FOGSI FOR ALL, ALWAYS

DHEERA

STOP VIOLENCE AGAINST WOMEN

FOGSI 2021-22

NAIPUNYA - SKILL FOR ALL

Course for Nurses & Paramedical Staff

17th November 2021 | 4:30 pm - 6:00 pm

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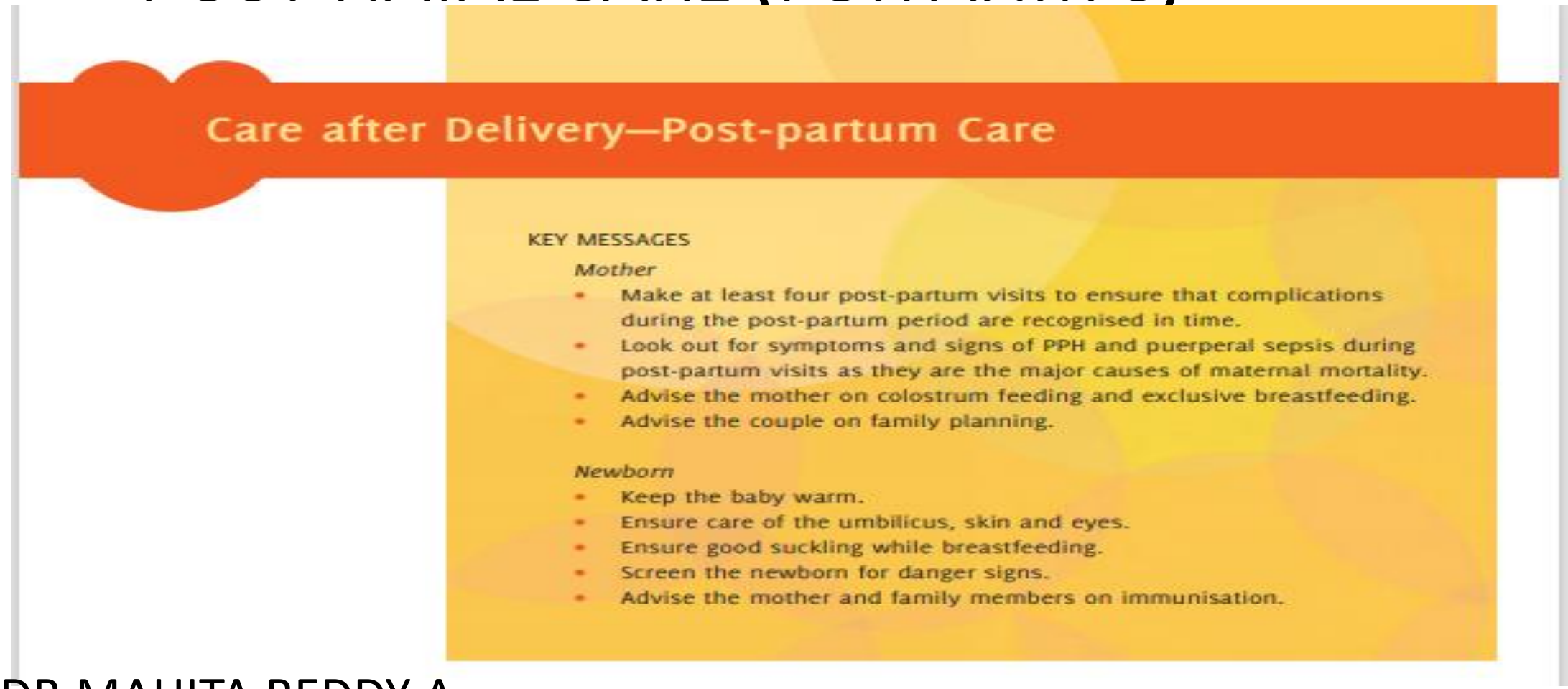
POST NATAL CARE (FOR ANM'S)



DR.MAHITA REDDY A

MD;DGO;FICOG

POST NATAL CARE

Date of delivery | | | | | | | Place of delivery _____ Type of Delivery N. [ ] Instr. [ ] CS [ ]

Term/Preterm _____ If at institution period of stay post delivery _____

Complications, if any (Specify) _____

Sex of baby [M] [F] *Weight of baby [ ] kg. [ ] [ ] [ ] gms

Cried immediately after birth [Y] [N]

Initiated exclusive breast feeding within 1 hour of birth [Y] [N]

* (Three extra visits if birth weight < 2.5kg)

POST PARTUM CARE

	1st Day	3rd Day	7th Day	6th Week
Any complaints				
Pallor				
Pulse rate				
Blood pressure				
Temperature				
Breasts Soft/engorged				
Nipples Cracked/normal				
Uterus Tenderness Present/absent				
Bleeding P/V Excessive/normal				
Lochia Healthy/foul smelling				
Episiotomy/Tear Healthy/infected				
Family planning Counselling				
Any other complications and referral				

PNEUMONIC-POSTNATAL CARE-BUBBLEHEAT

B - BREAST EXAM (NILPPLE RETRACTION/ ENGORGEMENT)
U - UTERUS(RETRACTED/INVOLUTING)
B - BLADDER FUNCTION (URINE OUTPUT)
B - BOWEL MOVEMENTS
L - LOCHIA (COLOUR AND FOUL SMELL)
E - ECLAMPSIA/EPISIOTOMY/
H - HAEMORRAHE,HTN,HOMANS SIGN (DVT)
E – EDEMA/EMOTIONAL SUPPORT
A - ANAEMIA
T – TEMPERTATURE

Global estimates of maternal and newborn mortality in the first seven days after the birth.

Deaths after delivery	**First 24 hours (%)**	**First seven days (%)**
Maternal mortality	45	65
Neonatal mortality	50	75

(GOI AND WHO GUIDELINES.)

Post-partum visits

Number and timing of post-partum visits by ANM/ASHA

Box 15: Post-partum visits

Visits	After home delivery/ delivery at SC	After delivery at PHC/FRU (woman discharged after 48 hours)
First visit	1st day (within 24 hours)	Not applicable
Second visit	3rd day after delivery	3rd day after delivery
Third visit*	7th day after delivery	7th day after delivery
Fourth visit	6 weeks after delivery	6 weeks after delivery

- There should be three additional visits in the case of babies with low birth weight, on days 14, 21 and 28 (as per the Integrated Management of Neonatal and Childhood Illness [IMNCI] guidelines).

First 24 hours after birth	
All postpartum women should have regular assessment of vaginal bleeding, uterine contraction, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth.	GDG consensus based on existing WHO guidelines 
Blood pressure should be measured shortly after birth. If normal, the second blood pressure measurement should be taken within six hours.	
Urine void should be documented within six hours.	

IMMEDIATE POSTPARTUM CARE

- Counsel the mother to breastfeed- including colostrum feeding- within an hour of the birth.
- Ask her to take warm fluids, eat well,plenty of water, take adequate rest, sleep and maintain hygiene .
- Maintaining perineal hygiene, taking a bath every day.
- Washing her hands before handling the baby.
- Encourage the woman to pass urine. If the woman has difficulty in passing urine, or the bladder is full (as evidenced by a swelling over the lower abdomen just above the symphysis pubis) and she is uncomfortable, help her pass urine by gently pouring warm water over her vulva.

- Ask the birth companion to stay with the mother and not leave her and the newborn alone.

- Ask the companion to call for help if any of the following conditions occur:
- Dizziness
- Excessive bleeding per vaginum
- Severe headache
- Visual disturbance
- Epigastric pain
- Convulsions
- Increased pain in the perineum
- Urinary incontinence or inability to pass urine.

Evaluating the postnatal mother

In the first six hours, evaluate the mother for the danger signs described below:

•*Inadequate uterine contraction*: A poorly contracted uterus is a danger sign; consider referral if (after six hours) the uterus is bigger than the normal size at 20 weeks of gestation, and it cannot be felt easily because it is soft in consistency.

•*Fresh vaginal bleeding:* Some bloody discharge (called *lochia*) is normal in the immediate postnatal period, but there shouldn't be active bleeding visible with fresh bright-red blood.

•*Vital signs unstable or indicating shock:* Blood pressure and pulse rate should be normal before you leave the mother. If her blood pressure is dropping and her pulse rate is rising, the woman may be going into shock due to internal bleeding. If the uterus remains enlarged after the birth, and the vital signs indicate shock, it may be due to blood accumulating in the uterus.

❖ Refer the mother urgently if you see any danger signs, take the baby too.

Display the chart in your centres

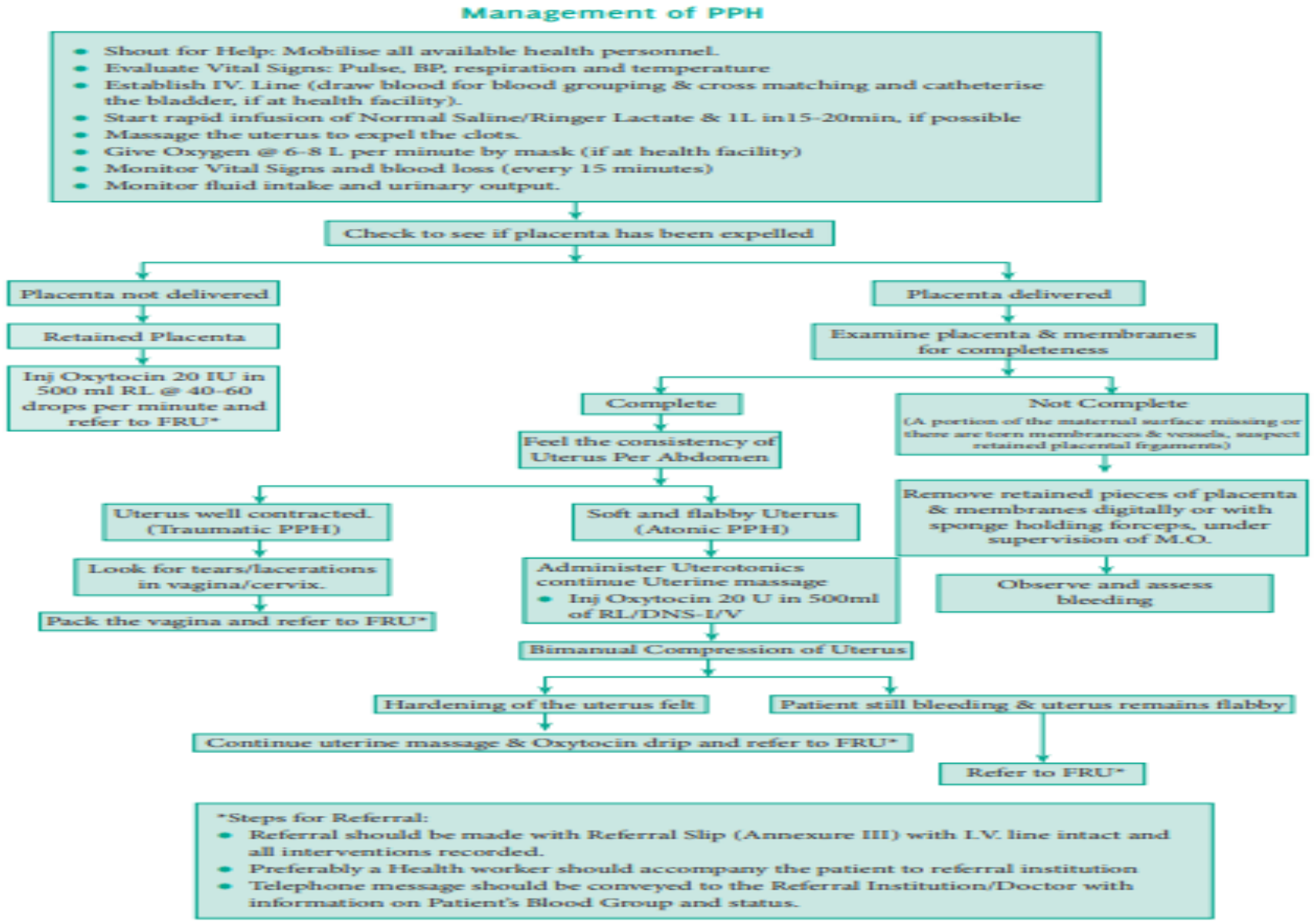


Figure 18: Hand washing

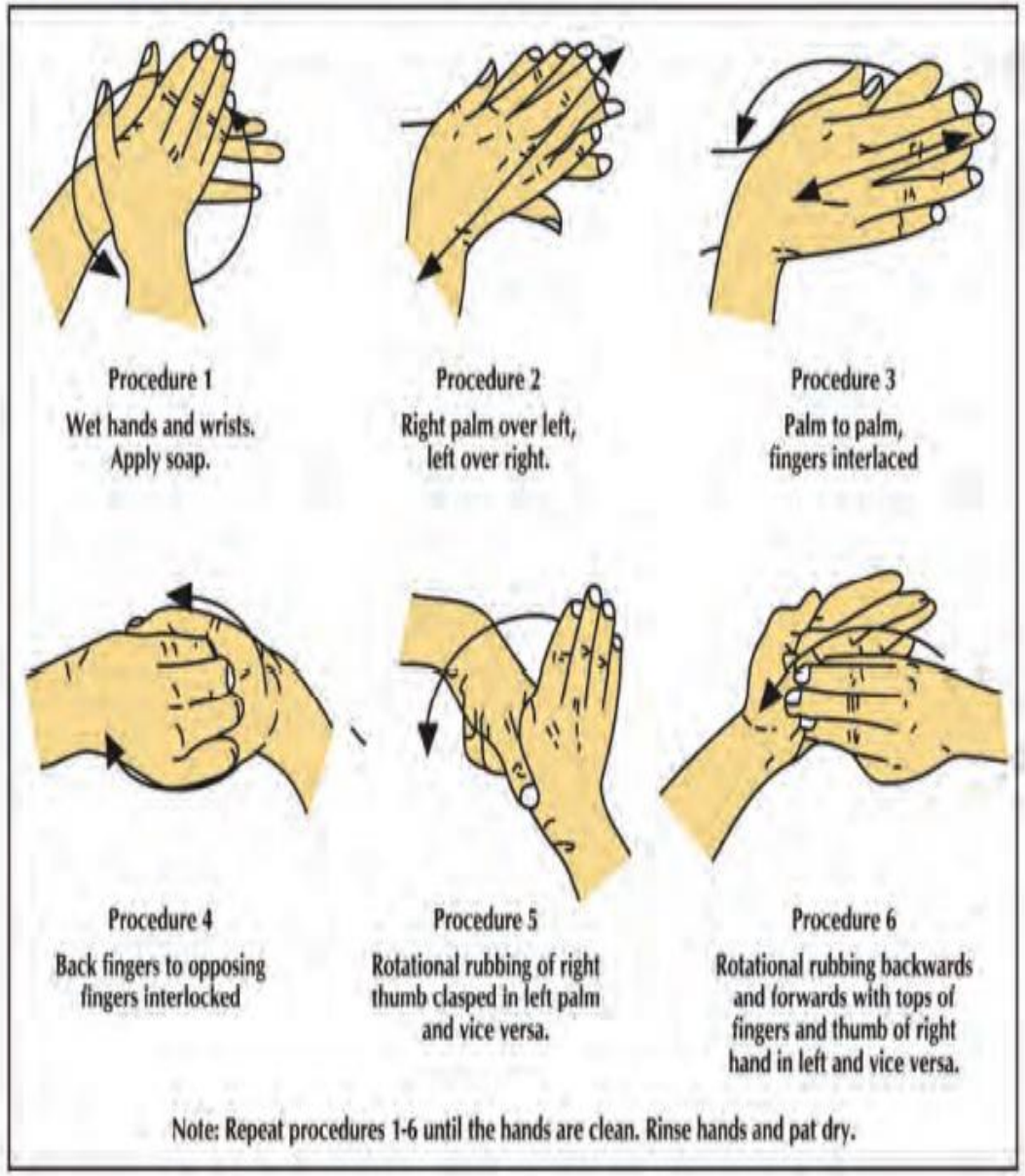
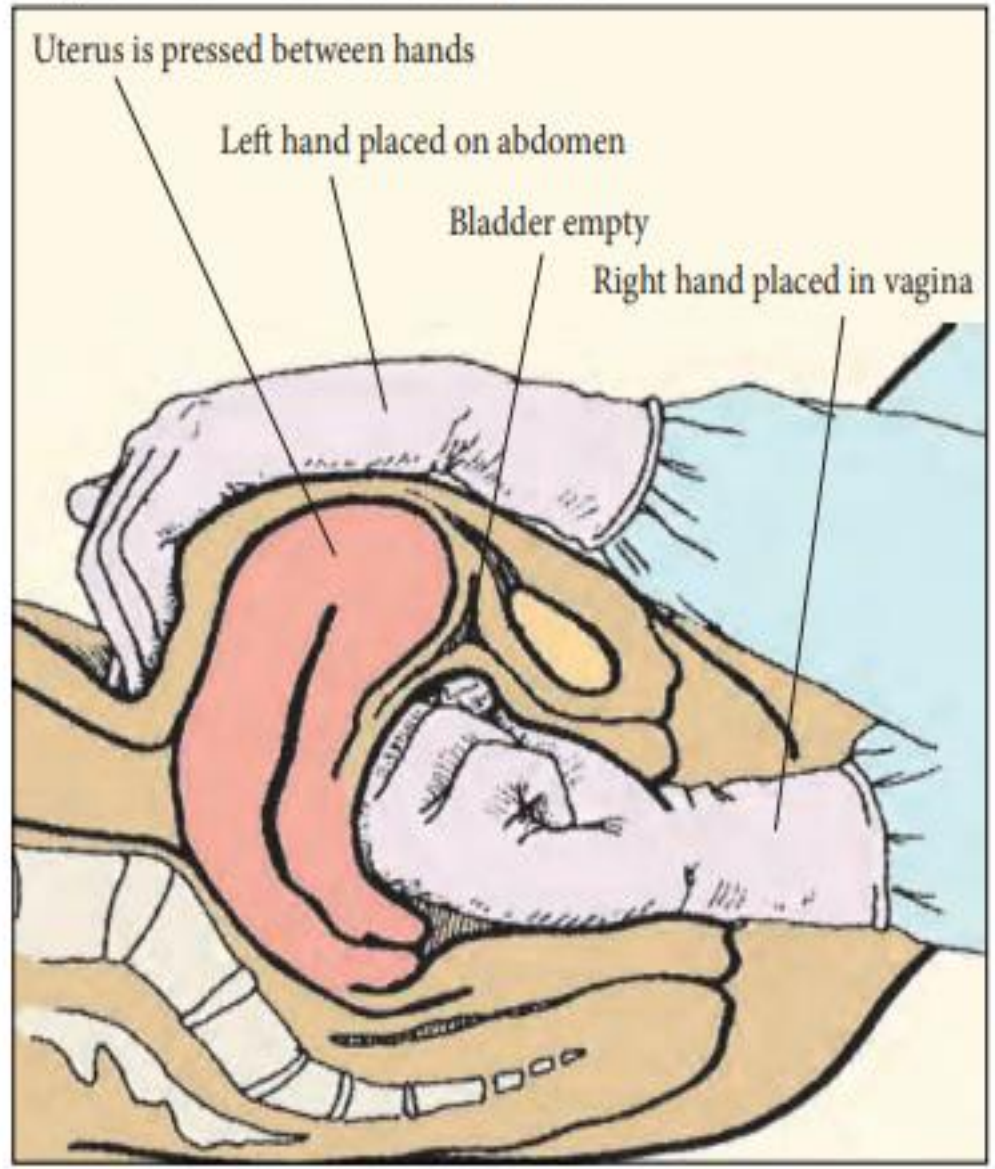


Figure 17: Bimanual Compression



Beyond 24 hours after birth-WHO	
At each subsequent postnatal contact, enquiries should continue to be made about general well-being and assessments made regarding the following : micturition and urinary incontinence, bowel function, healing of any perineal wound, headache, fatigue, back pain, perineal pain and perineal hygiene, breast pain, uterine tenderness and lochia.	
Breastfeeding progress should be assessed at each postnatal contact.	
women should be asked about their emotional well-being, what family and social support they have and their usual coping strategies for dealing with day-to-day matters.	
Women should be observed for any risks, signs and symptoms of domestic abuse.	
Asked about resumption of sexual intercourse and possible dyspareunia as part of an assessment of overall well-being two to six weeks after birth.	
If there are any issues of concern at any postnatal contact, the woman should be managed and/or referred according to other specific WHO guidelines	

RECOMMENDATION 9: Counselling	
•All women should be given information about the physiological process of recovery after birth, and that some health problems are common, with advice to report 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, 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, convulsions (*in the first few days after birth*). •*Signs and symptoms of infection:* fever, shivering, abdominal pain and/or offensive vaginal loss. •*Signs and symptoms of thromboembolism:* unilateral calf pain, redness or swelling of calves, shortness of breath or chest pain.	GDG consensus based on existing WHO guidelines
Women should be counselled on nutrition.	
Women should be counselled on hygiene, especially handwashing.	
Women should be counselled on birth spacing and family planning.	
Women should be counselled on safer sex including use of condoms.	
In malaria endemic areas, mothers and babies should sleep under insecticide-impregnated bed nets.	
All women should be encouraged to mobilize as soon as appropriate following the birth. They should be encouraged to take gentle exercise and make time to rest during the postnatal period.	

- Follow-up after immediate postnatal care
- During the first postnatal visit-

  Counsel the mother and her husband/partner-

  - Family planning,
  - Immunization,
  - Breast feeding.

- Make an appointment for her to come to your Health Post or visit her at home after three days, six days and six weeks if everything is progressing normally.
- Make an additional appointment to visit her at home after two days if there are any complications which have not resulted in referral, or if the baby was pre-term, low birth weight or suffers from low body temperature.

Table 1: Methods of post-partum contraception

Contraceptive method	COC	DMPA	ECP	IUCD	FS	NSV (For husband)
Breastfeeding (fully or nearly fully or partial)						
<6 weeks post-partum	No	No (unless other more suitable options are not available)	Yes	**Post- placental insertion** within 10 minutes of delivery, only by trained provider **Immediate post-partum** <48 hours of childbirth by trained provider **Post-partum** >6 weeks post-partum	**Immediate post-partum sterilisation** after 24 hours to 7 days of childbirth **or** > 6 weeks post-partum	Any time
≥6 Weeks to <6 months post-partum	No	Yes	Yes			
≥6 Months post-partum	Yes (linked with return of menstrual cycles)	Yes	Yes			
Not breastfeeding						
<21 days	No	Yes	Yes	<48 hours after childbirth or >6 weeks post-partum	After 24 hours to 7 days of after childbirth **or** >6 weeks post-partum	Any time
>21 days	Yes	Yes	Yes			

COC: combined oral contraceptive, DMPA: depot medroxyprogesterone acetate, ECP: emergency contraception pill, IUCD: intrauterine contraceptive device, FS: female sterilisation, NSV: no-scalpel vasectomy

- IRON AND CALCIUM FOR 6MONTHS.

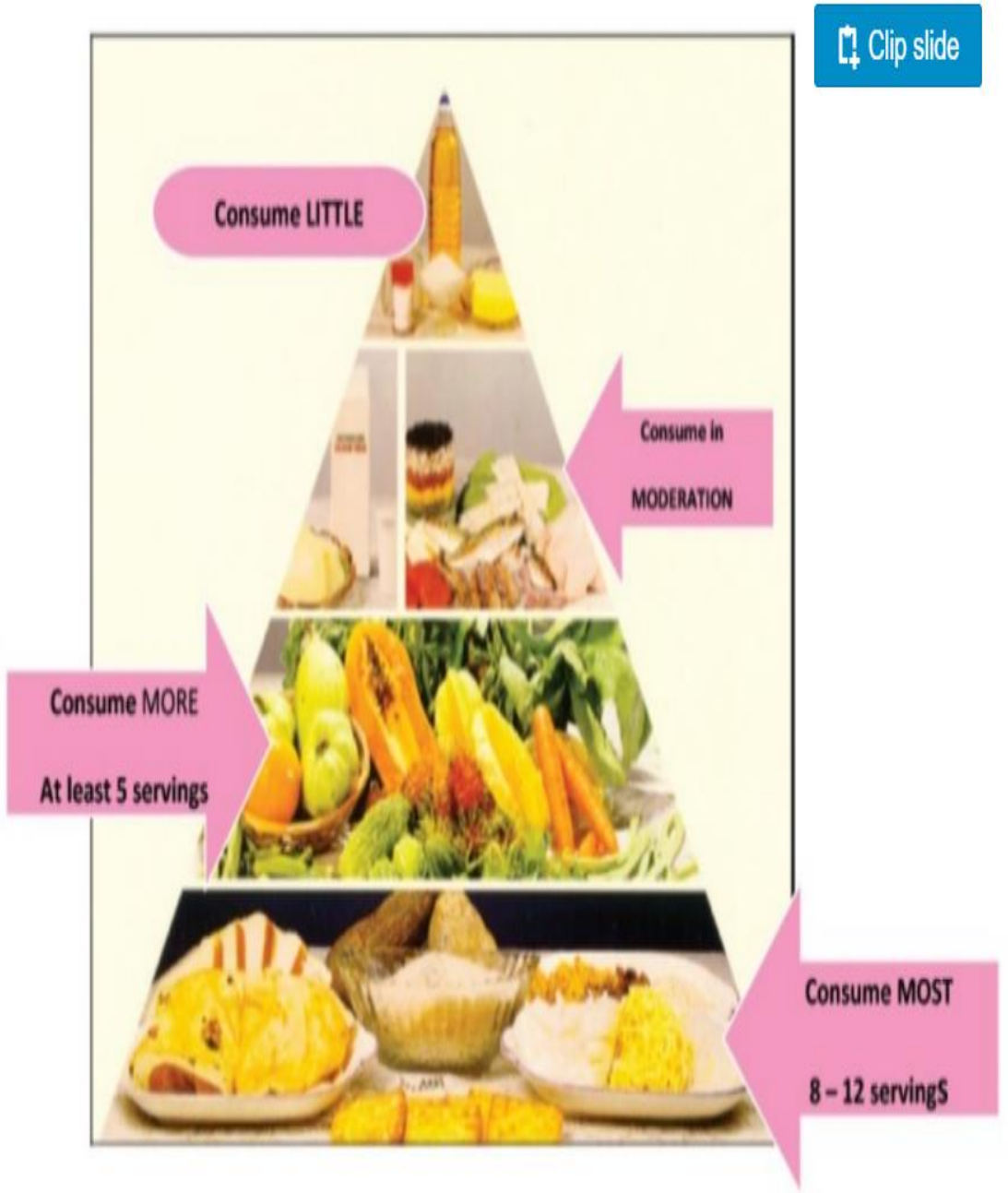
- The use of antibiotics among women with a vaginal delivery and a third or fourth degree perineal tear is recommended for prevention of wound complications.

❖ DIET

- EXPLAIN THE IMPORTANCE OF HEALTHY DIET.

- She should increase her intake of food and fl uids.
- Advise her to refrain from observing taboos that exist in the community against nutritionally healthy foods (e.g. the taboo against eating solid food for six days).
- Talk to the woman's family members, such as her husband and mother-in-law, to encourage them to ensure that she eats enough and avoids heavy physical work.

- ATLEAST 2-3 L OF WATER



Puerperal sepsis is infection of the genital tract at any time between the onset of rupture of membranes or labour and till 42 days aft er delivery or abortion.

Any two or more of the following signs and symptoms ;

- Fever (temperature >38°C or > 100.5°F)
- Lower abdominal pain and tenderness
- Abnormal and foul-smelling lochia/blood stained
- Burning micturition
- Uterus not well contracted
- Vaginal bleeding .

Key messages on breastfeeding –

Initiate breastfeeding especially colostrum feeding within an hour of birth.

•

Do not give any pre-lacteal feeds.

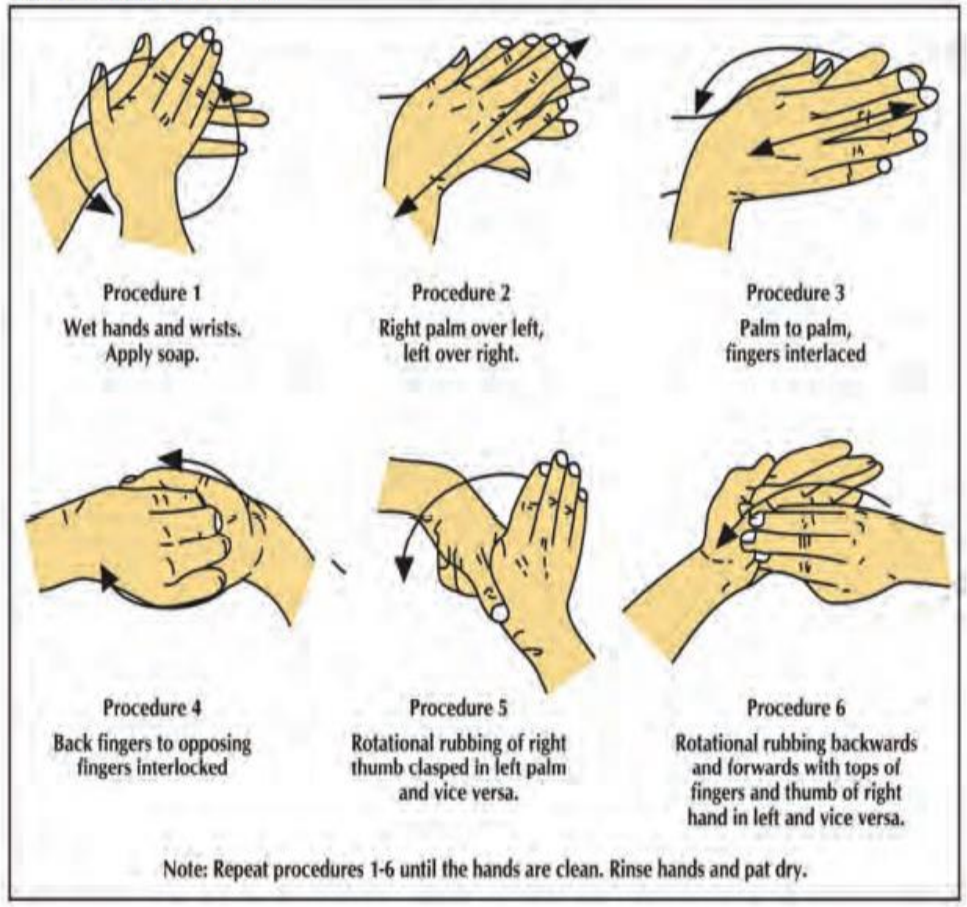
Ensure good attachment of the baby to the breast.

Exclusively breastfeed the baby for six months.

Breastfeed the baby whenever he/she demands milk.

Follow the practice rooming in.

Figure 18: Hand washing



Box 16: Signs of good attachment of the baby to the mother's breast

The four signs of good attachment are:

1. Chin touching breast (or very close)
2. Mouth wide open
3. Lower lip turned outward
4. More areola visible above than below the mouth

Figure 15: A baby well attached to the mother's breast

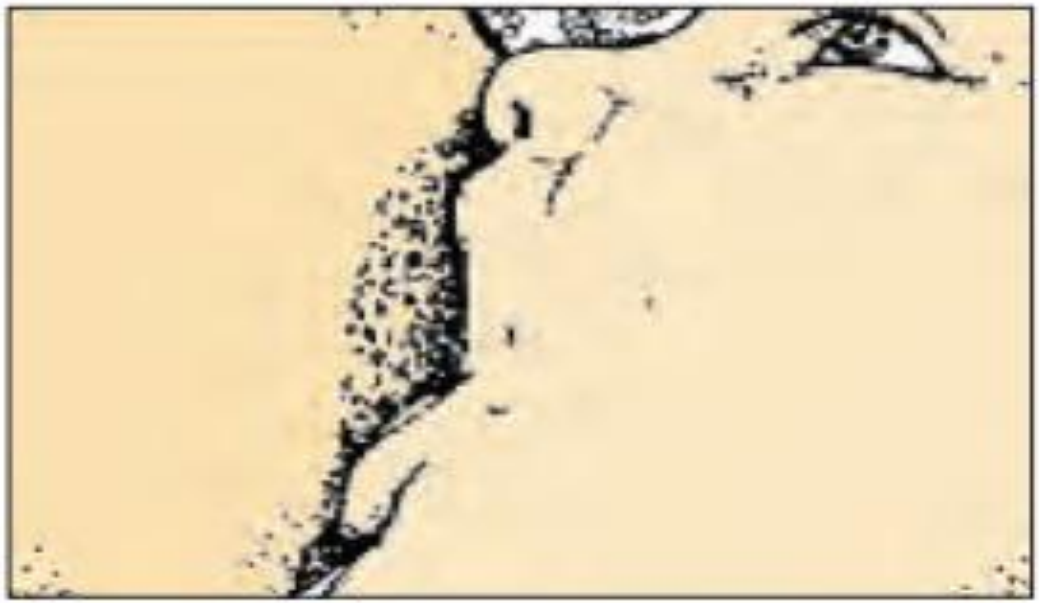
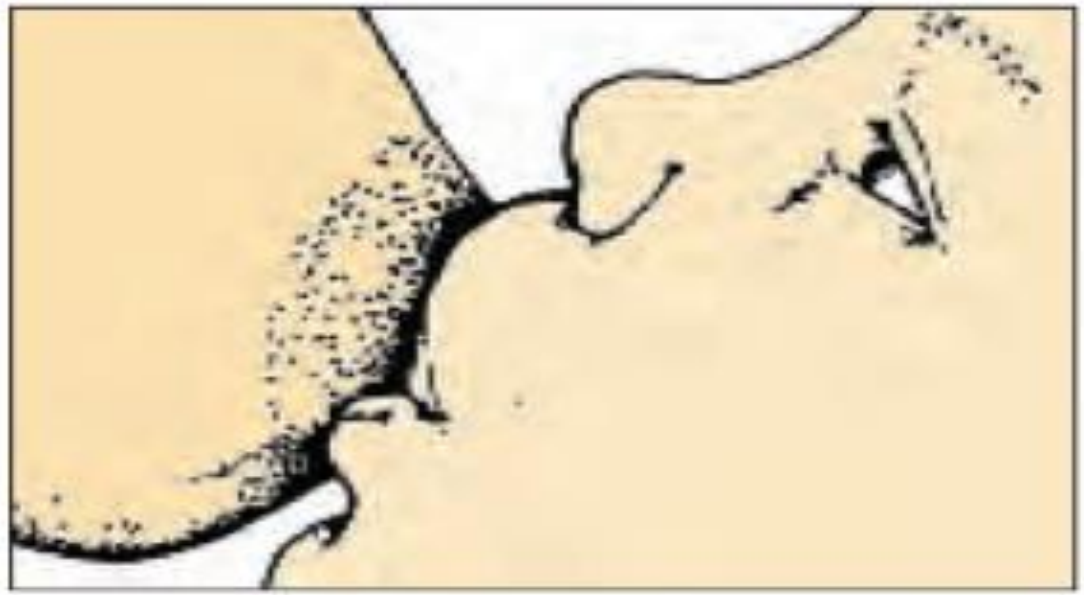


Figure 16: A baby poorly attached to the mother's breast



SIGNS OF HUNGER

1.Begins to stir.

2. Brings hand(s) to mouth.

3. Shows increasing efforts to root.

4. Increasing activity, arms and legs flexed, hands in fists.

5. If not picked up, progresses to frantic movements, whimpering.

6. Cries (a late sign of hunger).

Breastfeeding

Good Position

- Neck is straight
- Body is close to mothers body
- Body turned towards mothers
- Whole body supported
- Eye contact between mother and baby

Fig. 9

Breastfeeding

Good Attachment

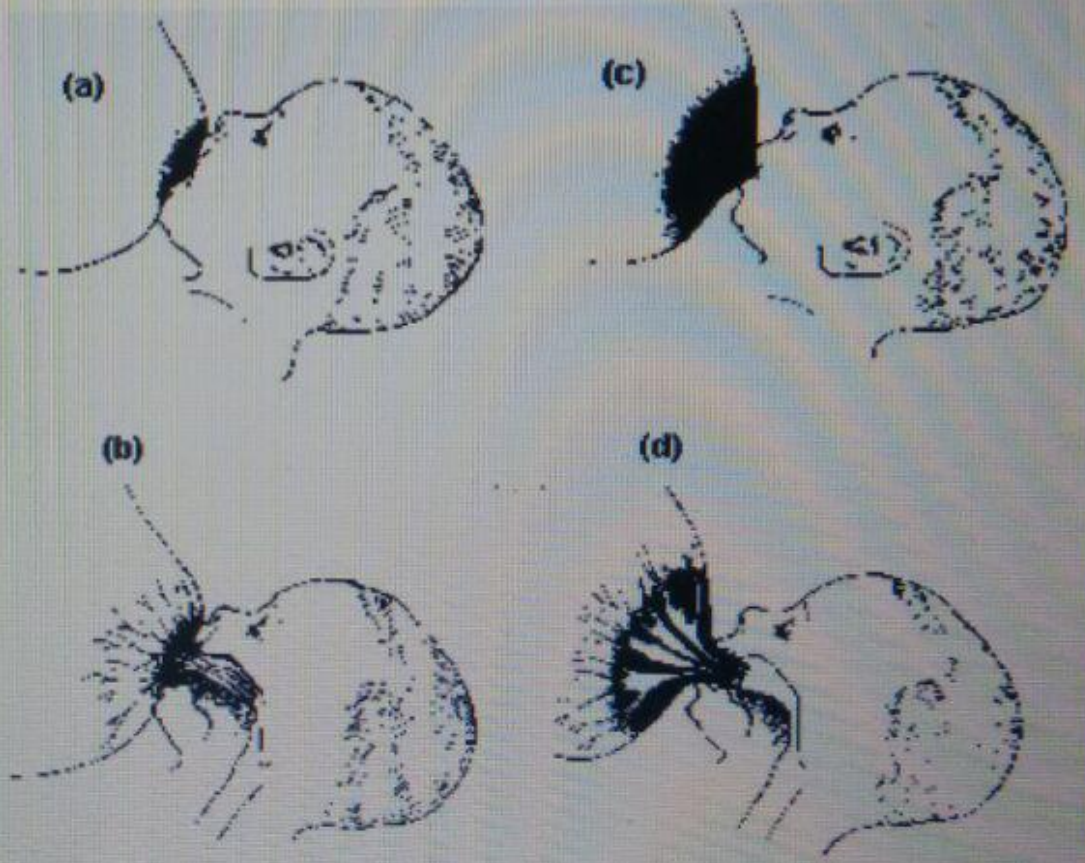
Chin touching the breast

Wide open mouth

More areola visible above than below

Low lip turned outward

No Pain

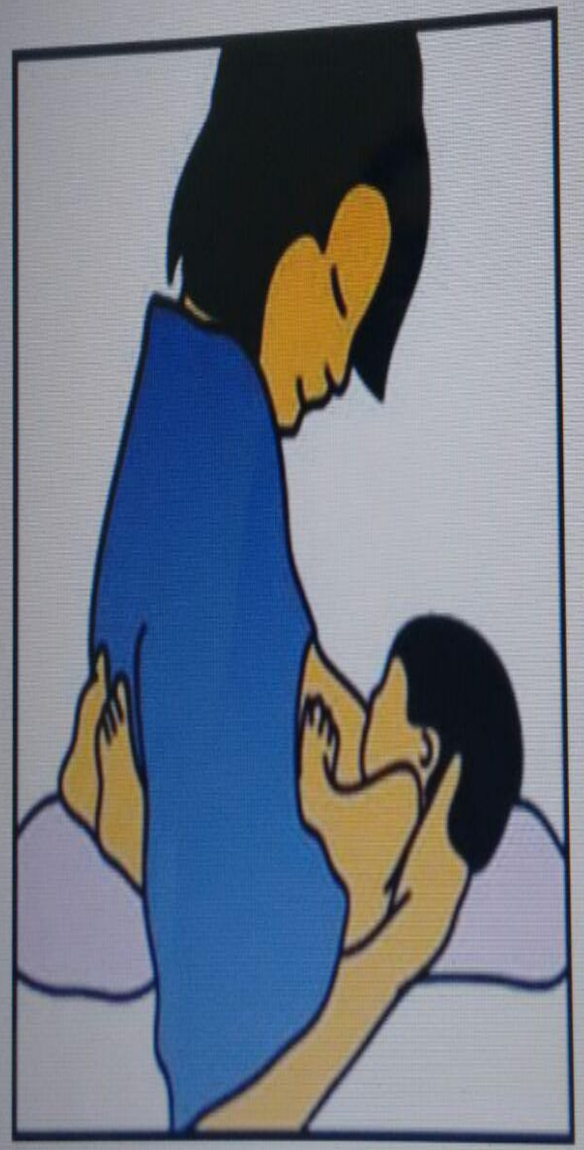


Breastfeeding Positions

Cradle Hold

Cross Cradle Hold

Football Position



Modified
football hold

TABLE 8-9 Additional Factors, Possible Causes, and Potential Treatments Associated With Delayed or Inhibited Lactogenesis II in Preterm Mothers

Factor	Cause	Treatment
Poor breast development	Shortened gestation	Increase frequency of pumping
Stress, fatigue	Inhibition of milk ejection	Stress management and relaxation techniques
Maternal-infant separation	Inadequate stimulation for milk ejection leading to ineffective pumping	Pump near baby and practice kangaroo care
Inadequate frequency of pumping	Autocrine inhibition due to milk stasis	Increase frequency of pumping, double pumping

Figure 14: Expressing breast milk

Massaging the breast

Express breast milk by pressing thumb and other fingers in towards the body

Figure 9: How to provide KMC

Provide privacy to the mother.

- Request the mother to sit or recline comfortably.
- Undress the baby gently. However, keep the cap, nappy and socks on.
- Place the baby prone on the mother's chest in an upright and extended posture, between her breasts, in skin-to-skin contact. Turn the baby's head to one side to keep the airway clear.
- Cover the baby with the mother's blouse, 'pallu' or gown. Wrap both baby and mother with a blanket or shawl.
- Ask the mother to breastfeed the baby frequently.
- If possible, warm the room with a heating device.
- If the mother is not available, skin-to-skin contact may be provided by the father or any other adult.

When skin-to-skin contact is not possible:

- Keep the room warm with a home heating device.
- Clothe the baby in 1–2 layers (summer).
- Clothe the baby in 3–4 layers (winter) and cover the head, hands and feet with a cap, gloves and socks, respectively.
- Let the baby and mother lie together on soft, thick bedding.
- Cover the baby and the mother with an additional quilt, blanket or shawl in cold weather.

WHO Recommendations: (similar to CDC, AAP, UNICEF's, etc.)

Women with COVID-19 can breastfeed if they wish to do so. They should:

Practice respiratory hygiene and wear a mask

Wash hands before and after touching the baby

Routinely clean and disinfect surfaces

World Health Organization

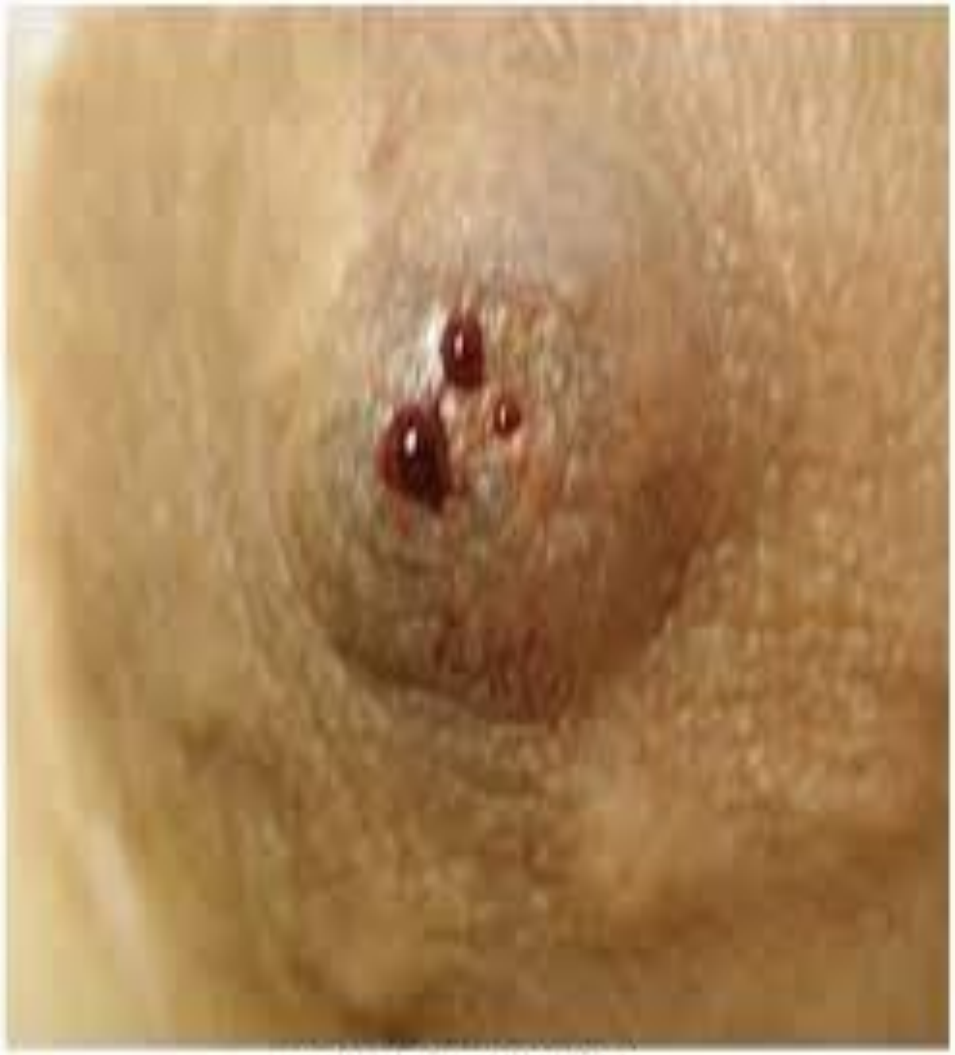
#COVID19 #CORONAVIRUS

Close contact and early, exclusive breastfeeding helps a baby to thrive.

A woman with COVID-19 should be supported to breastfeed safely, hold her newborn skin-to-skin, and share a room with her baby.

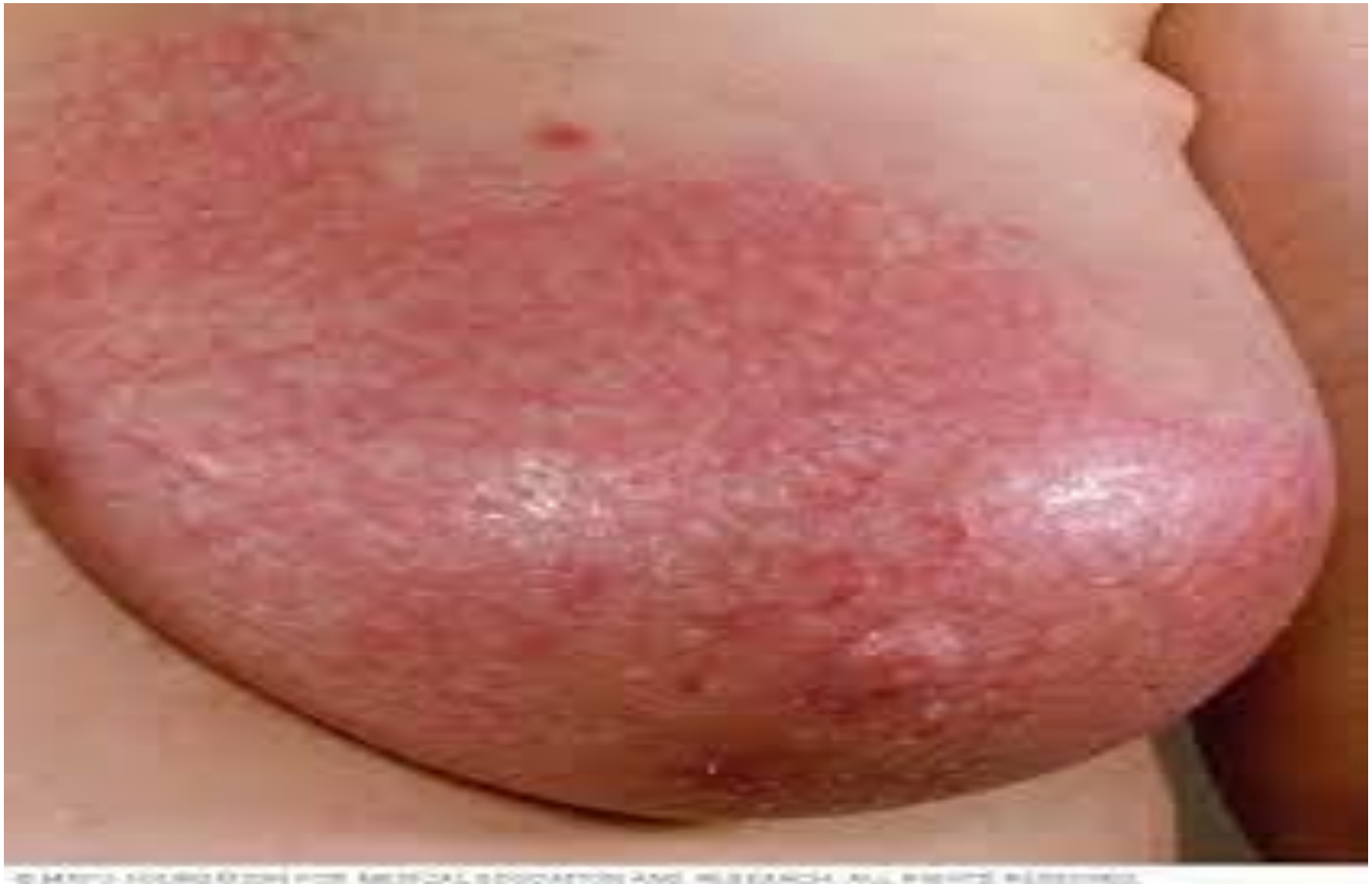
World Health Organization

#COVID19 #CORONAVIRUS



Multi-duct Discharge:

Mastitis



Preparing for discharge (Annexure VII)

The following should be kept in mind before the baby is discharged. The box below also lists certain danger signs which require the baby or mother to return for care immediately.

Box 14: Discharge of the mother and the baby

Baby	Mother
Ensure that the baby is warm, breathing normally, and accepting and retaining breast milk, and that the cord is clean. The baby should receive: • BCG • OPV – 0 • Hepatitis B – 0 vaccinations preferably before discharge from the health facility. A record of these vaccinations should be entered in the baby's card	Ensure that the uterus is hard and is not bleeding Counsel the mother about: • Diet and rest • Exclusive breastfeeding • Need to take iron tablets • Family planning • Hygiene to prevent infection of mother and her baby • Avoiding sexual intercourse till perineal wound heals • When to return for follow-up • Complete immunisation of baby
Danger signs—return immediately: • If baby is breastfeeding poorly • If baby develops fever or feels cold to the touch • Breathes fast • Has difficulty in breathing • Has blood in the stool • If the palms and soles are yellow • Has convulsions	**Danger signs—return immediately** • Increase in vaginal bleeding • Convulsions • Fast or difficult breathing • If mother has fever and is too weak to get out of bed • Severe abdominal pain • Swollen, red or tender breasts • Dribbling of urine or inability to pass urine • Pain in the perineum or draining pus • Foul smelling lochia

THANK YOU.