Maternity & NNU

GUIDELINE: Maternity & NNU Mothercrafting Facilities

AUTHOR: NNU Quality Co-ordinator /Project Coordinator MCIS

SCOPE: All obstetricians, midwives and nurses working in the maternity and neonatal unit

PURPOSE: To enable mothers to establish breast feeding and become confident with caring for their baby(s) and ensure appropriate oversight of the postnatal woman.

GUIDELINE: Accommodation is available for mothers to use for the purpose of rooming in to establish feeding and care for their baby(s) prior to discharge. The expected length of stay in this facility will be individually assessed. An information leaflet on mothercrafting is available.

CARE OF A WOMAN IN THE NNU MOTHER CRAFTING UNIT

There are a number of different scenarios surrounding a baby being cared for in NNU and understanding these will clarify the mothercrafting situation and documentation required (see Appendix 1 flowchart).

1. **Baby admitted straight to NNU at birth** - Birth documentation will be in the Maternity Clinical information System (MCIS) but no baby Admission note. If this baby goes home from NNU without coming to maternity there will be no need for any baby discharge documentation in MCIS.

2. **Baby admitted to maternity at birth but needing transitional care in NNU** - No matter how short the transitional care is it needs to be documented in MCIS. In Baby- Events you need to Transfer Baby both to and from NNU appropriately. These babies are not transferred in iPMS but we need to keep a record of transitional care.

3. **Baby admitted to maternity at birth but later admitted to NNU for treatment** - This baby needs to be discharged from MCIS when admitted to NNU. NNU will admit into iPMS but we need MCIS to reflect where the baby is.

4. **Mother moves down to NNU for mothercrafting but is well enough for discharge** - This woman needs to be discharged on MCIS but she will be an iPMS transfer. What is done in MCIS will not affect iPMS and MCIS needs to reflect where the mother is and when she went.

5. **Mother still requiring secondary care but mothercrafting (unusual situation)** - This woman will remain admitted to maternity but will be situated in NNU by arrangement and daily care will be with maternity core midwives.

Scenarios 4 and 5 involve care of the mothercrafting woman.

It is essential that the woman, her LMC, NNU staff, Maternity staff and the obstetricians know at all times who is responsible for her care. This needs to be documented in the woman’s MCIS record, clearly stated at handover, and documented on the whiteboard in the maternity office. When a woman is being moved to the mothercrafting room a
management plan needs to be written in MCIS and there should be formal handover to the NNU staff. Transfer back to LMC care is to be documented, and the LMC made aware.

In Scenario 4 the woman is well enough to go home and is therefore discharged from MCIS. All required education around breastfeeding and baby safety as well as other discharge documentation will be completed in MCIS. The woman is, however, required to stay as a transfer in iPMS as she is residing within the hospital and this will be done by admin. This woman is in the care of her LMC. There is a duty of care required of all health professionals should any unexpected situation arise.

If a significant post-partum complication is thought to be occurring (e.g. haemorrhage) the core midwife may be consulted to do a rapid assessment, and notify the LMC, obstetrician, or ED doctor as appropriate. If the obstetrician is consulted they may attend in the first instance, or refer immediately to the emergency department or maternity unit as appropriate.

If her baby was transferred to Waikato and has now returned the woman will be under the care of her LMC as she would normally be after discharge from the hospital. The appropriate post-natal visits should be done, as they would be if she had been discharged home. She should bring any medications from home and self-medicate. If she has any post-natal concerns, these should be communicated to her LMC as they would normally be after discharge.

In Scenario 5 the woman is NOT well enough to go home and would remain in maternity if her baby was with her. She is going to NNU to be with her baby but still requires observation and/or care. This woman is still an inpatient in maternity but situated in NNU and will receive care from core midwives or NNU nurses by arrangement and discussion. Care required will be clearly documented on the board in maternity office and in the postnatal management plan in MCIS. The shift coordinator on each shift will ensure that appropriate care or observation is given.

In case of acute emergency (e.g. eclampsia) the first person on the scene should call 777 and ask for the obstetrician and the crash team. The core staff should be immediately notified, and the LMC notified as soon as possible.

NNU staff are requested to enter into MCIS any education concerning breast feeding or formula feeding; baby essentials, safe sleep, shaken baby, pepi pod and smoking cessation that is provided by them.

One support person may stay with a boarder mother. The support person will be required to sign the Agreement for support person to stay with boarder mother in NNU overnight document. (Appendix 1)

If NNU are unable to provide a mothercrafting room the woman may be given a room in maternity. This may be a shared room in which case her support person will not be able to stay overnight.

Children are not permitted to stay overnight.

The hospital Whanau room is available for out of town families who need accommodation.

In NNU the support person is supplied with a fold out chair, sheets, a blanket and pillow. These must be put away during the day.
The emergency exit in the mothercraft room must be kept clear at all times. 
The toilet and shower facilities are for in-patients and their supporter only. 
Visitors and children may use the public toilets situated in Outpatients dept.

The mother who is discharged from MCIS (Scenario 4) and stays in the mothercraft room is admitted to NNU and put on Trendcare as a Boarder. Meals are ordered as Women’s Health. Please ensure women receive and submit a menu annotated as “NNU”

Meals for the woman in Scenario 5 will be received in maternity and delivered to NNU

Refreshments are provided for the mother and her support person

On discharge, a computer discharge is completed and a summary for coding is generated for the woman in Scenario 4. 
The woman in Scenario 5 will be discharged as usual from maternity on both MCIS and iPMS

APPENDIX 1
Flowchart for babies and Mothers in NNU

APPENDIX 2
Agreement for support person to stay with boarder mother on NNU overnight

ASSOCIATED DOCUMENTS:
HT Organisational Policy – Visiting
HT Organisational Policy – Whanau room
NNU Guideline Visitors and entry to NNU
NNU Agreement for support person to stay with boarder mother on NNU
HT - Trendcare Maternity Business Rules

Approved by

_________________________
HOD Obstetrics

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NNU Clinical Care Manager

Date of Approval: November 2019

Next Review Date: November 2022
APPENDIX 1

Mothers and Babies in NNU

1 Baby admitted straight to NNU at birth

Birth documentation will be in MCIS but **no baby Admission note**. If this baby goes home from NNU without coming to maternity there will be no need for any baby discharge documentation in MCIS.

2 Baby admitted to maternity at birth but needing transitional care in NNU

No matter how short the transitional care is it needs to be documented in MCIS. In Baby-Events you need to Transfer Baby both to and from NNU appropriately. These babies are **not** transferred in iPMS but we need to keep a record of transitional care.

3 Baby admitted to maternity at birth but later admitted to NNU for treatment.

This baby needs to be discharged from MCIS when admitted to NNU. NNU will admit into iPMS but we need MCIS to reflect where the baby is.

4 Mother moves down to NNU for mothercrafting and is well enough for discharge

This woman needs to be discharged on MCIS but she will be an iPMS transfer. What is done in MCIS will not affect iPMS and MCIS needs to reflect where the mother is and when she went.

5 Mother still requiring secondary care but mothercrafting (not usual)

This woman will remain admitted to maternity but will be situated in NNU by arrangement and daily care will be with maternity core midwives.
Neonatal Unit

Agreement for support person to stay with boarder mother on NNU overnight

LABEL -BOARDER MOTHER

- One nominated support person is permitted to stay overnight and other children may not stay
- The purpose of a support person staying is to assist the boarder mother with her baby(s)
- Please remember that NNU is a place of care, wellbeing and protection for women and babies
- You will be supplied with an identification bracelet which must be worn during your stay for security purposes.
- We will supply a Uno chair, sheets, blanket and a pillow for your stay. These need storing during the day.
- Please keep the fire exit clear at all times in the mother craft room.
- Refreshments are available for boarder mothers and their support person. You will need to supply your own food. The café is open from 0730 – 1900.
- Please be considerate of mothers and babies in NNU and staff and dress appropriately. Please comply with any requests for you to leave the unit by nursing staff because of doctor’s rounds etc.
- All external doors are locked from 2000hrs.
- Hauora Tairāwhiti has a smoke free policy and smoking is not permitted in any buildings or in the grounds of the hospital.

Your failure to abide by this agreement may result in you being asked to leave the premises by Hauora Tairāwhiti staff or security services.

You are requested to sign below that you have read and understood this document.

Support person_________________________

Staff member_________________________

Date__________________________________

Original copy is filed in Boarder Mothers notes. A copy is given to the support person.