

Postpartum Care

Module 12

Session Objectives:

By the end of the session, participants will be able to:

- Define postpartum care
- Take history and perform postpartum examination of mother
- Describe WHO's recommendations for postpartum care
- Discuss complication readiness during postpartum period

Postpartum Care



- The care provided after delivery of the placenta and through the first six weeks postpartum (WHO)



Postpartum Care Is:



- Every year **40 million** infants die within the first month of life.
- More than **500,000** women die every year due to pregnancy-related complications, and **2/3** of these deaths are in the postpartum period.
- Both mothers and newborns are especially vulnerable during the **first 24 hours after childbirth**; this is the time of **greatest risk**.
- Evidence from Bangladesh indicates that the majority of maternal deaths (approximately 70%) occur between the **third trimester and the end of the first week after pregnancy**. (Determinants of reduction in maternal mortality. *Lancet*; 370[9595])

Why Is Postpartum Care Important?



- To prevent complications in mother and baby during the postnatal period
- To provide counseling and care during the mother's recovery period
- To monitor progress with breastfeeding
- To offer family planning services
- To provide basic ongoing health education to the mother/family

Goals of Postpartum Care



First visit: 24 hours after birth

- If the birth is at home, the first postnatal contact should be as early as possible within 24 hours of the birth.

Second visit: third day after birth (after 48–72 hours)

Third visit: at 7–14 days

Fourth visit: at six weeks

**Postnatal Visits:
WHO Recommendations 2014**



Discharge from a health facility

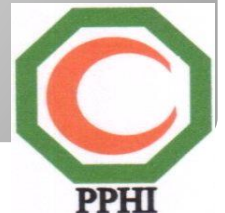
- After an uncomplicated vaginal birth in a health facility, healthy mothers and newborns should receive care in the facility for at least 24 hours after birth.

Home visits for postnatal care

- Home visits in the first week after birth are recommended for care of the mother and newborn.

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**Timing of Discharge:
WHO Recommendations 2014**



Newborns should be assessed and referred immediately if they:

- Stop feeding well
- Have a history of convulsions
- Are breathing fast (rate ≥ 60 breaths per minute)
- Have severe chest in-drawing or no spontaneous movement
- Have a fever ($\geq 37.5^{\circ}\text{C}$), low body temperature ($< 35.5^{\circ}\text{C}$), jaundice in the first 24 hours of life, or yellow palms and soles at any age

The family should be encouraged to seek health care early if they identify any of the above danger signs between postnatal care visits.

**Assessment of the Baby:
WHO Recommendations 2014**



- All babies should be exclusively breastfed from birth until six months of age.
- Mothers should be counseled and provided support for exclusive breastfeeding at each postnatal care visit.

Exclusive Breastfeeding: WHO Recommendations 2014



- Daily application of chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine) to the umbilical cord stump during the first week of life is recommended for newborns (endorsed by Sindh Government Health Department).

**Newborn Cord Care:
WHO Recommendation 2014**



- Bathing should be delayed until 24 hours after birth. If this is not possible for cultural reasons, bathing should be delayed for at least six hours.
- The baby should be dressed in appropriate clothing (one or two layers more than adults wear) and the baby's head should be covered with a cap/hat.
- The mother and baby should not be separated and should stay in the same room 24 hours a day.

Postnatal Care of the Newborn: WHO Recommendations 2014



- Communication and play with the newborn should be encouraged.
- Immunization should be promoted as per WHO guidelines.
- Preterm and low-birth-weight babies should be identified immediately after birth and should be provided special care as per WHO guidelines.

Postnatal Care of the Newborn (cont'd)



During every postpartum visit:

- Greet the client.
- Encourage the client to ask questions.
- Ask about the client's health and the health of her newborn.
- Ask if she is experiencing any of the following:
 - Heavy vaginal bleeding
 - Respiratory difficulty
 - Fever
 - Convulsions/loss of consciousness
 - Severe headache/blurred vision
 - Severe abdominal pain
- Explain why a physical examination is needed.

Postpartum Care Provision



Examine the mother:

- Do a general physical exam (pulse, blood pressure, temperature, pallor).
- Check for uterine tenderness and fundal height. Check to see if the uterus is hard and round.
- Check the amount of bleeding.
- Check perineum for inflammation, discharge, and tears.

First Postpartum Visit (First 24 Hours)



Encourage the mother to:

- Empty her bladder
- Eat nutritious foods
- Stay well hydrated

Advise the mother:

- To initiate early (within one hour) and frequent exclusive breastfeeding, and help her to adopt correct breastfeeding practices
- To monitor herself and her newborn for danger signs, and tell her where to go for help
- When to return for next postpartum checkup

First Postpartum Visit (cont'd)



Check:

- **General well-being of the mother** (temperature, blood pressure, pallor)
- **Uterus** (Is it hard and well contracted?)
- **Bladder and bowel** (ask about problems with passing urine or stool)
- **Breasts** (mastitis, cracked nipples, engorged breasts, not enough milk?)
- **Vulva and perineum** (tears, swelling, pus?)
- **Vaginal bleeding** (excessive bleeding or foul-smelling discharge/lochia?)
- **Legs** (thrombophlebitis, signs of thrombosis?)

Respond to any identified problems and refer as necessary!



Iron folate:

- Give iron folate supplementation to women who are anemic (pallor, pale conjunctiva, reported weakness/fatigue) or do a lab test, if available.
- Counsel on adherence.
- Dispense three months' iron/folate supply, if indicated.

Counsel and advise on the following and refer as necessary:

- Postpartum care and hygiene
- Breastfeeding
- Nutrition
- Birth spacing and family planning
- Immunization of mother and newborn
- Maternal and newborn psychosocial needs

Second and Third Postnatal Visits (cont'd)



- **Ask** the mother about her physical and emotional well-being and assess any possible complaints.
- **Perform** a pelvic examination. Check for healing of large tears, pain, swelling, or pus.
- **Check hemoglobin** (clinically, or lab test if available), especially if anemia has occurred during pregnancy or in the postpartum period. If necessary, iron supplementation may again be given.
- Make sure the mother and family are aware of danger signs and when/where to seek care.

Fourth Postnatal Visit (Six Weeks)



Counsel the mother about:

- Personal hygiene, especially handwashing
- Exclusive breastfeeding
- Nutrition needs during postpartum period
- Birth spacing and family planning
- Immunization
- Attendance at well-baby/under-5 clinic
- Psychosocial concerns

It is important to involve the husband during counseling.

Fourth Postnatal Visit (cont'd)



Counsel every woman about:

- The physiological process of recovery after birth and common health problems
- The importance of reporting any health concerns to a health care professional—in particular:
 - Signs and symptoms of PPH: sudden and profuse blood loss or persistent, increased blood loss, faintness, dizziness, and/or palpitations/tachycardia
 - Signs and symptoms of pre-eclampsia/eclampsia: headaches accompanied by one or more of the symptoms of visual disturbances, nausea, vomiting, epigastric or hypochondrial pain, feeling faint, and/or convulsions (in the first few days after birth)
 - Signs and symptoms of infection: fever, shivering, abdominal pain, and/or offensive vaginal discharge
 - Signs and symptoms of thromboembolism: unilateral calf pain, redness or swelling of calves, and/or shortness of breath or chest pain

Counseling during Postpartum
Period:

WHO Recommendations 2014



- Ask the woman about her previous experience
- Confirm that she knows criteria for exclusive breastfeeding
- Ask if she has any questions or worries
- Examine her breasts, if she is worried
- Build her confidence and encourage breastfeeding

Counseling on Breastfeeding



Counsel/discuss with the woman and her husband/family about:

- Healthy timing and spacing of pregnancy (intervals between two and five years are best for women and babies)
- Safe family planning methods for postpartum and breastfeeding women (benefits and limitations of each)

Assist the woman with choosing the method that best meets her needs and fertility goals.

Counseling on Family Planning



General guidelines:

- Eat a balanced diet that includes a variety of foods each day (meat, seasonal vegetables, milk, butter, curd, roti, rice, fruits, etc.).
- Have at least one extra serving of staple food per day.
- Try smaller, more frequent meals, if necessary.

Counseling on Nutrition



- The use of antibiotics (capsule amoxicillin 500 mg x 6 hourly + metronidazole 400 mg tablets x 8 hourly) among women with a vaginal delivery and a third- or fourth-degree perineal tear is recommended for prevention of wound complications.
- There is not sufficient evidence to support routine use of antibiotics for prevention of endometritis in low-risk women with a vaginal delivery.

Prophylactic Antibiotics



- All women should be screened during the postpartum period for any psychosocial concerns. Do women have adequate support? Are they feeling depressed or sad?
- Health providers should give women an opportunity to confidentially discuss their feelings and experiences.
- Women who have lost their babies need additional supportive care.

Psychosocial Support



Providers should discuss and plan for emergencies with women and their families.

- Where should the woman go if she experiences danger signs during the postpartum period?
- Does she have emergency funds and transport arrangements in the community?

Review danger signs for mothers and newborns.

Providers should confirm that the facility is ready to deal with emergencies. It should have:

- A skilled provider available 24/7,
- Emergency drugs and equipment/supplies for emergencies,
- A list of referral hospitals with contact details, and
- A functional ambulance for immediate referral to a higher-level facility.

Complication Readiness Plan



Danger Signs in Postpartum Women

- Vaginal bleeding (heavy or sudden increase)
- Breathing difficulty
- Fever
- Severe abdominal pain
- Severe headache/ blurred vision
- Convulsions/loss of consciousness
- Foul-smelling discharge from vagina or tears/incisions
- Pain in calf, with or without swelling
- Verbalization or behavior indicating she may hurt herself or baby; hallucinations



- Postpartum/postnatal care is a critical opportunity to save mothers and newborns.
- Postpartum care services can be delivered at a health facility, during home visits by a health worker, or in a combination of care at a facility and at home.
- Postpartum care is individualized according to women's and newborns' needs, history, and other findings.

Key Messages



Thanks!

