



## Postnatal Guidelines

### No.6 Lodging Mothers on TCW

#### **1. Purpose**

To identify those mothers who no longer require midwifery care but have babies who require a longer stay on the Transitional Care Ward.

This will include those mothers whose babies who are transferred from NICU and all mothers whose babies are readmitted from the community.

#### **2. Rationale**

A large proportion of postnatal mothers who have been admitted to the Transitional Care Ward comprise well mothers who no longer require inpatient midwifery care but whose babies require medical care.

#### **3. Criteria for lodging**

Well mothers who have been discharged from inpatient midwifery care. This CANNOT include women who are unable to self-medicate.

Mothers returning from home, whose babies have been transferred from NICU to the Transitional Care Ward.

#### **4. Process**

- Patient Information leaflet given to mother (Appendix 1-Advice for mothers lodging on TCW)
- Midwife to identify those mothers who fulfil the criteria (Appendix 2- The Care of Lodgers on TCW) Mother to be discharged as an inpatient in the routine manner and her status allocated as a lodger
- Ward Clerk and Maternity Receptionist to be informed and changes made to iPMs
- Coding Form is completed by Ward Clerk
- Community Midwife, GP & Health Visitor to be informed using relevant documentation

#### **5. Record keeping**

It is expected that every episode of care be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG.

All entries must have the **date and time** together with **signature and printed name**.

## Monitoring Audit

### Auditable standards:

Please refer to audit tool, location: 'Maternity on cl2-file11', Guidelines

### Reports to:

Clinical Effectiveness Committee – responsible for action plan and implementation of recommendations from audit

### Frequency of audit:

Annual

### Responsible person:

Lynda Watts Deputy Ward Manager Argyll/TCW

## Cross references

Antenatal Guideline 31 - Maternity Hand Held Notes, Hospital Records and Record Keeping

Antenatal Guideline 44 – Guideline Development within the Maternity Services

## References

<b>Author</b>	Lynda Watts (Deputy Ward Manager Argyll/TCW Ward)Charlotte Wilton, Maternity Matron		
<b>Work Address</b>	Maternity Unit, Derriford Hospital, Plymouth, Devon, PL6 8DH		
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# THE CARE OF LODGERS ON TCW

**MIDWIVES HAVE A LEGAL DUTY TO CARE FOR POST NATAL WOMEN FOR A MINIMUM OF 10 DAYS POST DELIVERY.**

## LODGERS:

“True” lodgers are those women who are over 10 days post-delivery, and would in the community setting normally be discharged from midwifery led care. This includes those women who return to TCW with their babies from home, NICU or other units after being discharged from MLC.

Women who remain on TCW after 10 post-delivery, and are postnatally well, should be formally discharged from midwifery led care.

Please ensure paperwork is undertaken for this discharge to ensure continuity of care. Documentation: Purple notes Page 16 Please ensure all details correctly filled in on both Summary of Birth and Maternal Discharge Summary from Midwifery Care sections. The top copy should be filed in the Child Health Record and second copy to the GP.

Please ensure that the community midwife is informed of the discharge from MLC via SBAR when discharging the baby.

## P.N. LODGERS:

Post-natal lodgers are women who would, in normal circumstances, have been discharged to community midwifery care at home, but happen to be in TCW to care for their babies. The role of the Midwife for these women is to act as their “Community Midwife” in a ward setting. **Once they would normally be discharged from hospital these women can be classed as PN Lodgers.** (The time scale will depend on the individual circumstances, i.e. mode of delivery, PET etc. requiring a longer time under medical care.) Those women under 10 days who are in the “NICU FLATS” are also PN Lodgers. **The following applies to these women:**

- **Those needing TTO’s should have these prescribed, and given to them to self-medicate.** (This would not apply to those women taking Controlled Drugs, or those deemed unfit to self-medicate.)
- **Post-natal checks on days 3, 5 and a discharge check on Day 10 ( M/W to use discretion)**
- **The purple post-natal folder should remain in the ward folder until the women is discharged from midwifery led care ( those in NICU flats should be given notes)**
- **Document in hand held notes when the patient was changed to lodger status**
- **Include these women in hand-over to the next shift.**

Women who are re-admitted to Hospital with a baby needing treatment should also be treated as Lodgers, and the above criteria applied. The midwife who admits them should note their history and delivery details, try and get the buff notes, ensure they

have their TTO's. They must be included in handover and reception informed that she will be admitted as a Lodger.

If you see a patient (when they have been discharged from inpatient care to P/N lodger or to NICU flats) for a P/N check could you please document in the ward diary as we can then claim their check as a ward attendee and get paid for it.

### **Readmissions of mother whilst a lodger**

Those women who are lodgers but who unexpectedly need medical treatment should then be admitted as an in-patient again by advising reception. This ensures that any treatment they receive while here is coded by ward clerk and we get paid appropriately. They will require clerking by an SHO and review by Cons as with all readmissions.

Patient Information Leaflet  
**Advice for Lodging mothers on Transitional Care Ward**

Congratulations on the birth of your baby.

At present it is necessary for your baby to be in hospital under the care of the neonatal team and we appreciate that you need to be close to your baby to feed and provide care, although you are fit and well and would not otherwise remain as an inpatient in hospital. Therefore, we are happy to accommodate you with a bed and meals so you can be here but you do not need to consider yourself to be a patient, rather a mother who is here with her baby. We call this becoming a “lodger” within the hospital.

The ward staff will undertake all necessary actions to enable you to become a lodger; this includes dispensing any medication from the pharmacy for you to self- medicate. If you have been readmitted from home with your baby you may wish to use your own painkillers etc. All medication should be kept in the locked cabinet next to your bed. If you are a lodger the ward staff will not be able to issue any medication.

Routine postnatal checks will be carried out by the ward midwife, usually on Days 1, 3, 5 & 10 following the birth. We will keep your postnatal notes until you are discharged to the community midwife with your baby or in some circumstances you may be able to be discharged completely (usually after 10 days) after which we file your notes within hospital records. The staff will be on hand to guide you with the care of your baby and please feel free to discuss any issues with them.

When the time comes for you to take your baby home we will notify the community midwife and health visitor and they will contact you by phone or in person to continue your care.