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The renaissance of postnatal care?

Despite limited attention given to implement evidence to inform the planning and content of postnatal care, policy is finally recognising the importance of care after birth. Reasons for this are becoming clearer, as successive policy reports consider the potential benefit that effective maternity care could have on the lives of women, their infants and families. Recent reports have focused on the safety of maternity care and 'historic' neglect of postnatal care (NHS England 2016), the importance of evidence-based strategies to reduce inequalities in child health (Marmot et al 2010) and evidence that postnatal care is a 'missed opportunity' to improve health (Bick et al 2015).

WHY IS THIS IMPORTANT?

One wonders how much longer we can neglect how we plan, provide and resource postnatal care, given evidence of the impact of birth on maternal physical and psychological morbidity and complex interaction between maternal health behaviours and infant health outcomes. Furthermore the health profile of women is changing, with more women commencing pregnancy with medical complications, including obesity and diabetes, that are likely to impact on their longer-term health and outcomes in subsequent pregnancies. Successive surveys of women's experiences highlight poor continuity of postnatal care, lack of information on infant care and lack of support to commence and/or continue to successfully breastfeed. Despite evidence that postnatal services are not 'fit for purpose', priority is still more likely to be given to care in pregnancy, labour and birth. Postnatal care remains the 'poor relation' of the maternity services.

IS IT TOO LATE FOR POSTNATAL CARE?

It could be postulated that with increasingly short in-patient care and the decline in community based contacts, the skills and competencies of clinicians, including midwives and GPs, are being eroded. However could the shift in policy focus stimulate a renaissance in postnatal care, with recognition that longer-term maternal and infant health may benefit from appropriate evidence based postnatal interventions? Studies to date that aimed to reduce adverse outcomes of medical complications such as obesity have found that pregnancy may not be the optimal time to

implement lifestyle behaviour interventions (Flynn et al 2016). This, and concerns about the failure to tackle indirect causes of maternal death in the UK (Knight et al 2015), highlights why postnatal contacts should be utilised more effectively.

ACTION NEEDED NOW

Alongside consideration of whether tailored evidence-based postnatal interventions could improve maternal and infant health, existing evidence and National Institute of Health and Care Excellence (NICE) guidance should be informing a complete rethink of the organisation, content and planning of postnatal services. Clinical commissioners and service providers need to ensure that postnatal services are adequately resourced to care for the woman and her infant. We need better organization and integration of the multi-disciplinary team across primary and secondary care settings, including obstetricians, midwives, health visitors, GPs and obstetric physicians who together could better address the increasingly complex health and social needs of women who give birth, and plan the extent and level of follow up needed in the months or even years following birth. Care after birth should be planned, resourced and informed by what individual women need and what evidence shows us, rather than adhere to arbitrary non-evidence based time definitions and content.

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