

Postnatal Care

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Postnatal Care

Introduction

The postnatal period, or puerperium, is defined as the period beginning about one hour after the delivery of the placenta and extending through the next six weeks. The client should receive care after labor and delivery, when the pelvic organs return to their pre-pregnant condition. This period of involution typically takes six to eight weeks, though it may take much longer for some organs to return to normal.

Postnatal care is the attention given to the general mental and physical welfare of the mother and infant. Care should be directed toward prevention, and early detection and treatment, of complications and diseases. In addition, postnatal care should include counseling, advice, and services on breastfeeding, family planning, immunization, and maternal nutrition.

Objectives

The objective of postnatal care is to support the mother and her family in the transition to a new family constellation, and respond to their needs through:

- Prevention, early diagnosis, and treatment of common problems or complications in both mother and infant, including preventing mother-to-infant disease transmission.
- Referral of mother and infant for specialist care when necessary.
- Counseling and information for the mother on newborn care and breastfeeding.
- Support of optimal breastfeeding practices.
- Education of the mother and her family concerning maternal nutrition and supplementation if necessary.
- Counseling and provision of contraceptives before the resumption of sexual activity.
- Immunization of the infant.

Schedule of Postnatal Care

Postnatal care starts at the hospital and continues with home visits, according to the postnatal care schedule in MCH centers. Home visits help the family provide care for the mother and the infant, to ensure that the family knows the danger signs and to seek health care immediately. It is advised that a mother should visit the MCH Center twice during the postpartum period: an initial visit within the first two weeks, preferably during the first week; and the second visit at six weeks.

To protect the health of mothers and their newborns during the postnatal period (also referred to as the "recovery process for the mother"), a follow-up assessment schedule, described below, should be followed.

Immediate Care (within the first 24 hours at place of birth)

Immediate care should occur within 24 hours of delivery, preferably within the first six hours, at place of birth (usually in the hospital).

Objectives

- Help the mother adjust to the changes that have occurred as a result of pregnancy, delivery, and childbirth.
- Assess health status of mother and newborn.
- Provide guidance and information about breastfeeding and care of the newborn.
- Provide immunization for the mother: postpartum rubella or RH prophylaxis if indicated.

Care of the Mother

- Exclude postpartum hemorrhage: measure BP; assess whether the uterus is contracted and that the client is able to urinate and tolerate light food and drink.
- Exclude puerperal infection: prevention by ensuring cleanliness and hygiene during delivery. Fever is the main symptom of puerperal sepsis.
- Exclude eclampsia: a woman suffering from postpartum eclampsia or severe pre-eclampsia should be immediately referred to the hospital.
- Exclude thromboembolic diseases: pulmonary embolism after labor often comes unexpectedly. Most postnatal thromboembolic complications are clinically silent. However, if the woman suffers from dyspnoea, chest pain, cyanosis, she should be immediately transferred to the hospital for further investigations to rule out or manage pulmonary embolism.
- Provide guidance to the family on the needs of the mother and newborn (e.g., keeping newborn warm, initiating and encouraging frequent breastfeeding).
- Provide immunization of mother: postpartum rubella or RH prophylaxis if indicated.
- Teach mother danger signs for self and newborn and actions to be taken.
- Arrange follow-up visit date.

Postpartum Rubella Vaccination

- If, during pregnancy, a rubella test has shown the woman not to be immune to rubella, give immunization in the early postnatal period. If given during this period, congenital malformations due to rubella in subsequent pregnancies may be prevented.

Note: provide the mother with contraceptives for at least three months following postpartum rubella vaccination. Pregnancy is an absolute contraindication following this vaccination.

Passive Immunization Postpartum against Rhesus-Sensitization

- This is the RH-prophylaxis in RH-negative women who did not produce anti Rh-D antibodies during pregnancy, and who gave birth to an Rh-positive

infant. The mother should receive anti Rh-D within 24 hours or at the latest 72 hours postpartum.

Care of the Newborn

Immediate Physical Assessment (in the hospital within first 24 hours)

- Keep the infant warm and dry during the examination.
- Review the birth record.
- Infant's general appearance; take note of whether or not the infant is small or large, fat or thin, tense or relaxed, active or still; are body and mouth blue or pink.
- Assess bladder and bowel function, and skin color.
- Care for the umbilical cord (keep clean and dry).
- Listen to the infant's cry (high, piercing cry can be a sign of illness).
- Check the rate of breathing, heart rate, and temperature (especially important during the first six hours):
 - Breathing should be without difficulty; normal rate is 30-60 breaths per minute.
 - Heart rate should be between 120-160 per minute (place two fingers over the infant's heart or use a stethoscope).
 - Temperature usually between 36.5-37.2°C when taken under the arm. Hypothermia is temperature below 36.5°C. It is very important to prevent heat loss after delivery; dry and cover the infant especially its head, and by keeping the infant close to the mother.
- Exclude preterm birth: delivery occurring before 37 weeks is defined as a preterm birth. A preterm newborn should be referred to a specialized pediatrics department for assessment.
- Exclude low birth weight: weigh the infant (usually between 2.5 and 4.0 kg). Tell the mother and family the infant's weight. A newborn weighing less than 2,500g is defined as a low birth weight. This could be a result of preterm delivery or smallness for gestational age, which in turn may be due to intrauterine growth retardation. A low birth weight newborn should be referred to the hospital for further assessment.
- Inspect the infant's body:
 - Head:** note the sizes of the fontanelles (soft spots), suture, and molding
 - Eyes:** clean the eyes and place 2 drops of antibiotic eye drops in each eye
 - Mouth:** look at the formation of the lips, feel the inside of the mouth; check suck reflex
 - Spine:** note swellings or depressions
 - Limbs:** note number and ability to move fingers and toes
 - Reflex:** look for "startle" reflex (arms open normally when you clap your hand)
- Exclude congenital anomalies and malformations.

- Exclude neonatal bacterial infection and neonatal tetanus.
- Exclude birth trauma.
- Watch infant breastfeed: nipple and areola should be in the infant's mouth.
- Administer Vitamin K and antibiotic eye drops.

Danger Signs¹

Refer to a doctor if an infant has any of these signs:

- Poor feeding or sucking
- Sleeping all the time
- Fever or hypothermia
- No stool by third day
- Blueness of the lips or skin
- Jaundice (yellow skin)
- Persistent vomiting; vomiting with a swollen abdomen
- Difficulty establishing regular breathing
- Eye discharge
- Watery or dark green stools with mucus or with blood

Counsel Mother about Infant Immunization Schedule

- BCG to prevent tuberculosis given 5-30 days following birth (New MOH policy; practice initiated July, 2001) only given at selected health centers. Provide information to the mother about where her baby can receive BCG injection and when to take the infant.
- Oral polio vaccine at two-month visit.
- DPT and Hepatitis B vaccine at the two-month visit.
- HIB (Haemophilus Influenza B) vaccine at the two-month visit.

Early Care (within the first 2 weeks)

Early care should occur within the first two weeks after delivery (preferably on the third day), at either the woman's home or at the health center, as feasible. During the first postnatal care visit, the focus is on:

Care of the Mother

- Assess the mother's breastfeeding skills, signs of engorgement, management of breastfeeding difficulties, and newborn's skill and ability to feed.
- Assess the progress of recovery (uterus just below the umbilicus), adequacy of rest, emotional feelings, and relationship with infant.
- Assess for signs of infection or heavy bleeding.
- Assess the mother's manifestation of danger signs and actions to be taken.
- Encourage prescribed supplementation; e.g., iron tablets.
- Introduce exercises (e.g., Kegel/vaginal, abdominal).

¹ Source: *Healthy Mother and Healthy Newborn Care: A Reference for Caregivers* (1998), ACNM, 198-203.

- Remind or give postnatal clinic visit appointment.
- Provide family planning counseling.
- Examine the infant.
- Answer both mother's and family's questions.
- If a problem is identified requiring management and follow-up, schedule a return visit before the six-week postnatal visit.
- Blood test for hemoglobin and urine analysis.

History

Take an intrapartum history (a registered nurse or midwife will complete and record findings from the intrapartum history and overall assessment of the mother's general condition and vital signs). The history should be complete, accurate, and include the following:

- Place of birth
- Outcome of pregnancy (live birth, stillbirth, pregnancy loss)
- Gestational age at confinement
- Mode of delivery
- The condition of the newborn after delivery: Did the baby cry immediately, did the baby suckle?
- Weight of newborn and sex
- Complication during and after delivery
- Feeding and illnesses
- Discomfort from sutures
- Breast engorgement and pain, colostrum/perceived quantity of milk supply
- Nipple soreness and condition
- Emotional state or symptoms of **postpartum depression**:
 - Sadness
 - Lack of pleasure or interest
 - Sleep disturbance
 - Weight loss
 - Loss of energy
 - Agitation or slowness
 - Feelings of worthlessness or inappropriate guilt
 - Diminished concentration
 - Frequent thoughts of death or suicide
 - Fear of hurting the baby
- Wound infection (abdominal, perineal/vaginal)
- Hemorrhage
- Leg or calf pain
- Problems in defecation or urination
- Fever
- Lochia (color, smel):
 - Lochia rubra (red) lasts for five days, then
 - Lochia serosa (pale) lasts for five days, then
 - Lochia alba (white) lasts for five days, then
 - Persistence of red lochia means subinvolution of the uterus.

- Offensive lochia smell means infection.
- In severe infection with septicemia, lochia is scanty and not offensive.

Management of Symptoms of Postpartum Depression

- ✓ Encourage the nurse or midwife working in MCH at the health center to counsel the mother that these symptoms sometimes occur after delivery. The hormonal cycle is readjusting and the mother may be suffering from sleep disruptions.
- ✓ Support the mother during this readjustment phase and encourage her to express her feelings and to ask for support from family members.
- ✓ If symptoms of depression continue or seem harmful to the mother, **refer her for specialized care (psychiatrist) at nearby hospital for continued care.**

Physical Assessment

Overall assessment of general condition and performance of vital signs:

- General appearance: pale, sad, fatigued; relaxed, anxious
- Take and record pulse, temperature, and BP measured using standard protocol. Pulse should be normal but may rise if there is hemorrhage or infection.
- Temperature measured using standard protocol: record and underline in red if above 38°C. Temperature should be normal. However:
 - A reactionary rise may occur after difficult labor. It does not exceed 38°C and drops within 24 hours.
 - A slight rise may occur on the third day due to engorgement of the breasts.
- Weight taken using protocol

REMEMBER: Observe the mother and her relationship with the infant. Does she touch the infant with her full hand, hold infant towards herself, make eye contact with the infant?

- Head and neck: document any abnormalities.
- Breasts: with the establishment of milk secretion at the third to fourth day, examine the breasts for engorgement.
- Chest and heart: examine completely and systematically, report any abnormalities.
- Abdomen: examine the level of the uterus and for bladder distention.
- Look for signs of thrombosis in lower extremities: check pulse, calf muscle for tenderness and swelling, and check for varicose veins.
- Neurological examination **if indicated.**
- Inspect pad and perineum: lochia (amount, color, odor), condition of episiotomy or laceration repair, and hemorrhoids, if present.

- Refer mother for medical management if she has:
 - Fever (temperature higher than 38°C)
 - Heavy vaginal bleeding (bright red bleeding or continuous bleeding, even a continuous small amount or clots the size of an apple are indications for referral)
 - Bleeding from uterus, from vaginal laceration or episiotomy
 - Soft uterus
 - Inability to urinate
- Review danger signs with mother and family.
- Reinforce health education messages regarding breast self-examination (Attachment 2) and Kegel exercises (Attachment 3).
- Record findings and management in the client's health record.

Maternal Danger Signs

The mother should return to the health facility if she has:

- Heavy bleeding
- Fever or chills
- Abdominal pain or foul smelling lochia (vaginal discharge)
- Pain, tenderness, or heat in the leg(s)

Care of the Newborn

- Take a history from the mother about her newborn. Ask the mother about:

Breastfeeding: How many times has the infant fed since sunrise?
How many times during the night?

Sleep: How much does the infant sleep?

Urination: How often does the baby wet?

Stool: What color is the stool and how often?

Cord: Has there been any discharge from the cord? Is there any smell?

- Examine the infant and explain findings to the mother. Normal findings should include:

General Appearance: active when awake

Breathing: easily, 40-60 breaths per minute

Temperature: skin warm to touch, temp. 36.5-37.2°C

Weight: a newborn may lose some weight within the first few days after birth (10% of birth weight). By day three or four, the baby should begin to gain weight again and should regain the birth weight by the end of the week.

Head: "soft spots" not depressed or bulging

Eyes: no discharge

Mouth: check suck by observing the infant breastfeeding;

- mucous membranes moist
- Skin:** not yellow or blue
- Cord:** no discharge or foul smell (the cord stump should fall off by two weeks after birth)

Follow-up Care (6 weeks after birth)

Follow-up care should occur six weeks after delivery, at the health center.

Objectives

- Detect and follow up complications of pregnancy or delivery.
- Assess involution of the reproductive organs.
- Counsel regarding contraceptive method options.
- Ensure that lactation is well established and the infant is growing well; i.e., gaining weight, height and head circumference increasing.

Care of the Mother

The focus is on:

- Assess completion of involution (uterus not felt abdominally, lochia scant); emotional feelings, and relationship with infant.
- Identify client, infant, and/or familial problems.
- Assess breastfeeding practices.
- Examine infant growth.
- Assess need for or experience with current (satisfaction, and/or need for problem-solving management or change of method) contraceptive method.
- Give a resupply of contraceptives as requested or needed.
- Give follow-up appointment, if needed.
- Answer mother's and family's questions.

History

Note: A thorough intrapartum history should have been taken during the previous visit. If history was not taken previously, or if this was the first postpartum visit of the mother, then a complete intrapartum history should be taken (refer to the Early Care history above).

Ask about:

- Emotional (adjustment to mothering, family support, depression) and physical feelings (appetite, rest, sleep).
- Condition of the breasts.
- Vaginal bleeding or discharge; bladder and bowel function.
- Urinary or gastrointestinal complaints.
- Resumption of menses, sexual activity, contraception.

Physical Assessment

Overall assessment of general condition and performance of vital signs:

- General appearance: pale, sad, fatigued; relaxed, anxious
- Blood pressure measured using standard protocol
- Pulse should be normal but may rise if there is hemorrhage or infection
- Weight taken using protocol
- Temperature measured using standard protocol:
 - Record and underline in red if above 38°C.
 - Should be normal. However:
 - A reactionary rise may occur after difficult labor. It does not exceed 38°C and drops within 24 hours.
 - A slight rise may occur on the third day due to engorgement of the breasts.
- Examine breasts for condition of nipples, areola, and breast tissue; milk engorgement; and axillary lymph nodes.
- Examine abdomen for: enlargements, muscle tone, and whether uterus has returned to normal condition (as before pregnancy).
- Examine extremities: check pulse; check calf muscle for tenderness and swelling; check for varicose veins.
- Inspect vulva and perineum: for healing of any laceration, tear, or episiotomy if present; gaping of the introitus, bleeding or discharge, stress incontinence.

Lab Tests

- Hematocrit/hemoglobin
- If indicated CBC, if indicated (for moderate to severely anemic women)
- Urinalysis

Care of the Newborn

Take a history from the mother by asking her about the following:

- Breastfeeding:** How often does the infant feed (usually every two to four hours, including during the night)? How often does the infant wet? Is the infant taking anything besides breastmilk?
- Sleep:** How much does infant sleep at night and during the day?
- Stool:** What color is stool; how often does infant have stool?
- Immunizations:** Has infant received BCG, DPT, oral polio, and hepatitis B?

Examine the infant and explain finding to the mother. Normal findings should include:

- General Appearance:** active when awake
- Breathing:** easy
- Temperature:** skin warm to touch, temp. 36.5-37.2°C
- Weight:** more than at birth
- Head:** “soft spots” not depressed or bulging
- Eyes:** no discharge
- Mouth:** check suck by observing infant breastfeed
- Skin:** not yellow or blue or dry
- Cord:** off by second week after birth; no redness, discharge, or odor²

Administer infant first dose of oral polio vaccine and DPT and hepatitis B immunization.

Health Education and Counseling

Breastfeeding

As providers of MCH services, it is important to support successful breastfeeding practices. The benefits of breastfeeding can promote and protect the health of both infant and mother.

- Breastfeeding should be initiated immediately after delivery.
- Booklets and leaflets regarding breastfeeding should be distributed and explained for each mother during antenatal period and immediately postnatal

Encourage **Optimal Breastfeeding Practices** at the PHC level by teaching and helping mothers to:

- Breastfeed as soon as possible after birth, and to remain with the mother for at least several hours following delivery.
- Breastfeed frequently, whenever the infant is hungry, both day and night (generally at least eight times during 24 hours and at least once during the night).
- Breastfeed exclusively for the first six months, giving no water, other liquids, or solid foods.
- Give complementary feeds after six months (breastfeed before giving complementary feeds).
- Continue to breastfeed for up to two years, and beyond, if possible.
- Continue breastfeeding even if the mother or the baby becomes ill.
- Avoid using bottles, pacifiers (dummies), or other artificial nipples.
- Eat and drink sufficient quantities of available nutritious foods to satisfy her hunger and thirst.³

² Adapted from *Healthy Mother and Healthy New born Care: A Reference for Caregivers* (1998), ACNM.

³ Adapted from *Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method—LAM* (1994), Institute for Reproductive Health, Georgetown University.

Due to short hospital stays after birth, many difficulties with breastfeeding may not be seen by providers. For mothers and their babies to benefit from breastfeeding, difficulties need to be identified early and managed promptly and effectively.

If possible, make postnatal home follow-up visits or schedule early postnatal assessments within the first week to assess breastfeeding practices.

A guide for supporting successful breastfeeding can be found in Table 1, which lists common difficulties, prevention signs and symptoms, and counseling and management.

Table 1. Common Breastfeeding Difficulties⁴

Signs, Symptoms/Conditions	Prevention	Counseling & Management
<p>Low Milk Supply:</p> <ul style="list-style-type: none"> • Poor infant weight gain. • Number of wet diapers fewer than 6 per day. • Sucking not satisfying infant. 	<ul style="list-style-type: none"> • Increase frequency of breastfeeding. • Breastfeed exclusively day and night, on demand by infant. • Correctly position the baby on the breast. • Encourage family members to help with household tasks like cooking, cleaning, and shopping. 	<ul style="list-style-type: none"> • Discontinue any feedings other than breastfeeding. • Breastfeed infant frequently, day and night; increase frequency of feedings. • Wake for additional feedings if infant sleeps through the night. • Make sure infant takes breast into mouth correctly. • Monitor infant weight gain.
<p>Sore/Cracked Nipples:</p> <ul style="list-style-type: none"> • Breast or nipple pain • Cracks in the nipple • Occasional bleeding • Nipples become reddened 	<ul style="list-style-type: none"> • Correctly position the infant on the breast for feeding. • Remove infant from the breast by breaking suction with your finger first. • Increase frequency of breastfeeding. • Expose breasts to air to dry thoroughly after each feed. 	<ul style="list-style-type: none"> • Apply drops of breastmilk to nipples and allow to air dry after feeding. • Make sure infant takes the breast into mouth correctly. Break suction with a finger before removing infant from breast. • Alternate infant's position for feedings to change pressure points on nipples. • Expose breasts to air, sunlight; keep nipples dry. • Apply ice to nipples after breastfeeding. • Begin breastfeeding on the side that hurts less.

⁴ LAM (Lactational Amenorrhea Method): A Postpartum Temporary Contraceptive Option for Women Who Breastfeed (2000). Training Module for Health and Family Planning Service Providers, Linkages.

Signs, Symptoms/Conditions	Prevention	Counseling & Management
		<ul style="list-style-type: none"> • DO NOT stop breastfeeding; feed frequently but for shorter periods of time. • If severely cracked, apply ointment with anti-inflammatory, anti-pruritic, vasoconstriction properties twice a day; remove before each feed. • Alternatively, apply A&D ointment or Vitamin E; the ointment does not have to be removed before infant feeds.
<p>Engorgement:</p> <ul style="list-style-type: none"> • Nipples and areola full and not possible to flatten for infant to attach for feeding. • Breast skintight. • Breast full and firm to touch. 	<ul style="list-style-type: none"> • Breastfeeding frequently day and night. • Hold nipple flat between thumb and fingers to help infant attach correctly to the breast. • Avoid tight brassieres. • Avoid sleeping on stomach. • Use a variety of positions for holding the baby to change points of pressure on breasts. 	<ul style="list-style-type: none"> • Apply warm compress before start of breastfeeding. • Massage breasts before breastfeeding. • Gently manually express small amounts of breastmilk to soften the areola so that it can be flattened for infant to attach correctly. • Place thumb and fingers at the junction of the areola and breast; flatten areola to encourage infant to take the entire nipple and areola into the mouth. • Wear a supportive bra. • Take warm showers and manually express milk before or after breastfeeding. • Cold compresses and pain-relievers may help if swelling has extended up chest and under arms.

Signs, Symptoms/Conditions	Prevention	Counseling & Management
Obstructed Ducts/Mastitis: <ul style="list-style-type: none"> • Breast pain. • Generally not feeling well. • Redness in one area of the breast, swollen, hot to touch, hard with a red streak. • Fever (at times), flu-like symptoms. 	<ul style="list-style-type: none"> • Breastfeeding frequently day and night. • Hold nipple flat between thumb and fingers to help infant attach correctly to the breast. • Avoid tight bras. • Avoid sleeping on stomach. • Use a variety of positions for holding the baby to change points of pressure on breasts. 	<ul style="list-style-type: none"> • Seek medical care for antibiotic treatment (10-14 days). • Apply heat before the start of breastfeeding. • Massage the breasts before breastfeeding. • Continue feeding on both breasts starting on the unaffected side. • Breastfeed frequently. • Increase maternal fluid intake. • Apply cold compress or warm pack to breasts after feeds. • Encourage maternal bed rest. • Wear a supportive bra.

Care and Counseling of the Mother

Diet

- Encourage the mother to eat a well balanced diet including the following: eat protein and energy rich foods, vitamins, mineral and fluids; continue taking supplements (e.g. iron).
- Encourage the mother to drink fluids every time she breastfeeds.

Rest

- Encourage the mother to take rest and encourage other family members to help her with the household tasks including preparing food, cleaning the house, and caring for the other children. A well-rested mother is a better mother and spouse.

Personal Hygiene

- The mother can and should bathe herself daily after giving birth. Bathing is not harmful following childbirth. In fact, women who let many days pass without bathing may develop an infection of the skin or perineum.
- Recommended bathing practice is to use a shower, if available, or to pour water over the body. Wash breasts and perineum as part of the daily bath.
- Wash hands before and after going to the bathroom.
- Wash the genital area with mild soap and water after passing urine or stool. Wipe or cleanse vulva from front to back, anus last. Change perineal pads every time you go to the bathroom for passing urine or stool and at least four times per day.

Exercise

- Encourage the mother to exercise daily, beginning with performing some small household tasks, and then establish a daily routine that includes pelvic floor/Kegel exercises as described in Attachment 3 and abdominal exercises. Begin the practice of a daily walk after one week. Staying inside the house for 40 days after delivery is not necessary.

“Baby blues” or Early Postpartum Depression

- Be alert to any changes in the mother’s mood, such as sadness, unexplained crying, or lack of maternal feeling. Explain to the mother that these symptoms and feelings sometimes occur after delivery.
- Encourage the mother to seek support and to express her feelings to her family; however, if symptoms of depression continue, become more severe, or seem harmful to the mother, refer the mother for specialized care from the psychiatrist at a nearby hospital.

Sexuality

- It is advised to abstain from sexual intercourse for six weeks after delivery, to prevent infection and also to allow the perineum to heal. However, if the vaginal area has healed and bleeding (lochia) has stopped, there is no medical risk in having intercourse.

Smoking

- For health reasons for both the mother and newborn, the mother should not smoke at all (including the *arguila*, a traditional water pipe). If the mother did not stop smoking during pregnancy and continues smoking after delivery, advise her not to smoke near the time of breastfeeding.

Danger Signs

- Advise the mother to return to the health center if she has any of the following: heavy bleeding, fever or chills, abdominal pain or foul smelling lochia (vaginal discharge), pain, tenderness or heat in the leg(s).

Care of the Newborn

Breastfeeding

- Should be encouraged whenever possible (Refer to the “Breastfeeding” section above).

Care of the Cord

- Keep the cord clean and dry. Normally, it falls off within 7-14 days. Do not cover the cord or apply any medicine or ointment to the cord area. If a bad smell, pus, or signs of infection occur in the navel (cord) area, take the infant to the health center for care.

Sleeping Arrangements and Position

- The baby should sleep in a clean, safe, smoke-free and warm area and not far from the mother. The preferred position for the newborn/infant is on the baby’s right side. From time to time, turn the baby’s head from the right side to the left. When putting the baby to sleep, advise the mother **not** to place the infant on his or her abdomen.

Temperature Regulation

- Protect the baby from cold, and also from too much heat. Dress the baby as warmly as you feel like dressing yourself.

Cleanliness

- Take special care in relation to cleanliness of the infant.
- Keep the infant in a clean place away from smoke and dust.
- Change the diaper or bedding each time the infant wets or dirties the diaper.
- If the infant's skin becomes red or irritated, leave the diaper off to promote healing, change more frequently, and keep the irritated area clean and dry.
- Bathe the infant daily with mild soap and warm water. **Avoid getting the cord wet.**

Parent-Child Attachment and Stimulation

- Promote early. This includes cooing, talking, holding, touching, rocking, singing, and looking and smiling at the infant. Encourage family members to hold the infant close to their hearts when carrying the infant.

Growth and Development

- Monitor using the infant height and weight chart and milestones for development. For additional information, see Volume 5 of these *Standards of Care: Nursing Care*.

Colic

- If the baby cries for no apparent reason (colic), look for the possible cause and consult the health center nurse. Try gently massaging the infant's abdomen or and rocking the infant. Examine your eating habits to determine and avoid the possible cause of the infant's discomfort.

Immunizations

- Review with the mother the recommended immunization schedule, which can be found in Volume 4: Preventive Care.

Danger Signs

- Advise the mother to be aware and to take the infant to a health care provider at the health center if the newborn has any of these signs:
 - Poor feeding or sucking,
 - Sleeping all the time
 - Fever or hypothermia
 - No stool by third day
 - Blueness of the lips or skin
 - Jaundice
 - Persistent vomiting
 - Vomiting with a swollen abdomen
 - Difficulty establishing regular breathing
 - Eye discharge
 - Water or dark green stools with mucus or blood

Postnatal Contraception

Postnatal infertility usually lasts for approximately six weeks for the woman who does not breastfeed exclusively. Sometimes the infant's on-demand pattern of feeding may not support prevention of ovulation. For these reasons and to provide maternal recuperation before another pregnancy occurs, contraception should be offered during the postnatal period.

Table 2. Contraceptive Method Options

Breastfeeding Women	Non-Breastfeeding Women
Immediate (First Choice): <ul style="list-style-type: none"> • LAM • Condom • IUD • Tubal Ligation 	Immediate: <ul style="list-style-type: none"> • Postnatal sterilization (male or female) • Norplant insertion • IUD • Depo-Provera injection • Progestin-only pills • Condoms (male) • Abstinence
Beginning 6 weeks after Delivery (Second Choice): <ul style="list-style-type: none"> • Progestin-only pills • DMPA • Norplant • Spermicides • Fertility Awareness (when an identifiable pattern of fertility signs returns) 	Beginning 3 Weeks after Delivery (to reduce the risk of thromboembolism): <ul style="list-style-type: none"> • Combined oral contraceptive pills (COCs)
Beginning 6 weeks after Delivery (Third Choice): <ul style="list-style-type: none"> • Combined oral contraceptives 	Beginning 6 weeks after Delivery: <ul style="list-style-type: none"> • Spermicides (foam, cream, jellies) • Diaphragm, where available • Fertility Awareness Method /Cervical Mucus Method (CMM), once menstrual cycles have resumed.
Advise all women about ECP and provide, if requested.	

Process

- Before discharge (preferably introduced during antenatal visits), review the contraceptive options.
- Review client's history and labor/delivery course; screen for factors that would keep the woman from safely using her preferred method.
- If the client's preferred method can be provided immediately:
 - Give the contraceptives.

- Give a contraceptive supply for the number of weeks until the next follow-up visit.
- If the client's method of choice is best initiated four to six weeks after delivery, provide condoms with instructions.
- Give appoint for follow-up visit six weeks or when necessary, based on the client's needs.

Follow-up Visits

- Review postnatal course with client, review symptoms of infection; breastfeeding experience.
- Review postnatal course with chosen contraceptive.
 - If satisfied and no precautions exist, provide re-supply.
 - If not satisfied, counsel for contraceptive options and provide client's chosen method.
 - If practicing LAM, assess whether client still fits the criteria for its use:

LAM Criteria

A woman can use LAM if she answers "No" to ALL of these questions:

- Is your baby 6 months old or older?
- Has your menstrual period returned? (Bleeding in the first 8 weeks postnatally does not count.)
- Is your baby taking other foods or drink or allowing long periods of time (4 or more hours) without breastfeeding, either day or night?

If the woman answers "Yes" to **any one** of these questions, she **cannot** rely on LAM for prevention of pregnancy, but she can continue to breastfeed her baby while using a method of contraception that will not interfere with lactation.

- If Yes and client wants to continue using LAM, support client and provide condoms and spermicide for possible change in criteria **before** the next visit.
- If No, or client wants to change method, counsel on contraceptive options and provide client's chosen method.
- Give a follow-up visit based on when the client is due to return: six weeks, three months, or six months.
- Make necessary referrals if other reproductive health or other health needs are noted.

Referral Process

- Refer client to the physician, when indicated.
- Complete the referral form (by physician).
- Return feedback notes to the referral site or referring physician.

Follow-up

This is the responsibility of the clinic nurse. Standard schedule of visits during first six weeks following delivery are at one week and at six weeks postnatal.

Completion of Postnatal Client Records

Record and completely fill the client's record at the time when the client is seen.

Provide an appropriate, private place and conduct client interviews with respect for the client (client record may be completed by a trained midwife).

Attachment 1

Breast Examination Guidelines

1. General Approach
2. Appearance of Breasts
3. Feeling for Lymph Nodes
4. Feeling for Breast Lumps
5. Examination of Nipples
6. Self-Exam Guidance

1. General Approach

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This section is written as if you were examining a woman's breasts. To reassure the client, do the following:

- Provide good light.
- Explain the breast examination procedure to client and answer questions.
- Keep the exam private. Have people leave the room, if not needed. If you are a man, you may want to have a female nurse or nursing assistant in the room with you.
- Ask client to uncover her chest from waist up, so that you can see the whole area well. Give the woman a drape to cover herself.
- Wash hands and dry completely.

As you examine:

Purpose: to examine breasts visually for: symmetry, identify any dimpled areas, localized skin changes, or nipple abnormalities.

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- Explain to the client what you are doing. Teach the client and let her practice the self-exam.
- If there are abnormal findings, be sure to report to a referral doctor

2. Appearance of Breasts

- Compare one side of the body to the other.
- Look at the breasts, skin and nipples.
- Look carefully and ask the client to do the following:
 - Sit with arms at sides.
 - Raise arms over head.
 - Lean over, with arms stretched forward.
 - Tighten chest muscles by pushing palms of hands together.

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If breasts are large, lift them up to see all areas of skin.

Normal includes:

- Size and shape of breasts may not be exactly the same but are normal for the client.

- In adolescent girls, one breast may be enlarged more than the other or both breasts may appear equal size.

Abnormal includes:

- Change in shape of breast, skin change such as redness, thickening, scaliness, or skin in any spot looks pulled in (retraction, dimpling, puckering).
- Nipples discharge or bleeding.
- Nipple change, such as if one nipple sticks out more than the other (elevation), if nipple turns inwards or rash.

3. Feeling for Lymph Nodes

- Have client sit with arms at sides.
- Support the client's arms while you feel in each armpit area for lymph nodes:
 - Insert your hand as far into the armpit as you can.
 - Press your hand against the chest wall, feeling for lymph nodes.
- Continuing to feel for lymph nodes, slowly remove your hand from armpit.
- Note lymph nodes, size, mobility and presence of tenderness.

4. Feeling for Breast Lumps

There are a number of ways to do this exam. Compare the way you have been taught with the following way that is recommended:

- Have the client lie down on her back with arms behind her head.

If breasts are large, to make the breast lie flat, place a folded towel under the shoulder area on side you are examining, so that breast is tipped forward toward the center and flattened.

- Feel for lumps in each breast with you finger tips:

- Place the flat part of your fingertips on the skin.
- Press gently but firmly.
- Use the middle three fingers to move the skin over the tissue underneath. Use a circular motion.
- Pretend that the breast is like the face of a clock as you examine the outermost part of the breast.
- Begin feeling for lumps at the 12 o'clock position. Move to 1 o'clock, and move around the "clock," feeling for lumps. Include breast tissue near the armpit. It is normal to feel a ridge of firm tissue at the lower curve of each breast.
- When you get back to 12 o'clock, move in an inch toward the nipple. Examine around the edges of a smaller clock.
- Continue to feel for lumps in this way until you have examined every part of the breast, including the nipple area.

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- To do a complete exam of large breasts, feel for lumps with the woman in other position in the next drawing. Formatted: Bullets and Numbering

- If you feel a lump, carefully examine and report to your referral doctor. Document findings on referral form: Formatted: Bullets and Numbering

- Exact location: make a drawing with an "X" where the lump is. Formatted: Bullets and Numbering
- Size and shape: measure in mm. or cm.
- Is it tender to the touch? If so, check for other signs of inflammation or infection. Is it warm, red, swollen?
- What does it feel like? For example, is it soft, firm, hard?
- It is mobile or attached to something?

- Try to pick up or move skin over the lump:
 - Mobile Lump – skin moves over the lump or attached to skin (lump moves with the skin). Try to move or slide the lump over the tissue underneath it.
 - Fixed Lump does not slide over tissue that is underneath it, feels attached to some thing or lump does not slide over tissue that is underneath it.

If it is near the woman's period, plan to recheck the lump right after the period ends and report again to your referral doctor even if exam is normal.

5. Examination of Nipples

- If nipples are turned inward (inverted), try to manipulate them to turn back out:

- Gently press or pull on edge of nipple Formatted: Bullets and Numbering
- Abnormal includes if nipple recently turned inward on one side and you cannot get it to turn back out.

- Check each nipple for discharge or blood.

- Press around the edges of nipple (nipple line). Formatted: Bullets and Numbering
- Gently squeeze nipple between your thumb and pointer finger.
- Abnormal includes discharge or blood. If so, examine:
 - How much is there?
 - What does it look like (color, clear or cloudy, thick or thin)?
 - What does it smell like?

6. Self-Exam Guidance

- Encourage client to do a self-exam; have her demonstrate how she will examine her breasts. Correct or reinforce as necessary.
- Discuss findings of examination with client.

Attachment 2 Guidelines for Breast Self-Exam

BREAST SELF-EXAMINATION (BSE)

A woman should have a clinical breast exam by her health provider at least once a year and should do a breast self-exam (BSE) once a month. BSE may help a woman detect a change in her breast.

1. While taking a shower or bath, gently explore the breast and underarm areas with fingertips.



2. Raise arms in front of a mirror to check for changes in size, shape and contour of each breast. Gently squeeze both nipples and look for discharge.

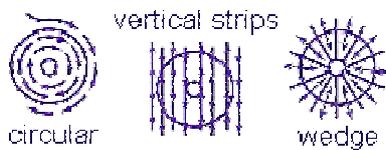


3. Lie with an arm tucked behind the head, and with the other hand, examine the opposite breast for lumps, thickening or other changes.



USE OF FINGER PADS

Press with top third of fingers. Use the same pattern to feel every part of the breasts.



Attachment 3 Kegel Exercises⁵

Strengthening the Pelvic Floor Muscles using Kegel Exercises

Strengthening the pelvic floor helps to prevent problems controlling urine flow (urinary incontinence) and prolapse of the uterus).

Advise the pregnant woman that she can do the exercises anywhere—in the car, on the phone, even as a wake-up exercise. A good way to locate your pelvic floor muscles is while sitting on the toilet to spread your legs apart and start and stop the flow of urine, or tighten your vagina around one or two inserted fingers.

To start, tighten the muscles, holding for two to four seconds, and relax for ten seconds. Repeat five times. Do this three times a day. Work up gradually until you can hold the contraction for eight seconds and ten repetitions. Then you can add three or four short, fast but strong twitches at the end of each long contraction. Also, you can think of your bladder and uterus as an elevator, that you are raising little by little to the top floor. When you reach the top, go down floor by floor, gradually relaxing the muscles.

Be sure you do not contract your abdominal or buttock muscles, or hold your breath, while doing the exercises.

⁵ *Our Bodies, Ourselves for the New Century* (1998). Boston Women's Health Book Collective, Simon & Schuster, New York, 274.

Postnatal Care Checklists

1. Early Care for Mothers (within 2 weeks of delivery)
2. Immediate Care for Mothers (6 weeks after delivery)
3. Infant Assessment (5-30 days after delivery)

Performance Checklist 1: Early Care for Mothers (within 2 weeks of delivery)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular activity was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	ACHIEVED?		COMMENTS
	YES	NO	
All Clients			
1. Greets the client (and family, if present) and introduces self.			
2. Explains the purpose and frequency of postnatal visits.			
3. Reviews client record for antenatal and intrapartum history.			
4. Asks client to describe her labor and birth; condition and sex of infant; did she have stitches.			
5. Asks client how she feels (physically, emotionally) and if she has any questions or problems.			
Physical Examination			
1. Washes hands and performs physical examination: <ul style="list-style-type: none"> • Temperature, pulse, respirations, blood pressure. • Breasts, for presence of colostrums. • Abdomen for level and consistency of uterus, presence of bladder distention. • Pads for amount of bleeding, presence of clots. • Vulva for condition of perineum, stitches intact. • Calves for tenderness. 			
2. Washes hands.			

Task	ACHIEVED?		COMMENTS
	YES	NO	
All Clients			
1. Discusses family planning needs and methods in anticipation of discharge.			
2. Teaches mother to: <ul style="list-style-type: none"> • Check her uterus to ensure that it is hard. • Change pads frequently, rinse vulva and wash from front to back each time she uses eliminates. • Drink plenty fluids and urinate frequently. • Practice exercises (e.g. Kegel/vaginal, abdominal) 			
3. Encourages mother to eat plenty of body building food (protein) and energy food (fats, grains).			
4. Observes the mother and infant breastfeeding; correct practices, as needed.			
5. Teaches mother how to handle common breastfeeding difficulties.			
6. Encourages mother to breastfeed frequently/on infant's demand.			
7. Reinforces LAM, if it is the mother's chosen method.			
8. Teaches mother postnatal danger signs : <ul style="list-style-type: none"> • Heavy bleeding, • Fever, • Abdominal pain or foul-smelling vaginal discharge, • Pain or tenderness, heat in legs. 			
9. Gives appointment for next follow-up visit.			
Recordkeeping			
1. Records findings in the client record.			

Performance Checklist 2: Follow-up Care for the Mother (6 weeks after delivery)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	ACHIEVED?		COMMENTS
	YES	NO	
All Clients			
1. Greets the client (and family, if present) and introduces self.			
2. Reviews client's record for antenatal, intrapartum, previous postnatal history.			
3. Asks client how she feels (physically, emotionally) and if she has any questions or problems.			
4. Asks mother how she is managing breastfeeding and/or LAM.			
5. Asks mother about appetite, rest, sleeping, level of activity.			
6. Asks mother about presence of postnatal danger signs .			
7. Asks mother if she has given any more thought to the FP method she would like to use, if not already using LAM or another method.			
8. If using LAM, asks mother if the 3 criteria are still present.			

Task	ACHIEVED?		COMMENTS
	YES	NO	
Physical Examination			
1. Washes hands and performs a physical examination: <ul style="list-style-type: none"> • Temperature, pulse, blood pressure • Breast – condition of nipples • Abdomen – uterus firm and barely/ not felt abdominally • Vulva – amount of lochia, clots; condition of perineum • Legs – pain, tenderness, heat in calves 			
2. At six-week visit, performs complete pelvic examination.			
3. Teaches mother exercises to strengthen the tone of abdominal and vaginal muscles.			
4. Performs or orders laboratory tests: <ul style="list-style-type: none"> • Hb/Hct • CBC, if indicated • Urinalysis 			
5. Washes hands.			
All Clients			
1. Provides client's chosen FP method consistent with breastfeeding status and absence of precautions.			
2. Gives FP method and/or back-up method with instructions.			
3. Encourages mother to have husband use condoms if she might be at risk for STIs.			
4. Shares findings with mother.			
5. Gives appointment for next visit.			
Recordkeeping			
1. Records findings in the client record.			

Performance Checklist 3: Infant Physical Assessment (5-30 days after delivery)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	ACHIEVED?		COMMENTS
	YES	NO	
All Clients			
1. Greets the client (and family, if present) and introduces self.			
2. Opens MCH health record for new baby.			
3. Washes hands.			
4. Asks mother how the infant is behaving – focuses on: <ul style="list-style-type: none"> • Breastfeeding – how often; how much does the infant wet; taking anything else with breastmilk • Sleep – how much during the day, during the night • Stool – color, how often 			
Physical Examination			
1. While keeping the infant warm and dry, look at the infant’s general appearance.			
2. Listens to infant cry (high, piercing cry can be a sign of illness).			
3. Checks infant's: <ul style="list-style-type: none"> • Heart rate (120-160) • Breathing (30-60/minute) • Temperature (36.5-37.2°C) 			
4. Weighs the infant (2.5-4.0 kg), shares findings with mother, records in record.			
5. Measures and records height and head circumferences.			

Task	ACHIEVED?		COMMENTS
	YES	NO	
6. Inspects the infant's body: <ul style="list-style-type: none"> • Head – size and condition of soft spots • Mouth – formation of lips and palate; check suck reflex • Spine – for swellings or depressions • Cord – off by 2 weeks after birth, no redness, no discharge or odor • Limbs – ability to move and number of fingers and toes • Sex organs • Hip Displacement • Reflex – presence of “startle” reflex 			
7. Observes infant breastfeeding, correct practices with mother as indicated.			
8. Explains findings to mother: <ul style="list-style-type: none"> • General appearance – active when awake • Breathing – easy • Temperature – skin warm to touch, 36.5-37.2°C • Weight – more than at birth • Head – no depressions or bulging of “soft spots” • Eyes – no discharge • Mouth – suck reflex intact. • Skin – not yellow, blue, or dry 			
All Clients			

Task	ACHIEVED?		COMMENTS
	YES	NO	
1. Teaches mother infant danger signs : bring infant to clinic immediately if any sign occurs: <ul style="list-style-type: none"> • Poor feeding or sucking • Sleeping all the time • Fever/hypothermia (cold) • No stool by third day • Blueness of lips or skin • Severe jaundice (yellow skin) • Persistent vomiting; vomiting with a swollen abdomen • Difficulty establishing regular breathing • Eye discharge • Watery or dark green stools with mucus or blood 			
2. Gives BCG immunization (infant) between 5-30 days at designated health center.			
3. Gives appointment for next follow-up visit.			
Recordkeeping			
1. Records findings in infant's record.			

BREAST SELF-EXAMINATION (BSE)

A woman should have a clinical breast exam by her health provider at least once a year and should do a breast self-exam (BSE) once a month. BSE may help a woman detect a change in her breast.

1. While taking a shower or bath, gently explore the breast and underarm areas with fingertips.



2. Raise arms in front of a mirror to check for changes in size, shape and contour of each breast. Gently squeeze both nipples and look for discharge.



3. Lie with an arm tucked behind the head, and with the other hand, examine the opposite breast for lumps, thickening or other changes.



USE OF FINGER PADS

Press with top third of fingers. Use the same pattern to feel every part of the breasts.

