



## **A situational analysis of positive post-natal experience in two districts in Haryana**

The postnatal period begins immediately after the birth of the baby and extends up to six weeks (42 days) after birth. It is critically important for the survival of the mother and the baby. It also determines the future growth and development of the baby and the health of the mother. World Health Organization (WHO) had developed guidelines on post-natal care for mothers and newborns in 2013 with the intention to assist policy makers, program managers, educators, and providers involved in caring for women and newborn after birth. Keeping this in mind, a situational analysis was done during 1<sup>st</sup> July, 2019 to 30<sup>th</sup> November, 2019 on positive postnatal experience in two districts of Haryana.

Objectives of the study were to assess the post-natal services used and source (s) of service utilization by the clients, to document the experience of post-natal care in facilities (private and government) and at home - with a focus on crowding, respect and dignity, emotional support and counselling and to assess the socio economic profile, family support, physical health of the mother and the newborn and maternal mental health.

Assessment tool was developed after in-house discussions. It was revised thrice as per the feedback received from the discussions. The assessment tool was divided into 6 sections i.e. Socio-demographic profile of the client, Delivery details and dates of contact with health care providers, Discharge advice in case of institutional delivery, Experience of follow up visit in the facility, Details of home visit by provider and Knowledge assessment of post natal women. Additionally, Edinburg Postnatal Depression Scale (EDPS) was used to assess the mental health of the mother. One day training was provided to 4 field investigators, one social scientist and one computer assistant on case selection and interview technique by the principal investigator and the project coordinator. They also explained each and every question of the protocol. Field investigators took the help of ASHA to identify the case in the village. A total of 531 cases were included in the study. Data thus, collected was entered into excel sheet and was analysed with the help of SPSS.

It was found that the recommended total postnatal contact was 1742, but only 1709 visits were conducted, including facility contact and home visits. The number of visits varied across different age groups, with some exceeding the recommended number and others falling short. Almost 100% of deliveries were conducted in institutional settings, with 65% in government facilities and 33.3% in private sector facilities. Deliveries were attended by doctors in 52% of cases and by staff nurses in 47.4%. Normal deliveries accounted for 73.3% of total deliveries, while C-sections accounted for 26.7%. Duration of stay after delivery was more than 24 hours in almost all cases. Early initiation of breastfeeding within one hour after delivery was done in only 39.9% of cases. Birth weight was recorded in over 98% of cases. Discharge preparedness included advice on breastfeeding (88%), cleanliness (77.2%), follow-up visits (68.5%), and dietary advice to the mother (64%). Advice on recognition of danger signs to the mother and newborn was lacking, with only 2% receiving advice on the newborn and 6.5% receiving no advice at all. Family planning counselling was very poor, in some cases PPIUCD was inserted and it was not voluntary. The majority (81.4%) of postnatal contacts were made at home by ASHA workers, with only 18.6% conducted at facilities (9.1% in government facilities, 9.5% in private facilities). Sub Centres, located close to villages, were underutilized as a first level contact. Facilities were mostly visited when the mother or child was sick. While 46% of clients had at least one visit to a facility out of the total postnatal contacts, the

