

# Post natal care & complaints during post natal period & premarital counseling

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- Khadija, 35 years old, delivered 6 days ago vaginally, and was discharged home on the 2<sup>nd</sup> day after delivery.

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- Attended the clinic with history of swelling of her right leg. On examination, she was a febrile, pulse 85 per minute, blood pressure 110/70 mmHg.

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- Her chest and abdominal examinations revealed no abnormality. Her right leg was swollen and reddish and tender.

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- What are the medical problems identified in this patient
  - What important additional medical elements of the physical examination should be done
  - What is an appropriate plan of management for this patient at this point.

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# Normal puerperium and Postnatal Care



# Objectives

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- Definition of normal puerperium
- WHO guidelines on postnatal care of mother
- Various physiological changes during normal puerperium
- Various aspects of lactation
- Care of a woman during puerperium
- Explain the postnatal exercises to be practiced during puerperium.

# Definition of Normal Puerperium

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Child birth – 6 weeks(42 days)

- First 24 hours
- Early- up to 7 days
- Remote- up to 6 weeks





**WHO guidelines on**  
**Postnatal care of mother and**  
**newborn**

**19 October 2015**

**Global Maternal and Newborn Conference**

*Mexico City*

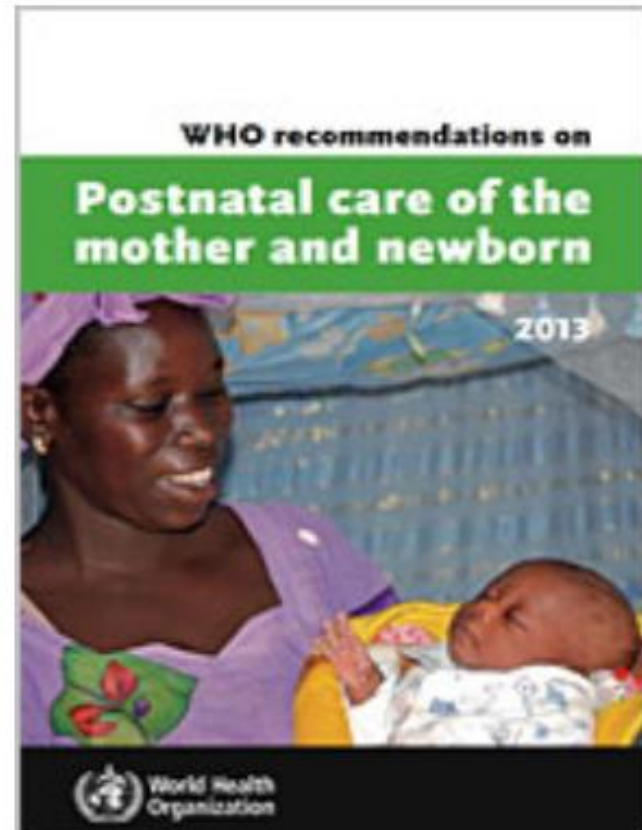
## Twelve recommendations

- Timing of discharge from a health facility
- Number and timing of postnatal contacts
- Home visits for postnatal care

- Assessment of the baby
- Exclusive breastfeeding
- Cord care
- Other postnatal care for the newborn
- Assessment of the mother
- Counselling
- Iron and folic acid supplementation
- Prophylactic antibiotics
- Psychological support

# What is new in postnatal care recommendations?

- Timing of discharge from health facility after birth
- Number and timing of postnatal contacts
- Home visits for postnatal care
- Assessment of the baby
- Cord care
- Other postnatal care



# Timing of discharge from health facility after birth

- **After an uncomplicated vaginal birth in a health facility,** healthy mothers and newborns should receive care in the facilities for at least 24 h after birth
  - For the newborn, this includes an immediate assessment at birth, a full clinical examination around 1 h after birth and before discharge
  
- **What has changed?**
  - Older recommendation was "not before 12 h"

## Follow up care

- **Number and timing of postnatal contacts**

- If birth is in a health facility, mothers and newborns should receive postnatal care for at least 24 h after birth
- **If birth is at home**, the first postnatal contact should be as early as possible within 24 h of birth
- **At least three additional postnatal contacts** are recommended for all mothers and newborns, on day 3 (48-72 h), between days 7-14 after birth, and 6 weeks after birth

- **Home visits in the first week after birth** are recommended for care of the mother and newborn

- By midwives, other skilled providers or well-trained and supervised community health workers (CHWs)

# Points to remember for puerperium:

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- Prevention of sepsis at placental site
- Newborn care
- Initiation of breast feeding
- Role of post-natal exercises



# Physiological changes in Normal Puerperium

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- Changes in Genital Tract
- Changes in breast and Lactation
- Changes in other systems



# Changes in Genital Tract

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- Involution of the Uterus
- Lochia
- Involution of Other Pelvic Organs
- Menstruation





# Changes in Breast and Lactation

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- **Mamogenesis** (Mammary duct-gland growth & dev.)
- **Lactogenesis** (Initiation Of milk secretion in alveoli)
- **Galactopoiesis** (Maintenance of Lactation)
- **Galactokinesis** (Removal of Milk from Gland)



# Changes in other system

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- Fatigue
- Pulse slow
- Temp. subnormal
- Shivering
- Fever up to first 24 hours
- Hb. Rises
- TLC increases
- Diuresis- 2<sup>nd</sup> to 5<sup>th</sup> day post delivery

# Postnatal Care

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- Postnatal Check Up
- Detection of risk at earlier stage & its management
- Management of Normal puerperium
- Treatment of Minor Ailments
- Treatment of anaemia
- Health & nutrition education
- Postnatal Exercise

# Postnatal Check Up

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- General health check up
- Monitoring of involution process
- For satisfactory establishment of lactation
- For examination of newborn



# Management of Normal Puerperium

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- First hour— important for PPH
- Early ambulation
- Avoid strenuous activities for 6 weeks
- 8-10 hours sleep
- Needs 300 calories more
- Care of stitches if any
- Care of nipples and areola.



# Treatment of Minor Ailments

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- After pains
- Retention of urine
- Pain at site of perineum
- Engorgement of breast
- Treatment of Anaemia



# Health & nutrition education

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- Family planning advise
- Sexual intercourse can be resumed after 6 weeks after delivery
- Breast feeding is best
- Immunization of child
- Calorie need per day- $2200+700 = 2900$
- Role of post natal exercises

# Postnatal Exercise

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- Pelvic floor exercise
- Abdominal tightening
- Pelvic tilting or rocking
- Rectus gap
- Hip hitching
- Foot and Leg Exercise







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# ABNORMAL PUERPERIUM

# OBJECTIVES

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- Importance of puerperal infections to maternal morbidity and mortality
- Definition of puerperal fever and puerperal sepsis
- Various puerperal abnormalities
- Causes of puerperal fever
- Aseptic and antiseptic measures to be adopted for the prevention of puerperal sepsis
- Management of the various abnormalities.

# Abnormal puerperium

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Sepsis is the commonest complication during puerperium but largely preventable.



# Puerperal Fever/Pyrexia

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Oral temp. 38 degree C or more recorded twice in the first 10 days after delivery.



# Causes of Puerperal fever

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- Uterine infection
- Breast infection
- Urinary infection
- Thrombophlebitis
- Other incidental infections



# Puerperal Sepsis

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- Definition
- Risk Factors for Puerperal Sepsis
- Diagnosis
- Management
- Complication



# Definition

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- Infection of genital tract : Delivery-42 days after delivery
- Two or > features to be present
  - pelvic pain, fever 38.5<sup>0</sup> C, vaginal D/S, smell of D/S, sub-involution



# Risk Factors for Puerperal Sepsis

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- Anaemia
- Malnutrition
- DM
- Prolonged labor
- Obstructed labor
- Prolonged PPRM
- Frequent vaginal examinations





# Contd....

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- Operative delivery
- Un-repaired tears
- PPH
- Poor hygiene
- Poor aseptic technique for delivery
- Manipulations high in the birth canal
- Retained bits of placenta or membranes
- Pre-existing STDs

# Diagnosis

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- Endometritis
- Subinvolution
- Pelvic cellulites
- Salpingitis & peritonitis
- Pelvic thrombophlebitis
- Septicaemia

# Management

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## Preventive

- Good antenatal care
- Proper intra-natal care
- Post natal care

## Curative

- General care
- Antibiotics for infection
- Local care of various wounds

# Complication

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- Septicaemia
- Septic shock
- DIC
- Pulmonary embolization
- Distant spread of infection
- Kidney failure
- Death

# Contd....

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## Late complications:

- Menstrual problems
- Chronic pelvic pain
- Chronic PID
- Secondary infertility

# Infections Associated with Childbirth Process other than Puerperal Sepsis

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- Breast Problems
- Urinary Problems
- Venous Thrombosis



# Breast Problems

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- Retracted / cracked nipples
- Breast engorgement
- Mastitis
- Breast abscess
- Failure of lactation



# Urinary Problems

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- Retention
- Incontinence
- Infection





# Venous Thrombosis

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- Due to hypercoagulable state of pregnancy
- Predisposing factors:
  - Increasing maternal age
  - Obesity
  - Anaemia
  - Dehydration
  - Trauma
  - Infection
  - Smoking
  - Reduced mobility



# Puerperal Morbidity other than infection

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- Secondary Hemorrhage
- Puerperal Psychosis
- Obstetric Palsy



# Secondary Hemorrhage

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- Due to:

- Infection

- Retained bits of placenta & membranes

- Subinvolution



# Puerperal Psychosis

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- Transient
- Self limiting
- Antidepressants & psychological counseling



# Obstetric Palsy

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- Severe neuralgia due to pressure on lumbo-sacral nerve plexus
- Foot drop
- Rarely femoral, obturator or sciatic nerves may be involved
- Spontaneous recovery usually
- Physiotherapy is helpful

# Conclusions

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- Importance of history
- Systematic evaluation
- Proper advise & motivation regarding contraception
- Importance of immunization for new born
- Stress upon post natal exercises.

# Premarital counseling

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- Few points.....

The concept of premarital counseling is well recognized in developed countries. However, in developing countries, PMCC are not yet popular.

**Is there a need for premarital counseling clinics (PMCC)?**





# I. TARGET POPULATIONS

1. Couples about to marry.
2. The newly weds.
3. Any individual seeking advise

# II. MAIN FUNCTIONS

1. Medical counseling.
2. Genetic counseling.
3. Family planning counseling.
4. Nutritional counseling
5. Sex education

# 1. MEDICAL COUNSELLING

The aim is diagnosis of diseases

1. Transmitted to the other partner: STD, TB

2. Represent a risk factor during pregnancy:

cardiac disease

chronic renal disease

renal transplantation

### 3. Affect reproductive function:

Female:

- fibroid, genital hypoplasia, anovulation, menstrual disorders, hirsutism

Male:

undesnded testes, varicocele, azospermia, physical disability.

## 2. GENETIC COUNSELLING

□ Aim:

identify individuals at risk of having a child with genetic disorder

## □ Indications

1. Age > 35:

Down syndrome: 1/2000 at 20 y

1/500 at 40y

1/32 at 45 y.

2. First cousins:

share large groups of identical genes (1/16):  
increasing the risk of recessive diseases particularly if  
there is family history.

3. Chromosomal abnormality in either partner.

4. Family history of genetic disorders

— 5. Ethnic groups:

Blacks: Sickle cell anemia.

Mediterranean's: B thalassemia, Glucose 6 phosphate dehydrogenase def.

6. Pregnancy loss in those previously married.

## **3. FAMILY PLANNING COUNSELLING**

### **— I. Encourage pregnancy**

1. > 30 y.

2. A cause of possible impairment of fertility:

fibroid, PCOS, oligomenorrhea, genital hypoplasia.

3. Chronic medical disease which progress with advancement of age



## II. Contraception

### □ Aim

— reduction the hazards of:

- a. adolescence pregnancy
- b. unnecessary resort to induction of abortion
- c. birth of unwanted child.

### □ Explain the hazards of:

- a. uncontrolled fertility
- b. high risk pregnancy (too early, too many & too close together)

## □ Methods:

a. Natural barrier & chemical:

not good choices.

b. IUCD, injectables & implants:

not suitable.

c. Pills

best choice.

d. Emergency contraception (levonorgestrel)

may be required.

## 4. Nutritional counseling

- BMI:

preferred indicator of nutritional status

- Eating habits:

fasting, pica, eating disorders, megavitamin

- Preconceptional intake of folic acid

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## **5. SEX EDUCATION**

# III. PROCEDURE

A. History

B. Examination

C. Investigations

D. Health education

## **A. History**

1. Menstrual.
2. Family.
3. Drug intake
4. Past: STD

## B. Examination

### 1. Female:

BMI, SSC, hair distribution, galactorrhea

### 2. Male:

External genitalia:

undesended testes, varicocele, hydrocele,  
hypospadias

## C. Investigations

### I. Routine investigations

#### Female:

RH typing,  
Rubella Ab,  
Toxoplasmosis Ab,  
Pelvic ultrasonography

#### Male:

semen analysis

#### Both:

urine analysis,  
CBC,  
BI group,  
blood sugar,  
liver function



## II. Special investigations

1. Hormonal profile:

amenorrhea, oligomenorrhea, galactorrhea, PCOS, hypogonadism.

2. Karyotyping:

at risk cases.

3. Screening for STD:

some cases.

4. Investigations for specific medical diseases:

cardiac ECHO, GTT, kidney function, IVP, CT of skull in galactorrhea, thyroid function test

## D. Health education

1. Family planning
2. Nutritional
3. Sex

# In Iraq.....

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- تتبع المحاكم الشرعية العراقية سياق مفيد وحضاري في معاملات عقد القران، ويتمثل ذلك بتزويد الخطيبين بكتاب من المحكمة الشرعية المعنية (وبحسب الرقعة الجغرافية) معنون إلى أحد المراكز الطبية المختصة لغرض فحصهما.

- ويشتمل الفحص (سحب عينات الدم) على تحليل مرض العوز المناعي المكتسب (الأيدز) وكذلك تحليل خاص بالأمراض المنقولة جنسيًا، علمًا أن العراق يعد من البلدان ذات النسب الواطئة جدًا بهذه الأمراض، إضافة إلى تحليل صنف الدم وفحص فقر البحر المتوسط الوراثي الثلاسيميا. وعلى الرغم من كون هذه الفحوصات والتحليل تعدّ ناقصة وتحتاج إلى الفحص والتحري عن أمور مهمة تتعلق بالوضع النفسي والعصبي والعضوي ، الخ...

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- إلا أنها تعدّ خطوة إيجابية مهمة جدًا لمنع حصول نتائج سلبية صحية وإجتماعية محتملة ما بعد الزواج .

# إنجاز 7826 ألف فحص للمقبلين على الزواج في مستشفى اليرموك خلال 2016



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- وأشار مدير المستشفى الى انه "تم اجراء كافة الفحوصات الطبية اللازمة ويتم استلام المعاملات عن طريق كتاب الاحالة المرسل من المحاكم المختصة ويتم ارسالها الى شعبة المختبرات لسحب عينة من الدم واجراء التحاليل اللازمة وتثبيت كافة البيانات وتوثيقها في السجلات الرسمية الخاصة بالوحدة ثم القيام بارسالها الى المحكمة عن طريق المعتمد او الشخص المخول او تسليمها للعrsan باليد لاتمام بقية الاجراءات الرسمية".



Thank you

