## Maternal Checks

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 3-7</th>
<th>Week 6</th>
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| - Check Bleeding.  
- Check Pulse and Blood pressure.  
- Check Respiratory rate.  
- Check Temperature.  
- Support breastfeeding, check a breastfeed to prevent mastitis (attachment and positioning).  
- Counsel on danger signs and home care.  
- Give vitamin A supplementation.  
- Check uterus if contracted and for tears.  
- Refer for complications such as bleeding, infection, hypertension and post-natal depression to the appropriate level.  
- Provide counselling and a range of family planning options. | - Check all from Day 1.  
- Bleeding.  
- Lochia.  
- Temperature.  
- Blood pressure and Respiratory Rate.  
- Check uterus.  
- Danger signs.  
- Support breastfeeding, checking attachment and positioning to prevent mastitis.  
- Counsel on danger signs and home care.  
- Refer for complications such as bleeding, infection, hypertension and post-natal depression to the appropriate level.  
- Provide counselling and a range of family planning options.  
- Give appointment for week 6 Family planning. | - Vital signs TPR  
- Blood pressure.  
- Manage anaemia, promote nutrition and insecticide treated bed nets,  
- Complete tetanus toxoid immunisation, if required.  
- Check uterus if returned to normal size.  
- Provide counselling and a range of options for family planning.  
- Initiate family planning options if possible. |

## Assess the baby from head to toe

### Head and face
- Head circumference  
- Swelling of scalp  
- Unusual appearance

### Mouth and nose
- Cleft lip and/or palate

### Eyes
- Pus draining from eye  
- Red or swollen eyelid

### Abdomen and back
- Parts protruding Intestine (Gastroschisis/ omphalocele)  
- Spina bifida/ myelomeningocele  
- Imperforate anus

### Skin
- Pustules/rash  
- Umbilicus red/pus or bleeding

### Limbs
- Abnormal position  
- Poor limb movements  
- (look at femur or clavicle)  
- Baby cries when leg, arm or shoulder is touched (Fracture?)  
- Club foot  
- Extra finger or toe  
- Swollen limb/joint
Danger Signs in the Newborn

- Not able to drink or breast feed
- Vomits after every feed
- Movements only on stimulation or no movement at all (lethargic or unconscious)
- Convulsion
- Fast breathing: 60 breaths or more in one minute
- Chest In drawing
- High temperature 37.5ºc OR MORE or low temperature 35.4ºc OR LESS
- Low birth weight (<2500g)
- Yellow soles (severe jaundice)
- Newborn with skin or umbilical infection (umbilicus red or draining pus, skin boils or eyes draining pus)

Assess every baby for yellow soles

Many babies have some jaundice (yellow eyes or skin) in the first week of life. This is normal and disappears in a few days.

If the baby has yellow soles, it means that the jaundice is severe.

Always look for this sign in natural light because it is difficult to decide if the skin colour is yellow in artificial light.

Press the infant’s soles with your thumbs to blanch, remove your thumbs and look for yellow colour.

A baby with yellow soles should be URGENTLY taken to a hospital for treatment

Danger signs in the newborn often lead rapidly to death
**Postnatal Checks**  
*Why? When? What?*

<table>
<thead>
<tr>
<th><strong>Danger Signs Mother</strong></th>
<th><strong>Death May Be Prevented If</strong></th>
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<tbody>
<tr>
<td>• Excessive bleeding</td>
<td>• Mother and family recognize danger signs and quickly seek care,</td>
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<tr>
<td>• Foul smelling vaginal discharge</td>
<td>• Health worker recognizes danger signs, follows guidelines and immediately stabilises and refers the mother or newborn appropriately (see referral. This may be to the doctors within the hospital)</td>
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<td>• Fever with or without chills</td>
<td>• If the mother or baby receive the correct appropriate medical care.</td>
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<td>• Severe abdominal pain</td>
<td>• Teach all mothers and families about danger signs.</td>
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<tr>
<td>• Excessive tiredness or breathlessness</td>
<td>• Teach them to recognize and respond immediately to danger signs</td>
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<td>• Swollen hands, face and legs with severe headaches or blurred vision</td>
<td>• Make sure your guidelines are always near at hand so you can check the correct treatment</td>
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<tr>
<td>• Diastolic BP ≥90 mm Hg+/− Convulsion</td>
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References: WHO 2010 caring for the newborn in the Community. 2006 Managing problems childbirth and newborn Photos WHO and Dr H Taylor