



WHO guidelines on Postnatal care of mother and newborn

19 October 2015

Global Maternal and Newborn Conference

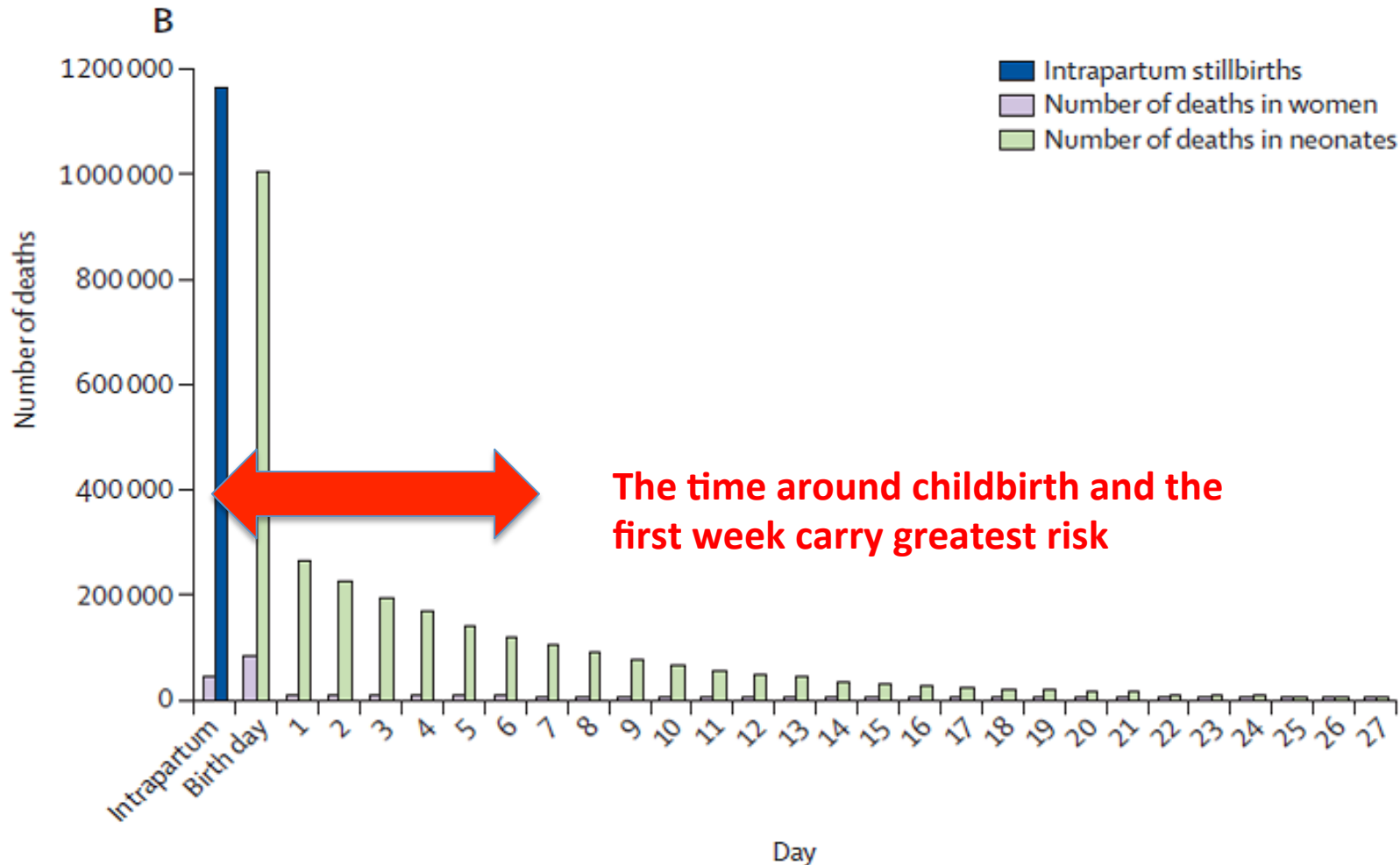
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When are mothers and newborns dying?



The time around childbirth and the first week carry greatest risk

Routine postnatal care: content

- Monitoring and assessment of maternal and neonatal well-being
- Support for good caregiving practices
 - Warmth, hygiene, early initiation and exclusive breastfeeding, responsive care and stimulation
- Prevention, detection and treatment of complications
 - Maternal: PPH, hypertension, infection
 - Neonatal: asphyxia, prematurity, sepsis
- Providing information and counselling
 - Nutrition, family planning, psychological support

WHO technical consultation

(September 2012)

Scope:

- Timing, place and number of postnatal care contacts
- Content of care at each contact
- "Uncomplicated vaginal birth", "normal baby"
- GRADE approach used for grading quality of evidence and strength of recommendations

Population of interest:

- Mothers and newborns in resource-limited settings in low- and middle-income countries

Critical outcomes:

- Maternal morbidity: haemorrhage, infection, anaemia, depression
- Neonatal mortality and morbidity
- Growth, cognitive development and breastfeeding status

Twelve recommendations

- Timing of discharge from a health facility
- Number and timing of postnatal contacts
- Home visits for postnatal care

- Assessment of the baby
- Exclusive breastfeeding
- Cord care
- Other postnatal care for the newborn
- Assessment of the mother
- Counselling
- Iron and folic acid supplementation
- Prophylactic antibiotics
- Psychological support

What is new in postnatal care recommendations?

- Timing of discharge from health facility after birth
- Number and timing of postnatal contacts
- Home visits for postnatal care
- Assessment of the baby
- Cord care
- Other postnatal care



Timing of discharge from health facility after birth

- **After an uncomplicated vaginal birth in a health facility,** healthy mothers and newborns should receive care in the facilities for at least 24 h after birth
 - For the newborn, this includes an immediate assessment at birth, a full clinical examination around 1 h after birth and before discharge
- **What has changed?**
 - Older recommendation was "not before 12 h"

Follow up care

■ **Number and timing of postnatal contacts**

- If birth is in a health facility, mothers and newborns should receive postnatal care for at least 24 h after birth
- **If birth is at home**, the first postnatal contact should be as early as possible within 24 h of birth
- **At least three additional postnatal contacts** are recommended for all mothers and newborns, on day 3 (48-72 h), between days 7-14 after birth, and 6 weeks after birth

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

- By midwives, other skilled providers or well-trained and supervised community health workers (CHWs)

Cord care

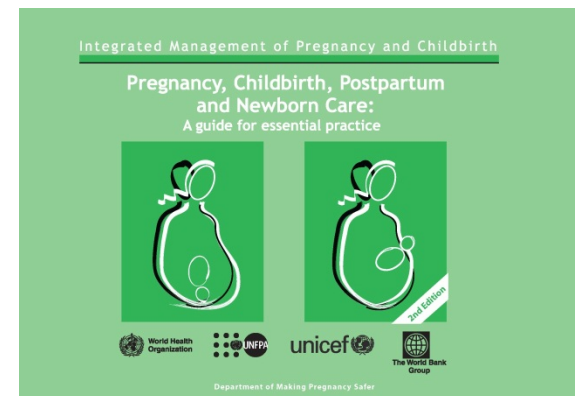
- Daily chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine) application to the umbilical cord stump during the first week of life is recommended for newborns who are **born at home** in settings with **high neonatal mortality** (≥ 30 neonatal deaths per 1000 live births).
- **Clean, dry cord care** is recommended for newborns born in health facilities, and at home in low neonatal mortality settings. Use of chlorhexidine in these situations may be considered only to replace application of a harmful traditional substance such as cow dung to the cord stump.

Other postnatal care

- Bathing should be delayed to after 24 hours of birth. If this is not possible at all due to cultural reasons, bathing should be delayed for at least 6 hours.
- During each postnatal visit, the newborn should be assessed for signs of illness and referred if any sign is present

Stopped feeding well, history of convulsions, fast breathing, severe chest in-drawing, no spontaneous movement, temp <35.5 C or > 37.5 C, any jaundice in first 24 hours of life

- *Content of postnatal care for the mother based on existing WHO guidelines*



Programme implications

- Review and adapt national policy, guidelines and training curricula
- Decide how to provide timely and quality postnatal care
- Facilitate a continuum between facility and home-based care
- Ensure adequate infrastructure to provide respectful care
- Implement the Baby-friendly Hospital Initiative
- Update advocacy and communication materials
- Monitor adherence to recommendations



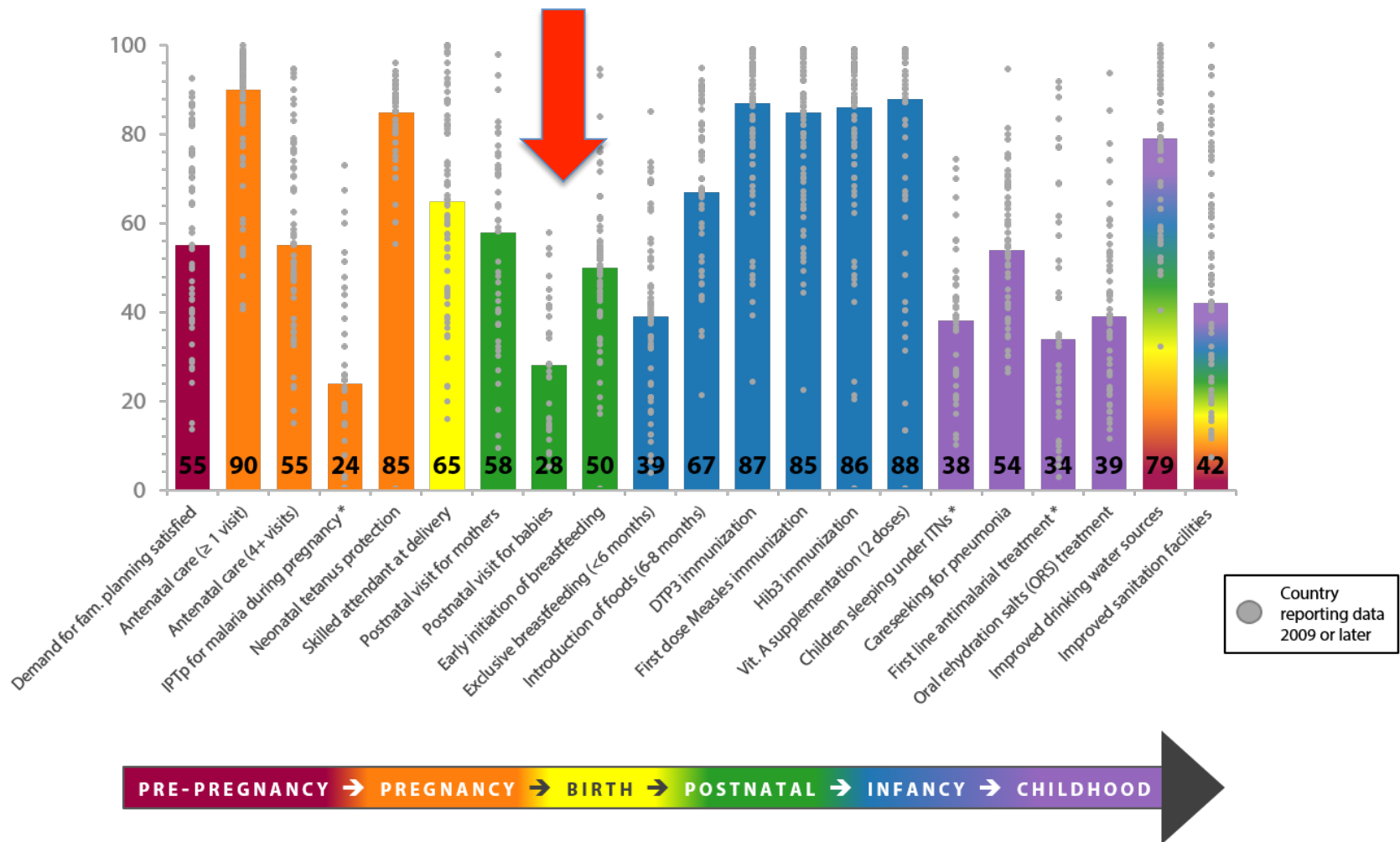
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Postnatal Care for Mothers and Newborns
Highlights from the World Health Organization 2013 Guidelines

INTERVENTION COVERAGE ALONG THE CONTINUUM OF CARE

Median national coverage (%) of select interventions in 75 Countdown countries, based on the most recent survey 2009 or later.



* Countries where at least 75% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to Plasmodium falciparum (n= 44) or where 50–74% of the population is at risk of malaria and where a substantial proportion (50% or more) of malaria cases is due to P. falciparum (n= 8)
 Source: Immunization rates, WHO and UNICEF; postnatal visit for mother, Saving Newborn Lives analysis of Demographic and Health Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation; all other indicators, UNICEF global database, July 2015, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys; does not include 2014-2015 Rwanda data.

Looking ahead

Research:

- Low quality evidence indicates need for further research
- Some areas for future research include:
 - Evaluation of effectiveness of the recommended package of postnatal care on improving maternal and newborn outcomes
 - Effectiveness and cost effectiveness of providing postnatal care at home versus in health facilities

Implementation:

- Translating national policy into action
 - In 2014, 59 out of 74 high burden countries reported to have adopted policy on home-based postnatal care in first week after childbirth – from 33 in 2012

Thank you



World Health
Organization