Postnatal Care

Consultation on draft guideline – deadline for comments is 5pm on Friday 27 November 2020 email: postnatalcare@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. The recommendations in this guideline were developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication. See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	[**AIMS (Association for Improvements in the Maternity Services**]
Disclosure Please disclose any past or current, direct or indirect links to, or	None

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funding from, the tobacco industry.	
Name of commentator person completing form:	[**Nadia Higson**]
Type	[office use only]

Comment number	**Document** [guideline, evidence review A, B, C etc., methods or other (please specify which)]	**Page number** Or **'general'** for comments on whole document	**Line number** Or **'general'** for comments on whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Guideline	General	General	We were disappointed to see that there is no mention of how the current policy shift towards embedding a full pathway Continuity of Carer model of care is impacting on the delivery of postnatal care. We are not clear whether this issue was considered in your discussions: if not, we would call on the Guideline Development Group to look at this. If it was, and no research was found on this issue, then we would call on the Guideline Development Group to include a research recommendation. We know anecdotally that many issues that arise during the postnatal period would be better addressed within a continuity of carer model of care.
2	Guideline	General	General	We welcome the focus on women's information needs in the postnatal period, but are concerned that the document ignores the important role that most fathers/partners (or in some cases other family members or friends) play in supporting the well-being of both the woman and the baby; We have indicated below some specific sections where we would like to see the information needs of fathers/partners or other supporters included but ask the Guideline Development Group to revisit the whole document with this in mind.

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3	Guideline	General	General	We welcome the focus on women's mental health needs in the postnatal period but we are concerned that the document ignores the fact that the mental well-being of fathers/partners/other supporters can potentially have a serious impact on the whole family unit, and we believe that this also needs to be addressed in the guideline. We have indicated below some specific sections where we would like to see the support needs of fathers/partners or other supporters included but ask the Guideline Development Group to revisit the whole document with this in mind.
4	Guideline	General	General	We are concerned by the paternalistic tone of the guidance which fails to recognise that people have a legal right to make decisions about their own care (see www.birthrights.org.uk/factsheets/consenting-to-treatment) and that parents have the right to make decisions about their baby's care except in unusual circumstances where a court has ordered otherwise (see www.nhs.uk/conditions/consent-to-treatment/children). We have highlighted below some specific sections which we think should be reworded to reflect these rights but ask the Guideline Development Group to revisit the whole document with this in mind.
5	Guideline	General	General	The guideline appears to assume that all women birth in a 'maternity unit', spend time on a postnatal ward and later transfer home. The recommendations about the timing of checks and information-giving, as well as the timing of the first home visit, are therefore not always appropriate for women who have birthed at home, or for those having an early discharge direct from their birthing room. We have highlighted below some specific sections which we think need to be reworded to include these different models but ask the Guideline Development Group to revisit the whole document with this in mind.
6	Guideline	1	Box following line 5	We suggest checking whether the wording "and this should be taken to include people who do not identify as women but who have given birth" is acceptable to the LGBTQ+ community. It is our understanding that the term 'all birthing people' is to be preferred.
7	Guideline	4	1	**Recommendations** The statement "People have the right to be involved in discussions and make informed decisions about their care" should more accurately say "People have the right to be given the information that they need to make informed decisions about their care, and to have those decisions

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				respected" to reflect the legal principle of autonomy (see www.birthrights.org.uk/factsheets/consenting-to-treatment/)
8	Guideline	4	1	**Recommendations** The statement "Parents and carers have the right to be involved in planning and making decisions about their baby's health and care" should more accurately say "Parents and carers have the right to make decisions about their baby's health and care" as confirmed in NHS guidance (see www.nhs.uk/conditions/consent-to-treatment/children/)
9	Guideline	4	5-13	**Timing of transfer to home care** This section does not address the needs of those who have birthed at home and will therefore not be "transferring" there. The guideline needs to specify what checks should be offered and what information should be given to the woman/both parents/other supporters by a midwife who has attended a homebirth before she leaves, and what the arrangements and timing should be for other checks, such as the baby's physical check, if these need to be done at a later point.
10	Guideline	4	5-13	**Timing of transfer to home care** It is not clear to us whether any variations need to be made to the recommendations in the case of women having an early discharge direct from the birthing room, so we ask the Guideline Development Group to consider this.
11	Guideline	4	5-13	**Section 1.1 Organisation and delivery of postnatal care** **Timing of transfer to home** To reflect the fact that, in accordance with the legal principle of autonomy (see www.birthrights.org.uk/factsheets/consenting-to-treatment/), decisions are for the woman to make, and in line with the wording used in other NICE guidelines that care is something that should be *offered* we suggest this section is reworded as shown below. "Discuss with the woman when she will feel ready to return home and provide the support and information she needs in order to make this decision. This should include **offering** the following checks:

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12	Guideline	4	9-12	We suggest adding the point about passage of meconium to our proposed new section on "**Information to be provided before transfer home/departure of midwife after homebirth"** where it fits more naturally with other information to be given. Here the wording could then be simply: "assess her baby's health (physical check, general behaviour check **and whether the baby has passed meconium**)"
13	Guideline	4	13	We do not believe that observing one feed is sufficient to ensure that a mother is able to feed her baby confidently; and we believe that parents need to be aware whether their baby has a tongue-tie so that they know to seek help for it promptly if it is causing feeding problems. We suggest this point should say: ● assessment of feeding effectiveness by observing at least **two** feeds **and checking for tongue-tie"**
14	Guideline	5	3-6	To reflect the importance of the woman's views we suggest 1.1.2 should say: "Discuss with the woman her preferred timing for transfer to home care, taking into account the factors in recommendation 1.1.1, the support available to her and any concerns, including any safeguarding issues (also see the NICE guideline on domestic violence 6 and abuse), and support her transfer to home in line with her wishes"
15	Guideline	5	Suggested new section following line 6	We feel that it is vital for the guideline to make recommendations about information that should be given before discharge (or before the midwife leaves in the case of a homebirth). This is both to ensure that parents/other supporters feel confident about caring for the baby and to ensure that they are aware of signs of serious problems which might develop before the midwife's first visit. The information should include details of who parents/supporters should contact if they have concerns during this time. In order for fathers/partners or other supporters (if the woman wishes to involve them) to be empowered to support the woman and to be involved in the care of the baby, they need to be offered the same information as women. Fathers/partners/other supporters also need to be aware of problems with their own mental health and well-being, and where they can seek support, as this can impact negatively on the family unit. We therefore recommend the addition of the following section:

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				Information to be provided before transfer home/departure of midwife after homebirth In accordance with the woman's wishes for who should be involved, give the woman, the father/other partner and/or other supporter(s) the following: ● Information about signs to be aware of which might indicate a problem with the baby's health or well-being and who to contact in this situation including: ○ if the baby has not passed meconium, advise that if the baby does not do so within 24 hours of birth, they should seek advice from a healthcare professional (also see recommendation 1.3.11) ● Information about caring for the baby (as in section 1.3.9) ● Information about signs to be aware of which might indicate a problem with the woman's physical health and who to contact in this situation ● Information about signs to be aware of which might indicate a problem with either parent's mental health and well-being, and who to contact in this situation Information on where to seek support for any problems including feeding problems or concerns should be provided in an easy-to-find format e.g. printed on maternity notes
16	Guideline	5	9-12	**First midwife visit after transfer of care from the place of birth or after a home birth** Given that there is no research evidence about the timing of the first visit, we feel strongly that it is not appropriate to set a lower limit of 12 hours after mother and baby are home. Some families will be in need of support (e.g. with breastfeeding issues or health concerns) much sooner than that, so we feel that the timing needs to be flexible to meet individual needs. In order to respect "the woman's circumstances and preferences" as well as any need for early support while allowing midwives the necessary flexibility to manage their workload we suggest this should say: "Offer to arrange the first postnatal visit by a midwife in a place, within an agreed time window (e.g. morning or afternoon) and within a time frame that meets the woman's needs, at the latest by 36 hours after she and her baby have returned home or after a home birth."
17	Guideline	7	7-11	**Communication with women** This is to emphasise the importance of health care professionals listening to women we suggest opening this section with the statement: "Women should be listened to and recognised as experts in their own physical and mental health."

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18	Guideline	7	7-11	**Communication with women** To reflect the important role of many partners/other supporters in caring for the woman and baby we suggest expanding 1.1.7 to say "...involve them according to the woman's wishes. If it is acceptable to the women to involve her partner or other supporter(s), the partner/supporter(s) should be provided with the information and support they want to help them care for the woman, the baby and themselves."
19	Guideline	7	4	We welcome the reminder to "use clear language" but feel it is more helpful to say, "use plain English rather than clinical terms". It is our perception that midwives often use what are to them everyday terms, but which can be baffling to lay people.
20	Guideline	7	6-7	In order to comply with the legal principle of autonomy (www.birthrights.org.uk/factsheets/consenting-to-treatment/), rather than saying that "Information should support shared decision making" this should say "Provide the woman with the information that she wants in order to make informed decisions about her and her baby's care."
21	Guideline	8	5	**1.2 Postnatal care of the woman** We suggest that this is reworded to make clear that there should be a discussion of these points **before** discharge from hospital/birth centre or before a midwife leaves after a homebirth (as in our suggested new section **Information to be provided before transfer home/departure of midwife after homebirth)**. If the first postnatal visit does not take place for up to 36 hours it could be too late to be warning someone about "symptoms and signs of potential postnatal mental health and physical problems" which had already arisen.
22	Guideline	9	5-15	**1.2 Postnatal care of the woman** Pelvic floor dysfunction can be a significant issue for women and contribute to poor mental health in the postnatal period. We believe it would be beneficial for all women to be routinely asked about their experience of pelvic floor dysfunction, and referred to a physiotherapist if appropriate, and this should be added to the list.
23	Guideline	10	6-7	**1.2 Postnatal care of the woman** We are pleased to see the inclusion of this recommendation: "At each postnatal contact, give the woman the opportunity to talk about her birth experience". We also believe that a specific offer of a chance to talk through the birth with a suitably experienced person, and signposting to

				appropriate support in relation to this, should be a routine part of postnatal care. We would like to see the guideline recommend this.
24	Guideline	10	6-7	We suggest adding to this section a recommendation that all women should also be advised on the resolution and complaints process to deal with any concerns they have about their care, as well as signposting to their local Maternity Voices Partnership as a means of allowing them to contribute to the good functioning of their local maternity services.
25	Guideline	10	6-7	We suggest adding to this section a recommendation for PTSD screening to be carried out on all women, and for access to treatment for PTSD to be made available in a timely manner to all women who require it.
26	Guideline	12	18/19	**Perineal pain** Pain from stitches can be a significant issue for women and contribute to poor mental health in the postnatal period. We therefore believe the guideline should specify that, as well as assessing perineal wound healing, asking the woman about and assessing problems with stitches should form part of routine care.
27	Guideline	13	16-18	**1.3 Postnatal care of the baby** **1.3.1** To reflect the importance of involving fathers/partners or other supporters in care of the baby we suggest adding "At each postnatal contact, ask **both parents (if present)/other supporters** if there are any concerns about the baby's general wellbeing, feeding or development."
28	Guideline	16	3-4	**Bed sharing** **1.3.12** add "rather than face down **or on their side**" in line with guidance from The Lullaby Trust
29	Guideline	16	6	**Bed sharing** **1.3.12** Add recommendation not to use sleep positioners, in line with guidance from The Lullaby Trust
30	Guideline	16	10	**Bed sharing**

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				1.3.13 should read “have drunk alcohol”, in line with guidance from The Lullaby Trust
31	Guideline	16	Following line 13	**Bed sharing** **1.3.13** add the following, in line with guidance from The Lullaby Trust: ● extreme tiredness ● premature - 37 weeks or less ● low birth weight - 2.5kgs
32	Guideline	21	12-19	**Role of the healthcare professional supporting breastfeeding** We are pleased to see the focus on the breastfeeding knowledge required by Healthcare professionals caring for women and babies in the postnatal period. In addition, we would like to see recommendations for healthcare professionals to have up to date knowledge about: ● Which medications which can safely be taken by breastfeeding mothers (e.g. which anti-depressants are safe to take) ● Normal breastfeeding issues, such as cluster feeding ● Potential breastfeeding problems, such as tongue tie ● How to express and store breastmilk safely (e.g., sterilising equipment) ● Re-lactation
33	Guideline	23	9-30	**Giving information about breastfeeding** This should include accurate information on ● Which medications which can safely be taken by breastfeeding mothers (e.g. which anti-depressants are safe to take) ● Normal breastfeeding issues, such as cluster feeding ● Potential breastfeeding problems, such as tongue tie ● How to express and store breastmilk safely (e.g., sterilising equipment) ● Re-lactation Plus information on sources of information and support.

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34	Guideline	25	4-11	**Formula feeding** We suggest this section should include discussion of combination feeding as an alternative to either exclusive breastfeeding or exclusive formula feeding, to enable women to understand the full range of feeding options available to them.
35	Guideline	Other	General	We believe that the guideline should include a section for parents of babies in NICU/SCBU including recommendations for the information they should be given about; ● What to expect ● Feeding/tube-feeding; expressing breastmilk; use of donor milk if appropriate ● How they can be involved in caring for baby including the benefits 'Kangaroo care' ● How to protect their own mental health

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**.
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

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- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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Commented [1]: Delete when no grey shading is present