

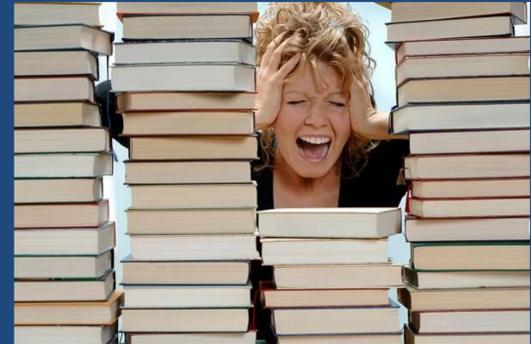
Standardising Postnatal Ward Guidance: The Clinical Aid Folder

Dr Kelly Brown, University Hospital Southampton



Background and Aims

At Princess Anne Hospital, plans for babies with common postnatal problems were not being made in a standardised way. There was an old out of date folder, bits of paper stuck to the wall, and extensive online guidelines to sift through. The postnatal ward is busy; change was needed to restore harmony for the staff working there.



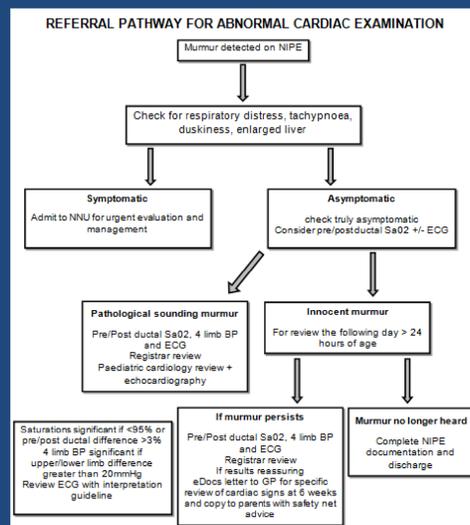
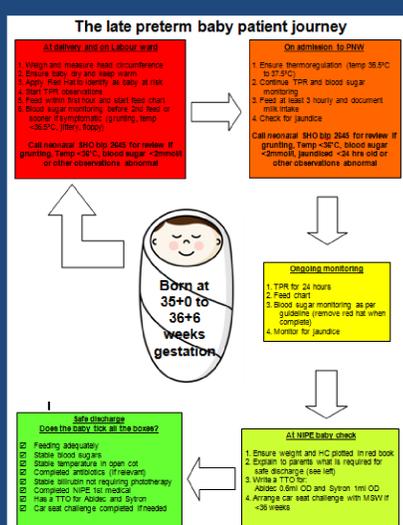
Methods/approach

Clinical Aids were created – one page quick reference guides with salient information. These were either created from already published guidelines or new ones created in conjunction with advice from local experts in each field.

It is split into sections:

- NIPE (Newborn Infant Physical Examination)
- Baby check findings (including neonatal skin condition pictures, orthopaedics, antenatal renal diagnoses)
- Common postnatal ward problems (early onset sepsis, late preterm babies, weight loss, jaundice)
- Maternal problems affecting the infant (infection, thyroid, substance misuse)
- Referrals

Referral and GP letter templates were also created to streamline communication about common problems. The junior staff can create a Clinical Aid in a more timely fashion than a formal guideline. They can see it in practice within their job rotation which is beneficial for their portfolio.



Mouth

Bohn's nodules
Epithelial inclusion cysts (remnants of salivary gland epithelium) that develop on the buccal or alveolar surface of the gums and appear as firm, white, irregularly shaped papules in isolation or small groups.

Dental Lamina Cysts
Remnants of dental lamina found on the crests of the dental ridges. Most commonly seen bilaterally in the region of the first primary molars.

Epiden Pearls
Epithelial inclusions that appear on the midline of the hard palate.

Natal Teeth
Natal teeth are teeth that are present at birth and are often wobbly. Natal teeth can rarely be associated with syndromes (Ellis-van Creveld syndrome, Hallermann-Straef syndrome, Pierre Robin syndrome, Sotos syndrome).

HEAD SWELLINGS

Caput succedaneum
This is a soft tissue swelling of the scalp secondary to compression of the head by the cervix. It is differentiated from the cephalhematoma by the fact that it crosses suture lines and settles in 24 hours. It requires no therapy apart from parental reassurance.

Moulding
Following delivery the head is often moulded into odd shapes and can be oedematous. This usually resolves quite quickly. Request Registrar review if uncertain.

100% of responders found the folder useful

"Make it available on PIER website under neonatal guidelines for when we are elsewhere"

90% found it user friendly, easy to locate answer needed

"Literally LOVE this folder and wish it had been available when I was an SHO!"



"Excellent aid to working. An example of something that has made a positive impact to my output"

Conclusions/outcomes

Survey monkey feedback suggests the postnatal ward Clinical Aid folder has been well received by staff working on the shop floor. The junior doctors and ANNPs have helped to make and shape the content so it is relevant to their needs.

Future work

There are more clinical aids to be worked on; the management of DAT positive babies is being finalised and junior doctors are working on Down syndrome, cleft lip and palate and a parent information leaflet for early onset sepsis. I aim to have the folder available electronically and publish on the PIER guideline website.