

## Early Postpartum Discharge

**Clinical judgement and patients desires/needs supersede any of these recommendations.**

**I do not recommend early discharge 24 hours for vaginal delivery and 48 hours for patients delivering via cesarean section:**

- Mothers with a postpartum hemorrhage requiring blood transfusion
- Third or fourth lacerations
- Gestational hypertension or preeclampsia
- Endomyometritis
- Patient requiring IV narcotics for pain management
- Patients with a medical history of type I DM
- PACT Pregnancy and Cardiac Treatment Clinic - cardiac mothers
- Psychiatric concerns or other major medical Comorbidities

**\*\*\*If the patient is medically stable with counseling and precautions from the provider the patient can be discharged early despite these suggested exclusion criteria as long as the patient has a telemedicine follow-up plan. The patient should be notified that if she requires readmission the neonate will not be readmitted.**