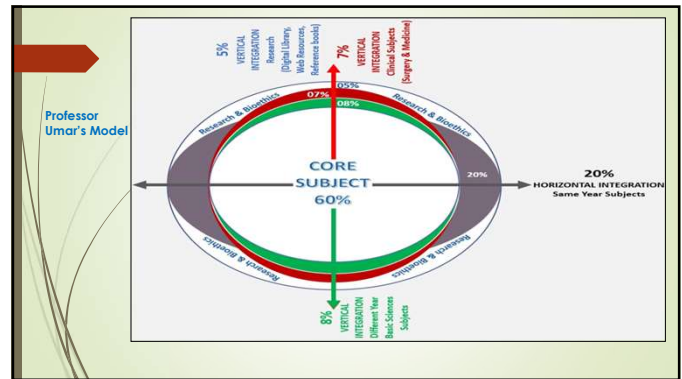


Module-IV Preventive Medicine in Obstetrics-III (Postnatal care)

Dr. Khola (Associate Professor)
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Sequence Of Lecture

- | | |
|-------------------------------------|----------|
| 1. Core concepts | 29 slide |
| 2. Bioethics | 1 slide |
| 3. Relevant Research | 1 slide |
| 4. EOLA (End of Lecture Assessment) | 1 slides |
| 5. Digital Library References | 1 slide |
| 6. Suggested readings | 1 slide |

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Vision & Mission of RMU

Vision

Highly recognized and accredited center of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

Mission Statement

To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.



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Learning Objectives of the Lecture

By the end of the lecture, students should be able to

1. Comprehend the concept of care required for the rapid restoration of the mother to optimum health
2. Enlist the preventive strategies required to prevent complications during intra-natal and post-natal period
3. Appreciate the importance of health education for mother/family regarding intra-natal and post-natal complications
4. Understand the relevance of family planning services provided during postnatal period

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A CALL FOR ACTION

We need to move away from the fragmented approach to *health* and move towards taking a *holistic view of the reproductive health* covering
"preconception, antenatal, natal and post natal care"

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Domiciliary care

Core Content

Mothers with normal obstetric history may be advised to have their confinement in their own homes, provided the home conditions are satisfactory. In such cases, the delivery may be conducted by the Health Worker Female or trained dai. This is known as "domiciliary midwifery service."

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INTRANATAL PERIOD

Emphasis on cleanliness during delivery and prevention of Neonatal Tetanus- 7Cs as recommended by WHO

7Cs:

1. Clean hands of the attendant
2. Clean perineum
3. Clean delivery surface
4. Clean cord and tying instrument
5. Clean cutting surface
6. Clean towels to dry the baby and then wrap the baby
7. Clean Water

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Domiciliary Services

Core Content

Advantages:

- Familiar surrounding,
- No cross infection,
- Mother can keep an eye on domestic affairs

Disadvantages

- Less medical and nursing supervision
- Less rest
- Diet neglected
- Resumes her duties soon

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INTRANATAL CARE

Aim of good Intra-natal care is:

- Thorough **asepsis**
- Delivery with **minimum damage to mother and baby**
- **Readiness to deal with any complication** eg. APH, mal presentation, prolonged labour etc.
- **Care of the baby at delivery:** resuscitation, care of cord and eyes.

TYPES OF NATAL SERVICES :

- | | |
|-------------------|---------------------|
| -Domiciliary care | -Institutional care |
| - Rooming in | - Maternity Homes |

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DANGER SIGNALS

Core Content

In domiciliary out reach care, the midwife must be **aware of danger signals** and **seek help immediately when required** and there should be **close liaison between domiciliary and the institutional services** :

- Sluggish or no pains after rupture of membranes
- Good pains but no progress after rupture of membranes
- Prolapsed cord or hand
- Meconium-stained liquor or slow irregular or excessively fast fetal heart
- Excessive "show" or bleeding during labour
- Collapse during labour
- A placenta not detached after half an hour of delivery
- Post partum hemorrhage or collapse
- A temperature of 38 deg C or >

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Rooming In

Core Content

- Keeping the baby's crib by the side of the mother's bed.
- ADVANTAGES**
- Mother knows her baby- mother child bonding
- Good opportunity for Breast feeding
- Removes the fear for the baby to be misplaced
- Builds self-confidence in mother
- Prevents cross-infections (nosocomial)



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Objectives of Postnatal Care

Core Content

- To prevent complications of the postpartum period
- To provide care for the rapid restoration of the mother to optimum health
- To check adequacy of breast feeding
- To provide family planning services
- To provide basic health education to mother/family

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Institutional Care

Core Content

- Institutional care is recommended for all the high risk cases and where home conditions are unsuitable
- Discharge the women after 48 hours after normal deliveries



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Minimum recommended Postnatal Visits x 3

VISITS	Postnatal period
First PN visit	<3 days
Second PN visit	1 week
Third PN Visit	8 Weeks

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Post-natal Care

Core Content

Care of the mother & the newborn after delivery is known as post-natal or postpartum care. It is the combined responsibility of the obstetrician and pediatrician



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Complications of the postpartum period

Core Content

- Puerperal sepsis** – is infection of genital tract with in 3 weeks after delivery
- Thrombophlebitis** – is infection of leg veins frequently associated with varicose veins
- Secondary hemorrhage** –bleeding from vagina anytime from 6 hours to 6 weeks
- UTI**
- Mastitis**

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Core Content

Restoration of mother to optimum health


- **PHYSICAL**
 - Postnatal examination
 - Anemia
 - Nutrition
 - Postnatal exercise
- **PSYCHOLOGICAL**
 - Postpartum psychosis
- **SOCIAL**
 - To nurture and raise the child in a wholesome family atmosphere.
 - Breast feeding
 - Family planning

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Core Content

Family Planning

- Post partum sterilization is recommended on 2nd day after delivery
- Intrauterine Devices (IUD) and conventional (non hormonal) contraceptives should be used during lactation



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Core Content

Basic Health Education

- Hygiene – personal and environmental
- Immunization
- Feeding for mother and infant
- Birth registration
- Pregnancy spacing
- Importance of health check up



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Ethics

Bioethics

- Pregnancy, labour and birth are life-changing physiologic processes for most women and their families that benefit from collaboration between health care practitioners delivering maternity care
- Multidisciplinary education and teamwork – including communication, collaboration, consultation and referral – are essential to ensuring optimal care for women and babies
- Provide respect, dignity and informed choice – maternity care incorporates a rights-based approach, preventing exclusion and maltreatment of individuals that are marginalised and socioeconomically disadvantaged

Reference
Milliez J. Rights to safe motherhood and newborn health: ethical issues. International Journal of Gynecology & Obstetrics. 2009 Aug 1;106(2):110-1.

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Core Content

Breast Feeding

- Breast feeding for 2 years
- Exclusive Breast feeding for 6 months
- No bottle feeding
- Complementary feeding at 6 months

Benefits of Breast Feeding

For the Mother	For the Baby
Decreases breast cancer risk and ovarian cancer risk.	Boosts immunity as the mother's antibodies pass on to the baby.
Stimulates release of prolactin, which has a relaxing and calming effect.	Natural nutrition that cannot be found in formula milk.
Emotional bonding that occurs during feeding is most crucial for developing love and security.	Less chance of getting infections and diseases.

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Core Content

Relevant Research

Original Article

Effectiveness of Postpartum Homecare Program as a New Method on Mothers' Knowledge about the Health of the Mother and the Infant

Abstract
Background: Reduced maternal mortality due to pregnancy and delivery is one of the priorities of reproductive health programs of World Health Organization. Benefiting from appropriate social support, such as receiving homecare, has an important role in mothers' adaptation and health. Lack of access to comprehensive and desirable health services is the most important barrier to improvement of maternal health. In this study, the effect of postpartum homecare on mother's knowledge about maternal and child health is evaluated. **Materials and Methods:** This study was two-group field trial which was conducted in 2013 on 62 postpartum mothers who were selected randomly in Shahid Beheshti Hospital of Isfahan. Mothers and infants of the intervention (experimental) groups were first visited at the hospital and then received two visits at home. The control group received routine postpartum care. A researcher-designed questionnaire was used for data collection. Data analysis was conducted using SPSS 18 and independent, paired t-test, and Chi-square tests. **Results:** Comparing the demographic characteristics between both groups revealed no significant difference. After the intervention mothers' knowledge about maternal ($t = 4.26$; $p < 0.001$) and child ($t = 3.35$; $p = 0.003$) health showed a significant difference between the intervention (experimental) and control groups. **Conclusion:** Performance of postpartum homecare as a new and useful method in the health system of Iran can increase mothers' knowledge about their own health and their children, enhance their ability to adapt with the postpartum period, and improve the health level of vulnerable populations.

Keywords: Child health, homecare, Iran, knowledge, maternal health, postpartum care

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MCQEnd of
Lecture
Assessment

Maternal infections that develop after the delivery of a baby usually begin in the uterus. The likelihood of developing a uterine infection is increased with which of the following types of delivery?

- a) Cesarean delivery
- b) Vaginal breech delivery
- c) Vaginal delivery with induction
- d) Vaginal delivery without induction
- e) Excessive 'show' or bleeding during delivery

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Digital Library References

- Beraki GG, Tesfamariam EH, Gebremichael A, Yohannes B, Haile K, Tewelde S, Goltom S. Knowledge on postnatal care among postpartum mothers during discharge in maternity hospitals in Asmara: a cross-sectional study. *BMC pregnancy and childbirth*. 2020 Dec;20:1-0.
- Clarke-Deelder E, Opondo K, Oguttu M, Burke T, Cohen J, McConnell M. Immediate postpartum care in low-and middle-income countries: a gap in health care quality research and practice. *American Journal of Obstetrics & Gynecology MFM*. 2022 Oct 7:100764.
- Yang M, Yue W, Han X, Hu C, Sun X, Luo J. Postpartum care indications and methodological quality: a systematic review of guidelines. *Journal of Public Health*. 2021 Jul 19:1-5.
- DiBari JN, Yu SM, Chao SM, Lu MC. Use of postpartum care: predictors and barriers. *Journal of pregnancy*. 2014 Jan 1;2014.
- Laureij LT, Van Der Hulst M, Lagendijk J, Been JV, Ernst-Smelt HE, Franx A, Lugtenberg M. Insight into the process of postpartum care utilisation and in-home support among vulnerable women in the Netherlands: an in-depth qualitative exploration. *BMJ open*. 2021 Sep 1;11(9):e046696.

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Suggested Reading

- J Parks textbook of Preventive & social Medicine. Ch. Nutrition and health, 26th edition)
- Textbook of Community Medicine & Public Health. By Muhammad Illyas , Dr Irfanullah Siddiqui

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