

Summary of recommendations from relevant guidelines on best practices for postnatal care: rapid policy brief

Plain Language Summary

The District Medical Officer (DMO), Malappuram, Kerala has identified some undesirable and/or harmful postnatal care (PNC) practices being encouraged by postnatal care attendants supporting women for 40 days post-delivery. The DMO, with support from an action group of obstetricians in the district, intends to design and develop training modules to address the harmful practices, particularly in relation to nutrition and breastfeeding. Therefore, it is imperative to first identify the best practices for postnatal care to provide an evidence base for the training modules.

This policy brief provides a focussed summary of recommendations from guidelines on best practices related to Post-Natal Care (PNC) in Low- and Middle-Income Countries (LMICs) to improve nutrition and breastfeeding outcomes. We reviewed several PNC guidelines from norm-setting institutions globally to provide a summary of the recommendations relevant to PNC.

The key topic areas identified and included in this policy brief include postnatal visits, breastfeeding, nutrition, and signs and symptoms of some of the maternal health complications. Overall, the recommendations from the guidelines state that breastfeeding counselling and support is an essential component of postnatal care. However, the support may prove to be more helpful if it is scheduled appropriately and includes ongoing visits with trained health professionals and other health workers (traditional birth attendants, peer counsellors, lay health workers). Further, counselling and support in different forms may be required in different geographical locations to meet the needs of the mothers.

What is a rapid policy brief?

A rapid policy brief is based on a rapid review which brings together global research evidence in a specific decision-making context.

Why this rapid policy brief was prepared?

This was prepared on request from the District Medical Officer (DMO), Malappuram, Kerala

Suggested citation

Moola S, Tyagi J, Shah P, Nambiar D, Bhaumik S. Summary of Recommendations from Relevant Guidelines on Best Practices for Postnatal Care: Rapid Policy Brief. Vishakhapatnam: The George Institute for Global Health, India, August 2020



Background

The postnatal or postpartum period is an important part of the reproductive and perinatal health continuum. Appropriate care during this period addresses any health concerns post-delivery as well as new-born care (e.g., breastfeeding, safe sleep). The national and international guidelines recommend that all mothers and newborns receive three Post-Natal Care (PNC) checkups within 42-day period post-delivery.(1-4)

In India, generally postnatal care does not involve scheduled home visits or automatic recalls. It is up to the mother to book two-, four- and six-week check-ups with the hospital. Many Indian mothers hire a *dai* or a postnatal care attendant. Strong cultural traditions and beliefs relating to nutrition and healthy eating exist in India, particularly in relation to what mothers should eat after giving birth.

In India, across cultures and regions, the postpartum period is traditionally a time where mother can recuperate after childbirth and for mother – new-born bonding. It also signifies the time where they also establish breastfeeding.(1) Breastfeeding is one of the foundations of child health, development and survival. It is especially important where diarrhoea, pneumonia and undernutrition are common causes of mortality in children under 5 years of age.(5) Overall, there is overwhelming evidence on the positive impact of breastfeeding on child survival, health and development, and maternal health.(5)

This policy brief provides a summary of the evidence-based recommendations from norm-setting institutions on best practices related to postnatal care. The brief was prepared to inform policy makers, health care professionals and workers, community and other relevant stakeholders to consider the available evidence to improve postnatal care.

Summary of the evidence

A comprehensive search was conducted in various health literature databases and in other sources including websites of relevant organisations. A review of guidelines on best practices related to PNC was conducted. The following is a summary of recommendations that reflect the best evidence available from the guidelines, predominantly from the World Health Organization (WHO); the National Institute for Health and Care Excellence (NICE); and the Ministry of Health and Family Welfare (MoHFW), Government of India. A more detailed and comprehensive summary of recommendations from relevant guidelines is provided in the associated supplement document. This document provides a complete review of the evidence, including



technical details such as the methodology used, and a detailed account of all the relevant best practices.

Key recommendations and policy options

Key summary of recommendations from related guidelines is summarised below.

Postnatal visits/contacts

- Healthy mothers and newborns should receive care in the facilities for at least 24 hours post-delivery, if delivered in a health facility.
- The first postnatal contact should be as soon as possible within 24 hours of birth, if birth is at home.
- Further, a minimum of three postnatal contacts are recommended for all mothers and newborns, on day 3 (48–72 hours), between days 7–14 after birth, and six weeks after birth.

Postnatal care and hygiene

- Mothers should be counselled on the importance of perineal hygiene. This includes washing perineum daily and after faecal excretion, changing of sanitary pads every 4 to 6 hours or more frequently if foul-smelling vaginal discharge, washing hands before and after changing, and daily bathing to keep their perineum clean.(3)
- Mothers should be advised to follow appropriate hygiene methods, including hand washing before and after handling the baby.

Breastfeeding

- Mothers should be encouraged to exclusively breastfeed for about the first six months of a baby's life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age.
- Breastfeeding should be continued for as long as mutually desired by mother and baby.
- To encourage breastfeeding, mothers should be advised of the indicators of good attachment, positioning and successful feeding. The NICE(2) and WHO(3) guidelines provide further guidance on indicators of good attachment and positioning.
- Breastfeeding progress should be assessed at each postnatal contact, and a mother's experience with breastfeeding should be discussed at each of these contacts.
- Mothers should be provided a supportive environment for breastfeeding, which includes appropriate support regardless of the location of care, and including spouse and other family members, if possible.
- Face-to-face counselling (lay and non-lay counsellors including mothers' groups, lay health workers) is recommended to provide support for mothers for exclusive



breastfeeding after birth (at each postnatal contact). Lactation consultants and other highly trained breastfeeding counsellors can provide appropriate training and supervision.

- Culturally appropriate information on the benefits of breastfeeding, the benefits of colostrum and the timing of the first breastfeed, within the first 24 hours after birth should be provided to the mothers.
- Appropriate information should be provided to mothers on preventing, identifying and treating some common breastfeeding problems (e.g. nipple pain, engorgement, mastitis, etc).

Nutrition

- Mothers should be counselled appropriately on nutritional aspects post-birth, and diet changes should be recommended, if needed. Mothers should be advised to eat a greater amount and variety of healthy foods, such as meat, fish, oils, nuts, seeds, cereals, beans, vegetables, cheese, milk.
- Mothers should be advised to increase their intake of food and fluid, and to take foods rich in calories, proteins, iron, vitamins and other micro-nutrients.
- Iron and folic acid supplementation is recommended for at least three months post childbirth.
- Vitamin A supplementation is not recommended for women in the postnatal period.

Family planning/Contraception and Immunisation

- Parents should be counselled on family planning, and the various contraceptive options available.
- Parents should be provided appropriate information on the benefits of immunisation.

Signs and symptoms of complications

- Mothers should be counselled to observe for possible danger signs that may require immediate attention. The signs may include excessive bleeding, fever, headache, chest pain, shortness of breath, and foul-smelling vaginal discharge.

Use of lay health workers in providing postnatal care

- Lay health workers should be used to promote exclusive breastfeeding, adequate nutrition and for providing iron and folate supplements during pregnancy.
- Appropriate training should be provided to lay health workers and their trainers and supervisors on various key aspects of postnatal care.
- Community-based lay and peer breastfeeding counsellors should be involved in breastfeeding counselling and promotion.



Recommendations for future research

Guidelines in future may consider a separate section to provide guidance for lay health workers and other untrained frontline health workers, particularly for those in LMICs.

References

1. Ministry of Health and Family Welfare (India). Home based newborn care: Operational guidelines. 2014.
2. National Institute for Health and Care Excellence. Postnatal care up to 8 weeks after birth. 2015.
3. World Health Organization. Pregnancy, childbirth, postpartum and newborn care: A guide for essential practice. 2015.
4. World Health Organization. WHO recommendations on maternal health. 2017.
5. World Health Organization. Guideline: Counselling of Women to Improve Breastfeeding Practices. Geneva. 2018.

Competing interests

The authors do not have any relevant competing interests.

Acknowledgements

This gratis rapid evidence synthesis was made possible due to the support from World Health Organization, Alliance for Health Policy and Systems Research. The funder did not have a role in drafting, revising or approving the content of the policy brief. The contents of the policy brief do not reflect the opinion/position of the funder. The authors would also like to acknowledge and thank Dr Sakeena K, District Medical Officer, Malappuram, Kerala.

Email for correspondence

res@georgeinstitute.org.in

Suggested citation

Moola S, Tyagi J, Shah P, Nambiar D, Bhaumik S. Summary of Recommendations from Relevant Guidelines on Best Practices for Postnatal Care: Rapid Policy Brief. Vishakhapatnam: The George Institute for Global Health, India, August 2020.

