OBSTETRIC EMERGENCIES

NORMAL POSTPARTUM/POSTNATAL CARE

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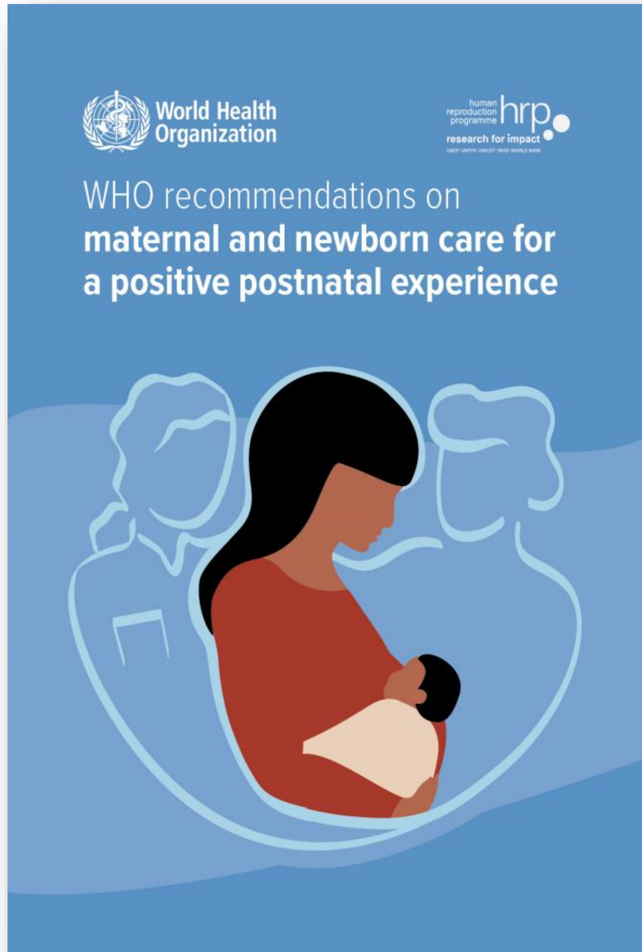
WHO POSTNATAL CARE Recommendations



WHO RECOMENDATIONS

- Respectful care,
- Maternal mental health screening for—and prevention of — maternal depression and anxiety during the postnatal period.
- Common physiological signs and symptoms, preventive measures,
- Nutritional interventions and breastfeeding, infant growth and development,
- Postpartum contraception.
- Digital targeted client communication.
- Protection from harmful commercial marketing of breastmilk substitutes,
- Abstinence from alcohol and tobacco,
- Birth registration,
- Employment rights, and social protection legislation
- Discharge after 24 hours

MORBIDITY & MORTALITY IN POSTNATAL

WHO-

- Up to 40% of maternal deaths are intrapartum-related,
- 30% occur postpartum
- 2 million stillbirths 42%

(intrapartum)

- 2.4 million neonatal deaths (1/3 within first day of birth)
- - Saving Mothers Report 2020-2022 MD due to Peuperal Sepsis =187, (5,1%)

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Updated Guidelines for in Postnatal Care

2016 Maternal Care Guidelines

New Integrated MNH Guidelines 2023

1.Respectful Maternity Care
2. Matrnal Mental Health
5. Maternal Nutrition
22.Routine and complicated postnatal care
Postnatal care after normal vaginal delivery
Postnatal care after caesarean delivery
23.Postpartum Contraception
Pregnancy risk postpartum
Long acting reversible contraception
Oral Contraception
Lactational amenorrhoea method (LAM)

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Updates

CHAPTER 22: ROUTINE POSTNATAL CARE

POSTNATAL CARE AFTER NORMAL VAGINAL DELIVERY

- **Principles of respectful care**
- Zero separation unless if one special or intensive care.
- Skin to skin
- Vital Checking BP, the heart rate, that the uterus active vaginal bleeding.
- Mobility and can pass urine.
- Pain relief paracetamol one gram orally .
- Counsel on infant feeding, contraception, and self-care in the puerperium.
- Early initiation of breastfeeding & breastfeeding support
- HE on types of infant formula to purchase and shown how to prepare and use formula safely
- four hourly BP, heart rate, temperature, and pad check assessments.
- Abnormalities: consider transfer from a CHC to hospital

WHO Recommendation –Discharge after 24hrs

SA CONTEXT-Discharge from clinic or hospital is permissible 6 hours after delivery ONLY IF MOTHER IS WELL FOLLOW DISCHARGE CHECKLIST

Criteria for discharge

- medical, surgical or obstetric problems
- No evidence of anaemia
- the heart rate (< 100/min), respiratory rate (< 20/minute) temperature (< 37.5 °C) and BP Normal <130/90
- no uterine tenderness , no active vaginal bleeding
- there is no excessive pain in the abdomen or perineum
- Optimal breastfeeding practice
- **Post partum contraception discussed and provided within 48 hrs post delivery**

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- All blood results – Hb, syphilis, Rhesus group, and HIV discharge summary form has been completed appropriately
  - If heart rate > 100/ min or respiratory rate > 20/minute -assessment and investigation not for discharged.

Self-care of healing episiotomy or perineal tear

if pain worsens or does not respond to simple measures.

• H/Education on care to than episiotomies i.e. sitz baths twice daily in warm water (salt or antiseptics not essential).

- Health education on danger signs (Table 22.1.)

THE POSTNATAL VISIT AT THREE TO SIX DAYS

Postnatal attendance c three to six days after normal delivery, for mother baby check-up

- Orders or special concerns on discharge summary
- Check temperature, heart rate, blood pressure, respiratory rate
- exclude uterine tenderness
- the legs for evidence of thrombosis
- vaginal bleeding and offensive vaginal discharge
- check breasts and nipples
- Breastfeeding maintained

POSTNATAL UPDATES

THE POSTNATAL VISIT AT SIX WEEKS

- Care of the baby (HIV, vaccinations, weighing, feeding).
- discharge summary
- check for pallor and measure the BP and heart rate • do bedside Hb test, if low send off full blood count
- review contraception choices: an intrauterine device may be inserted at this time /alternately implants may be considered

For HIV-negative breastfeeding patients

- **HIV TESTING ACCORDING TO VTP/HTS SCHEDULE**

POSTNATAL CARE AFTER CAESAREAN DELIVERY •

- Zero Separation separate the mother and her baby
- check BP, heart rate, uterine contraction, wound dressing and pad for bleeding

- ½ hrly x 2hrs
-hourly x 4 hours
-two hourly x 6 hours
- 4 hourly until the mother is discharged

- surgeon's and anaesthetists' orders and prescriptions are clearly understood and followed.
- Check temperature and urine output four hourly.
- Remove the urinary catheter after six hours,
- 0ral fluids and a light meal
- A doctor's ward round must be done at least once daily.

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POSTPARTUM CARE

POSTNATAL CARE AFTER CAESAREAN DELIVERY •

- Zero Separation separate the mother and her baby
- check BP, heart rate, uterine contraction, wound dressing and pad for bleeding
  - ½ hrly x 2hrs
  - hourly x 4 hours
  - two hourly x 6 hours
  - 4 hourly until the mother is discharged
- surgeon's and anaesthetists' orders and prescriptions are clearly understood and followed.
- Check temperature and urine output four hourly.
- Remove the urinary catheter after six hours,
- give oral fluids and a light meal
- A doctor's ward round must be done at least once daily.

- The mother may be discharged on the second day (36-48 hours) after an uncomplicated caesarean section, if all observations are normal, as above for vaginal delivery.
- If heart rate > 100/ min or respiratory rate > 20/minute - assessment and investigation not for discharged.
- Risk factors for infection (HIV infection, prolonged labour, prolonged rupture of membranes, chorioamnionitis, or caesarean section in the second stage) may need to be kept in hospital on antibiotics for three to five days.
- Clear discharge summary with orders for removal of sutures and follow-up visits.
- The six-week postnatal visit will be the same as after normal vaginal delivery

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POST PARTUM EARLY WARNING CHART

NEW MCR

[illegible]	50																	50
	40																	40
Urine volume in ml/hour																		Urine volume in ml/hour
Breasts																		Breasts
HEIGHT OF FIUNDUS	24 cm																	24 cm
	22 cm																	22 cm
	20 cm																	20 cm
	18 cm																	18 cm
	16 cm																	16 cm
	14 cm																	14 cm
	12 cm																	12 cm
	10 cm																	10 cm
	8 cm																	8 cm
Perineum																		Perineum
Lochia	Normal																	Normal
	Heavy (H) Fresh (F)																	Heavy (H) Fresh (F)
	Offensive (O)																	Offensive (O)
Neuro response	Alert																	Alert
	Vocal																	Vocal
	Pain																	Pain
	Unresponsive																	Unresponsive
Pain	None-mild																	None-mild
	Severe																	Severe
Looks unwell	No (✓)																	No (✓)
	Yes (✓)																	Yes (✓)
TOTAL YELLOW SCORE																		TOTAL
TOTAL RED SCORE																		TOTAL
DOCTOR CALLED (Y/N)																		
Signature																		

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NEW UPDATES-KEY SIGNS TO OBSERVE BY MOTHER

Table 22-1 Postpartum danger signs

Attention: Immediately to hospital	Attention: As soon as possible to hospital
Vaginal bleeding • more than 2 or 3 pads soaked in 20-30 minutes • bleeding increases rather than decreases after delivery	Fever
	Abdominal pain
	Swollen, red or tender breasts, or sore nipple
Convulsions	Urine dribbling or pain on micturition
Fast or difficult breathing	Feels ill
Fever and too weak to get out of bed	Pain in the perineum
Severe abdominal pain	Foul-smelling lochia

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BABY:

Attention: Immediately to hospital	Attention: As soon as possible to hospital
Difficulty breathing	Difficulty feeding
Convulsions	Pus from eyes
Fever or feels cold	Skin pustules
Bleeding	Yellow skin
Diarrhoea	Cord stump which is red or draining pus
Very small, just born	Feeds <5 times in 24 hours
Not feeding at all	

Table 22-2 Effective Screening; Classification and interventions during the Postnatal Period for the mother:

Signs	Classify	Screen/Diagnose	Treatment
• Diastolic blood pressure ≥90 and/or systolic BP≥140	Hypertension	• Check blood pressure and urine	• See chapter on HDP for management
• Haemoglobin <7g/dl • Severe pallor • >24breaths per minute • Breathlessness at rest	Anaemia	• Check haemoglobin • Check pallor • Check number of breathes per minute.	• See chapter on Medical Conditions in Pregnancy for management of anaemia
Positive HIV test	HIV positive	PICT	See HIV chapter for management
More than 1 pad soaked in 5 minutes	Postpartum bleeding	Check pad soakings	See PPH chapter for management
Temperature >38◦ and • Abdominal tenderness • Foul smelling lochia • Uterus not well contracted • Lower abdominal pain • Heavy vaginal bleeding	Uterine Infection	• Fever • Abnormal lochia • Abdominal tenderness • Uterus not well-contracted	See Postpartum Sepsis chapter for management

SCREENING; CLASSIFICATION AND INTERVENTIONS

Table 22-2 Effective Screening; Classification and interventions during the Postnatal Period for the mother:

Fever >38◦C and • Burning on urination • Flank pain	Upper Urinary Tract Infection	• Check temperature • Urine culture • Abdominal palpation	See Infections in Pregnancy chapter for management
Burning on urination	Lower Urinary Tract Infection	Urine dipsticks Urine culture	See Infections in Pregnancy chapter for management
• Temperature >38◦C • Stiff neck • Lethargy	Very severe febrile disease ?Malaria	Check temperature	See chapter on Infections in pregnancy for management of malaria
Fever >38◦C	?Malaria	• Check temperature • Medical history	See chapter on Infections in pregnancy for management of malaria
Dribbling or leaking urine	Urinary incontinence	Check perineal trauma	• Give oral antibiotics (discuss with dr) • If condition persists more than 1 week, refer to hospital

SCREENING; CLASSIFICATION AND INTERVENTIONS

Table 22-2 Effective Screening; Classification and interventions during the Postnatal Period for the mother:

Excessive swelling of vulva or perineum	Perineal trauma	Check perineum	Refer to hospital
Pus in perineum Pain in perineum	Perineal infection or pain	Check perineum	• Remove sutures, if present • Clean wound. Counsel on care and hygiene • Give paracetamol for pain • If no improvement after 2 days, refer to hospital
• Use the screening tool in the MCR to detect mental health problems	Postpartum depression	History taking Counselling Observations	Provide emotional support Refer urgently to hospital See Mental health chapter
Any of the above, for less than 2 weeks	Postpartum blues	Counselling	• Emotional support • Counsel partner and family • If no improvement after 2 weeks, refer to hospital See Mental health chapter

23. POSTPARTUM CONTRACEPTION

- ❑ PREGNANCY RISK POSTPARTUM
- ❑ CONTRACEPTIVE COUNSELLING

STEP BY STEP GUIDE

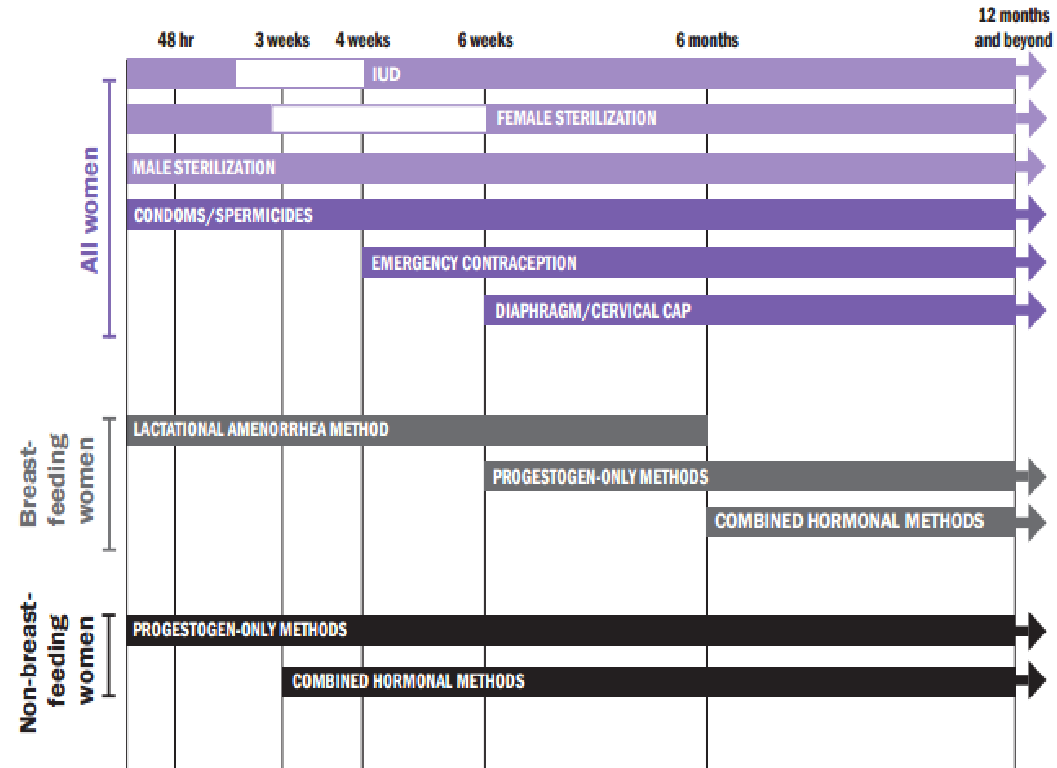
❑LARC

- post placental insertion (10%) (insertion within 10 minutes of delivery of the placenta)
- The provider should prepare in advance so the insertion is within 10 minutes after delivery.

NB

If the IUD cannot be provided immediately postpartum systems should be in place for the patient to access it at the 6-week postpartum visit

Contraceptive options



23. POSTPARTUM CONTRACEPTION

- ❑IMPLANT

Step by step guide for insertion

- ❑ TUBAL LIGATION

- Tubal ligation is considered a non-reversible method.
- Counselling and written informed consent are necessary.
- The process of counselling and decision making should start in the antenatal period.
- Female tubal ligation can be done immediately at CD or by mini laparotomy in the first 48 hours post-delivery.
- If the patient is scheduled for the procedure after 4 weeks post-delivery, she should be given an alternate method of contraception while she awaits her procedure

- ❑INJECTABLE
- ❑ ORAL CONTRACEPTION
- ❑ LACTATIONAL AMENORRHOEA METHOD (LAM)

PREDISCHARGE CHECKLIST

NEW MCR

PRE-DISCHARGE CHECKLIST

Assess mother for problems	No	Yes	Recommended action
The mother has a danger sign: o Heavy bleeding o Severe abdominal pain o Unexplained pain in chest or legs o Visual disturbance or severe headache o Breathing difficulty o Fever, chills o Vomiting	☐	☐	Assess the cause (s) and initiate care or refer. Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.
The mother's bleeding is heavy or has increased since birth (e.g., bleeding soaks a pad in less than 5 minutes).	☐	☐	Start IV fluid and keep mother warm Delay discharge. Treat or refer. Evaluate and treat possible causes of bleeding (e.g., uterine atony retained placenta, or vaginal/cervical tear).
The mother has an abnormal vital sign: o High blood pressure (SBP > 140 mmHg or DBP >90 mmHg) o Temperature > 37.5°C o Heart rate > 100 beats per minute o Respiratory rate >20 per minute	☐	☐	Give magnesium sulphate to mother if any of: • SBP ≥160 mmHg or DBP≥110 mmHg; and 2+ proteinuria • SBP ≥140 or DBP ≥90 mmHg, and 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain Give antihypertensive medication to mother if SBP >160 mmHg or DBP >110mmHg Evaluate the cause of abnormal vital sign(s) and treat or refer. Defer discharge until vital signs have been normal for at least 48 hours and no danger signs remain.
The mother is not able to urinate easily	☐	☐	Defer discharge; continue to monitor and evaluate the cause; treat or refer as needed
Mental state: the mother is agitated or very withdrawn **Support person**: the mother has a partner or support person to be with her at home The mother has a safe home to return to	☐ ☐ ☐	☐ ☐ ☐	Defer discharge; continue to monitor and evaluate, refer appropriately (social worker, mental health nurse, psychiatrist etc).

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DISCHARGE SUMMARY

NEW MCR

Obstetric Discharge Summary (complete in duplicate). This copy accompanies the person.

Date and time delivered:

☐ Alive ☐ Stillbirth ☐ Perinatal death

Age: G P

Name...
Clinic/Hospital number..
Date of Birth...

Use patient label if available

Type of delivery
- ☐ **Normal Vaginal Delivery (NVD)**
- ☐ Caesarean Delivery ☐ primary ☐ repeat
- ☐ Breech Delivery
- ☐ Forceps Delivery
- ☐ Vacuum Delivery
- ☐ Born Before arrival (BBA)

Post-partum procedures
- ☐ **None**
- ☐ Tubal ligation
- ☐ Manual removal of placenta
- ☐ Cervical tears repaired
- ☐ Evacuation/curettage
- ☐ Hysterectomy

Additional comments:

HIV
- ☐ **Non-reactive**
- ☐ Reactive
- ☐ Declined testing
- ☐ CD 4: date:
- ☐ Viral Load date:
- ☐ IPT
- ☐ Co-trimoxazole

WHO stage: I ☐ II ☐ III ☐ IV ☐
Current ART:

Discharge medication
1
2
3
4
5

Family Planning
- ☐ All methods and options discussed

Method given
- ☐ Oral contraceptives
- ☐ Injectable
- ☐ Intra-uterine device
- ☐ Implant
- ☐ Tubal ligation
- ☐ Vasectomy

Given by:

Syphilis status
- ☐ **Negative**
- ☐ Positive

Treatment dates:

Rhesus status
- ☐ **Negative**
- ☐ Positive

Anti-D given ☐ Yes ☐ No

ICD 10:

Next Pap Smear due on:

- ☐ Condoms and advice on dual protection provided
- ☐ Appointment given for sterilization or follow up at family planning clinic:

Date: Clinic:

Medical or Surgical problems during pregnancy or delivery
- ☐ **None**
- ☐ Chronic hypertension
- ☐ Pre-eclampsia
- ☐ Eclampsia
- ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II
- ☐ Other:

Examination on discharge

☐ Pre-discharge checklist completed ☐ looks well ☐ looks ill

Pulse: BP: Temp: HOF:

Hb: Breasts:

Perineum: ☐ intact ☐ clean ☐ septic

Urine output: ☐ good ☐ poor ☐ none

Baby 1 ☐ Male ☐ Female ☐ BCG ☐ Polio ☐ Birth PCR

Weight.............................g Head.....................cm Length ....cm

Baby 2 ☐ Male ☐ Female ☐ BCG ☐ Polio ☐ Birth PCR

Obstetrical problems in pregnancy and delivery

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2030

30 YEARS OF FREEDOM
South Africa 1994 - 2024

RESPECTFUL MATERNITY CARE AND MENTAL HEALTH IN POSTNATAL PERIOD

RESPECTFUL POSTNATAL CARE CH.1

- Do not leave infants unattended.
- Do not unnecessarily separate woman and infant.
- Encourage skin to skin / kangaroo care after delivery.
- Never transfer infants to other facilities without parental consent.
- Ensure woman and infant are well prior to discharge.
- Families who have experienced pregnancy loss, miscarriage, neonatal death or who are caring for sick or underweight infants need additional support.

MATERNAL MENTAL HEALTH CH.2

- Postnatal blues is very common –
- how to distinguish from more severe mental health problems
- explore the social and practical support available to the mother. Activate available resources (support groups, home visits from CHWs, NGO or social work referrals etc)
- Assess mother-child interaction as part of post-natal care and refer when appropriate and resources available.
- call a senior midwife or doctor if there are abnormalities: consider transfer from a CHC to hospital

MATERNAL NUTRITION IN POSTNATAL PERIOD

IMMEDIATELY AFTER DELIVERY

- Delayed umbilical cord clamping (at least 1 minute after birth) is recommended. This applies for both term and preterm births as well as both vaginal deliveries and caesarean sections. There is no evidence for increased HIV transmission due to delayed cord clamping.

POSTPARTUM

- Balanced and healthy diet.
- Postpartum constipation.
  - Good dietary good hydration and fibre-rich diet including items such as bread, whole grains, bran/cereals and fruits.
- Oral iron and folate supplementation can be continued in the postpartum up to 12 weeks after delivery for women who had anaemia during pregnancy.
- Vitamin A supplementation for the mother is not recommended.

NUTRITIONAL REQUIREMENTS DURING LACTATION

- Increased nutrient needs and healthy eating
- Food safety and hygiene
- Avoidance of alcohol, smoking and substance abuse
- Counselling on breastfeeding benefits and safe infant feeding choice.

. NUTRITION WHILE BREASTFEEDING

- Undernourished.
- Nutrition counselling and micronutrient supplementation
- Counselling mothers on the benefits of early and continued breastfeeding
- –

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MANAGEMENT OF A MOTHER DELIVERED AT HOME OR IN TRANSIT

BBA

History Taking BOOKED

- Physical Assessment
- Vital data
- Abdominal examination
- Examine Placenta.
- PV bleeding
- Examine Perineum+ Tears
- Estimate blood loss from linen

ASSESS BLOOD RESULTS

History Taking UNBOOKED

- Physical assessment
- Vital data → TAKE ALL RELEVANT BLOODS
- Abdominal examination → Contractility of the uterus → GIVE SYNTOCINON
- Examine Placenta. → Complete-Dispose appropriately
- PV bleeding → If any linen estimate blood loss → CHECK HB manage appropriately
- Examine Perineum + Tears → REPAIR

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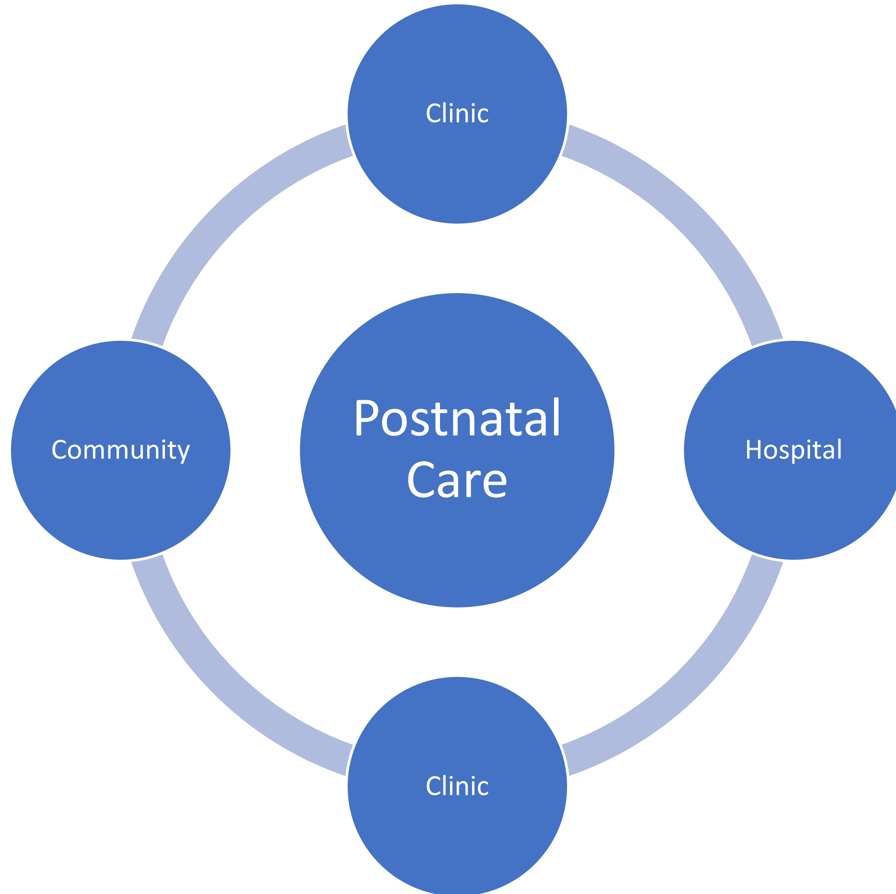
POST PARTUM & COMMUNITY Maternal Health



- Community maternal health cuts across all areas of care of women in all stages of life viz Adolescents, Preconception, Periconception, Intrapartum and Puerperium,
- preserving quality life of women (prevention and promotion) life .
- The greatest burden of health of **all individuals lies with families and communities.**

THANK YOU

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