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WHO recommendations on **maternal and newborn care for a positive postnatal experience**



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Web Annex 3:	Other WHO guidelines with recommendations relevant to routine postnatal care
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WHO recommendations on maternal and newborn care for a positive postnatal experience. Web Supplement. Evidence base*

The standardized criteria used in grading the evidence and the GRADE tables have been published in this separate Web Supplement. These evidence tables are referred to within this document by number, prefixed with “EB” (for evidence base), for ease of reference.

* Available at: <https://www.who.int/publications/i/item/9789240045989>

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Acronyms and abbreviations

25(OH)D	25-hydroxyvitamin D	HRP	UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction
AABR	automated auditory brainstem response	ICM	International Confederation of Midwives
AF	anti-secretory factor	IPA	International Pediatric Association
ALTE	apparent life-threatening event	IPD	individual patient data
AU\$	Australian dollar	IU	international unit
BIND	bilirubin-induced neurological dysfunction	LMIC	low- and middle-income country
Can\$	Canadian dollar	LNG	levonorgestrel
CASP	Critical Appraisal Skills Programme	LNG-IUD	levonorgestrel-releasing intrauterine device
CERQual	Confidence in the Evidence from Reviews of Qualitative research	MCA	Department of Maternal, Newborn, Child and Adolescent Health and Ageing (at WHO)
CHC	combined hormonal contraception	MD	mean difference
CHEC	Consensus Health Economic Criteria	MEC	medical eligibility criteria
CHW	community health worker	MLCC	midwife-led continuity of care
CI	confidence interval	MNH	maternal and newborn health
CREP	Centro Rosarino de Estudios Perinatales	MSD	Department of Mental Health and Substance Use (at WHO)
CRVS	civil registration and vital statistics	NFS	Department of Nutrition and Food Safety (at WHO)
Cu-IUD	copper-bearing intrauterine device	NSAID	non-steroidal anti-inflammatory drug
DALY	disability-adjusted life-year	OAE	otoacoustic emissions
dB	decibel	OR	odds ratio
DDST	Denver Developmental Screening Test	PBHL	permanent bilateral hearing loss
DECIDE	Developing and Evaluating Communication Strategies to Support Informed Decisions and Practice Based on Evidence	PCG	Pregnancy and Childbirth Group (Cochrane)
DHS	Demographic and Health Survey	PFMT	Pelvic floor muscle training
DOI	declaration of interest	PHQ-9	Patient Health Questionnaire-9
EB	evidence base	PICO	population (P), intervention (I), comparator (C), outcome (O)
ECP	emergency contraceptive pill	POI	progestogen-only injectable contraceptive
EPDS	Edinburgh Postnatal Depression Scale	POP	progestogen-only pill
ERG	External Review Group	PrEP	pre-exposure prophylaxis
EtD	evidence-to-decision	PSBI	possible serious bacterial infection
ETG	etonogestrel	PVR	progesterone-releasing vaginal ring
FIGO	International Federation of Gynecology and Obstetrics	QALY	quality-adjusted life-year
GDG	Guideline Development Group	RCT	randomized controlled trial
GRADE	Grading of Recommendations Assessment, Development and Evaluation		
HIC	high-income country		

RR	risk ratio	TSB	total serum bilirubin
SDG	Sustainable Development Goal	TWG	Technical Working Group
SDM	standard mean difference	UNDP	United Nations Development Programme
SIDS	sudden infant death syndrome	UNFPA	United Nations Population Fund
spp.	several species (plural)	UNHS	universal newborn hearing screening
SRH	Department of Sexual and Reproductive Health and Research (at WHO)	UNICEF	United Nations Children's Fund
SUDI	sudden unexpected death in infancy	US\$	United States dollar
TB	tuberculosis	USAID	United States Agency for International Development
TcB	transcutaneous bilirubinometer/ bilirubinometry	VTE	venous thromboembolism
TDF	tenofovir disoproxil fumarate	WHO	World Health Organization

Executive summary

Introduction

The postnatal period, defined here as the period beginning immediately after the birth of the baby and extending up to six weeks (42 days), is a critical time for women, newborns, partners, parents, caregivers and families. Yet, during this period, the burden of maternal and neonatal mortality and morbidity remains unacceptably high, and opportunities to increase maternal well-being and to support nurturing newborn care have not been fully utilized. Postnatal care services are a fundamental component of the continuum of maternal, newborn and child care, and key to achieving the Sustainable Development Goals (SDGs) on reproductive, maternal and child health, including targets to reduce maternal mortality rates and end preventable deaths of newborns.

In line with the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health, and in accordance with a human rights-based approach, postnatal care efforts must expand beyond coverage and survival alone to include quality of care. This guideline aims to improve the quality of essential, routine postnatal care for women and newborns with the ultimate goal of improving maternal and newborn health and well-being. It recognizes a "positive postnatal experience" as a significant end point for all women giving birth and their newborns, laying the platform for improved short- and long-term health and well-being. A positive postnatal experience is defined as one in which women, newborns, partners, parents, caregivers and families receive information, reassurance and support in a consistent manner from motivated health workers; where a resourced and flexible health system recognizes the needs of women and babies, and respects their cultural context.

This is a consolidated guideline of new and existing recommendations on routine postnatal care for women and newborns receiving facility- or community-based postnatal care in any resource setting. It provides a comprehensive set of recommendations for care during the postnatal period, focusing on the essential package that all women and newborns should receive, with due attention to quality of care; that is, the provision and experience of care. This guideline updates and expands upon the 2014 *WHO recommendations on postnatal care of the mother and newborn*, and complements existing WHO guidelines on the management of postnatal complications.

Target audience

The recommendations in this guideline are intended to inform the development of relevant national and subnational health policies, clinical protocols and programmatic guides. Therefore, the target audience includes national and subnational public health policy-makers, implementers and managers of maternal, newborn and child health programmes, health facility managers, health workers (including midwives, auxiliary nurse-midwives, nurses, obstetricians, paediatricians, neonatologists, general medical practitioners and community health

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