

## SHORT ARTICLE

**Postpartum and Newborn Care - A Qualitative study****Meera George<sup>1</sup>, Avita Rose Johnson<sup>2</sup>, Rosalind Clara Basil<sup>3</sup>, Sunayna N Murthy<sup>4</sup>, Twinkle Agrawal<sup>5</sup>**<sup>1</sup>Assistant Professor, Department of Community Medicine, Travancore Medical College Kollam, Kerala, India;<sup>2</sup>Assistant Professor, Department of Community Medicine, St John's Medical College, Bangalore, India, <sup>3</sup>Intern, StJohn's Medical College, Bangalore, India; <sup>4</sup>Intern, St John's Medical College, Bangalore, India; <sup>5</sup>Assistant Professor,

Department of Community Medicine, St John's Medical College, Bangalore, India

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**Corresponding Author**

Address for Correspondence: Dr Avita Rose Johnson, Assistant Professor, Department of Community Medicine, St John's Medical College, Bangalore, India

E Mail ID: [avita@johnson.in](mailto:avita@johnson.in)**Citation**

George M, Johnson AR, Basil RC, Murthy SN, Agrawal T, Postpartum and Newborn Care - A Qualitative study. Indian J Comm Health. 2018; 30, 2: 163-165.

**Source of Funding:** Nil **Conflict of Interest:** None declared**Article Cycle****Received:** 04/06/2018; **Revision:** 14/06/2018; **Accepted:** 27/06/2018; **Published:** 30/06/2018This work is licensed under a [Creative Commons Attribution 4.0 International License](#).**Abstract**

Community-based postpartum care of mothers and newborns is vital to achieve mortality reduction. This qualitative study explored cultural beliefs and practices regarding postpartum care of mothers and newborns in rural Karnataka. Focus group discussions with newly delivered mothers and their caregivers in a rural maternity hospital, and in-depth interviews with community level health workers revealed cessation of the practice of withholding colostrum and the barbaric practice of branding, but found persisting harmful cultural beliefs and practices like withholding nutritious foods considered "hot" or "cold", inadequate postpartum ambulation, separating husband and wife for up to a year or more after the birth, application of various substances to the umbilical stump and eyes of the newborn and giving pre-lacteal feeds. Antenatal and postpartum mothers, their caregivers, including elders in the family should be targeted by community level health workers for counseling and behavior change.

**Keywords**

Cultural Beliefs; Cultural Practices; Postpartum Care; Newborn Care.

**Introduction**

Though India made notable progress towards the Millennium Development Goals, it missed achieving its maternal and child mortality targets. (1) Annually 45,000 women still die from childbirth related causes and 730,000 babies die in the first month of their life. (2) Community-based postpartum care of mothers and newborns is vital to achieve mortality reduction. (3) Only 56.4% newborns in Karnataka were breastfed within one hour, only 54.2% infants were exclusively breastfed for 6 months, and only 65.6%

mothers had postpartum care within 2 days of birth. (4)

**Aims & Objectives**

To explore cultural beliefs and practices regarding postpartum care of mothers and newborns in rural Karnataka.

**Material & Methods**

This was a qualitative study conducted from March to May 2016 among newly delivered mothers and their female caregivers at a rural maternity hospital in Ramnagara district, South Karnataka. Institutional

ethics clearance was received. Data was obtained through focus group discussions (FGDs) and in-depth interviews (IDIs). Topic guides were face-validated and modified under expert guidance. Written informed consent was obtained, including permission for audio-recording. FGDs and IDIs were conducted at the hospital in the local language Kannada, in a quiet room, ensuring privacy. Data saturation was attained with six FGDs, three with postnatal mothers and three with female caregivers, with 6-8 participants in each discussion lasting for 45-60 minutes. Four IDIs were conducted among Anganwadi teacher, Accredited Social Health Activist (ASHA) worker, Auxiliary Nurse Midwife (ANM) and hospital nurse. Data was extracted by translating the recordings ad verbatim into English, entered into a word document, coded and thematically analyzed.

## Results

The newly delivered mothers in this study were aged 20-25 years with a mean age of  $22.8 \pm 2.6$  years, mostly multi-gravidae and studied till 12th standard. The female caregivers were aged 40-50 years with a mean age of  $45 \pm 2.4$  years.

The three major themes identified in the study were i) Postpartum care of the mother ii) Newborn care iii) Breast feeding.

Postpartum care of Mother: Sub-themes identified were food taboos, personal hygiene, physical activity, family planning, and male participation.

Foods believed to increase breast milk production were fenugreek, drumstick, and green leafy vegetables, ghee mixed with ginger, mutton leg, and chicken. Caregivers mentioned "cold" foods to be avoided as they could cause the mother and baby to suffer from cold (sugarcane, oranges, banana, beans, curds, buttermilk, watermelon, grapes) as well as "hot" foods that could cause excessive body heat (fish, thick sambhar, rice, jack fruit, papaya, egg). According to caregivers, postpartum water consumption had to be greatly restricted as it could cause prolonged bleeding and abdominal distension in the mother and in case of caesarean section, could cause the stitches to give way.

The practices regarding episiotomy wound care and personal hygiene was adequate (including daily bath and massage for mother and baby). Most young mothers felt that doing light housework was fine; however caregivers were insistent about the need for postpartum bed rest for at least six weeks. Regarding family planning, young mothers were

more accepting of Cu-T as a method of contraception as compared to the caregivers, who were worried about loss of fertility. While, mothers expressed unhappiness at lack of husband's involvement in their care, caregivers were insistent that husband and wife should be separated for six months to one year or more after delivery, to allow the mother to rest in her own parental home.

Breast feeding: Sub-themes derived were prelacteal feeds, colostrum and exclusive breast feeding and expressed breast milk. According to the young mothers, no prelacteal feeds should be given. However, caregivers believed giving sugar water or honey or a mixture of ghee and milk as pre-lacteal feed would give the baby strength to suck. The hospital nurse mentioned that the old practice of discarding colostrum had now changed and women were feeding the baby soon after birth. Though most women knew that the baby had to be breastfed exclusively for 6 months, as repeatedly told to them by the ASHA and Anganwadi teacher, the caregivers felt that home remedies like castor oil and gripe water could be given.

Postpartum Newborn Care: The sub-themes derived under postpartum new born care were cord care, eye care and care of the sick newborn.

Though the mothers were of the opinion that nothing should be applied to eyes or umbilical cord, caregivers felt that turmeric or dried cow dung could be applied to hasten healing or treat umbilical discharge and castor oil or breast milk to eyes of the newborn to clear any discharge. The ANM reported that branding of the baby with hot iron piece on the abdomen as a treatment for abdominal pain, was no longer performed in the area, unlike in earlier decades.

## Discussion

Cultural beliefs and practices regarding postpartum care of mothers and newborns, has an obvious impact on maternal and neonatal mortality, and though these have been documented before, they are dynamic, changing with the times, with education and with technology. In the present study, it was found that unlike earlier decades, and possibly with improved female education, some harmful practices like discarding colostrum and the barbaric practice of branding the baby have stopped. However, some beliefs and practices have remained unchanged like the concept of hot and cold foods which results in withholding protein rich foods like

fish, eggs, sambhar, fruits, vegetables and withholding water, which may result in poor quantity and quality of breastmilk. Prolonged bed rest and inadequate ambulation for the mother in the postpartum period may increase the chance of deep vein thrombosis. Separating husband and wife for up to a year or more after the birth of the child may result in lack of husband's support, extra-marital relationships and subsequent risk of HIV and sexually transmitted diseases.

We looked at other qualitative studies to compare and contrast our findings. In Udupi- coastal Karnataka, the diet taboos followed for postnatal mothers were similar to our study. (5) Studies in Tamil Nadu and Uttar Pradesh also revealed restricted water intake to avoid abdominal distension and dry out the uterus as was seen in our study. (6) A study in rural Afghanistan described a forty-day confinement at home during which the women only rest and sleep because they have lost blood and need time to recover, with an expectation that post-partum women will reduce contact with the husband. (7) This too was similarly found in our study, but for a longer period of six months to a year or more, as per the prevailing cultural norm.

Newborn health continues to be compromised with harmful practices like application of cow dung or turmeric to the umbilical cord, which could result in neonatal tetanus, the practice of pre-lacteal feeds with risk of neonatal sepsis, the practice of instilling castor oil into the baby's eyes leading to risk of ophthalmia neonatorum. The practice of instilling breastmilk into the infant's eye, as found in our study, may not be harmful, as evinced by a randomized trial in Iran. (8) The study in Mangalore also mentioned the practice of applying kajal to the baby's eyes, which was not practiced in our study. (9) A systematic review from 15 developing countries, shows that the desire to promote healing and hasten cord separation are the underlying beliefs related to the application of substances to the umbilical cord in every culture. (10) A study in Mangalore revealed the cultural practice of applying ash, soot, powder or dried cow dung to the umbilical cord. In our study; however there seems to be a gradual shift among the young mothers towards leaving the umbilical cord alone, and also avoiding pre-lacteal feeds. (9) This may be due to the rising female education levels in the area, as well as health education by the community level health workers.

We recommend that in rural communities, since women receive both information and instructions from family members and elders, these groups, along with antenatal and postpartum mothers should be targeted by community level health workers for counseling and behavior change.

## Conclusion

This qualitative study revealed the cessation of harmful cultural practices like branding and withholding colostrum, but found persisting cultural beliefs and practices that could compromise maternal and newborn health: the concept of hot and cold foods which results in withholding nutritious food, inadequate ambulation for the postpartum mother, separating husband and wife for up to a year or more after the birth, application of various substances to the umbilical stump and eyes of the newborn and giving pre-lacteal feeds. This study underlines the need for effective counseling and behavioral change communication in order to tackle age-old beliefs, practices and restrictions that are being followed blindly from generation to generation.

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