4. Implementation of the WHO postnatal care recommendations

This guideline aims to improve the quality of essential, routine postnatal care for women and newborns with the ultimate goal of improving maternal and newborn health and well-being. These recommendations need to be delivered within an appropriate model of postnatal care, adapted to the needs of different countries, local contexts, and individual women, newborns, parents, caregivers and families.

While the members of the Guideline Development Group (GDG) proposed implementation considerations for each recommendation (see Web Annex 5), they also reflected on considerations for the adoption, adaptation and implementation of the set of recommendations within this guideline to ensure availability, accessibility, acceptability and quality of postnatal care services for all women and newborns, in accordance with a human rights-based approach. Providers of postnatal health services must consider the needs of – and provide equal care to – all individuals and their newborns.

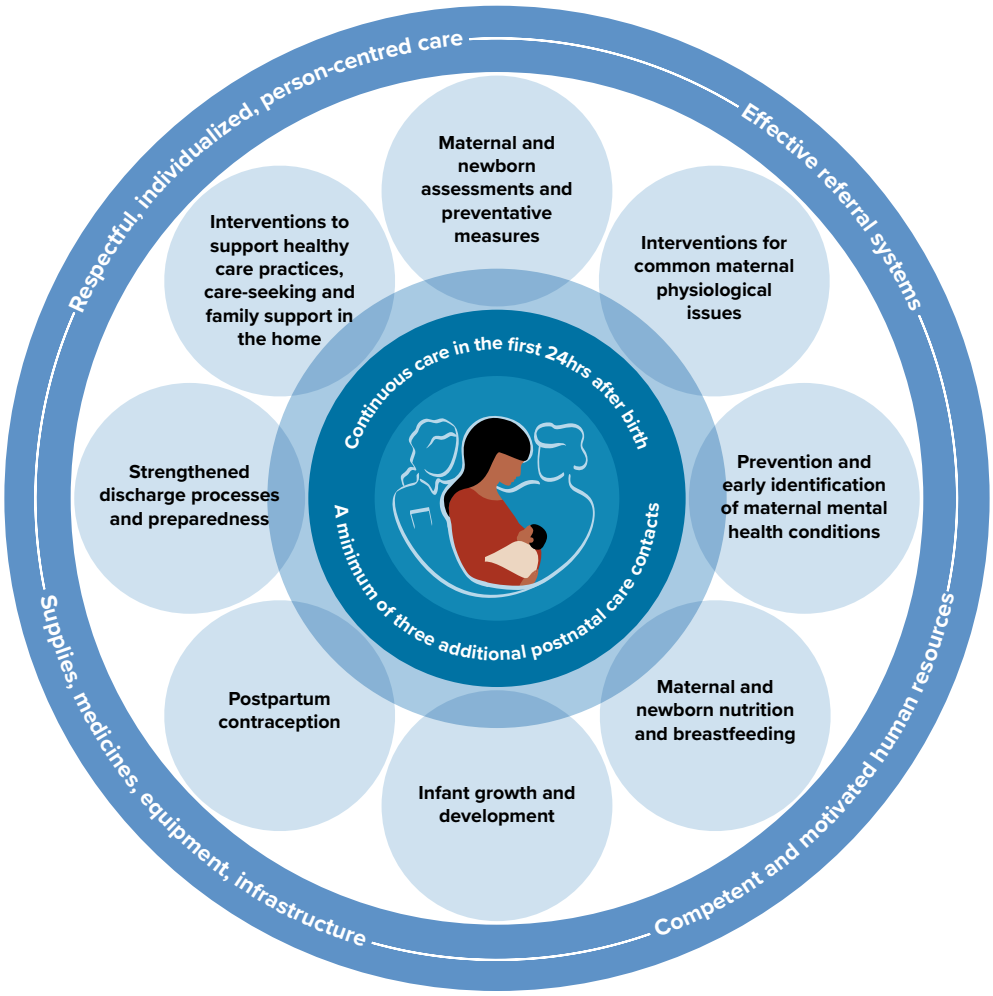
The WHO postnatal care model places the woman–newborn dyad at the centre of care (see Fig. 4.1). The foundation of this postnatal care model is Recommendation 44, which supports a minimum of four postnatal care contacts. The first contact refers to continued care in the health facility for at least the first 24 hours after birth or a first postnatal contact within the first 24 hours for a home birth. At least three additional postnatal care contacts occur between 48 and 72 hours, between 7 and 14 days, and during week six after birth. The overarching aim is to provide women, newborns, parents and caregivers with respectful, individualized, person-centred care at every contact. This includes the provision of effective clinical practices (assessments, referrals and management), relevant and timely information, and psychosocial and emotional support, by kind, competent and motivated health workers who are working within a well-functioning health system. An effective referral system, including communication between facility- and community-based care, and between health and transport systems in case of complications, are also essential components of this postnatal care model. Within this model, the word "contact" implies an active interaction between women, newborns, parents and caregivers, and care providers.

All the recommendations included in this document will require review by national, regional and local health system planners to ensure they are adapted, resourced and integrated into maternal, newborn and child health programmes. Several recommendations that are highlighted below will require a broad health systems approach and a strengthened focus on continuity of care, integrated service delivery, availability of supplies and commodities and empowered health workers. Implementation considerations for the WHO model can be found in Box 4.1.

In particular, the GDG considered the first two weeks after birth a key time to identify health problems and to support transition to well-woman and well-infant care. This current guideline confirms the importance of postnatal care during the first 24 hours after birth, regardless of the place of birth, and more specifically recommends a minimum 24-hour stay after birth in the health facility, with continuous care and monitoring during that stay (Recommendation 45). Expanded criteria before discharge have been identified to assess and manage potential problems and to prepare the transition to the home (Recommendations 46 and 47).

Whether the health system is set up for a home visit in the first week, or the woman and newborn need to seek routine outpatient postnatal care at the health facility or in the community, national discussions are encouraged to address the barriers and facilitators to ensure these critical contacts happen. A home visit for postnatal care within the first two days after birth, where feasible, has again been highlighted as critical to reduce mortality and morbidity, and to support the transition to the home. Some women and newborns will require additional contacts, or referral to specialized care, based on their health and needs.

Figure 4.1 Schematic representation of the WHO postnatal care model



Health workers need to work as a team to address the needs of the woman and the newborn during the stay in the health facility and once they reach their home. This requires a functional relationship and communication between health workers and between the different levels of the system. The GDG highlighted the importance of establishing links with the health workers who will provide care and support after discharge, and to ensure seamless handover and transitions. One recommendation on midwifery continuity-of-care (Recommendation 49) for those contexts with strong midwifery programmes adds an additional level of relationship and trust-building between the team of midwives and the woman and family. Trained community health workers will also play a vital role in providing care and support in the home, and providing links between communities and health facilities.

The guideline also includes new recommendations on maternal and newborn assessments, including for common maternal mental health conditions (Recommendation 18) and newborn screening for hyperbilirubinaemia and eye and hearing conditions (Recommendations 26–29). Discussions are required on how to organize screening services depending on the condition and ensure that confirmatory diagnosis and subsequent treatment plus rehabilitation and follow-up is available.

In the context of humanitarian emergencies, the adaptation of the recommendations should consider their integration and alignment with other response strategies. Additional considerations should be made to the unique needs of women, newborns, parents, caregivers and families in emergency settings, including their values and preferences. Context-specific tools may be required in addition to standard tools to support the implementation by stakeholders of the recommendations in humanitarian emergencies.

Box 4.1 Considerations for the adoption, scale-up and implementation of the WHO postnatal care model

Health policy considerations for adoption and scale-up of the model

- A firm government commitment to scale up and increase coverage of postnatal care for all women and newborns is needed, irrespective of social, economic, ethnic, racial or other factors. National support must be secured for the whole package of recommendations, not just for specific components.
- To set the policy agenda, to secure broad anchoring and to ensure progress in policy formulation and decision-making, representatives of training facilities and the relevant medical specialties and professional societies should be included in participatory processes at all stages, including prior to an actual policy decision, to secure broad support for scaling-up.
- To facilitate negotiations and planning, situation-specific information on the expected impact of implementation of the postnatal care model on service users, health workers and costs should be compiled and disseminated.
- To be able to adequately ensure access for all women and newborns to quality postnatal care, in the context of universal health coverage, strategies for raising public funding for health care will need revision. In low-income countries, donors could play a significant role in supporting the scale-up of implementation. Sponsoring mechanisms that support domestically driven processes to scale up the whole model are more likely to be helpful than mechanisms that support only a part of the package.

Health system or organizational-level considerations for implementation of the model

- National and subnational subgroups may be established to adapt and implement these recommendations, including development or revision of existing national/sub-national guidelines or protocols based on the WHO postnatal care model.
- Long-term planning is needed for resource generation and budget allocation to address the shortage of skilled health personnel and trained community health workers, to improve facility infrastructure and referral pathways, and to strengthen and sustain high-quality postnatal care services.
- Introduction of the postnatal care model should involve pre-service training institutions and professional bodies, so that training curricula for postnatal care can be updated as quickly and smoothly as possible.
- In-service training and supervisory models will need to be developed according to health workers' professional requirements, considering the content, duration and procedures for the selection of health workers for training. These models can also be explicitly designed to address staff turnover, particularly in low-resource settings.
- Standardized tools will need to be developed for supervision, ensuring that supervisors are able to support and enable health workers to deliver integrated, comprehensive postnatal care services.
- A strategy for task sharing may need to be developed to optimize the use of human resources.
- Tools or "job aids" for implementation at the different levels of health facility care and communities will need to be developed or updated with all key information in accordance with the postnatal care model.
- Strategies will need to be devised to improve supply chain management according to local requirements, such as developing protocols for the procedures of obtaining and maintaining the stock of supplies, encouraging health workers to collect and monitor data on the stock levels and strengthening the provider-level coordination and follow-up of medicines and health-care supplies required for implementation of the postnatal care model.
- Development or revision of national guidelines and/or health facility-based protocols based on the WHO postnatal care recommendations is needed.
- Good-quality supervision, communication and transport links between community, primary and higher-level facilities need to be established to ensure that referral pathways are efficient.
- Successful implementation strategies should be documented and shared as examples of best practice for other implementers.

User-level considerations for implementation of the model

- Community-sensitizing activities should be undertaken to disseminate information about the importance of each component of postnatal care, and women's and babies' rights to receive postnatal care for their health and well-being. This information should provide details about the timing and content of the recommended contacts, and about the expected user fees.
- It may be possible to reduce waiting times by reorganizing postnatal care services and/or client flow.

Note: For specific implementation considerations related to the individual recommendations, see Web Annex 5.