
UNIT 12 NORMAL PUERPERIUM AND POSTNATAL CARE

Structure

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12.0 OBJECTIVES

After going through this unit, you should be able to:

- define normal puerperium;
- describe various physiological changes during normal puerperium;
- counsel on various aspects of lactation;
- provide care of a woman during puerperium; and
- explain the postnatal exercises to be practiced during puerperium.

12.1 INTRODUCTION

In this unit you will learn about definition and physiological changes in genital organs, urinary tract as well as general physiological changes during normal puerperium. Mechanism of lactation is described and advantages of breast feeding are mentioned. It also includes detail care of a woman during puerperium including postnatal exercises.

12.2 DEFINITION OF NORMAL PUERPERIUM

The puerperium is the period following childbirth when the body tissues, specially the pelvic organs of the woman (now a puerpera) are returning as nearly as possible to her pre-gravid stage.

Total 6 weeks (42 days) of duration of puerperium is arbitrarily divided into three stages immediate — 1st 24 hours, early — up to 7 days, and remote — up to 6 weeks.

Key points to remember for puerperium are:

- a) Prevention of sepsis as placental site, a raw bleeding surface is very much prone to infection
- b) Newborn care
- c) Initiation of breast feeding
- d) Role of postnatal exercises

12.3 PHYSIOLOGICAL CHANGES IN NORMAL PUERPERIUM

Involution is a process by which changes in genital tract on account of pregnancy return to pre-pregnant state. These changes return to almost pre-pregnant state but never to their original state. Major changes occur in genital tract and breast. Changes due to pregnancy in the other systems also return to normal.

12.3.1 Changes in Genital Tract

Changes in the genital tract are described below:

1) Involution of the Uterus

Immediately after delivery, the uterus is of size of 20 weeks of pregnancy. Its wall are 4 to 5 cm thick and it weighs about 900-1000 gm. During first two days, the uterus remains approximately of the same size and then shrinks. After one week it descends up to midway between umbilicus and pubic symphysis and weighs about 500 gm. By 7-10 days, it descends beneath pubic symphysis and enters in the pelvic cavity. Uterine weight reduces up to 300 gm. Within further 4 weeks it regains its original size, and weighs about 100 gm.

In the process of involution the total number of muscle cells do not decrease appreciably but the individual cells decrease markedly in size by protein autolysis.

Basal layer of decidua remains in the uterus and spongy layer of decidua is involved in separation of placenta and membranes. Within a day or two, decidua in the uterus gets differentiated into two layers. Superficial layer becomes necrotic and gets cast off in the lochia. Deep layer is the source of new endometrium. This process of new endometrium formation is rapid except at placental site. Within 7 to 10 days surface gets covered with epithelium and at the end of 3rd week, entire endometrium is restored. It does contain occasional remnants of hyalinised decidua and leukocytes.

Complete extrusion of placental site takes up to 6 weeks. Delay in the process may lead to secondary haemorrhage. Placental site is of palm size soon after delivery. Site gets reduced to 3 to 4 cm in size at the end of two weeks. Site consists of many thrombosed blood vessels and that undergo typical organization of the thrombus. Involution is affected by the process of exfoliation. Exfoliation is brought about by the undermining of the placental implantation site by the growth of the endometrial tissue partly from the periphery and partly from the glands and stroma left in the depth of decidua basalis.

Cervix gets closed gradually from 2 finger soon after delivery to I finger and then just tip of the finger and then it gets closed. But there is always evidence of the parturition. Well circled external os becomes a transverse slit.

Lower segment involutes faster which is thin, flabby and collapsed. One cannot differentiate lower segment by the third day.

2) Lochia

It is a discharge from genital tract after child birth. It consists mainly of blood and necrotic decidua. Initially it is of bright red colour and profuse in quantity. Gradually

it becomes colour less and decrease in quantity, about 250 ml for first five to six days. Lochia has alkaline reaction, characteristic odor and composed of red cells, leukocytes, decidua debris, vaginal epithelium. To begin with it is sterile but soon gets colonized by vaginal organisms. In absence of clinical signs of sepsis these infection has no value. This is non-pathogenic in absence of clinical signs of sepsis.

Blood stained lochia of first 3 to 4 days after labour is known as **lochia rubra**. Soon it becomes paler by 1st week of labour. From 7 to 14 days, lochia becomes brown to yellow and contain blood, leukocytes, and necrotic decidua. This is known as **lochia serosa**. It persists up to 10 to 14 days. Lochia alba is turbid white discharge of leukocytes and mucous. It lasts up 1 3rd or 4th week.

3) **Involution of Other Pelvic Organs**

Vagina and vulva, which were stretched during labour, return to their pre gravid size by 3rd week post partum. Perineal involution is fast and by 5th day returns to its normal state except episiotomy/tears. Fallopian tubes and ovaries involute slowly and take 3 to 4 weeks to go back to pre gravid state. Stretched ligaments take longer time to involute.

4) **Menstruation**

In lactating woman menstruation and ovulation are delayed. Menstruation may return as early as 2nd month or delayed as late as 18th month after delivery. If child is on exclusive breast feeding, amenorrhoea is longer. But it is important to remember that woman can conceive in spite of amenorrhoea. In non-lactating woman, menstruation returns earliest by 6th week.

12.3.2 **Changes in Breast and Lactation**

To understand endocrinology of lactation you should know mamogenesis, lactogenesis, galactopoiesis and prolactin reflex.

1) **Mamogenesis (Mammary Duct-Gland Growth and Development)**

During pregnancy till 48 hours post partum, due to effect of placental hormones, breast tissue grow. Placental oestrogen act on the alveolar ducts, placental progesterone in growth of alveolar glands and placental lactogen on duct alveolar system. There is proliferation of the ducts and glandular systems. Some other hormones like growth hormone and cortisol help in duct-alveolar growth.

2) **Lactogenesis (Initiation of Milk Secretion in Alveoli)**

Prolactin is the main lactogenic hormone. It acts on alveolar cells which produce milk in droplets only after withdrawal of inhibition by placental oestrogen, progesterone and hpl. Suckling by the newborn stimulates prolactin secretion. Cortisol, insulin, thyroid hormones also help in lactogenesis.

3) **Galactopoiesis (Maintenance of Lactation)**

Prolactin Reflex: Prolactin is also the galactopoietic hormone. Suckling of nipple and areola of breasts by newborn sets up a neuroendocrine reflex. From sensory nerve ends of the nipple and areola, stimuli go via posterior nerve route to T 4-5 spinal cord segments. From there it goes to hypothalamic median eminence. Dopamine secretion decreases and prolactin secretion increases.

High pregnancy prolactin level falls to normal within 3 weeks after delivery. Suckling reflex causes prolactin surge that peaks at 30 minutes. Putting baby on breast early, sets up this reflex early. Suckling induced prolactin level diminishes with advancing lactation.

Flattened alveolar cells transfer raw material from maternal blood to alveolar lumen. Luminal surface is crowded with microvilli. Protein and lactose are secreted in alveolar lumen being synthesized at golgisecretory vesicles. Fat is synthesized in endoplasmic reticulum and from there fat globules are secreted in milk. Water and ions are diffused across cell wall.

4) Galactokinesis (Removal of Milk from Gland)

Milk Ejection Reflex: Nipple stimulation by infant suckling sets up a neuro endocrine reflex. The sensory stimuli travel via dorsal nerve root to hypothalamus. Posterior pituitary gland is stimulated and secretes oxytocin. Myoepithelial cells around alveoli contract to eject milk from alveoli to lactiferous ducts and sinuses where from milk is sucked by baby or squeezed out. Removal of milk from breast helps further milk production. Milk ejection reflex becomes conditioned as let down reflex during preparation of breast feeding. Sensation of milk coming in the breast is felt by mother with start of breast feeding as a result of let down of milk from alveoli into the milk sinuses due to oxytocin stimulation. This is called draught reflex. Oxytocin thus liberated for this reflex helps in involution of the uterus.

On an average Indian mother produces 400-600 ml milk per day during the first year. You may refer to Course MME-103 for breastfeeding.

12.3.3 Changes in Other Systems

Soon after labour, mother is extremely fatigued. Pulse is full and moderately slow, temperature is subnormal. Occasionally shivering may occur. Sometimes after labour, rise in temperature of 100 degree Farenheit to 101 degree Farenheit may be noticed. This is due to the reaction from the muscular fatigue of labour. It comes to normal within 24 hours. After first day, temperature show diurnal variation of half to one degree but never rise to 99 degree Farenheit Rise of temperature above 100 of should be considered abnormal.

Blood pressure remains unchanged. Cardiac output increases during labour and peaks (60%) immediately after delivery. Blood volume decreases due to diuresis from 2nd to 5th day. It returns to normal by the end of the first week.

Blood values: Haemoglobin level rises considerably due to hemoconcentration, but it gets stable by 5th day. Hematocrit fluctuates due to blood loss in labour and stabilizes gradually. Leucocyte count increases considerably and may reach level of 30000/cu mm. with predominant granulocyte. Plasma fibrinogen level remains elevated by first week. ESR remains high.

There is diuresis during the 2nd to 5th post delivery day. The body is getting rid of the excess fluid retained during pregnancy. Lactosuria is present. Dilated ureters and renal pelvises return to normal by 8 week. Urinary bladder gradually regains the tone.

Constipation is the rule for some days due to inhibition of smooth muscle motility.

Woman loses weight of 4 kg due to weight of foetus, placenta and liquor amnii. Further loss of 3 kg is due to water loss and involution of the uterus. From 10 kg. weight gain of pregnancy at the end of 6 weeks, 3 kg remains with woman.

Check Your Progress 1

1) Key points to remember for puerperium are:

- a)
- b)
- c)
- d)

2) Define involution.

.....
.....
.....
.....

- 3) Fill in the blanks.
 - a) Duration of puerperium is.....days.
 - b) Blood stained lochia for first 3 to 4 days is known as.....
 - c) In puerperium, rise of temperature above.....Fahrenheit should be considered as abnormal.
 - d) Woman loses about.....kg weight during puerperium.

12.4 POSTNATAL CARE

Postnatal care is very important. It is needed for a postnatal woman for the purpose of:

- 1) Health check up
- 2) Detection of risk at earlier stage and its management
- 3) Management of normal puerperium
- 4) Treatment of minor ailment
- 5) Treatment of anaemia
- 6) Health and nutrition education
- 7) Referral of risk cases

12.4.1 Postnatal Check Up

Health check up should include general health check, monitoring of involution process, and establishment of satisfactory lactation. First health check up must be done within first 10 days. Second health check up must be at the end of 42 days. Use of checklist will make you more perfect in noting down all points.

First Postnatal Health Check Up

- a) **General health check up** should include questions to mother about any complaints, and if so, its origin, and duration. Bladder and bowel functions are to be inquired. It should also include examination of pulse, temperature and blood pressure. One should note down features of lochia e.g. colour and smell. Inspection of perineum should be done in case of episiotomy/perineal tear for normal healing process or infection. There is no need for per speculum or per vaginal examination unless specifically indicated.
- b) **Monitoring of involution process** include palpation of uterine fundus, or measurement of fundal height from symphysis pubis to fundus of uterus.
- c) **For satisfactory establishment of lactation**, mother should be asked questions to get answers in relation to frequency, quantity of milk, and any problem in relation to breast like engorgement, pain, crack nipple, or retracted nipple. Breast examination should be done whenever indicated.
- d) **For examination of newborn please refer Block 2, Course MME-103.**

Second postnatal health check up

At the end of 6 weeks or 42 days second health check up is necessary. Main objective of this check up is to know about involution of genital tract. Involution should be completed by six weeks post partum. Over and above routine examination, per abdominal, per speculum and per vaginal examination are necessary as now uterus has become a pelvic organ. Speculum examination will give idea about cervical and vaginal conditions.

Second objective of health check up is to screen the client for her fitness for the contraceptive method which she is going to adopt. This type of check up is necessary specially in a case desiring insertion of intrauterine device, or laparoscopic tubal ligation. Client desiring abdominal tubectomy, usually submit themselves for the procedure in immediate postnatal period.

Assessment of haemoglobin level will tell us about her anamic status if so.

12.4.2 Management of Normal Puerperium

Close observation for the first hour following child birth is very important specially for PPH. After removal of clots and check up of general condition mother can be shifted to the ward from labour room.

As mother is in a state of physical fatigue, she should take 2-3 hours rest. Early ambulation is preferred but strainuous household activities should be avoided for about 6 weeks. Early ambulation provides a sense of well-being, reduces bladder complications and constipation. It also facilitates uterine drainage, hastens involution of the uterus, lessens puerperal venous thrombosis and considerably reduces the risk of embolic phenomenon. On an average mother should have 8-10 hours of sleep. Some rest should be in prone position to promote anteversion of the uterus.

Mother should have light diet on first puerperal day. On subsequent days she can have full diet. Lactating woman need 300 calories more as compared to non-lactating woman. Diet should include adequate quantity of protein, fat, plenty of fluids, minerals and vitamins. Liberal quantity of milk should be given.

During puerperium the bladder becomes atonic and relatively insensitive to raised intravesical pressure. Urinary stagnation may lead to urinary tract infection. Sometimes pain at site of episiotomy may lead to failure in passing urine. Hence one should encourage her to pass urine 4-6 hourly. If needed you can do simple or self retained catheterization as per need.

As constipation occurs during puerperium, early ambulation, plenty of oral fluids, diet containing roughage will help in enhancing bowel movement. One can give mild laxative if needed.

Perineal stitches need proper care. Daily area should be cleaned, dressed with antiseptic powder and covered with sterile pad. Swabbing should be from above downwards. Mother should be instructed to clean part after each act of micturition and defecation. Endeavor is to make the area kept clean and dry, hence frequent change of pads are required.

Nipples and areola should be cleaned, and dried before and after feeding. Breasts should be supported with proper sized brassiere. Baby should be kept with mother. This is known as ‘Rooming in plan’. It helps to minimize cross infection, and development of better psychological bond between mother and child. Mother can give demand feeding as she is near by. First breast feed must be given within first hour of life. Woman who has lost her newborn needs suppression of lactation. This can be done by oestrogen therapy (oral/injectable) or by oral bromocriptine therapy. (Oestrogen i.e. stilbestrol 5 mg tablet is advised thrice daily for 5 days. Bromocriptine 2.5 mg 2-3 times daily for 7-14 days may be given.)

Asepsis must be maintained specially during the first week because:

- a) The puerperal uterus provides an ideal environment for the growth of various microorganisms.
- b) The devitalized and lacerated tissues of the lower genital tract are unable to resist the invasion of pathogenic organisms.
- c) Gaping vaginal introitus facilitates entry of the organisms.
- d) General resistance is lowered following child-birth.

Exogenous infection can be reduced by liberal use of local antiseptics, aseptic measures during perineal wound dressing, use of clean clothing, keeping the room dust free and restricting the visitors.

Detection of Risk as Early as Possible and its Management

As large number of mortalities have been detected in postnatal period, it is very important to know that what are those conditions and how best those can be diagnosed. Because of raw area at placental site in the uterus, which takes longest time to involute, site is prone to infection. Any sign suggestive of sepsis e.g. fever, tachycardia, pain in abdomen, fullness of abdomen, foul smelling discharge, tender uterus, subinvolution, should be taken note of. Relevant detail history should be asked and necessary investigations should be carried out. Immediate steps should be taken to start appropriate treatment. If woman need any further management, you should refer the case to well equipped hospital. For abnormal puerperium please refer Abnormal Puerperium (unit 17).

12.4.3 Treatment of Minor Ailments

After pain is the infrequent lower abdominal colicky pain felt after delivery more so during the breast feeding for 2-4 days. In primipara it is due to spasmodic hypertonic uterine contractions to expel blood clots from the uterine cavity. In multipara it is due to ischemia caused by vigorous uterine contraction. Pain can be relieved by removal of blood clot in primigravida or by analgesics in multigravida.

Retention of urine: Mother should be encouraged to pass urine. She may have to wait for some time for the initiation of the act. Hot/cold water application on the suprapubic region, sound of running water may help her for onset of micturition. She may be encouraged to pass urine in the toilet. Catheterization should be the last resort.

Pain at site of perineum: Analgesics like Brufen 400 mg. twice or thrice daily will reduce pain of episiotomy. Antibiotics are given in case of episiotomy/tear.

Engorgement of breast: Hot water fomentation and light massage from periphery towards nipple help in removing engorgement and free flow of milk. Analgesics will give relief from pain.

Treatment of Anaemia

Woman must be given iron tablets for six months post partum. Haemoglobin level will help you if in determining the dose. Maternal and child development programmes recommend and provide 100 mg iron tablets as anaemia prophylaxis. These tablets are given free of cost.

Health and Nutrition Education (HNE)

Each woman after her delivery must get following health messages:

- a) Family planning saves life. Sexual Intercourse can be resumed 6 weeks after delivery along with contraception.
- b) Breast feeding is best. Continue it longer.
- c) Get your child immunized soon after birth against tuberculosis and polio. Complete immunization schedule before first birthday of your child. Preserve immunization card carefully.
- d) Calory need per day is ($2200 + 700 = 2900$).
- e) Knowledge of warning signs of diarrhoea, pneumonia, sepsis in a child and to bring child earlier for confirmation of disease and early management.
- f) Continue treatment.
- g) Correct use of F.P. method.
- h) Role of physiotherapy- postnatal exercises.

Referral of Risk Cases

While doing follow up of a woman, if you find any risk factor which requires care by specialist, it is better to refer the case after giving primary care. If you are in a well equipped place like CHC or, district hospital, there is no need of referring but you should pay close attention. All abnormalities of puerperium and their management is discussed in Unit 17.

12.4.4 Postnatal Exercises

You should be familiar with the following exercises to advise the women on how to perform postnatal exercises.

During the later half of pregnancy, ligaments become soft and sleek, muscles are stretched and change of posture occurs to compensate the increasing weight of gravid uterus. There is lumbar lordosis. During labour, pelvic floor muscles are stretched, bruised and may be damaged.

The following exercises will help toning up the muscles:

1) Pelvic floor exercises

Mothers should try this exercise as early as possible to prevent uterovaginal prolapse, to regain full bladder control and ensure normal sexual satisfaction in future for both partners. It can be performed at any time of the day in any position—sitting, standing and lying down with legs slightly apart. Anus is tightened as though stopping a bowel action, then around the uterus and vagina like stopping the flow of urine midstream. Hold for as long as possible, up to 10 seconds breathing normally. Repeat the exercise 10 times at a time, 3 to 4 times daily or more. After 2-3 months, with a full bladder with legs slightly apart, she should be able to jump up and down or cough deeply without leakage of urine.

2) Abdominal tightening

This prevents long term backache. Sit comfortably. Breathe in and out and then pull in the lower abdomen below umbilicus while breathing normally. Hold up for 10 seconds and repeat 10 times. This tightens deep transverse abdominal muscles. Repeat the exercise 3-4 times daily. The exercise once learnt can be done in any position while doing any other work.

3) Pelvic tilting or rocking

It strengthens rectus abdominis muscle. Lying on back well supported with pillows with knees bent and feet flat, place one hand on the top of the abdomen and the other under the lower back. Tighten the buttocks and abdominal and press the lower back down on the underneath hand. Breathe normally, hold up for 10 seconds and relax. Repeat 10 times, 3-4 times daily. Pelvic tilting once learnt can be done while sitting, standing or kneeling.

Once the muscles become stronger, she can do the exercise of lifting the head and stretching the head towards knees while holding the pelvis tilted. The knees should be bent. This is known as curl-up exercise.

4) Rectus gap

The gap is filled by abdominal tightening and pelvic tilting. If the gap is wider than two fingers or not closed in 6-8 weeks, refer to a physiotherapist. An abdominal support may be needed.

5) Hip hitching

Lying on the back, with one knee bent and the other straight, the exercise is done. Slide the heel of the straight leg downwards thus lengthening the leg. Shorten the same leg by drawing the hip upwards towards ribs of the same side. Keeping the abdomen pulled in, change to opposite side leg and repeat. Repeat this exercise 10 times.

6) **Foot and Leg Exercises**

In women who are ambulatory, circulation in leg is restored. Those who are not ambulatory, foot and leg exercises should be done.

Sit or half lie with legs supported. Bend and stretch the ankle 10 times. Circle both feet at the ankle 20 times in each direction.

Brace both knees, hold for 10 seconds and then relax. Repeat 10 times. This is done before getting up from resting, last thing at night and 3-4 times during day.

Fig. 12.1: Postnatal exercises

Check Your Progress 2

1) Postnatal care is needed for the purpose of:

- a)
- b)
- c)
- d)
- e)
- f)
- g)

- 2) Two main objectives of second health check up of postnatal woman are:
 - a)
 - b)
- 3) Write three important health and nutrition educational messages for postnatal woman.
 - a)
 - b)
 - c)

12.5 LET US SUM UP

In this unit you have learnt about normal puerperium. You are now aware about physiological changes occurring in genital organs (involution) as well in other systems of the body during puerperium. Also you have been explained the physiology of lactation. Different aspects of postnatal care are described in detail to help you to put it in routine practice to help postnatal woman.

12.6 KEY WORDS

- ESR** : Erythrocyte sedimentation rate
Hb : Haemoglobin
PPH : Post partum haemorrhage
UTI : Urinary tract infection
WBC : White blood cell

12.7 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1)
 - a) Prevention of sepsis at placental site
 - b) Newborn care
 - c) Initiation of breast feeding
 - d) Postnatal exercises
- 2) Process by which changes on account of pregnancy return to prepregnant state.
- 3)
 - a) 42
 - b) 2nd month
 - c) lochia rubra
 - d) 7

Check Your Progress 2

- 1)
 - a) Health check up
 - b) Risk detection
 - c) Management of normal puerperium

- d) Treatment of minor ailments
 - e) Treatment of anaemia
 - f) Health and nutrition education
 - g) Referral of cases at risk
- 2) a) To check for completeness of involution
- b) To screen woman for fitness for contraceptive method of her choice
- 3) a) Family planning saves life.
- b) Breast feeding is best, continue it for longer period.
- d) Get your child completely immunized before the age of 1 year.

12.8 FURTHER READINGS

Brews, Alan, *Manual of Obstetrics*.

Dutta, Dr. D.C., *Text Book of Obstetrics*.

Hellman, Louis and Pritchard, *William's Obstetrics*.

**Normal Labour and
Puerperium**

Dear learner,

While going through this block, you might have found certain portions of the text to be difficult to comprehend and some scope to improve them. We wish to know your difficulties and suggestions in order to improve the quality of the course. We, therefore, request you to fill up and send us the following questionnaire, which pertains to this block. If you find the space provided insufficient, kindly use a separate sheet.

Please mail the filled in questionnaire to: **Programme Coordinator, PGDMCH Programme, School of Health Sciences, IGNOU, Maidan Garhi, New Delhi-110 068.**

Questionnaire

Enrolment No.

Section A: Unit Specific Comments

Unit 10: Normal Labour-I: (Anatomy and Physiology)

1. How many hours did you need to study this unit?.....
2. Please grade the unit on the following items by putting a tick (✓) mark:

Item	Grade				
	Excellent	Very Good	Good	Satisfactory	Poor
Presentation Quality					
Language and Style					
Illustrations (Diagram, Tables etc.)					
Conceptual Clarity					
Check Your Progress Questions					
Answers to Check Your Progress					

3. Do you find all the sections to be relevant for this course?
If not, please list the section/sub-section.

.....
.....

Unit 11: Normal Labour-II (Management)

1. How many hours did you need to study this unit?
2. Please grade the unit on the following items by putting a tick (✓) mark:

Item	Grade				
	Excellent	Very Good	Good	Satisfactory	Poor
Presentation Quality					
Language and Style					
Illustrations (Diagram, Tables etc.)					
Conceptual Clarity					
Check Your Progress Questions					
Answers to Check Your Progress					

3. Do you find all the sections to be relevant for this course?
If not, please list the section/sub-section.

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Unit 12: Normal Puerperium and Postnatal Care

- How many hours did you need to study this unit?
- Please grade the unit on the following items by putting a tick (✓) mark:

Item	Grade				
	Excellent	Very Good	Good	Satisfactory	Poor
Presentation Quality					
Language and Style					
Illustrations (Diagram, Tables etc.)					
Conceptual Clarity					
Check Your Progress Questions					
Answers to Check Your Progress					

- Do you find all the sections to be relevant for this course?
If not, please list the section/sub-section.

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Section B: Block Specific Comments

- List the subject areas of relevance to Maternity and Child Health that you feel should have been incorporated in this block.

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- Any other suggestions:

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