Postnatal care – still a Cinderella story?

NCT launched its latest survey findings about postnatal care at a Conservative Party Conference fringe meeting on 3 October. Anne Fox, head of campaigns and public policy, looks at what needs to be done to provide better support to mothers in the postnatal period.

Research has shown that women who are satisfied with their care have improved physical and psychological health, whereas poor postnatal support contributes to physical and psychological morbidity. However, the existing model of postnatal care is falling short of meeting women’s needs and expectations at a time of tremendous change in their lives. Problems that are not resolved can have a considerable impact on health and well-being, and on family relationships.

What needs to change?
The environment in the earliest months of a baby’s life affects his or her future health and learning, so timely, structured support for mothers and fathers can make a real difference. Action is needed to address routine postnatal care, as well as more intensive targeted interventions for the most vulnerable families.

In order to ensure that women receive postnatal care that is of high quality, safe effective and meeting the individual needs of women and their babies, the following is needed:

1. All four country governments and local NHS services should implement the NICE postnatal care guideline, as it is based on the best available evidence.
2. Every woman should have a coordinating health professional responsible for ensuring she has the right care at the right time and a personalised postnatal care plan which she has been involved in preparing. Any risk factors that predispose the woman to the likelihood of mental health disorder should be noted and resources made available to provide prompt and appropriate assistance.
3. Service managers need to monitor midwifery and health visitor staffing levels across each of their sites and locations and ensure there is a flexible system in place that can respond to peaks and troughs of demand. Staffing arrangements and models of care that offer women continuity of carer should be prioritised, especially for those women who require more support.
4. Local services should consult women who have had a caesarean or forceps delivery about what would make a positive difference for them and make it a priority to respond. If intervention rates are high, action should be taken to reduce them. Then fewer women would need the additional support required after an operative birth.
5. Women and their partners should be offered a choice of where to give birth, with information about the level of postnatal support available in different settings, including help with baby feeding.
6. All postnatal care settings should welcome fathers and other family members, and allow them to spend time and provide support in caring for baby and mother.
7. During pregnancy and after birth, parents should get good quality information on the signs and symptoms of common health problems and on rare but more serious conditions; and be told when professional care must be accessed if they are concerned.
8. Each new mother should be provided with support in feeding her baby, based on Unicef’s Baby Friendly standard. (Increasing breastfeeding rates is a public health priority that contributes to other health initiatives such as reducing childhood obesity)
9. NHS services should work with voluntary and peer support groups in their local area to ensure that services and resources are being deployed efficiently and they are working in partnership to provide the best services to mothers and families in their locality.
10. Services should regularly find out about the experiences of mothers and families, use these to judge the effectiveness of services and take action to introduce necessary changes.

Give new families their ‘happily ever after’!
NCT is calling on every health service in the UK to work to improve the support provided to new mothers in the hours, days and weeks following the birth of their baby and end the situation whereby postnatal care is the Cinderella service. Take action today at www.nct.org.uk/active.

References

Postnatal care: what women said

‘Every single health worker or midwife I spoke to both in hospital and afterwards at home had different advice to give...some said feed on demand and some said feed every few hours, some said wake a baby to feed it. Some said never wake a sleeping baby!’

‘The postnatal ward was too crowded with four women and their babies in one room. It was impossible to rest with all the noise and activity going on at all hours. Partners are not allowed to stay overnight, and this is particularly hard for a new dad who has to leave his newborn and also hard on the mother who needs his support and assistance.’

Quotes are from the NCT survey Left to your own devices: The postnatal care experiences of 1260 first-time mothers (see pp23-24) available at http://tiny.com/NCT-PNEx

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