



## 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 1st July, 2019 to 30th 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 advise 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 analyse with the help o 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 Facilities were mostly visited when the mother or child was While 46% of clients had at least one visit to a facility out of the total postnatal contacts, the





waiting time at facilities was long, and the time spent by providers was satisfactory but lacking in assessing both the mother and baby, indicating poor quality service. Clients primarily visited facilities when there was a specific problem, rather than for overall assessments of the mother and child. Postnatal care was mostly provided at home by ASHA workers (80%), with a focus on the child rather than the mother. While weight measurements and checks for fever, umbilical cords, and body examinations were satisfactory, advice on danger signs and family planning counselling was inadequate. Mothers had poor knowledge of danger signs, breastfeeding benefits, and contraception. Many cultural practices and beliefs prevented mothers from consuming food and water, with only 53% consuming iron and calcium. A significant proportion of mothers reported feeling weak (58.0%), bleeding (45.0%), experiencing fever (5%) and pain in legs (48%), constipation (19%) or problems related to stitches (26%). 16.7% of the mothers were depressed and 5.6% needs immediate attention and intervention. Almost double this proportion requires support to counter possible depression.

To ensure the well-being of mothers and newborns, it is crucial to improve the quality of home-based care and support provided through home visits. These visits should focus on maternal health, empowerment, and addressing important issues such as recognizing danger signs, maternal mental health, nutrition, and family planning. To enhance the postnatal experience, innovative approaches should be developed, building upon current home-based neonatal care. Ongoing engagement of home-based care providers is essential for these innovations to be effective. Additionally, participatory learning groups should be established to address the needs of mothers during the late prenatal, natal, and postnatal periods, ensuring a continuous level of care for both mother and baby. At all levels of healthcare, a psychosocial behavioural model that emphasizes positive parenting should be implemented. Furthermore, health facilities must strengthen their capacity to manage complications and establish appropriate referral arrangements during late pregnancy and the postnatal period.