

CHAPTER - 5

INNOVATIONS AND BEST PRACTICES IN OBSTETRICS AND GYNAECOLOGY NURSING: ADVANCING WOMEN'S AND MATERNAL CARE

Postpartum care and Nursing Support for Maternal recovery

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Abstract

Postpartum care is a crucial component of mental health that encompasses physical, emotional, and psychological well-being during the week following childbirth. This period, often referred to as the “fourth trimester”, require holistic care to address recovery from childbirth, breastfeeding support, mental health screening, and the prevention of complications such as postpartum haemorrhage and infections. Emphasizing individualized care, postpartum strategies include regular medicals check- up, family support and community resources to ensure optimal health for both mother and baby. Education and culturally sensitive care and critical in improving outcomes and addressing disparities in maternal care globally.

Key Points: Post-partum recovery, breastfeeding support, mental health, maternal health, infant care education, contraception and family planning, social support and community, culturally component care, health education, culturally competent care, health education, holistic approach.

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5.1 Introduction

Care of a mother after delivery is known as postnatal or postpartum care or puerperium. Puerperium is a 6 week period following birth in which the reproductive organs undergo physical and physiological changes-a process involution. Postpartum care refers to the comprehensive medical, emotional, and physical support provided to a mother after childbirth. This period, often referred to as the "fourth trimester," begins immediately after delivery and typically lasts for six weeks but may extend depending on individual needs. It is a critical phase for both the mother and the new born, involving significant physical recovery, emotional adjustments, and the establishment of a healthy routine for the baby.

The first 42 days after birth is the post-natal period and is crucial for the mother and the new born. First 48hrs, followed by the first one week are the most crucial period as most of the fatal and near-fatal maternal and neonatal complications occur during this period. Evidence has shown that more than 60% of maternal deaths take place during the post-partum period.



Key Points:

Post-partum recovery, breastfeeding support, mental health, maternal health, infant care education, contraception and family planning, social support and community, culturally competent care, health education, holistic approach. Cultural and social factors also influence the effectiveness of postpartum care and nursing support. Studies reveal that culturally sensitive nursing interventions, tailored to the unique beliefs and practices of diverse populations, improve maternal satisfaction and adherence to postpartum care plans. Additionally, nurses act as advocates for mothers by bridging the gap between traditional practices and modern medical guidelines, ensuring that care is both respectful and evidence-based.

5.2 Objectives of postpartum care

Facilitate uterine involution and healing of the reproductive organs. Monitor and manage postpartum complications such as haemorrhage, infections, or thromboembolic disorders. Provide care for healing wounds (e.g., caesarean incisions, episiotomies) and address pain management. Support the establishment and maintenance of lactation. Screen for postpartum depression, anxiety, or other mental health issues. Offer psychological support and counselling as needed. Foster maternal confidence and self-efficacy through education and encouragement.

Monitor chronic conditions such as hypertension or diabetes that may impact recovery. Promote regular follow-up visits to ensure continued health and recovery. Address any residual or new health issues arising from pregnancy or delivery. To prevent complications of postpartum period, to provide care for rapid resolution of the mother to provide family planning, service .To check adequacy of breastfeeding .To provide basic health education to mother/family

Educate mothers on postpartum self-care, including hygiene, nutrition, and exercise. Discuss family planning options and contraceptive methods. Offer advice on returning to sexual activity and addressing related concerns.

5.3 Review of Literature

Postpartum care is an essential aspect of maternal health, focusing on the recovery and well-being of mothers following childbirth. The literature consistently highlights that the postpartum period, spanning six weeks after delivery, is critical for addressing maternal physical and psychological needs. Studies emphasize the role of healthcare professionals, particularly nurses, in providing personalized care and monitoring during this period. Research shows that postpartum nursing support significantly contributes to the prevention and management of complications such as postpartum haemorrhage, infections, and delayed healing of episiotomies or caesarean incisions. These efforts enhance maternal recovery by promoting early detection of health issues and offering timely interventions.

Care after delivery: Postpartum care

Number and the timing of the postpartum visits for mother and baby. History-taking, examination, management and counselling during postpartum visits Steps for referral and transfer of baby.

5.4 Importance of postnatal care

More than 60% of maternal death take place during postpartum period, first 48hrs are most crucial. Most maternal and neonatal complications occur during this period.

Postnatal examination

Examining postpartum mother to rule out any fever, tachycardia, laceration, and erosion of cervix, rectocele, and cystocele, displacement of uterus and inflammatory swellings in abdomen, examining the neonates to rule out injuries and congenital defects and low birth weight.

Postnatal Assessment

It is to assessing weight changes of the neonates and the nature and extend of birth injuries and congenital defects. Assessing the temperature and pulse rate of the mother.

Postnatal care and attention

Provide the care for the perineum, care of the breast, prevention of infection, early ambulation, immunization and psychological support to mothers. It is also provided for prevention of infection and of the cord stump of new born. Postnatal education and counselling include breast feeding dietary intake, danger signals, and family planning.

5.5 First postpartum visits

Mother

History-During the first postpartum visit, the history collection include obstetric and delivery history, mode of delivery, complications during delivery, use of anaesthesia or medication, gestational age and health of the baby at birth. we will also enquire about postpartum recovery history, psychological and emotional health , physical symptoms, pre-existing conditions, contraception and sexual health, infant care and maternal role

Examination- A nurse should check vital signs, breast examination, abdominal examination, pelvic examination, mental health assessment, contraception counselling, breastfeeding and infant care, review of delivery.



Management and counselling

Postpartum care and hygiene-Perineal care, C-section care, lochia management, breast care, personal hygiene, Nutritional advice-drink plenty of water, especially if breast feeding, eat a balanced diet, rich in protein, iron, and fibre to support healing and energy level, Rest, pelvic floor exercises, pain management, IFA supplementation, contraception

Breast feeding- Exclusive breastfeeding should be done for the six months and continued breastfeeding alongside complementary foods up to 2 years or beyond. Birth registration-it has to be done child's birth by a government authority where there will be c details of child

New born

History –During the first visit of a new born to hospital, one should ask about prenatal history, medications, substance exposure, screening tests, birth history, neonatal history, family history, social and environment history, Immunization, maternal postpartum. Examination- the examination is done by evaluating baby's overall health, identify any abnormalities, and ensure proper development. general observation, anthropometric measurements, skin examination, head and neck, chest and lungs, cardiovascular system, abdomen, genitalia and anus, limbs and spine, neurological examination like reflexes.

New born care

Keeping baby warm. Hygiene by giving baths, diaper care, nail care, skin care, and clothing .Cord care-it should be kept clean and dry. Clean around the base of the cord using plain water. Breast feeding-exclusive breastfeeding should be done for every 2 to 3 hours or 8 to 12 times per day, breastfeeding technique should be taught. Immunization- we should educate about the importance of immunization and give them the charts

5.6 Second Postpartum visits: mother

History

Asking about the place of delivery, enquiring about the initiation of breast feeding, any complaints asking whether there is excessive bleeding, colour, foul smell

Asking about the abdominal pain, perineal pain, caesarean wounds there is any signs of convulsions, loss of consciousness. Pain in legs, fever, urinary retention or any persistent cramping Difficulty in breathing, foul smelling of lochia

Examination

Checking for vital signs like Pulse, BP, RR, Temperature, spo2 .Check for skin Pallor, Abdomen: tender uterus, refer to FRU. Breast: lump, tender, refer to FRU .Excessive bleeding P/V refers to FRU after initial management, Vulva and perineum: tears, swelling or pus, Refers to FRU after initial management.

5.7 Management/ Counselling

I. Postpartum care and hygiene

Advise the mother to: Wash perineum daily and after passing urine and stools, Change perineal pads every 4-6 hrs, Wash hands frequently and take bath daily.

II. Nutritional advice:

To increase intake of fluid and food especially iron and protein rich foods like green leafy vegetables, jiggery, lentils, eggs and meat, Increase intake of milk and milk products like curd, cheese etc.

III. IFA supplementation:

Women with normal Hb are advised to take 1 IFA tablet daily for 3 months. If Hb below 11gm% advise her to take 2 IFA tabs daily and repeat Hb after 1 month.

IV. Contraception: Counsel Couple regarding contraception

V. Breast feeding:



Advise to mother: For exclusive breast feeding on demand, at least 6 to 8 times during day and 2 to 3 times during night time

Breastfeeding problems

Cracked or sore nipples .Advice mother, to apply hind milk for soothing effect, to ensure correct positioning and attachment of baby

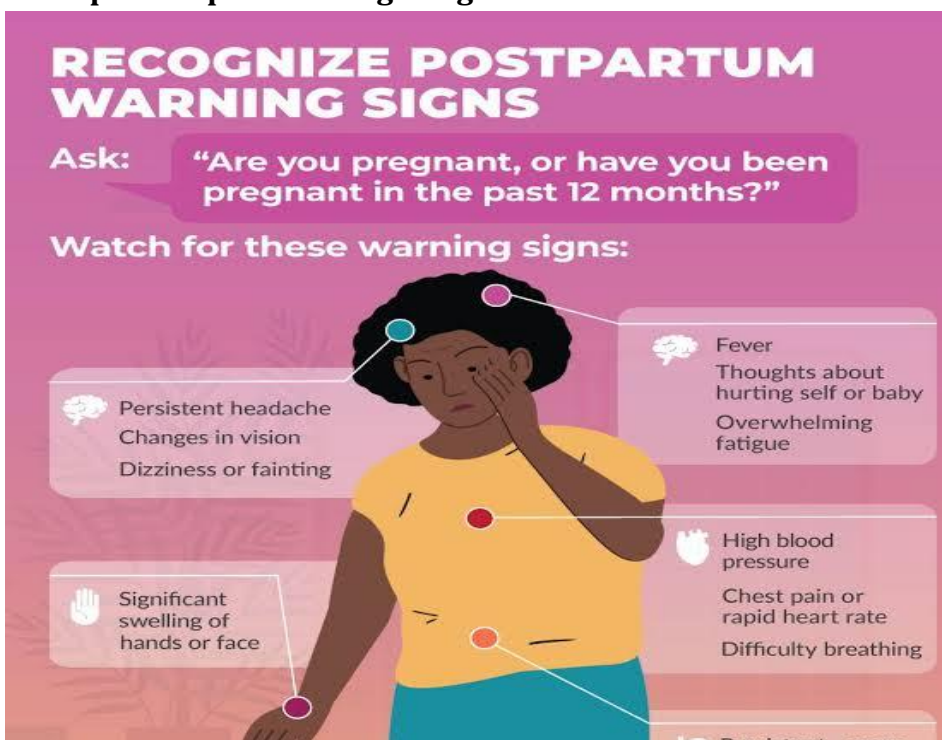
Engorged breasts

Advice mother: to continue breastfeeding for the baby, to put warm compresses.

Registration of birth

Emphasize the importance of registration of birth with local panchayat, It is a legal document, Required for many purposes

5.8 Postpartum period: danger signs



Women should be counselled to report to FRU if she has severe bleeding soaking more than one pad per hour, large clots, persistent bright red bleeding or Convulsions, Severe abdominal pain or pelvic pain, severe headache with blurred vision or nausea .Difficulty in breathing, shortness of breath, or chest pain, foul smelling lochia

5.9 First Postpartum visit for baby

History taking

Ask if breast feeding has been initiated, Enquire whether the baby has pass urine and meconium

Elicit history of any problems in new born

Refer to FRU if

Not feeding well, Cold to touch or fever, Baby is lethargic or has had convulsions, Difficulty in breathing

Breast feeding: signs of good attachment

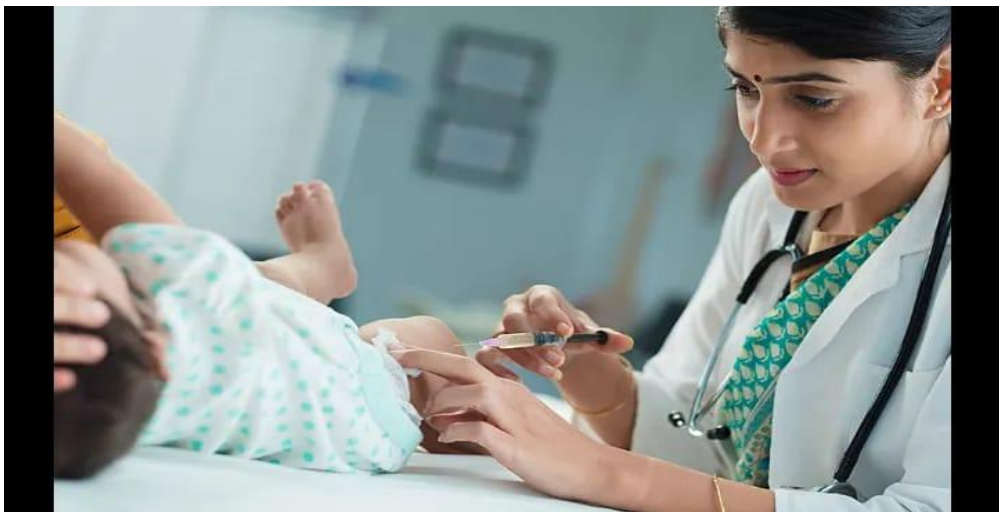
Chin touching breast, Mouth wide open Lower lip turned outward,
More areola visible above than below the mouth

Breast feeding: effects of poor attachment

Pain and damage to nipples, leading to sore nipple, Breast is not emptied completely, resulting in breast engorgement, Poor milk supply, baby not satisfied ,Poor weight gain of baby

5.10 Immunization of new born

Immunization of new born



Counsel mother on where and when to take the bay for immunization

2nd and 3rd visit for mother

On 3rd and 7th day following delivery

History taking -During the first postpartum visit, the history collection include obstetric and delivery history, mode of delivery, complications during delivery, use of anaesthesia or medication, gestational age and health of the baby at birth. we will also enquire about postpartum recovery history, psychological and emotional health , physical symptoms, pre-existing conditions, contraception and sexual health, infant care and maternal role,In addition ask for history of Continued bleeding P/V, foul discharge P/v, Swelling or tenderness of breast, Feeling unhappy or crying easily

Mother

History-During the first postpartum visit, the history collection include obstetric and delivery history, mode of delivery, complications during delivery, use of anaesthesia or medication, gestational age and health of the baby at birth. we will also enquire about postpartum recovery history, psychological and emotional health , physical symptoms, pre-existing conditions, contraception and sexual health, infant care and maternal role

Examination- A nurse should check vital signs, breast examination, abdominal examination, pelvic examination, mental health assessment, contraception counselling, breastfeeding and infant care, review of delivery

Management and counselling-Postpartum care and hygiene-Perineal care, C-section care, lochia management, breast care, personal hygiene, Nutritional advice-drink plenty of water, especially if breast feeding, eat a balanced diet, rich in protein, iron, and fibre to support healing and energy level, Rest, pelvic floor exercises, pain management, IFA supplementation, contraception. Breast feeding- Exclusive breastfeeding should be done for the six months and continued breastfeeding alongside complementary foods up to 2 years or beyond, Birth registration-it has to be done child's birth by a government authority where there will be c details of child.

2nd and 3rd visit for baby

History taking- History –During the visit to hospital ,one should ask about prenatal history, medications , substance exposure, screening tests, birth history , neonatal history, family history, social and environment history, Immunization, maternal postpartum.

Examination-the examination is done by evaluating baby's overall health, identify any abnormalities, and ensure proper development. general observation, anthropometric measurements, skin examination, head and neck ,chest and lungs, cardiovascular system, abdomen, genitalia and anus, limbs and spine, neurological examination like reflexes.

Management and counselling

In addition to counselling in first visit, advise the mother, to exclusively breast feed for six months ,to wean at six months

Fourth visit for mother

At 6 weeks following delivery

History taking - During the first postpartum visit, the history collection include obstetric and delivery history, mode of delivery, complications during delivery, use of anaesthesia or medication, gestational age and health of the baby at birth. we will also enquire about postpartum recovery history, psychological and emotional health , physical symptoms, pre-existing conditions, contraception and sexual health, infant care and maternal role

Ask the mother for following

Has vaginal bleeding stopped? Has menstrual cycle returned? Is there any foul smelling vaginal discharge? Any problems regarding breast feeding? Any other complaints? Give relevant advice and refer to Mo if needed

Examination -the examination is done by evaluating baby's overall health, identify any abnormalities, and ensure proper development. general observation, anthropometric measurements, skin examination, head and neck ,chest and lungs, cardiovascular system, abdomen, genitalia and anus, limbs and spine, neurological examination like reflexes.

Management and counselling

Diet and rest, Emphasize importance of nutrition in second and third visits

Contraception

Emphasize importance of using contraceptive methods for spacing and limiting family size

Fourth visit for baby

History Taking

Ask the mother about Vaccine received by baby so far, is baby taking breast feed well? Weight gain of baby, any other problem

Examination

Checking weight of baby, General examination of the baby, Not sucking well at breast, Is lethargic/ Unconscious, Has fever or cold to touch, Cord swollen or discharged present, Diarrhoea blood in stool, Convulsions, Difficulty in breathing

Postpartum care: Mother

Make at least 4 postpartum visits for timely recognition of complications like PPH, puerperal sepsis, Advise mother on nutrition, Advise mother on rest, hygiene, breast feeding and contraception, Advise mother to keep the baby warm, Take care of umbilicus, skin and eye Give exclusive breast feeds, Ensure the correct positioning and attachment to the breast, Immunize the baby

Steps for transfer and Referral of baby:

Preparation: Explain reason for transferring baby to higher facility, If possible transfer the mother with baby so that she can feel the baby, A health care worker should accompany baby, Ask the relative to accompany baby and mother.

Communication:

Fill up a referral form with baby's essential information and send it with baby, If possible contact health care facility in advance.

Care during Transfer: Keep baby in skin to skin contact with the mother, if not possible keep the baby dressed and covered, Ensure the baby received feeds, If baby gasping or respiratory rate <30 breathe/minutes, resuscitate baby using bag and mask.

5.11 Complications of postnatal period

Puerperal sepsis: It is the infection of genital tract within 3 weeks after delivery. This is accompanied by rise in temperature, pulse rate, foul smelling, lochia, pain and tenderness in lower abdomen, etc. This can be prevented by attention to asepsis before and after delivery.

Thrombophlebitis: this is an infection of the vein of the legs, frequently associated with varicose vein. The leg may be tender, pale and swollen. Secondary haemorrhage: bleeding from vagina anytime from 6 hrs after delivery to the end of puerperium (6 weeks) is called secondary haemorrhage and may be due to retained placenta or membranes, Other: Urinary tract infection and mastitis, etc, Postpartum care is essential for a mother recovery after child birth, focusing on physical healing, emotional well-being, and infant care. Nurses play a pivotal role in providing this support, ensuring both mother and baby received comprehensive care during this critical period. Nurses play a critical role in postpartum care, ensuring the physical, emotional and psychological well-being of new mothers and their new-borns

5.12 ROLE OF NURSE IN POSTNATAL CARE:

Care during postpartum period to the mother enquire and observed her condition generally and with reference to sleep, diet, after the pain subsides. Check vital signs, inspect perineum for discharge and inspect breast and nipples, Care of new-born is an interwoven activity along with the care of mother. It involves taking body temperature, checking skin, colour, eye, and bowel-movement, urination, watching the cry, checking the sleeping and feeding, their responsibilities include:

1. Physical Assessment and care for the mother:

Monitoring Vital signs: Observing blood pressure, temperature, heart rate, and respiratory rate to identify signs of postpartum complications. Assessing uterine involution: Ensuring the uterus is contracting properly to prevent post-partum haemorrhage. Perineal and incision care: Checking for healing of episiotomies, tears or caesarean incisions, and providing pain management .Managing postpartum bleeding: Monitoring the amount, colour, and odour to detect the potential issues. Encouraging mobility: Helping mothers move around to prevent blood clots and improving circulation.

2. Infant Care and education:

Breast feeding support: Helping mothers with latching techniques, addressing breast feeding challenges, and providing guidance on lactation. New-born Assessments: Monitoring the baby's vital signs, weight, feeding patterns, and overall health, Bathing and hygiene: Teaching parents how to care of their new-born's skin, umbilical cord and other needs. Safe sleeping education: Advising on proper sleeping positions and environment to reduce the risk of Sudden Infant Death Syndrome (SIDS).

3. Emotional Support and Mental Health Monitoring:

Addressing post-partum depression: Screening mothers for signs of depression or anxiety and providing referrals to mental health professionals if necessary. Building confidence: Offering reassurance and guidance to mothers adjusting to their new roles. Encouraging Family involvement: Promoting bonding between the mother, baby, and other family membranes.

4. Patients Education: Teaching more about: Signs of complications e.g. Infection, excessive bleeding, or postpartum preeclampsia, Proper nutrition and hydration to support recovery and breast feeding, Contraceptive options and family planning. Providing resources of postpartum support groups or home care services.

5. Coordination of care: Collaborating with doctors, lactation consultants, social workers and other health providers. Facilitating discharge planning and ensuring follow up appointments are scheduled. Nurses are instrumental in fostering a safe and supportive postpartum experience, empowering mothers with knowledge, and addressing any challenges that arise

Conclusions

Timely Intervention: Early identification and management of postpartum complications, such as infections, bleeding, or mental health issues (e.g., postpartum depression), are crucial to prevent long-term

health problems. **Breastfeeding Support:** Nurses play a pivotal role in providing guidance and education on breastfeeding techniques, addressing challenges, and ensuring infants receive optimal nutrition. **Education and Empowerment:** Educating mothers about self-care, signs of complications, and infant care fosters confidence and independence during the postpartum period. **Mental Health Support:** Emotional and psychological support, including screening for postpartum depression and anxiety, helps promote maternal mental health and family stability. **Community and Family Involvement:** Encouraging family participation and connecting mothers with community resources can enhance social support networks and alleviate stress. **Culturally Sensitive Care:** Tailoring postpartum care to respect cultural practices and preferences ensures inclusivity and better adherence to health recommendations. **Continuity of Care:** Regular follow-up visits and accessible communication with healthcare providers are essential for monitoring recovery and addressing ongoing concerns. **Multidisciplinary Collaboration:** Coordination between obstetricians, paediatricians, lactation consultants, and mental health professionals enhances the quality of care and outcomes for mother and child. **Promoting Maternal Self-Care:** Nurses should encourage mothers to prioritize rest, nutrition, hydration, and exercise to facilitate physical recovery and overall well-being.

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