

## Changes in Postnatal Care Practices of Newborn and Mother Over a Period of Three Decades

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### ABSTRACT

The aim of the present study was to find out what changes have occurred in postnatal care today compared to earlier times. This study was qualitative in nature. Expert sampling and purposeful sampling were used to gather data from the participants. A total of 33 participants were included in the study, from which 15 women were those who gave birth to their child during the lockdown, 15 were those who gave birth to children about 25 to 30 years ago from the same family. 3 Healthcare professionals namely a midwife<sup>3</sup>, pediatrician<sup>4</sup> and nurse<sup>5</sup> from a reputed government hospital. The tools used were conducted by interview-administered questionnaires for women and interviews for health professionals. The results indicated that today's postnatal practices have evolved a lot as compared to earlier times. Majority of women's education, dietary choices, the gestational age of mothers has increased, awareness about vaccination has been found to be better in mothers of today's times where medicines are preferred over traditional practices. Some parts of hygiene and mother-infant care were completely flawed and had no particular reason to which they could be continued in present times, hence there needs to be awareness and not follow the same. Awareness in those dimensions is critical for proper recovery of the mother and the child and to reduce mortality if any.

**Keywords:** *Postnatal Care, Gestational Age, Traditional Practices, Recommendations*

**T**he Postnatal Period or fourth trimester can be a very special period in the life of a mother and her newborn as it begins a new journey for both. (Kansky, 2016). It is a time of profound change, which places great demands on a woman's strength,

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patience, flexibility and ability to adapt to new roles. (WHO, 1998).

*Postnatal* and *postpartum* both are terms used interchangeably for the time after delivery. However, “postpartum” refers to issues appropriate to the mother and “postnatal” refers to those pertaining to the baby. WHO Technical Consultation emphasizes on taking either of the terms postpartum or postnatal care, which will provide clarity. Therefore, the term “postnatal” must be used for both mother and newborn child care. (WHO, 2010)

This period of care includes physical recovery from birth, early detection and treatment of health complications, prevention of complications arising after birth, mood and emotional well-being, infant care, counseling on breastfeeding, managing sleep and fatigue, importance of maternal nutrition, chronic disease management, sexuality and contraception and overall health maintenance. (WHO, 2010).

Even though, the postnatal period is considered the most important for both the mother and the child, still this stage is most neglected as the death of maternal and infant mortality are reported most during this period. (WHO, 2021).

### ***Maternal Mortality***

Maternal mortality refers to death that occurs during pregnancy or childbirth. In India, maternal mortality ratio (Maternal deaths per 100,000 live births) is 570, Number of maternal deaths is 1,47,000. Lifetime risk of maternal death 1 in 37. (WHO & UNICEF, 1990).

The maternal mortality ratio declined by 37 percent between 2000 and 2015, with complications in childbirth resulting in an estimated 303,000 maternal deaths globally in 2015. (UNICEF, 2018).

### ***Infant Mortality***

According to the National Family Health Survey (2007), Postnatal care begins soon after birth, but in earlier times, it was observed that women did not receive postpartum care even 2 hours after birth. Indian Council of Medical Research Young Infant Study Group (2008) claimed that in India, about 39% of infants die on the day of birth., and about 57% during the first three days.

The first 28 days are critical for the baby, when the child is at highest risk of death, with an average of 54 deaths per 1000 births in 1990. 2020 saw an average of 17 deaths per 1000 births which was 54 percent less than in 1990. (UNICEF, 2021)

### ***Traditional Practices Around Postnatal Care***

Till 2009 in a tribal village in rural Karnataka, it was believed that God resided in the house, hence childbirth was prohibited. The delivery was done in a cow shed as the cow shed was separate from the house and it could be easily cleaned. (Kesterton et al., 2009).

Due to cultural practices only 64.6% of women gave new clothes to their babies during the postnatal period. Majority of women were not aware of the danger signs, 50% of the women for whom the danger signs were only fever, vomiting or jaundice. A quarter of these are women who take the traditional treatment of jaundice and other diseases, due to which they are not able to go to the hospital on time and this increases the infant mortality rate. (Yadav et al., 2016).

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### *Delivery*

Globally, about 70% of deliveries in rural areas are performed by skilled personnel, whereas in urban areas, 90% of deliveries take place in hospitals. Globally, 17% of all deliveries are by C-section (surgical procedure by which the baby is delivered). In urban areas, 2 times the delivery is done by C- section as compared to rural areas i.e., 11% in rural areas and 23% in urban areas. (UNICEF,2021)

### *Breastfeeding*

According to the National Family Health Survey (2007), only 69 percent of children under two months of age are exclusively breastfed.

Yadav et. al. (2016) stated that according to a community-based study, 54.2 percent of mothers breastfeed within 1 hour.

### *Low Birth Weight*

The United Nations Children's Fund (2019) revealed that 20.5 million babies were born in 2015, of which 14.6% were very low at birth. These babies are more likely to die within 1 month and those who survive will face lifelong consequences. Such as the risk of stunted growth, low intelligence, diabetes, obesity etc.

### *Cord Care*

According to the WHO, the baby's umbilical cord should be kept clean and dry and no old-fashioned tradition should be adopted on it, such as cow dunk, ghee-turmeric, powder & oil should not be applied, but chlorhexidine or medicine should be applied after consulting a doctor. (WHO, 2013)

### *Discharge Time from The Treatment Room After Birth*

Bashar et. al. (2020) study conducted in northern India stated that 45% to 67% of mothers in India were discharged within 48 hours. 12% women in the primary health center were discharged before the completion of 48 hours, of which 33.3 percent were discharged before 24 hours. In the district hospital this ratio is even less, wherein 30% were discharged before 48 hours and about 60% were women who were not satisfied with the health facilities to stay in the hospital.

There are very few Indian studies that trace how practices have evolved and changed in India with regard to postnatal care. It is known from all the above studies that how much the postnatal period is neglected.

## **RESULTS**

The result represents how postnatal practices were in different generations, then what has changed and evolved in the postnatal practices of the present generation.

All the young women were between 23 and 32 years old, all were educated up to higher secondary, some were educated to a slightly higher level. One woman also had a PhD, some were working and older women were between 49 and 67 years old, all 15 women were housewives, and only a few women were educated to graduation level.

### *Factors affecting postnatal care*

The birth interval between children of younger women was 3 years or more. But on the other hand, the birth interval of some children of older women has been found to be less than 1

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year. The gestational age of younger women was found to be more than 21 years but 50% of older women whose gestational age was less than 19 years. The mode of delivery of today's women was found to be Caesarean and Vaginal. Furthermore, all the women gave birth to their babies in the institution/hospital. On the other hand, in earlier times (20-30 decade ago), the mode of delivery of women was only vaginal delivery and most women used to give birth to their child at home. An older woman in the sample also reiterated that she delivered in the stables and was kept in the same stable during the postnatal period, so that the house was not dirty. No one was allowed to meet her as she was considered impure.

### *Postnatal care aspects*

In earlier times than today, all babies were affixed to the mother's chest as soon as they were born for a skin-to-skin connection. Most of the women had registered the birth of their children, but there were some older women who did not remember whether they had registered their children or not.

### *Breastfeeding practices*

In earlier times, most of the women used to get their children to breastfeed on the second or third day. *Ghutti* was given in the beginning, because of which children could not take colostrum. But in today's time, most women start breastfeed their babies only a few hours after birth, and feed the babies after every 1 or 2 hours. However, woman in today's generations faced many breastfeeding challenges like breast pain, inverted nipple, low milk supply during the entire postpartum period, but are more aware of resources to get help to tackle these challenges.

In both generations, mothers fed their babies *ghutti*, honey and animal milk in addition to mother's milk, but only older women did not give powdered milk to their babies which was found as a convenient substitute to be used by younger mothers today.

### *Hygiene practices during postnatal care*

In earlier times women used to use ghee, turmeric or cow dung for cord care of babies. Similarly, In today's time most women did use medicines and powder prescribed by a doctor and did not use cow dung as earlier times.

Earlier mothers did not brush their teeth and comb their hair during the postnatal period, these practices were unhealthy and they covered their entire bodies with cloth, whether winter or summer, and did not use fans. But in today's time there are very few mothers who follow these traditions.

In earlier times, women had to take baths in the same room where the mother lived during the postnatal period. Food was also eaten in the same room and therefore the toilet requirements were met in the tub of the same room which was quite unhygienic. Younger women use only sanitary pads for menstruation, but in earlier times, many women used cloth or ashes instead of sanitary pads.

### *Traditional practices around postnatal care*

In both the generations, water of carom seeds was drunk for quick recovery or ghee of halwa was applied on the mouth for glowing skin, but only in earlier times mothers used to consume *chuwani*, they believed due to this their body size becomes the same as before pregnancy. In both the generations, women believe that massage of both mother and child is

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necessary, but some women in the older generation believe that only massage of the child is necessary.

In both the generations, a gold or silver moon/sun or iron coin is worn around the neck of the child with a black thread. Kajal is applied on the forehead of the child. Mother used to keep matches, mustard seeds or any piece of iron with her. This was so that the child could not catch the evil eye. But it was seen that the practise of keeping an earthen pot in the courtyard of their house, inside which cow dung cakes were burnt to ward off evil spirits, in older times is still followed in some of the newer generation mothers.

### *Awareness about postnatal care*

In both the generations, there were some women who took information about the vaccine schedule from the Anganwadi, there were some women who consulted the doctor but compared to the younger women, there were more older women who had no idea about the vaccine schedule their children used to get only one injection which was called *Nastar*, but in today's time children get many vaccines.

In earlier times, during the postnatal period, mostly only pudding, khichdi, porridge were consumed like this type of food, But in today's time, many women follow the normal diet soon after during the postnatal period.

## CONCLUSION

This period of postnatal care includes multilevel functioning of health status of the mother and the child, dietary restrictions, traditional practices and rituals around infant care, sanitation and hygiene practices after birth, breastfeeding challenges during postnatal period and a lot more goes into building a foundation for a lifelong healthy status of both the mother and child. Nowadays women are more educated than before, and are also aware about the logics behind postnatal care practices, traditions and rituals. Hence, they are much more well-read which can be attributed to their education and justify each tradition with scientific backing and rationales. Though authors believe some rituals and dietary practices from the older generation had a lot of benefits to the mother's body which sadly most new mothers do not acknowledge or follow religiously.

In the earlier times, as soon as the child was born, the first child used to lie on the mother's chest, so that the child gets the warmth of the mother and the heartbeat of both the mother and the child should be found together, but in today's time this is mostly not done. Skin to skin connection is very important for strong bonding, temperature maintenance and heart beat connection of mother and child as well as start breastmilk flow smoothly, so it should be added to the guidelines of WHO, so that people can become aware about this practice.

An organized and innovative approach to postnatal care is a vital need in today's times where proper rest, dietary considerations and traditional practices should be comprehensive and adequate for holistic and welfare of the mother. Well-trained and empathetic health caregivers can provide good quality postnatal care with the family to manage and ensure the provision of a concerned environment in which a mother, her newborn and the family are united and they can also manage ill health of mother and newborn.

Postnatal care requires equal awareness and importance as prenatal period since the responsibility is doubled once the baby enters the world outside. The mother is the most fatigued and in this whole process, on the verge of being 'neglected' as the entire focus

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shifts on the newborn, especially in Indian families. Childbirth is a very celebrated event in every culture but in India where family networks are strong and the governing bodies in households, one needs to realise the mother is of prime importance followed by the newborn. Families need to be made aware and healthcare industry needs to talk more on the 'fourth quarter'.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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