

POSTNATAL CARE PROTOCOL

IMMEDIATE CARE	SUBSEQUENT CARE	CARE ON DISCHARGE
<p>Mother</p> <ul style="list-style-type: none"> Check B/P, pulse rate, respirations, temperature, uterine contraction, bleeding and bladder function immediately after delivery and 1/2 hourly for two hours after delivery Do not leave the woman until the uterus is well contracted and the bleeding controlled <p>Baby</p> <ul style="list-style-type: none"> Dry the baby, place skin to skin and cover both mother and baby with a warm cloth Assess condition and APGAR score at 1 minute and 5 minutes Resuscitate immediately if necessary Check baby for any abnormalities Observe every 15 minutes for breathing, respiration, color and bleeding from the cord Initiate breastfeeding within an hour Conduct thorough assessment of the baby after 1 hour (including birth weight) Apply prophylactic Tetracycline Eye Ointment 1% 	<p>Mother</p> <ul style="list-style-type: none"> Review antenatal and delivery records noting: <ul style="list-style-type: none"> Date, time and type of delivery Total estimated blood loss Most recent Hb Any recent or current medical or obstetric problems. Give Vitamin A. Assess condition of the mother twice a day and monitor the following: <ul style="list-style-type: none"> Vital signs Conjunctiva Breasts Uterine contraction Lochia for color, amount and smell Perineum for cleanliness and healing if sutured Bladder and bowel function Any oedema of legs Any tenderness of legs on palpation or on walking, suggestive of deep venous thrombosis Psychological state Whether the woman is eating, drinking and sleeping well <p>• Make sure all ROUTINE investigations that were not done during pregnancy are done postnatally i.e., HTC, Hb, Syphilis</p> <p>• Assist the mother with breast feeding</p> <p>Baby</p> <ul style="list-style-type: none"> Assess general condition of the baby (breathing, activity, colour—any cyanosis or jaundice, pallor, cord stump) Check temperature Assess if the baby is breastfeeding satisfactorily Check whether baby is passing urine and meconium Give immunization to baby <p>NOTE: Care of the mother and baby during the first 48 hours after delivery is critical to the health and survival of both mother and baby because most complications happen during this period. 48 hours postpartum care of mother and baby at the health facility (health center and hospital) is minimum standard of care for normal delivery.</p>	<p>Care on discharge</p> <p>Provide discharge advice on:</p> <ul style="list-style-type: none"> Danger signs for the mother during the puerperium (bleeding, fever, foul lochia, severe headache, oedema of hands and feet) Nutrition and personal hygiene Rest and sleep Use of mosquito net Family planning and condom use (dual protection) Danger signs for the baby (fever, breathing difficulty, poor sucking, redness or pus on the cord, jaundice, lethargy, convulsions) Complication readiness including transport plans Couples could resume sex at 6 weeks Postnatal visit within one week and at six weeks Exclusive breast feeding Ensure that Vitamin A 200,000 units is given to the mother and immunizations to the baby Advise mother on baby care (especially warmth, eye and cord care)

SUMMARY OF PROBLEMS THAT NEED IMMEDIATE ATTENTION AND ACTION		
Problem	Action	Risk
MOTHER		
Raised temperature	Investigate for cause of infection	Puerperal sepsis
Tachycardia	Check associated signs and symptoms	Puerperal sepsis, DVT
Offensive lochia	Take swab for culture and sensitivity Give Chloramphenicol 500 mg IV every 6 hours until patient is fever-free for 48 hours (continue for not less than 5 days) Maintain vulval hygiene	Puerperal sepsis
Sub-involution of the uterus	Ensure bladder and bowels are emptied Establish if there are retained products or infection and treat appropriately	Puerperal sepsis, Secondary PPH
Dysuria	Encourage plenty of fluids If infection is suspected, send a urine specimen for C/S, commence broad spectrum antibiotic therapy immediately	Urinary tract infection
Urinary incontinence	Establish cause e.g., VVF, stress incontinence, retention with overflow. Check whether there is trauma to the bladder or urethra. Treat or refer according to cause	Dependent on cause: persistent urinary tract infections, permanent VVF
Soreness of perineum	Establish cause Give Paracetamol	Haematoma, Sepsis
Inability to sleep or rest	Counselling Exclude physical causes e.g., pain	Puerperal psychosis

SUMMARY OF PROBLEMS THAT NEED IMMEDIATE ATTENTION AND ACTION		
Problem	Action	Risk
BABY		
Abnormal temperature	Establish cause. If elevated temperature: check if too much clothing or covers, dehydration or sepsis. If subnormal: it could be brain damage or sepsis (check cord) <ul style="list-style-type: none"> If at a health centre, give first dose and refer For neonatal sepsis, give start dose of Gentamycin 7.5 mg per kg and X-pen 50,000 IU and refer It is important for the person looking after the baby to know condition and treatment of the mother e.g., fever, offensive liquor and prolonged rupture of membranes; drugs she is on or has been given 	Sepsis, brain damage, hypothermia
Jaundice	Determine cause of jaundice Assess bilirubin content Consider infection	Pathological jaundice
Inability to feed	Assess palate Check attachment on breast feeding Rule out brain damage Drugs to mother Prematurity	Cleft palate, Failure to thrive
Problems with passing stools or urine	Check presence of orifices and amount of feeds	Congenital anomalies e.g., imperforate anus, intestinal obstruction, absence or abnormality of kidneys

RESUSCITATION OF THE NEWBORN		
<p>Indications for baby that requires resuscitation Immediately:</p> <ul style="list-style-type: none"> If meconium staining is present, suction the mouth first and then the nostrils before delivery of chest As soon as the baby is born repeat suction the baby first before drying Dry and wrap in a clean, dry, warm cloth Assess if baby is crying. If NOT crying Lie baby on its back with head slightly extended, uncover only face and chest Suction first the mouth and then the nose. Introduce the penguin suction apparatus into the newborn's mouth 5 cm from lips and suck while withdrawing Introduce the penguin suction apparatus 2 cm into each nostril and suck while withdrawing until no mucus. Repeat each suction if necessary but no more than twice and no more than 20 seconds in total. Stimulate once or twice at the back Check if breathing <p>If still NOT breathing:</p> <ul style="list-style-type: none"> Explain to the mother that the baby is not breathing Clamp or tie and cut the umbilical cord Move to area for ventilation Stand at head and select correct size mask 	<p>Ventilate:</p> <ul style="list-style-type: none"> Place mask to cover chin, mouth and nose Form a tight seal Squeeze bag attached to the mask with whole hand, 2 or 3 times Observe rise of chest. If chest is not rising: <ul style="list-style-type: none"> Reposition head Check mask seal Squeeze bag with whole hand Once good seal and chest rising ventilate at a rate of 40 breaths per minute until newborn starts crying or breathing spontaneously. Monitor with mother. <p>If still NOT breathing: Call for help.</p> <ul style="list-style-type: none"> Open the mouth and clear secretions Reposition head slightly extended Reapply mask to cover chin, mouth and nose Form a tight seal Squeeze bag harder to improve ventilation Ventilate at a rate of 40 breaths per minute until newborn starts breathing spontaneously If regular normal breathing, monitor with mother 	<p>If still NOT breathing: Continue ventilation and ask helper to check heart beat</p> <ul style="list-style-type: none"> If heart rate is slowed (less than 100 bpm) or normal (100 bpm or above), ventilate with bag and mask until breathing established. If regular normal breathing established, monitor with mother. If the heart rate is less than 100 bpm or normal (100 bpm and above) but the baby is NOT breathing well or remains blue, continue ventilation and seek advanced care (inform anaesthetic clinical officer or clinical officer or next referral health facility). Reassesses the Apgar score at 5 and 10 minutes. <p>The desired outcome is a HEALTHY PINK BABY!</p> <p>If there is no gasping or breathing and there is no heart beat by stethoscope after 10 minutes of ventilation with good chest movement, stop ventilating; the baby is dead. Inform and comfort the mother.</p>