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Integrating Quality Postnatal Care into PMTCT



A midwife in Swaziland examines a newborn before discharge.

Maternal and newborn health services in Swaziland have been integrated with a successful national program for the prevention of mother-to-child transmission of HIV/AIDS (PMTCT). As is the case in most countries in the region, postnatal care is weakest of all—although the greatest numbers of maternal and newborn deaths occur within 48 hours of birth, most Swazi mothers and infants do not receive their first postnatal check-up until at least four weeks following delivery.

From 2006 to 2007, USAID/BASICS implemented *Repositioning Postnatal Care in a High HIV Environment*, a facility-based operations research project, with the Population Council and the Elizabeth Glaser Pediatric AIDS Foundation. The

research effort covered 7 facilities, where more than 11,000 births occur annually, and was designed to test the feasibility of introducing improvements to postnatal care and counseling for all mothers and babies, and addressing specific gaps for those affected by HIV/AIDS. USAID/BASICS trained supervisors and health providers in newborn health and some aspects of maternal health; also reinforcing selected aspects of antenatal, labor, and delivery care.

Of 132 personnel trained, knowledge on how to properly maintain a newborn's temperature directly after birth increased by 25 percent, and recognition of the danger signs of newborn infection and illness rose by 50 percent. Most importantly, the improvement in service quality and in the counseling of mothers led directly to greater service uptake. A 12-fold increase was achieved in the utilization of services within the first week after birth, with a 20-fold increase specific to the first 3 days following delivery.

A more mixed set of outcomes was experienced in the counseling that trained staff provided to caretakers on key aspects of neonatal care. For example, breast feeding in the first hour after delivery increased by 50 percent. Yet, only about 15 percent of mothers who were interviewed could cite at least two newborn danger signs. In response and with a view to further increasing the utilization of postnatal services,

discussions were held with national trainers on how to enlist community health workers in advising families on appropriate care seeking, HIV/AIDS services, and other key issues.

Repositioning Postnatal Care in a High HIV Environment showed that, with appropriate attention to the quality of care, integrating routine maternal and newborn health services with PMTCT programs can result in early follow-up and improve the care of mothers and newborns. Such integration is important to guarantee that costly investments in PMTCT are safeguarded by preventing maternal and newborn deaths due to more common causes during the critical early postnatal period.

The final report of *Repositioning Postnatal Care in a High HIV Environment* is available on the Swaziland page of www.basics.org, and can also be found by using the document search engine on the site's Publications & Resources page.