Ethiopian TVET-System

Health Extension Service

Level III

Based on Jan.2018G.C Occupational Standard

Module Title:	**Promoting and Providing Post-Natal Care**
TTLM Code:	**HLT HES3 TTLM 1019v1**

This module includes the following Learning Guides

LG44: Promote postnatal services for new born and mother

LG45:Organize and make follow-up of maternal health programs

Instruction Sheet	LG44: Promote postnatal services for new born and mother

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics –

- Introduction to postnatal care
- Information and support for self-care and wellbeing
- Providing Advice on routine care of the newborn to mothers
- Providing Advice to establish and support exclusive breast-feeding
- Nutrition, exercise, rest, sleep and family care in the immediate postnatal period
- Post-natal problems related to mothers and newborn
- Information on contraceptive options ,immunization practices and personal hygiene

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, **you will be able to –**

- Make and record Observation for mother and infant in line with standard protocols and organizational guidelines
- Provide Information and support for self-care and wellbeing during post-natal period
- Provide Advice on routine care of the newborn to mothers.
- Give Advice to establish and support on exclusive breast-feeding
- Discuss the importance of nutrition, exercise, rest, sleep and family care with the mothers in the immediate postnatal period.
- Identify and provide Post-natal problems related to mothers and newborn and give appropriate advice and care in preparation for possible referral in case required
- Provide Information on contraceptive options, immunization practices and personal hygiene etc

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.

3. Read the information written in the information “Sheet 1, Sheet 2, Sheet 3 and Sheet 4,---” Sheet 5, Sheet 6and Sheet 7 **in page 1, 15, 18 20, 29, -34 and 50** respectively.
4. Accomplish the “Self-check 1, Self-check t 2, Self-check 3 Self-check 4, Self-check 5, Self-check 6 and Self-check 7” **in page 14, 17, 19, 28, 33, 49, and 52** respectively
5. If you earned a satisfactory evaluation from the “Self-check” proceed to “Operation Sheet 1, Operation Sheet 2 and Operation Sheet 3 ” **in page 53, 54, and 55 respectively.**
6. Do the “LAP test” **in page 56 and 57**

Information Sheet-1	Introduction to Post Natal Care

1.1. Postnatal Care

Postnatal care is the care given to the mother and the new born baby immediately after birth and until the six weeks period of time. Promoting and community mobilizing on primary need of postnatal care is one of your critical tasks in the future.

Postpartum care is the attention given to the general social, mental, and physical welfare of the mother and infant during the postpartum period. The care should respond to the special and immediate needs of the mother and her baby during their health post stay (if given birth at health post) and follow up during home visit. The majority of the maternal deaths and morbidities occur during the postpartum period; in this case, you have to offer the mother the necessary general care, information and counseling.

1.2. Components of postpartum care: -

The general care that should be given during the postnatal period is divided in to three main components. The care given in each component is different, so you have to understand what to do in each component.

The components are: -

1 Early detection and management of complications
2. Promoting health and preventing disease
3. Providing woman-centered education and counseling.

1. Early detection and management of complications

The postpartum evaluation starts by reviewing the client‘s clinical document including antepartum and intrapartum records. Complications such as cardiac disease, preeclampsia, obstructed labor, cesarean delivery that require close monitoring and treatment are identified in the patient‘s medical document. Besides reviewing the clinical

records, the client should be evaluated thoroughly during the immediate postpartum period, 6th day and 6th week postpartum visits.

Generally, the postpartum evaluation of the *woman* during the home visits, or subsequent postpartum visits to health post includes: -

- Ask for pain, bleeding, difficulty in urination, breast feeding, any other concern she may have. General physical examination should be performed and should be evaluated for any danger signs of postnatal period.
- Based on the evaluation, the mother should be selected for the next step of management.
- On the next step of management, she could be referred or counseled for such as mother centered or baby centered counseling issues

2. Promoting health and preventing disease: -

In this case you have to provide the mother the necessary medications with the necessary Counseling.

Provide her with: -

- Iron/ folate: 1 tablet to be taken by mouth once a day for at least 40 days Postpartum
- Vitamin A: one dose of 200,000 IU within 30 days after childbirth.
- Iodine supplementation: 400–600 mg by mouth or IM as soon as possible after childbirth if never given, or if given before the third trimester give her now. (only in areas where deficiencies exist).
- Six monthly presumptive treatments with broad-spectrum anti-helminthes in areas of significant prevalence
- Sleeping under a bed net in malarias areas
- Tetanus toxoid
- VDRL/ RPR
- HIV testing (opt-out)

3. Providing woman-centered education and counseling.

In session one of this module, you have learned about the critical periods in which sever complications on the mother will occur, and the danger signs that have the higher

possibilities to occur and how to counsel her. Now here, you will learn what is to be counseled.

- The education and counseling should address postpartum needs such as nutrition, breastfeeding, family planning, sexual activity, early symptoms of complications and preparations for possible complications.
- Postpartum counseling should take place at a private area to allow women to ask Questions and express their concerns freely. If this is not possible, counseling could be done during home visit.
- Husbands of postpartum women (after the permission of the woman) should be participated in this counseling and in receiving instructions before discharge.

1.3. Observation for mother and infant

The postpartum evaluation starts by reviewing the client's clinical document including antepartum and intrapartum records. Complications such as cardiac disease, preeclampsia, obstructed labor, cesarean delivery that require close monitoring and treatment are identified in the patient's medical document. Besides reviewing the clinical records, the client should be evaluated thoroughly during the immediate postpartum period, 6th day and 6th week postpartum visits.

You cannot assume that a successful delivery and healthy-looking mother and newborn in the immediate postnatal period will mean that they will continue in a good state. Complications may occur because of the physiological adjustments in the mother and newborn, and the rapid adaptations the baby must make to life in the external environment.

Therefore, you need to watch carefully for danger signs in the immediate and later postnatal period. Before sending the mother and the baby home (if they delivered at the Health Post), or before you leave both at their home after the delivery, watch them for the first six hours after the birth. If you were unable to attend the birth, visit them as soon as you can within the first 24 hours, and ideally in the first six hours.
Refer the mother urgently if you see any danger signs, take the baby too

1.3.1. Evaluating the postnatal mother

Check the mother's vital signs

Check the mother's vital signs, i.e. her temperature, pulse rate, and blood pressure, and make sure they are within the normal range. Straight after the birth, check her pulse and blood pressure at least once every hour, and her temperature at least once in the first six hours

In normal condition the normal body temperature of a women should be close to 37oC; her pulse rate should be between 60 to 80 beats per minute when she is resting quietly; her

systolic blood pressure (the top number, which measures the pressure when her heart contracts) should be 90-135 mmHg, while her diastolic blood pressure (the bottom number, which measures the pressure when her heart relaxes) should be 60 to 85 mmHg.

If her blood pressure is too low and falling, and her pulse rate is too fast and rising, she is going into shock. The most likely cause is a life-threatening hemorrhage. If there are no signs of bleeding from the vagina, she may be losing blood internally.

1.3.2. Check if her uterus is contracting normally

Palpate (feel) her abdomen to check contraction of the uterus to make sure it is firm. Immediately after the birth, you should be able to feel it contracting near the mother's umbilicus (belly button), and it gradually moves lower in her pelvis over the next two weeks. Check her uterus every 15 minutes for the first two hours after birth and every 30 minutes for the third hour. If possible, check every hour for the following three hours. If the uterus is hard, leave it alone between checks. If it feels soft, rub the abdomen at the top of the uterus

to help it to contract. Teach the mother to do this for herself (Figure 1.1).

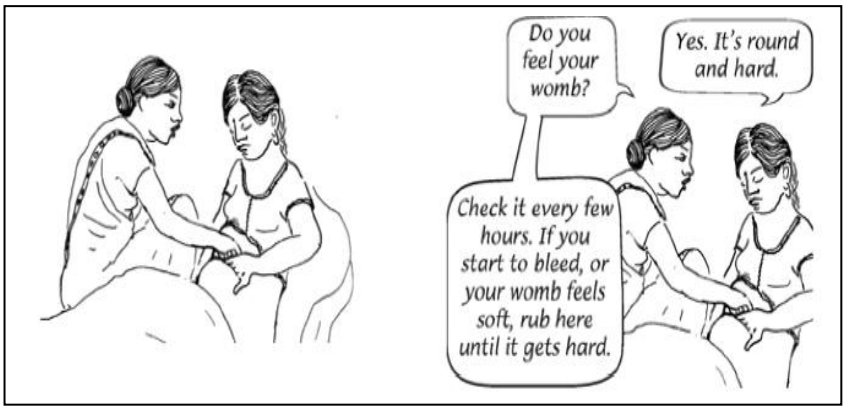

Figure 1.1 The uterus can be encouraged to contract after the birth by rubbing the abdomen.

The drugs you gave the mother to help expel the placenta and prevent bleeding (e.g. misoprostol or oxytocin) will also help the uterus to contract. So will breastfeeding her baby. The mother may also need to urinate if her bladder is full, because this can prevent the uterus from contracting properly. Check the contraction of her uterus at every postnatal visit.

1.3.3. Clean the mother's belly, genitals and legs

Help the mother clean herself after the birth. Change any dirty bedding and wash blood off her body. Always wash your own hands first and put on surgical gloves before you touch the mother's genitals, just as you did before the birth. This will protect her from any bacteria that may be on your hands.

Clean the mother's genitals very gently, using soap and very clean water and a clean cloth (Figure 5.2). Do not use alcohol or any other disinfectant that might irritate her delicate tissues. Wash downward, away from the vagina. Be careful not to bring anything up from the anus toward the vagina. Even a piece of stool that is too small to see can cause infection.

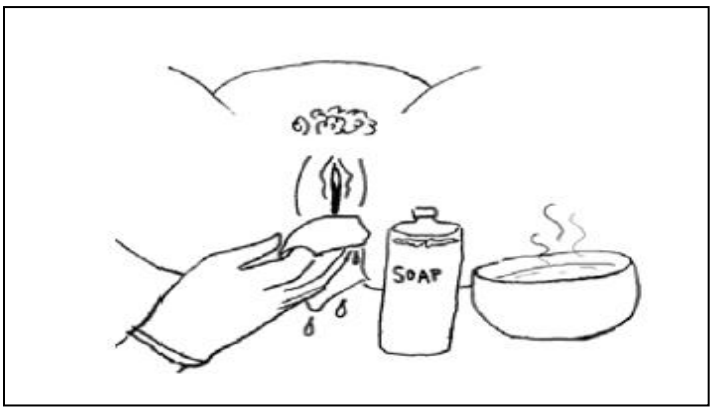

Figure 1.2 Washing the mother's genital area is part of core postnatal care at the first visit.

1.3.4. Check for heavy bleeding (hemorrhage)

After the birth, it is normal for a woman to bleed the same amount as a heavy monthly period. The blood should also look like monthly blood — old and dark, or pinkish. At first, the blood comes out in little spurts or gushes when the uterus contracts, or when the mother coughs, moves, or stands up, but the flow should reduce over the next two to three days and become the more watery reddish discharge known as lochia

Very heavy bleeding is dangerous. To check for heavy bleeding in the first six hours after birth check the mother's pads often — 500 ml (about two cups) of blood loss is too much. If she soaks one pad per hour, it is considered heavy bleeding. If the mother is bleeding heavily, and you cannot stop it, take her to the hospital. Watch for signs of shock. Remember that postpartum haemorrhage is a major cause of maternal mortality and it can happen at any time in the postnatal period – though it is most common in the first seven days.

1.3.5. Check the mother's genitals for tears and other problems

Use a gloved hand to gently examine the mother's genitals (Figure 1.3) for tears, blood clots, or a haematoma (bleeding under the skin). If the woman has a tear that needs to be sewn, apply pressure on it for 10 minutes with a clean cloth or pad and refer her to the health centre. If the tear is small, it can probably heal without being sewn, as long as it is kept very clean to prevent wound infection.

Ask her to rest as much as possible and tell her she should not climb up or down steps or steep hills. Someone else should do the cooking and cleaning for the family for a few days. To speed healing, she should also eat plenty of healthy food, keep the genital area clean (washing it with water after using the latrine) and cover it with a clean cloth or pad.

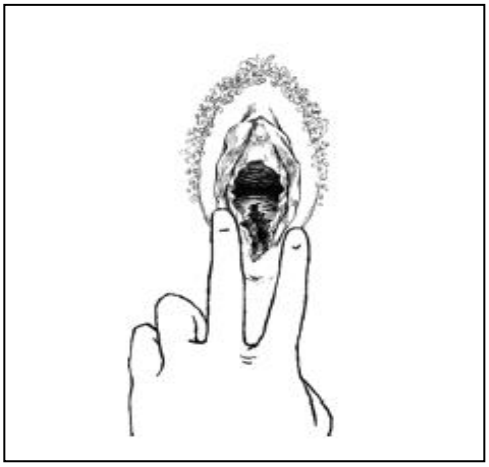

Figure 1.3 Gently open the vulva to examine the genitals for signs of injury.

Bleeding under the skin (haematoma) or pain in the vagina

Sometimes the uterus gets tight and hard and there does not seem to be much bleeding, yet the mother still feels dizzy and weak. If this happens, she may have bleeding under the skin in her vagina called a haematoma (Figure 1.4).

The skin in this area is often swollen, dark in color, tender and soft.

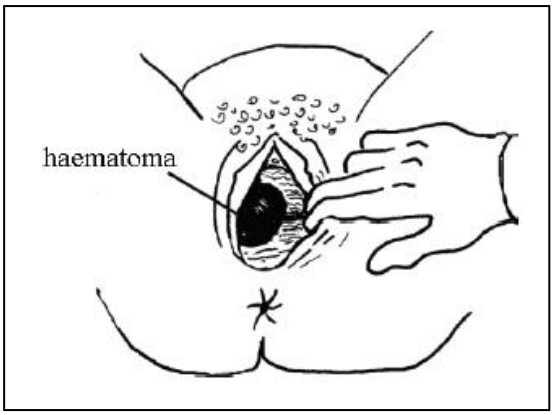

Figure 1.4 A haematoma is a painful collection of blood under the skin in the genital area.

Although a haematoma is painful, it is usually not serious unless it gets very large. If the haematoma is growing, press on the area with sterile gauze for 30 minutes or until it stops growing. If the mother has signs of shock, treat her for shock and take her to the nearest health facility so that the haematoma can be opened and the trapped blood can be let out.

Prolapsed cervix

Check to see if the cervix has prolapsed (dropped down to the vaginal opening; Figure 1.5). This problem is not dangerous, and the cervix will usually go back up inside the mother in a few days. Help the mother to raise her hips so that they are higher than her head. Ask her to do squeezing exercises with the muscles of her vagina and pelvic floor at least four times a day.

If the cervix stays at the vaginal opening for more than two weeks, the mother should be referred. A cervix that stays prolapsed can cause problems if the woman has another child.

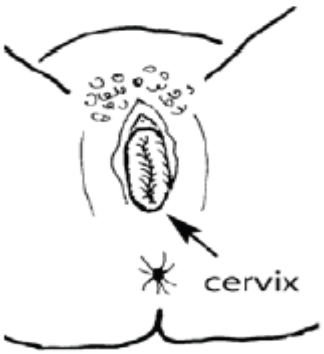

Figure 1.5 The prolapsed cervix can be seen at the opening of the vagina.

1.3.6. Help the mother to urinate

A full bladder can cause bleeding and other problems. A mother's bladder will probably be full after the birth, but she may not feel the need to urinate. Ask her to urinate within the first two to three hours. If she is too tired to get up and walk, she can squat over a bowl on the bed or on the floor (Figure 1.6).

She can also urinate into a towel or thick cloth while lying down. If she cannot urinate, it may help to pour clean, warm water over her genitals while she tries.

Figure 1.6 The mother can squat over a bowl to urinate if this is easier for her to manage.

1.4. Evaluating the infant during postnatal period.

Before you start assessing a newborn baby, take off any rings, bracelets or other jewellery, and wash your hands thoroughly with clean water and soap for at least two minutes. This is one of the most important infection prevention actions you can do.

1.4.1. Screening the newborn for general danger signs

During the first home visit, the most important task is to screen all newborn babies for the presence of general danger signs in newborns (Box 1.1). These were already briefly listed in Study Session 1. Remember always to be vigilant, observant and gentle while assessing and managing a newborn baby, especially during the first few days of life. And always be alert to the potential presence of the key danger signs during the whole of the time you are with the mother and newborn

Box 1.1 General danger signs in newborns

- History of difficulty feeding, or unable to feed now; ask the mother about the baby's feeding pattern.
- History of convulsion, or convulsing now; ask the mother, has the baby had any fits?
- Newborn seems lethargic or unconscious.
- Movement only when stimulated.
- Fast breathing.
- Severe lower chest in-drawing.
- Fever.
- Hypothermia (baby is cold to the touch).
- Baby developed yellowish discoloration before 24 hours of age; jaundice observed on the palms of the hands and soles of the feet.
- There is swelling of the eyes or eye discharge.
- Umbilicus is draining pus.
- More than 10 pustules (spots) are found on the skin.

1.5. Equipment & material needed for post natal care for the first 6 hours.

Table 1.1. Medical equipment and other materials for providing PNC

Clean	Sterile
• V/s equipment • Extra thermometer and stethoscope • Clean glove • Rubber and cotton draw sheet • Delivery (PNC) summary format • Recording book • Antiseptic solution (Normal saline) • Safety box • Medication like Vitamin A, Iron	• Sterile towel • Surgical glove • kidney dish as a receiver • Kidney dish as Normal slain container • Sterile gauze • Sterile Pad • Syringe with needle

1.6. General assessment for women during the immediate postnatal period

During the immediate postnatal period, as a a HEW, you have to assess the mother and her newborn.

Remember,

After delivery of placenta, monitor mother and baby every 15 minutes for 2 hours, then every 30 minutes for 2 hours, then every 1 hour for 2 hours:

- ***Check mother's blood pressure and pulse.***
- ***Check womb to ensure that it is firm. Show mother how to massage womb.***
- ***Check amount of vaginal bleeding.***
- ***Check baby's breathing and color.***

Questions that you have to ask the women include the following

- Do you feel tired?
- How much are you bleeding?
- Have you had any problems with dizziness or pain?

During your physical examination, as assessing the general well being note:

- overall movements/gait and state of cleanliness.
- facial expressions/emotional state, and assess how well she handles and relates to her baby.

While examining , her breast

- Ask the woman to lie comfortably on her back, explaining that you would like to examine her abdomen and perineum, and to check for bleeding. (Explain what you are doing at each step.):
  - Do an abdominal examination: Feel the uterus, assessing position, height, and firmness.
  - Put on clean glove and place rubber and draw sheet under the buttock of the client.
  - Remove the glove the and wash your hands.
  - Put on surgical gloves and place sterile towel under the clients buttock
  - Do a perineal examination ; assess the color and amount of vaginal bleeding on pad; check perineum for bruising, swelling, and tear.
  - Change the pad with the new sterile pad.

Physical Examination on the new born: while examining the newborn, assess

- the general appearance of the new born
- Vital sign (temperature, pulse, respiration), Color, Any bleeding from umbilical and other area.
- Evaluate breastfeeding (Good positioning and good attachment.

Interpret information

After assessing the mother and the newborn you have interpret the information that you gather during the assessment and physical examination

1. Within 6 hours after birth:
   - Note whether findings are normal or there are any complications.

- Note evaluation of breastfeeding.

2. Explain findings from the exam to the mother and support person/family members.

DEVELOP A CARE PLAN

1. Based on interpretation of findings, decide:
   - Whether referral needed
   - What counseling/teaching or care is needed
   - Whether any medications are needed (e.g., Vitamin A, iron tablets, paracetamol)
   - When the next visit should be
2. Discuss care plan with woman (and support person/family members if present).

DO THE CARE PLAN (TAKE ACTION)

1. Refer as indicated.
2. Discuss danger signs and provide other counseling/teaching as indicated.
   - Nutrition, Brest feeding, Hygiene, exercise, Danger signs, Family planning.
3. Provide medications as indicated (e.g., iron tablets, paracetamol).
4. If findings are normal, tell her that you will be back to see her again.
5. Record information in the woman's record.

EVALUATE THE CARE PLAN (REVIEW CARE AND COUNSELING GIVEN)

1. Evaluate whether action taken was effective (e.g., can the woman state what the danger signs are for her and her baby?).
2. Follow up on result of any action taken.

Self-Check -1	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Define the term postnatal care?
2. What are the components of postnatal care?
3. What are the things that evaluate on the mother in the first hour after delivery
4. List the danger signs that you evaluate on the newborn during the first hour after delivery

Note: **Satisfactory rating - 3 points** **Unsatisfactory - below 3 points**

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-2	Information and support for self-care and wellbeing

2.1. Provide information and counseling for the mother about self-care.

Any woman who is in postnatal period, whether the period is normal or abnormal, she has to get enough information and counseling service on how to take care of self depending on her health condition. The information and counseling service should focus on the mother as well as her baby.

2.1.1. Information and counseling for the mother about herself

Soon after birth and later in the postpartum period, you should promote the general well being of the woman by providing information and counseling about: -

1. Consumption of adequate food and fluids, light exercise, and ambulation.
2. Emptying the bladder frequently, and perennial exercise.
3. Following hygienic/clean practices.
4. Proper techniques of breastfeeding
5. Getting the required supplements (iron and foliate, vitamin A).
6. Sleeping with her baby under an insecticide-treated bed net in malaria prone areas.
7. The most suitable method for birth spacing/family planning in order to delay the next birth

for about three years.

8. Receiving any missed doses of tetanus toxoid vaccine.
9. The results of tests for STDs and HIV/AIDS and takes the necessary steps if any test is

positive (if missed in the antenatal period).

10. The danger signs for which she has to go to the facility as soon as possible such as:
    - Excessive vaginal bleeding (e.g., more than 2 or 3 pads soaked in 20-30minutes after delivery or bleeding increases rather than decreases after delivery)
    - Convulsions

- Fast or difficult breathing
- Fever and being too weak to get out of bed
- Severe abdominal pain
- Foul smelling vaginal discharge (lochia)
- Severe headache and swelling of the hands and face
- Red patches or streaks and or pain in the legs
- Severe painful, engorged breasts and/or sore, cracked, bleeding nipples.

The education and counseling should address postpartum needs such as nutrition, breastfeeding, family planning, sexual activity, early symptoms of complications and preparations for possible complications.

- Postpartum counseling should take place at a private area to allow women to ask Questions and express their concerns freely. If this is not possible, counseling could be Done during home visit.
- Husbands of postpartum women (after the permission of the woman) should be participated in this counseling and in receiving instructions before discharge.

At each postnatal contact, women should be asked about their emotional wellbeing, what family and social support they have and their usual coping strategies for dealing with day-to-day matters. All women and their families/partners should be encouraged to tell their health care professional about any changes in mood, emotional state and behavior that are outside of the woman's normal pattern

Self-Check -2	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Write some of the counseling given for the mother about self care

Note: **Satisfactory rating - 3 points** **Unsatisfactory - below 3 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-3	Providing Advice on routine care of the newborn to mothers

3.1. Advice on routine care of the newborn to mothers

The mother should be advised about the baby on

1. Exclusive breast feeding
2. Umbilical care
3. Bathing after 24hrs.
4. Appropriate clothing of the baby for ambient temperature is recommended. This means one to two layers of clothes more than adults and use of hats/caps.
5. Following hygienic practices.
6. Immunizations
7. Winning diets after six months
8. Following the recommended guide line on the treatment and follow up for the HIV positive mother and baby.

Self-Check –3	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. List the advice that you provide for the mother about routine newborn care?

Note: **Satisfactory rating - 5 points** **Unsatisfactory - below 5 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-4	Providing Advice to establish and support exclusive breast-feeding

4.1. Breastfeeding

- Early skin to skin contact of mother and baby and immediate initiation of breast feeding
- Initiate breastfeeding within the first one hour.
- Incase breast feeding can‘t be started due to either maternal or newborn illness, feeding the baby has to be initiated if possible by milk expressed from the mother herself.
- The mother and the baby should not be separated by any means; they must room together.
- Women should be encouraged to maintain exclusive breast feeding for six months and should be educated about effective breastfeeding practices, as well as common breastfeeding
- problems, how to continue breast feeding for two years and to start complementary feeding after six months.

4.2. Counseling the mother on newborn feeding

It is always advisable to provide counseling about newborn feeding during the antenatal period and continue reinforcing it during the postnatal period. This teaching should focus on establishing and maintaining optimum breastfeeding.

As providers of PNC 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

Box 4.1 Optimum breastfeeding criteria

- Initiation of breastfeeding within one hour after birth (early breastfeeding).
- Nothing is given to the baby other than breast milk for the first six months (exclusive breastfeeding).
- Colostrum is not thrown away, it is rich in protein and antibodies and is useful to the newborn; you should tell the mother to feed it to her newborn, because it is the first 'immunization' that her baby will get.
- The mother is sitting in a good position while breastfeeding.
- The baby has good attachment to the breast while breastfeeding.
- There is effective suckling.

4.2.1. Four signs of good positioning

To begin with, the mother should sit comfortably maintaining the four signs of good positioning:

- With the newborn's head and body straight
- Facing her breast, with baby's nose opposite her nipple
- With the newborn's body close to her body
- Supporting the baby's whole body, not just the neck and shoulders.

Fig 4.1. The recommended positions of breast feeding

If the mother has had a caesarean delivery, or her abdomen is sore for some other reason, she may be more comfortable supporting the baby as shown in Figure 4.1(b). It keeps the baby‘s weight off her abdomen. She can feed twins this way too, with one on each breast. At night, or if she is tired and needs to rest, she can feed the baby while lying down (Figure4.1c), but only if she stays awake.

4.2.2. Four signs of good attachment

Once good positioning is established, show the mother how to help the newborn to attach to the nipple. She should:

- Touch her newborn‘s lips with her nipple
- Wait until her newborns mouth is opening wide.
- Move her newborn quickly onto her breast, aiming the newborn‘s lower lip well below the nipple. Then check for signs of good attachment

Advise the mother to empty one breast before switching to the other, so that the newborn gets the nutrient-rich hind milk (last milk), which is produced when the breast is almost empty.

The four signs of good attachment are:

- Mouth widely opened
- Lower lip turned upward
- Chin touching the breast
- More of the areola (the dark ring around the nipple) is seen above the baby‘s mouth than below it.

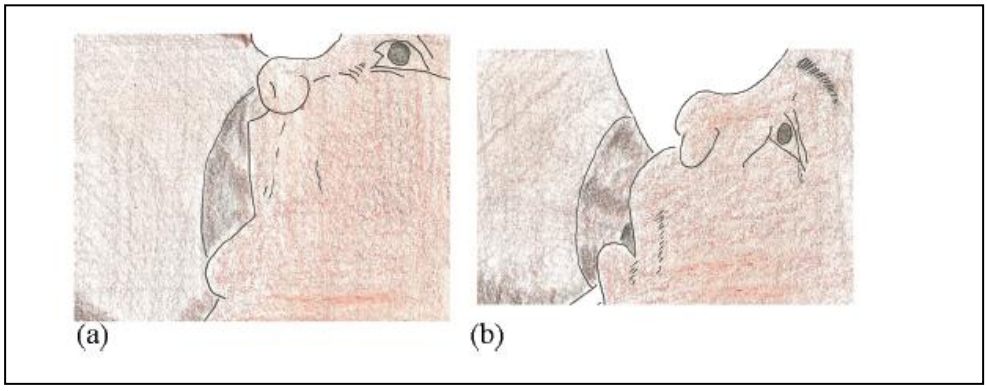

Figure 4.2 (a) This baby has a good mouthful of breast; (b) This baby does not have enough breast in its mouth

4.2.3. Effective suckling

Good signs of effective suckling are if the newborn takes slow, regular and deep sucks, sometimes pausing. The mother should tell you that she is comfortable and pain free.

If you observe that the attachment and suckling are inadequate, ask the mother to try again and reassess how well the baby is feeding. If they still cannot establish optimum breastfeeding, then you should assume that the newborn has a feeding problem and/or the mother has breast problems that make attachment difficult. If so refer the baby and the mother to a health facility for further advice and care.

4.2.4. Signs of finishing breastfeed

The newborn is successfully finish breastfeed if:-

- The newborn release breast her/himself
- The Length of feeding may last for 4 to 40 minutes per breast
- The breast feels softer at the end of feeding

4.3. Importance of breast feeding

1. Nutritional

- Meets infant nutritional requirements
- Changes in composition to meet infant‘s changing needs
- Easily digested and effectively used
- Species specific.

2. Infant’s health

- Protects against illness
- Reduces allergies
- Protects against infections
- Provides long-term protection against diabetes and cancer

3. Mother’s health

- Reduces bleeding after delivery

- Promotes involution of the uterus following delivery
- Reduces risks of pre-menopausal ovarian and breast cancers and osteoporosis
- Delays ovulation
- Protects against anemia and pregnancy

4. Psychological

- Fosters mother-infant bonding
- Provides emotional and psychological wellbeing for both mother and infant.

5. Economic

- Saves families the cost of purchasing breast milk substitutes
- Reduces health care costs
- Saves time

4.4. Signs that infant may not be getting enough breast milk

Reliable signs

- Poor weight gain: less than 500 g per month for the first 6 months
- Small amount of concentrated urine: infant urinates fewer than 6–8 times per 24 hours

Possible signs

- Infant dissatisfied after breastfeeds
- Frequent crying (look for other reasons why infant is crying)
- Very frequent breastfeeds
- Very long breastfeeds
- Infant‘s refusal to breastfeed
- Hard, dry, or green stool in infant
- No milk when mother tries to express
- No breast enlargement during pregnancy
- No milk —coming in‖ after delivery

4.4.1. Reasons why infant may not get enough breast milk

I. **Breastfeeding factors**

- Delayed start
- Infrequent feeds
- No night feeds
- Short feeds
- Poor attachment
- Use of bottles or pacifier
- Complementary feeds

II. **Psychological factors in mother**

- Lack of confidence
- Worry or stress
- Dislike of breastfeeding
- Rejection of infant
- Tiredness

III. **Mother‘s physical condition**

- Combined oral contraceptives in the first 6 months post-partum
- Severe malnutrition
- Smoking and alcohol
- Retained piece of placenta (rare)
- Poor breast development (very rare)

IV. **Infant’s condition**

- Illness
- Abnormality

4.4.2. Management of “not enough milk”

- Withdraw any supplement, water, formulas, or tea.
- Feed infant on demand, day and night.
- Increase frequency of feeds.
- Make sure infant latches on to the breast correctly.

- Correctly position infant.
- Wake the infant up if he/she sleeps throughout the night.
- Reassure mother that she is able to produce sufficient milk.

4.4.3. Kinds of refusal to breastfeed

- Infant may attach to breast but not suckle or swallow or suckle very weakly.
- Infant may cry and fight at the breast when mother tries to breastfeed.
- Infant may suckle for a minute and then come off the breast choking or crying (may do this several times during a single feed).
- Infant may take one breast but refuse the other.

4.4.4. Reasons why an infant may refuse to breastfeed

Infant

- Illness
- Pain
- Blocked nose or sore mouth
- Sedation

4.4.5. Poor breastfeeding technique: possible causes

- Feeding from a bottle or suckling on a pacifier
- Not getting enough milk because of poor attachment
- Mother holding and shaking the breast interferes with attachment
- Restricting breastfeeding (e.g., breastfeeding only at certain times)
- Too much milk coming too fast because of oversupply
- Early difficulties in coordinating suckling (some infants take longer than others to learn how to suckle effectively)
- Infant refusing one breast but not the other.

A change may have upset the infant

- Infants are very sensitive and may refuse to breastfeed if upset.

- Infant 3–12 months old may not cry, but simply refuse to suckle

Possible causes of upset

- Separation from mother (e.g., when she starts to work away from home)
- New caregiver
- Change in family routine
- Illness of mother or breast infection
- Change in mother‘s smell (e.g., from different soap or different food)
- Family stress

4.4.6. Management of refusal to breastfeed

- Reassure mother and build her confidence for breastfeeding to continue.
- Help mother identify the cause and refer accordingly.

Self-Check –4	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Write two criteria of optimum breast feeding?
2. Write only two advantages of exclusive breast feeding?
3. What are the reliable signs for the baby is not getting enough milk?

Note: **Satisfactory rating - 5 points** **Unsatisfactory - below 5 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-5	Nutrition, exercise, rest, sleep and family care in the immediate postnatal period

5.1. Care in the immediate Postnatal period

Immediate care should occur within 24 hours of delivery, preferably within the first six hours, at place of birth .

I. Nutrition:

Most mothers are ready to eat soon after the birth, and it is good for them to eat any kind of nutritious food they want. If a new mother is not hungry, she should at least have something to drink. Fruit juice or atmit tea is good because it gives energy . Many women want something warm to drink, like tea. Some juices, like orange juice, also have vitamin C, which can help healing. (But she should avoid soda pop like Coke, which is full of sugar and chemicals but has no nutrition.)

After delivery, women's routine food intake should be increased to cover the energy cost of breastfeeding and for her to recover her normal energy and health. She should eat about 10% more than before she was pregnant if she is not moving around much or doing her usual work, and about 20% more if she is physically active. In practical terms, she is advised to take at least one or two additional meals every day.

A regular diet should be offered as soon as the woman requests food and is conscious.

- Intake should be increased by 10% (not physically active) to 20% (moderately or very active) to cover energy cost of lactation.
- Women should be advised to eat a diet that is rich in proteins and fluids.
- Eating more of staple food (cereal or tuber) Greater consumption of non-saturated fats
- Encourage foods rich in iron (e.g., liver, dark green leafy vegetables, etc.)
- Avoid all dietary restrictions

II. Exercise

- Normal activities may be resumed as soon as the woman feels ready.
- When to start routine exercise depends on the woman; its safety depends on whether complications or disorders are present. Usually, exercises to strengthen abdominal muscles can be started once the discomfort of delivery (vaginal or cesarean) has subsided, typically within one day for women who deliver vaginally and later for those who deliver by cesarean section.
- Sit-ups or curl-ups, (rising from supine to semi-setting position), done in bed with the hips and knees flexed, tighten only abdominal muscles, usually without causing backache.

Postpartum education and counseling includes: -

- Correct positioning of the baby at the breast.
- Glucose, or sugar water.
- Exclusive breast feeding only and do not give the baby other fluids like herbs, Encouraging breast feeding on demand.
- If there is a medical contraindication to breastfeeding, firm support of the breasts can suppress lactation. For many women, tight binding of the breasts, cold packs, and analgesics followed by firm support effectively control temporary symptoms while lactation is being suppressed.

III. Emotional support

- **Transient depression (baby blues)**: - the mother may become depressed for the time being. It is common during the first week after delivery. Symptoms are typically mild and usually subside by 7 to 10 days. The treatment is supportive care and reassurance.
- **Persistent depression**: - (this is a long standing depressive disorder).lack of interest in the baby, idea of self killing or others, hallucination (created imagination in the absence of stimulus), delusions, or psychotic behavior may require intensive counseling and antidepressants or antipsychotic drugs, so **referral** is mandatory.
- Women with a preexisting mental disorder are at high risk of recurrence or exacerbation during the puerepurium and should be monitored closely.

IV. Sexual activity

Intercourse may be resumed after cessation of bleeding and discharge, and as soon as desired and comfortable to the woman. However, a delay in sexual activity should be considered for women who need to heal from lacerations or episiotomy repairs.

- Sexual activity after childbirth may be affected due to decreased sexual desire (due to fatigue and disturbed sleep patterns, genital lacerations/episiotomy).

V. Bladder care

- Avoid distention & encourage urination: voiding must be encouraged and monitored to prevent asymptomatic ladder overfilling.
- Do not routinely catheterize unless retention necessitates catheterization (e.g. retention of urine due to pain from peri urethral laceration at vaginal delivery)
- Rapid diuresis may occur, especially when oxytocin is stopped.

VI. 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

VII. Pain management

- Common causes: after-pain and episiotomy
- Episiotomy pain: immediately after delivery, ice packs may help reduce pain and edema at the site of an episiotomy or repaired laceration; later, warm sitz baths several times a day can be used. Analgesics are used if not relieved.
- Contractions of the involution uterus, if painful (after-pains), may require analgesics. Refer the mother to the nearest health center.

VIII. Family care

It is recognized that the mother with her family may need a time of privacy after the birth. Observation of the baby may be transferred to family if this is deemed clinically appropriate. The baby must be well, the mother alert and the family be responsible for the time specified.

Family Support:

- Attention to Mother (Allowing Partner to have a meal, a nap, a shower, personal time, or to give special attention to older children)
- Answering Partner's Questions
- Emotional Support for Partner and Siblings
- Facilitating Effective Communication + Cooperation
- Creating Plans for Sharing Care of Mother, Newborn + Siblings
- Guidance in Partner Bonding with Baby
- Navigating Emotional Hurdles with Siblings

IX. Follow-up visit:

- You should inform the mother about home visit and make a schedule it with the time which is convenient to her.
- Tell the mother about the danger sign and to respond as soon as possible

Self-Check –5	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Describe what information that you give for the mother about nutrition immediately postnatal ?
2. When will the mother starts exercise after delivery?
3. List the information that you provide for the women about bladder care after delivery

Note: **Satisfactory rating - 5 points** **Unsatisfactory - below 5 points**

Name: _____ Date: _____

Information Sheet-6	Post-natal problems related to mothers and newborn

6.1. Abnormal puerepurium: -

As the name implies this is a period in which some disease conditions will occur on the mother from the time of delivery till 6 hours and above.

6.1.1. Evaluating the mother and baby for danger signs and symptoms during PNC

As a health extension worker, you should evaluate the mother as well as the new born baby even after a successful delivery. This is because due to the physiological and anatomical changes that will occur on the mother after birth and due to struggle for adaptation of the extra uterine life (external environment) on the baby, something may get wrong and threaten the lives of both the mother and the baby, especially up to the first 24 hours. In this case a close supervision and evaluation of both the mother and the newborn baby for any danger signs and symptoms with immediate decision making is necessary for your postnatal care provision is to be said effective.
The following sub section will help you what to evaluate and what to do if any.

Evaluating the postnatal mother.

The following signs are danger signs which will threaten the life of postnatal mother, unless immediate measures were taken. The evaluation must be performed with in the first six hours.

a. Uterine atonicity

(if the uterus fails to contract adequately within six hours after delivery of the baby due to loss of its normal tone). Here, you should have to consider referral if the size of the uterus (within six hours) is bigger than the abdominal size of 20weeks gestationor above the unbilicus; or, if the uterus is so soft and cannot be palpated on abdominal examination because of its softness.

b. Active vaginal bleeding:-

This means that if you see a profuse bleeding which is bright red in color, other than that of normally oozing bloody discharge called lochia, this is a danger sign for the maternal life which could be due to tear inside the vagina, or due to failure of the uterus to contract adequately due to loss of its normal tone as commonly seen on mothers who gave birth for many children. This is also a condition which needs urgent referral.

c. Unstable vital signs: -

This means that, if there high blood pressure(the pressure of blood applied on the arterial wall) which is above 140/90mmHg indicating the presence of hypertension related to pregnancy or the presence of chronic hypertension, or low blood pressure below 90/60mmHg accompanied by signs of shock, fast heart beat above 100beat/minute, fast respiration rate more than 24/min and if the size of the uterus remains large after child birth, may be due to internal bleeding(also called concealed bleeding).So as soon as you record such instabilities of the vital sign, you should consider referral because she is losing too much blood and may die.

d. Postpartum hemorrhage

Loss of blood greater than 500ml after delivery of the baby is called **postpartum hemorrhage**.

Almost 90% of all postpartum hemorrhage will take place within the first four hours after delivery.

I. Classifications of postpartum hemorrhage.

Even though 90% of all postpartum hemorrhage occurs during the first four hours after delivery; it can also occur at later times during the first one week eventually and up to six weeks of puerperal period. Based on the time of its occurrence, postpartum hemorrhage is classified in to two major groups.

i. Early (acute) postpartum hemorrhage: - is the one which will occur from the time of placental delivery (due to mismanagement of active third stage of labor) up to the first four hours.

ii. Secondary (late) postpartum hemorrhage: - this type of postpartum hemorrhage can occur from the first week after delivery and up to the whole (six week) puerperal period.

Stop for a while and think of the next question?

- What do you think will cause both types of postpartum hemorrhage? Do you think that the causes of both early and late PPH are the same? .

Causes of postpartum hemorrhage : The causes of postpartum hemorrhage will differ with its classifications, you are correct. The causes of postpartum hemorrhage are different for each types of postpartum hemorrhage. Early or acute postpartum hemorrhage is mainly caused by the conditions those will occur at the time of delivery of the baby and the placenta.

II. Causes of early postpartum hemorrhage.

a. When the whole or part of the placenta retained undetached on the endometrial wall

- this could be due to the mismanagement of the third stage most commonly or problem of the placenta and poor uterine contraction to fully expel the placenta which contributes for the retention of part of the placenta (placental nodes) or part of the amniotic membrane (fetal membrane) remains undetached from the placental wall and cause bleeding from the wall. This type of postpartum hemorrhage is called **retention PPH.** Retained fetal membranes can cause both early PPH and late PPH.

b. When there is tear of different degree

- in case of powerful contraction causing a forceful expulsion of the fetus (cervical tear or tear of the vaginal wall), and with medium contraction and expulsion force if the perineal area is left unsupported during extension of the fetal head which can cause perineal tear. If postpartum hemorrhage occurs due to tear somewhere in the birth canal it is called **traumatic PPH.**

c. Another cause of early PPH is called atonic PPH.

It will occur when the uterine muscle loses its normal tone. This means that the myometrium will lose its natural strength to contract and relax). The myometrium can

lose its normal or natural strength due to different causes, but the main cause is **repeated pregnancy** (that means many pregnancies many times without interruption from year to year). In which case, atonic PPH is very common in mothers who gave birth for many children year to year without getting rest. Mainly your responsibility here is to give a pre referral management for the mother.

III. Causes of late postpartum hemorrhage.

As the name implies, late postpartum hemorrhage starts lately after one week of delivery. And the causes of it will slightly differ from that of the early one. Late PPH mainly depends on the presence of long standing problems those can complicate and cause PPH.

Some of the causes of late PPH are: -

a. Infection of the reproductive organs

- During the antenatal or natal period like PROM (premature rupture of membrane), Infections of the pelvic areas like PID (pelvic inflammatory disease), and any infection of the endometrial wall. The main point you have to know here is that, how infection can cause bleeding. When there is infection, there is wounding of that infection area and in some causes these area may bleed and cause PPH and cause the uterus to contract poorly.

b. Poorly contracted uterus:

- This means that due to infection of the endometrial wall, the uterus fail to contract well. And this will cause PPH at later times.

c. Sloughing of the endometrial wall on the placental bed.

- This means that, the wall of endometrium on which the placenta was situated, will heal after the placenta was separated and expelled. But some times what happens is, the already healed part of the placental bed will slough again and leave the blood vessels to be open again and this will cause bleeding of the blood vessels leading to late PPH.

d. **Molar pregnancy:** -

- Molar pregnancy is a non fetal, grape like abnormal cellular growth in the uterus, and due to which the uterus looks like in a pregnant state. But it is not a true pregnancy. This molar pregnancy if it occur it can cause severe bleeding from

the uterine wall. Even though it is unlikely for a molar pregnancy to occur immediately after pregnancy; but occasionally if it occurs it can cause severe bleeding.

6.2. Management of Post Partum Hemorrhage at a health post level.

Postpartum hemorrhage (PPH) is a major cause of mortality, morbidity and long term disability related to pregnancy and childbirth. Effective interventions to prevent and treat PPH exist and can largely reduce the burden of this life-threatening condition.

As a health extension worker of the community, you are the first to come across with such life threatening conditions. In which case, you are expected to have the necessary knowledge when to refer the mother.

If the mother begins to bleed excessively after the delivery, you must take action quickly to transport her to the nearest health facility. Postpartum hemorrhage can kill her and many healthcare providers underestimate how much blood a woman loses. If you face such a problem your first action should be to shout for help so the woman's family or neighbors come to help you take her to the nearest health facility

Equipment needed for emergency management of PPH

Equipment for IV infusion

- Vital sign equipments
- Clean glove Tourniquet, and Adhesive tap
- Syringe with needle, Safety box
- Antiseptic solution
- Oxcytocien / Misopuristol
- Rubber and cotton draw sheet

Sterile

- Sterile towel, Surgical glove (2)
- IV solution, IV Set and IV canula
- kidney dish as a receiver
- Forceps for cleaning the puncture site
- sterile gauze
- Galipot with cotton swab

For traumatic PPH

Clean:

- Rubber and cotton draw sheet

Sterile

- Small towel,
- Kidney dish (2), large towel, Gauze, Surgical glove & sanitary pad.

Figure 6.1. Do not delay in referring a woman with postpartum hemorrhage.

Uterotonic drugs and IV fluids to manage atonic PPH

If the mother is bleeding heavily, while you are waiting for the emergency transport, give her a second dose of oxytocin 10 IU by intramuscular injection, or a second dose of misoprostol 400 µg rectally (by pushing the tablets gently into the rectum through the woman's anus), or by putting the tablets under her tongue where they can slowly dissolve. Do not give additional misoprostol if oxytocin was the drug used originally.

Do not exceed 1,000 µg of misoprostol! If you gave 600 mg orally straight after the baby was born, the second dose should be no more than 400 mg rectally.

Use two-handed pressure on the uterus

If bleeding is very heavy and rubbing the uterus does not stop the bleeding, try two-handed pressure on the uterus (see Figure 6.2). Scoop up the uterus, fold it forward,

and squeeze it hard (you will be shown how to do this in your practical skills training). Cup one hand over the top of the uterus. Put your other hand above the pubic bone and push the uterus towards your cupped hand. You should be squeezing the uterus between your two hands.

If you have been trained to do so, you can apply two-handed uterine compression by inserting one gloved hand inside the vagina and clenching your hand behind the cervix, while the other hand is pressing on the abdomen to compress the uterus.

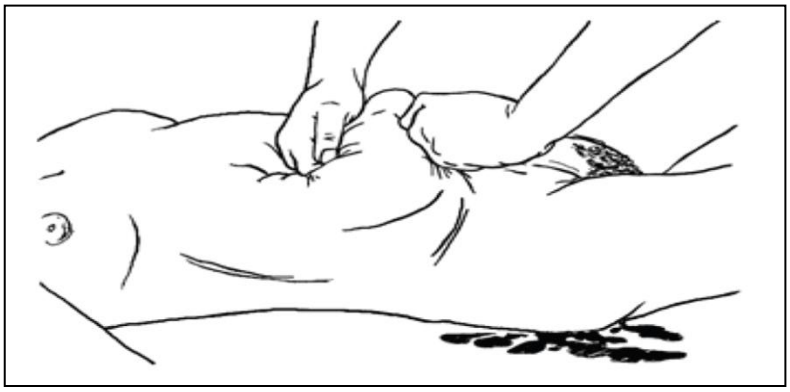

Figure 6.2. Two-handed pressure over the uterus can help to stop postpartum bleeding.

As soon as the bleeding slows down and the uterus feels firm, slowly stop the two-hand pressure. If bleeding continues, and If the contraction is not sufficient to reduce or stop bleeding apply aortic pressure by:

- Placing your fisted right hand over the client left outer quadrant abdomen.
- while palpating the femoral artery with your other hand on the groin area, apply sufficient pressure with your right hand on the aorta that supply the pelvic organs.
- If the pressure you are applying over the left outer quadrant abdomen is sufficient, pulsation at the groin area will disappear, this indicate that the blood circulation toward the uterus is reducing so that the bleeding also minimized

While doing the above two maneuver refer the woman to the nearest health centre facility. Try to keep two-handed pressure on the uterus or compressing the aorta, while you are transporting the mother. Do not leave the baby behind – have someone carry it. Make sure you take possible blood donors from her relatives with you as the woman may need a blood transfusion.

Emergency management for traumatic PPH

Try to slow the bleeding from an injury (e.g. a tear in the perineum or vagina) by applying pressure over the source of the hemorrhage. Roll up 10 to 15 pieces of sterile gauze or a small, sterile cloth into a thick pad and push it firmly against the bleeding part of the tear. Hold it there for 10 minutes.

Carefully remove the gauze and check for bleeding. If the tear is still bleeding, press the gauze against the source of the hemorrhage again and take the woman to the nearest health facility. Do not stop pressing on the tear until you get to there. If the woman has a long or deep tear, even if it is not bleeding much, take her to a health facility where it can be repaired.

6.3. Puerperal sepsis

Sepsis: - is defined as an infection which is scattered throughout the blood stream and cause Serious illnesses on different parts of the body.

Puerpural sepsis: - is the presence of any scattered infectious diseases which started at one Place and scattered to different parts of the body after circulating with blood. It is an abnormal serious problem if occur on the mother especially during the postnatal period.

The causes of this infection are of not specific, any infectious diseases like PROM, pelvic inflammatory disease, infected episiotomy, STI, all can predispose the mother for puerperal sepsis.

Puerperal sepsis is characterized by sudden onset of fever during the postnatal period, chills, sweating, generalized body pain, headache, loss of appetite are among the commonest signs and symptoms. As the disease causing microorganisms scattered

throughout the body with blood, the condition of the mother will get serious and the mother loses her consciousness, and this condition is called **septic shock.** Unless the mother will get medical treatment immediately, it may end with the death of the mother.

So, the extension worker should be alert when the mother shows the above symptoms, you should immediately refer her to the nearby health center or hospital.

6.4. Evaluating the new born baby

The new born baby should also be evaluated for any danger signs within six hours after delivery.

- unless you can identify those danger signs, which may also be the causes of maternal and neonatal mortality during the antenatal period you can't save the lives of mothers and children of your community. So try to remember those danger signs clearly in order to give good post natal care both at the health post and the community level

6.4.1. Screening the newborn for general danger signs

Remember that the baby has just come out from the most comfortable uterine environment. It was warm and quiet in the uterus and the amniotic fluid and walls of the uterus gently touched the baby. You too should be gentle, observant and vigilant with the baby when you handle them and also keep them warm always. Neonates often present with non-specific symptoms and signs which indicate severe illness. These signs might be present at or after delivery. Initial management of the neonate presenting with these signs is aimed at stabilizing the child and preventing deterioration.

6.4.2. Danger signs in new born babies includes.

- Unable to breastfeed (Unable to suck or sucking poorly)
- Convulsions
- Lethargy, drowsiness or coma (loss of consciousness), apnea (cessation of breathing for >20 secs).

- Breathing ≤ 30 or ≥ 60 breaths per minute, grunting, severe chest in drawing ,blue tongue & lips, grunting, or gasping.
- Feels cold to touch or axillary temperature < 35°C (hypothermia)
- Feels hot to touch or axillary temperature ≥ 37.5°C (fever).
- Red swollen eyelids and pus discharge from the eyes
- Jaundice /yellow skin — at age < 24 hours or > 2 weeks Involving soles and palms
- Pallor, bleeding from any site (especially of the umbilicus).
- Repeated Vomiting, swollen abdomen, no stool after 24 hour.
- More than 10 skin lesions or rash.
- Redness of the umbilicus, or pussy discharge from the umbilicus.

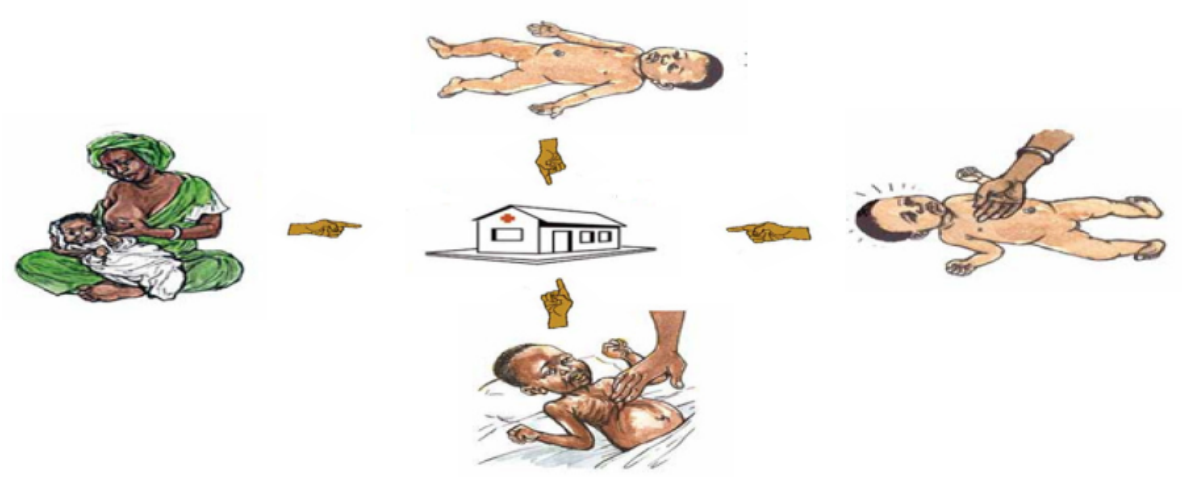

Figure 6-1. Picture showing danger signs on a baby and how we respond.

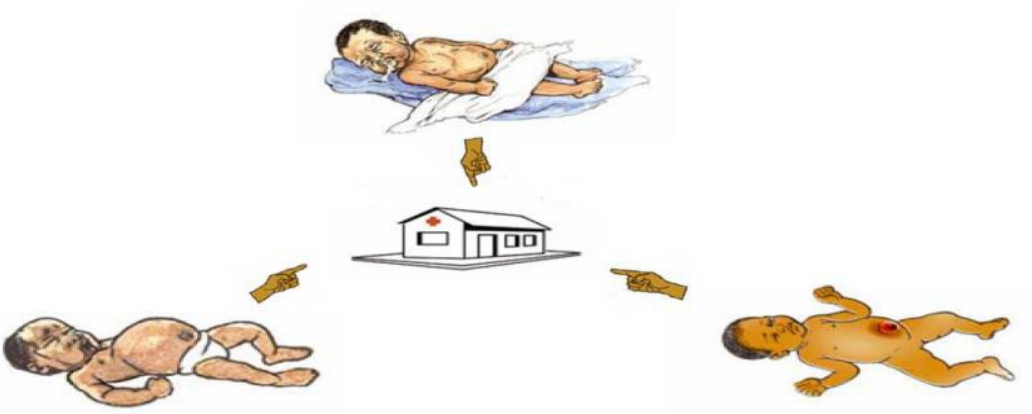

Figure 6– 2. Figure showing the danger signs on the new born baby and its urgent measure to be taken.

a. **Not at all or inadequate breast feeding**: -

this is commonly seen in preterm, very low birth weight, asphyxiated, and sick babies due to some other infectious diseases or any other health problems. you have to identify the underlying causes or other additional symptoms the baby is experiencing.

- The baby may not breast fed (fail to suck the breast) or suck minimally, or .
- The mother‘s breast may not produce enough amount of milk even though the baby is sucking well.

If the problem is from the mother, you have to encourage the mother to breast fed her baby, because, sucking by itself will increase milk production. Preterm, very low birth weight, asphyxiated, and sick babies should be referred as soon as possible; or the baby may die from hypoglycemia (decrease in the amount of glucose in the blood).

b. **Fever, repeated vomiting, swollen abdomen, or no stool after 24 hours**: -

Repeated vomiting, swollen abdomen, and inability to pass stool after 24 hours may indicate obstruction of the Gastrointestinal at some point. Since conditions are also life threatening conditions for the baby, you should have to refer the baby as soon as possible

c. **Respiratory Distress: -**

If the breathing rate of the baby is greater than 60 breaths per minute, it is called **Respiratory distress.** This can occur when the baby swallows the fluid which helps him to float within the uterus in order to prevent him from any mechanical trauma called the **amniotic fluid**. Other than fast breathing, respiratory distress is characterized by sinking of the ribs (getting inward) when the baby struggles to breath, and this is called, **chest in – drawing**. The lips become blue due to shortage of oxygen (which is called, cyanosis) and fast heart rate greater than160 beats/minute.

d. Convulsion: -

This is an abnormal and purposeless movement of part or the whole body due to an abnormal and untimely impulse from the brain. In neonates and infants, it is characterized by a twitching movement of single body part, or a jerking movement of all body parts, associated with the synchrony of contraction and relaxation of muscles which causes the body to be hyper stretched (hyper extended). The condition is more common in babies with high grade fever, which is greater than 37.50c, when the baby gets in to a hypoglycemic state, and when dehydrated are the most common causes of this condition. Another undeniable cause is Neonatal tetanus.

e. Lethargy: -

Is a condition which will occur before drowsiness; on this stage the baby may not lose consciousness but he will become sleepy and loses interest for everything.

f. Drowsiness: -

Is the state which comes after lethargy and before coma; which is characterized by incomplete loss of consciousness, but become sleepy with eyes closed, the eyes will be opened in response to external stimuli and returns again to the sleepy state when the stimuli is removed**. Coma:** - This is the complete state of loss of consciousness, and the baby will not respond to any stimuli. The conditions like hypoglycemia, severe dehydration, and generalized bacterial infections called sepsis are the commonest causes. Sepsis in neonates is called neonatal sepsis.

g. Breathing ≤ 30 or ≥ 60 breaths per minute, grunting, severe chest in drawing, blue tongue & lips, and grunting, or gasping: - These conditions commonly will occur, when the baby had been swallowed amniotic fluid or if there was fetal distress during labor. Above conditions are the sign and symptoms of Neonatal pneumonia. If untreated, the condition can lead to the term Apnoeawhich is called sudden cessation of breathing for about 20seconds, and neonatal death will be the final result. So quick assessment, classifying and referral to the hospital should be given priority

h. Hypothermia-

A condition in which the body temperature of the baby falls below 350c is called hypothermia. This can occur when the baby is transformed from the intra uterine life (where he adopted the maternal body temperature of 37 0c) to the external environment (where the temperature is 250c or room temperature) he will lose heat to the external environment. At this time the baby will feel cold and start to shiver. So, as soon as you examine this condition on the baby; put him in skin-to-skin contact with his mother and wrap them together with warm blanket. Put small cup on baby's head. If the baby's body temperature fails to show improvement, refer the baby to the higher health facilities for further investigation and management.

i. Hyperthermia: -

If the body temperature of the baby exceeds 37.50c it is called fever. It is the indicator of the presence of infection. This is a condition in which the baby's body temperature exceeds the normal amount (37.50c). It can also be called fever. The main cause of fever is the presence of infectious diseases such as bacterial infection, infection of the umbilicus, neonatal sepsis, pneumonia, malaria and others. If the baby is febrile, you have to assess the baby for the associated signs and symptoms to identify the cause.

j. <u>Neonatal Jaundice:-</u>

This is defined as the yellowish discoloration of the baby's skin. It can occur within 24 hr of birth or when the baby is two weeks old. In both cases urgent referral of the baby to the nearest health center or hospital is needed.

k. Pallor and bleeding from any site: -

The baby will become pallor if there is bleeding from any site of the body. The condition may occur due to the immaturity of clotting factors. This is a dangerous condition which will end with death of the baby due to severe blood loss. So vitamin K administration is must.

l. More than 10 skin lesions or rash: -

The skin lesions on the baby's body which are characteristically blister forming ones and when rupture can form red lesion and which is mainly caused by bacteria

(staphylococcus, and streptococcus pyogens) this is called Impetigo. Impetigo will commonly seen in skin fold areas of the skin mainly diaper areas.

m. <u>Red swollen eye lids which may or may not have pussy discharge</u>: -

This is a condition in which the baby's eye may be infected with sexually transmitted infection causing bacteria called gonococcus gonorrhea when the baby pass through the vaginal canal during delivery. But this will occur only if the mother was infected with STI. Since use of TTC eye ointment is one of the components of essential new born care, it should be added in to the eyes of every new born. If the eye gets ill after you have added TTC eye ointment, refer the baby urgently to the nearby health center.

n. Redness of the umbilicus, or pussy discharge from the umbilicus: -

The umbilicus may get infected with bacteria unless the stamp is given proper care. Redness, swelling and sometimes associated with pussy discharge are the commonest signs of infection of the umbilicus.

o. <u>Bleeding from the umbilical stump or other site.</u>

If the baby's umbilicus is not given attention and tied lose, the baby may die of bleeding. Because, the total amount of blood that is found in newborn's body is only 240ml. So, loss of small amount of blood will cause shock on the baby. Bleeding may occur in two styles; directly from the newly cut umbilical stump area or through the anus indicating bleeding from the small intestine or any part of the alimentary canal.

Figure 6.3. Figure showing red and infected umbilicus.

p. Neonatal Tetanus: -

This is another type of infection caused by bacteria called, clostridium tetany. It is a toxin releasing bacteria which affects the nerves, and causes them to function properly. This mal function will cause the muscles of the body to stretch and become rigid abnormally. Because of this the baby with tetanus experiences rigidity of the extremities and the back, clenching of the gum and abnormal twitching movements on some areas of the body especially the facial muscles. It is one of the causes of neonatal mortality.

The bacteria can get in to the body through open wounds, in new born babies most likely through the umbilical stump. Some cultures in Ethiopia will put cow dung on the newly cut umbilicus. The bacteria lives in the gut of cows as a normal flora and putting the dung on the umbilicus will be a good opportunity for the bacteria to enter in to the baby's body and cause tetanus.

Figure 6.4–pictures showing a baby with tetanus.

Signs of neonatal tetanus

- Increased muscle tone (spasm), especially of the jaw muscles and abdomen.
- Generalized muscle spasms and convulsions, often precipitated by stimulation such as touching or loud noises.
- The baby may arch backwards during a spasm (Figure 6.4).
- Most babies with tetanus will develop severe breathing difficulty and even with good medical care many will die.

Key messages for Health Extension Worker and the family.

- Early recognition and treatment for danger signs can help keep the baby from becoming very sick and from dying.

- It is important for families to set aside money for emergencies and transport to the facility for routine early postnatal visits and for seeking care for problems.
- Help the families to identify a means of transport to get to the health care facility. If the main decision maker has to leave the village/town, he/she should delegate the responsibility for making the decision about seeking care, preferably to the mother or a suitable person in the household.

Self-Check –6	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Define puruprial sepsis?
2. Explain how the classification of PPH is made?
3. What are the most common danger signs that you should evaluate the newborn baby within six hours after delivery?
4. What are the causes of early post partum hemorrhage ?

Note: **Satisfactory rating -2 points** **Unsatisfactory - below 2 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-7	Information on Contraceptive, Immunization and personal hygiene

7.1. Contraceptive options

Postpartum family planning

- All postpartum women should receive family planning education and counseling before discharge.
- Ideally, counseling for postpartum contraception should start during the antenatal period, and should be an integral part of antenatal care.
- Women who had no antenatal care and those who did not receive counseling during the ante natal period, should be counseled for family planning in the immediate postpartum period, after their own and their baby‘s condition have stabilized.
- Women should be informed about the advantages of birth spacing for at least two years before getting pregnant again and about different family planning options.
- Women should also be given a choice of receiving a family planning Method in the health post or during home visit for follow up within the first 40 days postpartum.
- Facilitate free informed choice for all women:
- The provider should make sure that the mother is not in pain and that her other concerns have been addressed.
- Reinforce that non-hormonal methods (lactational amenorrhea, barrier methods, IUD and sterilization) are best options for lactating mothers.
- Initiate progesterone - only methods after 6 weeks postpartum to breastfeeding women, if woman chooses a hormonal method

7.2. Immunization practices

- Review with the mother the recommended immunization schedule, and identify that the infant received the recommended vaccines.
- Discuss the vaccine schedule by age and number of doses with the mother
- Educate the importance of each vaccines and why the child needs them

7.3. Personal hygiene

Personal hygiene and perennial care

- If delivery was uncomplicated, showering and bathing are allowed.
- Wash hands before and after going to the bathroom
- Vaginal douching is avoided in early puerepurium, till after bleeding stops completely and all wounds are healed.
- The vulva should be cleaned from front to back.
- Maintaining good bowel function can prevent or help relieve existing hemorrhoids, which can be treated with warm sitz baths.
- Change perineal pads every time you go to the bathroom for passing urine or stool and at least

Self-Check –7	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What is the preferred hormonal contraceptive methods for lactating women?
2. What information is included during counseling of the mother about immunization

Note: **Satisfactory rating - 3 points** **Unsatisfactory – below 3 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Operation Sheet 1	Techniques of providing postnatal care in the first 6hr after birth.

Step 1: Greet the mother and explain the purpose of the visit and obtain permission to proceed

Step 2: Wash your hand and prepare the necessary equipment

Step 3: Review the labor and delivery record if available.

Step 4: Do a "**quick check**" for danger signs (for mother and baby) and conditions needing emergency treatment.

Step 5: Ask the woman how she is feeling and respond immediately to any urgent problem(s).

Step 6: Take vital sign

Step 7: Assess general well-being of the mother and perform physical examination

Step 8: Remove the cotton and rubber draw sheet and place on the hamper.

Step 9: Remove gloves and dispose of them with contaminated waste

Step 10: wash hands and dry with clean towel or air dry

Assess general well-being of the infant

Step 11: Assess general well-being of the infant and perform physical examination

Step 12: Evaluate breastfeeding

Step 13: Remove clean glove and wash your hands again

Step 14: Tell the women your findings , interpret them and develop a care plan together

Step 15: Based on your care plan take Action (counseling, treatment, referral)

Step 16: Evaluate whether action taken was effective (e.g., can the woman state what the danger signs are for her and her baby?).

Step 17: Record information in the woman's record

Operation Sheet 2	Techniques of managing Postpartum hemorrhage caused by atonic uterus

Method of managing postpartum hemorrhage

- **Step 1**: Greet the mother and her support person what is happening to the mother
- **Step 2:** Wash your hands and Prepare the necessary equipment.
- **Step 3**: Observe the client for sign of hemorrhagic shock
- **Step 4**: Check client vital sign especially BP and Pulse. If all this suggest that the client is in hemorrhagic shock do the following actions:
- **Step 5**: Shout for help and wear clean gloves
- **Step 6**: Remove the pillow from her head and place under her lower legs to elevate the extremities.
- **Step 7**: Massage the uterus carefully
- **Step 8:** Give her the second dose of Utrotonic drug, if she get her first dose during birth of the baby. Otherwise you can give her 1000microgram of misoprustole.
    - Pre - referral treatment should be started immediately and should continue till she reaches to the health center.
- **Step 9**: (**If you are trained/otherwise consult your senior)** -Start pre-referral Intravenous infusion to prevent and treat shock.
    - Infuse Ringer's Lactate and set with the fastest possible flow rate.

    ✋. If the above steps are not helpful and not adequate to minimize and stop bleeding,
- **Step 10**. Perform two - hand pressure
- **Step 11**: If the bleeding continue while performing two-hand pressure, perform aortic compression
- **Step12**: Refer the women urgently. And while transporting the women to health center, try to apply the two - hand pressure and/or aortic compression

Operation Sheet 3	Techniques of managing traumatic PPH

Method of managing traumatic postpartum hemorrhage

- **Step1:** Wear clean glove and place rubber and cotton draw sheet.
- **Step 2:** Wash your hands and dry it properly using small sterile towel.
- **Step 3:** Wear surgical gloves and examine the vulval area for any lacerations.
- **Step 4:** Try to slow down the bleeding from the injury (eg a laceration in the perineum or vulva area) by applying direct pressure over the source of the bleeding.
- **Step 5:** Roll up 10 - 15 pieces of sterile gauze or a small towel and push it against the bleeding sit. Hold the pressure for at least 10min.
- **Step 6:** Carefully remove the gauze and check the status of bleeding. If the site is still bleeding, apply the direct pressure again and take the women to the health center immediately. Don't release the pressure until you reach to the health center
- **Step 7:** If the women has any laceration that does not have bleeding but require suturing, refer her to health center immediately.
- **Step 8:** Prepare a referral note and send the women with people that can be a possible blood donor.
- **Step 9:** Wash the used equipments and your hand carefully.
- **Step 10:** Rescored everything you did to the client.

LAP Test 1	Provide postnatal care in the first 6hr after birth.

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within --- hour.

1. W/o Almaze is a Gravid 3, para 2 mother who is in labor pain and admitted at 9:00 on Dec. 24, 2016 and her Hospital number is 1443. She gave a female newborn at 12: 00 the weight of the infant was 3.2kgm, APGAR score at first and fifth min was 8 and 9 respectively, and the infant starts breastfeeding within one hour after delivery.

- **Task one**: Provide the immediate Post natal are

LAP Test 2	How do you manage Postpartum hemorrhage caused by atoinc uterus

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within --- hour.

Case 1

W/ro Abebech, delivered a baby boy 40mintis ago, you gave her 600 microgram of misoprostol orally immediately after the birth. Suddenly she developed massive bleeding from her vagina. While examining her abdomen, you found a soft and relax uterus, but she do not have any tear in the perineum area.

Task 1. Mange the mother properly

LAP Test 3	How do you manage Postpartum hemorrhage caused by atoinc uterus

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within --- hour.

Case 1

W/ro Mulu, delivered a baby boy 1 hr ago, you gave her 10 IU oxytocin 10 IU IM immediately after the birth. Suddenly she developed massive bleeding from her vagina. While examining her abdomen, you found a a hard and firm uterus two finger above the umbilicus, but when you examine her perineum, you found a tear around perineum area.

Task 1. Mange the mother properly

Instruction Sheet	LG45: Organize and make follow-up of maternal health programs

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics –

- Registration of women receiving postnatal care
- Schedules for postnatal care
- Referral and communication networks
- Records on attendance for antenatal care and birthing outcomes

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, **you will be able to –**

- Maintain registration of women receiving postnatal care according to organizational guidelines and procedures
- Keep and use schedules of participation in postnatal care to organize continuous care for the lactating mother and infant
- Organize reminders and other assistance to attend care according to lactating mother's needs
- Maintain referral and communication networks with medical staff, midwives, allied community representatives and elders
- Keep and use records on attendance for antenatal care and birthing outcomes to follow maternal health programs

Learning Instructions:

7. Read the specific objectives of this Learning Guide.
8. Follow the instructions described below 3 to 4.
9. Read the information written in the information "Sheet 1, Sheet 2, Sheet 3 and Sheet 4," **in page1, 3, 9 and 13** respectively.
10. Accomplish the "Self-check 1, Self-check 2, Self-check 3 and Self-check 4" **in page 2, 8, 12 and 15** respectively

Information Sheet-1	• **Registration of women receiving postnatal care**

1.1. Postnatal care registration

The majority of countries do not have a postnatal register, so even if a HEW has a check-up with new mothers, she rarely record her efforts.

To deal with this problem, the Ministry of Health in Ethiopia has designed and instigated a register for postnatal care.

Postnatal care registration is important to calculate indicators such as early postnatal care coverage and postnatal care coverage.

While registering a women with postnatal care the following information has to be included in the registration form

- Mother's name, age
- Infant's date of birth in the form of (DD/MM/YY), sex of the baby
- Post natal visit (Visit number (1^{st}, 2^{nd}, 3^{rd}, …))
- Maternal Assessment
    - Date of visit
    - General condition (Normal, complicated)
    - Any preventive measures given (counseling, ITN, Vitamin A, etc)
    - Weight
    - Breastfeeding practice
- Problem identified at birth
    - Prematurity, sepsis, anemia…
- Any measurement taken (referral)

Self-Check -1	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Explain the importance of registration?
2. What information are included while registering a women with postnatal care?

Note: **Satisfactory rating - 2 points** **Unsatisfactory - below 2 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-2	• Schedules for postnatal care

2.1. Schedule for postnatal home visits

Postnatal care (PNC) for the mother should respond to her special needs, starting within an hour after the delivery of the placenta and extending through the following six weeks. The care includes the prevention, early detection and treatment of complications, and the provision of counseling on breastfeeding, birth spacing, immunization and maternal nutrition.

Currently, there is enough evidence and full consensus on key elements of essential postnatal care to improve the health and survival of newborns and mothers. However, it is still difficult to find evidence-based recommendations that can be taken as a standard for the optimal timing and frequency of postnatal care contacts. but almost in most of them have visited mothers at least two to three times in the first week after the birth. In all cases the first visit was within 24 hours after the delivery of the baby.

As you already know, the first 24 hours and the first seven days are the crucial times when most mothers and newborns die. Based on the available information from the experiences of other countries, and the feasibility of applying each option in Ethiopia, the World Health Organization has recommended a schedule of visits for postnatal care.

For all normal deliveries with an outcome of a full term and normal birth weight baby, the recommended frequency of home visits should be as follows:

1. The first visit should take place within 24 hours of the birth; whenever feasible do the visit as early as possible.
2. The second visit is on the third day after the birth.
3. The third visit is on the seventh day after the birth.
4. The fourth visit is during the sixth week after the birth.

Additional visits are needed on the fifth and tenth day after the birth in special circumstances, for example in:

- preterm babies, i.e. those delivered before 37 weeks of gestation
- low birth weight babies, i.e. those weighing less than 2.5 kg

- all sick mothers and newborn babies
- HIV-positive mothers.

Family members should also send for you to come immediately if a mother or the baby has a problem at any time during the postnatal period. Some families may be reluctant to bother you, so it is important that you always reassure each family that contacting you is the right thing to do if they become worried about the health of the mother or the baby.

2.2. When to perform home visit?

Home visit is one of the responsibilities of health extension workers. Based on the integrated refreshment training for health extension workers guideline, the time schedule for home visit should performed according to the following conditions. But the basically known visits are four.

- If the mother was delivered at health institution, the intrapartum care will cover the immediate postpartum care that must be provided to the mother and the health extension worker should stay with the mother and her baby in order to ensure their wellbeing. The second, third, and fourth home visiting schedule should continue on the third day, seventh day, and at sixth week.
- If the mother gave birth at home, the first visit should be done on the first day within six hours. And must be not longer than two days from the date of delivery. The second and third visit should be at the third and seventh days and the fourth visit should be at the sixth week

Other than these schedules, the health extension worker should visit the mother at any time based on the mother's demand for her.

As health extension workers, you should have to have a link with community health promoters to get information timely. And emphasis should be given as these visits are key preventive practices for the routine assessment, management and referral both the mother and baby.

Also you have to consider home visiting at fifth and tenth day after birth in situations like ,preterm and low birth weight baby, HIV positive mother, or any maternal or neonatal illness is there.

2.2.1. The preparation for home visit.

The preparation for home visit could be accomplished by performing two key activities.

1. Preparation of yourself for home visiting.
2. Preparation of the necessary equipments for home visit.

2.2.2. Self preparation (personal hygiene): -

A health extension worker should be a role model to the community she is working for. Otherwise, she may not have an acceptance by the community. So she should always be an example of neatness and attractive personality. Therefore keep your personal hygiene any time before you leave for home visit.

2.2.3. Prepare the necessary equipments you need for home visit.

Get the relevant equipments only in to your kit. Avoid the unnecessary equipments. The following are some of the equipments you need during home visit.

Table 2.1. Equipment for a postnatal home visit

1. Salter scale to weigh the baby	7. A clean towel to dry your hands
2. Blood pressure measuring apparatus	8. Vitamin A capsules
3. Stethoscope	9. Iron and folate tablets
4. Thermometer	10. Tetracycline eye ointment
5. Wrist watch or timer, for mother's pulse and baby's respiration rate	11. Counseling card and screening card for PNC.
6. Soap for washing your hands	12. Record book, referral form and pen.

2.3. Sequence of steps to be followed in home visit.

Table: - 2.2. Steps to follow during home visiting

1. Greetings
2. Ask about well being; make general conversation with the mother and the family.
3. Explain why you came here, and what you are going to do; and get her consent.
4. Take out the necessary equipment from bag and place on a clean cloth
5. Wash your hands
6. Collect mother's information (postnatal checklist and referral note if needed).
7. Collect newborn's information (postnatal checklist and referral note if needed).
8. Examine the mother and baby
9. Counsel mother on her health and baby's condition, as needed
10. Use counseling cards appropriate to the situation (e.g. on breastfeeding, LBW, etc.)

11. Talk with mother about danger signs in the baby and herself.
12. Praise mother and reinforce positive behaviors.
13. Complete the postnatal home visit form.
14. Tell her to call you at any time when she needs you and give her an appointment when the next visiting will be.

2.4. Reminders and other assistance

In Many African countries the importance of pre and postnatal care is often over looked, this leads to high complication rates in mothers and new-born. FMOH plan to reduces this challenge by using an SMS system that send SMS reminders to the mothers of their appointments and the importance of going for these hospital checkups.

When the mothers attend these appointments they will be getting medical support from there birthing health facilities, that will give their babies the best start in life and receiving lifesaving advice. These appointments are vital to go too as the woman and her baby's health is important. The appointment will be anything from immunization to checking up on the babies' physical development if all of these days in the health facilities, are attended the possibility of complications are dramatically reduced.

By this method you will send out these reminders to the mothers. As principle, mothers are encourage to ask their health facilities, where they attend antenatal or postnatal care services to register them for these reminders so that they can attend.

Despite the extensive use of m-Health behavior change interventions, questions remain about the use of technology-based reminders in delivering health care services. Text messaging, or short message service (SMS), is one reminder method that has been extensively researched including in Ethiopia..

Self-Check -2	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Write at least two importance of home visiting service in postnatal care?
2. Write the basic time schedule for home visiting.
3. Write the two main preparations a health extension worker should make before home visit.
4. Write at least six steps to be followed during home visiting?

Note: **Satisfactory rating - 2 points** **Unsatisfactory - below 2 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-3	• Referral and communication networks

3.1. Effective referral

Whether or not a sick mother or sick newborn can reach a fully functional health facility in time can literally be the difference between life and death. It helps a great deal if:

- You have taken care to develop and establish strong links with the health facilities that you use (and the health workers in them), so that referrals can be dealt with quickly and efficiently.
- You have mobilized the community to be alert to the need for psychosocial, financial and practical support in cases where critically sick mothers and newborns must reach the health facility urgently.
- You have convinced the mother and family to trust your judgment before the emergency happens, so they are ready to follow your advice if an emergency occurs.
- You are active in following up and checking that the mother and baby get to the health facility. The traditional way of telling the mother or the caregivers to go to the health facility, or just writing a referral note and doing nothing else, is never a sufficient solution.

3.2. The referral link: a two-way street.

The referral link between a higher-level health facility and you, the Health Extension Practitioner (HEP) at the Health Post, is a two-way street (Figure 3.1). For this system to be fully functional, you have to know the health workers in the nearby health centre or hospital, and they should know all the HEPs at the Health Posts in their catchment area.

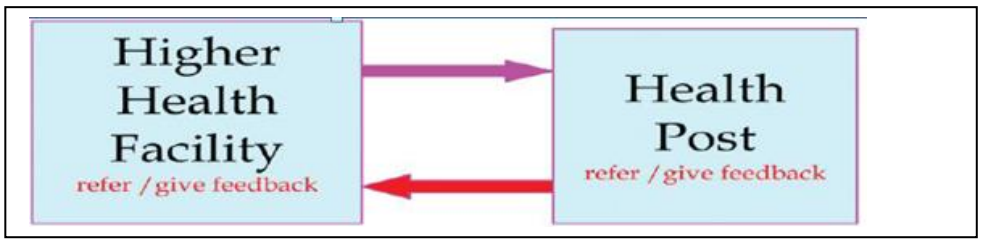

Fig 3.1. A tow way street referral link

3.2.1. Receiving feedback

Of course, it is not just a case of referring the mother/baby to the health facility and that is the end of it. For example, if you refer a sick mother, the health facility staff should write a note to you when the mother is discharged back to the village, giving you feedback about what happened to her while she was in their care, and giving you instructions on how to manage her health problem in the future.

That way you can continue to care for the mother and newborn in the most optimum way possible.

3.2.2. Knowing about local health facilities

To be really effective in your referrals you will need a list of all the health centers and any hospitals in your catchment area, together with information about the services each of them offers. This is so that if, for example, you deliver a very low birth weight baby, you immediately know which health facility has the right capacity, equipment and trained staff to give emergency care to very tiny babies. This information enables you to refer the mother and baby quickly to the right place.

3.3. What prevents referrals from happening effectively?

There are many reasons why a referral doesn‘t happen at all, or does not happen in time, including the following:

- Lack of proper counseling to the mother, father and other caregivers, so they don‘t realize how serious the problem is.
- Far distance and lack of means of transportation to the health facility.
- The family has not saved the financial resources to make the journey.
- Health facilities are not attractive to some patients. Often they don‘t have proper supplies of essential medicines and equipment, or they lack the correctly trained person for the service required. Hence, due to the poor reputation of some health facilities, parents may be reluctant to go to them.

3.4. How to make referrals happen

Writing a referral note and telling people to go to the health facility is not the problem. As we have discussed already, the problem is getting them to the appropriate facility where they will receive the right care. What else helps to make a referral happen effectively?

3.4.1. Good documentation

During pregnancy, every mother should be advised to get prepared for birth, including what to do if emergency problems occur either in the baby or herself. You should have the standard counseling card from your Region to help you convince the mother and other caregivers to agree to a referral if necessary. In other words, if you tell them she or the baby needs specialist help and treatment from a higher-level health facility; they should be ready to trust your judgment and go. Your referral note should cover the following:

- Date of the referral and time
- Name of the health facility you are sending the patient to
- Name, date of birth, ID number (if known) and address of the patient
- Relevant medical history of the patient
- Your findings from physical examinations and tests
- Your suspected diagnosis
- Any treatment you have given to the patient
- Your reason for referring the patient
- Your name, date and signature
- Your address, so the health facility can communicate back to you; and if possible include your phone number with your address

Self-Check -3	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Describe what a two way referral street is?
2. What are the information, that you should include on referral note during referring a postnatal women?
3. What prevents referrals from happening effectively

Note: **Satisfactory rating - 2 points** **Unsatisfactory - below 2 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-4	• Records on attendance for antenatal care and birthing outcomes

4.1. Record keeping

Record-keeping is an important aspect of caring for mothers.

Good records:

- assist in continuity of care
- assist with the communication of women's requirements for care between care givers
- reduce the risk of errors in drug administration and treatment
- focus attention on early signs of complications
- place on record significant observations and conclusions.

Poor records:

- impair continuity of care
- impair communication between staff
- increase the risk of errors being made, either by duplication or omission
- fail to identify deviations occurring
- fail to place on record significant observations and conclusions.

Effective records provide:

- concise, current and accurate information regarding the condition and care of the woman being cared for;
- a record of problems and actions taken regarding her;
- evidence of care, including interventions by professionals and the woman's responses;
- evidence of factors which have affected the woman;
- information that supports standard-setting, quality of care assessments and audits of care;
- a record of baseline observations against which improvement or deterioration can be measured.

4.1.1. Record-keeping in the postnatal period

Detailed records must be kept at all times and recordings must be made as soon after the event possible. A variety of records and notes are kept during this period.

An initial assessment of the woman can lead to a systematic approach to the recording of postpartum events. This enables the care giver to identify the woman's potential and actual problems. Individualization is central to the care process, rather than applying routine procedures to all women.

Soon after the birth the mother and the care giver should meet to plan care and to set their goals for this care. The actions required to reach these goals are then determined.

At the end of the care episode the care giver evaluates whether the care given has reached the goals set. The evaluation should include the mother's perception of the care received and whether she felt that the care was effective and acceptable to her and her family. The actions should not only conform to good professional standards but also respect the right and dignity of the woman and her family within their cultural context.

Self-Check -4	**Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What is the purpose of effective record?
2. What is the use of record keeping ?
3. List the effect of poor record ?

Note: **Satisfactory rating - 2 points** **Unsatisfactory - below 2 points**

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

List of Reference Materials

1- FMOH, Postnatal care, Blended Learning Module for the Health Extension Programme, Adds Ababa, Ethiopia 2007

2- FMOH, Postnatal care Learning Module for the Health Extension Programme, Adds Ababa, Ethiopia 20014

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