

Guidelines for Standard Postpartum Care



2016

PPC Palestine Interventions

Level of care: Community/Primary/Referral
All health workers

1. Postpartum care:
 - a) Management of women in immediate postpartum period (Hospital)
 - b) Rapid assessment of women in the postpartum period (Hospital)
 - c) Home visit or Clinic visit at 3rd or 7th day
 - d) Postpartum PHC visit at 6 weeks
2. Family planning (advice and counseling)
3. Prevention and management of maternal anemia
4. Detection and management of puerperal sepsis
5. Postnatal follow up on Gestational Diabetes
- 6.6. Postnatal follow up on Gestational Hypertension and pre-eclampsia

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1a) Management of women in immediate post partum period (Hospital)

Level of care: Referral

All health workers

Intervention:

Management of women in immediate postpartum period

Action:

- Observe the woman
- Every 15 minutes for the first hour
 - Then hourly for 3 hours
 - Every 4 hours until discharge

Vital signs
Fundal height
Lochia
Bleeding

Check breast and nipples and
initiate breastfeeding

Teach and counsel the woman about
the following before discharge:

- **Danger signs**
- Self care and hygiene
 - Perineal care
 - Stitches care
- Diet and fluids intake
 - Breast feeding
 - Baby care
- Mobility exercise
- Family planning
- Sexual activity

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1b) Rapid assessment of women in the post partum period (hospital)

Level of care: Referral

Professional health workers

Look for Danger Signs:

Airways & Breathing

Circulation (signs of shock)

Vaginal bleeding

Unconscious convulsions

Dangerous fever

Abdominal pain

Inspection:

- Cyanosis
- Respiratory distress
- Skin pallor

Examination:

-wheezing or rales

-Skin; cool and clammy
-Pulse: >110, weak
-Blood pressure: <90 mmHg Systolic

-Vulva; amount of bleeding, retained placenta, obvious tears, haematoma
-Uterus; atony
-Bladder; full

-Blood pressure: >90 mmHg Diastolic
-Temperatur >38°C
-Reflexes

Ask if: - Weak, lethargic
- Frequent, painful urination

-Temperatur >38°C
-Unconscious
-Neck; stiffness
-Lungs; shallow breathing consolidation
-Abdomen; severe tenderness
-Vulva; purulent discharge
-Breasts; tender

-Blood pressure <90 mmHg, systolic
-Pulse>110
-Temp>38°C
-Uterus

Consideration:

-Severe anemia
-Heart failure
-Pneumonia
-Asthma
-Pulmonary Embolism

Shock

-Atonic uterus
-Tears of cervix and vagina
-Retained placenta
-DIC (disseminated intravascular Coagulopathy
-Inverted Uterus

-Eclampsia
-Epilepsy
-Tetanus

-Urinary tract infection
-Metritis
-Pelvic abscess
-Peritonitis
-Breast infection
-Pneumonia

-Ovarian cyst
-Appendicitis
-Endometritis
-Ruptured Uterus

Action:

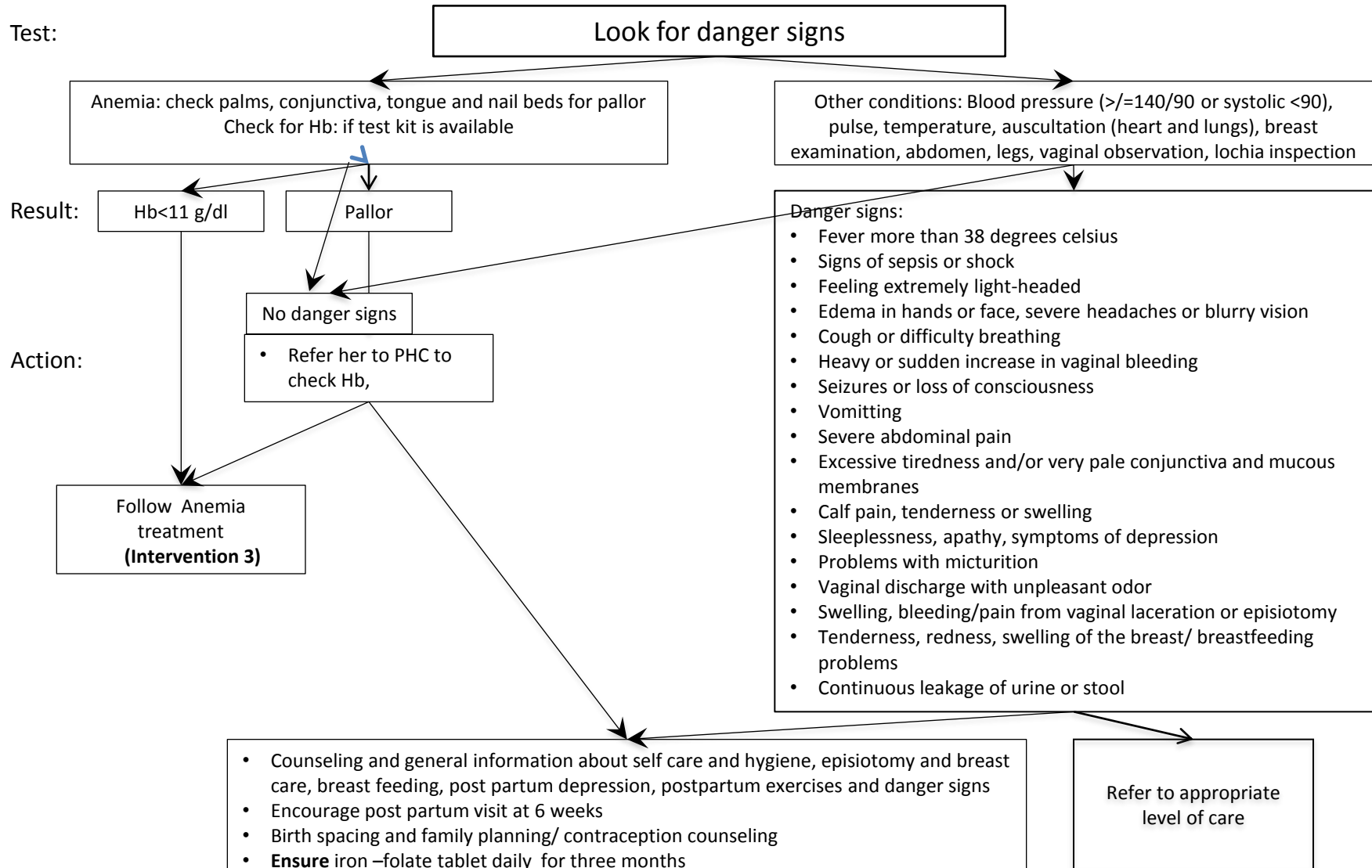
- Stabilize,
- if necessary: Refer to service delivery point with comprehensive obstetric care

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1c) Postpartum home visit/ Primary healthcare clinic: at 3-7 days

Level of care: Community/Primary

All healthcare providers



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1d) Postpartum visit at 6 weeks

Level of care: Community/Primary

All healthcare providers

Intervention:

6 weeks PPC visit in Primary Health Care

Test:

Rapid assessment
of danger signs

Hemoglobin

Detection and
management of
postpartum sepsis

Family planning
(advice and counseling about choice of contraception)

Action:

Intervention 1c

Intervention 3

Intervention 4

Intervention 2

Schedule appointment for
follow-up on family planning

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2. Family planning (advice and counseling about choice of contraception)

Level of care: Community/Primary/Referral

All healthcare providers

Intervention:

Advice on family planning at the (3rd day) or 1st week home visit and at 6th week health center visit



Provided

Action:

Family planning:

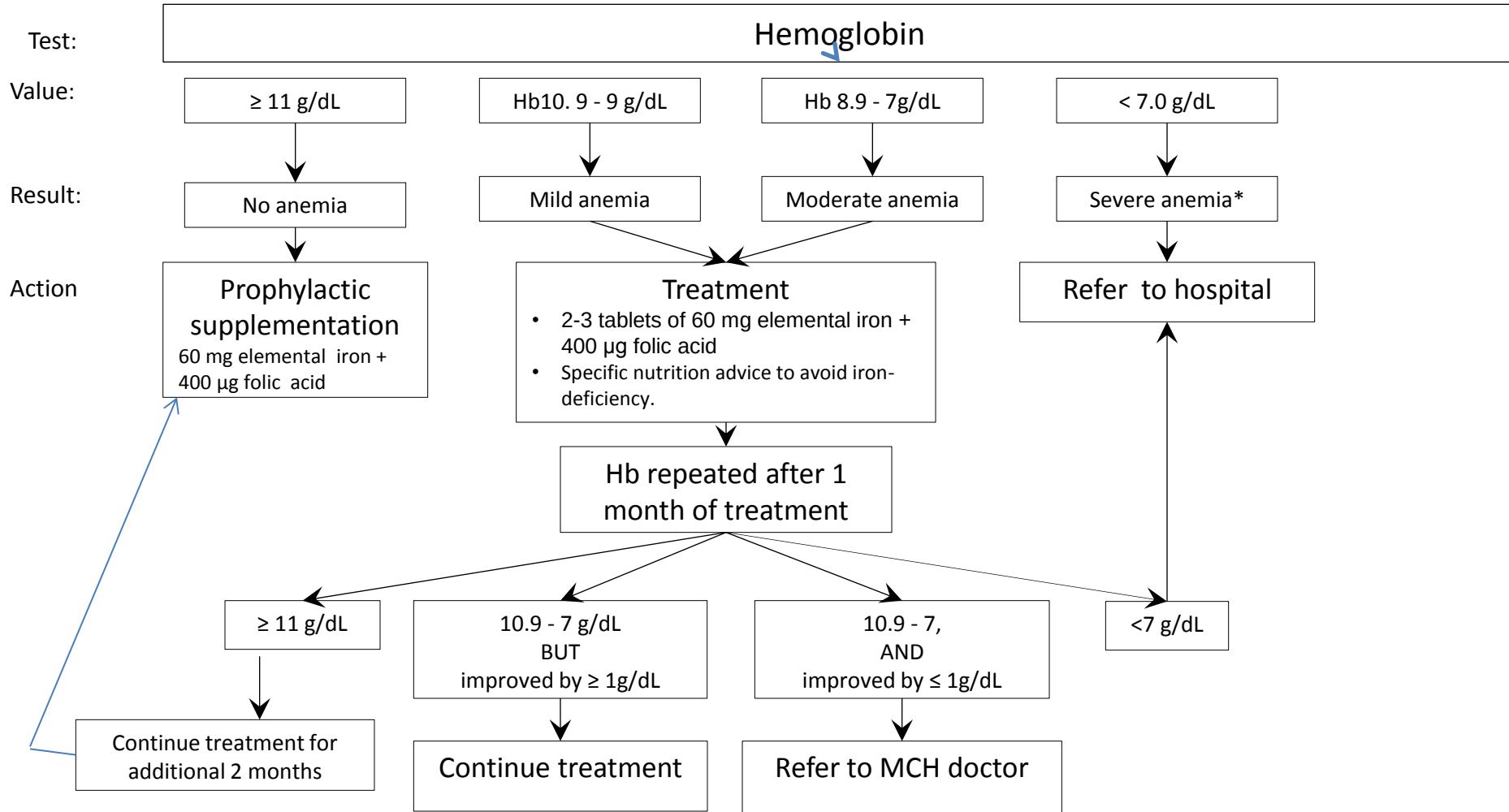
- a) Provide all women and their husband's information so that they can make an informed choice about birth spacing and contraception.
- b) Counsel the couple about the **importance of birth spacing/ contraception**. Explain to the woman that if she has sex after birth and is not exclusively breastfeeding, she may become pregnant as soon as 21 days after delivery, even before her first menstrual period begins.
- c) Advise the woman that waiting at least **2-3 years between pregnancies** is healthier for the mother and baby.
- d) Counsel the woman and her partner about contraceptive options appropriate during the postpartum period:
 - **Lactational amenorrhea method**
 - **IUD including postpartum and interval insertion**
 - **Condoms and spermicides**
 - **Progestogen-only methods , combined oral contraceptives (if she is not breastfeeding)**
 - **Fertility awareness-based methods**
- f) Discuss with the woman how physical and hormonal changes in her body may affect her relationship with her partner.
- g) Confirm with the woman that she has the information she needs to make an informed decision.

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3. Prevent, measure and treat maternal anemia

Level of care: Community/Primary/Referral

All health workers



*Consider: Chronic infection (e.g., tuberculosis, parasitic infections including malaria or hookworm, HIV), Blood problems (e.g., thalassemia or sickle cell disease), History of blood in urine or stool, or History of bruising and bleeding.

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4. Detection and management of purperal sepsis

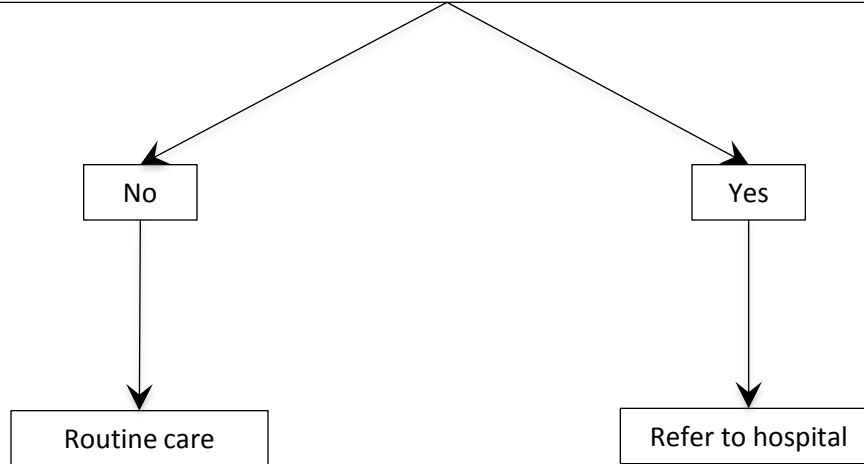
Level of care: Community/Primary/Referral

All healthcare providers

Test:

- Fever ($>38^{\circ}$ C), AND
- Confirmed or suspected infection (e.g. Urinary tract infection, septic abortion, endometritis, pneumonia), AND
- At least one of the following: Heart rate >90 , Resp. rate >20 , WBC <4000 OR $>12\ 000$)

Action:

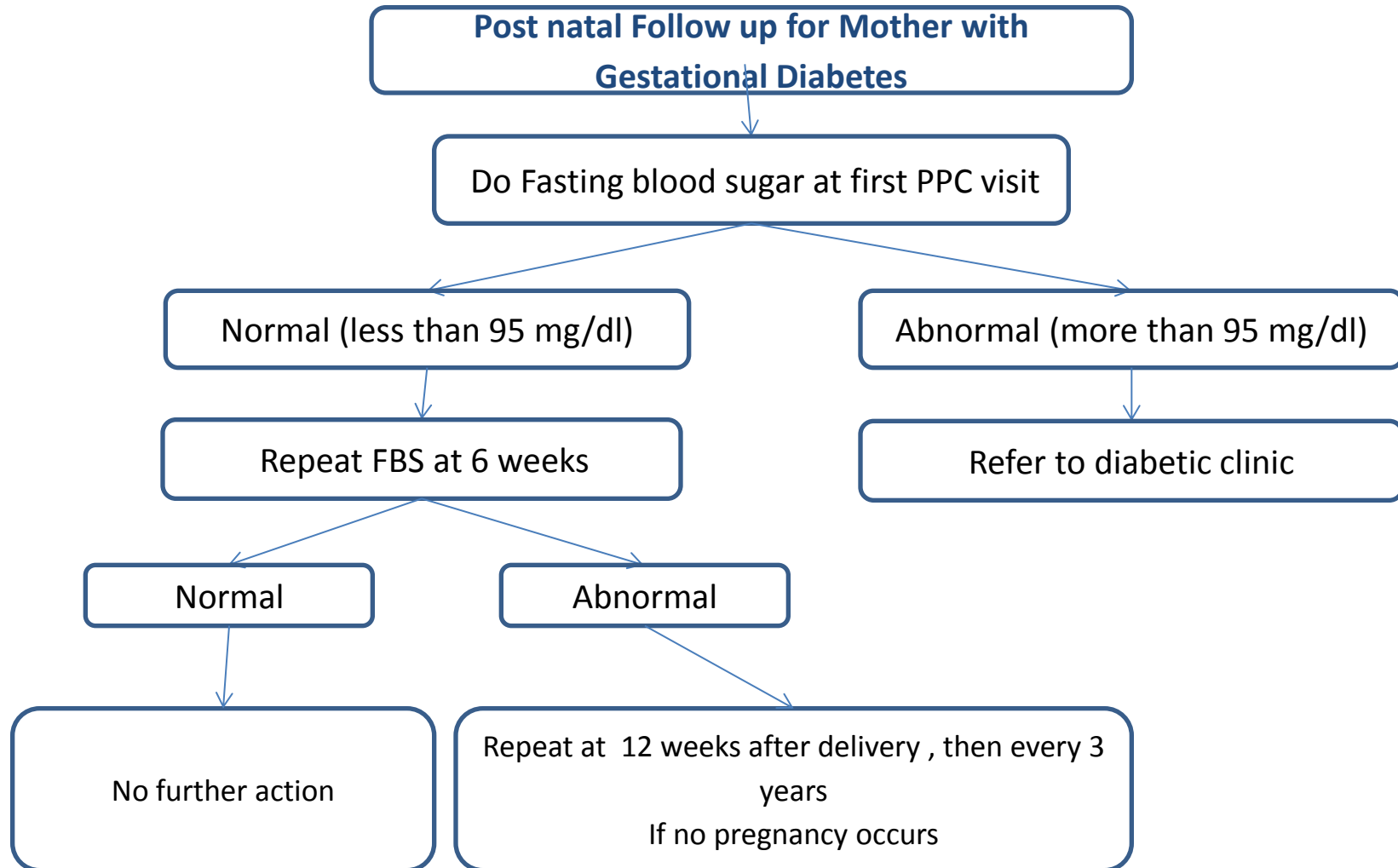


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5. Postnatal follow up on Gestational Diabetes

Level of care: Community/Primary/Referral

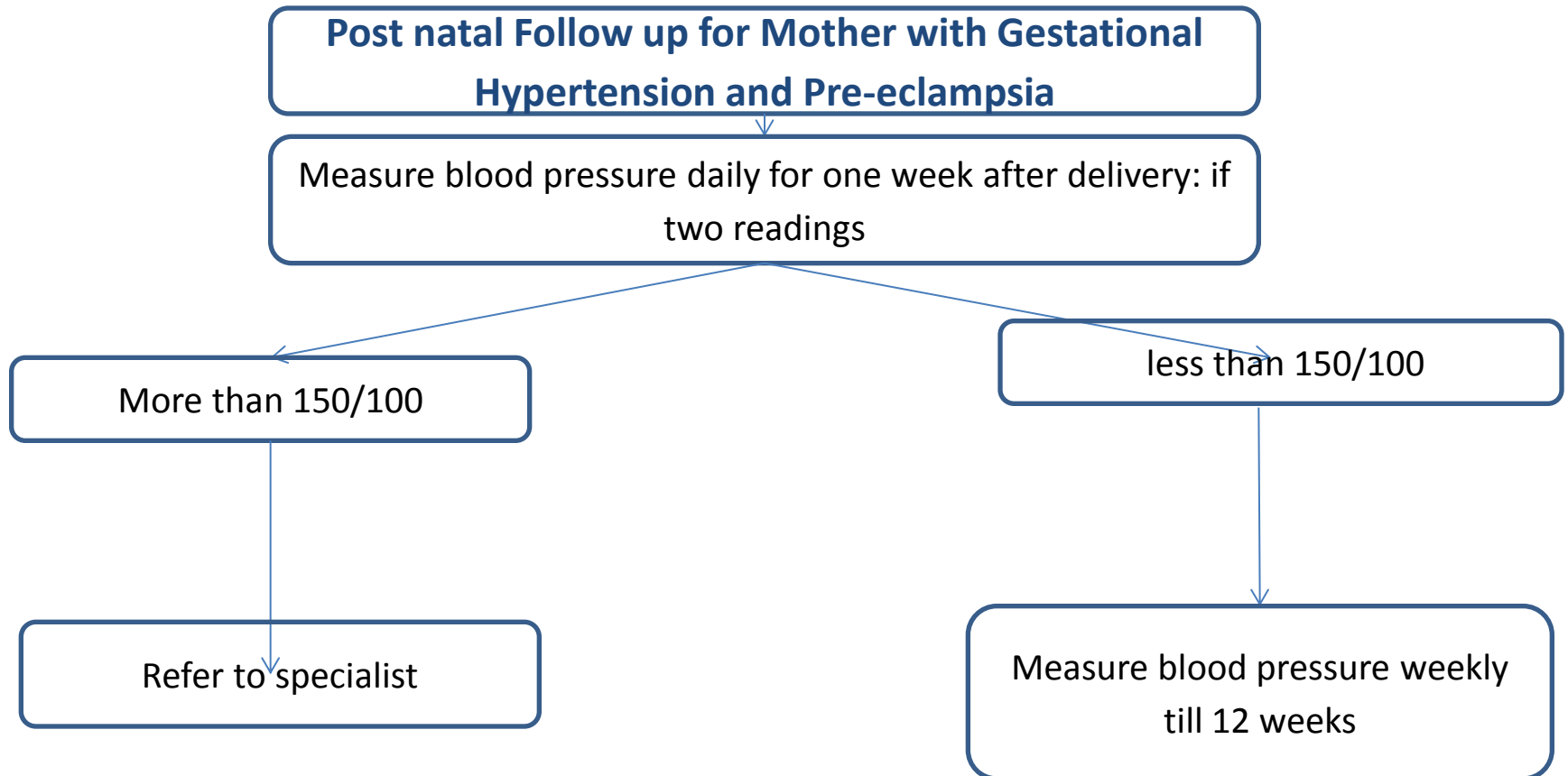
All healthcare providers



6. Postnatal follow up on Gestational Hypertension and pre-eclampsia

Level of care: Community/Primary/Referral

All healthcare providers



References list

- Postpartum care protocols, MARAM, page 3, 4
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- Pregnancy, Childbirth, Postpartum and Newborn Care: A guide to essential practice. Page E-6
- Managing Complications in Pregnancy and Childbirth: A guide for midwives and doctors. Page C-35
- Definition for puerperal sepsis from WHO, International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD 10) Version for 2010.
- French L, Smaill FM. Antibiotic regimens for endometritis after delivery. Cochrane Database of Systematic Reviews 2004, Issue 4. Art. No.: CD001067. DOI: 10.1002/14651858.CD001067.pub2.