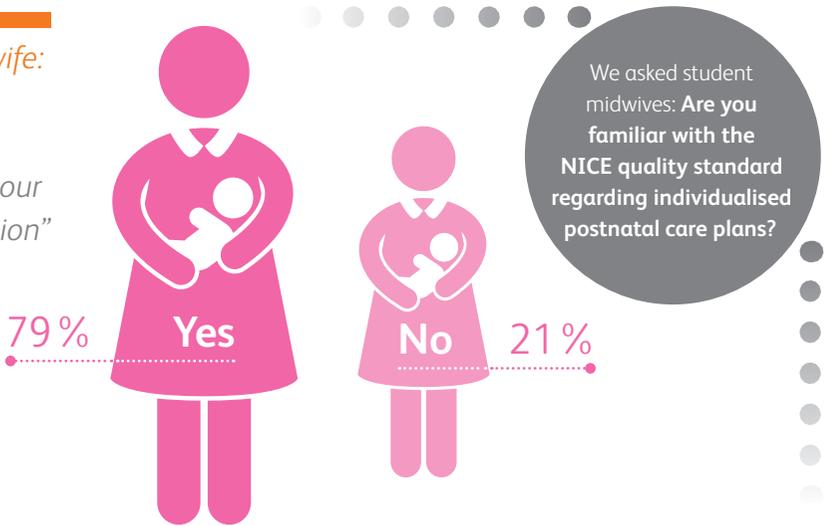
18%



No

No,
I have not received any information about it

student midwife:
“[the NICE
standard] is
unrealistic in our
current situation”



It is worrying that two-thirds of midwives in our survey either did not know about or have not yet had the opportunity to absorb the NICE quality standard on postnatal care. More must be done to publicise NICE recommendations to those responsible for implementing them, and more resources are needed to give midwives the time to stay up-to-date with them too.

The situation amongst student midwives seems better, although from what they told us there is

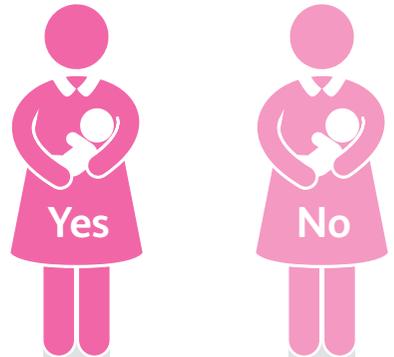
scepticism that such recommendations can be implemented with resources so stretched.

Recommendation: Those organisations providing maternity care must ensure that midwives have ‘protected time’ to keep themselves updated on new national standards and guidelines. They must ensure that the midwives they employ have the opportunity to input into how they are implemented at a local level.

> Recognising the signs

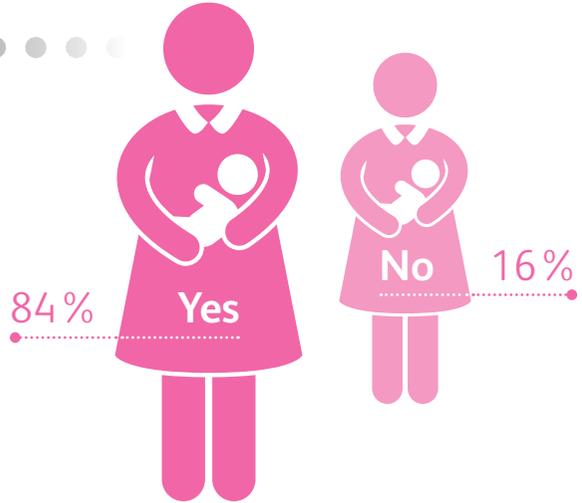
student midwife: “I feel slightly more confident with recognising signs in women, but with babies I do not feel confident at all”

We asked student midwives:
Do you believe you have received sufficient theoretical knowledge to recognise the following potentially life-threatening signs and symptoms in a postnatal woman in the first 24 hours?



	Yes	No
Postpartum haemorrhage	97	3
Signs of shock	85	15
Pyrexia (fever)	97	3
Rigors (extreme coldness linked to fever)	62	38
Abdominal pain	93	7
Offensive vaginal discharge	96	4
Headache accompanied by changes in vision	98	2
Headache accompanied with nausea or vomiting	91	9
Signs and symptoms of thromboembolism (a blood clot that has become lodged)	94	6
Dyspnoea (sudden or severe shortness of breath) or chest pain	80	20

We asked student midwives: **Do you believe you have received sufficient theoretical knowledge to recognise potentially life-threatening signs and symptoms in a baby in the first 24 hours?**



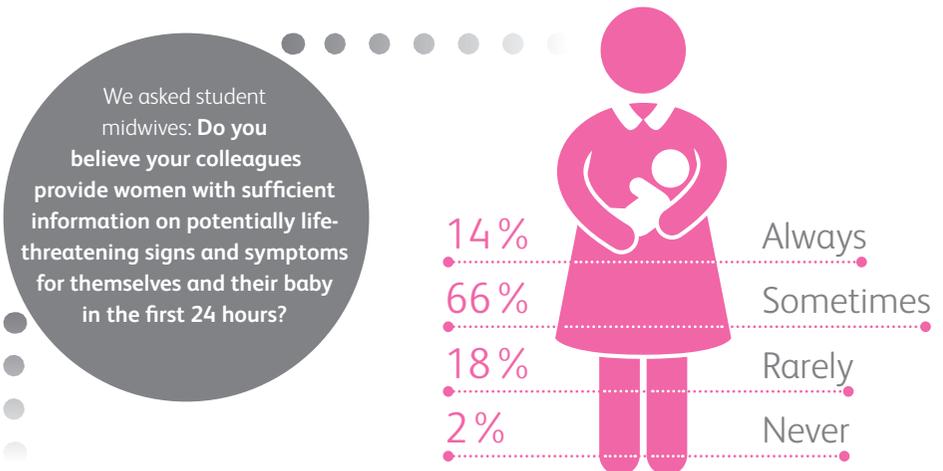
We asked student midwives: **Do you feel your clinical placement provides you with sufficient experience in giving advice to women on potentially life-threatening signs and symptoms for themselves and their baby?**

The results here are encouraging. Midwife mentors are crucial for student midwife development in order for them to put their theoretical knowledge into practice. But with increasing pressure placed on maternity services, the midwives capacity to mentor will inevitably suffer, resulting in implications for the quality of postnatal care delivered to women.

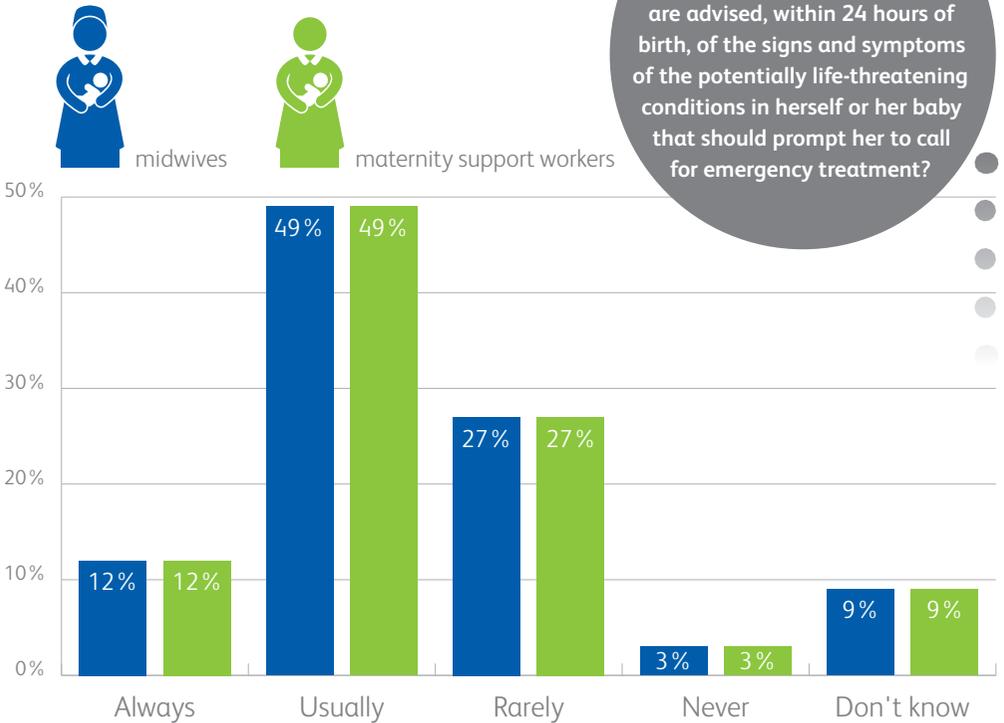
Recommendation: Action to ensure adequate staffing must take into account the need to have enough midwives to ensure adequate mentoring and support of students. Student placements should not be approved if this is not the case.

mother: "During labour and the birth the midwives were fantastic. Once on the ward though I was left to it"

> Informing mothers



student midwife: "The discharge chat is always rushed as the midwives are always pressed for time"



We are deeply concerned that so few mothers (23.5% of them) recalled receiving information about what signs and symptoms to look for that might be a danger to them or their baby. Almost a half (47%) were sure they hadn't been told.

Ensuring that all women are informed of these risks is a challenge when resources are tight and the midwife shortage in England is so acute. Those providing maternity services need to make sure they have enough midwives as well as maternity

support workers so that there is the time for them to sit down with women and run through the signs and symptoms they need to look for. Struggling to get by with too few midwives is an unacceptable risk and with the high litigation cost is a false economy.

Recommendation: Those providing maternity care need to ensure they employ enough midwives and that those midwives are informing women of this vital information.

midwife: "Since restructuring, delivery of care, such as use of postnatal clinics, continuity has disintegrated. Lack of staff and money has fragmented the service"

> Organisation of clinical care

We asked midwives and MSWs: **In your opinion, should the main focus of postnatal care be on...?**

midwife: "We're being asked to discharge women within six hours, so on a labour ward this means most postnatal stuff is done in a hurry by a maternity support worker or a health visitor"

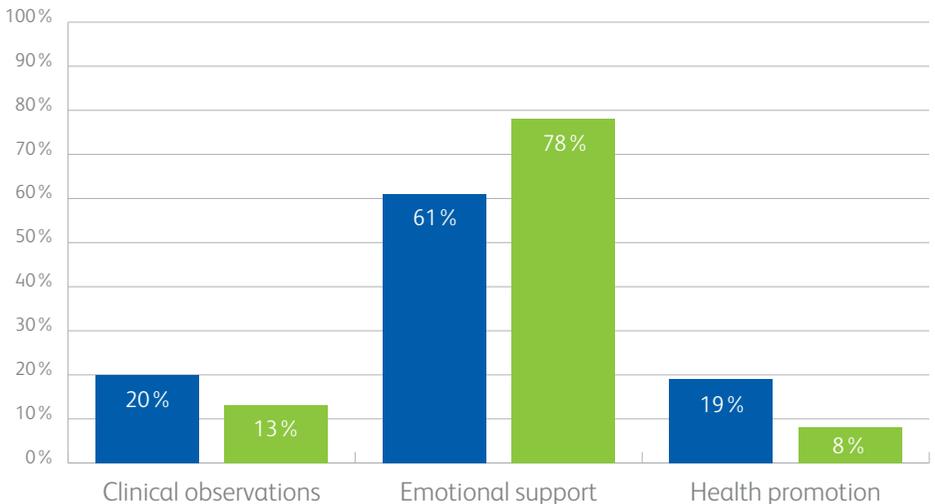


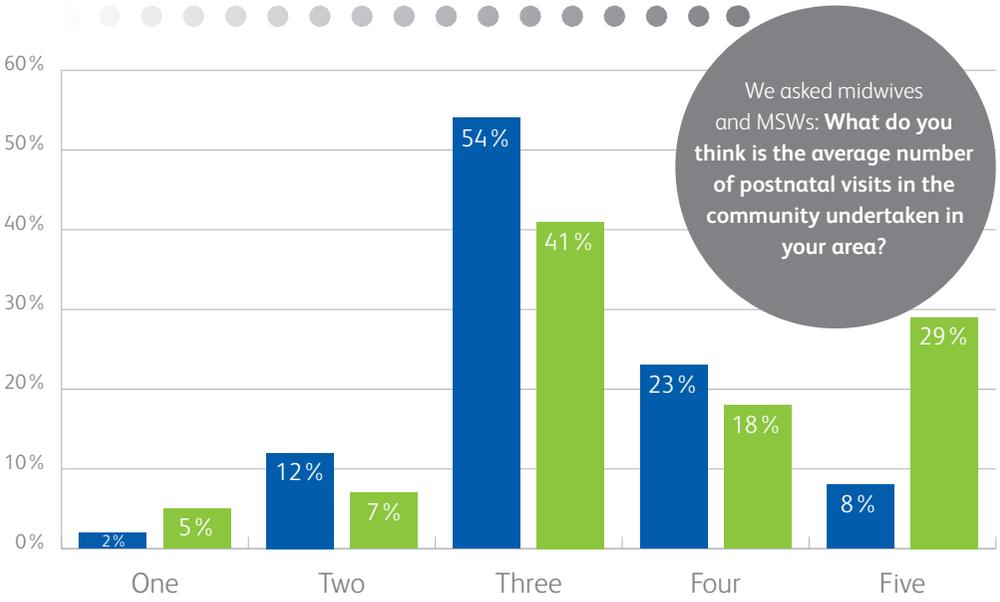
midwives



maternity support workers

midwife: "The management told me I had to discharge a woman who was struggling with breastfeeding as we needed the beds"





Number of postnatal visits

We asked midwives:
In your opinion, is the decision about the number of postnatal visits determined most significantly by...?



It is telling that two-thirds of midwives believe that decisions about the number of postnatal visits are mostly determined by organisational pressures, with fewer than a quarter believing it is down to a woman's needs. This is supported by the comments we received from midwives.

Recommendation: Midwives should be entrusted to make clinical decisions about the most appropriate level of postnatal visiting depending on the needs of each mother and baby. And funding for maternity services should be sufficient to cover this.

How do we fix this?

We are calling for five things:

- **Recommendation:** Providers of NHS maternity care need to recruit enough midwives and enough MSWs and organise their service so that they can provide a better standard of postnatal care in hospital and community settings.
- **Recommendation:** Those organisations providing maternity care must ensure that midwives have 'protected time' to keep themselves updated on new national standards and guidelines. They must ensure that the midwives they employ are informed and that they also have the opportunity to input into how national standards are implemented at a local level.
- **Recommendation:** Midwife shortages need to be addressed. If there were more midwives they would be able to spend more time with student midwives on clinical placements and maximise the learning experience for them.
- **Recommendation:** Those providing maternity care need to employ enough midwives to ensure that maternity staff have the time to give women vital information about their safety and their baby's safety.
- **Recommendation:** Midwives should be entrusted to make clinical decisions about the most appropriate level of postnatal visiting depending on the needs of each mother and baby.

Underpinning all this is the need for more midwives, particularly in England. A lack of resources is the key reason standards of postnatal care are falling. Attempts at improving care will always fall down in a service struggling to deliver many of the basic aspects of maternity care.

Progress must be made on this if we are to get anywhere in delivering the improvements in postnatal care that the RCM wants to see, midwives believe are necessary, the evidence shows are important and which mothers deserve.

Get involved with our campaign online at
www.rcm.org.uk/pressurepoints

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The Royal College of Midwives

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