Discharge Guidelines for Post-Partum Patients
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Early discharge of healthy mothers and their infants after term delivery has become more common in the US (MMWR 1995;44:335-337). In the 2007 Edition of Guidelines for Perinatal Care, ACOG and AAP outlined minimal criteria that should be met when a mother desires a shortened hospital stay (defined as 48 hours for vaginal delivery and 96 hours for cesarean delivery). These minimal criteria are incorporated into the following guidelines to determine which patients may be seen by the Medical Team (CRNP or Resident/Attending) on Post-Partum day 1 and discharged from medical care at that time. The patient may remain in the hospital until Post-Partum day 2 and will continue to receive nursing care.

Eligible patients:
- Term (37-42 week) deliveries
- Uncomplicated, spontaneous vaginal deliveries
- If laceration present, no greater than 2nd degree
- Absence of Gestational Hypertension/ Pre-Eclampsia this pregnancy

Minimal criteria that must be met at the time of Post-Partum rounds on Day 1:
- Afebrile since delivery
- Pulse and respirations of normal rate and quality
- Blood pressure level within the normal range
- Uterine fundus is firm
- Amount and color of lochia are appropriate for the duration of recovery
- Any surgical repair or wound has minimal edema and no evidence of infection and appears to be healing without complications
- Voiding without difficulty and urinary output is adequate
- Eating and drinking without difficulty
- Able to ambulate without assistance
- Adequate pain control
- No abnormal physical or emotional findings. (If there is any question regarding patients emotional state or social status, review with the RN prior to making the decision to discharge early)
- Mother demonstrates readiness to care for herself and her newborn
- Pertinent lab results have been reviewed

Provided the aforementioned minimal criteria are met, the following steps must be taken in-order to discharge the mother from medical care:
- Review contraceptive methods and prescribe as indicated
- Review post-partum follow-up, postpartum activity, common postpartum discomforts/relief measures, and signs of complications with the mother
- Inform mother that she is stable for discharge the following day and that provided there is no change in her clinical status, she will be discharged automatically in the morning.
- Document in chart “Patient stable for discharge on PPD 2. Discharge instructions have been reviewed.”
- Create SCM discharge document.

If over the next 24 hours there is a change in the mother’s clinical status where minimal criteria are no longer met, she should be seen and evaluated by the medical team on Post-Partum day 2.

* Extrapolated from guidelines for Perinatal Care, 6th Edition