

“Guidance Note on Optimizing Post-Natal Care”

Background:

The postnatal period begins immediately after the birth of the baby and lasts up to six weeks (42 days) after birth. Most of the complications such as postpartum haemorrhage (PPH), sepsis, uterine inversion, amniotic fluid embolism and eclampsia, which may lead to maternal mortality, occur during this period. As per the WHO’s document on “recommendations on maternal and newborn care for a positive postnatal experience” published in 2022, up to 30% of maternal deaths occur in the post-natal period.

Objective of Guidance note: This note is complementary to existing guidance and schemes by MoHFW and envisions to strengthen the quality of care in post-natal period.

Target audience: Health care providers (MO, CHO, SN, ANM, ASHA) and program managers at all levels.

Challenges in existing Post-natal care (PNC)

Under Home based Newborn Care (HBNC) programme, screening and referral of high-risk postnatal mothers is one of the important components. However, considering the huge number of maternal deaths in the country, a significant proportion of which occurs in the post-natal period, it is imperative to address the challenges faced during the delivery of post-natal services. In order to address these challenges, the following areas need reinforcement:

- Quality screening during HBNC visits for identification of high-risk mothers and newborns
- Tracking and management of high-risk post-natal mothers including their follow up
- Adequate counseling of mother and her family members during post-natal period
- Regular consumption of IFA and Calcium supplementation
- Adequate monitoring and supervision by the field-level functionaries for the provision of PNC care & services

Strategies to Improve Post Natal Care

1. Care of Post-natal mothers

- In order to address the morbidity and mortality in the post-natal period, mother should be provided a high quality care in the form of diligent observation during HBNC visits, screening for danger signs, referrals and appropriate management for those found to have health issues.
- If the post-natal mother is having any complication and screened as high risk on the basis of danger signs, ASHA will arrange transportation for her visit to the nearest healthcare facility or designated PMSMA session depending on the urgency and medical condition through 108/102 ambulance network. (Refer to Annexure 1)

2. Framework to identify the high-risk post-natal mother

The high-risk mother identified during post-natal period may be a pre- identified high-risk pregnancy (HRP during antenatal period) or may develop complications for the first time during post-natal period.

- **Pre-identified HRP:**

Post-natal mothers who were already identified and managed as HRP during their ANC/PMSMA/e-PMSMA visit

- If post-natal mother was already identified as high-risk pregnancy during her e-PMSMA visit, the concerned ASHA will make HBNC visits as per the schedule and shall be entitled to Rs.500/-per HRP for healthy outcome of both mother and newborn at 45th day of delivery, under extended PMSMA scheme

- **High risk identified in post-natal period:**

Post-natal mothers who were normal throughout their ANC period but were identified as high-risk during HBNC visits by ASHA

- If post-natal mother was normal throughout her ANC period but was later screened positive for any of the danger signs during HBNC visits by ASHA, she will be referred to the nearest healthcare facility/PMSMA session for diagnosis and further management.
- Such identified woman is entitled for transport and in-facility services under JSSK.
- Subsequent to confirmation and management of the high-risk condition by the Medical Officer/OBGY specialist, and on achieving a healthy outcome for both mother and the baby, the concerned ASHA will be incentivized @ Rs.250/-per high-risk post-natal mother, after 45th day of delivery.
- To create awareness in the community, IEC and BCC activities needs to be strengthened through various platforms such as VHSNC, Mahila Arogya Simiti, Rogi Kalyan Samiti, Jan Arogya Samiti, SUMAN Volunteers, Self-help groups, PRI representatives, NGOs and CBO's.
- The state shall orient the ASHA, ASHA facilitators, ANM, CHO/CMO, DPM and all front line workers about the scheme.

Reporting, Monitoring and Evaluation

- The line listing of Post-natal high-risk mothers shall be captured in the existing PMSMA register/PMSMA portal by incorporating the following data elements:
 - Whether the Post-natal mother confirmed as high risk by Medical Officer
 - If yes, the status of mother and baby after 45 days of delivery
 - Incentive paid to ASHA(Yes/No)

- **Indicator to be monitored: Percentage of High-risk mothers identified during postnatal period** (Calculation: Numerator – Number of Post Natal high risk mothers detected. Denominator- Total number of deliveries)
- Till the time PMSMA portal is capacitated to capture this information, it is suggested to initiate physical reporting and analysis through PMSMA registers.
- Strict monitoring and supportive supervision mechanism to be strengthened.

Source of Fund:

- The benefits under JSSK extend from conception to the cessation of post-natal period providing comprehensive coverage for health and wellbeing of pregnant mothers in all its completeness. Thus the required additional budget for operationalization of the current scheme can be met out under JSSK funds.
- Budget for current financial year may be met from the existing unspent balance **under JSSK and PMSMA heads**, and all future demands on this ‘extension’ can be channeled/routed via State Programme Implementation Plan (PIP).

Expected Outputs:

- Improved quality of postnatal care to the delivered mother
- Increased Post-natal high-risk case detection and tracking
- Decreased Maternal Morbidity and Mortality

Expected Outcome:

- Decreased Maternal Mortality Ratio (MMR)
- Reduced Neonatal Mortality Rate (NMR)

Annexure 1

Danger signs during post-natal period:

- Excessive bleeding, i.e. soaking more than 2–3 pads in 20–30 minutes after delivery.
- Yellowness of urine, skin or eyes
- Pale skin or eyes, Giddiness or weakness
- Cracked and painful nipples
- Convulsions
- Fever
- Easy fatiguability /not feeling well
- Swelling on face, hands and legs
- Severe abdominal pain
- Difficulty in breathing
- Foul-smelling lochia
- Inability to pass urine after delivery
- Abnormal behaviour
- Urinary burning along with pain and swelling in lower limbs
- Dribbling or leakage of urine
- Incontinence of stool

Financial Provision for Optimizing Post-Natal Care

Framework to identify the high-risk post-natal mother

The high-risk mother identified during post-natal period may be a pre-identified high-risk pregnancy (HRP during antenatal period) or may develop complications for the first time during post-natal period.

➤ **Pre-identified HRP- covered under PMSMA & e PMSMA**

- If post-natal mother was already identified as high-risk pregnancy during her PMSMA visit, the concerned ASHA will make HBNC visits after delivery, as per the schedule and shall be entitled to Rs.500/-per HRP for healthy outcome of both mother and newborn at 45th day of delivery, under extended PMSMA scheme.

➤ **High risk identified in post-natal period- covered under Scheme for optimizing PNC care**

- If post-natal mother was normal throughout her ANC period but was later screened positive for any of the danger signs during HBNC visits by ASHA, she will be referred to the nearest healthcare facility/PMSMA session for diagnosis, management and further follow up visits.
- Such identified woman is entitled for transport and in-facility services under JSSK.
- Subsequent to confirmation and management of the high-risk condition by the Medical Officer/OBGY specialist, and on achieving a healthy outcome for both mother and the baby, **the concerned ASHA will be incentivized @ Rs.250/-per high-risk post-natal mother, after 45th day of delivery.**
- **The confirmation of a healthy outcome of mother and baby shall be done by concerned MO/ANM.**
- Detailed flowchart is given at Fig-1.

The financial incentivization provisioned in this guidance is in addition to the existing incentives for ASHA under the HBNC program.

Source of Fund

- The benefits under JSSK extend from conception to the cessation of post-natal period providing comprehensive coverage for health and wellbeing of pregnant mothers in all its completeness. Thus, the required additional budget for operationalization of the current scheme can be met out under JSSK funds.
- The States may propose the budget for this initiative under JSSK budget head as:
Rs 250 (ASHA incentive) * the estimated number of high risk post-partum mothers out of the total pregnant women registered for ANC.

- Budget for current financial year may be met from the existing unspent balance **under JSSK and PMSMA heads**, and any future demands on this ‘extension’ can be channeled/routed via State Programme Implementation Plan (PIP).

Reporting, Monitoring and Evaluation

- The line listing of Post-natal high-risk mothers shall be captured in the existing PMSMA register/PMSMA portal by incorporating the following data elements:
 - Whether the Post-natal mother confirmed as high risk by Medical Officer
 - If yes, the status of mother and baby after 45 days of delivery
 - Incentive paid to ASHA (Yes/No)
- **Indicator to be monitored: Percentage of High-risk mothers identified during postnatal period** (Calculation: Numerator – Number of Post Natal high risk mothers detected. Denominator- Total number of deliveries)
- ASHA payment status under PFMS shall be reviewed on a regular basis to cross-check and match the reported high-risk mothers found at HBNC visit and their healthy outcome at 45th day of delivery
- Strict monitoring and supportive supervision mechanism to be strengthened

Fig. 1- Flow Chart

