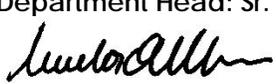
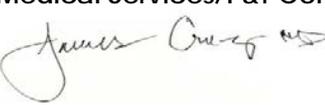


Policy Title: Well Mother and Baby Assessment Home Health		POLICY #: 70.2.27B	
Department Name: Utilization Management		Original Date 2/98	Effective Date 5/19
		Line of business: ALL	
Department Head: Sr. Director, UM 		Date: 3/21	
Medical Services/P&T Committee: (If Applicable) PHP CMO 		Date: 3/21	

PURPOSE

To establish a process for Blue Shield of California Promise Health Plan’s (Blue Shield Promise) Utilization Management and provide emotional and educational support to postpartum mothers, as well as a maternal and newborn physical assessment.

POLICY

Blue Shield Promise Health Plan shall arrange a home health visit on all post-partum mothers and infants within 48 hours of discharge from the hospital. The home health visit performed in the patient’s home will meet all requirements of this document.

PROCEDURE

A. Maternal Assessment

- a. Physical Assessment
 - i. Health History
 - 1. Allergies
 - 2. Medical history
 - 3. Prior pregnancy history
 - 4. Prenatal vitamins
 - 5. Birth history
 - 6. Postpartum course
 - ii. Vital signs
 - iii. Breast/nipple changes (soft, filling, engorged, tender, redness, sore, cracked, bleeding)
 - iv. Uterine involution (fundal height & position, firm, boggy)
 - v. Perineum/Incision healing, if applicable (approximation, redness, drainage, swelling)
 - 1. Episiotomy
 - 2. Wound check for cesarean section or tubal
 - vi. Extremities (Homan’s sign, edema, erythema, tenderness)
 - vii. Lochia (amount, color, presence of odor, rubra or serosa)
 - viii. Bladder/bowl function (odor, color, dysuria, frequency, urgency, hemorrhoid discomforts, BM patterns, loose, formed or hard)
 - ix. Level of pain and relief with medication and other comfort measures

- x. Proper use of medication by mother in care of breast feeding
- b. Maternal Adaptation Assessment
 - i. Activity level
 - ii. Maternal-infant attachment/consoling abilities
 - iii. Postpartum depression
 - iv. Social support
 - v. Parenting issues
 - vi. Environmental risks
 - vii. Father of baby involvement
- c. Reportable Signs to Physicians
 - i. Elevated blood pressure (>140/90 or rise of 30 Hg systolic or 15mm Hg diastolic of patient's normal blood pressure)
 - ii. Signs and symptoms of wound infection or dehiscence
 - iii. Change in pattern or excessive lochia
 - iv. Signs and symptoms of wound infection
 - v. Signs and symptoms of thrombophlebitis
 - vi. Pain not relieved by pain medication/measures
 - vii. Any signs of abuse or neglect to either mother or infant

B. Newborn Assessment

- a. Physical Assessment
 - i. Vital signs (cardiac, respiratory, circulatory, neurological)
 - ii. Skin integrity (color, turgor, evidence of jaundice)
 - iii. Head circumference
 - iv. Fontanelles – presence of molding, caput or hematoma
 - v. Eyes (Discharge or infection)
 - vi. Abdomen
 - 1. Abdominal circumference
 - 2. Presence of bowel sounds
 - 3. Evidence of distention
 - 4. Umbilical cord site (evidence of erythema, odor or drainage)
 - vii. Nutrition
 - 1. Weight
 - 2. Feeding (frequency and amount)
 - 3. Elimination pattern (6-10 diapers/day); stool patterns consistent with feeding
 - 4. Sleep/wake cycle
 - 5. Genitalia
 - a. Circumcision without bleeding or drainage
 - b. Female without edema or discharge
- b. Reportable Signs to a Physician
 - i. Signs and symptoms of infection (temp >101, erythema, drainage, lethargy, poor feeding)
 - ii. Jaundice, pallor, cyanosis or bruising
 - iii. Diarrhea, constipation, projectile vomiting
 - iv. Weight loss, poor skin turgor, poor feeding
 - v. Poor respiratory effort (<30 or >60 breaths/min)
 - vi. Heart rate <110 or > 160 beats or if a murmur is noted
 - vii. Signs of abuse or neglect

C. Parent and Family Education

- a. Maternal Self Care
 - i. Expected postpartum physical and emotional changes
 - ii. Contraception
 - iii. Perineal/wound care
 - iv. Breast care
 - v. Review warning signs to report to health care provider
 - vi. Reinforcement of postpartum follow-up appointments
- b. Newborn Care and Safety
 - i. Review normal appearance and behavior of the newborn
 - ii. Care of umbilical cord
 - iii. Care of circumcision
 - iv. Bathing/diapering/skin care
 - v. Review warning signs to report to provider
 - vi. Reinforcement of pediatric follow-up appointment and immunizations
 - vii. Infant safety
 - 1. Safety in the home
 - 2. Proper use of car seat
 - 3. Proper position for sleeping
 - 4. Proper handling of infant
 - 5. Smoking around infant
- c. Newborn Feeding
 - i. Lactation
 - 1. Advantages of breast feeding
 - 2. Proper positions of newborn while feeding
 - 3. Duration and frequency
 - 4. Identification and correction of lactation problems
 - 5. Patterns of wet diapers and stool consistency
 - ii. Bottle feeding
 - 1. Types of formula
 - 2. Proper positions of newborn while feeding
 - 3. Duration and frequency
 - 4. Patterns of wet diapers and stool consistency
 - iii. Normal Newborn Behavior and Capabilities
 - 1. Developmental stimulation
 - 2. Consoling Techniques
 - 3. Family Adaptation
 - 4. Use of immunization card

D. Documentation

- a. Assessment of mother and infant during visit on Early Discharge Postpartum Progress note (proposed)
- b. Education/care provided to patient/infant/family
- c. Response by client/family of teaching/care provided
- d. Notification of physician of any reportable problems
- e. Six-week follow-up appointment or additional referrals made for patient/infant

REFERENCES