

CHAPTER 1

INTRODUCTION

Postpartum women (PP mothers) refer to women who undergo childbirth up until the next six weeks. After the delivery period of which most mothers terrify the most, postpartum mothers have to experience physical, mental, maternal role adjustments. Based on maternal mortality rate (MMR), WHO/Unicef ranks Thailand very differently from other countries. MMR is one of primary indicators of public health in Thailand. In the section of maternal and infant health, the decrease of MMR and population growth rate are set as goals in every National Economic and Social Development Plan (NESDP) in order to improve the quality of life for Thai people. Both NESDP 6 (1987-1991) and NESDP 7 (1992-1996) aimed to reduce MMR to 48:100,000 live births and 30:100,000 respectively (Division of Family Health: 1986, 1990). In addition, at the end of NESDP 8 (1997-2001) the MMR was expected to decline to 20:100,000 live births (Division of Health, 1992) and infant mortality rate (IMR) was targeted to 21:1,000. The postpartum check up was targeted to 80 %, family planning to 77% ,pap smear to 50% and breast feeding for 4 months was targeted to 30%.

In 1990, Division of Family Health, Department of Public Health launched a project; "Live Births, Safe Motherhood" so as to improve the service quality and efficiency of public health personnel's performance. The project's goal is to reduce MMR and IMR. The analysis revealed that the MMR dropped from 36:100,000 live births in 1990 to 17:100,000 in 1995. The MMR in the Northern region was the highest in the country (45:100,000), followed by the Northeastern, the South and the Central region. The main cause of the death was postpartum hemorrhage and infection (Division of Health, MOPH, Statistic of Public Health, 1991)

MMR in Ayutthaya was 0.21, 0.11 and 0.21 per one thousand of live births and IMR was 4.16-10.15 per one thousand of live births in 1997, 1998 and 1999 respectively (figures from Ayutthaya Provincial Health Office) and the cause of death was postpartum hemorrhage. MMR in Sena hospital was 0.12 per one thousand of live births and IMR was 0.037 per one thousand of live births in 1998 and maternal postpartum checkup, pap smear and family planning were 30%. The infant exclusive breast feeding for 4 months was 10%.

To improve the maternal and infant care services, Sena Hospital in Ayutthaya province has implemented the project "Live Births, Safe Motherhood" in 1999, based on the standard requirement of maternal and infant health practice concerning PP mothers and newborn care services (Self-evaluation, Sena hospital in "Live Births, Safe Motherhood" project, Health Promotion Office, Division of Health: 1998). It is stated in the requirement that PP mothers must be educated as a group at least once about self-care and infant care, hygiene, abnormal symptoms of their child which need to be

checked by the doctor, vaccination for the infant, knowledge of communicable diseases, contraception, breastfeeding promotion. Such requirements are in accordance with an evaluation of the hospital in mother-infant bonding in which the followings are required; (1) postpartum mothers must be informed of benefits of breastfeeding, (2) infants should have been breast fed for at least four months and (3) postpartum mothers are encouraged for family planning, postpartum checkup . In the standard of infant care, it is stated that (1) infants must be vaccinated BCG for tuberculosis and hepatitis B, (2) must be rooming in with their mothers and must be exclusively breast-fed, and (3) staff must establish a health surveillance system for newborn babies concerning body temperature, respiration, breastfeeding, excretion and infection.

After having implemented the project, postpartum ward (PP ward) reported that after delivery, infants were roomed in with mothers and mothers had to adjust to physical changes and had to prepare themselves for being a mother, doing self-care as well as infant care. This is in accordance with the study of Ubolwan Kullasun (1998: 50) which concluded that mothers needed information about maternal preparation, maternal and infant care, breast care and breastfeeding.

Consequently, the PP ward of Sena Hospital has developed a model of PP maternal care services by providing health education in order to change behaviors of mothers in self-care and infant care. The ward will monitor and evaluate the implementation by emphasizing health education for PP mothers so that they can take care of their health and their baby. Experience in feeding infant is a critical factor that enables them to take care of their infants correctly (Mercer, 1981: 343).

This study aims to evaluate the postpartum maternal care services project that includes disseminating information about maternal and infant care for postpartum mothers. The project has been launched in April 2000, consisting of four steps, starting two hours after the delivery until the mothers' discharge from the hospital. During their admission in the postpartum ward which lasts for a couple of days, activities will be implemented covering the following topics; self-care after the delivery, prevention of complications, postnatal visit for checkup after the delivery, family planning, cervical cancer screening, breastfeeding, vaccination for infants, bathing, eyes and umbilical cleaning and appropriate time to start supplement food. These will be conducted in order to make mothers and infants healthy and in order to reduce MMR and IMR which are primary indicators of maternal and infant health in every National Economic and Social Development Plan. To assess the knowledge of PP mothers, the questionnaire will be used and a set of questions will be developed to ask PP mothers so as to compare their knowledge before and after receiving the service. In addition, PP maternal self-care will be monitored in the following aspects; frequency of postpartum checkup, frequency of family planning, frequency of cervical cancer screening. Similarly, infant care will be monitored as well in these following aspects; frequency of breastfeeding for four months and of infants taking supplementary food at the age of four months.