



A STUDY OF POST NATAL CARE IN A RURAL AREA IN SOUTH INDIA

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ABSTRACT **BACKGROUND-** The post natal period is probably the most neglected part of care given to a woman during her life. This study was undertaken in a rural area in South India using recommendations from the WHO guidelines (2014), to see the adequacy of post natal care.

AIM- To study the quality of care being given to mothers in the post natal period in a rural district of Telengana, South India.

METHODOLOGY- Using the recommendations of the WHO, a questionnaire was prepared to address the issues surrounding the care given to post natal women. This was filled by health personnel directly in touch with the new mothers. The data collected was analysed by simple proportions.

CONCLUSIONS –Nutritional supplementation is not adequate in the post natal period.

KEYWORDS : Immediate post natal care, WHO recommendations.

INTRODUCTION

The post partum period refers to the period that begins immediately following childbirth and lasts for about six weeks. During this period, the mother's body, hormones and uterine size return to the pre-pregnancy state. This is a critical phase in the lives of mothers and newborn babies.

There is a lack of research on the issues associated with postnatal care (PNC), and differing perceptions of maternal needs among health care staff members, new mothers, and regional cultural practices². In rural Jordan, for example, under-utilization of PNC services was due to traditional beliefs which were favored over the government-based health care services³. There is not much data available in India. Utilization of postnatal care services was significantly influenced by the mode of delivery. According to a study done in maternal health care service utilization in rural Ethiopia, mothers who delivered by cesarean section were 4.8 times more likely to get postnatal care services than mothers who delivered by spontaneous vaginal delivery⁴.

Systematic review of evidence was collected by the WHO. This evidence is constantly being reviewed for the best practices¹. The Guidelines Development Group (GDC) was established in 2011. They established guidelines to address the timing and content of postnatal care and contacts for the mother and newborns following normal childbirth. These guidelines focus on postnatal care of mothers and newborns in resource-limited settings in low- and middle-income countries. Based on evidence, recommendations were given. Where there was inconclusive evidence, consensus within the group was taken to determine the strength of association of the recommendation. These guidelines are constantly being updated, the latest version is the 2014 guideline.

AIMS AND OBJECTIVES

To see if mothers and newborns are receiving adequate postnatal neonatal care in low resource settings in the rural district of Mahabubnagar in South India.

MATERIAL & METHODS

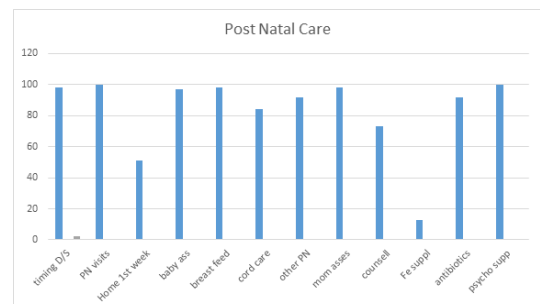
Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Accreditors (ASHA) form the backbone of care of antenatal mothers in India. This care also extends into the postnatal period where they are expected to check on post natal mothers and the neonates too.

The WHO has laid down twelve recommendations regarding post natal care. Based on these recommendations, a questionnaire was prepared and pretested by the co-authors. It was written in English and translated into the local language. The study was a retrospective one, undertaken in Mahabubnagar. It was administered by both the ANMs and the ASHA workers to all mothers who delivered normally in the Government Hospital, Mahabubnagar in the between March 2018 to September 2018. A total of ninety two subjects who delivered normally in the Government Hospital were included in the study. Exclusion

criteria included subjects who did not stay continuously in the area for three months following delivery. Patients who had complications or operative deliveries also were excluded. An additional criteria is that the baby should be alive and well at the time of discharge from hospital.

RESULTS

Recommendations of WHO	Association	Nos	%
1. Timing of discharge from hospital	Weak	90	98
2. No. and timing of postnatal contacts	Strong	92	100
3. Home visits – 1st week	Strong	47	51
4. Assessment of baby	Strong	89	97
5. Exclusive breast feeding	Strong	90	100
6. Cord care	Strong	78	84
7. Other postnatal care		86	93
8. Assessment of mother		92	100
9. Counselling		67	73
10. Iron and folic acid supplements		12	13
11. Prophylactic antibiotics	Strong	86	92
12. Psychological support	Weak	92	100



Based on previous evidence, WHO ranked eight of the twelve recommendations to have a strong association with high quality post natal care.

Although the timing of discharge of patients is a weak recommendation, 98% of the subjects in our study were discharged after 24 hours. Due to the shortage of beds in the hospital, early discharge for non complicated normal deliveries is advocated. Two of the patients were discharged earlier than twenty four hours due to personal reasons.

All of the patients had the recommended post natal visits in the immediate post natal period as the subjects were all hospital deliveries. But in the first week of delivery, after discharge, only 51% had the recommended visit by health worker at home. Almost all (97%) of the subjects knew they had to seek medical help about their babies after recognising the danger signals.

Only 84 % of subjects took proper care of the cord of the baby by applying antiseptic solution. They did not use primitive agents like dung etc to clean the cord.

93% of the subjects had knowledge of recognising dangerous signs in the post natal period like post partum hemorrhage, puerperal sepsis etc. They were aware of seeking appropriate help.

Although all of the subjects were being properly assessed by health personnel, according to the data collected, only 73 % of subjects listened to advice by the health assistants. They were also inclined to follow the advice given by their family, particularly their in-laws, regarding parenting and family planning.

Alarming, only 13% of patients took iron supplements in the post natal period. These subjects did not feel the need to take iron supplements, as they felt those supplements were only needed in the antenatal period. When probing further, those mothers who went to their husbands' homes post delivery were not given any medications at all. The few who had some medications only had them in their mothers' homes, for four weeks post partum. 90% of subjects had prophylactic antibiotics in the immediate post natal period after discharge from hospital. The few who did not take antibiotics cited gastrointestinal upsets as the reason for non compliance.

Psychological support to the subjects is mainly from the immediate family. The subjects felt that they had adequate support from family members.

DISCUSSION AND CONCLUSIONS

A study by Carty EM et al. showed that the risk of neonatal readmission when the mother and baby were discharged from the health facility within 24 hours after birth was not significantly different than when the discharge occurred at a later time⁵. Most of our subjects were discharged within 24 hours and this is in accordance with the recommendations made by the WHO.

At least three additional postnatal contacts are recommended for all mothers and newborns, on day three (48–72 hours), between seven to fourteen days after delivery, and six weeks subsequently. Since all our subjects delivered in hospital, they had the immediate post natal visit. During the first week at home, only 51% had the recommended home visit by the health personnel. This is one of the factors that need to be strengthened. The importance of seeing the mother in her home in the first week cannot be undermined, and this is endorsed by the WHO as a strong recommendation.

All the subjects (100%) knew that exclusive breast feeding was the best for the baby.

There were only 13% taking the prescribed post natal supplements. Once the mother had given birth, the focus of the family had shifted to the neonate. It should be reiterated at each stage that mothers take care of themselves in the period after delivery while they are breastfeeding the child. The benefits of supplementation of iron and folic acid far outweigh the risk of any major side effects⁶. One of the possible reasons for non compliance could be that this study included only uncomplicated vaginal delivery cases. In post cesarean deliveries, patients take more care of themselves and follow instructions. We have to focus on this area and impress upon these patients the importance of post natal iron and folate supplements, at least for 3 months after delivery, as per the WHO recommendation.

Postnatal depression which is a reality now is not given the importance that it should be given in India, as this entity is not recognized or diagnosed. The occurrence of postpartum depression may be reduced by detecting and treating antenatal depression, which is a predictor of postpartum depression⁶. Psychological analysis should be a part of the antenatal care. The health care providers and policymakers are recommended to increase the awareness of mothers on postnatal care services, to prevent maternal and neonatal complications and to schedule mothers based on the national postnatal care follow-up protocol in order to increase postnatal care service utilization⁷.

The recommendations of the WHO will be regularly updated as more evidence is collated and analysed on a continuous basis, with major reviews and updates at least every five years. The next major update will be considered in 2018 under the oversight of the WHO Guidelines Review Committee.

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