



# Postpartum Care

- In developing countries, over 60% of maternal deaths occur in the postpartum period, and about 70% of women receive no postpartum care.
- Effective care during the first week postpartum—especially during the first 24 hours—is essential to maximize survival of mothers and newborns.
- Women, their families and communities should be able to recognize maternal danger signs and have a plan for seeking appropriate care.
- Programs should manage the care of mother and newborn together, as the health and well-being of both are interdependent.

## The Importance of Care in the Postpartum Period

The postpartum period is one of the most vulnerable times in a woman's reproductive life cycle. In developing countries, over 60% of maternal deaths occur during this time.<sup>1</sup> An estimated 70% of women do not receive postpartum care (PPC).<sup>2</sup> Approximately 45% of maternal deaths occur within the first 24 hours of delivery and another 23% occur on days 2-7.<sup>1</sup> Three or more PPC visits are recommended for the health and well-being of mother and newborn. When resources are constrained, however, programs should give priority to ensuring effective care to mother and newborn within the first 24 hours and up to the first week, regardless of where the woman delivers. Skilled care during pregnancy can help prevent problems during the postpartum period and, in many countries, increased use of antenatal care during pregnancy is highly correlated with increased PPC after birth.<sup>3</sup> Prevention of postpartum problems also includes skilled care during labor and birth, which helps to decrease the incidence of hemorrhage and sepsis.

## Timing and Elements of PPC

Elements of basic PPC include early detection of physical or psycho-social problems, such as depression or abuse (see Table 1). Even if a skilled attendant is not present to conduct an exam, other trained workers should focus on maternal danger signs: excessive vaginal bleeding;

**Table 1. Timing and Elements of PPC**

Care for Mother	Care for Baby
<b>Within 24 hours</b>	
Danger signs; blood loss, blood pressure, temperature, breastfeeding	Danger signs; breathing, warmth, feeding, cord, immunization
<b>3-6 days</b>	
Danger signs; breast care, temperature, infection, mood, information on return to fertility	Danger signs; feeding, cord, infection
<b>6 weeks</b>	
Recovery, anemia, contraception	Weight, feeding, immunization

breathing difficulty; fever; abdominal pain; severe headache/blurred vision; convulsions or loss of consciousness; foul-smelling discharge; and behavior that indicates she may hurt herself or the baby. Every woman should know when, and how, to seek immediate care in case complications arise. Family and community members should also be able to recognize danger signs and have a plan in place for seeking appropriate help. Caregivers at the household and community level can be trained to provide basic, preventive care and to refer when necessary.

## Household-to-Hospital Continuum of Care

In many cases, the functions of basic PPC visits can occur in the household or community. Community health workers (CHWs) should know danger signs and basic first aid skills that are safe and feasible to perform in the home setting. In addition, CHWs should be skilled in



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counseling for healthy self-care and optimal birth spacing. It is important that links with a facility exist for referral of postpartum complications that cannot be adequately treated at home. The peripheral primary health care facility and outreach services should link the household and the district hospital, which should be staffed and equipped to provide comprehensive emergency obstetric and newborn care. Providing effective PPC services to the community requires a partnership of political, educational, religious, and other community leaders. Community involvement is important because informed communities that are aware of the potential dangers of the postpartum period can demand high-quality services, and are more likely to facilitate the establishment of transport and funds that are crucial in case of emergency.

### Promoting Healthy Behaviors

Healthy behaviors in the postpartum period include:

- Breast care and optimal breastfeeding practices, including correct attachment and positioning—early (within one hour after birth), exclusive, and on-demand
- Healthy nutrition, including an iron-rich diet
- Prevention of infection, including:
  - Handwashing and perineal hygiene
  - Prevention of malaria, including sleeping under insecticide-treated bed nets
  - Tetanus toxoid immunization if a woman has not previously completed the series
- Touching, handling, and bonding with the infant
- Social and emotional support from family, including child care to enable extra rest.

Skilled providers should ensure linkage of PPC and family planning services so that women understand return to fertility and have access to the family planning options that are compatible with breastfeeding, including the Lactational Amenorrhea Method. To ensure the healthiest maternal, perinatal, infant, and under-five health outcomes, women should wait at least 24 months, but not longer than 60 months, after a birth before trying to become pregnant again.

### Programming Considerations

Care for mother and newborn is often carried out at different times by different providers. However, the health and well-being of both are interdependent, and as such, their care should be managed together. Providing effective PPC depends upon establishing standards for PPC, and training and supervising providers to ensure that these standards are followed at every level of care. Strong, evidence-based maternal and newborn health policies should be developed, adopted, and disseminated to ensure that all women and newborns benefit from them.

### Where To Get More Information:

[http://accesstohealth.org/toolres/pdfs/ACCESSFP\\_PFPbiblio.pdf](http://accesstohealth.org/toolres/pdfs/ACCESSFP_PFPbiblio.pdf)

<sup>1</sup> Li, XF, Fortney, JA, Kotelchuck, M, and Glover, LH. 1996. The postpartum period: The key to maternal mortality. *International Journal of Gynecology and Obstetrics* 54(1): 1-10.

<sup>2</sup> World Health Organization (WHO). 1997. "Coverage of Maternity Care: A Listing of Available Information," 4th ed. Geneva, WHO.

<sup>3</sup> Fort A, Kothari, M, and Abderrahim, N. 2006. Postpartum care: Levels and determinants in developing countries. DHS Comparative Reports No. 15. Calverton, Maryland, Macro International.

Other technical briefs can be found at: [www.maqweb.org/techbriefs/](http://www.maqweb.org/techbriefs/)

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