

## Postnatal care: increasing coverage, equity, and quality



As the Millennium Development Goals came to a close last year and we entered the new Sustainable Development Goals (SDGs) era, the global health community took stock of accomplishments over the past decades and continuing challenges for the future. Despite impressive reductions in maternal and under-5 mortality rates, neonatal mortality reduction continues to lag behind.<sup>1</sup> Neonates account for an increasing share of child deaths, now reaching almost half (45%) of the burden of under-5 mortality.<sup>1</sup>

Most maternal and infant deaths occur in first 42 days after childbirth.<sup>1,2</sup> Despite the critical importance of this period for both maternal and child survival,<sup>3</sup> postnatal care consistently has among the lowest coverage of interventions on the continuum of maternal and child care, with a reported median for the Countdown countries at just 28%.<sup>4</sup> To reduce mortality and improve health and survival rates of neonates, both access to and quality of services must be addressed.

We are in the midst of a paradigm shift for antenatal and intrapartum care: from focusing mainly on coverage to also considering quality as an essential component of improving health systems, as stated in the WHO vision on quality of care<sup>5</sup> and other efforts. For intrapartum care, poor quality at facilities, perceived or actual, is now recognised as an important deterrent to care seeking and use.<sup>6</sup> Just as women who felt that their antenatal care was of poor quality will not return for intrapartum care,<sup>7</sup> families will not bring neonates for postnatal care visits at facilities if they are discouraged by staff or treated poorly at prior visits.<sup>8</sup> Yet discussions on reproductive and obstetric care have to date insufficiently addressed the critical issue of quality of postnatal care services.

The SDGs include a specific target on neonatal mortality rate reduction. Nevertheless, this is an indicator of mortality and falls short of measuring the content and quality of care. Efforts to improve postnatal care need to include more sensitive metrics for monitoring progress not only of population coverage, but quality and patient satisfaction as well. What is needed is greater attention on the content of postnatal care itself: for example, which specific interventions are delivered to parturient women and neonates? Are these interventions following state-of-the-art clinical

guidelines? Is care provided to the mother–baby dyad integrated, culturally-sensitive, and patient-centred? Is increased service use contributing to improved health outcomes? Quality of care encompasses many complex notions that need to be unpacked, including the possibility of iatrogenesis that can occur when the level of quality is poor or unknown.<sup>9</sup>

Strengthening health systems is crucial for improving the quality of care for mothers and neonates. To increase the responsiveness of systems and improve quality, it is essential to improve infrastructure and equipment; access to energy, water, and sanitation; and recruitment, training, and retention of health workers. Postnatal care quality needs to be addressed at the facility, household, and community levels.<sup>3</sup> Pregnancy surveillance, health education, promotion of facility use, and limited preventive, diagnostic, and curative treatments can be carried out in households and at community levels.<sup>10</sup> Tracking and improving the quality and increasing “effective coverage”—ie, coverage of quality postnatal content<sup>11</sup>—at facility and community levels should thus be one of the priorities for the new global health agenda.

Addressing quality also means paying close attention to equity and advancing policies that help reduce disparities between advantaged and more vulnerable people. Poorer, less educated, and rural women have been shown to have lower coverage of postnatal care;<sup>12</sup> these are the same disadvantaged groups that experience more discrimination and disrespect in facilities as well.<sup>6</sup> Reducing barriers to access, including distance and cost, are imperative. Efforts to mitigate inequities in transport to facilities, such as bus and voucher schemes, have shown effectiveness in improving equity of access.<sup>12</sup> Yet more effort and investment is needed in ensuring services for all are accessible and high quality.

It took a long time for the global health community to seriously address the quality of the content of antenatal care and intrapartum care, beyond coverage indicators. We need to learn from this experience and ensure that quality and integration of postnatal care for mothers and neonates gets political attention and investment sooner. It is incumbent on us to accelerate the trajectory and talk about content and quality for postnatal care within continuing efforts to increase coverage and

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For the **SDG3 targets**  
see <https://sustainabledevelopment.un.org/sdg3>

For the **Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030** see <http://www.who.int/life-course/partners/global-strategy/global-strategy-2016-2030/en/>

equity. The time to unpack the “black box” of postnatal care services delivery is now and greater attention should be provided to quality postnatal care in research, policy, and practice. The Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 aims to help people survive, thrive, and transform; thus, the new era cannot only be about survival, but efforts must be made to improve and transform health systems. Quality needs to be understood and addressed if we are serious about reducing neonatal, maternal, and child mortality; progressing toward universal health coverage; and achieving the SDGs.

*\*Emma Sacks, Étienne V Langlois*

Department of International Health, Johns Hopkins School of Public Health, Washington, DC, USA (ES); and Alliance for Health Policy and Systems Research, World Health Organization, Geneva, Switzerland (EVL)  
[esacks@jhu.edu](mailto:esacks@jhu.edu)

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