

Table 8: Postnatal Care

Interventions and Services Provided	Community (TBAs)	MCHP	CHP	CHC	Hospital
Immediate postnatal care:					
Monitor vital signs, state of uterine contraction and vaginal bleeding	No	Assess and refer complications	Assess and refer complications	Assess and refer complications	Yes
At end of first week and during puerperium					
Give postnatal vitamin A	Yes	Yes	Yes	Yes	Yes
Give prophylactic iron and folic acid	Yes	Yes	Yes	Yes	Yes
Detect and manage puerperal sepsis	Refer	First aid (Ampicillin), refer	First aid (Ampicillin), refer	First aid (Ampicillin), Refer	Yes
Detect and manage anaemia	Refer	Yes, refer anaemia with symptoms	Yes, refer anaemia with symptoms	Yes, refer anaemia with symptoms	Yes
Detect and manage urinary tract infection	Refer	Refer	Refer	Yes	Yes
Manage nipple or breast pain	Refer	Yes	Yes	Yes	Yes
Manage constipation, haemorrhoids and other	No	assess and Refer	assess and Refer	Yes	Yes
Counsel on birth spacing	Yes	Yes	Yes	Yes	Yes

7.1.5 Care of the newborn

The risk of death is greatest during the first 28 days of life (neonatal mortality). About one million infants die during their first day of life, another two million die during the subsequent week, and a further one million die before reaching one month of age. The MDG of reducing mortality among children under five by two-thirds by 2015 cannot therefore be achieved without addressing mortality in the first 28 days of life. The following simple but appropriate home and community-based interventions can avert up to 40 percent neonatal deaths: (DCP2, Chapter 27):

- Keeping the baby dry and warm
- Cutting and caring for the cord in a clean way
- Resuscitating the baby who is not breathing well

- Breast feeding regularly
- Protecting against infection by observing proper hygiene and/or timely treatment with antibiotics

These aspects of immediate newborn care make significant differences to newborn survival rates. These skills will therefore be taught to midwives and all health providers involved in maternal and newborn care.

A contributing factor to most neonatal deaths is low birth weight. These are a mix of premature and small-for-dates babies. The important thing for these babies is to keep them warm, protect them from infection and provide frequent feeds. Problems mostly arise with very low birth weight babies (less than 1500 Gms). Premature babies may present unique challenges during resuscitation therefore they and their mothers should be referred to the district hospital where there will be the staff with the time and skills to give the mother the necessary support and supervision with feeding and other problems that may arise.

Table 9: Care of the newborn.

Interventions and Services Provided	Community	MCHP	CHP	CHC	Hospital
Immediate care:	Yes	Yes	Yes	Yes	Yes
Routine: keep dry & warm, clear airway if necessary, cord care, put to mother's breast	Yes	Yes	Yes	Yes	Yes
Resuscitate baby not breathing well	No, refer soon after	Yes, but refer soon after	Yes, but refer soon after	Yes	Yes
Tetracycline eye ointment to prevent ophthalmia neonatorum	Yes, under supervision	Yes	Yes	Yes	Yes
PMTCT - newborn management	No	Yes	Yes	Yes	Yes
During first month					
Manage low birth weight (LBW) baby (1500gms - 2500gms)	Refer	Refer if baby's condition is poor	Refer if baby's condition is poor	Yes	Yes
Manage very LBW baby (<150gms) or <32 weeks gestation	Refer immediately	Refer immediately	Refer immediately	Refer immediately	Yes
Manage neonatal jaundice	No	Assess and refer	Assess and refer	Assess and refer	Yes
Counsel and support mother on breastfeeding	Yes	Yes	Yes	Yes	Yes

Interventions and Services Provided	Community	MCHP	CHP	CHC	Hospital
Give newborn immunizations	Refer	Yes	Yes	Yes	Yes
Treat skin pustules or cord infection	Refer	Assess baby and	Assess baby and	Yes	Yes
Treat neonatal sepsis/severe skin or cord infection	Refer	First aid treatment and refer	First aid treatment and refer	Yes	Yes
Neonatal tetanus	Refer	Refer	Refer	Refer	Yes

7.2 Family Planning

Although pregnancy and childbirth are natural parts of healthy life, they do entail risks. Globally, an estimated 210 million pregnancies occur each year, out of which 60 million end in abortion or with the death of the mother or baby. Twenty five percent of all pregnancies end in abortions and more than 500,000 maternal deaths and 4 million neonatal deaths occur annually. Contributing to poor maternal health are the large numbers of teenage pregnancies, multi-parity and poor birth spacing. Total fertility rate is 5.1 with urban and rural difference (3.8 and 5.8 respectively).

Family planning, on the other hand, reduces the disease burden associated with pregnancy by averting unwanted pregnancies and preventing between 20 and 40 percent of all infant deaths through prevention of births among Adolescents and older women as well as extension of birth intervals from three to five years between pregnancies (DCP2, 2006, Chapters 26 and 27). Birth spacing of less than 24 months compared with spacing of 36 months carries with it greater risks of foetal, infant and childhood death, and low birth weight and childhood under-nutrition. If all births were spaced at least 36 months apart, infant deaths could be reduced by up to 25% and childhood deaths by as much as 35%.

The 2008 SL DHS on birth intervals shows that the overall birth interval is 36.2 among the richest women, 12.2 months higher than the suggestion from the National Population Policy. The promotion of an optimal birth spacing of 36 months helps child and maternal survival in several ways. This is demonstrated by the result of the recent DHS 2008 studies which reveal that birth interval is higher among the richest women (44.7 months) and those in urban areas (40.1)

Similarly the shortest birth interval is 30.3 months and is reported among young teenage girls. It also reveals that about 20% of babies surveyed were born less than 24 months after the preceding births, thereby being exposed to health risks. In the first place, longer intervals between children ensures that the older children have the opportunity of two full years of breast feeding before another pregnancy, and by the age of three years they have reached a level of developmental independence that enables them to take care of themselves to a greater extent. Birth spacing, by decreasing infant deaths, also decreases the number of very short birth intervals associated with the loss of a child in infancy. Lastly, birth spacing, by increasing the average birth interval tends to reduce the total fertility rate and therefore, the number of high risk pregnancies and births.