



MATRI SUDHA
(A CHARITABLE TRUST)

ASSESSMENT OF POST NATAL CARE

[A Research Report]



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It was an enriching experience to understand practices and perspectives related to maternal and newborn care.

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Abbreviations

ANM- Auxiliary Nurse Midwife

ASHA- Accredited Social Health Activist

JSY- Janani Suraksha Yojana

PNC-Postnatal Care

SES- Socio-economic Status

Background

A key component of the post natal care is to empower the woman to care for her baby and herself so as to promote their longer-term physiological and emotional well-being.

Current models of post natal care originate from the beginning of the 20th century, when they were established in response to concerns about the contemporary high maternal mortality rate. The timing and content of care have altered little since then, despite a dramatic reduction in mortality rates which occurred around the middle of the 20th century. Postnatal care provision crosses acute and primary healthcare sectors, with the majority of care taking place in the woman's home. Care is likely to include routine clinical examination and observation of the woman and her baby, routine infant screening to detect potential disorders, support for infant feeding and ongoing provision of information and support. Postnatal care is usually concluded by a 6 – 8 week postnatal examination, which marks the end of the woman's maternity care

The days and weeks following childbirth – the postnatal period – is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time. Yet, this is the most neglected period for the provision of quality care. Lack of appropriate care during this period could result in significant ill health and even death. Rates of provision of skilled care are lower after childbirth when compared to rates before and during childbirth. Most maternal and infant deaths occur during this time.

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.

India's Janani Suraksha Yojana (JSY) cash transfers have raised the prevalence of institutional deliveries, but evaluations show that neonatal mortality has not declined in unison. Health interventions can be separated into six packages along a continuum of care that encompass: preconception nutrition care, antenatal care, care during labor and childbirth, immediate newborn care, care for the healthy neonate, and specific interventions to care for small and ill neonates. In particular, women of lower socio-economic status (SES) tend to use these interventions less than higher SES group. Delays in receiving care from trained medical personnel have been observed in India and involve one or more of: failure to recognize severity of symptoms, seeking treatment

first from unqualified practitioners, inaccessibility to emergency obstetric care, delays in referral between institutions, and reduced quality of care.

The highest risk of death for both newborns and mothers occurs around the time of childbirth and the immediate postpartum period becomes extremely critical both for mother and baby. More than two-thirds of newborn deaths occur by the end of the first week after birth, with up to one-half of all deaths occurring in the first 24 hours of birth. India is no exception to this: 39% of neonatal deaths in India occur on first day of life, and 57% during the first three days. The majority of mothers and newborns in low- and middle-income countries do not receive optimal care during these periods.

Executive Summary

The aim is to identify the essential 'core care' which every woman and her child should receive, as appropriate to their needs, during the first 6–8 weeks after birth, based upon the best evidence available. And also about recognizing any deviation from expected recovery after birth and then about evaluating and intervening appropriately.

Post Natal Care starts for mother and infant after delivery and continues up to 6 weeks. Post natal care is routinely provided for all women and their infants, several important indicators that raise concern about its quality and effectiveness. These have highlighted widespread and persistent health problems experienced by women after childbirth, many of which are unreported by women and not identified by healthcare professionals. Common health problems include physical morbidity such as backache, breast feeding problems, perennial pain, stress incontinence, and mental health problems, such as postnatal depression.

Mostly newborn death that occurs, happen within the first 24 hours after birth. Many of these deaths occur in babies born too early and too small, babies with infections, or babies asphyxiated¹ around the time of delivery. Labor, birth and the immediate postnatal period are the most critical for newborn and maternal survival.

Therefore post natal care is very important for the child as well as the mother.

One of the important survey instruments was the women questionnaire which collected detailed information on birth history (births since October, 2015), health, breastfeeding, place of delivery, mode of delivery, and related information for mothers and children. The birth history data provided an opportunity to examine the association between PNC and descriptive analysis. Strategies must focus on making PNC for newborns accessible to all. Findings clearly suggest that utilization of PNC for newborns is extremely limited and has not picked up in the past two six months.

Over the period of two months we have monitored three areas- Nardan Basti, Prem Nagar and NT/DNT families. Out of 49 mothers we were able to cover 44 mothers that were available at that time. Out of 44 children 26 were found to be healthy and taken care of by their families. Their mothers were more aware about post natal care.

Research question

To understand the situation of post natal care in Nardan basti, Prem Nagar, NT/DNT areas

Objectives of the study

- To Monitor the mothers and their children (below 7 months of age) and analyze the awareness they have regarding post natal care.
- To assess whether continuum care of the child is being taken at the family level or not
- To evaluate the existing status of post natal care in the community through collection of data from the primary care givers, ASHAs, ANMs etc.

Organization Profile

Matri Sudha- A Charitable Trust www.matrisudha.org

Matri Sudha is a non-profit organization based in Delhi since 2001. Matri Sudha works on child rights issues with having multiple interventions ranging from grass root level, awareness, social action research. It ensures that the rights are identified, respected, protected and taken care of by every individual.

Mission - To make a platform on which all children realize their full potential to raise voices against injustice and inequality and upholding the dignity of children

Child Rights and You www.cry.org

Child Rights and You is a non-profit organization that aims to restore children's rights, established in 1979. Mainly focuses on 4 basic rights of survival, development, protection and participation as defined by United Nations Convention on Rights of the Child.

Objectives

1. Identifying the issue that causes child rights violation
2. Enables grassroots NGOs by providing them with funds, programme monitoring, building their skills, perspectives and capacities in addressing issues affecting children
3. Spreading awareness amongst local communities
4. Creating Awareness
5. Get public support from individuals and institutional partnerships
6. Enabling change by working towards ensuring children live, learn, play, express themselves

Methodology

Study Area

South East Delhi (Nardan basti, Prem Nagar, NT/DNT area)

Sample size

A total of 49 (44 mothers of children below six month, 4 ASHA workers and an ANM)

Study Design

Quantitative and Descriptive design.

Inclusion Criteria

Easily available mothers of children up to 7 months of age are included.

Exclusion Criteria

Those mothers who had their children above 7 months of age are excluded in study

Type of data

Primary data has been collected through questionnaire.

Timeline

The study took around 2 months for complete formation and evaluation of information that is between '4th April- 4th June 2016.

Sampling

Stratified sampling has been performed until 50 sample size. We use data from all women who had given birth in the 6 month plan preceding the survey date irrespective of whether they delivered at home or at a health facility.

Tools

Based on qualitative and quantitative type of data collection

Analysis Plan

Descriptive Analysis has been done from the data obtained through questionnaire (tool) and it would be presented in graphs and percentage of the relevant outcomes of study. Software used for this analysis will be MS Excel package.

All the information obtained through the above descriptive analysis has been presented in form of Tables and Graphs which are as follows:

COMPARING AWARENESS REGARDING POST NATAL CARE IN MOTHERS HAVING CHILDREN (UPTO 7 MONTHS) IN NARDAN BASTI, PREM NAGAR, NT/DT AREAS.

Total number of mothers surveyed	
Nardan Basti	12
Prem Nagar	18
NT/DNT families	14

Points to Remember

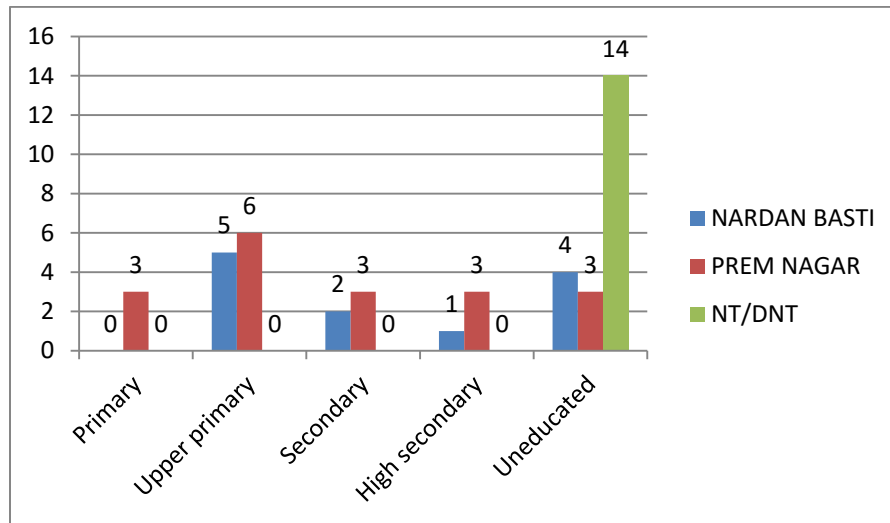
[Box 1]

1. The ANM has an important role to play in reducing the MMR by fulfilling the role of a SBA: providing comprehensive Antenatal Care (ANC) and Postnatal Care (PNC); identifying complications in a timely manner, and referring women with complications after basic management to a higher centre for further management
2. Track every pregnancy by name for provision of quality ANC, skilled birth attendance and postnatal services
3. If the woman receives the first dose of TT injection after 38 weeks of pregnancy, then the second dose may be given in the postnatal period, after a gap of four weeks
4. Measure the woman's blood pressure every postnatal visit. If it is high (more than 140/90 mmHg), check it again after four hours. If the situation is urgent, the blood pressure should be measured after one hour
5. To arrange for a postnatal visit within seven days of the delivery to track the mother's health and make it easier for her to obtain care, wherever necessary
6. To counsel the mother to initiate breastfeeding within half an hour to one hour of delivery and continue to breastfeed till 3–6 months, and promote family planning

Findings

1. Level of Education of the surveyed mothers in their respective areas

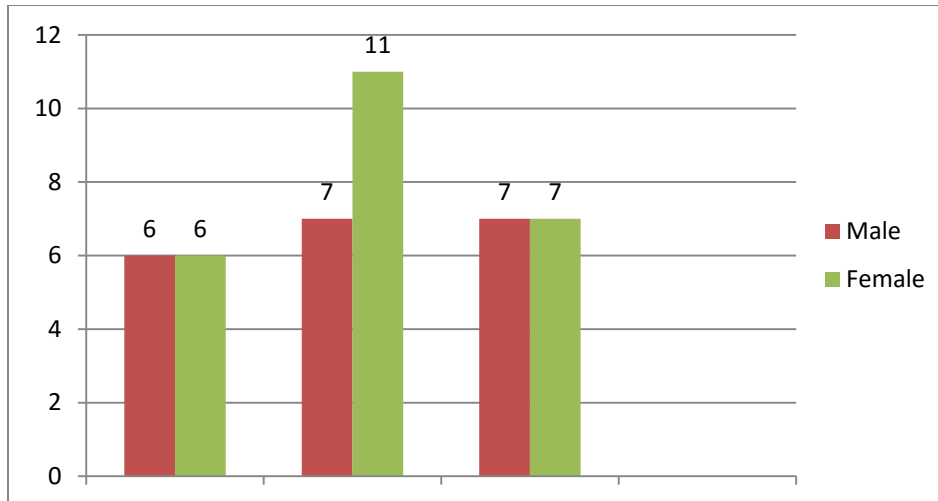
Education	NARDAN BASTI	PREM NAGAR	NT/DNT
Primary	0	3	0
Upper primary	5	6	0
Secondary	2	3	0
High secondary	1	3	0
Uneducated	4	3	14



All of the mothers in NT/DNT were found to be uneducated. While in Prem Nagar and Nardan Basti more females were educated till upper primary level.

2. Number of Male and Females children

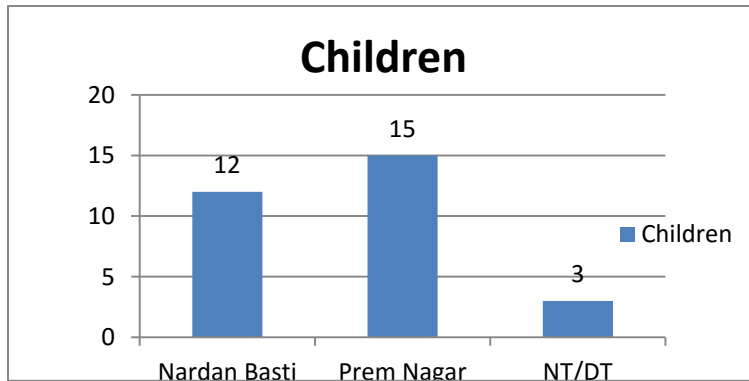
Child	Nardan Basti	Prem Nagar	NT/DT
Male	6	7	7
Female	6	11	7



Number of female children are more in Prem Nagar. In Nardan basti and NT/DNT there is 1:1(female: male) ratio.

3. Total number of children registered after birth

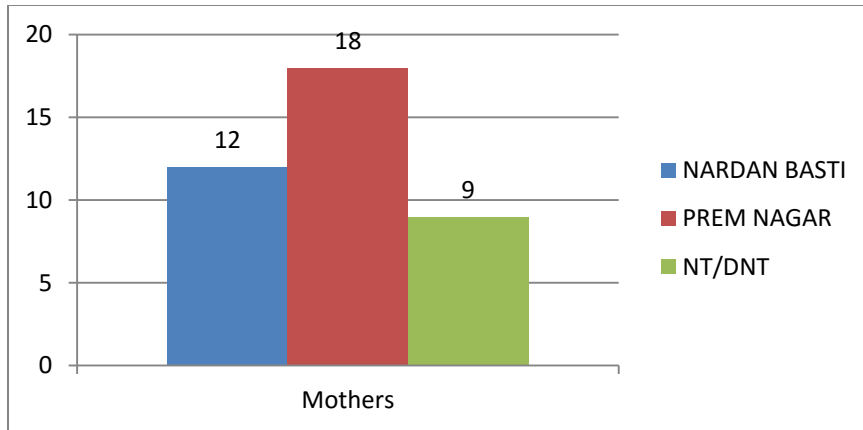
	Nardan Basti	Prem Nagar	NT/DT
Children	12	15	3



Only 21%(3 out of 14) children were registered after birth, while 83%(15 out of 18) children were registered in Prem Nagar and 100% registration were reported in Nardan basti

4. Number of women who got their pregnancy registered

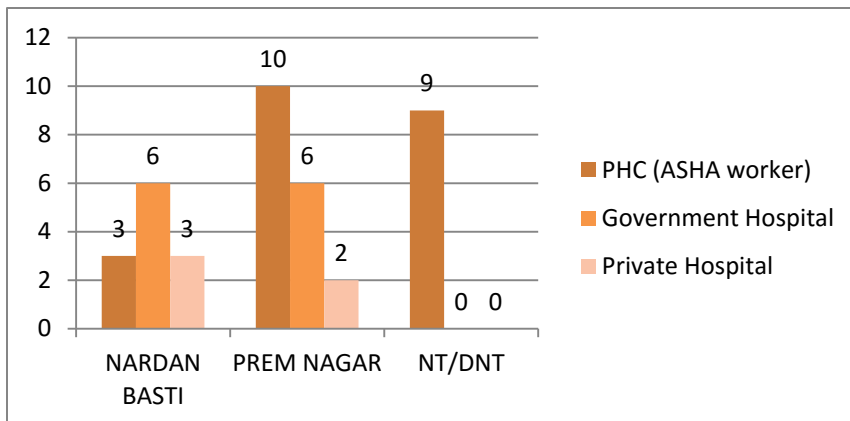
	NARDAN BASTI	PREM NAGAR	NT/DNT
Pregnancy Registered Mothers	12	18	9



In NT/DNT only 50% women had registered their pregnancy, and 100% registration was reported in Nardan basti and Prem Nagar.

5. Place where they got their pregnancy registered

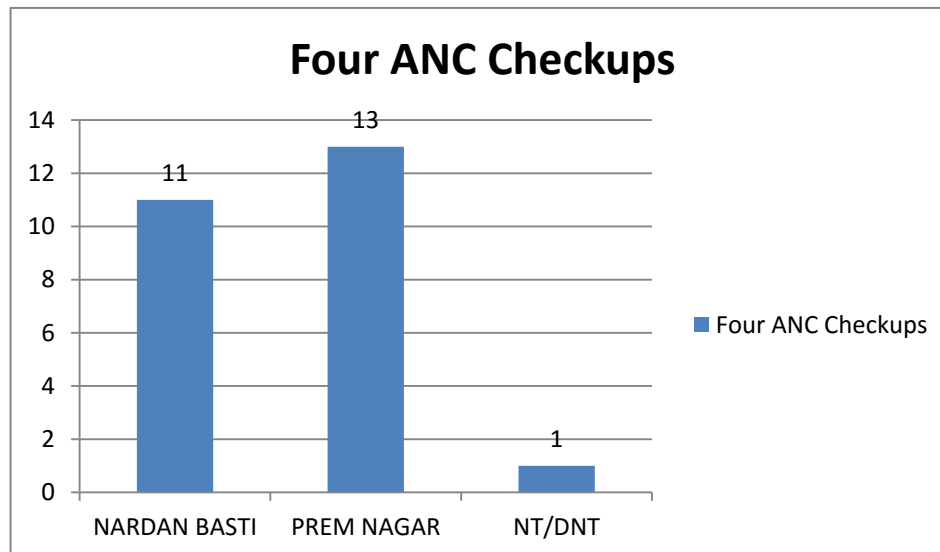
Place of Registration	NARDAN BASTI	PREM NAGAR	NT/DNT
PHC (ASHA worker)	3	10	9
Government Hospital	6	6	0
Private Hospital	3	2	0



In Prem Nagar and NT/DNT, more females got their pregnancies registered at PHCs, while females of Nardan basti went to government hospitals for registration.

7. Number of mothers who had complete four checkups done during pregnancy at an institution

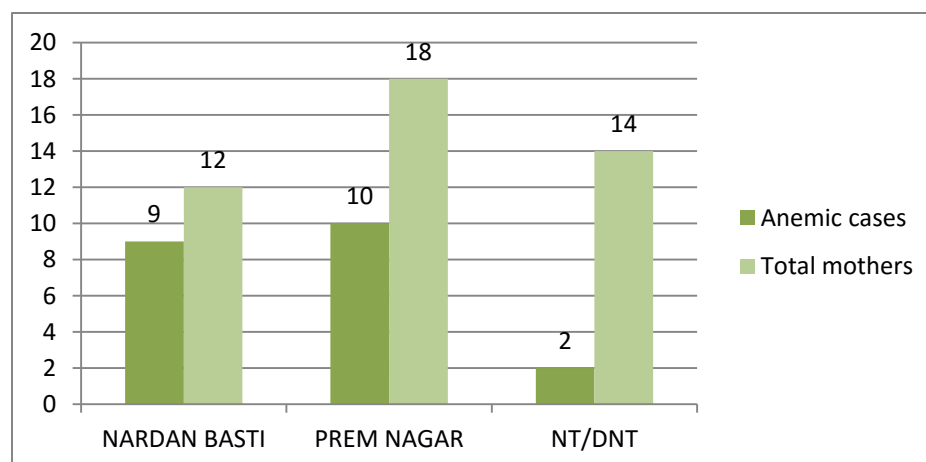
	NARDAN BASTI	PREM NAGAR	NT/DNT
Four ANC Checkups	11	13	1



92% (11 out of 12) mothers had got their complete 4 checkups done in Nardan basti, 72% (13 out of 18) mothers in Prem Nagar, and only 7% mothers in NT/DNT had got their complete 4 checkups done during pregnancy.

7. Number of Anemic cases recorded

	NARDAN BASTI	PREM NAGAR	NT/DNT
Anemic cases	9	10	2
Total mothers	12	18	14

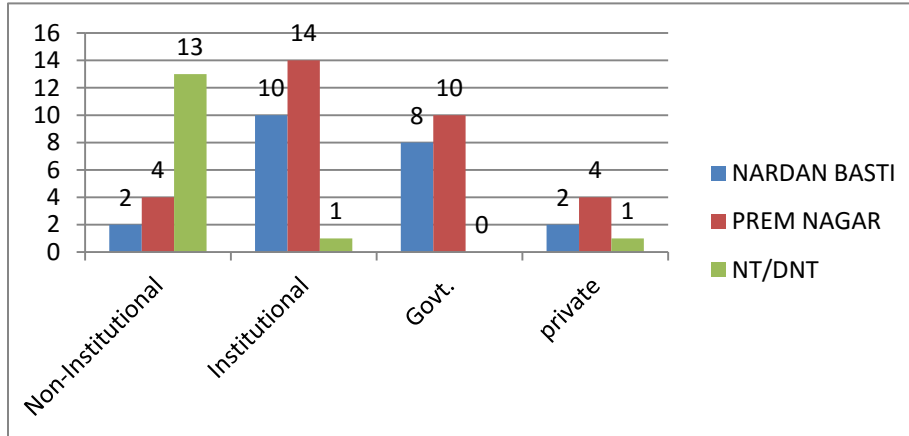


Anemia during pregnancy is especially a concern because it is associated with low birth weight, premature birth and maternal mortality.

75% (9 out of 12) women were anemic in Nardan basti, 55.55 % (10 out of 18) in Prem Nagar, and only 2 women were anemic in NT/DNT as rest women had not got their pregnancy registered

8. Place of delivery

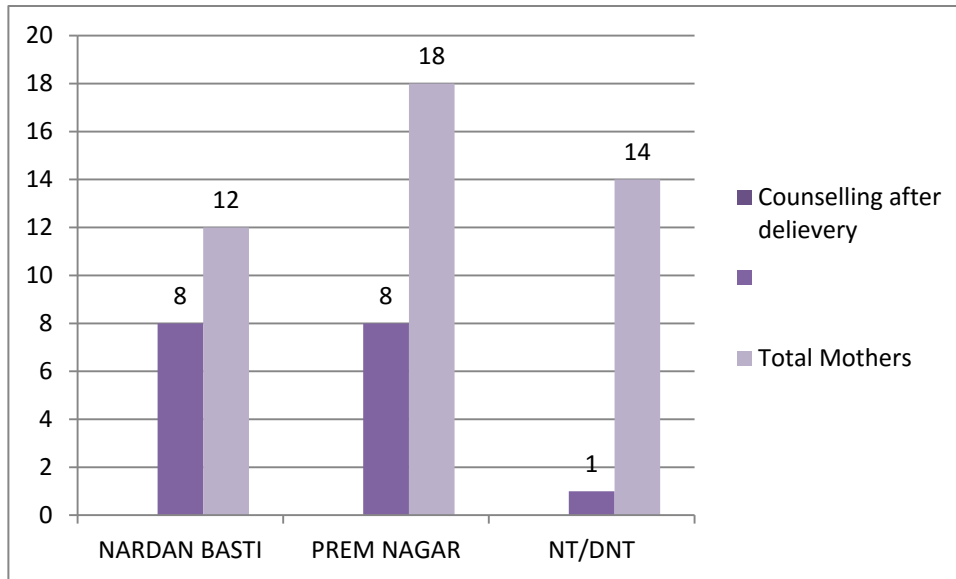
Place of Delivery	NARDAN BASTI	PREM NAGAR	NT/DNT
Non-Institutional	2	4	13
Institutional	10	14	1
Govt.	8	10	0
private	2	4	1



92% of deliveries were non-institutional in NT/DNT, 16% (2 out of 12) deliveries in Nardan basti, and 22% (4 out of 18) in Prem Nagar.

9. Number of mothers who were counseled after delivery

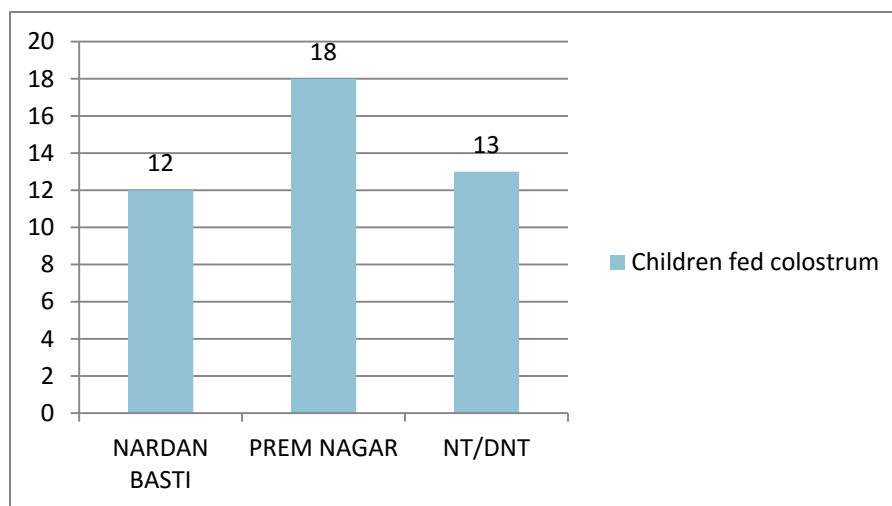
Mothers Undergone	NARDAN BASTI	PREM NAGAR	NT/DNT
Counseling after delivery	8	8	1
Total Mothers	12	18	14



67% (8 out of 12) mothers were counseled about PNC in Nardan Basti, 44% (8 out of 18) in Prem Nagar, and only 7% (1 out of 14) in NT/DNT.

10. Number of children fed colostrum after birth

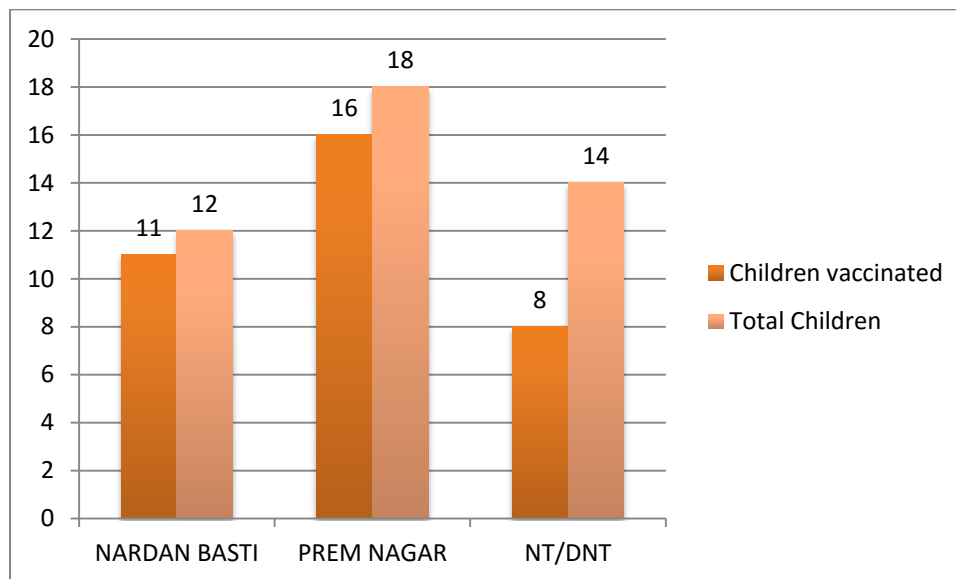
	NARDAN BASTI	PREM NAGAR	NT/DNT
Children fed colostrum	12	18	13



All children of Nardan Basti and Prem Nagar were fed colostrum within few hours of birth. In NT/DNT except for one child rest all were fed colostrum

11. Total number of children vaccinated

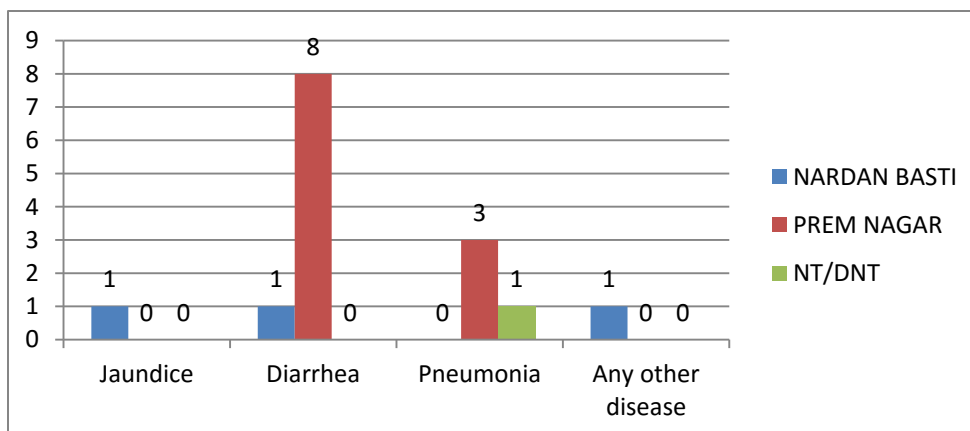
	NARDAN BASTI	PREM NAGAR	NT/DNT
Children vaccinated	11	16	8
Total Children	12	18	14



In Nardan Basti 11 out of 12 children are vaccinated (i.e. 91%). In Prem Nagar 16 out 18 (i.e. 88%) and in NT/DNT 8 out of 14 (i.e.57%)

12. Number of children suffered from diarrhea, jaundice, pneumonia or any other disease

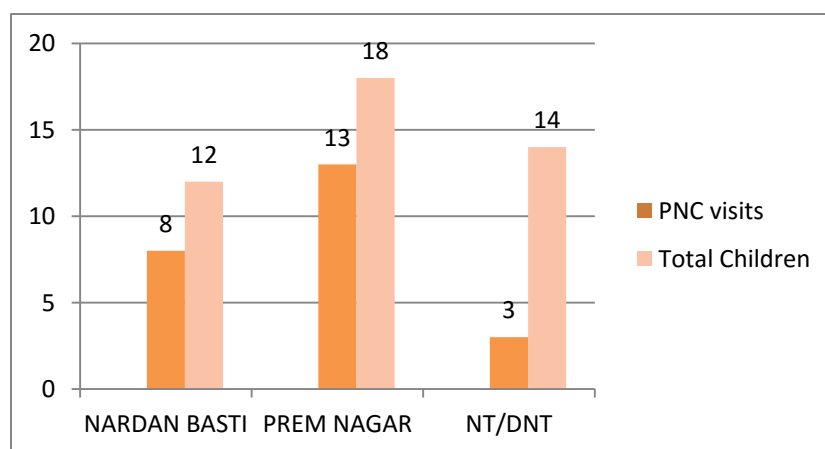
Children suffered from	NARDAN BASTI	PREM NAGAR	NT/DNT
Jaundice	1	0	0
Diarrhea	1	8	0
Pneumonia	0	3	1
Any other disease	1	0	0



Highest number of diarrhea and pneumonia cases was seen in Prem Nagar as compared to Nardan Basti and NT/DNT. No jaundice case was observed here in these two areas though

13. Number of mothers who took or received PNC visits

Mothers who took/Received	NARDAN BASTI	PREM NAGAR	NT/DNT
PNC visits	8	13	3
Total Children	12	18	14



66% mothers of Nardan Basti took PNC visits. 72% mothers of Prem Nagar took PNC visits and only 21% of NT/DNT mothers went for PNC visits

Number and timing of post-partum visits by ANM/ASHA

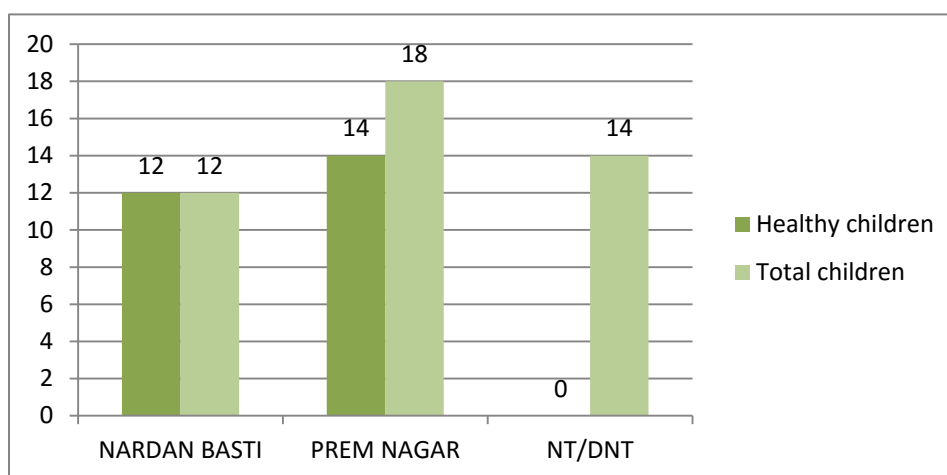
[Table 1]

[Guidelines for ANM, Ministry of Health and Family Welfare, 2010]

	After home delivery/delivery at SC	After delivery at PHC/FRU [woman discharged after 48 hours]
First visit	1 st day [within 24 hours]	Not applicable
Second visit	3 rd day after delivery	3 rd day after delivery
Third visit	7 th day after delivery	7 th day after delivery
Fourth visit	6 weeks after delivery	6 weeks after delivery

14. Number of healthy children recorded

Healthy children	NARDAN BASTI	PREM NAGAR	NT/DNT
	12	14	0
Total children	12	18	14



All children in Nardan Basti were found to be healthy while only 77% children were seen healthy in Prem Nagar and none in NT/DNT.

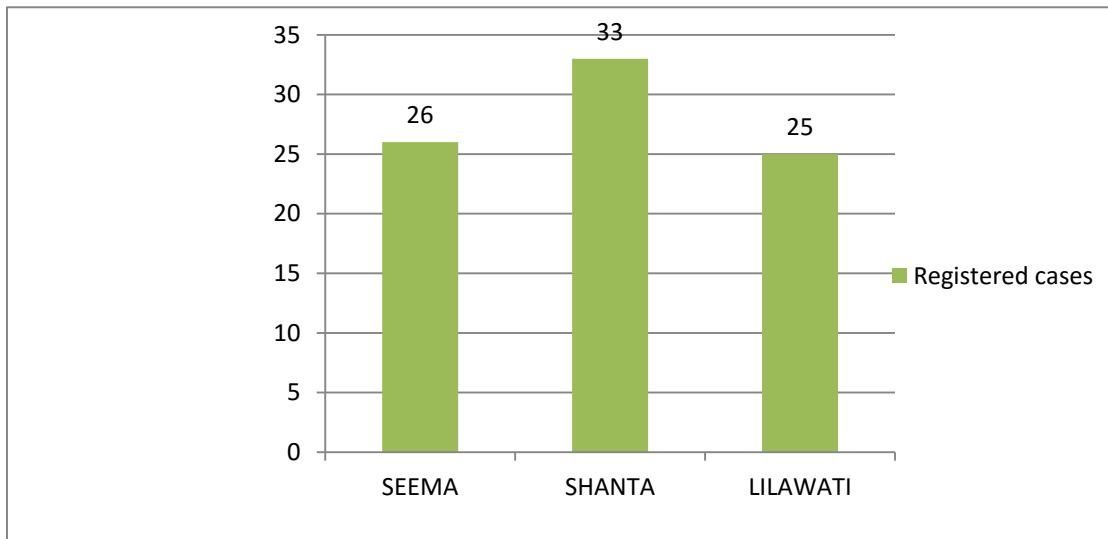
ASHA Workers interviewed regarding the post natal care and their visits in areas of Nardan Basti, Prem Nagar, NT/DT

There were four ASHA Workers interviewed

- SEEMA
- SHANTA
- REENA
- LILAWATI

1. Number of pregnancy cases registered in last six months by them

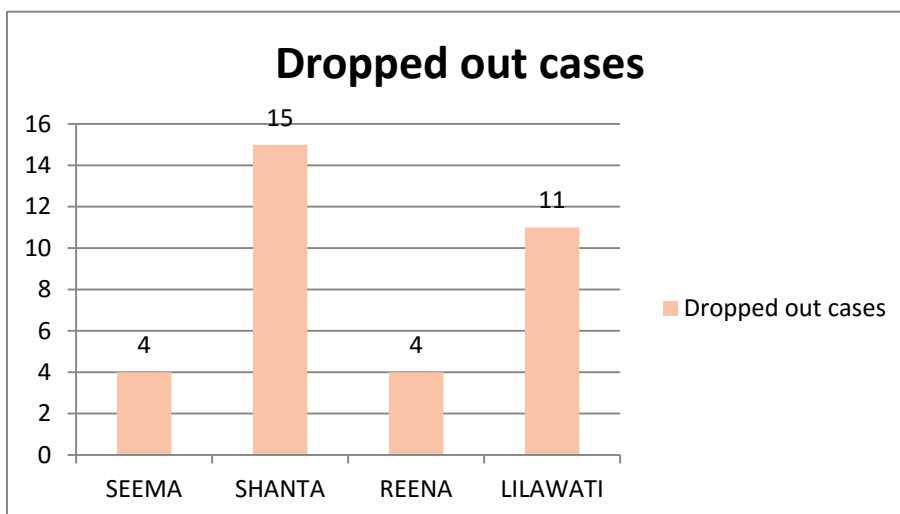
Number of pregnancy cases registered in the last 6 months	
SEEMA	26
SHANTA	33
REENA	23
LILAWATI	25



2. Number of dropped out cases in last six months

Dropped out pregnancy cases

SEEMA	4
SHANTA	15
REENA	4
LILAWATI	11



3. Any non-institutional deliveries in last six months recorded

SEEMA	YES
SHANTA	YES
REENA	YES
LILAWATI	NO

4. Any maternal deaths in last six months?

SEEMA NO

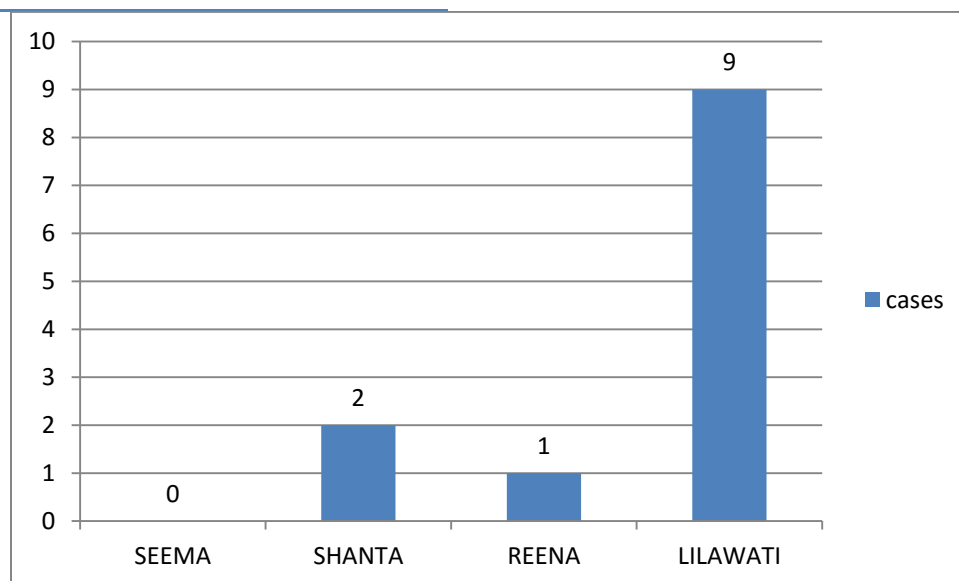
SHANTA NO

REENA NO

LILAWATI NO

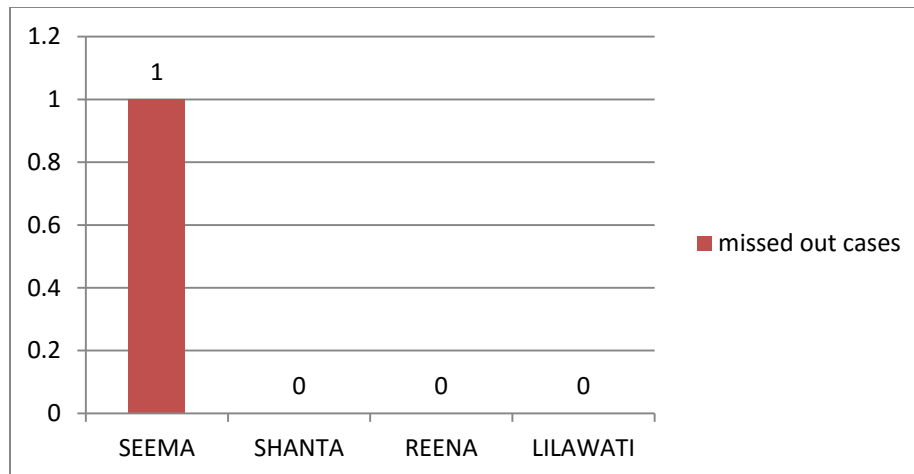
4. Number of post natal cases missed out?

	cases
SEEMA	0
SHANTA	2
REENA	1
LILAWATI	9



5. Any cases referred to higher institutions?

SEEMA	1
SHANTA	0
REENA	0
LILAWATI	0



The ANM of Nardan Basti, Prem Nagar, NT/DT was also interviewed and it was observed that she regularly supervises all the ASHA Workers in that area and keeps all the PNC records in her register.

On interviewing the Medical officer of the area it was observed all services like ante natal care, post natal care, immunization, family planning procedures, OPD services are available in PHC.

Mostly ANC cases are observed as compared to PNC cases. The limitations which they face on daily basis are usually about diagnostic techniques e.g. Ultrasound is not available; females are referred to higher institutions. Tests like HIV, TSH, are also not available which are very important for pregnant women.

Limitations of the study

- Few families were unavailable and out of reach so could not be included in the study
- Not many mothers were aware about the post natal care and practices.
- Very few went for PNC visits and instead depended on ASHAs to visit them
- Many mothers were not counseled on feeding and child care practices

Findings

1. Families of Nardan Basti and Prem Nagar are found to be much more aware about post natal care and children were healthy as compared to NT/DNT area where none of the 14 children (within 6 months of age) were healthy.
2. ASHA Workers have been active in their work and regular visits and have been following "six-clean methods"ⁱⁱⁱ in cases of home deliveries

3. Few people still believe in non-institutional deliveriesⁱⁱⁱ in Prem Nagar and Nardan Basti while in NT/DNT area there were mostly non-institutional deliveries been observed (except one). Most of the Children were not vaccinated in NT/DNT families
4. Follow-ups in context to post-natal care were missing
5. In fact very few females went for complete rounds of checkup at hospital or institution during pregnancy.
6. The ANM has been regularly supervising the ASHA workers and maintaining a record regarding PNC visits.
7. Few dropped-out pregnancy cases have also been noticed in the last six months.
8. No maternal deaths have been observed in the last six months in these areas.

Key Suggestions

- Educating mothers regarding the importance of post natal care especially those who require immediate attention
- Provide counseling on breast feeding, maternal nutrition, and infant immunization
- Easy access to healthcare services
- Newborns born in health facilities should not be sent home in the crucial first 24 hours of life, and postnatal visits should be scheduled
- For all home births a visit to a health facility for postnatal care as soon as possible after birth is recommended
- In high mortality settings and where access to facility based care is limited, at least two home visits for all home births: the first visit should occur within 24 hours from birth and the second visit on day 3. If possible, a third visit should be made before the end of the first week of life
- Basic care for all newborns should include promoting and supporting early and exclusive breastfeeding, keeping the baby warm, increasing hand washing and providing hygienic umbilical cord and skin care, identifying conditions requiring additional care and counseling on when to take a newborn to a health facility
- Newborns and their mothers should be examined for danger signs^{iv} at home visits
- At the same time, families should be counseled on identification of these danger signs and the need for prompt care seeking if one or more of them are present

Conclusion

Results from the survey indicate that only 35% of the newborns received any Post Natal care check-up within 24 hours of birth. Around 40% of the babies did, however eventually receive two or more check-ups within the first 10 days after birth.

From the above data we can conclude that awareness regarding Post Natal Care is more in Prem Nagar followed by Nardan Basti, and least in NT/DNT.

Also the children in Nardan basti and Prem Nagar are healthy as compared to NT/DNT families; this is because of the following reasons:

1. Illiteracy among NT/DNT population.
2. Lack of education among the women regarding their own health during pregnancy and after delivery, and also regarding their child's health

Postnatal mothers do not have adequate knowledge on areas like early and exclusive breast feeding, colostrum feeding, they have not much satisfactory knowledge in areas like hand washing, danger signs etc in NT/DNT area as compared to Nardan basti and Prem Nagar.

While comparing knowledge with practice regarding newborn care, practice does not look better in many areas. Thus more focus is needed over here regarding Post Natal Care.

Annexure- Questionnaire

- 1. Name.....
- 2. Age.....
- 3. Education.....
- 4. Caste.....
- 5. Occupation.....
- 6. Husband name.....
- 7. Name of the child.....
 - a. Gender [Male/ Female]
 - b. Age [in months]
- 8. Birth registration number of the child.....
- 9. Did you register your pregnancy?
 - a. Yes
 - b. No

Reason for non-registration of pregnancy
.....
.....
.....

- 10. Where did you register your name at the time of pregnancy?
 - a. ASHA Worker [nearest Primary Health Centre]
 - b. Government Hospital
 - c. Private Hospital
 - d. Any other _____
- 11. Have you ever had any checkups done during pregnancy?
 - a. Yes
 - b. No
- 12. Where did you get these check-up done?
.....
.....
.....
- 13. Number of check-ups done during the time of pregnancy?
 - a. One
 - b. Two
 - c. Three
 - d. Four
- 14. Were you anemic during the time of pregnancy?
 - a. Yes
 - b. No

15. Were IFA tablets provided to you?

- a. Yes
- b. No

16. Did you consume complete dose of IFA Tablets?

- a. Yes
- b. No

Any side effects during consumption

17. Did you take nutritious and balanced diet?

18. Is this your first pregnancy?

- a. Yes
- b. No.....

19. Number of live births M..... -AGE...../...../...../.....-F...../...../...../...../

20. Did you get TT dose during first pregnancy or Booster dose during second or third pregnancy?

.....
.....
.....
.....

21. Was it an institutional delivery or non-institutional?

.....
.....

22. Place of delivery (private /government)?

23. Did you receive any maternal benefit in terms of allowances?

.....

24. Was it a premature delivery?

25. What was the weight of the child at the time of birth?

26. Any neo-natal or infant death occurs?

- a. Yes
- b. No

.....
.....
.....
.....

27. Did you undergo any counseling after delivery? And by whom?

.....
.....
.....
.....

28. Was skin to skin contact developed among mother and child after birth?
 a. Yes
 b. No
29. Was colostrum given to the baby?
 a. Yes
 b. No
30. Was anything else given to the baby except colostrum?

31. When did you first breast feed the baby?

32. Any complication that occurred during breast feeding?
 a. Yes
 b. No

33. Are you breastfeeding your child and how many times a day?

34. Was bath given to the baby immediately after birth? If No, then when was it given?

35. Is the child vaccinated?

BCG		OPV 0		HB 0	
OPV 1		DPT 1		HB 1	

36. Did the child suffered from-
 a. Diarrhea
 b. Pneumonia
 c. Jaundice
- If yes, what measures were taken to treat the baby? How long did it last?

.....
.....
37. Any other infection the baby suffered from? And how frequently?

Cough

Running nose

Fever

Difficulty in breathing

What measures were taken to cure it?

.....

.....

38. How many PNC visits you took? And how frequently and when?

.....

.....

.....

.....

39. Do you wash hands

Before handling the baby?

Before feeding the baby?

After fecal excretion?

Before preparing food ?

40. Is now the baby healthy?

a. Yes

b. No

41. Any good practice taken by mother for continuum care of child after birth.

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FOR ASHA Workers and ANM

1. Total number of pregnant women registered with you in last six months

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2. No of pregnant women dropped out in your area in last six months

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3. Are the mothers informed about potential danger signs during pregnancy, delivery

and after delivery, post-partum period?

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4. Are maternal deaths common in this area?

- a. Yes
- b. No

If yes what are the major causes of maternal deaths in this area,

- a. Delay in recognizing the problem and deciding to seek care.
- b. Delay in reaching the health facility.
- c. Delay in receiving the treatment.

5. Do non-institutional deliveries practice here?

- a. Yes
- b. No

If yes, which 'six clean' methods followed here?

- a. Clean surface
- b. Clean hand
- c. Clean cord cut
- d. Clean cord tie
- e. Clean umbilical stumps
- f. Clean perineum
- g. All of the above.

6. Do you make post-natal visits in the community?

ASHA Worker	Yes	No	ANM	Yes	No
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7. No. of Post natal cases visited with Minimum 3 PNC Visits within 1st week of delivery in last six months

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8. No. of missed – out cases of Post Natal Care tracked in last six months

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9. Do you [ANM] supervise PNC visits by Asha Workers?

- a. Yes
- b. No

10. Do you keep records of post-natal period?

- a. Yes
- b. No

Type of record kept by ASHA Worker.....

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Type of record kept by ANM.....
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11. No. of pregnancy cases with danger sign and symptoms referred to higher institutions in last six months
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12. Have you ever been given training on Post Natal Care?

- a. Yes
- b. No

13. Will you do the necessary follow-ups after delivery if training on Post Natal Care is provided?

- a. Yes
- b. No

MEDICAL OFFICER

1. What is the total number of pregnancy cases registered in a month?

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2. How do you deal with the complications that arise during post natal care?

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3. What are the basic infrastructural facilities and service deliveries available here?

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4. Any specific challenges for post natal care?

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Name of Field Researcher:

Date:

Signature:

End Notes

ⁱ Child Asphyxiated-condition arising when the body is deprived of oxygen, causing unconsciousness/death, suffocation.

ⁱⁱ Six Clean Methods- clean hands, clean perineum, clean delivery surface, clean cord cutting and tying instruments, clean cutting surface.

ⁱⁱⁱ Non-Institutional Delivery- delivery of a child at home

^{iv} Danger Signs- For pregnant women- vaginal bleeding, convulsions, severe headache, blurred vision, fever, severe abdomen pain, fast and difficult breathing. In case of child, asphyxia, low birth weight, drowsing, raised temperature, hypothermia, central cyanosis.

References

www.who.int

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