Queensland Government

# Maternal Postnatal Clinical Pathway

## Ongoing Care

*(Additional Page)*

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.
- Every person documenting in this clinical pathway **must** supply a sample of their initials and signature in the Signature Log *(pg 1)* on the *Maternal Postnatal Clinical Pathway (SW1308)*. This additional page **must** be kept with the original *Maternal Postnatal Clinical Pathway*.
- **Initials** – care attended to, **Cross out** – not applicable, **V** – document variances *(pg 10)* or in *Progress Notes*.

| ..... **hrs** | ☐ **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:<br>☐ Non-pharmacological interventions ☐ Simple analgesia<br>☐ 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:<br>☐ Falls prevention and management ☐ VTE<br>☐ 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:**

DO NOT WRITE IN THIS BINDING MARGIN

**MATERNAL POSTNATAL CLINICAL PATHWAY** ONGOING CARE (ADDITIONAL PAGE)

v1.00 - 03/2026
WINC Code: 1NY44844
SW1308a

Queensland Government

# Maternal Postnatal Clinical Pathway

## Ongoing Care

*(Additional Page)*

(Affix identification label here)

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