DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 02/2026
WINC Code: 1NY44843
SW1308

Queensland Government

Maternal Postnatal Clinical Pathway

Facility: ....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

- Clinical pathways **never replace clinical judgement**.
- Care outlined in this clinical pathway **must be altered if it is not clinically appropriate** for the individual woman.

Documentation Instructions

Initials – indicates action/care has been ordered/administered.

N/A – indicates preceding care/order is not applicable.

Crossing out – indicates that there is a change in the care outlined.

V – indicates a variation from the pathway. When applicable, note in the “Variance column”, and document in the Clinical Events and Variance section *(pg 10)* or in the woman’s *Progress Notes*.

- A *Maternal Postnatal Clinical Pathway Ongoing Care (Additional Page) (SW1308a)* is available for extended treatment.
- A *Maternal Postnatal Clinical Pathway Clinical Events/Variances (Additional Page) (SW1308b)* is available if required.
- For maternity and neonatal clinical guidelines go to Queensland Clinical Guidelines (QCG) at: www.health.qld.gov.au/qcg/publications
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Signature Log

Print name	Designation	Signature	Initials

MATERNAL POSTNATAL CLINICAL PATHWAY

Queensland Government

Maternal Postnatal Clinical Pathway

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Date of birth: Sex: ☐ M ☐ F ☐ I

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Interpreter required:	**Mode of birth:**
☐ Yes ☐ No If *YES*, language:	☐ **Vaginal** ☐ **Assisted vaginal** ☐ **Caesarean**

Education Plan		**Initials**	**Date**
Understands postpartum changes	☐ Checking of fundus ☐ Normal and expected vaginal blood loss after birth–6 weeks ☐ Perineal care ☐ Wound care plan post-caesarean section ☐ Breast changes ☐ Hormonal changes after birth ☐ Emotional health and wellbeing ☐ Abdominal/pelvic floor exercises ☐ When to commence returning to normal activities		
Postnatal follow-up	☐ Advise mother postnatal follow up recommended with GP/EPPM at week 1 and 6 ☐ Midwife phone call in (time frame as per local protocol): ..... ◯ Days / ◯ Weeks ☐ Copy of *Handheld Pregnancy Health Record (SW071)* given to mother ☐ Discuss time frame for next cervical screening ☐ Discuss OGTT at 6–12 weeks postpartum (if applicable) ☐ VTE risk assessment completed and management plan discussed ☐ Ask the woman if she would like to talk to someone about her birthing experience (if required) – refer to: .... ☐ Child health information *'Your guide to the first 12 months'* booklet provided and discussed ☐ Discuss importance of **seeking immediate medical assistance if experiencing fever, pain or increased bleeding, and/or has serious concerns**		
Infant feeding	**Breastfeeding –** mother can demonstrate and/or verbalise understanding of: ☐ Correct attachment and positioning of infant ☐ Correct detachment ☐ Hand expressing ☐ Breast and nipple care ☐ Safe storage of breast milk ☐ Lactation (what to expect in first 6 weeks) ☐ Signs of nutritive sucking and swallowing ☐ Signs baby is getting enough milk		
	Formula feeding – mother/parent/carer verbalises understanding of: ☐ Formula quota for first 7 days (recommended quota: ..... per day) ☐ Correct positioning of infant ☐ Decontamination of bottles ☐ Formula preparation ☐ Transportation and storage techniques ☐ **Suppression of lactation**		
Pain management	☐ Discuss use of pain relief, including 'after birth pains' ☐ Opiate use required (advise of medication side effects and risks for mother, and baby if breastfeeding)		
Contraception	☐ Discuss contraception options, method of choice		
Safety for baby	☐ Discuss SUDI (including SIDS and fatal sleep accidents) and safer sleep strategies and airway protection: • Place infant on their back on firm, flat, level surface for every sleep • Keep head and face uncovered • Smoke free environment • Keep sleep space clear for every sleep, including safer shared sleep strategies • Safe sleep place in same room as caregiver for first 6–12 months • Breastfeeding is recommended		

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Education Plan *(continued)*		**Initials**	**Date**
Safety for baby	☐ Infant restraint for vehicle and positioning for airway protection ☐ Pram safety ☐ Hip-healthy swaddling and use of slings ☐ Sun protection ☐ Prevention of hypothermia/hyperthermia. Safe wrapping/swaddling and dressing		
Modifiable risks	☐ Nutrition and physical activity ☐ Tobacco use (cigarettes, vapes, other non-authorised nicotine products). If nicotine dependent: ◯ Advise benefits of quitting for mother and baby ◯ Provide Quitline information and/or consent for referral to Quitline or local cessation support program ◯ Offer NRT ☐ Alcohol and other drug use: ◯ Advise of risks associated with use of alcohol and other drugs *Follow QCG and/or local referral guidelines as required.*		
Newborn baby care	Education for parent/carers: ☐ Bathing/showering and eye care ☐ Cord care ☐ Nappy changing, including skin care and genital hygiene ☐ Feeding cues and behaviour ☐ Growth and weight gain ☐ Sleep patterns ☐ Normal bowel and urine patterns ☐ Jaundice care ☐ **Warning signs of illness and when to seek assistance:** • Raised temperature • Poor feeding • Vomiting • Irritability, lethargy • Decreased urine or stools • Jaundice • Respiratory signs • Rash		
Immunisations	☐ Provide information about childhood immunisation program and schedule ☐ Discuss pertussis immunisation for caregivers (e.g. parents, siblings, grandparents)		
Other			

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Discharge Plan		Initials	Date
Discharge checklist	☐ Reviewed by Acute Pain Services (if applicable) ☐ Birth Registration and Newborn Child Declaration (Centrelink/Medicare form) ☐ Birth summary discharge ☐ Medication script completed and sent to pharmacy/given to mother (if applicable) ☐ Mothers own medications returned ☐ Anti D given (if required) ☐ MMR given (if required) ☐ Discharge summaries for mother and baby given to mother; include additional copies for GP ☐ Child health information *'Your guide to the first 12 months'* booklet provided ☐ Edinburgh Postnatal Depression Scale (EPDS) completed (if applicable) ☐ Complete newborn discharge plan in *Neonatal Clinical Pathway (SW232)*		
Referrals	☐ Mother advised to book GP appointment at 5–7 days of age and 6 weeks of age		
	Provide information on community support agencies (if required): ☐ Child Health Service ☐ Midwife (e.g. home visit, drop-in clinics, private) ☐ Pēpi-Pod® Program (Eligibility: smoke/vape, drug, alcohol exposure, low birth weight, <37 weeks) ☐ Lactation consultant ☐ Australian Breastfeeding Association ☐ 13HEALTH (13 43 25 84) ☐ 1800 mum2mum (1800 686 268) ☐ Psychosocial support		
	Other:		

Discharge to home	Date: ..... / ..... /	Time (24hr): ..... : .....
Transfer to other facility	Date: ..... / ..... /	Time (24hr): ..... : .....
	Facility name:	Accepting Doctor/Midwife:
Further notes *(including Criteria Led Discharge as per hospital protocol)*		

Discharge clinician (print name):	Designation:	Signature:	Date:	Time (24hr):

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0–6 hours	☐ **Vaginal** ☐ **Assisted vaginal** ☐ **Caesarean** **Date:** ../../..	**Initials**	**Time** (24hr)	**V**
Review	Perinatal data report commenced			
	Nil postnatal risks or alerts identified			
	Positive blood group – anti D **not** required			
	Negative blood group – Kliehauer-Betke blood test collected (anti D if required)			
	Rubella immune – vaccination **not** required			

Enter shift that will occur predominately within the next 8 hours				**Time** (24hr)	**V**
Observations	Record Q-MEWT observations				
	Record observations (if applicable) as per local policy ☐ Spinal ☐ Epidural ☐ PCA ☐ Diabetes				
	PIVC site patent and nil complications observed				
	IV therapy as charted				
	Fluid balance chart				
Wound	Dressing intact. Nil/small amount of ooze				
	Vac dressing (suction maintained)				
Pain management	Pain/discomfort at an acceptable level to the mother				
	Pain managed with: ☐ Non-pharmacological interventions ☐ Simple analgesia ☐ Prescribed opiates ☐ Spinal ☐ Epidural ☐ PCA				
Medications	Review and give medications as charted				
Fundus	Firm and central at or about the level of the umbilicus				
Lochia	Bright red, less than one pad per hour				
Perineum	Perineum inspected				
Breasts	Breasts soft and nipples intact				
Infant feeding	Breast feeding – requires minimal assistance				
	Formula feeding – requires minimal assistance				
Nutrition	Adequate nutrition and fluid intake				
Hygiene	Self-caring post-birth				
	Assistance with hygiene needs attended				
Elimination	Voided post-birth – nil dysuria, nil voiding difficulties				
	IDC draining straw coloured urine and output >30mL hour				
Risk assessment	Risk assessments completed and plans of care documented as per local policy and procedure for: ☐ Falls prevention and management ☐ VTE ☐ Skin inspection and pressure injury prevention				
Emotional health and wellbeing	Emotional needs identified including labour and birthing concerns				
Education	Refer to education plan *(pg 2–3)*				
Discharge/ transfer	Uncomplicated birth – discharge home. Complete discharge plan *(pg 4)*				
	☐ **Hospital care** Transferred to ward: ..... Date: ../../.. Time (24hr): .. : ..				

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6–24 hours	☐ **Vaginal** ☐ **Assisted vaginal** ☐ **Caesarean** **Date:** ..../..../.... to ..../..../....	**Initials**	**Time** (24hr)	**V**
Review	If negative blood group – check baby's blood group			
	Give anti D if required			
Physiotherapist	Bladder/bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent			

Enter shift that will occur predominately within the next 8 hours				**Time** (24hr)	**V**
Observations	Record Q-MEWT observations				
	Record observations (if applicable) as per local policy ☐ Spinal ☐ Epidural ☐ PCA ☐ Diabetes				
	PIVC site patent and nil complications observed				
	IV therapy as charted				
	Fluid balance chart				
Wound	Dressing intact. Nil/small amount of ooze				
	Vac dressing (suction maintained)				
Pain management	Pain/discomfort at an acceptable level to the mother				
	Pain managed with: ☐ Non-pharmacological interventions ☐ Simple analgesia ☐ Prescribed opiates ☐ Spinal ☐ Epidural ☐ PCA				
Medications	Review and give medications as charted				
Fundus	Firm and central, at or about the level of the umbilicus				
Lochia	Bright red, less than one pad per hour				
Perineum	Perineum inspected				
Breasts	Breasts soft and nipples intact, hand expressing demonstrated				
Infant feeding	Breast feeding – requires minimal assistance				
	Formula feeding – requires minimal assistance				
	Demonstrate feed chart recording				
Nutrition	Adequate nutrition and fluid intake				
Hygiene	Self-caring post-birth				
	Assistance with hygiene needs attended				
Elimination	Nil dysuria, nil urinary incontinence, nil voiding difficulties				
	IDC, draining straw coloured urine, >30mL/hr				
	IDC removed and voided post-removal				
	Passing flatus				
	Bowels opened				
Risk assessment	Risk assessments completed and plans of care documented as per local policy and procedure for: ☐ Falls prevention and management ☐ VTE ☐ Skin inspection and pressure injury prevention				
Emotional health and wellbeing	Emotional needs identified including labour and birthing concerns				
Education	Refer to education plan *(pg 2–3)*				
Discharge	Uncomplicated birth – discharged				
	Discharge plan *(pg 4)* updated and completed				

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24–48 hours	☐ **Vaginal** ☐ **Assisted vaginal** ☐ **Caesarean** **Date:** ..../..../.... to ..../..../....			**Initials**	**Time** (24hr)	**V**
Physiotherapist	Bladder/bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent					
Enter shift that will occur predominately within the next 8 hours					**Time** (24hr)	**V**
Observations	Record Q-MEWT observations					
	Record observations (if applicable) as per local policy ☐ Spinal ☐ Epidural ☐ PCA ☐ Diabetes					
	PIVC site patent and nil complications observed ☐ Removed (not required)					
	IV therapy as charted					
	Fluid balance chart					
Wound	Dressing intact. Nil/small amount of ooze					
	Vac dressing (suction maintained)					
Pain management	Pain/discomfort at an acceptable level to the mother					
	Pain managed with: ☐ Non-pharmacological interventions ☐ Simple analgesia ☐ Prescribed opiates ☐ Spinal ☐ Epidural ☐ PCA					
Medications	Review and give medications as prescribed					
Fundus	Firm and central at or about the level of the umbilicus					
Lochia	Dark red, equal to/or less than one pad every 2 hours					
Perineum	Perineum inspected					
Breasts	Breasts soft/filling, nipples intact					
Infant feeding	Breast feeding – requires minimal assistance					
	Formula feeding – requires minimal assistance					
	Increasing formula volumes required by infant					
Nutrition	Adequate nutrition and fluid intake					
Hygiene	Self-caring post-birth					
	Assistance with hygiene needs attended					
Elimination	Nil dysuria, nil urinary incontinence, nil voiding difficulties					
	Passing flatus					
	Bowels opened					
Risk assessment	Risk assessments completed and plans of care documented as per local policy and procedure for: ☐ Falls prevention and management ☐ VTE ☐ Skin inspection and pressure injury prevention					
Emotional health and wellbeing	Emotional needs identified including labour and birthing concerns					
Education	Refer to education plan *(pg 2–3)*					
Discharge	Discharge plan *(pg 4)* updated and completed					

Comments:

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48–72 hours	☐ **Vaginal** ☐ **Assisted vaginal** ☐ **Caesarean** **Date:** ..../..../.... to ..../..../....			**Initials**	**Time** (24hr)	**V**
Physiotherapist	Bladder/bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent					
Enter shift that will occur predominately within the next 8 hours					**Time** (24hr)	**V**
Observations	Record *Q*-MEWT observations					
Wound	Dressing intact. Nil/small amount of ooze					
	Vac dressing (suction maintained)					
Pain management	Pain/discomfort at an acceptable level to the mother					
	Pain managed with: ☐ Non-pharmacological interventions ☐ Simple analgesia ☐ Prescribed opiates					
Medications	Review and give medications as prescribed					
Fundus	Firm and central at or about the level of the umbilicus					
Lochia	Dark red, equal to/or less than one pad every 2 hours					
Perineum	Perineum inspected					
Breasts	Breasts firming/filling, nipples intact					
Infant feeding	Breast feeding – requires minimal assistance					
	Formula feeding – requires minimal assistance					
	Increasing formula volumes required by infant					
Nutrition	Adequate nutrition and fluid intake					
Hygiene	Self-caring post-birth					
	Assistance with hygiene needs attended					
Elimination	Nil dysuria, nil urinary incontinence, nil voiding difficulties					
	Nil haemorrhoids					
	Bowels opened					
Risk assessment	Risk assessments completed and plans of care documented as per local policy and procedure for: ☐ Falls prevention and management ☐ VTE ☐ Skin inspection and pressure injury prevention					
Emotional health and wellbeing	Emotional needs identified including labour and birthing concerns					
Education	Refer to education plan *(pg 2–3)*					
Discharge	Discharge plan *(pg 4)* updated and completed					

Comments:

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72–96 hours	☐ **Vaginal** ☐ **Assisted vaginal** ☐ **Caesarean** **Date:** ..... / ..... / ..... to ..... / ..... /	**Initials**	**Time** (24hr)	**V**
Physiotherapist	Bladder/bowel function, posture, ergonomics, back care and pelvic floor rehabilitation discussed with consent			

Enter shift that will occur predominately within the next 8 hours				**Time** (24hr)	**V**
Observations	Record Q-MEWT observations				
Wound	Dressing intact. Nil/small amount of ooze				
	Vac dressing (suction maintained)				
Pain management	Pain/discomfort at an acceptable level to the mother				
	Pain managed with: ☐ Non-pharmacological interventions ☐ Simple analgesia ☐ Prescribed opiates				
Medications	Review and give medications as prescribed				
Fundus	Firm and central at or about the level of the umbilicus				
Lochia	Dark red, equal to/or less than one pad every 2 hours				
Perineum	Perineum inspected				
Breasts	Breasts firming/filling, nipples intact				
Infant feeding	Breast feeding – requires minimal assistance				
	Formula feeding – requires minimal assistance				
	Increasing formula volumes required by infant				
Nutrition	Adequate nutrition and fluid intake				
Hygiene	Self-caring post-birth				
Elimination	Nil dysuria, nil urinary incontinence, nil voiding difficulties				
	Bowels opened				
Risk assessment	Risk assessments completed and plans of care documented as per local policy and procedure for: ☐ Falls prevention and management ☐ VTE ☐ Skin inspection and pressure injury prevention				
Emotional health and wellbeing	Emotional needs identified including labour and birthing concerns				
Education	Refer to education plan *(pg 2–3)*				
Discharge	Discharge plan *(pg 4)* updated and completed				

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Clinical Events and Variances

Date	Time (24hr)	Variance	Expand on variances to clinical pathway for clinical relevance, clinical history, consultations and data collection. Document as Variance/Action/Outcome *(include name, designation, signature, date and time with all entries)*	Initials

Abbreviations

EPPM	Endorsed Private Practice Midwife	**OGTT**	Oral Glucose Tolerance Test	**SUDI**	Sudden Unexpected Death in Infancy
IDC	Indwelling catheter	**PCA**	Patient Controlled Analgesia	**VTE**	Venous Thromboembolism
MMR	Measles, Mumps, Rubella	**PIVC**	Peripheral Intravenous Catheter		
NRT	Nicotine Replacement Therapy	**SIDS**	Sudden Infant Death Syndrome		

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