UNIT 5 POSTPARTUM CARE

Structure
5.0 Introduction
5.1 Objectives
5.2 Postpartum Visits
5.3 Care of the Mother and Baby During First Postpartum Visit
   5.3.1 Care for the Mother
   5.3.2 Care for the Baby
   5.3.3 Postpartum Counselling
5.4 Care of the Mother and Baby Second and Third Postpartum Visit
   5.4.1 Care for the Mother
   5.4.2 Care for the Baby
5.5 Care of the Mother and Baby during Fourth Visit
   5.5.1 Care for the Mother
   5.5.2 Care for the Baby
5.6 Important Points to Remember while Transferring and Referring the Baby
5.7 Let Us Sum Up
5.8 Model Answers
5.9 References
5.10 Appendix

5.0 INTRODUCTION

First six weeks (42 days) after delivery are called as the postpartum period. The first 48 hours of this period, followed by the first one week, is the most crucial period for the health and survival of mother and her baby because most of the fatal complications occur at this time.

Complications like PPH and eclampsia occur during the first 48 hours after delivery which can lead to maternal death. Hence, a woman who has just delivered needs to be closely monitored for first 48 hours. It is your duty to inform her about the importance of staying at the health facility where she has delivered for atleast 48 hours, which is beneficial for her and her baby.

In this unit you will learn about care of the mother and baby in postpartum period. You will also learn how to refer the mother and baby whenever the need arises.

5.1 OBJECTIVES

After completing this unit, you should able to:

• discuss the care of mother during first, second, third and fourth Postpartrum;
• describe various family planning methods that a mother can adopt;
• discuss the need of referral for mother and baby;
• explain the danger signs that can be identified during postnatal unit; and
• to counsel and motivate the mother for contraception and help her to choose appropriate family planning method.

5.2 POSTPARTUM VISITS

In this section we will focus on the number of postnatal visits that you need to inform the Postpartum mothers. The post natal visits are given in following Table 5.1.

Table 5.1: Number and Timing of Postpartum Visits by Health Worker

<table>
<thead>
<tr>
<th>Visits</th>
<th>After Home Delivery/ Delivery at SC</th>
<th>After Delivery at PHC/FRU (mother Discharged after 48 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First visit</td>
<td>1st day (within 24 hours)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Second visit</td>
<td>3rd day after delivery</td>
<td>3rd day after delivery</td>
</tr>
<tr>
<td>Third visit</td>
<td>7th day after delivery</td>
<td>7th day after delivery</td>
</tr>
<tr>
<td>Fourth visit</td>
<td>6th week after delivery</td>
<td>6th week after delivery</td>
</tr>
</tbody>
</table>

5.3 CARE OF MOTHER AND BABY DURING FIRST POSTPARTUM VISIT

We shall begin with care of mother as given below.

5.3.1 Care for the Mother

The first postpartum visit can be at hospital or home. If you were not present at the timing of delivery then review the labour and birth details to rule out any risk factors which may be important in the management of mother and baby.

Take history from mother as given below

History Taking

Ask the mother following questions:

• How are you feeling?
• Do you sleep 6–8 hours in the night?
• What all are you eating?
• Did you evacuate your bladder and bowel?
• Where did you deliver and who conducted the delivery?
• Did you bleed too much during delivery?
• How many pads do you soak with blood? (if the woman soaks a pad or cloth in less than 5 minutes, it is P.P.H. She needs immediate referral)
• Did the woman have convulsions or became unconscious?
• Do you have pain in abdomen and leg?
• Did the woman have fever?
• Is there any dribbling/burning/retention of urine?
• How is breastfeeding going on and do you have tenderness in the breast?

**Carry out Examination as given below**

• Check her vital signs.

• Do abdominal examination to check if the uterus is hard and contracted. If it is not, she needs to be sent to the **FRU**.

• Explore for any tear, swelling or pus discharge in the vulva and perineum. If present **refer her to FRU**.

• Assess the pad for bleeding if it is heavy and foul smelling **refer to FRU**.

• Assess problems related to breastfeeding – lump or tenderness, retracted nipples.

• Look at breastfeeding technique and adequacy of breast milk.

**Management/Counselling**

Advice the mother for following.

**Postpartum Care and Hygiene**

• Women should have someone near to her for first 24 hours.

• Perineum should be washed daily and even after passing stools.

• She should change perineal pads frequently. If cloth pad used it should be washed with soap and water then dried in sun.

• Woman must take bath daily, take enough rest and sleep.

• She must keep baby with her and wash hands before touching the baby.

• She should be advised to maintain abstinence for 6 weeks.

**Nutrition**

• Find out if any taboos related to food and advise against these taboos.

• Advise the woman to eat greater amount and variety of healthy foods such as cereals, milk, cheese, meat and fish (give examples of types of foods and how much to eat).

• Reassure the mother that she can eat any and all normal foods – this will not harm her baby.

• Family members specially husband and mother-in-law should ensure that the woman eats enough and avoids physical hard work.

**Breast feeding**

• Woman should breast feed atleast 6–8 times during the day and 2–3 times in night.

• She must be relaxed while feeding her baby.

• Newborn must not be given **water or any other liquid**.

• The baby must be given colostrum but **prelacteal feeds** (like honey, tea etc.) should never be given.

• She should breastfeed the baby from one breast at one feeding session so that baby gets **hind milk and fore milk** to satisfy baby’s hunger and thirst respectively.
• Breastfeeding problems should be taken care of –
  • Cracked/sore/fissures on nipples, she should apply hind milk or coconut oil. You should emphasis on correct positioning and attachment of the baby.
  • If she experiences discomfort, expressed milk can be given to baby occasionally
• Ensure that exclusive breast feeding for 6 months followed by complementary feeding along with Breast milk.

Registration of Birth
• Help the mother and family to get the baby registered with the local panchayat. It is a legal document needed for admission to school.

Iron Supplementation
• The woman must take IFA tablet – 1 OD for 6 months, once she passes stool.
• If she was anaemic prior to delivery, then IFA 1 BD × 6 mths. If her Hb does not improve after 1 month of IFA consumption, refer her to FRU.

Family Planning: Advise Mother regarding effective family planning methods as given below in Fig. 5.1.

<table>
<thead>
<tr>
<th>Effective Contraceptive Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>More effective</td>
</tr>
<tr>
<td>0.05%</td>
</tr>
<tr>
<td>Injectable</td>
</tr>
<tr>
<td>6%</td>
</tr>
<tr>
<td>Male condom</td>
</tr>
<tr>
<td>18%</td>
</tr>
<tr>
<td>Fertility awareness</td>
</tr>
<tr>
<td>24%</td>
</tr>
</tbody>
</table>

The percentage indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive methods.

How to make your method most effective
After procedure, little or nothing to do or remember
Vasectomy and hysteroscopic sterilization: use another method for first three months
 Injectable: get repeat injection on time
Pills: take a pill each day
Patch, ring: keep in place change on time
Diaphragm: Use correctly every time you have sex.
Condom, sponge, withdrawal, spermicides: Use correctly every time you have sex.
Fertility awareness based methods: Abstain or use condom on fertile days.

Newest methods may be the easiest to use and consequently more effective

Fig. 5.1: Effective Family Planning Methods

Immunisation: Follow Immunisation schedule for protection of baby as given below.

Immunisation Schedule for Baby
Advise mother to take her baby to the nearest health centre for immunisation. The immunisation schedule is given below Table 5.2.
### Table 5.2: Immunisation Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td>BCG, OPV - 0 dose, Hepatitis B - 0 dose*</td>
</tr>
<tr>
<td>6 weeks</td>
<td>BCG (if not given at birth)</td>
</tr>
<tr>
<td></td>
<td>DPT - 1&lt;sup&gt;st&lt;/sup&gt; dose</td>
</tr>
<tr>
<td></td>
<td>OPV - 1&lt;sup&gt;st&lt;/sup&gt; dose</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B - 1&lt;sup&gt;st&lt;/sup&gt; dose*</td>
</tr>
<tr>
<td>10 weeks</td>
<td>DPT - 2&lt;sup&gt;nd&lt;/sup&gt; dose</td>
</tr>
<tr>
<td></td>
<td>OPV - 2&lt;sup&gt;nd&lt;/sup&gt; dose</td>
</tr>
<tr>
<td></td>
<td>Hepatitis - 2&lt;sup&gt;nd&lt;/sup&gt; dose*</td>
</tr>
<tr>
<td>14 weeks</td>
<td>DPT - 3&lt;sup&gt;rd&lt;/sup&gt; dose</td>
</tr>
<tr>
<td></td>
<td>OPV - 3&lt;sup&gt;rd&lt;/sup&gt; dose</td>
</tr>
<tr>
<td></td>
<td>Hepatitis - 3&lt;sup&gt;rd&lt;/sup&gt; dose*</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles, Vit-A - 1&lt;sup&gt;st&lt;/sup&gt; dose</td>
</tr>
<tr>
<td>16-24 months</td>
<td>DPT booster, MMR</td>
</tr>
<tr>
<td></td>
<td>OPV boosters Vit-A - 2&lt;sup&gt;nd&lt;/sup&gt; dose</td>
</tr>
<tr>
<td>2 to 5 years</td>
<td>Vit-A - 3&lt;sup&gt;rd&lt;/sup&gt; to 9&lt;sup&gt;th&lt;/sup&gt; doses at the interval of 6 months. (total of 7 doses)</td>
</tr>
<tr>
<td>5 years</td>
<td>DPT booster</td>
</tr>
<tr>
<td>10 years</td>
<td>T.T. booster</td>
</tr>
<tr>
<td>16 years</td>
<td>T.T. booster</td>
</tr>
</tbody>
</table>

* If recommended under Routine Immunisation. Refer latest immunisation schedule in Log Book.

Follow immunisation schedules for protection of your babies from life threatening and crippling diseases

### Danger Signs

Advise the mother that she should go to FRU without waiting **any time of day and night** if she develops following danger signs:

a) Heavy bleeding – soaking more than 2–3 pads in 20–30 min after delivery.

b) Convulsions

c) Fever

d) Severe abdominal pain

e) fast or Difficult breathing

f) Foul smelling lochia

She should go to health facilities if she suffer from any of the following:

- Fever
Maternal Health

- Abdominal pain
- Breast swollen/red/tender/sore nipples
- Urine dribbling/pain on micturition

### Check Your Progress 1

1. Folic acid is given once daily for ...................................... months
2. If mother is anaemic before delivery the IFA is given..................
3. List the danger signs of mother that need referral

5.3.2 Care for the Baby

**History taking**

Ask the mother following questions –

- Did the baby pass urine and stool (meconium) and when? If not passed, refer to FRU.
- Is your baby taking breastfeeding? Any difficulties in breastfeeding?
- Is the baby having any of following problems?
  - Fever
  - Not sucking well
  - Difficulty in breathing
  - Less than normal movements
  - Pus/discharge/swelling at the cord
  - Pustules/boils
  - Convulsions
- If any of above problems are present take the baby to FRU.

**Examination**

- Make the baby quite and calm, count the respiration for 1 mt. – If respiration less than/more than 30 breaths/minute refer the baby to FRU.
- Look for indrawing of the chest – If lower chest wall goes in when the baby breathes in, he/she has chest indrawing refer the baby with the mother to FRU.
- Check the baby’s colour for jaundice/central cyanosis, if present refer the baby to FRU.
- If the baby’s temperature is < 36.5°C or > 37.4°C, refer to FRU.
- Umbilicus is examined for pus/bleeding/redness. If present provide treatment, if no improvement in two days, refer to FRU.
Postpartum Care

- Pustules – if there are 10 or more or a big boil, refer baby to FRU – If less than 10 pustules, provide treatment, if no improvement in 2 days, refer to FRU.

- Assess the baby for cry and activity – If newborn is not alert and/or has a poor cry or movements less than normal, refer him/her to FRU.

- Examine eyes for discharge/redness if present, refer to FRU.

- Explore if any congenital malformation and birth injuries, if present, refer the baby to FRU.

Management/Counselling

Advise mother regarding following:

- Baby should not be given bath before 48 hours of birth.
- Baby must be kept covered well with appropriate clothing depending on the weather so that he/she is always warm at all times.
- Umbilical cord must be kept dry all times, nothing should be applied on it.
- Baby must have good attachment while breastfeeding.

Mother must be inform when and where to take the baby for vaccination.

The mother should go to health centre/hospital immediately any time of the day or night if her baby has any of the dangers sign:

- Difficulty in breathing
- Fits or convulsions
- Fever or cold to touch
- Refuses feed
- Blood in stools
- Has diarrhoea

If the baby has any of the following problems she/he should be immediately taken to FRU –

- Refusing feeds
- Looks sick
- Fever (feels cold or hot to touch)
- Fast or difficult breathing
- Blood in stools
- Meconium not passed within 24 hours
- Looks yellow/pale or bluish
- Irregular movements of the baby
- Has diarrhoea

5.3.3 Postpartum Counselling

Details of Postpartum Counseling as per Daksh Skill lab for RMNCH+A Services attached in Appendix.
5.4 CARE OF MOTHER AND BABY - SECOND AND THIRD POSTPARTUM VISIT

We shall begin with care of mother as given below.

5.4.1 Care for the Mother

Take history from mother.

History Taking

Similar history is asked as asked in postpartum period within 24 hours as given in (5.3.1 above). In addition some more question need to be asked.

- Is she having heavy bleeding p/v? if so manage.
- Is there foul smelling vaginal discharge? Indicating sepsis treat if no improvement refer to FRU
- Does she have pain/burning on urination? (dribbling or leaking)
- Does she get fatigued or not feeling well?
- Does she feel like crying or being happy – indicates postpartum depression?
- Are the breasts hard and painful (engorgement)?

Examination

- Check vital signs of women.
- Look and feel if the uterus is contracted.
- Assess the vulva and perineum for swelling or pus.
- Assess lochia for amount and smell.
- Examine breasts for lump/tenderness/engorgement, and nipples for fissures/cracks.

Management/Counselling

Advise the following.

Diet and Rest

- Mother should be told that she needs extra calories, so she needs to eat well in order to feed her baby. She should be told to eat foods rich in calories, proteins, iron, vitamin and other micronutrients.
- She should take ample rest and resume her normal household work.
- Advise her family to support her so that she can take care of herself and her baby.
Contraception

- She should be informed that she can become pregnant during lactational amnerrhoea even with single unprotected sexual relation.
- Couple should be counselled on other contraceptive methods.

5.4.2 Care for the Baby

History Taking

Same questions are asked during history taking as during the first postpartum visit (5.3.2). If any of the problem found in the baby, refer the baby to the FRU.

Examination

Observe and record following if present –

- Whether he/she is sucking well.
- If there is difficulty in breathing (fast/slow breathing and chest in drawing).
- If there is fever or baby is cold to touch.
- If there is jaundice (yellow soles and palms).
- Whether the cord is swollen/discharge from it.
- If there is blood in the stools.
- If there are convulsion or arching of the baby’s body. Refer the baby to the FRU/PHC if any of the above, except for local umbilical infection is present.

Management/Counselling

In addition to the counselling given in the first visit, advise the mother for following advices:

- She should do exclusive breastfeeding for 6 months.
- She should feed the baby on demand and practice rooming in.
- Weaning should be started at 6 months of age and breastfeeding to be continued along with it.
- She should be told that baby will lose weight for first three days. This is normal process, she need not worry for it and baby will regain his/her weight by 1st week equal to birth weight.
- She should maintain and follow hygiene practices.
- Inform the mother when and where to avail help in case of child’s sickness.
- She should be explained about universal immunisation schedule, also when and where to take the baby for immunisation.

5.5 CARE OF THE MOTHER AND BABY DURING FOURTH VISIT

Care of mother during fourth visit is given below:
5.5.1 Care for the Mother

History Taking
The mother is asked about the following:

- Has the vaginal bleeding stopped?
- Has she resumed her menstruation?
- Is her vaginal discharge foul smelling?
- Does she have pain/any problem while urination?
- Is she getting fatigued easily?
- Is there any problem of breastfeeding?
- Does she have any other complains?

Examination

- Women is checked for pallor and blood pressure.
- Vulva and perineum for pus/swelling.
- Breasts for any lumps or tenderness, if present treat them.

Management/Counselling

- Advised on proper nutrition and rest.
- Contraceptive methods available and help her in deciding about which method she should adopt.

5.5.2 Care for the Baby

History Taking
Ask the mother about following-

- Has her baby received all the vaccination recommended till that age?
- Is the baby taking breastfeeding properly?
- Did the baby gain weight?
- Do the baby have any other problem?

Examination

- Check the baby is active/lethargic

Management/Counselling

- Inform the mother if the baby has any of the following problem, then he/she should be immediately taken to FRU.
  - Baby not accepting breastfeeding.
  - He/she looks sick (lethargic/irritable).
  - Baby has fever or cold to touch.
  - Baby has convulsions.
  - Fast or difficult breathing.
  - Diarrhoea or blood in stools.
- Reinforce and emphasis about the exclusive breastfeeding.
- Advise mother when and where the baby can get immunisation.

Let us summarise the important points in following Table 5.2.

**Table 5.2: Summary of Services provision during Postnatal Check-ups**

<table>
<thead>
<tr>
<th>SERVICE PROVISION DURING CHECKUPS</th>
<th>Mother</th>
<th>Newborn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Heavy bleeding</td>
<td></td>
<td>• Confirm passage of urine (within 48 hours) and stool (within 24 hours)</td>
</tr>
<tr>
<td>• Breast engorgement</td>
<td></td>
<td>• For convulsions, diarrhoea and vomiting</td>
</tr>
<tr>
<td><strong>Observe &amp; Check</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pallor, pulse, BP and temperature</td>
<td>• Activity, colour and congenital malformation</td>
<td></td>
</tr>
<tr>
<td>• Urinary problems and perineal tears</td>
<td>• Temperature, jaundice, cord stump and skin for pustules</td>
<td></td>
</tr>
<tr>
<td>• Excessive bleeding (PPH)</td>
<td>• Breathing, chest in drawing</td>
<td></td>
</tr>
<tr>
<td>• Foul smelling discharge (Puerperal sepsis)</td>
<td>• Suckling by the baby during breast feeding</td>
<td></td>
</tr>
<tr>
<td><strong>Counsel For</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Danger signs</td>
<td>• Keeping the baby warm</td>
<td></td>
</tr>
<tr>
<td>• Correct position of breastfeeding and care of breast and nipples</td>
<td>• No bathing on first day</td>
<td></td>
</tr>
<tr>
<td>• Exclusive breastfeeding for 6 months</td>
<td>• Keep the cord stump clean and dry</td>
<td></td>
</tr>
<tr>
<td>• Nutritious diet and calcium rich food</td>
<td>• Additional check up for the low birth weight babies</td>
<td></td>
</tr>
<tr>
<td>• Maintaining hygiene and use of sanitary napkins</td>
<td>• On importance of routine immunisation</td>
<td></td>
</tr>
<tr>
<td>• Choosing contraceptive method</td>
<td>• Danger signs in baby</td>
<td></td>
</tr>
<tr>
<td><strong>Do</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hb % estimation</td>
<td>• Give 0 dose BCG, OPV, Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>• Give IFA supplementation of the mother for 3 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Check Your Progress 3

1) List the important points that are focused during fourth postnatal visit of mother and baby.

Mother ......................................................................................................................................................
..............................................................................................................................................................
Baby ...........................................................................................................................................................
..............................................................................................................................................................

5.6 IMPORTANT POINTS TO REMEMBER WHILE TRANSFERRING AND REFERRING THE BABY

- If the baby needs to be transferred to a 24 hour PHC/FRU, make sure the transfer is safe and promptly.
- It is important to communicate with the receiving facility in advance and provide care during transfer.

Preparation before Transfer
- Explain the family the reason of transferring baby to higher facility.
- If possible, transfer the baby with mother so that breastfeeding can be continued or give EBM.
- Make sure that the baby is not exposed to heat/cold.
- One relative must accompany the mother and baby, if possible.
- You or some other health worker should accompany with mother and baby.
- You must fill up a referral form mentioning baby’s essential details to be sent along with the baby.
- If possible, contact the health care facility in advance so that they are ready to receive the baby.

Care during Transfer
- Put the baby on skin to skin contact of mother, if this is not possible, keep the baby properly covered with the mother/relative.
- In hot weather, make sure baby does not become overheated.
- Baby should continue receiving breast milk, if not possible then EBM should be given.
- Baby’s airway should be clean.
- If baby is getting oxygen, flow and tubing, should be checked every 15 minutes.
- Monitor the baby’s respiration, if no breathing at all taking place or baby gasping or respiration is less than 30 breaths/minute, perform bag and mask ventilation for the baby.
5.7 LET US SUM UP

Postpartum visit is an important component of postpartum care. Problems generally occur in 24 hours of delivery and till 7 days, hence these visits by the health worker go long way in reducing disability, morbidity and mortality.

Nurses need to be more observant, skillful and prompt in their action to avoid any problems in mother and baby during puerperium. As a midlevel care provider you should focus on the activities to be carried out during the various Postnatal visits as discussed in this unit.

5.8 MODEL ANSWERS

Check Your Progress 1

i) 6 months

ii) 1 tablet daily for 6 months

iii) Advise the mother that she should go to FRU without waiting any time of day and night if she develops following danger signs:

a) Heavy bleeding – soaking more than 2–3 pads in 20–30 min after delivery.

b) Convulsions

c) Fever

d) Severe abdominal pain

e) fast or Difficult breathing

f) Foul smelling lochia

She should go to health facilities if she suffer from any of the following:

• Fever
• Abdominal pain
• Breast swollen/red/tender/sore nipples
• Urine dribbling/pain on micturition

Check Your Progress 2

Danger signs in the baby:

i) Difficult or fast breathing

ii) Fits or convulsions

iii) Fever or cold to touch

iv) Refuses feeds

v) Blood in stools

vi) Has diarrhoea

vii) Looks yellow/pale/bluish
Check Your Progress 3

Mother:

a) Advice on nutrition and rest
b) Adoption of contraceptive methods

Child:

a) Exclusive breastfeeding
b) Advise mother when and where the baby can get immunisation.

5.9 REFERENCES

1) RMNCH+A 5 × 5 Matrix, www.nrhm.gov.in
2) http://www.who.int/mediacentre/factsheets/fs348/en/
3) http://unicef.in/Whatwedo/1/Maternal-Health
5) http://pib.nic.in/newsite/PrintRelease.aspx?relid=123669
6) http://data.worldbank.org/
7) www.obgnursing.blogspot.com/2012/07july2012/midwiferyandobstetricnursing
8) www.pregnancycorner.com/labourcontraction
9) www.glown.com/episiotomy
10) www.pdf-assessmentof4thstageoflabour
12) India’s Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) Strategy, by USAID July 2014


27) Contraceptive Update Manual for Doctors (October 2005)


**5.10 APPENDIX**

**POSTPARTUM COUNSELLING**

Counselling is defined as a helping process where a person (skilled service provider/counsellor) explicitly and purposefully gives his/her time, attention and skills to assist a client to explore their situation, identify and act upon solutions within the limitations of their given environment.

Counselling is a very essential component of our Family Welfare Services and could concern individuals, couples, families and groups. Here the service provider helps ensure that the clients make free, informed and well-considered decision about their own contraceptive practices, child bearing and spacing.

**Six principles of Good Counselling**

1) Treat each client well. All clients deserve respect, whether their age, marital status, ethnic group, sex, or sexual and reproductive health behaviour. Maintain privacy and confidentiality in one to one counselling.

2) Interact – Each client is a different person. Ask questions, listen, and respond to each client’s own needs, concerns and situation.
3) Give the right amount of information – enough for the client to make informed choices but not so much that the client is overloaded. An informed choice is a client’s thoughtful decision based on accurate understanding of the full range of options and their possible results.

4) Tailor and personalise information – Give clients the specific information that they need and want, and help clients see what the information means to them.

5) Unless a valid medical reason prevents it, provide the family planning method that the client wants.

6) Help clients remember instructions.

**Counselling vs. Motivation**

A motivator highlights just the advantages and thus makes the decision for the client while a counsellor would talk of both advantages and disadvantages and thus facilitates decision making by the client.

**The Counselling Process**

Counselling is not an isolated event but an ongoing process that should be part of every interaction with the client. Family Planning can be divided into three phases:

- General family planning counselling (during the initial contact with the client): the client is provided basic information on a range of methods, any mistaken beliefs or myths about specific family planning methods are cleared up and client is assisted in choosing a method that is appropriate for her or couple.

- Method-specific counselling (prior to and immediately following provision of the method chosen): the client is provided more detailed information about the method, as well as instructions on how to use it safely and effectively; and client is told when to return for follow-up, and is asked to repeat key information.

- Follow-up counselling (during return visits): the client’s satisfaction with the method is assessed, and any problems or concerns are discussed. This is the opportunity to encourage the client for continued use of the chosen method, unless problems exist.

**Steps in Family Planning Counselling: The GATHER Approach**

The GATHER technique is used to organise the elements of the counselling process. This acronym is designed to help staff remember 6 basic steps for an effective family planning counselling session. Counselling should be tailored to the woman’s individual needs and circumstances and thus a provider need to use the GATHER approach sensitively so that it is appropriate to each client’s need.

GATHER means:

G  Greet the client respectfully
A  Ask them about their family planning needs
T  Tell them about different contraceptive options and methods
H  Help them to make decisions about choices of methods
E  Explain and demonstrate how to use the methods
R  Return/refer; schedule and carry out a return visit and follow up
Postpartum Care

Tips: Use support materials such as diagrams, brochures, and actual samples of different methods to emphasise and illustrate points. Encourage the women to handle the materials. Handling a sample IUCD may be especially important, as many women may be surprised to see how small it is.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Points of Discussion/Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREET the woman</td>
<td>• Greet the woman with warmth and respect; and ask about the purpose of visit&lt;br&gt;• Make sure she understands that you are here to help her choose a family planning method that is right for her (not choose one for her)&lt;br&gt;• Assure her that the meeting will be confidential and she can speak openly about some private/personal matters so that you can help</td>
</tr>
<tr>
<td>ASK her about herself/Assess</td>
<td>• Ask about any previous experiences with family planning (methods used, reason for discontinuing, etc.)&lt;br&gt;• Assess partner/family attitudes about family planning (whether she has discussed this with them, whether they are supportive, etc.)&lt;br&gt;• Ask about her reproductive goals (how many children she wants, desire for birth spacing, desire for long term protection against conception etc)&lt;br&gt;• Ask about her need for protection against STIs&lt;br&gt;• Ask whether she is interested in a particular family planning method&lt;br&gt;Important: Explain that all sexually active persons should consider their individual risk for HIV and other STIs and whether they should use condoms, alone or along with another method of protection.</td>
</tr>
<tr>
<td>TELL her about family planning</td>
<td>• Provide general information about different family planning methods, focusing on the method in which the woman is interested (if any). Information covered may include:&lt;br&gt;• Effectiveness of the method&lt;br&gt;• Mechanism of action&lt;br&gt;• Health benefits and potential risks&lt;br&gt;• Side effects</td>
</tr>
<tr>
<td><strong>Maternal Health</strong></td>
<td><strong>HELP her select the method</strong></td>
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<td>---------------------</td>
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<tr>
<td>• Protection from HIV and STIs</td>
<td></td>
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<tr>
<td>• Cost and convenience and accessibility/availability of supplies needed</td>
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<tr>
<td>• Correct any misconceptions and concerns the woman may have about the method(s) she is considering. For guidance on correcting common misconceptions about IUCD, see Annexure 1</td>
<td></td>
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<tr>
<td><strong>EXPLAIN how to use the method</strong></td>
<td>• Help the woman choose a method. Do not decide for her.</td>
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<tr>
<td></td>
<td>• Assess her knowledge about the selected method by having her repeat key details back to you, and by asking her questions. For potential IUCD users, it is especially important that they understand that:</td>
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<tr>
<td></td>
<td>• Menstrual bleeding pattern changes are a common side effect associated with the method</td>
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<tr>
<td></td>
<td>• The IUCD offers no protection against HIV or other STIs; clients who are at risk should also use condoms for protection</td>
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<tr>
<td></td>
<td>• Potential IUCD users should know that this will involve a pelvic examination for screening and will involve a minor procedure to insert the IUCD into her uterus</td>
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<tr>
<td></td>
<td>• Immediately before the IUCD insertion procedure, the client should receive pre-insertion counselling and screening. Encourage her to ask questions and state any remaining concerns about the selected method.</td>
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<tr>
<td></td>
<td>• Immediately after the IUCD is inserted the client should receive post insertion instructions</td>
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<tr>
<td></td>
<td>• Explain what to do if she experiences any problems or side effects, and provide any other basic information needed.</td>
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<td></td>
<td>• Provide information on warning signs that indicate the need to return to the clinic immediately</td>
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<tr>
<td></td>
<td>• IUCD users should have a routine check-up after their first menstruation (in 3 to 6 weeks) in case of interval IUCD and after 6 weeks in case of PPIUCD</td>
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<tr>
<td></td>
<td>• Ensure that the client has understood all the information and reassure her</td>
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</tbody>
</table>
## Postpartum Care

| RETURN VISIT/REFER | • Assess client satisfaction  
|                     | • Check for concerns or problems. For IUCD users, emphasis is placed on menstrual bleeding changes, use of condoms to protect against STIs, and warning signs  
|                     | • Tell them that they will also have a pelvic examination to check for infection and expulsion in the first follow-up visit  
|                     | • Reinforce client instructions for use of the selected method  
|                     | • Provide appropriate follow-up for any problems identified  
|                     | • Refer woman if needed |

### Breastfeeding

**Steps**

1. Advise the mother to sit or lie in a comfortable position and help the mother to initiate breastfeeding

2. Provide advice for the cleaning of nipple and breast as part of routing care

3. Describe and demonstrate rooting reflex

4. Describe and ensure correct position:
   - Baby’s body is well supported
   - The head, neck and the body of the baby are kept on the same plane
   - The entire body of the baby faces the mother
   - Baby’s abdomen touches mother’s abdomen

5. Describe and ensure good attachment:
   - Baby’s mouth is wide open
   - Lower lip is turned out
   - Chin is touching her breast
   - Larger area of the areola is visible above than below

6. Describe and ensure effective suckling – slow, deep sucks with pauses, visible signs of swallowing at the throat.

7. Advice on burping after breastfeeding

8. Inform the mother regarding the frequency of feeding (atleast 8 times in 24 hours including night feeds) and the importance of emptying the breast and hind milk

9. Inspect breasts for sore nipples, cuts and engorgement

10. Counsel on advantages of colostrums feeding and reinforce exclusive breastfeeding

11. Counsel regarding correct diet, adequate rest and stress-free environment
Kangaroo Mother Care (KMC)

Steps
Counsel the mother, providing privacy to the mother
Request the mother to sit or recline comfortably
Undress the baby gently, except for cap, nappy and socks
Place the baby prone on mother’s chest in an upright position with the head slightly extended, between her breasts in skin-to-skin contact in a frog-like position
Turn baby’s head to one side to keep airway clear
Support the baby’s bottom with a sling/binder
Cover the baby with mother’s ‘pallu’ or gown; wrap the baby-mother duo with an added blanket or shawl depending on the room temperature
Advise mother to breastfeeding the baby frequently
Ensure the room is warm by using a room heater as necessary (26-28°C)
Advise the mother to provide KMC for the least 1 hour/session. Skin-to-skin contact should be maintained as long as possible

Key point to remember
Eligibility criteria for KMC
- All babies of low birth weight
- Sick, haemodynamically stable babies needing special care (even those on IV fluids or on oxygen)
The 2 components of KMC are:
  - Support to the mother in hospital and at home
  - Post-discharge follow-up
Benefits of KMC
- Reduces risk of hypothermia
- Promotes lactation and weight gain
- Reduces infections and hospital stays
- Better bonding between mother and newborn

OVERVIEW OF POSTPARTUM FAMILY PLANNING AND POSTPARTUM IUCD

Postpartum Period
The postpartum period has traditionally been understood as the first six weeks after the birth of a child, as by then, the woman’s body has largely returned to its pre-pregnancy state. However, there is a need to focus on the “extended postpartum period” i.e. the first 12 months after birth.

Programmatically, it is convenient to further define the time periods as the interventions and issues vary during the period of first 6 weeks and beyond up to one year after childbirth.

Immediate postpartum – post placental and within 48 hour after delivery
The immediate postpartum period is an ideal time to educate and counsel a
woman on exclusive breastfeeding as a contraceptive method. Counselling on future fertility, birth spacing or limiting intentions, and provision of appropriate family planning methods like IUCD, sterilisation should also be provided in this period.

**Early Postpartum – up to 7 days**

Postpartum Sterilisation can be performed within this time period. Messages on Lactational Amenorrhea Method (LAM) should be reinforced.

**Extended postpartum – 6 weeks to 1 year**

Spacing methods like IUCD and other methods as per the Medical Eligibility Criteria (MEC) can be provided. Laparoscopic/minilap tubal ligation can also be performed during this period.

**Rational for postpartum IUCD as a postpartum Family Planning method**

1) **Ensuring healthy spacing between births**

   - A baby born after a short birth interval has increased chances of:
     - Being born pre-term
     - Being small for gestational age
     - Death during newborn period or childhood
   
   - A woman who becomes pregnant too quickly following a previous birth or spontaneous or induced abortion faces higher risk of:
     - Anaemia
     - Abortion
     - Premature rupture of membranes
     - Maternal mortality

   * Approximately 61% of births in India occur within 36 months of previous births. This means the birth to pregnancy intervals in 61% of births are shorter than the recommended birth to pregnancy interval.

**Recommendation for spacing after a live birth**

After a live birth, recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.

**Recommendation for spacing after a miscarriage or induced abortion**

After a miscarriage or induced abortion, the recommended minimum interval to next pregnancy is at least 6 months in order to reduce risks of adverse maternal and perinatal outcomes.

**Source**: World Health Organisation, 2006 Report of a WHO Technical Consultation on Birth Spacing

2) **High unmet need for birth spacing**

   - In India 65% of women in the first year postpartum have an unmet need for family planning, but only 26% of women are using any method of family planning during the first year postpartum.
3) **Vulnerability to return of fertility**

- Return to fertility after delivery or abortion is very unpredictable and differs from one woman to other. A woman will ovulate before she begins regular menstruating again. The chance of woman’s fertility returning before menstruation resumes, increases as the postpartum period increases (Kennedy and Tussel, 2004)
- If a woman or a couple does not practice family planning after delivery or an abortion, then they are at risk of unwanted pregnancy.

4) **Receptivity to accept family planning method is high**

Women are highly motivated and receptive to accept family planning (FP) methods during the postpartum period. Demographic and Health Surveys show that 40% of women in the first year postpartum intend to use FP method but are not doing so (unmet need).

5) **Increased access to services**

Institutional deliveries have increased significantly all across the country, thereby creating opportunities for providing quality postpartum family planning services. Home-visits made by ANMs and ASHAs and antenatal and postnatal clinics at facilities at the community level have increased the opportunity for providing correct health messages related to postpartum family planning and healthy timing and spacing of pregnancies to women and for follow-up of clients.

**Timing of initiation of FP Methods Postpartum**

<table>
<thead>
<tr>
<th>Delivery</th>
<th>48 hrs</th>
<th>3 weeks</th>
<th>4 weeks</th>
<th>6 weeks</th>
<th>6 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Women</td>
<td></td>
<td>CONDOMS</td>
<td>IUCD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>IUCD</td>
<td></td>
<td>FEMALE STERILIZATION</td>
<td>EMERGENCY CONTRACEPTIVE PILL</td>
<td></td>
</tr>
<tr>
<td>Breast-Feeding Women</td>
<td></td>
<td>1 week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-breast Feeding Women</td>
<td></td>
<td>LACTATIONAL AMENORRHEA METHOD (LAM)</td>
<td>ORAL CONTRACEPTIVE PILLS</td>
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</tbody>
</table>

**Postpartum IUCD (PPIUCD)**

**Service Delivery Guidelines**

1) Both Cu IUCD 380 A and Cu 375 are approved for PPIUCD insertion.
2) Every woman must be counseled on the FP options available for her in the postpartum period. If she chooses PPIUCD, then she should be counselled
regarding advantages, limitations, effectiveness and side effects related to IUCD.

3) The provider must explain the procedure for insertion and/or removal of the PPIUCD.

4) Woman must be screened as per WHO Medical Eligibility Criteria (MEC)

5) The PPIUCD must be inserted only by provider who has been trained to competency in PPIUCD service provision according to national standards, as the technique of PPIUCD insertion is different from interval IUCD insertion.

6) The provider must insert the IUCD using a PPIUCD insertion forceps and should take care to follow all recommended clinical and infection prevention measures for successful insertion.

7) The provider must maintain records regarding PPIUCD insertions and follow-up visits as per protocol.

8) Woman must be followed up by a provider oriented to PPIUCD services.

**Timing of PPIUCD insertion**

The correct timings of insertion are:

**Postpartum**
- Post placental : Insertion within 10 minutes after expulsion of the placenta following a vaginal delivery, on the same delivery table.
- Intraccesarean : Insertion that takes place during a cesarean delivery, after removal of the placenta and before closure of the uterine incision.
- Within 48 hours after delivery: Insertion within 48 hours of delivery.

**Post abortion and post medical termination of pregnancy** : Insertion following an abortion, if there is no infection, bleeding or any other contraindications.

Extended Postpartum/Interval : Insertion any time after 6 weeks postpartum. Here the technique of insertion will be same as that of interval IUCD insertion.

The IUCD should NOT be inserted from 48 hours to 6 weeks following delivery because there is an increase risk of infection and expulsion.

Mode of action, effectiveness and side effects of PPIUCD are the same as that of interval IUCD.

**Advantages**

The specific advantages of an IUCD placed in the postpartum period include:

Advantages for the woman:
- Convenient : saves time and additional visit
- Safe because it is certain that she in not pregnant at the time of insertion
- High motivation (woman and family for a reliable birth spacing method
- Has no risk of uterine perforation because of the thick wall of the uterus
- Reduced perception of initial side effects (bleeding and cramping) due to presence of normal puerperal changes which will mask the side effects.
Maternal Health

- Reduced chance of heavy bleeding, especially among lactational amenorrhea method (LAM) users, since they are experiencing amenorrhea.
- No effect on amount or quality of breast milk
- The woman has an effective method for contraception before discharge from hospital.

Counselling on Postpartum Family Planning (PPFP) and PPIUCD Key messages for PPFP Counselling

- Importance of initiating a family planning method soon after childbirth, spontaneous or induced abortion for maintaining healthy spacing of at least 3 years between two children.
- Fertility may return within four to six weeks for women who are not exclusively breastfeeding and as early as 10–14 days after an abortion.
- Women who are practicing LAM should change to another family planning method before the baby is six months old.

Counselling on PPFP and PPIUCD should be done with the woman, and if she prefers, with her husband and/or mother-in-law.

Timing of Counselling for PPFP and PPIUCD

1) During antenatal visits:
   - Women should be ideally counselled in the antenatal period for PPIUCD insertion.
     A woman’s choice of Family Planning method should be noted clearly on her antenatal card or record. The stamp or specific notation in the ANC record will enable the delivery room staff, to be prepared for providing the method immediately following delivery of the placenta.
   - The labour room staff should check the ANC card for this information when the woman presents for delivery.

2) During admission, early labour and prior to scheduled cesarean section:
   If not counselled during antenatal period, the woman has to be given information about postpartum family planning including PPIUCD as per her need. Those who express interest in the PPIUCD.
   If a woman presents in early labour (she is relatively comfortable, with infrequent contractions, and able to concentrate on the information being provided), she can be counselled for PPIUCD.
   Woman, who arrives to the hospital for a scheduled cesarean section, can be counselled prior to the operation about Intra-cesarean IUCD insertion.

3) On the first day of postpartum period:
   For woman who could not be counselled prior to delivery, she can receive counselling on the first postpartum day.

A woman should NOT be counselled for the first time about PPIUCD during active labour as she may not be able to make an informed choice due to stress of labour.
Post Insertion Counselling

Following insertion of IUCD, reinforce the key messages related to PPIUCD and inform the woman regarding follow-up visits. A follow up card providing all relevant instructions may be given to her on discharge from the facility.

- Points to be stressed are importance of exclusive breastfeeding and assurance that the IUCD does not affect breastfeeding.
- To return after six weeks for IUCD/Postnatal care (PNC)/ newborn check-up
- To come back any time if she has any concern or experiences any warning signs or if the IUCD is expelled.

Follow-up Care and Counselling

Follow-up care of the PPIUCD acceptor is very important to ensure client satisfaction and continuation of the accepted method. A woman should come for checkup at 6 weeks and thereafter as and when necessary. If the woman lives far from the facility where the PPIUCD was inserted, telephonic follow-up or follow-up through ANM/ASHA, can be possible.

While counselling clients, the provider should follow the steps mentioned in Postpartum IUCD Counselling Checklist.