

ABSTRACT

**TITLE: TWENTY FOUR HOUR OBSERVATION OF VITAL AND WARNING SIGNS IN
LOW- RISK POSTPARTUM CARE IN REFERRAL HOSPITAL - UGANDA**

Corresponding Author:

Ms. Lovisa Naisu
(RM/RN, BSN)
Department of Obstetrics and Gynecology.
Email: lovisa.naisu2@gmail.com.
+256782212151

Other authors;

1. Ms. Beatrice Amuge
Assistant Commissioner Nursing (Head Nursing)
PGDM HSM, MPH, BSCN, PHN, URN, URN
Head Dept. of Nursing (ACN) Referral Hospital Uganda.
2. DR Scovia N. Mbalinda
PhD, MSc Fell Med, Ed RM/N
Dept. of Nursing, University Kampala, Uganda.

Introduction. The postnatal period is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur within the first 24 hours following birth, but this is the most neglected period for the provision of quality care. Postnatal care starts immediately after birth in the labour ward and continued in the next 6 hours as prescribed by the World Health Organization. Midwives are responsible for the management of low risk postnatal wards where low risk postnatal mothers (\pm 1150-1250 per month) are admitted at a referral hospital in Uganda, . Even if they are low risk, all mothers need proper observation of vital signs and notation of any warning signs of potential problems. Audits of postnatal records in 2018 indicated few vital and warning signs being recorded in the charts of low risk postpartum mothers and neonates showing inadequate monitoring before discharge. It further revealed that 60% to 77% of recently discharged neonates, were admissions to the acute care unit for health related problems that presented at home.

Aim: To strengthen assessment of vital and warning signs of low risk mothers in the postnatal care period in order to identify early obstetrical and neonatal emergent problem, and to prevent admission of neonates from low risk mothers shortly after discharge.

Methodology: The project entailed the following:

- The top management were sensitized regarding the identified problem of postnatal care for resource mobilization.
- Midwives, doctors and students were trained on assessment of vital and warning sign of postnatal mothers.
- Standard operation procedures were developed on postnatal assessment
- Interprofessional approach was adopted for implementation in strategic places.

Results: The top management supported the project and allocated four champion midwives to mentor other health workers in assessment of vital and warning signs. Fifty health workers were trained and posters have been developed as Standard Operating Procedures (SOPs) for placement in strategic places. With audits it is found that most of the mother and neonatal vital signs and warning signs are assessed according to the SOPs.

Conclusion: An interprofessional approach is needed to enhance continuous quality improvement of postnatal care.

Implication: The project implied buy-in from management and the interprofessional team to initiate policy changes and a focus on education, monitoring and evaluation to reduce maternal and neonatal morbidity and mortality.

Key Words: Maternal and child health, postnatal assessment, interprofessional quality improvement initiative.

Funding:

Acknowledgement: This project is part of the Maternal Child Health Nurse Leadership Academy (MCHNLA), Presented by Sigma Theta Tau International (sigma) in partnership with Johnson and Johnson.

Ethics Approval: Being a quality improvement project, Administrative clearance was sought.

Presentation preference: Poster presentation