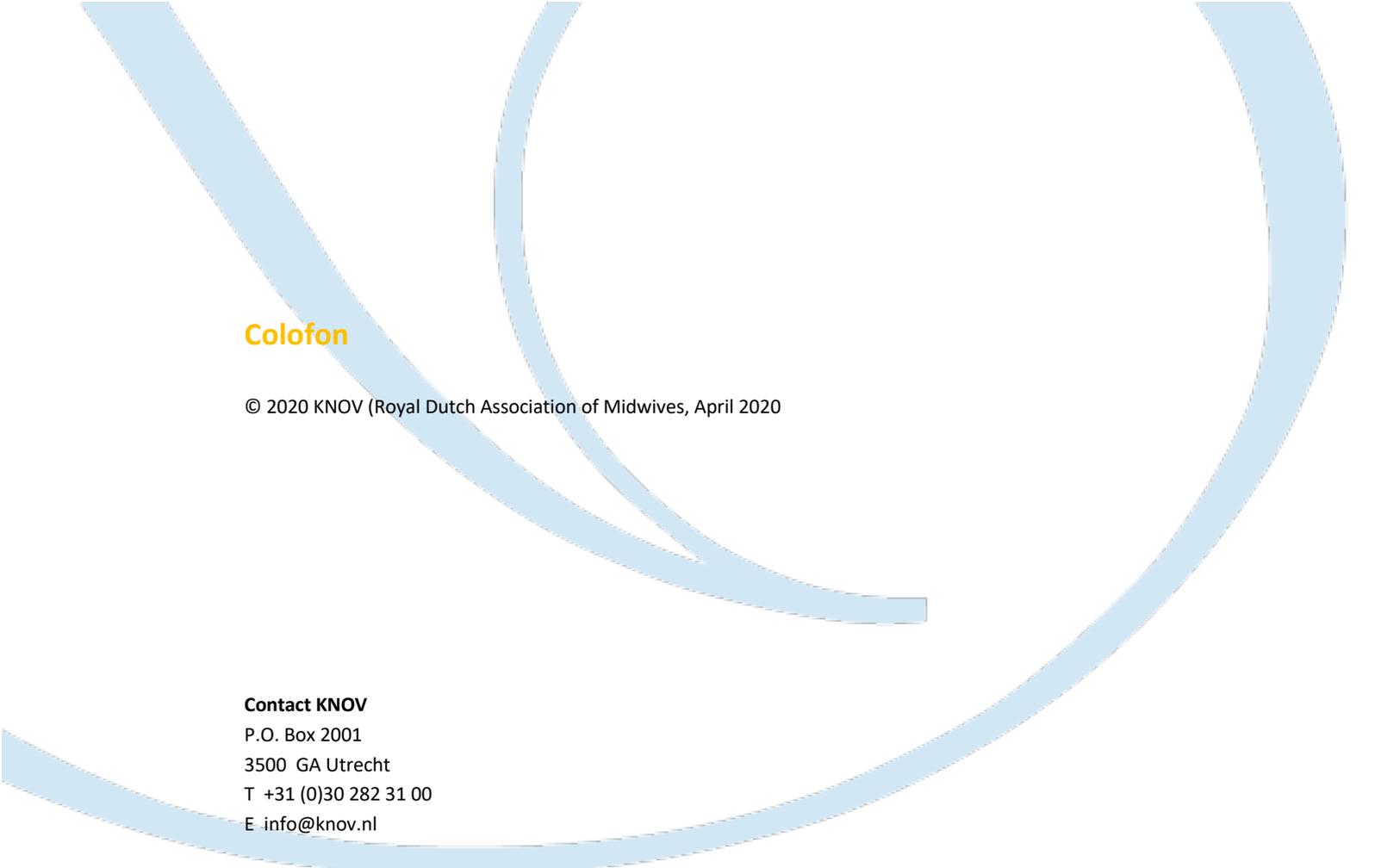




Plan Post Natal Phase 3

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Colofon

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Plan Post-Natal Phase 3 Red

This plan is related to the scenario for centralising postnatal care due to insufficient midwife capacity in the region for making maternity rounds, digital and physical.

Phase 3 Centralisation of Postnatal Care

Centralisation of postnatal care can be a follow-up to:

- a shortage of midwife capacity
- a logical step after centralisation of midwife natal care

When is the centralisation of care based on a lack of midwife capacity necessary?

Do not wait until postnatal care is no longer available. Anticipation is essential when the region starts to expect that a practice cannot provide continuity of care, despite the support of locum practitioners/colleagues from other practices or consultation hours.

It is essential that the working conditions to ensure continuity do not cause an additional burden, increasing the risk of getting infected for midwives. That is also why the buddy practice system is not recommended; practices should centralise when a region is no longer able to provide sufficient locum services. The practices that do not have continuity problems will be essential to perform (digital) visits.

Midwifery Alliance

Be aware that particular maternity care and hospital scenarios could affect the course of the postnatal period. Involve the Midwifery Alliance when adjusting the organisation of care. You should align certain elements in the integrated care chain on time. Consider the consequences of decisions within the integrated care chain, such as a shortage of maternity care or a more assertive hospital discharge policy. Discuss mutual scenarios within the Midwifery Alliance and coordinate with each other. Make sure you know what is needed to secure care together.

Decision-making

If it is only a matter of centralising postnatal care, this decision can be taken by the healthcare insurer and the midwives. This is because the impact on costs, albeit present, is minimal. It is essential to include the integrated care partners. It is also preferable to discuss changes in care processes with the ROAZ/safety region.

Organisation

There are several ways to centralise postnatal care. It is essential to focus on the core goals of care during the first days after birth (maternity week). In a period of uncertainty and little physical contact, both the medical and social aspects of the maternity week must be adequately addressed. Key objectives:

- Checking the medical situation of mother and baby
 - Medical checks, nutrition policy
- Checking the social situation of mother and baby (and father if applicable)
 - Processing the birth, the transition into parenthood

Staffing and planning

Assess the average number of maternity visits in the region. Inform maternity care and maternity assistants about a central telephone number to call when they have questions. This telephone number is operated by a midwife or triage-experienced assistant. This midwife is also kept informed of the activities of the 'postnatal' midwives. Depending on the number of postnatal visits, you can, for example, use one

midwife who drives to the postnatal home visits in the region and one midwife who takes care of the telephone calls (video or voice). It is also recommended that one of these visits is performed by the midwife who was in charge during the birth. This enables the mother to discuss the birth. Depending on the number of corona cases in your region, it is also possible to consider using a separate corona midwife for postnatal visits to women with corona symptoms. It is also recommended that new mothers are not dealing with a different midwife at every visit. Use midwives who are available for patient visits several days in a row. This will guarantee that there is continuity with respect to the visits during the maternity period and as few different visitors as possible. Try to ensure as much continuity as possible for the new mother. Visits are arranged through the maternity assistants. The midwife who is in contact with the new mother determines when the next visit should take place. Determine regionally whether additional procedures during the maternity week are required, such as blood spot screening (heel prick) by midwives, and schedule these procedures if necessary.

File management

Babyconnect is working on a central solution for sharing data via a PDF that can be retrieved. If the care is centralised, midwives can use a Vrumun/Orfeus/Onatal account not related to a specific practice to record the postnatal period. This account will be accessible to the postnatal midwives. After the completion of the care, the maternity care overview can be shared digitally with the practice where the new mother had initially been a client. This completes the file of this practice and determines when the care can be claimed from the healthcare insurer. This central solution is expected to be available very soon.

Financial overview

will follow

The additional costs associated with this type of care:

- Creating and coordinating a home visit schedule
- Time investment per practice to share the necessary medical data with the home visit service
- VIS
- Telephone line
- Triage professional
- Coordination within the Midwifery Alliance

Communication in the integrated care chain and with new mothers after the decision to centralise

New mothers

After the birth, talk to new mothers about the situation and options. If necessary, communicate this in advance by email.

Maternity care

Discuss with the maternity care organisations what they need as a minimal basis to provide good postnatal care with the midwives. Involve them in the process. Inform them of the central telephone number for consultation.

Hospital

Tell obstetricians and paediatricians that the maternity visits are organised centrally, and inform them of the central telephone number. This tells them where to send the discharge forms and where to direct people for consultations.

Corona PPE policy

Provide care following the flowchart. The flowchart is published on the corona page at knov.nl.

