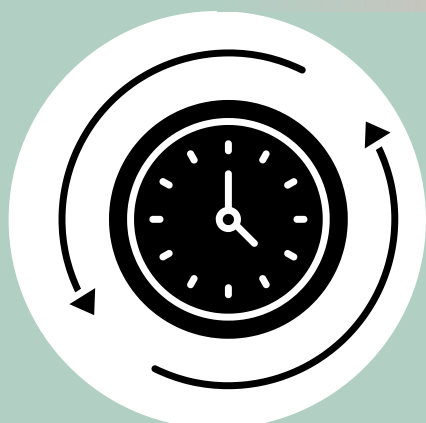


# 4

# POSTPARTUM CARE CONSIDERATIONS

Knowledge Translation Toolkit can be found [here](#) and includes:

- Chapter Summary
- Key Care Considerations Postpartum (p.134)



## 1. Introduction & Medication Considerations

- A vulnerable period for birthparents.
- Big changes are occurring; including potential changes in medication needs
  - continuous assessment is needed
  - doses may increase or decrease
  - regularly recording oxygen saturation levels is recommended

## 2. Routine Monitoring

- There is a potential for sedation during the postpartum period due to the compounding effects of neuraxial morphine and changes in OAT needs postpartum.
  - Signs of sedation could include: overly drowsy, unresponsive, slowed, irregular or shallow breathing, slowed or irregular heartbeat, cold clammy skin, pupillary constriction or weak muscle tone.
- This is an important period to discuss postpartum needs and provide anticipatory guidance on what to expect in the early postpartum period.

## 3. Transition to Parenthood

- Eat, Sleep, Console Model of care is centered around empowerment of the birthparent in the care for the newborn diagnosed with Nows.
- Empowering parents is key:
  - Educate birthparents on how to advocate for themselves and their infants.
  - Recognize the many emotions postpartum, including, if applicable, education on child and family well-being.
  - Use a non-judgmental approach to care.
  - Educate birthparents on tangible ways of how they can care for their newborn.
  - Emphasize and support the importance of self-care of the birthparent.

## 4. Discharge Planning

- The fourth trimester is a vulnerable time for birthparents
  - Screening is needed for postpartum depression and co-morbid mental health conditions.
- Pain management must be adequately addressed due to the increased stress placed on birthparents when inadequately managed.
  - Non-opioids should be administered as a first line.
- Social work can provide overall support for all social determinants of health - it is a voluntary support.
- Discharge supports should be established pre-discharge.
  - Public health nursing can provide continuity of care in the community.
  - Follow up with the most responsible care provider in the early weeks.
  - Pharmacy communication and liaison must be completed to ensure the continuity of OAT in the community.
    - No discharge should occur until the OAT dose is secured in the community.