

Lodging mothers on Transitional Care Ward

Issue Date	Review Date	Version
May 2019	May 2024	1

Purpose

The purpose of this Standard Operating Procedure is to provide all staff working within Maternity Services with the essential guidance on the management of all postnatal women who no longer require inpatient care but need to remain in hospital due to their babies.

Who should read this document?

All midwives and medical staff working within Maternity Services.

Key Messages

Maintenance of consistent safe and effective patient care.

Core accountabilities

Owner	Simone Fong/Michelle Bull
Review	Clinical Effectiveness Committee
Ratification	Director of Midwifery
Dissemination (Raising Awareness)	Obstetric and Maternity staff
Compliance	Director of Midwifery

Links to other policies and procedures

Version History

1	May 2019	Approved by the Clinical Effectiveness Committee
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Lodging mothers on Transitional Care Ward (TCW)

1 Introduction

A large proportion of postnatal mothers who have been admitted to the Transitional Care Ward (TCW) are well mothers and no longer require inpatient midwifery care but whose babies require medical care. These women can become lodgers within the ward.

2 Criteria for lodger status

Lodgers are postnatal women who would normally have been discharged to community midwifery care at home or discharged from midwifery care entirely, but are on TCW to care for their babies.

Midwives have a legal duty to care for women for a minimum of 10 days post delivery before discharge from midwifery care.

Women under midwifery care and are in the “NICU FLATS” are also lodgers.

This criteria also applies to women who are well but their baby requires admitting to TCW from home, NICU or another maternity unit.

This does not include women who are unable to self-medicate.

3 Process

- Identify women who fit criteria for lodger status.
- Women needing TTA'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 1, 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.
- Inform the ward clerk and reception that patient is now a lodger so their status on IPMs can be made and a Coding Form is completed.
- Ensure women has patient information leaflet “Advice for lodging mothers on Transitional Care Ward.” (Appendix 1)
- Include lodging patients on TCW handover sheets.

- If discharging from midwifery care please complete discharge paperwork and inform the community team via the SBAR only when discharging the baby.
- Any postnatal care provided to a woman that is not an inpatient must be documented in the ward diary.

4 Readmission of a lodger

Lodging women who require medical treatment unexpectedly will need admitting following a discussion with a registrar or consultant and a formal clerking by an SHO. Reception will need to be informed the lodging woman has now become a patient.

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.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Maternity Clinical Effectiveness Committee and ratified by the Director of Midwifery.

Non-significant amendments to this document may be made, under delegated authority from the Director of Midwifery, by the nominated author. These must be ratified by the Director of Midwifery and should be reported, retrospectively, to the Maternity Clinical Effectiveness Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified via the Maternity newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Midwifery and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 | Cross Reference

Guidelines can now be found on the network share (drive)
'G:\DocumentLibrary\UHPTClinicalGuidelines\Maternity

Maternity Hand Held Notes, Hospital Records and Record Keeping.

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, despite being fit and well and not otherwise needing to remain as an inpatient in hospital. We are happy to accommodate you with a bed, meals and washing facilities, but you do not need to consider yourself to be an inpatient, 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 should bring with you any medication you were given upon discharge from hospital, as well as pain killers if you require them. 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.