

Supporting women, parents and families for a positive postnatal experience–

Key information for advocates



Postnatal care is essential for all women, their babies, and families during the first few weeks after birth. Yet, coverage and quality of postnatal care remains suboptimal. We invite those who advocate for improved health and health service experiences for women, newborns, parents, and families to join efforts for increasing the quality of postnatal care, so that every woman and every newborn receives the care they need to survive and thrive.

The aim of this brief is to describe the importance of postnatal care for the health and wellbeing of women and their babies after birth, as well as the right of all women and babies to quality postnatal care and a positive postnatal experience. Its content can support and strengthen advocacy messages and activities related to postnatal care by women, parents and community groups, civil society and nongovernmental organizations, community leaders, and other advocates at national, sub-national, health facility and community levels.

What is the postnatal period?

The World Health Organization (WHO) defines the postnatal period as beginning immediately after the birth of the baby and extending up to six weeks (42 days) after birth (1). However, WHO also acknowledges that many women need care and support beyond this postnatal window, as well as in-between pregnancies. An increasing body of evidence considers the postnatal period to extend beyond six weeks and up to 12 or 24 months following childbirth. This period is critical for providing women, babies, partners, parents and families with the best start to health and wellbeing after childbirth.

What is postnatal care?

Postnatal care refers to care of the woman and the baby during the postnatal period, as well as health systems policies and programmes aimed at supporting partners, parents and families and improving quality of care (1). Its goal is to prevent complications after childbirth, promote healthy practices among parents, foster support for women¹ and babies from the family and community, and meet their health, developmental and social needs.

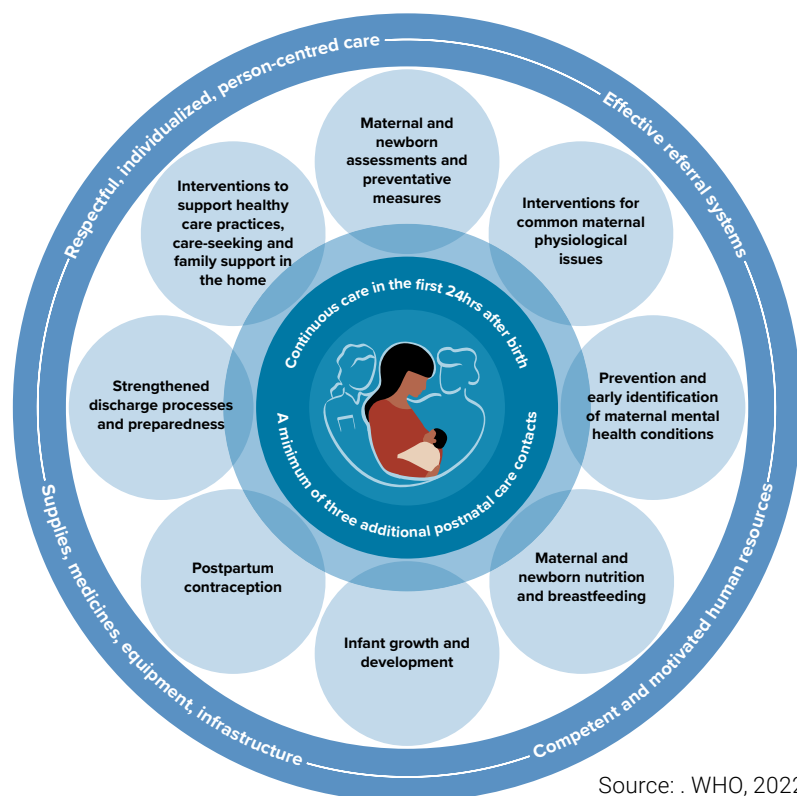
Important postnatal services to be provided during this period include assessments of health and well-being of women and babies, management of identified problems, and discussing with women and parents on important topics about caring for themselves and their baby. It is also within these first weeks after birth that women may experience common physical and mental effects of childbirth such as perineal pain, breast engorgement, constipation, and mental health conditions among others (1) (see [What might women experience in the postnatal period?](#)).

Postnatal care should be tailored to each woman's and baby's unique situation, including their physical health and wellbeing, as well as the woman's emotional wellbeing and mental health.

What does WHO say about postnatal care?

The WHO recommendations on maternal and newborn care for a positive postnatal experience (1) focus on care during the first six weeks after birth. The WHO recommendations on postnatal care specifically address essential care for women and babies following a pregnancy and childbirth without complications (2) (see Fig 1). They are not simply about ensuring women and babies survive; these recommendations aim to support complete physical, mental, emotional and social wellbeing, consistent with the definition of health in the WHO constitution (3). This requires quality care and sharing of information before and during pregnancy, after birth and along the continuum of maternal and newborn care. Quality care implies that health services must provide respectful, person-centred care to all women and babies.

Figure 1. The WHO postnatal care model



Source: . WHO, 2022 (1).

¹ It is recognized that some individuals who have given birth identify as gender diverse. The diverse configurations of couples and families are also recognized.

Transition to well-woman and well-infant care usually occurs around six weeks after birth, including referrals to infant immunization, family planning, additional breastfeeding support and for additional care for management of complication, including maternal mental health services, as needed.

The WHO guideline describes contacts (see Box 1), health systems and health promotion interventions to improve the provision, utilization, and experience of care. This is in addition to recommendations on discrete clinical interventions offered to all women and babies, which are complemented by existing WHO guidelines on the management of postnatal complications (See [Further information and resources](#) for more).

Box
1

What's meant by postnatal care "contact"?

"Contact" entails active interaction between women, newborns, parents, and health workers. Every contact should include respectful, individualized, and person-centred care, information, and psychosocial and emotional support. This should be provided by kind, competent, and motivated health workers who are working within a well-functioning health system.



Read more in Wojcieszek et al., 2023 (2).



If birth is in a health facility,

healthy women and newborns should receive postnatal care in the facility for at least 24 hours after birth. This time allows for health workers to care for the woman and baby and carry out assessments (such as of the baby's hearing and

vision, and the woman's mental health). This is also an important time to help women, parents and families feel ready to transition with their baby from the health facility to the home. Findings from supporting research were not clear about an optimal length of stay following caesarean birth, but it is likely that women and babies benefit from staying longer than 24 hours.



If birth is at home, the first postnatal contact should be as early as possible within 24 hours of birth.



Postnatal care should include **at least three additional postnatal care contacts** after the first contact.



Postnatal care should be provided by **skilled health personnel or trained community health workers** in health facilities, outpatient services, or in the home.



Involving fathers and partners in supporting postpartum women in their own self-care, caring for newborns, and facilitating women's and baby's use of postnatal care services when needed is key to improve maternal and newborn health outcomes. This can be achieved by making postnatal care services more inclusive of partners and families, in a culturally acceptable manner. Importantly, involvement of men is beneficial for women and families, provided that women's choices are respected and their autonomy in decision-making is retained.

What about additional postnatal care after birth complications?

Globally, more than 35 million babies are born too small or too soon every year (4), and almost 2 million babies are stillborn (5). Women experience a wide range of complications after childbirth, including infections, obstetric fistula, mental health conditions and other chronic diseases (6). It is vital that these families receive the specialized, additional care they need. WHO and other United Nations agencies have developed specific guidance for the care of women who experience pregnancy-related complications and for the care of babies born too soon or small. See [Further information and resources](#) for more.

What might women experience in the postnatal period?

Women experience a range of physical and emotional responses after childbirth. Having a healthy, live baby can be a joyous time, but it's also a time of major adjustment for women, partners, and families (7). Mixed in with feelings of intense happiness can be feelings of exhaustion, fatigue, and periods of low mood, anxiety, and loneliness. Common mental health conditions, such as anxiety and depression, affect 1 in 5 postpartum women, but few report their symptoms to health workers (1), partly due to the stigma associated with mental health conditions, as well as fear, shame, and the diminished self-efficacy that often comes with depression.

Changes to women's bodies and hormones can be particularly challenging, especially without quality, respectful postnatal care and support (1). Some postpartum women experience involuntary leaking of urine (urinary incontinence) in the first three months after childbirth. Up to half experience swollen and painful breasts (breast engorgement), which can lead to difficulties breastfeeding. Many women experience perineal pain, uterine cramping, and constipation. Some of these conditions may last well beyond the postnatal period (8).

These changes and others can affect women's overall wellbeing, and sense of confidence as a woman and a mother. They can also affect their partners and family units. Although these experiences are not uncommon, many women feel unable to talk about them. Fear and shame can leave women feeling isolated. These feelings may be exacerbated in certain situations or groups, such as among adolescent girls following childbirth (9, 10).

“ It is, with hindsight, difficult to say which aspect of the postnatal period I found harder: the rock-solid boobs [breasts] that teetered on the edge of infection; the vulva and vagina that hurt and bled like a wound; the fact that I could barely sneeze without leaking; or the sleeplessness and bouts of crying that wrung out every last drop of energy from my mind. But then, at the same time, it felt utterly and boundlessly glorious to be a mother and to have a baby.”

(Jessica Hatcher-Moore, 2022; Evidently Cochrane blog <https://web.archive.org/web/20231202075144/https://www.evidentlycochrane.net/postnatal-care/>)

“ No one ever says to you... it's like normal to not be able to do it [breastfeeding]... I just felt like a complete failure, because no one, had explained to me – that I weren't [sic] the only one.”

(Sarah [pseudonym], 18 years of age) Source: In Javadi et al., 2023 (9). Extracted from Hunter et al., 2015 (10).

What is meant by a “positive postnatal experience”?

WHO says that all women, babies, and families have a right to a **positive postnatal experience** (1, 7) (see Box 2), even in challenging situations like when the woman or baby experiences a complication, during humanitarian crises or disease outbreaks.

Box 2

What’s a positive postnatal experience?

A positive postnatal experience is when women, newborns, partners, parents, caregivers, and families receive information and reassurance delivered in a consistent manner by motivated care providers. Both the women’s and babies’ needs are recognized, within a resourced and flexible health system that respects their cultural context.



Read more in WHO recommendations on maternal and newborn care for a positive postnatal experience (1), and Finlayson et al., 2020 (7).

“ I was always so grateful when she [the care provider] was ringing the bell [when she came to visit]. Even if [she] was just observing and then telling me how good my child and I were doing. Or giving me some advice or helping me understand my child who did cry a lot. This was so important to me and I still benefit from this now.”

(Amina [pseudonym], 32 years of age, first child). Source: In Finlayson et al., 2020 (7). Extracted from Kurth, et al., 2016 (11).

Having a baby, especially (but not only) for the first time, is transformative for women and families. For women, if the childbirth and postnatal experience is positive, this may enhance joy and self-confidence as a woman and mother (7, 11).

We know that a positive postnatal experience may look different to different women and families. The White Ribbon Alliance *What Women Want* campaign asked 1.3 million women from over 115 countries about their top priority for their own reproductive and maternal health (12). Some of women’s demands related to quality, respectful care in the postnatal period are presented in Box 3.

**Box
3****Women's demands for care**

"Health facilities should ensure that mothers know when and where postnatal care for herself and her newborn will be provided after discharge from hospitals" (woman in Kenya)

"Create a supportive environment for use of modern contraception for all girls and women. Enhance systems services and build local capacity for healthcare providers. Improve the quality of antenatal and postnatal care to all girls and women..." (woman in India)

"Ask every mother what they want in the antenatal and postnatal time. Give respect to every individual. Provide good care and clean environment" (woman in India)

Source: [What Women Want interactive dashboard](https://whatwomenwant.whiteribbonalliance.org/en)
<https://whatwomenwant.whiteribbonalliance.org/en>.

“ You just feel that there was [sic] so few midwives to look after so many women [on the postnatal ward] that they just couldn't give you... the time that you wanted.”

Source: In Sacks et al., 2022 (13).
Extracted from Hindley et al., 2005 (14).

How can we ensure all women and babies receive high quality postnatal care?

The WHO recommendations on postnatal care are a crucial starting point in working towards better postnatal care globally. But not all countries and regions have the same resources and capabilities. Also, geographical and financial barriers, poor quality care, and gender and social norms in specific settings all influence whether women and newborns receive postnatal care (13-15). The WHO recommendations can be adapted to different settings to ensure the best possible care is organized to meet the needs of women and babies in specific contexts.

Advocates can support the highest level of postnatal care attainable for women, newborns and families in their contexts. They can ensure dialogue with national and subnational governments to strengthen their health systems and make the WHO postnatal care recommendations a reality. This will require promoting the value of postnatal care and working with a broad range of actors to identify and address barriers to accessing care. Advocates can also work with public and private sector actors, and professional associations to increase investments in the health workforce (including recruitment, training, and ongoing support for health workers) and to ensure the necessary infrastructure, equipment, and supplies needed to provide quality postnatal care. Advocating to ensure that health programmes consistently collect information on postnatal care services to track progress², will be also important to hold relevant stakeholders accountable across all settings.

2 WHO maternal, newborn, child and adolescent health and ageing data portal: www.who.int/data/maternal-newborn-child-adolescent-ageing/maternal-and-newborn-data/maternal-and-newborn---coverage.

How can we support women's, newborns' and families' rights in the postnatal period?

International human rights documents, like the Universal Declaration of Human Rights (UDHR) (16), describe the fundamental human rights of all people. The UDHR has been a platform for many of the human rights treaties that exist today.

Several legal and political documents encourage countries to take specific action to support women and families in the postnatal period (17). These documents support the essential elements of postnatal care and the measures that give rise to health and wellbeing during this critical time.

As the documents describe, women, newborns and families in the postnatal period should be afforded:



The highest attainable standard of health



Access to birth registration immediately after their baby's birth



Ongoing access to postnatal care information and services, including family planning



Protection from hospital detention after childbirth for non-payment of bills and user fees



Paid maternity leave, maternity protection, and family benefits



Support for breastfeeding in the workplace



Protection from harmful marketing of breastmilk substitutes



The clinic is far away, so we cannot get there by walking. We cannot rent a car to go because there is not enough money, not even 5 Afs [US \$ 0.10], in my husband's pocket."

(Household member) Source: In Sacks et al., 2022 (13). Extracted from Newbrander et al., 2014 (15).

Women's and families' advocates can help by raising awareness of such documents and advocating for the necessary benefits for women and families (see Box 4). Although only national and subnational governments can put these policies into place, families and communities must demand their governments to provide what is afforded in these documents.

Box 4

Summary of international legal and political documents

WHO has compiled a summary of international legal and political documents that are key resources to advance human rights, equity and to support the implementation of postnatal care.



For more detailed information and the full list of documents, see Smith et al., 2024 (17)

Further information and resources



Postnatal care

- **WHO postnatal care guideline Executive Summary.** This document summarizes the content of the WHO recommendations on maternal and newborn care for a positive postnatal experience. It is available in Arabic, Chinese, English, French, Russian, Spanish, and Portuguese.
- **Raising the importance of postnatal care – WHO website landing page.** This page describes the importance of postnatal care and why global guidelines are needed. It contains a Media Centre which includes useful infographics depicting what women can expect from postnatal care.
- **Postnatal care animation.** This animation depicts what is meant by a positive postnatal experience, as per WHO definition described in this brief.
- **Postpartum family planning compendium.** This user-friendly digital platform integrates WHO guidance for clinicians, programme managers, and policy-makers to help guide women (and their partners) through their postpartum family planning options.
- **Advocacy brief: breastfeeding and family-friendly policies.** This advocacy brief provides key messages on family-friendly policies in employment and issues a call to action to advocate with governments to enact maternity leave and other family-friendly policies.

- **Nurturing care for every newborn: thematic brief.** This brief summarizes why nurturing care is essential for every newborn, outlining the five components of nurturing care and providing examples of practical actions to create and strengthen nurturing environments for newborns.
- **Nurturing care and men's engagement: thematic brief.** This brief, aimed at policymakers and programme designers, explores what to consider when designing or adapting services to engage men in providing nurturing care, and why that is important.



Care of babies born too soon or too small

- **WHO recommendations for care of the preterm or low-birth-weight infant.** The care of babies born too soon or too small is a global priority. This guideline describes 25 recommendations and one good practice statement for care of babies born preterm or with low birth weight. The recommendations cover preventive and promotive care, care for ongoing or further complications for the baby, and family involvement and support.



Post-abortion care

- **WHO Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice.** This document outlines the key clinical examinations, treatment, care, emotional support, and family planning counselling and services that should be provided to all women (married women, adolescents and unmarried women) after abortion or miscarriage.



Care after pregnancy loss

- **Why we need to talk about losing a baby – WHO spotlight.** Many women and families feel isolated and alone after the loss of a pregnancy due to miscarriage or stillbirth. This WHO spotlight aims to help bring pregnancy loss out of the shadows by sharing the stories of affected women. It also includes key messages around support, including what to say and what not to say when someone experiences a pregnancy loss.
- **Global stillbirth advocacy and implementation guide.** As described in this global guide, care after stillbirth must include sensitive physical postnatal care of the woman, as well as respectful and supportive bereavement care for the woman and family. Chapter 2 collates essential elements of physical care of women after diagnosis of stillbirth, and Chapter 3 summarizes the principles of respectful stillbirth bereavement care and outlines the available national-level stillbirth bereavement care guidelines.



Women's and families' rights in the postnatal period

- **WHO infographic – paid maternity leave.** Postpartum women need maternity leave in the workplace. This WHO infographic can be used to advocate for maternity protection in the workplace, to enhance health and wellbeing of postpartum women and their babies.

- **WHO infographic – breastfeeding.**

Maternity leave increases rates of breastfeeding. Another WHO infographic that can be used to advocate for maternity protections in the workplace, to enhance health and wellbeing of postpartum women and their babies.

- **How the marketing of formula milk influences our decisions on infant feeding – women's voices.** This WHO video uses the voices of women to shed a light on exploitative marketing of breastmilk substitutes.



Other/general

- **WHO website maternal health landing page.** This page includes links to all WHO publications on maternal health, including guidelines for care of women who experience pregnancy-related complications.
- **WHO website newborn health landing page.** This page includes links to all WHO publications on newborn health, including guidelines for stillbirth prevention and care of newborns with birth complications.
- **WHO multimedia landing page.** Use this landing page to find more infographics and useful resources related to postnatal care and the postnatal period.

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