

BEHAVIOR PROFILE: COMPREHENSIVE POST-NATAL CARE

HEALTH GOAL

Improve maternal and child survival

BEHAVIOR

Percentage of last births in the two years preceding the survey who had their first postnatal checkup within the first two days after birth

| BEHAVIOR ANALYSIS | | STRATEGY | |
|---|--|--|---|
| BEHAVIOR AND STEPS | FACTORS | POSSIBLE PROGRAM STRATEGIES | |
| <p>What steps are needed to practice this behavior?</p> <p>Behavior</p> <p>Provider delivers comprehensive post-natal care with counseling for the mother-baby dyad</p> <p>Steps</p> <ol style="list-style-type: none"> 1. Conduct immediate post-partum exam of mother-baby dyad one hour after birth to identify potential complications 2. Provide second thorough post-natal (PNC) care exam to mother baby dyad before discharge, delaying departure for as long as possible 3. Provider or family member continue close monitoring of mother and baby for the first 24 hours if discharge happens prior to that 4. Include counseling on maternal and newborn care on discharge (breastfeeding, hand hygiene, appropriate cord care, thermal care, follow-up visits, post-partum family planning, identification of danger signs, and timely care-seeking for both mother and baby) 5. Link mother and baby to post-natal care as close to their home as possible before discharging them—including time and place 6. Clinical provider or community extension worker conducts post-natal follow-up visits with each mother-baby dyad within the first seven days post birth, per WHO recommendations 7. Clinical provider or community extension worker conducts post-natal follow-up visits to high risk newborns (small and sick) post-discharge, per WHO recommendations | <p>What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: Providers lack transportation to get into communities to provide follow-up care, and new mothers lack transportation to clinics</p> <p>Accessibility: No infrastructure is available for PNC (e.g., space, equipment, supplies)</p> <p>Service Provider Competencies: Continuum of care often is not operationalized in post-natal period</p> <p>Service Provider Competencies: Space constraints mean women are often discharged within a few hours of birth, making PNC within the facility inadequate</p> <p>Service Provider Competencies: Insufficient number of health workers to conduct adequate PNC prior to discharge and afterward</p> <p>Service Provider Competencies: Policy mandating PNC for home births is often unclear or nonexistent</p> <p>Service Provider Competencies: Provider Capacity and Commitment: Providers often consider women and newborns without complications within hours of birth as healthy and do not explain ongoing risks, danger signs, or vulnerabilities within first few days</p> <p>Service Provider Competencies: Provider Capacity and Commitment: Providers are often unaware when women deliver at home and therefore do not have opportunity to conduct timely first visit</p> <p>Service Provider Competencies: Provider Capacity and Commitment: Providers are unclear on specific content for post-natal counseling</p> <p>Service Provider Competencies: Provider Capacity and Commitment: Busy providers often view counseling as</p> | <p>Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Policymakers: Prioritize adequate PNC for mother-baby dyad in decision making, staff allocation, and community outreach approaches</p> <p>Managers: Plan and budget for appropriate PNC follow-up services</p> <p>COMMUNITY</p> <p>Community Leaders: Implement emergency committees for care-seeking for danger signs</p> <p>HOUSEHOLD</p> <p>Family Members: Support mother to seek appropriate PNC and welcome provider into home on outreach visits</p> | <p>What strategies will best focus our efforts based on this analysis?</p> <p><i>Strategy requires Communication Support</i></p> <p>ENABLING ENVIRONMENT</p> <p>Financing: Provide sufficient human and financial resources to clinics to conduct PNC visits via primary provider or community extension worker</p> <p>Institutional Capacity Building: Ensure all policies, guidelines, and training materials are aligned, and promote PNC visits at the appropriate times, per WHO recommendations</p> <p>Institutional Capacity Building: Create mechanism to track home births to the extent possible, through ANC visits or reporting by birth attendants to facilitate first PNC visit</p> <p>Institutional Capacity Building: Explore use of mobile technology to do post-natal follow-up with women in remote areas</p> <p>Institutional Capacity Building: Ensure PNC takes place as close to the community as possible to limit need for women to return to facilities, and address situations where women remain secluded in the home after birth</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Infrastructure: Determine if additional beds are required in facilities to support recommended hospital stay after delivery</p> <p>Quality Improvement: Train providers on PNC and effective counseling</p> <p>Quality Improvement: Ensure the use of checklists to provide thorough pre-discharge counseling and check-out</p> <p>DEMAND AND USE</p> <p>Advocacy: Train new mothers or caregivers and family members on essential newborn care including cord care</p> <p>Communication: Adapt and disseminate standard checklist and support materials for post-natal care and counseling topics for providers (including exclusive breastfeeding, thermal care, cord care including chlorhexidine if applicable, hand hygiene, immunization, and care-seeking for danger signs)</p> <p>Communication: Create opportunities to discuss and plan for care-seeking for danger signs or emergencies</p> |

an "extra" and not always delivering a significant benefit to the woman or family

SOCIAL

Norms: In some cultures, it is not appropriate for a woman to leave the house in the first month after birth to seek care

INTERNAL

Attitudes and Beliefs: Often, PNC visits are of poor quality or limited in scope, and women do not see value in them

Knowledge: Importance of PNC visits is not understood by women or their families