



 <p>Queensland Government</p> <h2 style="text-align: center;">Vaginal Birth Clinical Pathway</h2> <p>Facility:</p>	<p>(Affix identification label here)</p> <p>URN:</p> <p>Family name:</p> <p>Given name(s):</p> <p>Address:</p> <p>Date of birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</p>
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» Clinical pathways **never replace clinical judgement.**
 » Care outlined in this clinical pathway **must be altered if it is not clinically appropriate** for the individual client.

- » DRG O60C Vaginal Delivery without Complicating Diagnosis A (ALOS 1.83) B (ALOS 1.84)
- » DRG O60B Vaginal Delivery with moderate complicating diagnosis A (ALOS 2.68) B (ALOS 2.51)
- » DRG O60A Vaginal Delivery with severe complicating diagnosis A (ALOS 4.41) B (ALOS 3.65)
- » The A and B refer to hospital groups, with A being the major tertiary and B the major regionals
- » AR-DRG V5 Hospital Benchmarking Funding Model 2004/05

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 on that day, in that section. When applicable **flag it** in the "Variance column", then document in the free text area as instructed. If this variance occurs more than once daily, document the additional times of the variance in the variance free text area and in the patient's progress notes as applicable.

➡ Key ▲ Midwife / Nursing ■ Medical / GP ★ Physiotherapist ⊙ Pharmacy ◆ Allied Health
 **Queensland Clinical Guidelines** - available at <http://www.health.qld.gov.au/qcg/>
 Symbols guide care to a primary professional stream, it is a visual guide only and its direction is not intended to be absolute.

- A *Vaginal Birth Clinical Pathway Ongoing Care (Additional Page) (SW233a)* is available for extended treatment.
- A *Vaginal Birth Clinical Pathway Clinical Events / Variances (Additional Page) (SW233b)* is available if more space is required for clinical events and variances.
- Every person documenting in this clinical pathway **must** supply a sample of their initials and signature below.

Signature log			
Initials	Signature	Print name	Role

VAGINAL BIRTH CLINICAL PATHWAY

Vaginal Birth Clinical Pathway

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Every person documenting in this clinical pathway **must** supply a sample of their initials in the signature log

Education plan

⊖→ Key ▲ Midwife / Nursing ■ Medical / GP ★ Physiotherapist © Pharmacy ◆ Allied Health QCG

Category	⊖→	Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial	Date
Understands immediate postpartum changes	▲	Discuss and explain: Checking of the fundus and reason for checking Perineal care QCG Breast changes Bleeding up to 6 weeks after birth Returning to normal activities Emotional and social well being noted:		
Postnatal follow up	■ ▲	Midwife / EPPM / Medical Officer follow up in days / weeks Copy of 'Pregnancy Health Record' given to mother Mother to make own appointment with local doctor / General Practitioner (GP) / Treating Specialist / Physician / EPPM, a hospital birth discharge summary will be sent Post natal contact phone call up to 5 days post discharge Date: and time: arranged (if applicable) Discuss last pap smear and when to have next one VTE risk assessment completed and discussed QCG Discuss 13 Health (13 432 584) and 24 Hour help line 1800 686 268 numbers and community supports Child Health Services Information - 'Your guide to the first 12 months' booklet identified and discussed Reinforce: Seeking medical assistance immediately you experience fever, pain or increased bleeding		
Physiotherapist	★	Discuss the importance of pelvic floor health and ask if mother understands and has practised her pelvic floor exercises		
Infant feeding	▲	Mother can demonstrate: QCG Correct attachment breast feeding Correct detachment for breast feeding Correct positioning for infant feeding Hand expressing Discuss breast and nipple care Discuss safe storage of breast milk Discuss lactation and / or suppression (if applicable) When formula feeding , is mother able to perform decontamination of bottles, formula preparation and understands transportation and storage techniques		
Pain management	▲	Discuss use of simple pain relief for pain management including "after birth pains"		
Contraception	■ ▲	Discuss contraception use (method of choice)		
Safe sleeping	▲	Discuss measures to reduce SIDS / SUDI QCG Mother can demonstrate safe sleeping techniques as wrapping, positioning and settling Discuss co-sleeping surfaces, such as not sharing beds and lounges, plus smoke free environments. Discuss risk of falling asleep while holding baby		
Lifestyle advice	▲	Discuss healthy eating plan and lifestyle advice including review of smoking status / offer NRT if required		
Safe car travel	▲	Discuss infant restraint for vehicle		

The above education plan on self care, infants and siblings has been discussed with me Yes No

I have received the Centrelink and Birth registration forms Yes No

Mother's name (please print):

Signature:

DO NOT WRITE IN THIS BINDING MARGIN



Queensland
Government

Vaginal Birth Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

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Discharge plan

Initial Date

Discharge medications arranged

Mothers own medications returned

Anti D given MMR given

Discuss Pertussis immunisation for parents and grandparents

Discuss OGTT at 6 weeks postnatal (if applicable)

Referrals initiated (for example)

Medical Officer Specialist / Treating Physician / EPPM / Allied Health Professional / Indigenous Health Worker / Quitline

Hospital discharge summary / copy of perinatal data report given to mother

Faxed / sent to GP / Child Health Services (if applicable)

Antenatal psychosocial screening

Transfer to other hospital

Time:

Facility name:

Further notes (including Criteria Led Discharge as per hospital protocol):

Discharge Clinician

Date:

Time:

Designation:

Signature:

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Vaginal Birth Clinical Pathway

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

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Postpartum vaginal birth

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

☞ **Key** ▲ Midwife / Nursing ■ Medical / GP ★ Physiotherapist ⊕ Pharmacy ◆ Allied Health 🏠 QCG

0-2 hrs	☞	Date: / /	Time: / /	Initial	Time	V	
		<input type="checkbox"/> Hospital care <input type="checkbox"/> Home care					
Review	■ ▲	Midwife / Medical Officer Pain relief ordered VTE risk assessment reviewed and treatment commenced (if required) 🏠 Rubella immune - vaccination <i>not</i> required Negative blood group - Kliehauer / cord blood test collected (anti D if required) Half hourly observations for 2 hours ID bands secured					
Documentation	▲	Baby's <i>Personal Health Record</i> commenced Perinatal data report commenced					
Transfer to ward	▲	Time of transfer Orientated to ward area Nil postnatal risks identified / alerts					

2-24 hrs	☞	<i>Enter shift (that will occur predominately within the next 8 hours)</i>		Time	V
Pain management	▲ ⊕	Minimal discomfort, provided with appropriate pain management			
Observations	▲	Observations of vital signs as per local protocol & recorded on Q-MEWT <input type="checkbox"/> Epidural <input type="checkbox"/> Diabetes <input type="checkbox"/> Other-specify: IV therapy patent, running to time			
Fundus	▲	Firm and central, at or about the level of the umbilicus			
Lochia	▲	Bright red, ≤ 1 pad / hour			
Perineum	▲	Perineum inspected 🏠			
Infant feeding	▲	Safe feeding discussed 🏠 Breast feeding - offered assistance Formula feeding - offered assistance and able to make formula Demonstrate feed chart recording			
Elimination	▲	Has voided post birth, no dysuria, no urinary incontinence or voiding difficulties No Haemorrhoids			
Legs	▲	No calf tenderness 🏠			
Nutrition	▲	Tolerating diet and fluids			
Hygiene	▲	Showered independently			
Falls risk	▲	Standard falls prevention strategies implemented and recorded. Observe for ongoing effects of medications (e.g. epidural, sedation). Observe for hypotension and ongoing effects of blood loss (e.g. post partum haemorrhage) - monitor BP. Mobilising independently.			
Pressure injury	▲	Conduct a comprehensive skin inspection within 8 hours of admission using the Adult Pressure Injury Risk Assessment Tool.			
Infant care	▲	Demonstration bath offered to parent / bathed by parent			
Emotional state	▲	Emotional needs identified including labour and birthing concerns			
Education		Communication assistance required and utilised? <input type="checkbox"/> Yes <input type="checkbox"/> No State type: Education plan updated			
Early discharge	■ ▲	Uncomplicated birth - discharged Discharge plan updated and completed			
Expected outcomes	▲	Mother states: A - Achieved V - Variance		A	V
	1.1	Mother has her concerns addressed such as her personal requests, breast or formula feeding and her baby's cares.			

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Postpartum vaginal birth

Instructions: Initials - care attended to, Rule out - not applicable, V - variance (record and sign all variances on sheet provided or progress notes)

Key ▲ Midwife / Nursing ■ Medical / GP ★ Physiotherapist © Pharmacy ♦ Allied Health QCG

24-48 hrs	⌚	Date: ____/____/____ to Date: ____/____/____	Initial	Time	V
		<input type="checkbox"/> Hospital care <input type="checkbox"/> Home care			
Review	■	Midwife / Medical Officer ▲ Medical Officer Specialist / Treating Physician referral required Discharge arranged Referral to other Allied Health not required			
Physiotherapist	★	Bladder / bowel function, posture / ergonomics / back care, rectus diastasis check and muscle co-activation / rehabilitation assessed with consent			
Enter shift that will occur predominately within the next 8 hours				Time	V
Pain management	▲	Minimal discomfort, managed with prescribed / simple analgesia			
Observations	▲	Observations of vital signs as per local protocol & recorded on Q-MEWT <input type="checkbox"/> Epidural <input type="checkbox"/> Diabetes <input type="checkbox"/> Other-specify: _____ IV cannula patent, no signs of inflammation			
Fundus	▲	Firm and central, ≥ 1-2cm ↓ umbilicus			
Lochia	▲	Dark red - pink, ≤ 1 pad / 2 hours			
Perineum	▲	Perineum inspected			
Breasts / nipples	▲	Breasts soft, nipples intact			
Infant feeding	▲	Safe feeding discussed Breast feeding - requires minimal assistance Formula feeding - requires minimal assistance and understands increasing formula volumes required by infant			
Elimination	▲	No dysuria, no urinary incontinence or voiding difficulties No haemorrhoids Bowels opened			
Legs	▲	No calf tenderness			
Nutrition	▲	Self caring			
Hygiene	▲	Self caring			
Falls risk	▲	Standard falls prevention strategies implemented and recorded. Mobilising independently.			
Pressure injury	▲	Conduct a skin inspection if "at risk". Standard pressure injury prevention and management strategies implemented and recorded.			
Emotional state	▲	Emotional needs identified including labour and birthing concerns			
Education	▲	Education plan updated			
Discharge	▲	Discharge plan updated / completed			
Expected outcomes	▲	Mother states: A - Achieved V - Variance		A	V
	2.1	Mother has a sound understanding of care of herself and baby.			

Variance:

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