CHAPTER 4

STRATEGIES TO IMPROVE POSTNATAL CARE IN LESOTHO

4.1 INTRODUCTION

The findings and the comparison with the literature were discussed in the previous chapter. In this chapter strategies to improve postnatal care are discussed. It is based on the findings of the individual and focus group interviews and participant's suggestions. The underlying aim of the study is to recommend the strategies to improve postnatal care services.

4.2 RECOMMENDED STRATEGIES

The strategies are developed in this chapter based on the clustered sub-themes of the study findings which were found in steps 1, 2, 3 of the study. Possible strategies to provide postnatal care are listed in table 4.1, based on the places of care during postnatal period, mothers and health care providers. An indication is provided of the ease of use ('friendliness') for the mothers and providers of the various proposed strategies.

Table 4.1 Postnatal care strategies: possibility and implementation challenges.

	Possible strategies for postnatal care	Mothers friendly	Provider friendly	Implementation challenges
4.2.1	Training of health care providers on maternal and newborn health.	***	***	A comprehensive and detailed human resource plan (HR) needs to be aligned with the MOH and MNCH plans of the country which is a challenge due to increased shortage of professional nurses and midwives.
4.2.2	Mother and baby to go to health facility for postnatal care	*	***	Require the mother to go to the clinic within a short time after birth. Especially following facility delivery, however it is challenging in the first days after birth due to inaccessibility of the health care

				facilities and poor road infrastructures. Ensure sufficient rooms or halls for presenting health education to all mothers and their households. Ensure that all midwives and supporting staff are trained on maternal and child health.
4.2.3	Skilled health provider (community health nurse) visits home to provide postnatal care for mother and baby	***	*	Ensure sufficient skilled human resources, this is a challenge as provision of postnatal care is not high priority to skilled and experienced midwives. Many postnatal care tasks can be delegated to trained junior cadre
4.2.4	Provision of postnatal care at the family and community level	***	**	Ensure training for village, community health worker management, supervision and transport support.
4.2.5	Combination: Facility birth and first postnatal care visit in facility, then home visit within two to three days, with subsequent postnatal care visit at a health facility	**	**	Ensure team approach between facility base and community health workers, enough human resources, management and supervision, effective referral systems and an efficient information follow-up system so that it would be easy to do follow-up assessment of the mother and baby.
4.2.6	Integration of postnatal care services with various programmes	***	**	Require multi- teams approach between MCH programme members such as HIV services, Integrated maternal child illness, family planning workers. It will require management and continuing supervision.

Note: *low degree **moderate degree *** High degree

4.2.1 Training of health care providers on maternal and child health care.

Improvement of postnatal care depends on the skills capacity of midwives and the health care system. This was perceived as an issue in this research (see sections 3.4.3.1, 3.4.3.2, 3.4.4.1). A skilled care provider can offer essential maternal and newborn care such as physical examination of mothers and their babies.

Training of midwives should include current international, national policies and guidelines for example those outlined by the WHO (2010). As guidelines are often changed, midwives must learn to cope with changes.

Suggestions from most respondents focused on the need to increase the number and train the midwives and other health care providers to promote positive maternal and essential newborn care. Some of the mothers expressed that they felt neglected, were not examined to their satisfaction and that no attention was given to their babies (see 3.4.2.).

Negligence of women by midwives was due to numerous factors such as shortage of skilled midwives, inefficiency of the staff and lack of privacy. Health care providers could not attend to individual needs such as support and counselling of the women hence the mothers felt neglected.

Based upon these findings, the researcher suggests that there is a need to fully train midwives to provide a quality postnatal care at all health levels. Midwives and all relevant health care providers should be trained on the importance of postnatal care and must focus on the early postnatal period as the key time to improve health and survival of both mother and baby. This suggestion is in accordance with Sines *et al.* (2007:6) who asserted that health care professionals must be informed about the benefits of strengthening postnatal care.

More efforts are needed to address the shortage of midwives to avoid neglecting postnatal care services and improve quality of services at all levels of care in Lesotho. It is the priority of Ministry of Health to ensure a live, healthy mother and her baby after birth. Therefore more midwives must be trained, provision should be made in the budget for more midwifery posts and midwives must get incentives to want to work as midwives. Incentives should not only be provided to nurses working in hard to reach areas but even those midwives working in urban areas.

4.2.2 Mother and baby go to facility for postnatal care

In most sub-Saharan countries, mothers who give birth at facilities are asked to return to the facility for postnatal care Sines *et al.* (2007:3). Emphasize should be given to the importance of attending early postnatal care services and midwives should provide counselling and information regarding postnatal care before the women go home. The midwives suggested that the importance of postnatal care must be emphasized during the antenatal period and also in the community. This strategy can be achieved by use of community campaigns and media such as radio and television.

In Lesotho which is one of the sub-Saharan countries, the women are provided with a postnatal care card with her names and the return date for the next visit. This implies that women are given appointment dates for the next postnatal care visiting. However women do not turn-up for early postnatal care, therefore the programmes and institutions need to arrange for follow-up of the newly delivered mothers through home visiting by midwives or junior health workers such as a trained community health worker.

In the study mothers suggestions were that the services should not be delayed - the mothers and their babies should be provided with postnatal services and should be able to return home early without being delayed (see 3.4.2.2, 3.4.3.4). Delay of services can be the results of many factors such as shortage of skilled midwives, busy Maternal and Child Health (MCH) services such as when maternal and child care health education is given to all clients prior to provision of services.

The MCH programs in the MOH Lesotho should have postnatal care registers and utilize them effectively. This would facilitate in the monitoring and evaluation of the programme's activities.

Participants in both focus groups discussions suggested that sufficient service delivering rooms must be reconstructed. The larger rooms would help to avoid overcrowding and cross-infection to both mothers and babies (see 3.4.4.2).

The recommended strategy is that in restructuring and extensions of the clinic's the midwives in charge of the health facility needs to be part of the construction team to ensure that adequate delivery rooms and a hall for providing health education are planned and build.

It is vital for the MOH to intensively facilitate the accessibility of clinics in hard to reach villages, roads and transport to the clinics. These can be achieved by constructing clinics, building roads but also recruiting experienced midwives to provide postnatal services. Construction of roads and building of bridges would motivate the transport owners to utilise the roads to transport women and thus the uptake of postnatal care would increase.

The MOH and health care workers should understand the importance of postnatal care in order to promote both maternal and baby care. The results of the study (see section 3.4.3.6) revealed that adequate counselling and information on postnatal care services is still lacking in some health facilities. One of the suggestions from the mothers who did not attend postnatal care were that individual counselling, support and information must be provided to every delivered mother. Empowering the women with knowledge related to MCHC would motivate them to attend postnatal care services. Women would understand the importance and benefits of postnatal care.

Similarly, lack of confidentiality from the health facility staff came up as one of the reasons why women did not attend postnatal care. In order to address the perceived lack of confidentiality, the health care staff need to be sensitized and educated. Women must see that staff can keep confidentiality and that incidences are investigated and staff is disciplined.

This will enhance women's security and confidence on the health care providers.

4.2.3 Postnatal care as outreach: home visit by a skilled attendant

In this study the midwives suggested that the public health nurses should visit the women at home during the first few days after birth (see 3.4.4.3). Complications can be detected and treated through proper follow-up visits by health care workers. The suggested home visitation would benefit mothers and babies that live in hard to reach villages and those who are too weak to come to the health facility after birth. Titaley *et al.* (2010:9) affirms that home visits will greatly benefit mothers and babies, especially those living in isolated areas. The midwife can examine both the mother and baby, to provide essential maternal and newborn care and identify the complications which may be treated or referred.

Successful outreaches are already occurring from many facilities in Lesotho, however they need to be reinforced and monitored continuously. The strategy of having trained midwives visiting the postpartum mother at home is not yet practiced in Lesotho. However the Ministry

of Health has employed more professional midwives that are placed in areas that are hard to reach and have established different strategies to keep the midwives in remote areas, including income supplements or mountain allowance. Other incentives are furnished housing and reliable security protection to attract more midwives to work in remote areas. Retaining the experienced professional midwives to work in remote villages remains a huge challenge. Some experienced midwives prefer to stay in urban areas to get access to career development opportunities.

Transportation is the major challenge as some places can be reached by airoplane only due to mountainous ranges in the highlands of Lesotho country. Geographical barriers also inhibit vehicles to travel in some roads trails, and in some area women are enforced to travel with their babies on horseback for days.

The main challenges that may be encountered are more time and financial resources to visit by air plane, needs for midwives to travel on regular basis to undertake home visit to supervise some health care workers in hard to reach villages.

Policy makers and MOH should therefore consider delivering postnatal care services at homes by encouraging a sustainable financial support to outreach visit by midwives, address the distance to the health facility and geographical barriers to care seeking at health facilities. These recommendations are in line with those from Mrisho *et al.* (2009:9) who noted that women in remote area seek postnatal care services from the traditional birth attendants due to lack of finances and long travelling to the health facility.

4.2.4 Postnatal care at the family and community level

Optimal professional postnatal care is limited by cultural traditions of restricting the mother and baby indoors for about 2 months. The mothers who delivered at home and at health facility are treated similarly in this instance. The tradition of seclusion – waiting for the baby' umbilical cord to fall off has been reported (Mrisho *et al.*, 2009:12; Syed *et al.* 2006:516; Chalmers, 1990:23).

WHO (2008:86) outlined that lack of information on postnatal services may be a major barrier towards improving postnatal care. This indicates that providing information to women on importance and benefits of postnatal care is essential to support the woman in caring for herself and the baby.

However shortage of skilled and competent health care workers and busy MNCH departments may not make health education possible. Currently the Ministry of Health and partners have placed more emphasis on training more nurse midwives in the country. Furthermore the midwifery curriculum is upgraded to include more of the maternal child services.

Routine home postnatal care such as giving information on maternal care and family planning can where possible and appropriate also be performed by semi-professional health care providers. Warren *et al.* (2006: 85) affirms that lower cadres of health workers can be assigned some duties. Supervision of this cadre needs to be enforced and they should be monitored regularly by an experienced midwife.

Both the women (see 3.4.3.6) and midwives (see 3.4.4.3) suggested that health education should be provided to delivered mothers, mother in-laws and husband to scale up postnatal care. Health education on maternal and child care should be provided despite of the infrastructure barriers that were mentioned by HCPs in two of the visited clinics.

Education on maternal and child health should commence during antenatal care in order to motivate the mothers and promote continuity of care by teaching them about the importance of postnatal care.

The findings that women experience feeling neglected by the health care provider (see 3.4.2.1) may be the results of numerous factors such as the shortage of skilled midwives as health care providers could not optimally attend to the individual needs of the women. WHO (2008:88) also noted busy maternal and child health services that impedes proper provision of postnatal services.

Sines *et al.* (2007:6) believe that postnatal care can save lives if provided by skilled health care providers during the early postnatal period and is essential for improving the health of both mothers and babies.

4.2.5 Postnatal care through linking facility care with outreach and community care.

Apart from a facility-only approach and a community- only strategy, linked approaches with health providers with various skills in a team can be valuable. This is where the woman who gave birth at a health facility is provided early postnatal care within 48 hours and then go home. The community health worker may visit her on the second or third day and the women return to the health facility on the 7th day and six weeks. This option was not mentioned by

any participant in the current research. It maybe because participants are aware of prolonged, unsolved barriers such as difficult transport and limited finances and therefore did not consider it viable.

4.2.6 Integration of maternal child health services

Integrated MCH services should be strengthened in all health facilities. Services would enhance comprehensive care of mothers and babies whereby all care required by both the mother and baby would be provided at one time.

From findings in this study, the mothers suggested that MCH services should be integrated (see 3.4.3.5). Integrated services would foster a positive postnatal care for both the mother and the baby. WHO (2008:88) supports the integration of maternal and child services as one way of increasing the up-take of postnatal care.

4.3 SUMMARY

Based on the findings of the study, development of strategies was developed in this chapter. In the next chapter, an overview of the research, limitations and recommendations will be done.