

Public Health Nursing: *Postpartum Nursing Care Pathway*

2019

Provincial Standards For Prenatal,
Postpartum And Early Childhood:
Province of Manitoba

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Introduction

About the Postpartum Nursing Care Pathway

The Postpartum Nursing Care Pathway identifies the goals and needs of postpartum clients and their families and is the foundation for documentation on the Public Health Nursing (PHN) Postpartum Assessment form. To ensure all of the assessment criteria are captured, they have been organized in alphabetical order into four main sections:

- Physiological Health
- Psychosocial Health
- Family Strengths and Challenges
- Lifestyle

While the postpartum assessment criteria are presented as discrete topics it is not intended that they be viewed in isolation. To assist with this, there is cross referencing to the Newborn Care Pathway throughout. The parent and newborn are considered to be an inseparable dyad with the care of one influencing the care of the other.

In this document, assessments are entered into specific periods from immediately after birth to 7 days postpartum and beyond. For the ease of PHN practice however, the documentation form reflects days postpartum rather than hours.

Postpartum Assessment

The performance of a postpartum physical, psychosocial, family, lifestyle and safety assessment is referred to as a Nursing Assessment. Once the client is in their own surroundings, assessments will be performed based on individual nursing judgment in consultation with the family.

To obtain pertinent information:

- Confirm assessment data with the client.
- Review the information provided on the Postpartum Referral Form (PPRF).

For any identified variances or pertinent observations:

- Document in the Progress Notes prior to entry into the electronic information system where applicable.

Item	Description
Client Surname	- The surname of the client
Given Name	- The given (first) name of the client
Date of Birth (DOB)	- Client's date of birth (MONTH/DD/YYYY)
Personal Health Identification Number (PHIN), Nunavut Number	- Client's nine digit Manitoba personal health identification number (PHIN) or Nunavut Health Care Plan number
Gestational Age	- Infant gestational age indicated on postpartum assessment form
Manitoba Family Registration Number (MFRN)	- Client's six digit family registration number

Contact Date and Time

Indicate date(s), and time of contact as Month, DD, YYYY (for example Jul 31, 2018, @ 11:15 am), type(s) of contact:

Contact Type

Initials	Name	Description
DC	Direct contact	In person meeting that may occur at any variety of locations
IC	Indirect contact	Communication with the client that is not in person - it may be via phone, social media, etc.

General Guidelines

Documentation will be completed on the assessment forms using a charting by exception process. The Prenatal, Newborn and Postpartum Care Pathways contain information on normal, normal variations, variances, interventions, education, and anticipatory guidance. PHNs will indicate their assessment as follows:

Spaces are not left blank. Documentation is completed using:

Item	Description
PHN initials	Indicates PHN assessment is consistent with normal expectations contained in the care pathway
V (Variance)	Indicates a key assessment finding that requires further explanation in the progress note
/ (Not Assessed)	PHN has not assessed that area

Note: Bracketing and initialing sections is acceptable.

Item	Description
Time from birth in number of days postpartum	<ul style="list-style-type: none">- Postpartum Day 1 = 0 (birth) to 24 hours- Postpartum Day 2 = 24 to 48 hours- Postpartum Day 3 = 48 to 72 hours- Postpartum Day 4 = 72 to 96 hours- Postpartum Day 5 = 96 to 120 hours etc

Physiological Health

Abdomen / Fundus

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
ABDOMEN / FUNDUS				
<p>Assess</p> <ul style="list-style-type: none"> - Fundus for normal involution <p>UptoDate¹</p> <ul style="list-style-type: none"> - Refer to UptoDate for detailed postpartum assessment data to correspond with information contained in the carepathway <p>Suggested frequency for vaginal birth:</p> <ul style="list-style-type: none"> - q 15 min for 1 hour - at 2 hours - once per shift until discharge from hospital - then as required by nursing judgment and/or self report <p>Assess client's understanding of:</p> <ul style="list-style-type: none"> - Normal involution progression <p>Assess client's capacity to:</p> <ul style="list-style-type: none"> - Self check her involution progression - Identify variances that may require further medical assessment <p>Refer to:</p> <ul style="list-style-type: none"> - Lochia 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Fundus firm, central +/- 1 finger above/ below umbilicus <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Palpate fundus with 2nd hand supporting uterus just above symphysis (client in supine position with knees flexed). - Advise to empty bladder and aware of need to empty frequently. - Able to demonstrate palpation (<i>if desired</i>) <p>Variance – Fundus</p> <ul style="list-style-type: none"> - Uterus – boggy, soft, deviated to one side (<i>due to retained products, distended bladder, uterine atony, bleeding</i>) <p>Intervention – Fundus</p> <ul style="list-style-type: none"> - Massage uterus (if boggy) – advise to empty bladder - May require further interventions – e.g. intravenous, oxytocin (<i>or other uterotonic medications</i>), in and out catheterization of bladder - Nursing Assessment - Refer to appropriate PCP prn <p>Variance – Infection</p> <ul style="list-style-type: none"> - Infection S & S: T>38, ↑P, chills, anorexia, nausea, fatigue, lethargy, pelvic pain, foul smelling and/or profuse lochia <p>Intervention – Infection</p> <ul style="list-style-type: none"> - Monitor for increased uterine tenderness and - Monitor S & S of infection - Refer to Lochia - Refer to PCP 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS - Rectus muscle intact <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS <p>Variance – Fundus and Infection</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention – Fundus and Infection</p> <ul style="list-style-type: none"> - Refer to POS <p>Variance – Diastasis recti abdominis</p> <ul style="list-style-type: none"> - Diastasis recti abdominis as evidenced by bulging or gaping in the midline of abdomen <p>Intervention – Diastasis recti abdominis</p> <ul style="list-style-type: none"> - Educate that this will become less apparent with time 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Fundus firm, central, 1 – 2 fingers below umbilicus-goes down ~ 1 finger (1cm) breadth/ day <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Fundus central, firm and 2 – 3 fingers below umbilicus - Involuting and descending ~1 fingerbreadth 1cm/day (not palpable at 7 – 10 days postpartum, pre pregnant state at 6 wks) <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr

Maternal Physiological Stability

The Postpartum Nursing Care Pathway recommends that the 5 following criteria define postpartum physiologic stability for vaginal delivery at term:

- Vital signs stable (T, P, R, BP)
- Perineum intact or repaired as needed
- No postpartum complications requiring ongoing observation (e.g.: hemorrhage)
- Bladder function adequate (e.g.: has voided)
- Skin-to-skin (STS) contact with baby

Pain

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
PAIN				
<p>Use of a visual/verbal analogue pain scale (VAS) and/or pain assessment questions</p> <ol style="list-style-type: none"> 1. Location: Where is the pain? 2. Quality: What does your pain feel like? 3. Onset: When did your pain start? 4. Intensity: Using the scale 0 (<i>no pain</i>) and 10 (<i>worst pain possible</i>) where would your pain be? 5. What makes the pain better? 6. What makes the pain worse? <p>Effectiveness of comfort measures/analgesia</p> <p>Assess awareness of comfort measures and/or analgesia – include doses, frequency and effectiveness</p> <ul style="list-style-type: none"> - Client with increased pain are more apt to develop chronic pain and/or depression 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Pain is tolerable with/without analgesia and/or non pharmacological pain relief measures - Pain does not impact daily living, such as walking, mood, sleep, interactions with others and ability to concentrate <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Using VAS questions to assess pain level and when to consult PCP - Client aware of recommendation for nursing mothers to take precautions with the use of Codeine (<i>Refer to breastfeeding</i>) - Confer with PCP RE: use of alternate medication. <p>Variance</p> <ul style="list-style-type: none"> - Pain does impact daily living, such as walking, mood, sleep, interactions with others and ability to concentrate - Pain not relieved by current analgesia and/or non pharmacological pain relief measures <p>Intervention</p> <ul style="list-style-type: none"> - Pain requires further evaluation and management - Nursing Assessment including pain assessment - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS - Afterpains may be more severe in multiparous clients when breastfeeding <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to POS 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to POS 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Afterpains begin to subside after about 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to POS

Postpartum Pain and the Visual/Verbal Analogue Scale (VAS)

Acute post partum pain is a strong predictor of persistent pain and depression after childbirth.

If interested in accessing a VAS scale, instructions and downloadable scales can be accessed via the following article. *Adaptive Visual Analog Scales (AVAS): A Modifiable Software Program for the Creation, Administration, and Scoring of Visual Analog Scales:*

www.ncbi.nlm.nih.gov/pmc/articles/PMC2635491/

The following questions should be part of the maternal pain assessment:

1. Location: Where is the pain?
2. Quality: What does the pain feel like?
3. Onset: When did your pain start?
4. Intensity: On a scale of 0 to 10 (with 0=no pain and 10=worst pain possible) where would your pain be? (Pain Scale is used on Postpartum Clinical Care Path)
5. What makes the pain better?
6. What makes the pain worse?

Abdominal Incision

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
ABDOMINAL INCISION				
<p>- Abdominal incision – progression of healing</p> <p>Assess understanding of:</p> <p>- Normal healing from caesarean birth abdominal incision</p> <p>Suggested assessment frequency for caesarean birth:</p> <p>- q 15 min for 1 hour</p> <p>- at 2 hours</p> <p>- q 4 h X 24 hours</p> <p>- once per shift until d/c from hospital</p> <p>- then as required by nursing judgment and/or self report</p>	<p>- Abdominal incision dressing dry and intact with minimal oozing</p> <p>Client Education / Anticipatory Guidance</p> <p>- Marked areas of oozing</p> <p>- Encourage to splint abdomen with pillow when coughing, moving or feeding</p> <p>- Use of good body mechanics when changing <i>positions</i> (<i>getting up from bed/ chair</i>)</p> <p>Variance</p> <p>- Increased bleeding on dressing, incision gaping, swelling and bruising</p> <p>Intervention</p> <p>- Apply pressure dressing</p> <p>- Nursing Assessment</p> <p>- Refer to PCP prn</p> <p>Variance – Infection</p> <p>- S & S such as T>38, increased pulse, chills, anorexia, nausea, fatigue, lethargy, pelvic pain, foul smelling and/or profuse lochia</p> <p>Intervention – Infection</p> <p>- Nursing Assessment</p> <p>- Monitor for increased uterine tenderness and further signs and symptoms of infection</p> <p>- Refer to PCP prn</p>	<p>Norm and Normal Variations</p> <p>- Well approximated and free of inflammation, little or no drainage, dressing dry and intact, staples present, may have subcuticular suture covered with steri-strip pressure dressing</p> <p>Client Education / Anticipatory Guidance</p> <p>- Refer to POS</p> <p>Variance</p> <p>- Refer to POS</p> <p>- Incision gaping, edema, inflamed, ecchymosis, discharge</p> <p>Intervention</p> <p>- Refer to POS</p>	<p>Norm and Normal Variations</p> <p>- Fundus may be tender but improving</p> <p>- Incision swelling decreasing</p> <p>Client Education / Anticipatory Guidance</p> <p>- Traditional dressing removed – may shower, cover incision</p> <p>- Steristrips to come off on own</p> <p>- For steri-strip pressure dressing leave intact until removed by PCP</p> <p>- Ensure arrangements for removal of staples/ sutures or steri-strip pressure <i>dressing</i> (<i>as per hospital/agency policy/PCP preference</i>)</p> <p>- Advise of correct lifting technique – abdominal tightening with exhalation when lifting, lift within comfort zone (<i>e.g. baby, toddler</i>)</p> <p>- Advise to use good body mechanics and avoid the Valsalva when lifting</p> <p>- Recommend refraining from tub bath until dressings, sutures, staples removed</p> <p>Variance</p> <p>- Refer to POS</p> <p>- Drainage/infection</p> <p>Intervention</p> <p>- Refer to POS</p>	<p>Norm and Normal Variations</p> <p>- Refer to 0 – 24 hr</p> <p>Client Education / Anticipatory Guidance</p> <p>- Refer to 0 – 24 hr</p> <p>- Afterpains begin to subside after about 72 hr</p> <p>Variance</p> <p>- Refer to POS</p> <p>Intervention</p> <p>- Refer to POS</p>

Breasts

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
BREASTS AND NIPPLES				
<p>Assess:²⁻⁹</p> <ul style="list-style-type: none"> - Breasts and nipples - Breast comfort and function - Conditions that may affect milk supply: <ul style="list-style-type: none"> - Lack of breast enlargement during pregnancy - Some breast traumas or malformations - Breast augmentation or reduction surgery - Some medical conditions - Postpartum hemorrhage <p>Assess understanding of:</p> <ul style="list-style-type: none"> - Adequate breast stimulation <p>Assess:</p> <ul style="list-style-type: none"> - Breastfeeding confidence to produce adequate milk supply for baby <p>Assess capacity to hand express</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Breasts soft, colostrum may be expressed - Nipples are intact, may appear flat or inverted but protrude with baby's feeding attempt and are minimally tender <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Uninterrupted skin-to-skin contact until completion of the first feeding or longer - Clients with more than one hour of skin-to-skin contact during the first three hours following birth, increased likelihood of breastfeeding exclusively 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS - Breast soft, minimal nipple tenderness <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Hand expression – if colostrum or milk expressed feed to baby or rub drops into nipple tissue - Breastfeeding your baby²: www.gov.mb.ca/healthychild/healthybaby/hb_breastfeedingyourbaby.pdf - Support the client/infant to work together in achieving an effective latch - most important factor in decreasing incidence of nipple pain² - Refer to Infant Feeding Section and Latch R tool - Healthy Eating (Refer to Lifestyle-Nutrition) - Manitoba/RHA Guideline Breastfeeding the Healthy Term Infant 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24h - Breasts may be beginning to fill, firmer and colostrum more easily expressed - May have some nipple tenderness - Breast fullness <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Frequent breastfeeding helps to prevent engorgement - If bra used it should fit comfortably and not restrict breast 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - After about 72 hours, breasts may be softer after feedings - Breast fullness <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 72 hr - If nipples were previously damaged – pain that does not subside after initial latch <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 72 hr <p>Variance – Engorgement</p> <ul style="list-style-type: none"> - Tenderness, warmth, throbbing (<i>may extend to armpits</i>) - Skin on breast may be taut, shiny, and transparent - Nipples flat, usually bilateral - Breast(s) hard, swollen, painful <p>Intervention – Engorgement</p> <ul style="list-style-type: none"> - Massage breast gently and manually express breast milk to soften the areola before breastfeeding, facilitating infant latch - Anti-inflammatory agents - Application of warm compresses, shower or breast soak before breastfeeding - Application of cold treatments, such as gel packs, cold packs or some cold cabbage leaves after breastfeeding (<i>Clients' report the use of cold cabbage leaves as helpful</i>)⁵

Latch Score	0	1	2
L - Latch	Too sleepy or reluctant; No Latch achieved	Repeated attempts; Hold nipple in mouth; Simulate to suck	Grasps breast; Tongue down; Lips flanged; Rhythmic sucking
A - Audible swallowing	None	A few with stimulation	Spontaneous and frequent > 24 hours old
T - Type of nipple	Inverted	Flat	Everted (<i>after stimulation</i>)
C - Comfort (<i>Breast/Nipple</i>)	Engorged; Cracked, bleeding, large blisters or bruises; Severe discomfort	Filling; Reddened/small blisters or bruises; Mild/moderate discomfort	Soft; Tender
H - Hold (<i>Positioning</i>)	Full assist (<i>PHN holds infant at breast</i>)	Minimal assist (<i>i.e., place pillows for support</i>); Teach one side; client does other; PHN holds - parent takes over	No assist; Able to position/hold infant
R - Responsiveness to cues, confidence to breastfeed	Does not respond to feeding cues; Does not feel confident about ability to breastfeed	Requires help to interpret feeding cues; Requires confidence building	Responds appropriately to feeding cues; Feels confident about ability to breastfeed

Breasts

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
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BREASTS AND NIPPLES

<p>(Continued)</p> <p>Refer to infant feeding and Latch R tool³</p>	<p>Variance</p> <ul style="list-style-type: none"> - Nipple inversion, nipples that invert with gentle compression or do not evert with stimulation sufficient for baby to latch - Baby not latching - Baby separate from mother - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Hand expression if baby separated from mother - Nursing Assessment - Refer to Manitoba/RHA breastfeeding guideline 	<p>Variance – Nipple(s)</p> <ul style="list-style-type: none"> - Refer to POS - Nipple pain - Nipple damage – (<i>bleeding/ cracked, bruised nipples</i>) - Nipple distortion after feeds - Inadequate breast stimulation - Not initiating hand expression within six hours if baby separated - Baby is unable to latch (<i>flat or inverted nipple</i>) <p>Intervention – Nipple(s)</p> <ul style="list-style-type: none"> - Refer to POS and > 24 – 72 hours and beyond - Assess infant feeding (<i>especially for position and latch</i>) - Assess and support strategies for infant feeding - If baby unable to feed effectively, initiate regular hand expression in the first 24 hours and expression and pumping thereafter (<i>refer to Newborn Nursing Care Pathway</i>) - Apply expressed breast milk to nipple - Start feeding with least affected nipple (<i>if nipple pain</i>) - Only interrupt breastfeeding if feeding intolerable – assist client with hand expression - Teach hand expression by 6 hours - Information on managing engorgement (<i>refer to 72 hr – 7 days and beyond – Engorgement</i>) - Comfortable bra – if required - Refer to breastfeeding (<i>variance not exclusively breastfeeding</i>) 	<p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr and >72 hr and beyond <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr and >72 hr and beyond <p>Variance – Nipple trauma</p> <ul style="list-style-type: none"> - Nipple trauma (<i>beginning signs of skin breakdown</i>) <p>Intervention – Nipple trauma</p> <ul style="list-style-type: none"> - Assess infant feeding - Ask client to rate her nipple pain (<i>using VAS – see Pain</i>) - Encourage client to look at nipple as baby releases it, if nipple looks rounded rather than creased or flattened the pain is probably related to previous damage. This ‘reference feeding’ can help determine latch effectiveness - Refer to individual knowledgeable in current breastfeeding practices or lactation consultant (LC) - Can call for Breastfeeding support toll free 1-888-315-9257 - After 24 hours use a combination of hand and pump expression - Refer to RHA breastfeeding guideline 	<p>Variance – Lump in Axilla</p> <ul style="list-style-type: none"> - Extra breast tissue in the axilla - Normal variation, medical intervention not required <p>Intervention – Engorgement of Lumps in Axilla</p> <ul style="list-style-type: none"> - Anti-inflammatory agents - Comfort Measure – application of cold <p>Variance – Plugged Duct</p> <ul style="list-style-type: none"> - Usually 1 breast - Localized hot, tender spot - May be white spot on nipple - May be a palpable lump (<i>plugged duct</i>) <p>Intervention – Plugged Duct</p> <ul style="list-style-type: none"> - Shower or warm compress to breast before breastfeeding - Frequent feeding - Massage behind the plug toward the nipple, prior to and during feeding - Vary positions for feeding - Comfort measures may include ice and anti-inflammatory agents - Avoid missing feedings
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Breasts

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
BREASTS AND NIPPLES				
(Continued)		<p>Variance – Client conditions</p> <ul style="list-style-type: none"> - Conditions that may affect newborn feeding: <ul style="list-style-type: none"> - Acute psychiatric condition - Emotional stress - Substance use - Refer to Breast Assessment – conditions that may affect milk supply <p>Intervention – Client Conditions</p> <ul style="list-style-type: none"> - Careful observation of infant including feeding behavior with support to maximize breast stimulation 		<p>Variance – Mastitis</p> <ul style="list-style-type: none"> - Sudden onset of intense pain - Usually in 1 breast (may be both) - Breast may feel hot, appear red or have red streaks and/or be swollen - Client may experience flu like symptoms, fever of 38.5°C <p>Intervention – Mastitis</p> <ul style="list-style-type: none"> - Support - Continue frequent breastfeeding – milk from affected breast is safe for infant - Rest - Express if too painful to breastfeed - Adequate fluids and healthy eating (<i>refer to Lifestyle – Healthy Eating</i>) - If there is a firm area, gently massage affected area (<i>massage through feed</i>) - Shower or warm compresses to affected area prior to feeds - After feeds – cool compresses - Analgesic - If symptoms do not resolve >24hr refer to PCP - Antibiotics may be indicated if not resolved in 24 hours <p>Variance – Nipple Candida (Fungus Infection) Yeast⁶</p> <ul style="list-style-type: none"> - Sore burning nipples - Sore all the time but worse when feeding - Deep burning/shooting pain - Itchy, flaky nipples - Tiny blisters - Deep pink/bright red nipples/areola - Client may have recently been on antibiotics or has a yeast infection (<i>infant may have signs of Candida in mouth or perineal area</i>) <p>Intervention – Nipple Candida (Fungus Infection) Yeast</p> <ul style="list-style-type: none"> - Differentiate from poor latch - Frequent hand washing and washing of all items that touch breast and infants mouth - Antifungal treatment for both mother and infant may be prescribed - If using breast pads change when they become wet - Avoid use of soother <p>Interventions for all Variances</p> <ul style="list-style-type: none"> - Assess infant feeding - Refer to primary care providers and/or individual knowledgeable in current breastfeeding practices or lactation consultant (LC)

Breasts

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
BREASTS AND NIPPLES				
<p>The Non-breastfeeding client</p> <p>Focus of Assessment: Breast comfort</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Breasts soft, colostrum may be present 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Breasts soft, colostrum may be present <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Wear supportive bra continuously until lactation is suppressed, about 5 – 10 days - Use of anti-inflammatory agents - Application of cold treatments, such as gel packs, cold packs or cold cabbage leaves for comfort - Avoid stimulation of the breasts such as heat, pumping, and sexual breast contact until lactation is suppressed - Small amounts of milk may be produced for up to a month postpartum - Resumption of menstrual periods – as soon as 6 – 8 weeks - Contraception use <p>Interventions</p> <ul style="list-style-type: none"> - Wear supportive, well-fitting bra within 6 hours of birth - Anti-inflammatory agents - Cold treatments, such as gel packs, cold packs or cold cabbage leaves for comfort - PCP may prescribe medication to aid suppression 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Breasts beginning to fill, become firm and warm <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr Intervention - Refer to >2 – 24 hr - Supportive bra - Anti-inflammatory agents - Cold treatments such as gel packs, cold packs or cold cabbage leaves for comfort for 20 minutes q 1 – 4 hr <p>Variance</p> <ul style="list-style-type: none"> - Engorgement <p>Intervention – Engorgement in nonbreastfeeding client</p> <ul style="list-style-type: none"> - Express small amounts for comfort - Anti-inflammatory agents - Cold treatments as above 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Breasts will start to become softer as lactation is suppressed - Small amounts of milk can continue to be produced for up to one month postpartum <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr Intervention - Refer to >24 – 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Mastitis <p>Intervention</p> <ul style="list-style-type: none"> - Apply cool compresses - Analgesics - Refer to PCP

Breastfeeding

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
BREASTFEEDING				
<p>Assess understanding of:¹⁰⁻¹⁷</p> <ul style="list-style-type: none"> - Breastfeeding recommendations <ul style="list-style-type: none"> – importance of exclusive breastfeeding for 6 months followed by the introduction of nutritious solids at about 6 months with continued breastfeeding for up to 2 years and beyond - Informed decision making re infant feeding - Infant feeding frequency over the 24 hour period - Appropriate position and latch - The importance of having support with feeding - Psychological and environmental factors affecting relaxation - Contraindications for breastfeeding – HIV, drug use, certain medications - Refer to: www.cps.ca/en/documents/position/maternal-infectious-diseases-breastfeeding¹¹ <p>Assess capacity to:</p> <ul style="list-style-type: none"> - Determine how well baby is feeding (includes feeding cues and baby's response) - Feed and calm baby - Identify common feeding issues and concerns/ variances that may require further support and assessment - Access resources (e.g.- <i>breastfeeding clinics, peer support programs, drop-in groups</i>), - Follow-up with primary care provider or alternate care. 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Skin-to-skin contact, not wrapped in blanket, baby to abdomen/chest right after birth - Maintain skin-to-skin contact until completion of the first feeding or longer - Warm blanket over mother and infant <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Support mother to respond to newborn's breast searching behaviors - Assist with initial feed – baby's attempt to latch and suckle at breast as soon as possible or within 1st hour after delivery <p>Variance</p> <ul style="list-style-type: none"> - Baby not placed skin-to- skin on abdomen/chest right after birth - Baby not latching - Baby separated from mother <p>Intervention</p> <ul style="list-style-type: none"> - When baby stable place skin-to-skin on abdomen/ chest - Assist with latch – refer to >2 – 12 hr Client Education/ Anticipatory Guidance - Discuss importance of breast milk and support hand expression if baby separated from parent 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Breast offered 6 or more times in the first 24 hour period - Able to latch baby to breast with minimal assistance - Sensitively responds to newborn feeding cues - Client and partner/significant other aware of the benefits of exclusive breastfeeding (<i>no supplements or use of artificial teats</i>) and risks of human substitutes <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS - Refer to Baby's Best Chance - Breastfeeding Practice Guidelines for Healthy Term infant¹²: www.wrha.mb.ca/healthinfo/prohealth/files/BF_Guidelines.pdf - Breastfeeding your Baby²: www.gov.mb.ca/healthychild/healthybaby/hb_breastfeedingyourbaby.pdf - Medications and drugs while breastfeeding¹³: www.sogc.org/en/public-resources/en/content/public-resources/public-resources.aspx?hkey=51a4ead6-c5c6-4bc4-8657-346aeeee6cd - Ensure the family understands what constitutes an effective feed - Provide support: <ul style="list-style-type: none"> - written, verbal, visuals - consistent feeding information to enable family to determine if baby is feeding well – position, latch, feeding cues, - linking intake with output - Both breasts offered at each feed - Review position, deep latch and active feeding: <ul style="list-style-type: none"> - Client comfortable-cradle, modified cradle or football hold, laid back nursing, lying-bring infant to the breast, use of pillows, and position of hands¹² - Encourage skin-to-skin, tummy to tummy - Baby's body is aligned close to and facing mother - Hand holds and supports the upper back and shoulders, cradling the neck/base of the skull - If breast large, support breast (<i>fingers from back of areola</i>) - Touch baby's lips with nipple, wait until mouth open wide - Aim nipple towards the roof of infant's mouth-the bottom lip/jaw touching the lower areolar under breast - More areola above the baby's top lip than below, mouth open wide, lower lip turned out, and chin touching breast - The baby takes slow deep sucks - You can see or hear the baby swallowing - The baby's cheeks are full and not drawn inward during a feed - The baby finishes the feed and releases the breast and looks contented. - The nipples not distorted after feeding 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Frequent cluster feeding (more at night) - Feeds 8 or more times/day - Signs of breasts filling - Aware of various newborn feeding positions - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Offer both breasts each feed - Correct position, latch, nipple shape post feed - Methods of burping - Strategies to meet baby's nighttime feeds (<i>without needing to supplement unless medically necessary</i>) <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Delayed lactogenesis - Explore underlying cause such as SSRI, SNRI use <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Increase parental confidence - Breasts soften with feeding, free from infection, tenderness decreases - Nipples: intact, tenderness decreases - <u>Complete an initial assessment, including breastfeeding, within 48 hours of discharge to identify strengths and risks, and to determine the need and timing of public health nursing and other community follow-up.</u>¹⁴ - Refer to >2 – 72 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 72 hr - Breasts are full before feeding and softer after feeding - After several weeks it is normal to have soft breasts all the time and still have sufficient milk - Importance of human milk: exclusive breastfeeding for 6 months followed by the introduction of nutritious solids at about 6 months with continued breastfeeding for up to 2 years and beyond - Breastmilk is the most important food in the first year - Provide support to parents to manage common breastfeeding difficulties - Revised Baby-friendly Hospital initiative 2017¹⁵: www.who.int/nutrition/events/consultation-protection-promotion-support-breastfeeding/en/

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
BREASTFEEDING				
<p>(Continued)</p> <p>Refer to Newborn Nursing Care Guidelines: Feeding</p>		<ul style="list-style-type: none"> - Breastfeeding Your Baby, Healthy Child Manitoba: www.gov.mb.ca/healthychild/healthybaby/hb_breastfeedingyourbaby.pdf - Breastfeeding² Committee for Canada, The BFI 10 Steps and WHO Code, 2017 Outcome Indicators for Hospitals and Community Health Services⁹: breastfeedingcanada.ca/documents/Indicators - complete June 2017.pdf - If necessary, break suction with finger before removing from breast - Methods of burping <p>Variance – Not exclusively breast feeding</p> <p>Intervention – Not exclusively breast feeding¹⁶</p> <ul style="list-style-type: none"> - Makes informed decision to exclusively feed with human milk substitutes (<i>refer to human milk substitute</i>) - Provision of supplemental feedings for medical indications - Provide information on alternative nutrition (<i>EBM, human donor milk, human milk substitutes</i>) - Provide information on alternative feeding methods (<i>cup, syringe, bottle, dropper, spoon</i>) - Support breastfeeding and hand expression and pumping - Support parents to make informed decisions on use of pacifiers and bottle teats - Provision of supplemental feedings for nonmedical indications - Clarify concerns (<i>to support informed decision</i>) - Provide information as above - Refer to human milk substitute feeding re: preparation, feeding, and storage - Healthy eating for infants and children: www.gov.mb.ca/healthyliving/hlp/nutrition/children.html - Breastfeeding Hotline 204-788-8667 (<i>in Winnipeg</i>) - Toll free 1-888-315-9257 (<i>outside Winnipeg</i>) - 24 hours a day/7 days per week <p>Variance – Baby separated from parent</p> <p>Intervention – Baby separated from parent</p> <ul style="list-style-type: none"> - Begin hand expression by 6 hr - Teach pumping techniques - Combine hand expression with pump² - Client to NICU (<i>encourage skin-to-skin if possible</i>) 		<p>Variance - Refer to 0 – 24 hr</p> <p>Intervention - Refer to 0 – 24 hr</p>

Elimination

Bowel Function

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
BOWEL FUNCTION				
<p>Assess:</p> <ul style="list-style-type: none"> - Return to normal bowel movement pattern - Bowel sounds after a Cesarean Birth <p>Assess:</p> <ul style="list-style-type: none"> - Understanding of normal bowel functions - Capacity to self monitor bowel functions - Capacity to identify variances that may require further medical assessment 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - May or may not have a bowel movement - Hemorrhoids <p><u>For Cesarean Birth</u></p> <ul style="list-style-type: none"> - Bowel sounds present - Clients who are recovering well and who do not have complications after cesarean birth can eat and drink when they feel hungry or thirsty <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Hemorrhoid care - Prevention of constipation - Discuss meds that may constipate - Return of normal bowel habits - Nutrition, fluids, ambulation, stool softeners, laxatives - Refer to Lifestyle – Healthy Eating <p><u>For Cesarean Birth</u></p> <ul style="list-style-type: none"> - Start with fluids, hunger present - Ensure no nausea or vomiting present <p>Variance – Hemorrhoids</p> <ul style="list-style-type: none"> - Large, painful hemorrhoids <p>Intervention – Hemorrhoids</p> <ul style="list-style-type: none"> - Nursing Assessment - Comfort measures - Pain control (<i>Refer to Pain</i>) - Refer to appropriate PCP <p>Variance – Episiotomy</p> <ul style="list-style-type: none"> - Episiotomy / 3rd – 4th tear that may affect bowel movement <p>Intervention – Episiotomy</p> <ul style="list-style-type: none"> - Nursing Assessment - Prevention of constipation - Advise against use of enemas or suppositories <p><u>For Cesarean Birth</u></p> <ul style="list-style-type: none"> - Variance – Bowel Sounds Absent - Bowel sounds absent after Cesarean Birth and if the client has had previous GI history that could interfere with bowel function <p>Intervention – Bowel Sounds Absent</p> <ul style="list-style-type: none"> - Nursing Assessment - Refer to appropriate PCP 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to > 2 – 24 hrs <p><u>For Cesarean Birth</u></p> <ul style="list-style-type: none"> - Minimal abdominal distention - Active bowel sounds present - Flatus passed <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Incontinent of stool <p>Intervention</p> <ul style="list-style-type: none"> - Nursing Assessment - Refer to appropriate PCP 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Normal bowel movement pattern resumed <p><u>For Cesarean Birth</u></p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p><u>For Cesarean Birth</u></p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr - Normal bowel movement pattern not resumed <p><u>For Cesarean Birth</u></p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr - Nursing Assessment - May require laxatives, stool softeners etc - Refer to appropriate PCP <p><u>For Cesarean Birth</u></p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr

Elimination

Bladder Function

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
BLADDER FUNCTION				
<p>Assess:</p> <ul style="list-style-type: none"> - Voiding comfortably prn <p>Assess client's:</p> <ul style="list-style-type: none"> - Understanding of normal bladder function - Capacity to self monitor bladder functions - Capacity to identify variances that may require further medical assessment 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Some extremity edema <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Voids comfortably – voiding qs - Able to empty bladder - No feelings of pressure or fullness - Dysuria following catheter removal - Postpartum diuresis and diaphoresis <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Hygiene - Encourage to void approximately every 4 hours - Use of warm water – pour over perineum prior to/ during voiding - Sitz baths - Kegel exercises to reestablish bladder control <p>Variance</p> <ul style="list-style-type: none"> - Unable to void - Frequent voiding, small amounts - Burning on urination - Urinary tract infection (UTI) - Pressure/fullness after voiding - Elevated temperature - Urgency - Loss of or difficulty controlling bladder function - Dysuria <p>Intervention</p> <ul style="list-style-type: none"> - Nursing Assessment - Differentiate cause of variance – UTI, not emptying bladder, superficial tears, trauma - Use measures to help void: such as ambulation, oral analgesia, squeeze bottle with warm water, running water, hands in water, blow bubbles through a straw, sitz bath, shower, teach contraction and relaxation of pelvic floor - Refer to physiotherapy - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Some extremity edema <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Postpartum diuresis and diaphoresis common until the end of first week - Extremity edema decreasing <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Information re: future incontinence problems - Refer to physiotherapy prn

Lochia

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
LOCHIA				
<p>Assess:</p> <ul style="list-style-type: none"> - Amount - Clots - Colour - Odour - Stage of involution <p>Frequency of assessments to follow organization's policy</p> <p>Suggested frequency for vaginal birth:</p> <ul style="list-style-type: none"> - q 15 min for 1 hour - at 2 hours - once per shift until d/c from hospital - then as required by nursing judgment and/or self report <p>Suggested frequency for caesarean birth:</p> <ul style="list-style-type: none"> - q 15 min for 1 hour - at 2 hours - q 4 h X 24 hours - once per shift until d/c from hospital - then as required by nursing judgment and/or self report <p>Assess:</p> <ul style="list-style-type: none"> - Understanding of normal lochia progression - Capacity to self check - Capacity to identify variances that may require further medical assessment <p>** Refer to Fundus</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Fleshy smelling - Rubra colour - No trickling - Absence of or small clots (< size of a loonie) <p>Range on peripad width vs length: Scant < 1 inch stain</p> <ul style="list-style-type: none"> - Light < 4 inch stain - Moderate < 6 inch stain <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Normal pattern and amount/clots <p>Variance – Postpartum Hemorrhage (PPH)</p> <ul style="list-style-type: none"> - Saturated pad within one hour - Numerous, large clots (>2 large clots >loonie size per 24 hours) <p>Intervention – PPH</p> <ul style="list-style-type: none"> - Nursing Assessment - Check presence of - Tissue/membrane - Frequency of clots - Increased amount (<i>trickling</i>) - Refer to appropriate PCP prn <p>Variance – Infection</p> <ul style="list-style-type: none"> - Foul smell - Increased temperature - Pain - Flu like signs and symptoms - Refer to Variance – Infection in Fundus section <p>Intervention – Infection</p> <ul style="list-style-type: none"> - Nursing assessment - Refer to Intervention – Infection in Fundus section 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS - Increased flow on standing, activity or breastfeeding - Should not exceed moderate range <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS - Change pads q 4 h - Hygiene: shower daily, keep perineum clean (<i>peri care, wipe front to back, use of peri bottle</i>) - Refer to Lifestyle/Activity/Rest - Refer to Fundus and Elimination – bladder function <p>Variance – PPH, Infection</p> <ul style="list-style-type: none"> - Refer to POS - Lochia volume increasing <p>Intervention – PPH, Infection</p> <ul style="list-style-type: none"> - Refer to POS - Decrease activity prn - Nursing Assessment - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Fleshy smelling, rubra-serosa - Amount decreases daily <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Discourage tampon use <p>Variance – PPH, Infection</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr (<i>PPH, Infection</i>) <p>Intervention – PPH, Infection</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr (<i>PPH, Infection</i>) 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Day 3 – 5: Lochia serosa (<i>pink/brown</i>) - Day 7 – 10: Temporary increasing dark red discharge (<i>shedding of old placenta site</i>) - Day 10 – 6 weeks: Lochia alba - Gradually decreasing – usually subsides by 4 weeks <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >0 – 72 hr <p>Variance – PPH, Infection</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr (<i>PPH, Infection</i>) - Reoccurrence of continuous fresh bleeding - Lochia rubra >4 days - Discharge >6 weeks <p>Intervention – PPH, Infection</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr (<i>PPH, Infection</i>) - Nursing Assessment - If bleeding not decreased in 6 – 8 hours call PCP and/or go to emergency - Refer to PCP prn

Perineum

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
PERINEUM				
<p>Assess:</p> <ul style="list-style-type: none"> - Integrity and progression of healing - Effectiveness of comfort measures <p>Frequency of assessments to follow organization's policy</p> <p>Suggested frequency for vaginal birth:</p> <ul style="list-style-type: none"> - q 15 min for 1 hour - at 2 hours - once per shift until d/c from hospital - then as required by nursing judgment and/or self report <p>Suggested frequency for caesarean birth:</p> <ul style="list-style-type: none"> - q 15 min for 1 hour - at 2 hours - q 4 h X 24 hours - once per shift until d/c from hospital - then as required by nursing judgment and/or self report <p>Assess client's understanding of normal perineal healing</p> <p>Assess capacity to:</p> <ul style="list-style-type: none"> - Self check for perineal healing - Identify variances that may require further medical assessment - Use of a visual/verbal analogue pain scale (VAS) and pain assessment questions <p>** Refer to Pain</p>	<ul style="list-style-type: none"> - Refer to appropriate PCP prn <p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Mild to moderate discomfort - Perineum intact or episiotomy/tear - well approximated with minimal swelling or bruising - Small tear may be present and not sutured <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Use of comfort measures and analgesics - Use of ice packs to decrease swelling - Pericare – peri bottle, fresh pads, wipe front to back - Using VAS questions to assess pain level and when to consult PCP <p>Variance</p> <ul style="list-style-type: none"> - > 4 for VB or > 5 for CS on pain scale (may be increased with episiotomy, tear, instrumental delivery (<i>cesarean section, forceps, vacuum</i>), internal bleeding, hematoma) <p>Intervention</p> <ul style="list-style-type: none"> - Nursing Assessment - Further evaluation and management of pain - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS - Discomfort decreasing <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Offer to show how to inspect self with mirror - Refer to POS - Warm water sitz baths for comfort (<i>for example 2 – 3 per day for short periods</i>), longer periods may interfere with suture adherence - Discontinue ice packs >24 hr to decrease swelling (<i>some may choose to continue using for comfort</i>) <p>Variance – Infection</p> <ul style="list-style-type: none"> - Refer to Infection (<i>lochia/fundus sections</i>) <p>Intervention – Infection</p> <ul style="list-style-type: none"> - Refer to Infection (<i>lochia/fundus sections</i>) - Refer to POS 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >0 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >0 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >0 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to 0 - 24 hr - Discomfort decreasing - Decreased use of analgesics (<i>if on narcotic switch to non narcotic</i>) <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Discuss pain relief options <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Pain not decreasing <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Refer to appropriate PCP

Communicable Diseases (Infections)

Hepatitis B

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
HEPATITIS B				
<p>Assess status at initial assessment</p> <p>Assess:</p> <ul style="list-style-type: none"> - Understanding of Hepatitis B and the risks involved - Capacity to identify variances that may require further assessments and/or treatments 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - HbsAg (<i>Hepatitis B Surface Antigen</i>) negative - Client and/or household member(s) not from an area where Hepatitis B is endemic - No risk factors for Hepatitis B infections (such as IV drug use, sex trade worker) - Knowledge of client's Hep B status <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Hep B status is documented on Postpartum referral form as HbsAg (<i>Hepatitis B Surface Antigen</i>) positive - Risk factors present or infectious status unknown - Client and/or household member(s) from an area where HbsAg is endemic <p>Intervention</p> <ul style="list-style-type: none"> - Refer to Manitoba Health policy 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - For client with Hep B / household contact with Hep B: <ul style="list-style-type: none"> - Disease transmission - Breastfeeding not contraindicated - Early identification of infant risk for exposure and infant prophylaxis <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Support breastfeeding - Early identification of risks for early intervention <p>Refer to Manitoba/RHA policy^{18,19}</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr

Communicable Diseases (Infections)

Hepatitis C (HCV)

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
HEPATITIS C (HCV)				
<p>Assess status at initial assessment</p> <p>Review status (from Antenatal Record)</p> <p>Assess client's:</p> <ul style="list-style-type: none"> - Understanding of Hepatitis C and the risks involved - Capacity to identify variances that may require further assessments 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - No client risk factors for HCV are evident <p>Client Education / Anticipatory Guidance</p> <p>For clients with Hep C:²⁰</p> <ul style="list-style-type: none"> - HCV RNA and anti-HCV antibodies have been detected in colostrum and breast milk. In multiple studies no case of transmission through breastfeeding has been documented - Support breastfeeding (<i>breastfeeding is not contraindicated</i>) - If nipples are cracked or bleeding, discard breast milk during this time as HCV transmitted through blood - HCV is a blood borne pathogen and is not transmitted by urine or stool <p>Variance</p> <ul style="list-style-type: none"> - HCV evident or risk factors present <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hrs 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS: - www.phac-aspc.gc.ca/hepc/pubs/gdwmn-dcfmms/viii-pregnant-eng.php - www.caringforkids.cps.ca/handouts/hepatitis_c_in_pregnancy <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Basic hygiene and the disposal of potentially infected material should be discussed with the patient. - No need for the client to alter normal child care routines and the use of gloves, masks or extra sterilization is unnecessary²⁰ - Refer to Manitoba Guideline for Hepatitis C²⁰: www.gov.mb.ca/health/publichealth/diseases/hepatitisc.html - Refer to CPS Guideline: www.cps.ca/en/documents/position/vertical-transmission-of-hepatitis-C - Recommend client to see PCP for testing²⁰ 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - >0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - >0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr

Communicable Diseases (Infections)

Herpes Simplex (HSV)

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
HERPES SIMPLEX (HSV)				
<p>Herpes Simplex in Pregnancy (HSV)^{23, 24}</p> <p>Assess status at initial assessment</p> <p>Review status (from Antenatal Record)</p> <p>Assess:</p> <ul style="list-style-type: none"> - Understanding of HSV and the risks involved - Capacity to identify variances that may require further assessments and/or treatments 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - No HSV lesions <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 2 – 24 hrs <p>Variance</p> <ul style="list-style-type: none"> - Lesions present and/or history of HSV - HSV lesions not detected when there is an infection - Client may not know they are carrying the virus <p>Intervention</p> <ul style="list-style-type: none"> - May require culture of lesions - Refer to 2 – 24 hrs 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - For clients with HSV: - Support breastfeeding - Breastfeeding is contraindicated only when there are open lesions on the breast⁴⁰ <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - CPS Guidelines²³: www.cps.ca/en/documents/position/prevention-management-neonatal-herpes-simplex-virus-infections - Manitoba Health, Seniors, and Active Living: Genital Herpes²⁴: www.gov.mb.ca/health/publichealth/diseases/genital_herpes.html - ...Any HSV lesions that appear in the parent post partum should be managed with proper hand washing and contact precautions - May use antiviral drugs - Refer to PCP 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - >0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hrs - Sexual Activity - Avoid intercourse if lesion present - Avoid oral sex if partner has cold sore - Condoms help but not guaranteed to prevent transmission <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr

Human Immunodeficiency Virus (HIV)

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
HUMAN IMMUNODEFICIENCY VIRUS (HIV)				
<p>Assess status at initial assessment²⁵⁻²⁸</p> <p>Assess client's:</p> <ul style="list-style-type: none"> - Understanding of HIV and the risks involved - Capacity to follow through with any current treatment - Capacity to identify variances that may require further assessments and/or treatments 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - No HIV present <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - For clients who are HIV positive: <ul style="list-style-type: none"> - Advise not to breastfeed (<i>in Canada</i>) - Virus may be transferred in breastmilk - Higher rate for postpartum infections (<i>wound, endometritis</i>) <p>Variance</p> <ul style="list-style-type: none"> - HIV present - Risk factors present or infectious status unknown <p>Intervention</p> <ul style="list-style-type: none"> - Manitoba Health, Seniors, and Active Living: www.gov.mb.ca/health/publichealth/diseases/hiv.html 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS - Nine Circles²⁶: www.ninecircles.ca - SERC: www.serc.mb.ca/sexual-health/stis-and-hiv/hiv-aids - CPS: www.caringforkids.cps.ca/handouts/pregnant_women_who_have_hiv <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to POS 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - >0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to POS 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to POS

Communicable Diseases (Infections)

Rubella (German Measles)

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
RUBELLA (GERMAN MEASLES)				
<p>Assess immune status at initial assessment²⁹⁻³¹</p> <p>Assess client's:</p> <ul style="list-style-type: none"> - Understanding of Rubella and the risks involved - Capacity to identify variances that may require further assessments and/or treatments 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Immune <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to 2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS - Immune to Rubella IgG antibody titre >10 IU <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - For clients who are non-immune or status unknown: <ul style="list-style-type: none"> - Disease transmission - Immunization²⁹: www.gov.mb.ca/health/publichealth/factsheets/mmr.pdf - Rubella in Pregnancy³¹: www.caringforkids.cps.ca/handouts/rubella_in_pregnancy <p>Variance</p> <ul style="list-style-type: none"> - Non-immune - Immune status unknown <p>Intervention</p> <ul style="list-style-type: none"> - Counsel regarding rubella vaccine - Give rubella vaccine upon care provider's order - If mother requires Rhlg and rubella vaccine, they may be given concurrently - Vaccination and Pregnancy³⁰: www.canada.ca/en/public-health/services/vaccination-pregnancy.html 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - If MMR is given concurrently with Rhlg, rubella status needs to be checked at 2 months <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - When MMR and Rh immune globulin given concurrently, rubella status at 2 months is negative – need to be revaccinated with MMR - No serologic testing required after the second dose of MMR vaccine <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Refer to adult immunization clinic prn

Varicella Zoster (Chicken Pox)

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
VARICELLA ZOSTER (CHICKEN POX)				
<p>Assess status at initial assessment^{30,32}</p> <p>Assess client's:</p> <ul style="list-style-type: none"> - Understanding of Varicella and the risks involved - Capacity to identify variances that may require further assessments and/or treatments 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Immune <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Support breastfeeding (<i>breastfeeding is not contraindicated</i>) <p>Variance</p> <ul style="list-style-type: none"> - Not immune to Varicella or is not immunized - Varicella present – indicates newborn to be at high risk <p>Intervention</p> <ul style="list-style-type: none"> - Refer to agency infection control manual for isolation (<i>respiratory isolation</i>) 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS - Disease transmission - Recommend immunization if non immune <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Discuss immunization – refer to varicella (<i>Immunization guide</i>) - Recommend follow-up with PCP for testing and results - Varicella^{30,32}: www.gov.mb.ca/health/publichealth/cdc/protocol/varicella.pdf 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hrs <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hrs 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hrs

Communicable Diseases (Infections)

Influenza and Influenza Like Illness (ILI)

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
INFLUENZA AND INFLUENZA LIKE ILLNESS (ILI)				
<p>Assess status at initial assessment³³</p> <p>Assess client's:</p> <ul style="list-style-type: none"> - Understanding of Influenza and the risks involved - Capacity to identify variances that may require further assessments and/or treatments 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - No signs and symptoms of influenza and ILI <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Signs and symptoms of influenza - Fever, respiratory tract infection <p>Intervention</p> <ul style="list-style-type: none"> - May require isolation, refer to infection control - Refer to > 2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - For clients with flu or influenza-like symptoms: - Wash hands thoroughly with soap and water, especially after coughing or sneezing and before eating - Cover nose and mouth with tissue when cough or sneezing – discard tissue in trash - Cough and sneeze into sleeve - Avoid touching eyes, nose or mouth (<i>infection spreads that way</i>) - Review flu vaccine availability during fall/winter months - Seasonal influenza factsheet³³: www.gov.mb.ca/health/publichealth/factsheets/flu_vaccine.pdf <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Refer to PCP prn - Seasonal Flu/H1N1 – respiratory hygiene/cough etiquette in health care settings³³: www.gov.mb.ca/health/flu/index.html <p>Nursing assessment</p> <ul style="list-style-type: none"> - Refer to PCP re follow-up vaccine orders prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to > 2 – 24 hrs <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hrs <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hrs 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hrs <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hrs

RH Factor

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
RH FACTOR				
<p>Review:</p> <ul style="list-style-type: none"> - Rh factor 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Client is Rh positive - Client is Rh negative with Rh negative infant <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Rh negative client with Rh positive infant <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Aware of need for testing infant and administration of Rh immune globulin - Implications for future pregnancy <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Aware of infant's Rh factor - Administer Rh immune globulin IM as per PCP orders - If client has non-immune rubella status and MMR vaccine is ordered by the PCP Rhlg and MMR vaccine may be administered concurrently 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS <p>Intervention</p> <ul style="list-style-type: none"> - Aware of infant's Rh factor - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - If Rhlg given concurrently, rubella status to be checked at 2 months <p>Variance</p> <ul style="list-style-type: none"> - Refer to POS - When Rh immune globulin and MMR given concurrently and rubella status is negative at 2 months check, need to be revaccinated with MMR - No serologic testing required after the second dose of MMR vaccine^{29,30} <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr

Vital Signs

Physiological Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
VITAL SIGNS				
<p>Assess:</p> <ul style="list-style-type: none"> - Vital signs and include history and risks - Self report-how client is feeling related to vital signs - Frequency of assessment to follow organization's policy <p>Suggested frequency for vaginal birth:</p> <ul style="list-style-type: none"> - q 15 min for 1 hour - temp x 1 in 1st hour - at 2 hours - once per shift until discharge from hospital - then as required by nursing judgment and/or self report <p>Suggested frequency for caesarean birth:</p> <ul style="list-style-type: none"> - q 15 min for 1 hour - temp: x 1 in 1st hour - resp rate: q 1 h x 12 hours (<i>refer to anesthesia orders</i>) - at 2 hours - q 4 h X 24 hours - once per shift until discharge from hospital - then as required by nursing judgment and/or self report <p>Use of a visual verbal analogue pain scale (VAS) and/or pain assessment questions</p> <p>Assess client's understanding of her normal vitals signs</p> <p>Assess capacity to:</p> <ul style="list-style-type: none"> - Check self/monitor - Identify variances and report if she requires further medical assessment(s) <p>Refer to Pain</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Asymptomatic - PO Temp: 36.7°C – 37.9°C - BP: S = 90 – 140, D = 50 – 90 - Resp: 12 – 24, unlabored - Pulse: 55 – 100 bpm <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Normal vital signs and who to contact if variances <p>Variance</p> <ul style="list-style-type: none"> - Chills, febrile, headache, blurred vision, labored respirations, light headedness, palpitations, edema, vital signs outside the norm <p>Intervention</p> <ul style="list-style-type: none"> - Nursing assessment - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to POS <p>Variance – Vital Signs</p> <ul style="list-style-type: none"> - Refer to POS - Decreased sensory and/or motor power to the lower extremities after the epidural block (<i>from 2 – 5 hours depending on the epidural agent</i>) - Epidural headache <p>Intervention – Vital Signs</p> <ul style="list-style-type: none"> - Nursing assessment - Refer to appropriate PCP prn <p>Variance – Impairment of daily living such as:</p> <ul style="list-style-type: none"> - Walking - Mood - Sleep - Interactions with others - Ability to concentrate <p>Intervention – Impairment</p> <ul style="list-style-type: none"> - Nursing assessment including - VAS and/or questions - Further evaluation and management of pain – refer to anesthesiologist 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Able to self report - Refer to POS <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - T >38°C on any 2 days - T >39°C any time <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Normal vital signs as reported by client <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 72 hr - May experience increase in temperature with milk coming down, engorgement <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 72 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr

Psychosocial Health

Bonding and Attachment

Psychosocial Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
BONDING AND ATTACHMENT				
<p>Assess:</p> <ul style="list-style-type: none"> - Parental supports - Parental responses to infant feeding and behavior cues - Parental response to infant crying - Parental, family and baby interaction - Risk factors for poor bonding and attachment <p>Assess client's understanding of:</p> <ul style="list-style-type: none"> - Infant attachment behaviors - Responses to infant feeding and behavior cues <p>Assess capacity to:</p> <ul style="list-style-type: none"> - identify factors that enhance or interfere with attachment and the resources for support <p>Refer to Newborn Nursing Care Pathway: Crying</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Parent-newborn skin-to-skin contact immediately after birth until completion of the first feed or longer - Parent responds to infant cues - Parent interacts with newborn by holding (<i>face-to-face</i>), talking, cuddling, making eye contact - Partner/significant person presence and involvement <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Bonding is a gradual process that may develop over the first month - Refer to >2 – 24 hr <p>Variance</p> <p>Parent newborn separation</p> <ul style="list-style-type: none"> - Limited parent interaction with newborn - Some parents may appear to have less interest in the newborn in the first 24 hours – consider labor medication(s), exhaustion, pain, intervention(s) during labor and birth and personal expectations – requires further assessment - Minimal or support(s) not available - Limited interaction with newborn from support(s) - Minimal or no planning for taking baby home (<i>diapers, baby clothes, car seat</i>) - Inappropriate or abusive interactions with infant - Family history of trauma and/or lack of positive relationships - Conflictual, violent intimate partner relationships <p>Intervention</p> <ul style="list-style-type: none"> - Refer to Client Education >2 – 24 hr - Assist client to hand express colostrum if separated from newborn - Encourage visiting and skin-to-skin contact as soon as able if separated from newborn - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to POS - Sensitive response to newborn's needs and behavior cues (<i>feeding, settling, diapering</i>) - Effective consoling techniques (<i>skin-to-skin, showing face to infant, talking to infant in a steady voice, soft voice, holding, rocking, feeding</i>) - Responds to early infant feeding cues (<i>restlessness, beginning to wake, hand to mouth, searching for nipples</i>) - Responds to infant's needs in a warm, loving, sensitive way, emotionally and physically available, demonstrates affection toward newborn, appears to enjoy interacting with newborn - Partner/significant other/family interactions with newborn and mother - Positive relation with others (<i>partner, support(s), family members</i>) - Refer to crying section in Newborn Nursing Care Pathway <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Parent involved in all decision making - Activities that enhance attachment (<i>breastfeeding, skin-to-skin, involved in assessment, care, bathing, infant massage, talking, singing to newborn</i>) - Positive reinforcement re parenting skills; there is growing evidence that role of parent as attachment figure is most influential in first few years of infant's life - Involve partner/significant other as appropriate - Review methods of dealing with infant crying - See Lifestyle-Activity and Rest, (<i>the importance of rest and night time needs of baby</i>) <p>Variance</p> <ul style="list-style-type: none"> - Minimal or no interaction with baby - Lack of or inconsistent responses to newborn feeding and behavior cues - Lack of response for discomfort or distress (<i>with infant crying, parent may believe baby is crying for no reason, is just spoiled or is manipulating</i>) <p>Intervention</p> <ul style="list-style-type: none"> - Find a parenting strength to build on as a way to reassure parents that they are doing something right when trying to comfort baby (<i>even if baby doesn't always calm down</i>) - Ways to increase parents sensitivity (<i>cue based interaction, discuss normal newborn growth and development</i>) - Ask parent about what they think the baby is feeling and why - Suggest specific comfort measures such as snuggling, rocking, soft talking, walking, singing - Refer to appropriate PCP, counselor, or social worker prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Signs of later attachment behaviors <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 72 hr - Lack of or inconsistent responses to newborn feeding and behavior cues - Lack of response to discomfort and distress (<i>with crying, parent may believe baby is crying for no reason, is just spoiled or is manipulating</i>) - Inappropriate or abusive interactions with infant - Eye contact minimal or lacking when infant awake <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Ways to increase parental positive responses - Position infant so parent and infant can see each other - Make eye contact - Imitate the baby - Refer to community supports/agencies as appropriate and available, such as family resources, parenting programs, peer support, public health programs - Maintain open relationship with family

Emotional Status and Mental Health

Psychosocial Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
EMOTIONAL STATUS AND MENTAL HEALTH				
<p>Assess:³⁴⁻⁴⁰</p> <ul style="list-style-type: none"> - Emotional response to delivery and postpartum period (<i>current and past</i>) - Adjustment to parenthood and emotional status of partner/significant other - Medication use for mental health concerns - Predisposing/risk factors to postpartum depression (PPD) such as previous prenatal, postpartum or other episodes of depression, history of anxiety with current pregnancy, family history of depression, previous use of antidepressants, significant medical or obstetrical challenges - For current signs of PPD - For other mental health conditions such as: postpartum psychosis, schizophrenia, anxiety disorders, personality disorders or suicidal ideation <p>Assess client's understanding of:</p> <ul style="list-style-type: none"> - Normal postpartum emotional responses - Adjustment to parenthood - Mental health conditions (<i>see above</i>) <p>Assess capacity to:</p> <ul style="list-style-type: none"> - Identify variances that may require support and/or further medical assessment - Access support and/ or medical assessment and care 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Support(s) present - No personal history of PPD or other mental illness <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Excessive anxiety, fear, depression, exhaustion - Minimal or no parent/ client interaction with baby, separation of client and baby - Limited/ no support(s) - Current symptoms or history of mental illness including: depression, anxiety disorders, eating disorders, personality disorders or suicidal ideation <p>Intervention</p> <ul style="list-style-type: none"> - Assist in recognizing problems - Refer to Bonding and Attachment section - Refer to appropriate PCP prn <p>Variance</p> <ul style="list-style-type: none"> - Perinatal Loss, traumatic labor and delivery, perinatal complications for mom and/or baby, illness in baby <p>Intervention</p> <ul style="list-style-type: none"> - Nursing assessment and emotional support - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Client indicates they feel supported - Increasing parental confidence and competence in providing infant care - Increasing partner/ significant other confidence and competence in providing infant care <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Encourage verbalization of feelings and needs - Explore feelings and expectations of partner/ significant other and ways of promoting support - Discuss normal postpartum adjustments and challenges (<i>appetite, sleep, energy, body image, emotional state</i>) - Discuss mood swings, some are normal - Explore ways to maximize rest – refer to Lifestyle – Rest Activity Section - Discuss risk factors and signs of PPD - Provide opportunity to review birth experience <p>Variance</p> <ul style="list-style-type: none"> - As for POS - Continued dissatisfaction with birth experience - Negative perception of infant <p>Intervention</p> <ul style="list-style-type: none"> - Refer to Bonding and Attachment section - Nursing Assessment - Refer to appropriate PCP prn - National Institute for Health and Care Excellence Antenatal and postnatal mental health overview²⁴: www.nice.org.uk/guidance/cg192 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Responds to newborn's needs and behavior/cues for feeding, crying, settling, cuddling, diapering - Verbalizes understanding of PP adjustment – PP blues - Moving to actively seeking help with self care; connecting with and caring for newborn; willing to learn; expresses anxiety with parenting abilities 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to 0 – 72 hr - More knowledgeable about caring for infant and eager to learn - Assimilating infant into family life - Feels supported by partner/significant other/ family friends - Tearful moments and mood swings up to about 2 weeks postpartum - May feel 'blue' - NB: about 2 – 6 weeks PP begins to see infant as an individual, starts to focus on issues greater than those associated directly with self/infant <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to 0 – 72 hr - Provide opportunity to verbalize feelings (<i>parenting, self esteem</i>) - Encourage connecting with peers, new families and community resources³⁵: www.postpartum.org - Postpartum support International: www.postpartum.net - Best Practice Guidelines for Mental Health Disorders in the Perinatal Period³⁷: www.perinatalservicesbc.ca/Documents/Guidelines-Standards/Maternal/MentalHealthDisordersGuideline.pdf - Winnipeg Regional Health Authority. Perinatal mental health: Quick reference for health-care and social service providers³⁸: www.wrha.mb.ca/healthinfo/prohealth/files/PerinatalMHGuide(2).pdf - Discuss risk factors and signs and symptoms of postpartum depression and importance of talking to someone - Mood Disorders Association of Manitoba (MDAM)³⁹: www.mooddisordersmanitoba.ca/services/postpartum/ <p>Variance</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Excessive anxiety, fear, depression, infanticide ideation <p>Intervention</p> <ul style="list-style-type: none"> - Refer to 0 – 24 hr - Discuss signs and symptoms of PPD and importance of talking to someone about this. Common symptoms during the perinatal period include excessive worry about the wellbeing/ safety of baby, excessive checking and reassurance-seeking about baby, panic attacks, excessive worry about ability to be a good parent - Refer to www.anxietybc.com - PPD assessment and use of a tool for screening and education such as the Edinburgh Postpartum Screening Tool between 6 – 8 weeks (PRN)⁴⁰: www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-(epds)

Psychosocial Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
EMOTIONAL STATUS AND MENTAL HEALTH				
				<ul style="list-style-type: none"> - RNAO Best Practice Guideline (2018): Assessment and interventions for perinatal depression: rnao.ca/bpg/guidelines/assessment-and-interventions-perinatal-depression - Dr. Furer suggested another screening tool: The Perinatal Anxiety Stress Scale (PASS): www.kemh.health.wa.gov.au/~media/Files/Hospitals/WNHS/Our%20Services/State-wide%20Services/WHSP/PASSAdministrationandScoringGuidelines.pdf - SA Maternal, Neonatal & Gynaecology Community of Practice Perinatal Practice Clinical Guideline: www.sahealth.sa.gov.au/wps/wcm/connect/3efd79004ee5509ca827add150ce4f37/Perinatal+Anxiety+and+Depressive+Disorders_PPG_v3.0.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-3efd79004ee5509ca827add150ce4f37-INSaHYq - SA Maternal & Neonatal Clinical Network: Screening for Perinatal Anxiety and Depression Clinical Guideline: www.sahealth.sa.gov.au/wps/wcm/connect/9050aa004eedd75ab40bb76a7ac0d6e4/Screening+for+Perinatal+Anxiety+and+Depression_Sept2015.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-9050aa004eedd75ab40bb76a7ac0d6e4-moBL9Cj

Support Systems / Resources

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
SUPPORT SYSTEMS / RESOURCES				
<p>Assess:⁴¹⁻⁴³</p> <ul style="list-style-type: none"> - Parent's support(s) – partner, family, friends and community - Client's understanding of the available family and community resources <p>Assess capacity to:</p> <ul style="list-style-type: none"> - Access family and community resources - Identify variances that may require further assessment 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Maternal support system evident <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Resources and supports available in Manitoba: www.gov.mb.ca/fs/fvpp/resources.html - Resources and supports available in Manitoba: Are you in a Healthy Relationship?⁴¹: www.gov.mb.ca/msw/fvpp/index.html - Families Home Page⁴²: www.gov.mb.ca/fs/index.html <p>Variance</p> <ul style="list-style-type: none"> - Lack of support and resources (<i>social determinants of health</i>) to meet needs (<i>isolation, cultural, language</i>) - Client/support(s) not aware of community resources and follow up <p>Intervention</p> <ul style="list-style-type: none"> - Nursing Assessment - Review community resources with client partner/significant other - Refer to social worker or available community resources - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr

Family Strengths and Challenges

Family Function / Dynamic

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
FAMILY FUNCTION / DYNAMIC				
<p>Assess:⁴¹⁻⁴³</p> <ul style="list-style-type: none"> - Interactions between family members - Positive/effective family coping strategies - Strategies for coping with crying infant - Perception of personal safety, ask client “Is your home safe for you and your baby?” - History and/or signs of intimate partner violence/abuse <p>Assess client’s understanding of family dynamics and interrelationships</p> <p>Assess client’s capacity to:</p> <ul style="list-style-type: none"> - Identify positive/effective coping strategies (<i>for family and crying infant</i>) - Identify variances that may require further assessment and support 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 48 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 48 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 48 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Wide-ranging changes in family dynamics and interrelationships <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Include partner/significant other in care to learn ways to be supportive - Provide individualized support, information and resources as needed - Discuss stress, time management - Refer to Emotional Status – Mental Health Section - Refer to Lifestyle – Activity and Rest Section - Refer to Support Systems/ Resources <p>Variance</p> <ul style="list-style-type: none"> - Family identified as being vulnerable or at risk – increased family stress, increased risk for family breakdown, violence in family, lack of strategies and supports to deal with changing family dynamics <p>Intervention</p> <ul style="list-style-type: none"> - Nursing Assessment - Refer to appropriate resources and/or PCP 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Family exhibits positive coping skills – able to express concerns and ways to resolve conflict - Some siblings may have difficulty adjusting to the birth of a new baby <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Sibling rivalry – ways to include siblings into activities - Government of Manitoba: Stop the Violence⁴³: www.gov.mb.ca/stoptheviolence/index.html <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr - Family gradually adjusts to new infant - Review: <ul style="list-style-type: none"> - Changes that occur to relationships - Expectations re child development, infant crying, behavior - Infant care and feeding - Domestic tasks - Social integration into community - Available supports and resources - For confidential help and information on domestic violence, call 1-877-977-0007 or TTY 1-888-987-2829 <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr - Family does not adjust well to new infant (<i>see above</i>) <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr

Follow-up in Community

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
HEALTH FOLLOW-UP IN COMMUNITY				
<p>Services accessible 7 days per week</p> <p>Assess client's:</p> <ul style="list-style-type: none"> - Readiness for discharge - Ability to breastfeed infant – position, latch, milk transfer - Ability to feed infant human milk substitutes (<i>if not exclusively breast feeding</i>) <p>Refer to:</p> <ul style="list-style-type: none"> - Newborn Nursing Care Pathway <p>Assess understanding of:</p> <ul style="list-style-type: none"> - Self care - Newborn feeding including feeding cues - Newborn care <p>Assess capacity to:</p> <ul style="list-style-type: none"> - Self report - Breastfeed infant, identify and respond to infant feeding cues (position, latch, milk transfer) - Feed infant human milk substitutes (<i>if not exclusively breast feeding</i>) - Identify variances that may require further medical assessment - Access resources or follow-up with primary care provider or alternate medical care 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Prior to discharge appropriate arrangements are made for ongoing care - Complete an initial assessment, including breastfeeding, within 48 hours of discharge to identify strengths and risks to determine the need and timing of public health nursing and community follow-up.¹⁴ <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Pregnancy, childbirth, postpartum and newborn care: A guide for essential practice⁴⁷ - Knowledge of self care - Mobile with adequate food/fluid intake - Recognizes normal postpartum changes (<i>physical, psychosocial</i>) and informs PCP of abnormal findings - Responds to newborn's needs - Support system in place - Provision of community resources in writing - Use of common resources and care paths, feeding guidelines^{2,47} - Discussion and mutual decision making about ongoing contact <p>Variance – no PCP</p> <ul style="list-style-type: none"> - Family doesn't have a PCP <p>Intervention – no PCP</p> <ul style="list-style-type: none"> - Nursing Assessment - Care Provider who provides ongoing care is identified <p>Variance – Follow-up</p> <ul style="list-style-type: none"> - Family does not seek follow-up as needed (<i>client cannot be contacted or declines PHN services when contact/visit is recommended</i>) - No discussion and or mutual decision making about ongoing contact <p>Intervention – Follow-up</p> <ul style="list-style-type: none"> - Notify PCP or social services prn <p>Variance – Infant Care</p> <ul style="list-style-type: none"> - Client not able to provide newborn care due to illness, death, or infant placed in care or for adoption <p>Intervention – Infant Care</p> <ul style="list-style-type: none"> - Support client prn and refer to appropriate HCP prn - Support the infant's caregiver prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - If discharged <48 hr of birth: - Refer to >2 – 24 hrs <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Care provider responsible for continuing care is identified with arrangements made by mother for follow-up <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Client does not have PCP <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Assist in finding appropriate PCP - Refer to Dr. Finder: www.gov.mb.ca/health/familydoctorfinder/ <p>Variance</p> <ul style="list-style-type: none"> - Community resources unavailable 7 days per week at community level - Family does not seek followup as needed - Client cannot be contacted or declines a visit (<i>when vulnerabilities/needs identified by care providers</i>) <p>Intervention</p> <ul style="list-style-type: none"> - Assist in obtaining supports - Family may require further assessment and referrals, such as a social worker

Lifestyle

Activity / Rest

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
ACTIVITY / REST				
<p>Assess:</p> <ul style="list-style-type: none"> - Ability to manage instrumental activities for daily living (<i>IADL's</i>) - Ability to rest/sleep - Safe resumption of physical activity program <p>Assess understanding of:</p> <ul style="list-style-type: none"> - Night time needs of baby - Normal activity and rest requirements <p>Assess capacity to identify:</p> <ul style="list-style-type: none"> - Night time needs of baby - Rest requirements as sleep interrupted during the night - Variances that may require further medical assessment <p>Use of visual verbal analogue pain scale (VAS) and/or pain assessment questions</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Vaginal birth: Ambulates independently and able to rest - Caesarean birth: Dangles and ambulates with assistance <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Rest – when baby sleeping, managing visitors - Early ambulation, safe body mechanics - Normal postpartum recovery including body mechanics - Support(s) at home and in community <p>Variance – Sleep</p> <ul style="list-style-type: none"> - Unable to sleep, not ambulating - Uncontrolled pain <p>Intervention – Sleep</p> <ul style="list-style-type: none"> - Assess comfort level and need for analgesia or relaxation exercises - Nursing Assessment - Refer to PCP prn <p>Variance – Calf Discomfort</p> <ul style="list-style-type: none"> - Calf discomfort, redness, swelling, decreased mobility – possible deep vein thrombosis (DVT) <p>Intervention – Calf Discomfort</p> <ul style="list-style-type: none"> - Screening for DVT via Homan's sign not recommended as is not reliable - Risk of thrombosis due to activation of blood clotting factors, increased platelet adhesiveness, traumatic/operative delivery, smoking, inactivity, medical history - Refer to PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Caesarean birth, ambulates independently <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer >2 – 24 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer >2 – 24 hr - Unable to perform activities of daily living (<i>ADL</i>) due to pain, fatigue <p>Intervention</p> <ul style="list-style-type: none"> - Refer >2 – 24 hr - Nursing Assessment - Discuss options for support - Refer to PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr - Fatigue gradually improving <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr - Relationship between healthy eating and activity level – especially iron requirements, refer to Healthy Eating - Balance between activity and rest - Care for self and meeting needs of baby - Gradual resumption of physical activity (<i>safe & appropriate exercises</i>) - Problem solving re coping with visitors and tending to tasks - Organizing household to minimize stair climbing, reaching, lifting <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 48 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 48 hr

Activity / Rest

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
ACTIVITY / REST				
<i>(Continued)</i>		<p>Variance – Separated Symphysis Pubis</p> <p>Intervention – Separated Symphysis Pubis</p> <ul style="list-style-type: none"> - Nursing Assessment - Refer to Physiotherapy or PCP - Assist client to identify additional supports to assist with ADL and infant care - Support family - Refer to community agencies prn <p>Pain affecting ADL</p> <ul style="list-style-type: none"> - VAS and/or questions <p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Pain is tolerable with/ without analgesia and/or non pharmacological pain relief measures - Pain does not impact daily living such as walking, mood, sleep, interactions with others and ability to concentrate <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Using VAS and/or questions to assess pain level and when to consult PCP - Client aware of comfort measures and/or analgesia including dose, frequency and effectiveness - Clients with increased pain are more apt to develop chronic pain and/or depression <p>Variance</p> <ul style="list-style-type: none"> - Pain does impact daily living such as walking, mood, sleep, interactions with others and ability to concentrate - Pain not relieved by current analgesia and/or non pharmacological pain relief measures - Back pain (<i>if post epidural</i>), localized redness/ tenderness over epidural insertion site <p>Intervention</p> <ul style="list-style-type: none"> - Pain requires further evaluation and management of pain - Nursing Assessment - Refer to appropriate PCP prn 		

Family Planning / Sexuality

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
FAMILY PLANNING / SEXUALITY				
<p>Assess client's understanding of:⁴⁴⁻⁴⁶</p> <ul style="list-style-type: none"> - Family planning methods - Resumption of intercourse <p>Assess for client's capacity to access/obtain contraception prn</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - May have had tubal ligation (TL) with C-section <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) <p>Variance</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) <p>Variance</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) <p>Variance</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >72 hr – 7 days and beyond (<i>discussion may not be appropriate at this time</i>) 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Resumption of sexual activity is variable and is when client is ready/comfortable - May have vaginal discomfort due to decreased hormonal levels, thinning of vaginal walls, decreased lubrication, sutures - May have decreased libido due to role overload, psychological, social changes, lack of sleep, hormonal changes <p>Ovulation may occur before menses begins:</p> <ul style="list-style-type: none"> - Lactating Clients – Breastfeeding exclusively regularly throughout the 24-hour period. - Affected by frequency of breastfeeding, use of human milk substitutes, other fluids, weaning, pacifier use - Non Lactating Clients – Menses may start in 6 – 8 weeks <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Family gradually adjusts to new infant - Review: <ul style="list-style-type: none"> - Changes that occur to relationships - Expectations re child development, infant crying, behavior - Infant care and feeding - Domestic tasks - Social integration into community - Available supports and resources <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Review Lactational Amenorrhea Method for Birth Control as per client choice – all conditions must be met <ol style="list-style-type: none"> 1. Infant under 6 months 2. Mother has not had menstruation return 3. Infant exclusively breastfeeding 4. No prolonged period when infant does NOT nurse >4 hr during the day and 6 hr at night - Resumption of vaginal intercourse: <ul style="list-style-type: none"> - Client's sense of control and comfort (<i>Mutually agreeable</i>) - Lochia no longer red - Perineum healed – ongoing pelvic floor problems (follow-up with PCP) - Incision (<i>from Cesarean</i>) healing and comfortable - Comfort measures – lubricant, positions - Review normal sexuality PP – effects of breast feeding (<i>potential milk ejection reflex, sensual responses to suckling infant</i>) - Awareness of contraception choices - SOGC Sex & U⁴⁴: www.sexualityandu.ca/adults/index.aspx - SERC: Sexual Health Through Education: www.serc.mb.ca/sexuality-and-relationships - Getsomecondoms.com: www.getsomecondoms.com/birth-control-and-pregnancy/birth-control-pills/

Family Planning / Sexuality

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
FAMILY PLANNING / SEXUALITY				
<i>(Continued)</i>				<p>Variance</p> <ul style="list-style-type: none"> - Pain with vaginal intercourse after perineum healed - Voiced partner expectations of intercourse prior to healing of perineum/mutual agreement - STI risk if more than one partner or partner has multiple sex partners - Unaware of contraception choices <p>Intervention</p> <ul style="list-style-type: none"> - Nursing Assessment - Refer to Client Education above - Refer to appropriate PCP prn

Healthy Eating

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
HEALTHY EATING				
<p>Assess:⁴⁸⁻⁵³</p> <ul style="list-style-type: none"> - Adequate fluid and nutrient intake - Ability to consume nutritious food/adequate intake of vitamins with emphasis on Vitamin D and folate - Understanding of adequate and healthy eating including vitamins and folate - Capacity to access nutritious foods (<i>with support</i>) - Health Canada recommends 2-3 extra food guide Eating well with Canada's food guides/Eating well with Canada's food guides - First Nations, Inuit, Metis^{49,50}: www.canada.ca/en/health-canada/services/canada-food-guides.html <p>Assess:</p> <ul style="list-style-type: none"> - Ability to afford or continue with multivitamins. I.e. A multivitamin with 0.4 mg of folic acid is recommended every day if you are: <ul style="list-style-type: none"> - able to become pregnant - planning a pregnancy - pregnant or breastfeeding - Folic Acid: Are you getting enough? (<i>fact sheet</i>)⁵¹: www.canada.ca/en/public-health/services/publications/healthy-living/folic-acid-are-you-getting-enough-factsheet.html - Note: A prenatal vitamin isn't needed for breastfeeding, a regular multivitamin with 0.4mg folic acid is adequate. 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 48 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 48 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Adequate fluid and nutritious food intake including vitamins and folate <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Encourage small, frequent, nutritious meals - Encourage to continue with prenatal vitamins and folate - Encourage to continue vitamins with attention to Vitamin D to maintain stores during breastfeeding and folate (<i>both to optimize health for any future pregnancies</i>) - Once complete prenatal vitamins, while breastfeeding a multivitamin with 0.4mg folic acid is recommended. <p>Variance</p> <ul style="list-style-type: none"> - Inadequate fluid, food, vitamins and/or folic acid intake due to lack of knowledge, physical, emotional or socio-economic factors - Low Hgb <p>Intervention</p> <ul style="list-style-type: none"> - Nursing Assessment - If low Hgb consult with PCP re potential need for iron supplement, recommend iron rich foods (<i>eating foods with Vitamin C enhances iron absorption</i>) - Refer to appropriate PCP prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Access to and ability to consume nutritious foods, vitamins, and folic acid to meet needs - Sources of fibre include whole grain bread, beans, lentils, whole grain bread, high fibre cereals (<i>100% bran</i>) - Sources of iron include liver, red meat, deep green leafy vegetables, legumes, dried fruit and iron enriched foods (<i>eating foods with Vitamin C enhances iron absorption. This is especially important if client is vegan or does not eat meat.</i>) - If on iron may be constipated (<i>refer to Elimination – Bowel Function</i>) - Continue with prenatal supplements - Not a time for dieting - Impact of fatigue on appetite - May be on special diet, such as Diabetic diet - Canada's Food Guide For Healthy Eating⁴⁹ - Healthy Eating - Manitoba Government: www.gov.mb.ca/healthyliving/hlp/nutrition/index.html <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr <p>Intervention</p> <ul style="list-style-type: none"> - May require iron supplements - If on iron may be constipated, refer to Elimination – Bowel Function - Refer to nutritionist or PCP 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - May require iron supplement, especially if Hgb is low <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >2 – 24 hr - Not able to maintain adequate fluid and nutritious food intake, may be unwell or lacking financial resources <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >2 – 72 hr - Refer to appropriate PCP - Refer to community nutritionist - Refer to social services and other community agencies providing assistance with food security - Dial-a-Dietitian: 1-877-830-2892 (<i>outside Winnipeg</i>) (204) 788-8248 (<i>in Winnipeg</i>) - Food Security- Manitoba Government: Eating Well in your Community⁵²: www.gov.mb.ca/health/healthyeating/community/index.html - Eating Well with Canada's Food Guide - First Nations, Inuit and Métis⁴⁹: www.canada.ca/en/health-canada/services/food-nutrition/reports-publications/eating-well-canada-food-guide-first-nations-inuit-metis.html - Rady Faculty of Health Sciences: Food & Housing⁵³: umanitoba.ca/faculties/health_sciences/medicine/units/chs/benefits/foodhousing.html

Commercial Tobacco / Drug / Substance Use

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
COMMERCIAL TOBACCO / DRUG / SUBSTANCE USE				
<p>Assess client and household members previous and current:⁵⁴⁻⁶²</p> <ul style="list-style-type: none"> - Tobacco use history (smoking, chewing, vaping etc status) - Use of drugs or substances <p>Assess understanding of:</p> <ul style="list-style-type: none"> - The effects of alcohol, tobacco, cannabis and other substances used including second and third-hand (smoke residue on indoor surfaces, including clothing and human skin of smokers) smoke prescription and non prescription drugs <p>Assess readiness to:</p> <ul style="list-style-type: none"> - Stay quit after pregnancy (if stopped tobacco use prior to or during pregnancy) - Quit smoking, tobacco use (if a current smoker) <p>Assess capacity to:</p> <ul style="list-style-type: none"> - Identify warning signals/ variances that may require further assessment and or action - Access support 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr and smoking history and current status <p>Variance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Smoking History/ Status</p>	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Non smoker tobacco user (as per history) - Client stays quit after pregnancy (if stopped prior to/during pregnancy) - Home environment free of substances including second and third hand smoke <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to history and current status - Emphasize the importance of: <ul style="list-style-type: none"> - Remaining substance free (or quitting) for own health and that of children - Mantra Quit Resources⁵⁴: www.mantrainc.ca - Smoking control and cessation: www.gov.mb.ca/health/tobacco/index.html - Manitoba Health – Smoking Control and Cessation⁵⁵ - Centre for Addiction and Mental Health: www.pregnets.org <p>Variance – Use of Tobacco/cannabis⁶¹</p> <ul style="list-style-type: none"> - Parent is currently using tobacco/cannabis - Parent reduced tobacco/cannabis use during pregnancy - Family is exposed to second or third hand smoke - Exposure to residual nicotine from tobacco cannabis smoke, also called third hand smoke presents a health hazard via dermal exposure, dust inhalation, ingestion 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >24 – 72hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to smoking history/status - Refer to >2 – 48 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >24 – 72hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >24 – 72hr

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
COMMERCIAL TOBACCO / DRUG / SUBSTANCE USE				
<i>(Continued)</i>			<p>Intervention – Use of Tobacco Nursing Assessment - WRHA Tobacco Use and Dependence: www.wrha.mb.ca/staff/tobacco/index.php</p> <p>Variance – Use of substances/drugs (excluding tobacco) - Mother is currently using drugs/substances, - Family is exposed to harmful substances, such as alcohol, drugs</p> <p>Intervention – Use of substances/drugs (excluding tobacco) - Nursing Assessment - Use Ask/Advise/Assess/Assist/Arrange principles - Refer to appropriate resources (<i>such as addiction services</i>) and social services or PCP prn - Canadian Cancer Society P: (866) 366-3667 www.cancer.ca/en/?region=mb - MANTRA⁵⁴ www.mantrainc.ca/mantra-resources.html - Cannabis - Canadian Nurses Association: CNA resources and implications for nursing care⁵⁸ - The Canadian Nurses Protective Society. (2017). Cannabis for medical purposes: Legal implications for nurses. Canadian Nurse: Legal Matters, January/February. Retrieved from https://canadian-nurse.com/en/articles/issues/2017/january-february-2017/cannabis-for-medical-purposes-legal-implications-for-nurses - Smoking, vaping, cannabis, and breastfeeding – laleche league⁶⁰: www.laleche.org.uk/smoking-vaping-cannabis-breastfeeding/ - Health effects of exposure to second- and third-hand marijuana smoke: a systematic review: cmajopen.ca/content/5/4/E814.full - Motherisk - Motherisk⁶² Helpline 1-877-439-2744 (Toll-free) 416-813-6780 (Toronto and GTA) - Alcohol and Substance 1-877-327-4636 www.motherisk.org/women/contactUs.jsp - Pregnancy & Breastfeeding Safety Guide - Motherisk Alcohol and Substance Use Helpline Pamphlet</p>	

Safe Home Environment

Family Assessment	0 – 2 hours Period of Stability (POS)	>2 – 24 hours	Days 2-3 (>24-72 hours)	Day 3 & beyond (72 hours-7 days & beyond)
SAFE HOME ENVIRONMENT				
<p>Assess knowledge of:⁶³</p> <ul style="list-style-type: none"> - A safe home environment - Safety hazards in the environment <p>Assess capacity to:</p> <ul style="list-style-type: none"> - Identify variances that may require action - Address solution(s) prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Home environment is free of environmental or safety hazards - See CPS - Keeping kids safe: www.caringforkids.cps.ca/handouts/kidssafe-index <p>Variance</p> <ul style="list-style-type: none"> - Home contains safety hazards <p>Intervention</p> <ul style="list-style-type: none"> - Nursing assessment - Discuss alleviating safety hazards and refer prn 	<p>Norm and Normal Variations</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Client Education / Anticipatory Guidance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Variance</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr <p>Intervention</p> <ul style="list-style-type: none"> - Refer to >24 – 72 hr

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PHN Pilot and Sub-Group

An initial meeting was convened in July 2017, as an orientation to promote consistency and understanding. Ongoing meetings were scheduled to support the pilot PHNs, to discuss use of the forms in practice, and to gather feedback for revisions. Initial revisions to the BC documents were completed by December 2017. From January to May, a sub-group of representatives from the pilot group met regularly by teleconference to continue to review and adapt the forms to the Manitoba context. This group consisted of April Gage, Alison Campbell, Crystal Nazareth, Jacqueline Brandt, and Jenna Furkalo. And Lorelei Pierce. The final review was completed during a face-to-face day long meeting on June 7, 2018. This work would not have been possible without the dedication and effort of the subcommittee. Thanks to the PHNs listed below who were instrumental in piloting these provincial tools and facilitating the process.

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