

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Postnatal care up to 8 weeks after birth

This guideline will update the NICE guideline on [postnatal care up to 8 weeks after birth \(CG37\)](#).

The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#).

This guideline will also be used to update the NICE quality standard for [postnatal care up to 8 weeks after birth](#).

1 Why the update is needed

Service delivery and provision of care have changed considerably since this guideline was first developed in 2006, and recommendations need to be revised in the light of the current context.

New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance review decision](#).

Why the guideline is needed

Around 700,000 women give birth in England and Wales each year. The postnatal period is uncomplicated for most women and their babies. However, morbidity and mortality can still occur, and it is vital to identify complications or deviations from expected progress. In addition, postnatal care services are needed to provide women and their partners (especially first-time parents) with information and support.

Models of postnatal care originated in the early 20th century, when they were established in response to the then high maternal mortality rate. Despite the

subsequent reduction in life-threatening conditions and the changing social and environmental context of birth, there has been little revision to the pattern and content of postnatal care.

There have been significant societal changes that are relevant to postnatal care: women are now, on average, older when having their first baby, there is a higher prevalence of obesity, and postnatal discharge from hospital is happening increasingly early.

In a survey of over 1,000 first-time mothers, 1 in 8 were highly critical of their postnatal care. Their feedback reflects fragmentation of care, poor planning and communication between healthcare professionals, and insufficient advice about emotional recovery. Furthermore, women continue to report receiving insufficient or inconsistent information on infant feeding, particularly after giving birth to their first baby.

The postnatal period presents opportunities to identify needs and implement effective care to reduce maternal and infant morbidity and mortality. Given that 45% of pregnancies are unplanned it is also an opportunity to promote health for any subsequent pregnancies.

2 Who the guideline is for

Women using postnatal services, their families and the public will be able to use the guideline to find out more about what NICE recommends, and help them make decisions.

This guideline is for:

- healthcare professionals providing care to women and babies in the first 8 weeks after birth
- commissioners of community and secondary postnatal care services, and primary care services
- women having routine postnatal care in the first 8 weeks after the birth of their baby, and their families

- people who look after babies in the first 8 weeks after birth, for example, parents and carers.

It may also be relevant for:

- social care practitioners
- other organisations providing support in the postnatal period up to 8 weeks after birth (for example, voluntary groups such as breastfeeding peer supporters).

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to vulnerable women, for example:

- young women
- women with physical or cognitive disabilities
- women with mental health problems
- women who have difficulty accessing postnatal care services.

3 What the updated guideline will cover

3.1 Who is the focus?

Groups that will be covered

- Women and babies from the birth of the baby until the end of the postnatal period which, for the purpose of this guideline, is defined as 8 weeks after

the birth. Questions on babies' feeding will cover all relevant time periods, including the antenatal and postnatal periods.

- Women having twins or triplets will be covered as a subgroup for selected review questions.

3.2 Settings

Settings that will be covered

All settings where postnatal health and social care is provided, including at home.

3.3 Activities, services or aspects of care

Key areas that will be covered in this update

We will look at evidence in the areas below when developing this update. We will consider making new recommendations in these areas only.

- 1 Planning the content and delivery of care
- 2 Identifying and assessing health and wellbeing needs in women
- 3 Identifying and assessing health and wellbeing needs in babies
- 4 Planning and management of babies' feeding

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Relation to previous NICE guidance on this topic

This is a full update of the NICE guideline on [postnatal care](#) (published 2006), and all recommendations in the original guideline will be 'stood down' and deleted. The table below outlines all the areas that will be included in the guideline. It sets out what NICE plans to do for each area in this update.

Original question	New question (see section 3.5)	What NICE plans to do in this guideline
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1. Planning the content and delivery of care		
What are the models for delivering the care?	When should the first routine contact be made following discharge to community care?	Review evidence: stand down original recommendations. The new review question (1.3) is expected to cover the model of care.
Is there an optimal postpartum stay?	How does the length of postpartum stay affect women and their babies?	Review evidence: stand down original recommendations. The new review question (1.1) is based on the original question, but has been amended for clarity.
What is the optimal number of postnatal contacts for the best outcomes?	No new review question	No evidence review: stand down original recommendations. The consensus is that there is no general optimal number of postnatal care contacts, and this should be decided based on each woman's and baby's circumstances.
What is the optimal content of the postnatal care contact?	What is the optimal content of the postnatal care contacts for women and babies?	Review evidence: stand down original recommendations. The new review question (1.5) is based on the original question, but has been amended to include babies.

What information needs to be communicated between healthcare professionals at transfer of care?	What information needs to be communicated between healthcare professionals at transfer of care from place of birth to community care?	Review evidence: stand down original recommendations. The new review question (1.2) is based on the original question, but has been amended for clarity.
What competencies are required of the health professionals who make each postnatal contact?	No new review question	No evidence review: stand down original recommendations. NICE does not make recommendations on the content of qualifications (this is the role of Royal Colleges or other professional associations). In addition, the skills and competencies required by professionals who make each contact will be clear from the recommendations made in these sections.
Maternal health and wellbeing core information and advice.	What are the views and experiences of mothers (from birth to 8 weeks, including transfer of care from place of birth to community care) on when and how information is given to them about self-care?	Review evidence: stand down original recommendations. The new review question (2.1) is based on the original question, but has been amended for clarity.
2. Maternal health		
What are the signs and symptoms of major physical morbidities (postpartum haemorrhage [PPH])?	How should early signs and symptoms of postpartum haemorrhage be assessed?	Review evidence: stand down original recommendations. The new review question (2.3) is based on the original question, but has been amended for clarity.
What are the signs and symptoms of major physical morbidities (genital tract sepsis)?	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE guideline on sepsis , which will be cross-referenced in the update.

What are the signs and symptoms of major physical morbidities (pre-eclampsia)?	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE guideline on hypertension in pregnancy , which will be cross-referenced in the update.
What are the signs and symptoms of major physical morbidities in women? (thrombosis)	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE guideline on venous thromboembolism , which will be cross-referenced in the update.
What are the signs and symptoms/risk factors of psychological morbidities (such as postpartum blues, transient anxiety)?	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE guideline on antenatal and postnatal mental health , which will be cross-referenced in the update.
What are the signs and symptoms of major psychological morbidities (such as postnatal depression, puerperal psychosis/psychotic illness, risk of suicide/injury to baby, post-traumatic stress disorder, panic disorder) in women?	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE guideline on antenatal and postnatal mental health , which will be cross-referenced in the update.
How should common health problems be identified and managed? (perineal pain)	How should perineal pain (and its cause) be assessed in women following birth?	Review evidence: stand down original recommendations. The new review question (2.4) is based on the original question, but has been amended for clarity.

<p>How should common health problems be identified and managed? (dyspareunia)</p>	<p>What tools for clinical review of women are effective during the first 8 weeks after birth?</p>	<p>Review evidence: stand down original recommendations. The new review question (2.2) is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p>
<p>How should common health problems be identified and managed? (headache)</p>	<p>What tools for clinical review of women are effective during the first 8 weeks after birth?</p>	<p>Review evidence: stand down original recommendations. The new review question (2.2) is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p>
<p>How should common health problems be identified and managed? (fatigue)</p>	<p>What tools for clinical review of women are effective during the first 8 weeks after birth?</p>	<p>Review evidence: stand down original recommendations. The new review question (2.2) is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p>

<p>How should common health problems be identified and managed? (backache)</p>	<p>What tools for clinical review of women are effective during the first 8 weeks after birth?</p>	<p>Review evidence: stand down original recommendations. The new review question (2.2) is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p>
<p>How should common health problems be identified and managed?(constipation)</p>	<p>What tools for clinical review of women are effective during the first 8 weeks after birth?</p>	<p>Review evidence: stand down original recommendations. The new review question (2.2) is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p>
<p>How should common health problems be identified and managed? (haemorrhoid)</p>	<p>What tools for clinical review of women are effective during the first 8 weeks after birth?</p>	<p>Review evidence: stand down original recommendations. The new review question (2.2) is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.</p>

How should common health problems be identified and managed? (faecal incontinence)	What tools for clinical review of women are effective during the first 8 weeks after birth?	Review evidence: stand down original recommendations. The new review question (2.2) is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.
How should common health problems be identified and managed? (urinary retention)	What tools for clinical review of women are effective during the first 8 weeks after birth?	Review evidence: stand down original recommendations. The new review question (2.2) is based on the original question, but will no longer be looking at management. This is because variations in practice have decreased since 2006, so recommendations from NICE are not needed in this area.
How should common health problems be identified and managed? (urinary incontinence)	What tools for clinical review of women are effective during the first 8 weeks after birth?	Review evidence: stand down original recommendations. This is covered by the NICE guideline on urinary incontinence in women: management .
Postpartum contraception	No new review question	No evidence review: stand down original recommendations. This is covered by the Faculty of Sexual and Reproductive Health guideline on contraception after pregnancy .
When is the optimal time to offer and administer maternal vaccination?	No new review question	No evidence review: stand down original recommendations. This is covered by advice on vaccination from Public Health England.

What tools exist to identify the women at risk for domestic violence in the postpartum period?	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE guideline on domestic violence and abuse , which will be cross-referenced in the update.
The six to eight week maternal postnatal check	When should a comprehensive, routine assessment of the woman at the end of the postnatal period occur (for example at 6 weeks, 8 weeks or not at all)?	Review evidence: stand down original recommendations. The new review question (1.4) is based on the original question, but has been amended for clarity.
3. Infant feeding		
Do environmental factors (hospital practice; Baby Friendly Initiatives; room-in) facilitate effective breastfeeding?	What interventions are effective in starting and maintaining breastfeeding?	Review evidence: stand down original recommendations. The new review question (4.1) is based on the original question, but has been amended for clarity.
What factors immediately after birth contribute to successful breastfeeding?	What interventions are effective in starting and maintaining breastfeeding?	Review evidence: stand down original recommendations. The new review question (4.1) is based on the original question, but has been amended for clarity.
What practices encourage breastfeeding?	What interventions are effective in starting and maintaining breastfeeding?	Review evidence: stand down original recommendations. The new review question (4.1) is based on the original question, but has been amended for clarity.
How should successful breast feeding be assessed?	What indicators can be used to assess breastfeeding technique?	Review evidence: stand down original recommendations. The new review question (4.3) is based on the original question, but has been amended for clarity.

<p>What information and support offered to the woman and her partner and family members is more likely to enable women to successfully commence and continue breastfeeding?</p>	<p>What information on breastfeeding do parents need?</p> <p>What support with breastfeeding do parents need?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review questions (4.4 and 4.5) are based on the original question, but have been amended for clarity.</p>
<p>What should be done to prevent, identify and treat breastfeeding problem? (sore nipple)</p>	<p>What indicators can be used to assess breastfeeding technique?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review question (4.3) is expected to cover the important clinical points of the original, since if attachment is successful breastfeeding problems are less likely to occur.</p>
<p>What should be done to prevent, identify and treat breastfeeding problem? (engorgement)</p>	<p>What indicators can be used to assess breastfeeding technique?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review question (4.3) is expected to cover the important clinical points of the original, since if attachment is successful breastfeeding problems are less likely to occur.</p>
<p>What should be done to prevent, identify and treat breastfeeding problem? (mastitis)</p>	<p>What indicators can be used to assess breastfeeding technique?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review question (4.3) is expected to cover the important clinical points of the original, since if attachment is successful breastfeeding problems are less likely to occur.</p>
<p>What should be done to prevent, identify and treat breastfeeding problem? (inverted nipple)</p>	<p>What indicators can be used to assess breastfeeding technique?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review question (4.3) is expected to cover the important clinical points of the original, since if attachment is successful breastfeeding problems are less likely to occur.</p>

Are there interventions to facilitate continued breast feeding when the baby is tongue tied?	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE interventional procedure guidance on division of ankyloglossia (tongue-tie) for breastfeeding , which will be cross-referenced in the update.
Are there interventions to facilitate continued breast feeding when the baby is sleepy?	What indicators can be used to assess breastfeeding technique?	Review evidence: stand down original recommendations. The new review question (4.3) is expected to cover the important clinical points of the original, since if attachment is successful breastfeeding problems are less likely to occur.
Are there interventions to facilitate continued breastfeeding when the baby is failing to gain weight?	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE guideline on faltering growth , which will be cross-referenced in the update.
What information offered to the woman and her partner is more likely to enable women to formula feed?	What information on formula feeding do parents need? What support with formula feeding do parents need?	Review evidence: stand down original recommendations. The new review questions (4.6 and 4.7) are based on the original, but has been amended for clarity.
Are there any interventions that promote attachment/bonding in the postpartum period?	What interventions in the postpartum period are effective at promoting emotional attachment?	Review evidence: stand down original recommendations. The new review question (3.4) is based on the original question, but has been amended for clarity.

4. Maintaining infant health		
Physical examination of the newborn	What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?	Review evidence: stand down original recommendations. The new review question (3.1) is expected to cover signs and symptoms in babies associated with serious illness. For severe problems, a specialist will need to decide what care is needed.
How should common health problems in the infants be identified and managed? (jaundice)	No new review question	No evidence review: stand down original recommendations. This is covered by the NICE guideline on jaundice in newborn babies under 28 days , which will be cross-referenced in the update.
How should common health problems in the infants be identified and managed? (skin)	What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?	Review evidence: stand down original recommendations. The new review question (3.1) is expected to cover signs and symptoms in babies associated with serious illness. For severe problems, a specialist will need to decide what care is needed.
How should common health problems in the infants be identified and managed? (thrush)	What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?	Review evidence: stand down original recommendations. The new review question (3.1) is expected to cover signs and symptoms in babies associated with serious illness. For severe problems, a specialist will need to decide what care is needed.

<p>How should common health problems in the infants be identified and managed? (napkin [nappy] rash)</p>	<p>What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review question (3.1) is expected to cover signs and symptoms in babies associated with serious illness. For severe problems, a specialist will need to decide what care is needed.</p>
<p>How should common health problems in the infants be identified and managed? (constipation)</p>	<p>What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review question (3.1) is expected to cover signs and symptoms in babies associated with serious illness. For severe problems, a specialist will need to decide what care is needed.</p>
<p>How should common health problems in the infants be identified and managed? (diarrhoea)</p>	<p>What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review question (3.1) is expected to cover signs and symptoms in babies associated with serious illness. For severe problems, a specialist will need to decide what care is needed.</p>
<p>How should common health problems in the infants be identified and managed? (colic)</p>	<p>What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The new review question (3.1) is expected to cover signs and symptoms in babies associated with serious illness. For severe problems, a specialist will need to decide what care is needed.</p>
<p>How should common health problems in the infants be identified and managed? (fever)</p>	<p>What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?</p>	<p>No evidence review: stand down original recommendations.</p> <p>This is covered by the NICE guideline on fever in under 5s, and will be cross-referenced in the update.</p>

Is there an association between childhood cancer and IM vitamin K?	No new review question	No evidence review: stand down original recommendations. This area was not prioritised for inclusion in the update.
Incidence, risk and prevention of accidents	No new review question	No evidence review: stand down original recommendations. This area was not prioritised for inclusion in the update.
What is the risk of co-sleeping in relation to sudden infant death syndrome (SIDS)?	<p>What are the benefits and harms of co-sleeping?</p> <p>What are the risk factors in relation to co-sleeping for sudden infant death syndrome (SIDS)?</p>	<p>Review evidence: stand down original recommendations.</p> <p>The 2 new review questions (3.2 and 3.3) are expected to cover all areas of stakeholder concern around co-sleeping and SIDS. Review question 3.3 is a rewording of the original question, and 3.2 is expected to address gaps in the original question pointed out by stakeholders.</p> <p>Note that the new review question will look at evidence extending beyond the 8 week postnatal window in order to make recommendations that will apply in the postnatal period.</p>
What tools exist to identify the child at risk of abuse?	No new review question	<p>No evidence review: stand down original recommendations.</p> <p>This is covered by the NICE guideline on child maltreatment, and will be cross-referenced in the update.</p>

Areas not covered by the guideline

These areas will not be covered by the guideline.

- 1 Specialist care (care beyond routine postnatal care) needed by women who experience complications in the intrapartum period, including complications associated with caesarean section or instrumental delivery.
- 2 Specialist care (care beyond routine postnatal care) needed by women with pre-existing conditions.
- 3 Specialist care (care beyond routine postnatal care) needed by babies with pre-existing conditions, for example, complications before or during birth.
- 4 Care before or during birth, except in relation to infant feeding for which all relevant periods will be covered.
- 5 Contraceptive care or services.
- 6 The competencies of healthcare professionals involved in postnatal care.

Although the guideline will only cover routine postnatal care, parts of it may still be relevant to women and babies who are having specialist care. Parts of the guideline may also be relevant to women who have had a stillbirth, premature birth or late termination (for example, for fetal abnormality).

Related NICE guidance

NICE has published the following guidance that is closely related to this guideline:

- [Parenteral nutrition in neonates](#) (publication expected August 2019) NICE guideline
- [Specialist neonatal respiratory care for babies born preterm](#) (publication expected April 2019) NICE guideline
- [Intrapartum care for women with existing medical conditions or obstetric complications and their babies](#) (publication expected March 2019) NICE guideline
- [Venous thromboembolism in people aged 16 and over: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism](#) (publication expected March 2018) NICE guideline
- [Child abuse and neglect \(2017\)](#) NICE guideline NG76

- [Faltering growth: recognition and management of faltering growth in children](#) (2017) NICE guideline NG75
- [Developmental follow-up of children and young people born preterm](#) (2017) NICE guideline NG72
- [Eating disorders: recognition and treatment](#) (2017) NICE guideline NG69
- [Cerebral palsy in under 25s: assessment and management](#) (2017) NICE guideline NG62
- [End of life care for infants, children and young people with life-limiting conditions: planning and management](#) (2016) NICE guideline NG61
- [Sepsis: recognition, diagnosis and early management](#) (2016) NICE guideline NG51
- [Tuberculosis](#) (2016) NICE guideline NG33
- [Gastro-oesophageal reflux disease in children and young people: diagnosis and management](#) (2015) NICE guideline NG1
- [Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care](#) (2015) NICE guideline NG26
- [Safe midwifery staffing for maternity settings](#) (2015) NICE guideline NG4
- [Diabetes in pregnancy: management from preconception to the postnatal period](#) (2015) NICE guideline NG3
- [Antenatal and postnatal mental health: clinical management and service guidance](#) (2014) NICE guideline CG192
- [Intrapartum care for healthy women and babies](#) (2014) NICE guideline CG190
- [Vitamin D: increasing supplement use in at-risk groups](#) (2014) Public health guideline PH56
- [Smoking: acute, maternity and mental health services](#) (2013) Public health guideline PH48
- [Urinary incontinence in women: management](#) (2013) NICE guideline CG171
- [Hepatitis B \(chronic\): diagnosis and management](#) (2013) NICE guideline CG165

- [Fever in under 5s: assessment and initial management](#) (2013) NICE guideline CG160
- [Ectopic pregnancy and miscarriage: diagnosis and initial management](#) (2012) NICE guideline CG154
- [Neonatal infection \(early onset\): antibiotics for prevention and treatment](#) (2012) NICE guideline CG149
- [Venous thromboembolic diseases: diagnosis, management and thrombophilia testing](#) (2012) NICE guideline CG144
- [Epilepsies: diagnosis and management](#) (2012) NICE guideline CG137
- [Social and emotional wellbeing: early years](#) (2012) NICE guideline PH40
- [Multiple pregnancy: antenatal care for twin and triplet pregnancies](#) (2011) NICE guideline CG129
- [Common mental health problems: identification and pathways to care](#) (2011) NICE guideline CG123
- [Caesarean section](#) (2011) NICE guideline CG132
- [Food allergy in under 19s: assessment and diagnosis](#) (2011) NICE guideline CG116
- [Hypertension in pregnancy: diagnosis and management](#) (2010) NICE guideline CG107
- [Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors](#) (2010) NICE guideline CG110
- [Meningitis \(bacterial\) and meningococcal septicaemia in under 16s: recognition, diagnosis and management](#) (2010) NICE guideline 102
- [Jaundice in newborn babies under 28 days](#) (2010) NICE guideline CG98
- [Donor milk banks: service operation](#) (2010) NICE guideline CG93
- [Looked-after children and young people](#) (2010) NICE guideline PH28
- [Weight management before, during and after pregnancy](#) (2010) NICE guideline PH27
- [Constipation in children and young people: diagnosis and management](#) (2010) NICE guideline CG99
- [Smoking: stopping in pregnancy and after childbirth](#) (2010) NICE guideline PH26

- [Venous thromboembolism: reducing the risk for patients in hospital](#) (2010)
NICE Guideline CG92
- [Child maltreatment: when to suspect maltreatment in under 18s](#) (2009)
NICE guideline CG89
- [Immunisations: reducing differences in uptake in under 19s](#) (2009) NICE
guideline PH21
- [Maternal and child nutrition](#) (2008) NICE guideline PH11
- [Familial hypercholesterolaemia: identification and management](#) (2008)
NICE guideline CG71
- [Antenatal care for uncomplicated pregnancies](#) (2008) NICE guideline CG62
- [Atopic eczema in under 12s: diagnosis and management](#) (2007) NICE
guideline CG57
- [Urinary tract infection in under 16s: diagnosis and management](#) (2007)
NICE guideline CG54
- [Faecal incontinence in adults: management](#) (2007) NICE guideline CG49
- [Division of ankyloglossia \(tongue-tie\) for breastfeeding](#) (2005)
Interventional procedure guidance 149

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to postnatal care up to 8 weeks after birth:

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline
CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so

whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services perspective, as appropriate.

3.5 Key issues and questions

While writing the scope for this updated guideline, we have identified the following key issues and draft review questions related to them:

- 1 Planning the content and delivery of care
 - 1.1 How does the length of postpartum stay affect women and their babies?
 - 1.2 What information needs to be communicated between healthcare professionals at transfer of care from place of birth to community care?
 - 1.3 When should the first routine contact be made following discharge to community care?
 - 1.4 When should a comprehensive, routine assessment of the woman at the end of the postnatal period occur (for example at 6 weeks, 8 weeks or not at all)?
 - 1.5 What is the optimal content of the postnatal care contacts for women and babies?
- 2 Identifying and assessing health and wellbeing needs in women
 - 2.1 What are the views and experiences of mothers (from birth to 8 weeks, including transfer of care from place of birth to community care) on when and how information is given to them about self-care?
 - 2.2 What tools for clinical review of women are effective during the first 8 weeks after birth?
 - 2.3 How should early signs and symptoms of postpartum haemorrhage be assessed?
 - 2.4 How should perineal pain (and its cause) be assessed in women following birth?
- 3 Identifying and assessing health and wellbeing needs in babies
 - 3.1 What signs and symptoms (alone or in combination) in babies are associated with serious illness or mortality?

- 3.2 What are the benefits and harms of co-sleeping?
- 3.3 What are the risk factors in relation to co-sleeping for sudden infant death syndrome (SIDS)?
- 3.4 What interventions in the postpartum period are effective at promoting emotional attachment?
- 4 Planning and management of babies' feeding
 - 4.1 What interventions are effective in starting and maintaining breastfeeding?
 - 4.2 What are the facilitators and barriers for starting and maintaining breastfeeding?
 - 4.3 What indicators can be used to assess breastfeeding technique?
 - 4.4 What information on breastfeeding do parents need?
 - 4.5 What support with breastfeeding do parents need?
 - 4.6 What information on formula feeding do parents need?
 - 4.7 What support with formula feeding do parents need?

3.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

Maternal outcomes:

- 1 maternal mortality
- 2 maternal morbidity
- 3 parental quality of life
- 4 service user experience
- 5 parental ability to carry out activities of daily living
- 6 parental emotional attachment

Baby outcomes:

- 7 baby mortality
- 8 baby morbidity
- 9 baby growth
- 10 rates of breastfeeding (starting and continuing)
- 11 reaching developmental milestones
- 12 social and emotional development

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

NICE quality standards that may need to be revised or updated when this guideline is published

- [Contraception](#) (2016) NICE quality standard QS129
- [Early years: promoting health and wellbeing in under 5s](#) (2016) NICE quality standard QS128
- [Antenatal and postnatal mental health](#) (2016) NICE quality standard QS115
- [Maternal and child nutrition](#) (2015) NICE quality standard QS98
- [Jaundice in newborn babies under 28 days](#) (2014) NICE quality standard QS57
- [Postnatal care up to 8 weeks after birth](#) (2013) NICE quality standard QS37
- [Neonatal specialist care](#) (2010) NICE quality standard QS4

4.2 NICE Pathways

When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive flowchart. The existing [postnatal care flowchart](#) will be reviewed and amended to integrate the updated recommendations.

5 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in January 2020.

You can follow [progress of the guideline](#).

Our website has information about [how NICE guidelines are developed](#).