



An Overview of the Postpartum Health and Delivery System

Belle Sharvani*

Department of Physiotherapy, Akash Institute of Physiotherapy, India

***Corresponding Author:** Belle Sharvani, Department of Physiotherapy, Akash Institute of Physiotherapy, India.

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In the modern era of life women health is a key indicator to improve one's well-being, although substantial reforms have been made in the community services for women the delivery system of some programs are still failing to meet the needs, of which one of them is for postpartum mothers and newborn.

WHO data shows the prevalence of post-partum complication among mothers was 30%. Majority pregnant women are at risk of complications; out of total pregnancies about 15% develop the complications [1]. Every minute, at least one woman dies from complications related to pregnancy or childbirth, that means 5, 29,000 women a year. In addition, for every woman who dies in childbirth around 20 more suffer injury, infection or disease, approximately 10 million women each year. The common complication associated with postpartum women include urinary incontinence, back pain [2]. About 17% of maternal death happen during child birth itself and between 50%-70% in the postpartum period. This can be attributed to pregnancy related complication occurring throughout the pregnancy, labor, childbirth and in the postpartum period [3].

Maternal mortality in India is an overview of social causes where our aim is to reduce maternal mortality. The common cause are due to post-partum hemorrhage, hypertension, anemia, sepsis, complications of delivery contributing along with the social causes like socio economic disparity, rural urban differences, education level of women, gender based inequity leading to real hurdle maternal death in our country. As a result of this study India has witnessed on reducing the maternal mortality ration to 70 percent for 100,000 live births by 2030 where 2003 WHO statistic showed 370 and improved by 146 in 2017 [1].

Postnatal period demands a lot of physiological and psychological adaptations to improve postnatal recovery and return to pre pregnancy phase that benefits the mothers. Many of the physiological changes are retrogressive in nature; these changes occur in the body systems during pregnancy that are reversed to the non-pregnancy state. WHO statistics revealed that women at a regular basis do not perform postnatal exercise, as they often get involved in baby care and adapt a sedentary pattern that has significant impact on health status.

Stress Urinary continence can be associated with Chronic Back pain due dysfunction of the pelvic floor muscles. Pelvic floor muscles play a role in urinary continence and stability particularly during activities that result in increased abdominal pressure [4]. Pelvic floor dysfunction includes urinary incontinence, pelvic organ prolapsed and chronic pain syndromes related to the pelvic organs where epidemiologic data for these conditions have significantly increased in the past decade (2018). During pregnancy there will be progressive changes in woman's body which could be both physiological and psychological and the most common complication a mother faces during pregnancy is low back pain and urinary incontinence due to various reasons. Low back pain and urinary incontinence may look simple and often neglected by women during pregnancy but these may lead to severe disability and social stigma.

Women and infants reflect a very poor health status in our country hence focus should be on women's education, so that they can fight for their rights. The opportunities to obtain quality post-natal care service and education to the mother about its potential

are very much an important part in improving women health. So proper guideline and knowledge should be given regarding the outcomes and complications [5].

The pelvic floor muscle strength can be detected using non-invasive and invasive methods like perineometry, vaginal instruments and trans-abdominal ultrasonography in women with pelvic floor dysfunction which can give feedback regarding the muscle strength. Incontinence being the major problem in women during postpartum period leading to decrease in quality of life and well-being, awareness about strengthening the pelvic floor muscles with proper sequence, instruments and adhere to the exercise regime.

The burden of pelvic floor dysfunction in women is common and reliable statistic does not exist because of social stigma where discussing these issues of women are hidden. A pilot studies can reveal significance proportion of patients with incontinence due to pelvic floor dysfunction especially postnatal mothers which impairs their life role and quality of health care.

There are many studies on effectiveness of planned teaching programme on practice of post-natal exercises among mothers where results showed structured postnatal exercises play an important role in improving the maternal health like psychological, musculoskeletal and biomechanical changes which in return improves the quality of life [5]. Management of the problem is still a nascent stage in India, hence an extensive program during postnatal period like planning structured pelvic floor rehabilitation protocol that explains in detail about the frequency, intensity, time and type of exercise to incorporate, creating awareness and educating the women about the importance of exercise protocol by various and appropriate mode of delivery system can aid in improving maternal well-being.

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