

# **Postpartum and Newborn Care**

**a self-study manual**

**for trainers of traditional birth attendants and  
other community-level maternal and child health workers**

**Martha Carlough, MD, MPH**



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## ACKNOWLEDGEMENTS

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Illustrations were borrowed from the following copyright-free sources:

Arkutu A: *Healthy Women, Healthy Mothers: An Information Guide*. New York, Family Care International, 1995.

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Illustrations were used with permission from the following source:

Cabral M et al.: *Training of Traditional Birth Attendants (TBAs): An Illustrated Guide for TBAs*. Geneva, Programme of Maternal and Child Health and Family Planning, Division of Family Health, World Health Organization, 1992.

This self-study manual was originally written in 1994 as part of a field training project at the Program for International Training in Health (INTRAH) in Chapel Hill, North Carolina. It was later decided that the manual would be useful as a prototype self-study manual for trainers of traditional birth assistants and other community-level maternal and child health workers. Revisions were made in 1996 and 1998. Technical review, pretesting and support were provided by: Marcia Angle, Lucy Asaba, Gabrielle Beasley, Cynthia Hale, Jo Ella Holman, Lynn Knauff, Jonathan Kotch, Barbara Kwast, Phyllis Long, Grace Ojirot, Charlotte Quimby, Judith Winkler and Patricia Zook. Catherine Murphy and Liisa Ogburn provided instructional design and project management for developing and producing the manual. The cover illustration was adapted with permission from WHO's publication, *Training of Traditional Birth Attendants: An Illustrated Guide for TBAs* (see citation above). The cover was designed by Lynn Knauff, Catherine Murphy, Ralph Wileman and Susan Ishii.

# INTRODUCTION

The purpose of this self-study manual is to provide accurate and accessible information on postpartum and newborn care to trainers of Traditional Birth Attendants (TBAs) and other community-level Maternal and Child Health (MCH) Workers.\* The information can be integrated into existing training curricula and materials or it can be adapted into additional units for an ongoing program of instruction for TBAs. If TBAs and other MCH workers in communities can incorporate this information into their practices, women and newborns will receive the best support, advice and health care possible during the postpartum period.



Figure 1: Supporting and training TBAs and other community-level MCH workers.

Illustration source: Werner D, Bower B, p. 13-3.

## Why should we support and train TBAs?

1. TBAs are already practicing and will continue to practice in communities.
2. Some of the traditional practices of TBAs can be harmful, but many are not. We need to work with TBAs to encourage helpful practices and to discourage harmful practices.
3. With training, the practices of TBAs can be developed into life-saving skills.
4. The trained TBA can bridge the gap between community and health care services.
5. TBAs are accessible and acceptable to communities.

\* This manual is designed for the trainers of TBAs. TBA trainers are usually nurses, midwives or community medical assistants. The title “TBA” is used throughout the text to represent not only TBAs but also other nonformally trained health workers, including lay midwives, village maternal and child health workers and nurse aides. All of these community-level health workers will have had little formal education but much responsibility in caring for new mothers and newborns.

## **Background information: the important role of TBAs in postpartum and newborn care**

The first weeks to months after delivery are an important time for new mothers and their babies. Traditionally, the postpartum period is defined as the first four to eight weeks after delivery. This is the period that will be discussed in this manual. The postpartum period is a time of vulnerability for new mothers and their newborns. It is also a crucial time for the initiation of positive health habits for the future. Maternal morbidity and mortality from bleeding, infection and anemia is common during the postpartum period. The complications of induced and spontaneous abortions also result in high morbidity and mortality. Important information on postabortion care is included in this manual.

In order to effectively reach most women, postpartum care needs to be based on home visiting. In the home environment, women and their newborns can be supported, encouraged and instructed. When TBAs visit women and babies in their own homes it is easy to see what resources are available (e.g., food, clean water, other people who can help/support the woman). Women are usually more relaxed in their own environment and it is easier to observe how they care for themselves and their babies. Also, some women who have health or emotional problems after abortion or delivery will not be able to come to the clinic or hospital.



Figure 2: Traditional birth attendant visiting a mother and newborn in their home.

Illustration source: Arkutu A, p. 130.

Traditional Birth Attendants (TBAs) can provide an important link in maternal and child health care in many communities. TBAs are present at more than 50% of births worldwide, and are usually integrated members of the family and/or community. Most TBAs have ongoing contact with new mothers and newborns after delivery. TBAs should be encouraged to continue caring for new mothers and newborns by visiting their homes, providing information and support, and listening to and answering questions.

Although there are many good TBA training curricula, few address the postpartum and postabortion period in any depth. This self-study manual is designed specifically for this purpose. By using this manual, TBA trainers can update their knowledge about postpartum and newborn care and provide accurate information to TBAs.



## How to use this manual

This manual was developed:

- To update and expand information on caring for women postpartum and postabortion;
- To update and expand information on caring for the newborn;
- To provide resources and suggestions for training materials on postpartum and postabortion care, and care of the newborn.

This is a self-study manual. Using this manual, you can update yourself on postpartum and newborn care at your own pace and in your own environment. The pretests and posttests will help you check your progress. You can also use the manual as a guide or reference when planning training sessions for TBAs.

## How the manual is organized

The manual is divided into 8 units:

1. Community assessment
2. Postpartum assessment and care
3. Nutrition and breastfeeding
4. Postpartum blues and postpartum depression
5. Postpartum family planning
6. Postabortion care
7. Newborn assessment and care
8. Management of common newborn problems

Each unit includes:

- a purpose;
- learning objectives;
- a pretest to assess what the reader already knows;
- self-study content;
- a posttest to check what the reader has learned; and
- a vocabulary list.

Some units include case stories and exercises for practice in applying the new information. Because this manual is intended for trainers of TBAs and community-level MCH workers, it does not include health conditions which require clinic-based care.

The appendices of this manual include:

- a checklist to use to follow progress through the manual;
- answers to the pre- and posttests;
- information on training TBAs and community-level MCH workers, including: preparing for training, planning, conducting and evaluating the training, as well as a sample training course timetable;

- a complete list of the vocabulary for each unit;
- a resource list of organizations, useful books and training materials on related topics;
- a reference list for each unit; and
- a questionnaire to get feedback on the manual to assess and revise the manual for future users.

## **Using this manual for self-instruction**

- Read the table of contents, the appendices and the index list. These will tell you what information is included and where it is. They will enable you to prioritize what you need to learn.
- Begin each unit by answering the pretest questions to assess what you already know.
- Read and study the content of each unit.
- When you have completed the unit, answer the posttest questions. Check your answers with those in Appendix B to assess how much you have learned. Return to the content you had problems with. Keep track of your progress by using the checklist in Appendix A.
- It is helpful to share new information with others. This often helps us remember it better, understand why it is important, and start using our new knowledge. Even though this is a self-study manual, you may find it helpful to share what you are learning in each unit with another health worker or your supervisor.
- After completing the manual, fill out the feedback questionnaire in Appendix H and mail it to the PRIME Project at INTRAH. This will help INTRAH evaluate and revise the manual for future users.
- For more information on postpartum, postabortion and newborn care, refer to the resources and references listed in Appendices F and G.

## **Using this manual for training TBAs and other community-level MCH workers**

Training can take place in a number of formats. Sometimes, supervisors can organize group training for all the community-level service providers in an area. Often, however, because of the numerous responsibilities of both supervisors and community-level workers, training occurs during regular one-on-one meetings between supervisors and the TBAs or other community-level workers they supervise.

- Use results from the community assessment in Unit 1 to identify and prioritize topics to discuss when training community-level health workers in your area(s).
- Pretests, posttests and case stories are included throughout the manual. Use or adapt them for those you supervise so that they can practice applying new information.
- Use the case stories, exercises and charts included in the units as handouts when you are training TBAs or other community-level MCH workers. You can adapt these to fit your needs.

- If developing a group training, refer to Appendices C and D for information on preparing for, scheduling, planning, conducting and evaluating training.
- For more information and/or training materials, refer to Appendices F and G.
- As pictured below, use your own judgment to decide what is useful, not useful or needs to be adapted to best meet the needs of the service providers you train or supervise.



Figure 3: A trainer deciding what is useful, not useful, or needs adapting.  
Illustration source: Werner D, Bower B, p. 1-7.

## Using this manual in different communities and cultures

Beliefs and customs vary throughout the world. Training needs will differ, too.

Some of the stories included in the manual may not fit the culture where you work. Use only those that are appropriate and will be understood by the health workers you train. Consider making up new stories which include names, situations, and customs that are typical to your area.

The illustrations in this manual are of African, Latin American and Asian women and children in rural areas. You may live and work in a culture where people wear different clothes and have different hairstyles. You can insert other illustrations or draw new pictures that look more like women and children in your culture.

An important step to take before training TBAs or other community-level health workers is to spend some time learning what the trainees believe and how they perform their jobs. You will learn some of this information when you do your community assessment. Knowing what your trainees believe and how they perform their jobs will help you to connect new information to their particular situations.

The ultimate purpose of this manual is to improve the health of new mothers and their newborns. The information in this manual may be adapted to meet local needs, provided that acknowledgments are made, and that the information is distributed free of cost.



## Unit One

# COMMUNITY ASSESSMENT: POSTPARTUM AND NEWBORN CARE PRACTICES

### ***Purpose***

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The purpose of this unit is to identify postpartum care patterns and needs in the community where a TBA provides services.

### ***Learning objectives***

---

Select one community where your trainees work. For that community,

1. Determine an estimate of how many babies are born each year.
2. Identify who helps most women deliver their babies and where they deliver them.
3. Describe what most women do to care for themselves and their babies after delivery.
4. Find out if TBAs or community MCH workers usually visit new mothers: When do they visit? How often do they visit? What do they do during a home visit?
5. Name the three most common problems new mothers have during the weeks after delivery in this community, how the problems are treated and the reason(s) they are treated this way.
6. Name the three most common problems newborns have during the weeks after birth in this community, how the problems are treated and the reason(s) they are treated this way.

## **Pretest**

---

The purpose of this pretest is to check what you know right now about postpartum care in the community (or communities) in which your trainees provide services. These questions do not have right or wrong answers. The answers may be very different for different communities. Select the answer that describes what you think happens most often in the selected communities. You may select more than one answer for each question.

1. Most women deliver their babies. . .
  - A) in their own home or a relative's home
  - B) at someone else's home (in the home of the TBA, midwife, community MCH worker or a friend)
  - C) at the health post, dispensary or health center
  - D) at the hospital
  - E) other (Please state where.) \_\_\_\_\_
  
2. During delivery, most women are cared for by. . .
  - A) the TBA, community MCH worker or midwife
  - B) their husband or partner
  - C) other women (Please specify relationship.) \_\_\_\_\_
  - D) they care for themselves
  
3. After delivery, most women are cared for by. . .
  - A) the TBA, community MCH worker or midwife
  - B) their husband or partner
  - C) other women (Please specify relationship.) \_\_\_\_\_
  - D) they care for themselves
  
4. After delivery, if the TBA or community MCH worker visits new mothers in the community, what topics does she generally talk about with them? (Select all that apply.)
  - A) nutrition for the new mother and the newborn
  - B) how to care for the baby
  - C) breastfeeding
  - D) family planning
  - E) other (Please describe.) \_\_\_\_\_
  
5. Traditional postpartum care for new mothers sometimes includes: (Select all that apply.)
  - A) eating special foods, such as (Please specify.) \_\_\_\_\_
  - B) resting for a few weeks
  - C) staying out of public or away from people
  - D) special baths, massages or herbal treatments
  - E) other (Please describe.) \_\_\_\_\_



## ***Self-study content***

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### **What is a community assessment?**

A community assessment is collecting information about a community so that trainees and supervisors will know as much as possible about the practices, needs and skills of people in a community. An important step to take *before* training community-level health workers is to spend some time learning what problems they commonly see and how they manage them. This will help you identify what trainees know and what they need to learn. It will also help TBAs to understand what other resources are in the community that they can work with. A community assessment will help determine what skills and knowledge to emphasize during training and how to relate new information to what TBAs already know and practice.

### **How many deliveries at home are there each year in your community?**

One part of the assessment is finding out about how many women have babies each year in the area(s) where you work. You can compare this information to what you know about how many hospital births there are every year. This is not an exact measurement, but will give you an idea of the number of women who do not deliver in a hospital or health post. You may want to share this information with health workers from the hospitals in your area to help them plan for health education and outreach.

As much as possible, all women who deliver at home should be assisted by a trained provider and should be supported during the postpartum period. Knowing how many women deliver at home will help people and programs plan for supporting these women.

About one out of every five women of childbearing age (15 years old to 45 years old) delivers a baby each year. To figure out approximately how many births there should be in your area (or the areas where your trainees work), find out the population of women in your area. This information is usually available from the Ministry of Health or a local government office. Divide this number by 5. This is the estimated number of births.

Calculate approximately how many home births there are each year in your area:

1. What is the population of women of your area?
2. Approximately how many women deliver babies each year? (Population divided by five equals the number of deliveries.)
3. On average, how many women deliver at hospitals or health posts in one year? (You will need to ask nurses or midwives at each place to check their records.)



4. Approximately how many women deliver at home in one year? (Number of deliveries per year minus the number of hospital/health post deliveries equals the number of women who deliver at home.)

For example:

One hospital's area has 2,500 women between 15 and 45 years of age: **2,500 women ÷ 5 = 500 births per year**. However, there are less than 200 deliveries every year at the hospital. There is also a health post in the area but only one or two women a month deliver there (total of less than twenty women each year). That means that more than 250 women are delivering their babies at home. These mothers need good care during pregnancy, delivery and postpartum. Their newborns also need care.

### Interviewing women in the community

A good way to gather information about the community is to visit and talk with people living and working there. To complete an assessment, you will need to visit with and interview several people from the community where you train. If your trainees are from more than one community, select only one community and interview people from that community. Interview the following:

1. one TBA, community MCH worker or lay midwife (this can be one of your trainees);
2. a nurse or midwife from the local hospital, health center or health post which serves the community; and
3. a woman from the community who has delivered a baby within the last two months.

#### Guidelines for the interviews

1. Introduce yourself. Ask if it is a convenient time to talk for a few minutes. If not, arrange another time.
2. Explain why you are conducting the interview. Offer to show them this training manual and explain how you will use the information you learn when training TBAs in the community. Assure them their answers are confidential.
3. Spend a few minutes getting to know the person (people).
4. Ask the questions provided and write down the answers. Do not suggest answers or be critical of anything they say. This is a time for getting to know people and collecting information.
5. Be flexible. One question may lead to other important questions which are not listed.
6. Thank each person for their time.

Interview questions for the  
**TRADITIONAL BIRTH ASSISTANT, LAY MIDWIFE OR  
COMMUNITY MCH WORKER**

1. Approximately how many babies do you deliver every year?  
Where do you deliver babies?
2. Do you visit new mothers and their babies after delivery?  
If so, how many times? How many days or weeks after the delivery?
3. What do you examine when you visit?
4. What topics do you discuss when you visit?
5. What advice do you give about each topic you discuss?
6. What kinds of problems have you seen among new mothers in the days and weeks after delivery? How is each problem treated? Why?
7. What kinds of problems have you seen among newborns in the days and weeks after delivery? How is each problem treated? Why?
8. What do you do if you see a serious problem and need help caring for a mother or baby?
9. What, if anything during the first days and weeks after delivery, do you wish you knew more about?

Date interviewed: \_\_\_\_\_

Name of TBA or lay midwife: \_\_\_\_\_

Name of community: \_\_\_\_\_

Interview questions for the  
**NURSE OR NURSE MIDWIFE**  
**AT THE HOSPITAL OR HEALTH CENTER**

1. Do most of the pregnant women you care for in the hospital go to the health post for antenatal care?
2. Approximately how many deliveries are there at the hospital every year? Where do you think most women have their babies (at home or in a health facility)?

How soon after a normal delivery do most women go home if they don't have complications? How soon do women go home after a cesarean section or complicated delivery?

3. How soon after delivery are women and their babies expected to return to the hospital or health post for a check-up?
4. What topics do you discuss with women after delivery?
5. What advice do you give about each topic you discuss?
6. What are the most common problems women have in the first days and weeks after delivery which can be cared for at home? Which must be treated in a clinic or hospital?
7. What are the most common problems newborns have in the first days and weeks after delivery which can be cared for at home? Which must be treated in a clinic or hospital?
8. What, if anything, during the postpartum period, do you wish you knew more about?

Date interviewed: \_\_\_\_\_

Name of nurse or nurse midwife: \_\_\_\_\_

Name of community: \_\_\_\_\_

Interview questions for the  
**NEW MOTHER**

1. How are you feeling? How is your baby?
2. How was your labor and delivery? Where did you deliver and who helped you deliver? Who is helping you now?
3. Did you have any problems in the first days and weeks after delivery? Are there any health problems you are worried about now? If so, what?
4. Did a health worker (TBA or community MCH worker) visit you during the first days or weeks after delivery?  
If so, who, when and how many times?
5. What did they do during the visit? What kind of questions did they ask? Did they examine you and/or your baby?
6. Are there special things (e.g., bathing, eating, resting) that women in your community do to protect their health and the health of their baby after delivery? Please describe them. Do you do these things?
7. Do you have any questions about caring for yourself? Do you have any questions about caring for your baby? (Answer questions or refer them for help, if necessary.)
8. What, if anything during the first days and weeks after delivery, do you wish you knew more about?

Date interviewed: \_\_\_\_\_

Name of new mother: \_\_\_\_\_

Name of community: \_\_\_\_\_

## Looking at the results

Once you have finished the interviews, you can look at and assess the information. One way is to make a chart on a blackboard or large piece of paper and write down the answers to each question. You can then count up how many people answered in the same way.

You can use this information to identify health needs and concerns of postpartum women and newborns and how well the TBAs are responding to these needs and concerns. Life-threatening problems are the most critical to address first in the training you plan. Also, look at the other resources available in the community. Remind TBAs to use these resources as they care for women and newborns.

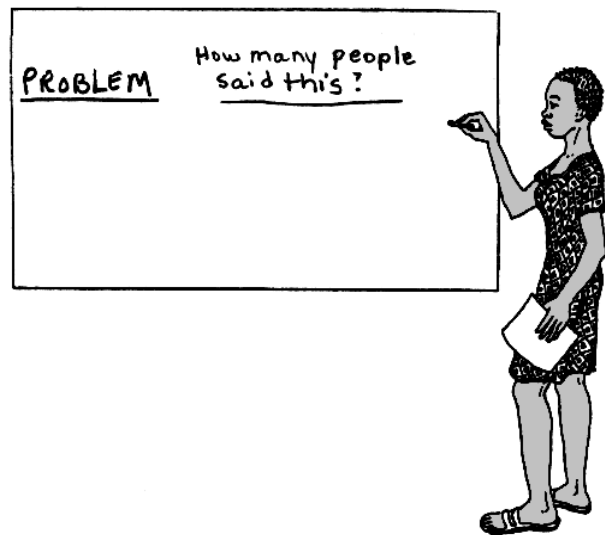


Figure 4: Looking at the results of the interviews.  
Illustration source: Werner D, Bower B, p. 3-4.

## Summary

This unit has helped you learn about how most postpartum women and newborns are cared for in your trainees' community. It will be helpful to remember what you have learned in this community assessment as you work with trainees.

Share what you learned with all of the TBAs and community MCH workers you train or supervise. If you have not already, ask them these questions and see if they have different answers or can add to your information.

## **Posttest**

---

Select the answer or answers that describe what happens most often in the community you assessed. Compare your answers from the pretest and think about what you have learned about the community.

1. Most women deliver their babies. . .
  - A) in their own home or a relative's home
  - B) at someone else's home (in the home of the TBA, midwife, community MCH worker or a friend)
  - C) at the health post, dispensary or health center
  - D) at the hospital
  - E) other (Please state where.) \_\_\_\_\_
  
2. During delivery, most women are cared for by. . .
  - A) the TBA, community MCH worker or midwife
  - B) their husband or partner
  - C) other women (Please specify relationship.) \_\_\_\_\_
  - D) they care for themselves
  
3. After delivery, most women are cared for by. . .
  - A) the TBA, community MCH worker or midwife
  - B) their husband or partner
  - C) other women (Please specify relationship.) \_\_\_\_\_
  - D) they care for themselves
  
4. After delivery, if the TBA or community MCH worker visits new mothers in the community, what topics does she generally talk about with them? (Select all that apply.)
  - A) nutrition for the new mother and the newborn
  - B) how to care for the baby
  - C) breastfeeding
  - D) family planning
  - E) other (Please describe.) \_\_\_\_\_
  
5. Traditional postpartum care for new mothers sometimes includes: (Select all that apply.)
  - A) eating special foods, such as (Please specify.) \_\_\_\_\_
  - B) resting for a few weeks
  - C) staying out of public or away from people
  - D) special baths, massages or herbal treatments
  - E) other (Please describe.) \_\_\_\_\_
  
6. Traditional postpartum care for newborns sometimes includes: (Select all that apply.)
  - A) feeding the baby special foods (Please specify.) \_\_\_\_\_
  - B) special baths, massages or herbal treatments
  - C) other (Please describe.) \_\_\_\_\_



## ***Vocabulary List***

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**Assessment**– the process of making observations and measurements in order to make judgments based on the results of these measures

**Cesarean section**– an operation to remove the baby through an incision in the abdominal wall and uterus of a woman

**Perinatal period**– time period from the 28th week of pregnancy until seven days after delivery.

**Postpartum**– time period after the delivery of the placenta until four to eight weeks after birth (42 days, or six weeks, is often used). The “perinatal period” is the time period from the 28th week of pregnancy until seven days after delivery. The perinatal period is a time of maternal morbidity and mortality; however, the focus of this manual is the postpartum period.