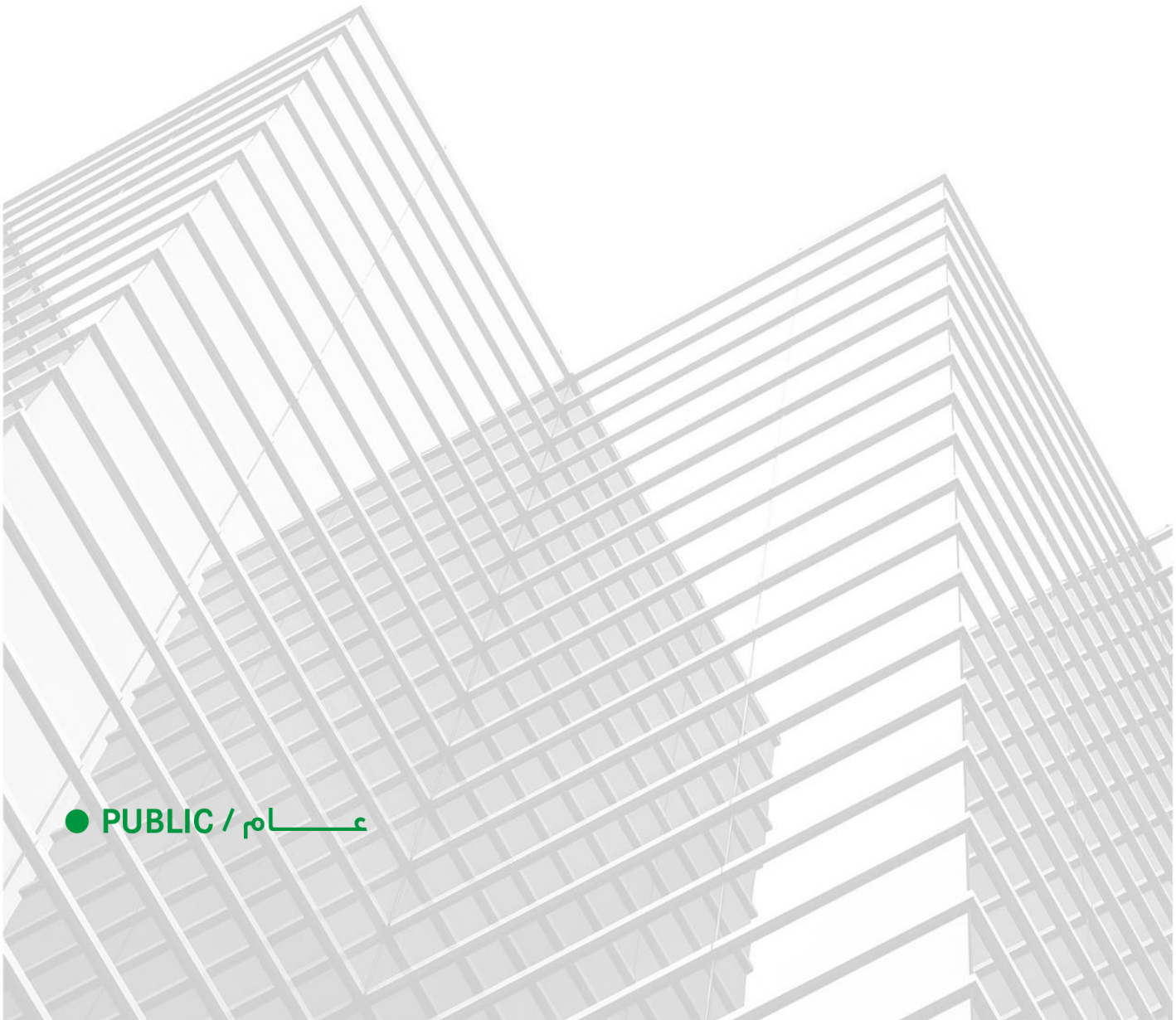
دائـــــرة الـصـــحـــة
DEPARTMENT OF HEALTH

POSTNATAL CARE PROGRAM STANDARD



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1. Standard Scope

1.1 This standard sets out the service specifications and minimum requirements for healthcare providers for the provision of postnatal care in the Emirate of Abu Dhabi.

1.2 This standard applies to all healthcare facilities licensed by the Department of Health (DoH) engaged in delivering postnatal services in the Emirate of Abu Dhabi.

1.3 The standard will cover **three key modes for the provision of postnatal care**:

1.3.1 Provision of postnatal care at **health facilities**

1.3.2 Provision of postnatal care through **home visits**

1.3.3 Provision of postnatal care through **teleconsultation**

1.4 Through these different modes of delivery, this standard aims to enhance the accessibility and quality of healthcare services and promote the health and well-being of mothers and their infants in the postnatal period.

1.5 Healthcare providers are required to conduct a **minimum of four postnatal checks after the initial 24-hour inpatient care at the facility,** offering a combination of outpatient, home visits, and teleconsultation based on the timing and associated risks of pregnancy**.** Please see the schedule of postnatal checks for low – moderate-risk cases and high-risk postnatal cases below:

Postnatal checks for low to moderate risk cases

Timing	Mode of contact
Within 24 hours of birth	Inpatient- Prior to discharge
First check: Days 2-3 days after delivery	Inpatient- Prior to discharge
Second check: Days 2-3 after discharge	Teleconsultation (follow up)
Third check: Days 7-14 after discharge	Outpatient- Maternity Clinic or Primary Health care Center
Fourth check: 6 weeks postpartum	Outpatient- Maternity Clinic or Primary Health care Center

Postnatal checks for high-risk cases (criteria attached in Appendix 1)

Timing	Mode of contact
Within 24 hours of birth	Inpatient- Prior to discharge
First check: Days 2-3 days after delivery	Inpatient- Prior to discharge
Second check: Days 2-3 after discharge	Home visit
Third check: Days 7-14 after discharge	Home visit
Fourth check: 6 weeks postpartum	Outpatient- Maternity Clinic or Primary Health care Center

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Department of Health (DoH)	The regulative body of the Healthcare Sector in the Emirate of Abu Dhabi, Established based on law No. (10) of 2018.
2.2	EMR	Electronic medical records
2.3	ICT	Information and communication technology
2.4	Postnatal home visit facilitator	Should be a licensed nurse/ midwife (competent in OBGYN care and neonatal care).
2.5	PROMPT	Practical Obstetric Multi-Professional Training
2.6	Postnatal Period	The first 6 weeks after birth.
2.7	Pelvic Floor Function Assessment	An evaluation of the pelvic floor muscles, which support the pelvic organs. This assessment is important during and after pregnancy to detect any weaknesses or dysfunction, informing interventions to prevent or address incontinence and support recovery.
2.8	SIDS	Sudden infant death syndrome
2.9	Teleconsultation	Teleconsultation is the remote delivery of healthcare services through video, phone, or digital platforms, allowing patients

		to consult with licensed providers without visiting a facility (According to DoH standard on tele-medicine)
2.10	WHO Child Growth Standards	World Health Organization: Internationally recognized charts and standards are used to assess the growth and development of children from birth to 5 years of age. These standards are critical tools for identifying potential health and nutritional issues early on.

3. Standard Requirements and Specifications

3.1 Core Components: Postnatal care is critically important for both mothers and children during the first six weeks following childbirth. Healthcare providers in Abu Dhabi shall focus on the following key components to ensure the delivery of high-quality postnatal care for all women:

3.1.1 Maternal Physical Health Assessments: Women's health shall be regularly monitored after the delivery to be aware of any high-risk signs and manage their recovery. All health providers shall conduct at least 4 checks of the postpartum patients after the initial 24 hours after the delivery and follow standards to ensure comprehensive health assessment. For moderate to low-risk cases, clinicians shall follow the guidelines (attached in Appendix 2). **For high-risk cases, guidelines shall be similar, except that second and third checks shall be replaced by home visits and detailed guidelines regarding them are mentioned in the home visits section of the document.**

Apart from this, health providers shall also screen for any risk factors like Preeclampsia/eclampsia, Postpartum Hemorrhage, Mental health issues, Anemia and others during all 4 checks (attached in Appendix 2)

3.1.2 Maternal Emotional Health Support: At each postnatal visit, women shall be assessed for their emotional well-being, family and social support, and usual coping strategies for daily life. They and their families/partners shall be encouraged to report any changes in mood, emotions, or behavior that deviate from their normal patterns

3.1.2.1 Assess women at 10–14 days postpartum for resolution of mild postpartum depression ("maternal blues"). If symptoms persist, continue monitoring and evaluating for postpartum depression.

3.1.2.2 Refer immediately to a trained psychologist or psychiatrist if postpartum depression is diagnosed

3.1.2.3 Provide additional supportive care to a woman who has lost her baby

3.1.3 Newborn Health and Care

3.1.3.1 Perform a comprehensive newborn assessment at each postnatal visit, including checks for temperature, feeding, weight gain, and signs of illness

3.1.3.2 Assess newborns at each postnatal care visit for key clinical signs of severe illness and refer them promptly if danger signs are identified

3.1.3.3 Promote exclusive breastfeeding (EBF) from birth and throughout all postnatal care visits and provide support in breastfeeding

3.1.3.4 Monitor and support feeding practices, ensuring newborns are feeding at least 8–12 times in 24 hours and addressing concerns like poor latch or inadequate milk intake

3.1.3.5 Ensure clean umbilical cord care, keeping the stump clean and dry in facility births

3.1.3.6 Provide education to caregivers on danger signs in newborns, such as difficulty breathing, fever, poor feeding, lethargy, or convulsions, and encourage prompt medical attention if they occur

3.1.3.7 Reinforce key newborn care messages with families and providers, including delayed bathing, skin-to-skin contact, and timely immunizations

3.1.4 Education and Support: Information provision, educational interventions and counselling are recommended to prepare women, parents and caregivers for discharge from the health facility after birth to improve maternal and newborn health outcomes, and to facilitate the transition to the home. Educational materials, such as written/digital education booklets, pictorials and job aids shall be available.

3.1.4.1 Offer emotional support and coping strategies to help with the adjustment to parenting roles, underlining the significance of mental health and the impact of a supportive family environment. (Refer to Early Childhood Authority “Parent’s Guide to Mental Wellbeing”)

3.1.4.2 Guide on postpartum physical recovery, advising on pelvic floor strengthening to address incontinence and providing recommendations for safely resuming exercise.

3.1.4.3 Guide on postpartum mental recovery, advising on wellbeing coping strategies and sources of guidance and support.

3.1.4.4 Provide comprehensive guidance on the importance of breastfeeding, offering support and information on its benefits for both mother and child, techniques for successful breastfeeding, and how to address common challenges.

3.1.4.5 Ensure that mothers have access to lactation consultants if needed and understand the options available, including expressing and storing breast milk, to encourage sustained breastfeeding practices.

3.1.4.6 Stress the significance of maintaining the newborn's warmth, the necessity of frequent handwashing, and the execution of hygienic practices for umbilical cord care and overall infant skin care, to manage the risks of hypothermia and infection.

3.1.4.7 Instruct parents on how to independently monitor their infant's development at home, including the observation of milestones and recognition of signs that may indicate developmental delays or medical conditions requiring professional attention.

3.1.4.8 Advice on the appropriate instances to seek healthcare services and how to effectively communicate concerns during health facility visits.

3.1.4.9 Instruct on safe sleep practices to minimize the risk of sudden infant death syndrome (SIDS), including the proper use of cribs and recommended sleep positions.

3.1.4.10 Offer guidance on different contraceptive methods and help parents make informed decisions about planning their families, emphasizing the importance of recovery time between births for the health of the mother and future pregnancy

3.1.5 Continuity of care: Conduct a comprehensive examination of the mother and newborn before discharge, documenting any signs of risk and creating an appropriate care plan if needed. Healthcare professionals shall assess the following criteria to improve maternal and newborn outcomes:

3.1.5.1 The woman's and baby's physical well-being and the woman's emotional well-being.

3.1.5.2 The skills and confidence of the woman to care for herself and the skills and confidence of the parents and caregivers to care for the newborn.

3.1.5.3 The home environment and other factors that may influence the ability to provide care for the woman and the newborn in the home, and care-seeking behavior.

3.1.5.4 Inform families about postnatal visit schedules, including upcoming checkups for both mother and child, and provide clear guidance on vaccination schedules.

3.1.5.5 Register patient data in the electronic medical records (EMR), including contact details, to ensure future follow-up and continuity of care.

3.1.5.6 Schedule home visits for high-risk cases, ensuring families are informed, consent is obtained, and visits are conducted by the designated healthcare professional (e.g. Midwives or nurses).

3.1.5.7 Record home visit details, such as the address, contact information, and schedules, in the EMR and ensure this information is communicated to the family.

3.1.5.8 Update EMR records for referrals, ensuring the referred facility is informed, and communicate the referral details to the patient and their family for smooth coordination.

3.2 Teleconsultation Operational Model

3.2.1 Purpose and scope: The purpose of this teleconsultation model is to provide postnatal care, particularly for patients who are remote and may face difficulties traveling to healthcare facilities. The scope includes offering teleconsultation services for moderate to low-risk postnatal cases, enabling timely care and reducing the need for in-person visits. This service shall be available during days 2-3 after discharge.

3.2.2 Eligibility Criteria:

3.2.2.1 Teleconsultation is recommended only for patients during their second postnatal check, which is scheduled during days 2-3 after discharge. (Adhere to the DOH standards on tele-medicine and the associated reimbursement rules and regulations).

3.2.2.2 Teleconsultation shall be available exclusively for moderate to low-risk postnatal cases, ensuring the safety and health of both mother and child. This includes mothers recovering without complications and those whose health and infants' condition do not require in-person assessment

3.2.3 Responsibilities of teleconsultation providers:

3.2.3.1 All healthcare professionals delivering teleconsultation services shall be licensed in accordance with DoH telemedicine standards

3.2.3.2 Provide teleconsultation services including diagnosis, video sighting of body symptoms, and other services as per DoH teleconsultation standards

3.2.3.3 Refer immediately to the healthcare facility for cases requiring in-person care

3.2.3.4 Record all patient data in the electronic medical records system

3.2.3.5 Comply with quality standards and framework set in the DoH Standard on TELE-MEDICINE.

3.2.3.6 Meet training needs and ICT requirements as per DoH telemedicine standards

3.2.3.7 Provide tele-mental health services as outlined in the standards

3.2.3.8 Utilize tele-monitoring devices for home health and vitals monitoring as per teleconsultation regulations.

3.2.3.9 Ensure tele-prescriptions comply with federal laws, DoH regulations, and applicable systems

3.3 Home Visits Operational Model

3.3.4 Purpose and Scope: The purpose of home visits is to provide additional support to high-risk cases during the postnatal period, specifically for the second and third postnatal checks which typically occur during days 2-3 after discharge and days 7-14 after discharge. This service ensures that Mother and infants

3.3.5 infants in high-risk conditions receive the necessary care and monitoring in their home, improving access to care and reducing complications.

3.3.6 Eligibility Criteria: This service is targeted at mothers and infants identified as high-risk during their postnatal care (attached in Appendix 1). Eligible cases include those with complications such as infants with conditions like low birth weight or jaundice.

3.3.7 Scope of work: The staff shall be responsible for the following checks. Detailed guidelines For home visit checks

3.3.8 (attached in Appendix 3)

3.3.8.1 Infant Examination and Monitoring:

3.3.8.1.1 Assess feeding, color, activity, urine, and stool elimination.

3.3.8.1.2 Check general appearance, breathing, behavior, posture, and reflexes.

3.3.8.1.3 Examine head, fontanelles, facial features, and symmetry.

3.3.8.1.4 Assess limbs, digits, chest movement, and umbilical cord site.

3.3.8.1.5 Inspect genitalia, anus, and skin (including birthmarks or rashes).

3.3.8.1.6 Monitor weight, length, and head circumference, plotting on WHO charts.

3.3.8.2 Screening and Early Detection:

3.3.8.2.1 Ensure newborn screening (blood spot test) for metabolic/congenital disorders.

3.3.8.2.2 Confirm hearing screening completion; advise parents if pending.

3.3.8.2.3 Identify jaundice and refer if within 24 hours of birth or worsening.

3.3.8.2.4 Assess temperature if baby appears unwell (≥38°C requires medical review)

3.3.8.3 Parental Guidance and Health Education:

3.3.8.3.1 Advise on baby's skin care (mild soap only) and umbilical cord care (keep dry, no antiseptics).

3.3.8.3.2 Provide guidance on infant safety, feeding, sleep patterns, crying, tummy time, immunizations, and Vitamin D.

3.3.8.3.3 Educate parents on recognizing signs of illness and when to seek medical help.

3.3.8.3.4 Discuss sudden infant death syndrome (SIDS) prevention and safe sleeping practices.

3.3.8.3.5 Provide booklet with essential postnatal care information

3.3.8.4 Maternal Health and Wellbeing:

3.3.8.4.1 Reassess uterine involution and monitor lochia (should be decreasing).

3.3.8.4.2 Evaluate perineal or cesarean wound healing.

3.3.8.4.3 Address any bladder or bowel concerns

3.3.8.4.4 Discuss milk supply and infant feeding patterns

3.3.8.4.5 Screen for postpartum depression and anxiety

3.3.8.4.6 Provide support and referrals if needed

3.3.8.4.7 Reinforce family planning options and discuss safe sexual activity if appropriate

3.3.8.4.8 Discuss pelvic floor exercises, cervical screening, breast self-examination, and continence promotion

3.3.9 Responsibilities of healthcare providers:

3.3.9.1 Adhere to clinical protocols and policies

3.3.9.2 Identify high risk cases and refer to appropriate care timely

3.3.9.3 Record all the details of the visit during the home visit

3.3.10 Staffing requirement related to postnatal home visit:

3.3.10.1 The team should consist of a licensed primary nurse or midwife, physician, dietician, social workers, and other health specialists, including pediatricians, psychiatrists, dentists, lactation consultants, etc.

3.3.10.2 The primary responsibility for the home visit shall lie with the midwife/nurse, with other health professionals involved only when needed

3.3.11 Culturally Sensitive and Patient centered care:

3.3.11.1 It is crucial for healthcare providers and professionals to respect the cultural reservations and values of the families receiving home visits. The care provided shall be tailored to meet the cultural, religious, and personal preferences of the patients, ensuring they feel understood and respected. Informed consent shall be obtained from the parents before any intervention, ensuring they are fully aware of the procedures and services being provided. Collecting patient feedback after each home visit is essential for the continuous improvement of the program and to maintain a high standard of care, as outlined in the Department of Health (DoH) regulations.

4. Key Stakeholders' Roles and Responsibilities

4.1 Healthcare facilities roles and responsibilities: All healthcare facilities shall:

4.1.1 Meet the service specifications and requirements set out in this standard and other relevant DoH regulations.

4.1.2 Ensure adequate staffing level according to scope of service

4.1.3 Ensure all healthcare professionals directly involved in post-natal care are competent and certified in Basic Life Support, Advanced Life Support in Obstetrics, PROMPT or an equivalent course and neonatal resuscitation program (NRP) according to privilege and scope of practice of healthcare professionals.

4.1.4 Ensure that postnatal home visit facilitators have access to ongoing training and resources to stay updated on the latest practices in home visitation, cultural competency, maternal health, and infant health.

4.1.5 Ensure continuous education and training of healthcare providers with the latest guidelines and best practices in postnatal home visitation to maintain a uniform standard of care across all healthcare facilities

4.2 Healthcare professionals' roles and responsibilities: All DoH licensed and authorized health professionals shall:

4.2.1 Deliver services in a DoH licensed healthcare facility that provides the appropriate equipment, support, and other resources necessary for safety and quality of care.

4.2.2 Maintain their competencies and satisfy DoH requirements for continuing medical education and professional development

4.2.3 Nurses, midwives, and other healthcare professionals involved in the home visit program shall undergo necessary training and maintain current competencies.

4.2.4 Comply with the DoH Standard for Clinical Privileging and Scopes of Practice.

4.2.5 Provide clinical services in accordance with the requirements of this Standard, and the relevant DoH Standards.

4.2.6 Maintain meticulous records of each visit, including assessments, educational information provided, care plans, and any interventions, in both a physical logbook and a digital health record

4.2.7 Ensure the teleconsultation is conducted in accordance with the schedule

4.2.8 Report to the main/responsible physician for further action once a risk or an adverse event is identified during the visit

4.2.9 All relevant DoH licensed healthcare professionals shall complete the Information and Cyber Security Awareness courses assigned to them through the Abu Dhabi Healthcare Cyberlearning Program.

4.3 Patient roles and responsibilities

4.3.1 Respect the physician's independence to assess and determine the appropriate treatment for his/her health condition.

4.3.2 Comply with the treatment team recommendations and management plan, carry out the required examinations in the agreed timeframe, and take the prescribed drugs.

4.3.3 Respect the facility's health professionals and have good morals in dealing with them.

4.3.4 Preserve the health facility's property, including buildings, equipment, etc.

4.3.5 Comply with the healthcare provider, facilitator, and healthcare physician.

4.4 Billing and reimbursement: Billing and reimbursement shall be in accordance with Standard Provider Contract, DoH Mandatory Tariff and associated Claims and Adjudication Rules, and the Claims and Adjudication Standard. All documents are available from the DoH website: https://www.doh.gov.ae/shafafiya/

5. Monitoring and Evaluation

5.1 Continuous monitoring shall be undertaken to review the operations across the facilities and to identify any emerging issues. In addition to this, audits shall be conducted to review the performance of the facilities and compliance with the standard, as deemed necessary

5.2 Postnatal home visit: A list of KPIs is outlined in Appendix 4 for facilities to continuously track and monitor. However, the respective facilities shall monitor any further metrics as they deem fit based on their clinical judgement.

6. Enforcement and Sanctions

6.1 DoH may impose sanctions in relation to any breach of requirements under this standard in accordance with the disciplinary regulation of the healthcare sector.

7. Relevant Reference Documents			
No.	**Reference Date**	**Reference Name**	**Relation Explanation / Coding / Publication Links**
1	April 2007	Policy for Infection Control in the HCFs	https://www.doh.gov.ae/en/resources/standards
2	May 2007	Medical Waste Management in Health Care Facilities	https://www.doh.gov.ae/en/resources/standards
3	February 2008	Patient Rights and Responsibilities	https://www.doh.gov.ae/en/resources/standards
4	June 2008	Standards for Maternity Care	https://www.rcog.org.uk/media/wispcst3/wprmaternitystandards2008.pdf
5	April 2011	HAAD Clinical Laboratory Standards	https://www.doh.gov.ae/en/resources/standards
6	Jan 2013	HAAD Standard for Childhood and Young adult Immunization	https://www.doh.gov.ae/en/resources/standards
7	March 2013	HAAD Standard for Newborn Baby Screening Requirements	https://www.doh.gov.ae/en/resources/standards

8	October 2013	WHO recommendations on Postnatal care of the mother and newborn	https://www.healthynewbornnetwork.org/hnn-content/uploads/Postnatal_Care_Guidelines_web_v2.pdf
9	2013	WHO postnatal standards	https://iris.who.int/bitstream/handle/10665/97603/9789241506649_%20%20eng.pdf?sequence=1
10	2014	POSTNATAL CARE ON ADMISSION TO THE WARD	https://www.kemh.health.wa.gov.au/~/media/HSPs/NMHS/Hospitals/WNHS/Documents/Clinical-guidelines/Obs-Gyn-Guidelines/Postnatal-Care-on-admission-to-the-ward.pdf?thn=0
11	August 2014	Postnatal care planning	https://www.rcm.org.uk/media/2358/pressure-points-postnatal-care-planning.pdf
12	April 2015	Postnatal Care for Mothers and Newborns Highlights from the World Health Organization 2013 Guidelines	https://www.who.int/docs/default-source/mca-documents/nbh/brief-postnatal-care-for-mothers-and-newborns-highlights-from-the-who-2013-guidelines.pdf
13	July 2015	HAAD Standard for Medical Record, Health Information Retention and Disposal	https://www.doh.gov.ae/en/resources/standards
14	Jan 2016	Guidelines for patient consent	https://www.doh.gov.ae/en/resources/guidelines

15	May 2016	POSTNATAL CARE: QUICK REFERENCE GUIDE	https://www.kemh.health.wa.gov.au/~/media/HSPs/NMHS/Hospitals/WNHS/Documents/Clinical-guidelines/Obs-Gyn-Guidelines/Postnatal-Care-QRG.pdf?thn=0
16	December 2016	HAAD Standard for Managing the Supply and Safe Use of medications in licensed Healthcare Facilities	https://www.doh.gov.ae/en/resources/standards
17	November 2017	HEALTHCARE PROVIDERS MANUAL	https://www.doh.gov.ae/en/resources/policies
18	March 2017	OSHAD SF	https://www.adphc.gov.ae/en/Legislation/Manual
19	May 2018	Optimizing Postpartum Care	https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care
20	May 2018	Standards of Postnatal Care for Mothers and Newborns in Ontario: Birth to one-week postnatal period	https://www.pcmch.on.ca/wp-content/uploads/2022/05/Standards-of-Postnatal-Care-for-Mothers-and-Newborns-in-Ontario-Final-Report-Part-I-2018May16.pdf
21	July 2018	DoH Standard for Clinical Complaints Management in Healthcare Facilities	https://www.doh.gov.ae/en/resources/standards

22	September 2018	UAE Fire and Life Safety Code of Practice	https://www.dcd.gov.ae/portal/eng/UAEFIRECODE_ENG_SEPTEMBER_2018.pdf
23	2019	DoH Health Facility Guidelines 2019 Part B – Health Facility Briefing & Design 250 Maternity Unit	https://stem.doh.gov.ae/HealthFacilityGuidelines/ViewPDF/ViewIndexPDF/DoH_part_b_maternity_unit
24	2019	Postpartum Nursing Care Pathway	https://www.gov.mb.ca/health/publichealth/phnursingstandards/docs/Postpartum_Nursing_Care_Pathway.pdf
25	Jan 2020	JAWDA Quarterly KPI Guidelines for Maternal and Perinatal Care Providers	https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines
26	June 2020	Postnatal Care Guideline Including Discharge from Hospital	https://wisdom.nhs.wales/health-board-guidelines/cwm-taf-maternity-file/postnatal-care-including-discharge-from-hospital/
27	July 2020	National Medical Standard for Maternal and Newborn Care	https://nhssp.org.np/Resources/SD/NMS%20for%20Maternal%20&%20New%20Born%20Care%20-%20PD%20R6%20-%20July%202020.pdf
28	July 2020	Postnatal Care Pathway	https://www.mkuh.nhs.uk/wp-content/uploads/2022/10/Postnatal-Care-Pathway.pdf

29	Sept 2020	DoH STANDARD ON TELE-MEDICINE	https://www.doh.gov.ae/en/resources/standards
30	2021	Postnatal Care Routine care of the well woman and neonate	https://www.sahealth.sa.gov.au/wps/wcm/connect/4024bcbf-6acd-48af-bf8e-72caec419cd1/Postnatal+Care.+Routine+care+of+the+well+woman+and+neonate_PPG_v1_0.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4024bcbf-6acd-48af-bf8e-72caec419cd1-ocRbUTd
31	Jan 2021	Ministerial Resolution No. (14) of 2021 on the Patient's	https://mohap.gov.ae/assets/d67042d0/Ministerial%20Resolution%20No.%2014%20of%202021.pdf.aspx
32	April 2021	Circular No 53/2021 Mandatory International Accreditation as Requirement for License Renewal	https://www.doh.gov.ae/en/resources/Circulars
33	April 2021	Postnatal care	https://www.nice.org.uk/guidance/ng194/resources/postnatal-care-pdf-66142082148037
34	April 2021	Postnatal care overview	https://www.ncbi.nlm.nih.gov/books/NBK571646/bin/niceng194guid_pathway1.pdf

35	June 2021	DoH STANDARD ON REPORTING	https://www.doh.gov.ae/en/resources/standards
36	September 2021	Postnatal care: new NICE guideline for the 'Cinderella service'	https://bjgp.org/content/bjgp/71/710/394.full.pdf
37	2022	Department of Health – Abu Dhabi (2022). Scope of Practice – Nursing.	https://www.doh.gov.ae/en/resources/scope-of-practice
38	2022	Professional Qualification Requirements (PQR)	https://www.doh.gov.ae/en/pqr
39	2022	ECA Parent's Guide to Mental Well-being	https://addcd.gov.ae/-/media/Project/DCD/DCD-v2/Documents/Parents-Guide-EN.pdf
40	September 2022	Postnatal care	https://www.nice.org.uk/guidance/qs37/resources/postnatal-care-pdf-2098611282373
41	March 2023	Standard for Healthcare Facility	https://www.doh.gov.ae/en/resources/standards

42	March 2023	STANDARD FOR CLINICAL PRIVILEGING OF HEALTHCARE	https://www.doh.gov.ae/en/resources/standards
43	2024	DoH, MOHAP, and SHA. (2024) Healthcare Workforce Bioethics Guidelines.	DoH/GD/HCWBIOETHICSGD/V1/2024. https://www.doh.gov.ae/en/resources/guidelines.
44	2024	WHO recommendations on maternal and newborn care for a positive postnatal experience	https://iris.who.int/bitstream/handle/10665/352658/9789240045989-eng.pdf?sequence=1
45	2024	Department of Health – Abu Dhabi, 2024. Obstetrics and Gynecology Scope of Practice.	DoH/SOP/OBGYN/V1/2024. https://www.doh.gov.ae/en/resources/scope-of-practice
46	April 2024	Accreditation Standards for Healthcare Facilities (Hospitals)	https://www.doh.gov.ae/en/resources/standards

Appendix 1 Criteria for Home visits- Medical risk indicators for Mother and Newborn

	Criteria	Indicator
Medical risk indicators for newborn	a. Congenital anomaly in infant	Major anomaly - have significant medical/surgical and typically require medical intervention
	b. Pre-term, low birth weight	Either pre-term (<37 weeks gestation) or low birth weight (<2.5 kgs) infant
	c. Breathing and feeding complication (NICU graduate)	Infants require NICU admission due to respiratory distress (e.g., RDS, TTN, meconium aspiration) or feeding challenges (e.g., immature suck/swallow reflex, tube feeding requirement
	d. Infection	Diagnosed with a neonatal infection requiring treatment, such as sepsis, pneumonia, meningitis, or urinary tract infection
	c. Hearing loss or sensory impairment	Confirmed or suspected major hearing loss or visual impairment affecting early development
	e. Gastrointestinal disorder, other than congenital disorder (e.g., intestinal obstruction, gastroenteritis)	Diagnosed with significant feeding intolerance, NEC (Necrotizing Enterocolitis), or persistent GERD
	f. Respiratory disorder, other than congenital disorder (e.g., Pneumonia, Respiratory distress syndrome)	Diagnosed with RDS, pneumonia, meconium aspiration syndrome, or BPD (bronchopulmonary dysplasia)
	g. Metabolic disorder, other than congenital disorder (e.g., jaundice, Hypoglycaemia, Hypocalcaemia)	Diagnosed with hypoglycemia, hypocalcemia, or other metabolic imbalances requiring treatment
	h. Circulatory disorder, other than congenital disorder (e.g., hypertension, hypotension, haemorrhage)	Experienced hypotension, hypertension, neonatal hemorrhage (e.g., IVH, pulmonary hemorrhage)
	i. Neurological disorder, other than congenital disorder (e.g., Hypoxic-ischemic encephalopathy, Intracranial haemorrhage, Seizures)	Diagnosed with HIE (Hypoxic-Ischemic Encephalopathy), neonatal seizures, stroke, or Grade III-IV IVH
	j. Jaundice	Jaundice requiring phototherapy, linked to ABO/Rh incompatibility, prematurity, cephalohematoma, or sepsis
Medical risk indicators for mother	a. Maternal Admission to ICU for Obstetric/Medical Reasons (e.g., thromboembolism, deep vein thrombosis, pulmonary embolism)	Critical symptoms that require immediate medical attention: Swelling, redness, or pain in the legs, along with shortness of breath, chest pain, or coughing blood.
	b. Postpartum Haemorrhage	- Blood loss greater than 500 mL (vaginal delivery) or 1000 mL (C-section) - Constant heavy bleeding beyond 24 hours
	c. Infection (e.g., wound infection from C-section/episiotomy)	- Elevated temperature (over 38°C) - Pain or tenderness in the lower abdomen - Increased redness, warmth, or discharge from the wound - Persistent pain or swelling at the incision site

	d. Hypertension (Postpartum)	- preeclampsia - eclampsia - Severe headaches or blurred vision

Appendix 2: Detailed guidelines regarding maternal postnatal visits:

Within 24 hours of delivery (Inpatient check)
Assess vital signs: blood pressure, heart rate, temperature.
Examine the uterus for firmness and position (uterine involution)
Check vaginal bleeding (lochia) for normal progression.
Inspect for signs of perineal tears or cesarean wound infection.
Evaluate bladder function to ensure normal urination
Encourage and assess breastfeeding initiation; provide guidance on proper latch
Provide reassurance and check for signs of distress or exhaustion
Teach mothers about danger signs (e.g., excessive bleeding, fever, severe pain).
Provide guidance on newborn care and hygiene
First check: Days 2-3 post-delivery (48-72 hours)
Reassess vital signs and lochia (bleeding should be lighter in color and flow).
Check uterine involution for normal progression
Inspect wounds for signs of infection or delayed healing
Assess breastfeeding progress and manage any challenges.
Discuss the importance of adequate maternal nutrition
Look for early signs of postpartum blues or anxiety
Second check: Days 2-3 post discharge (Teleconsultation)
Assess recovery process and ask for any pain and any postpartum discomfort
Confirm the expected lochia pattern and address breastfeeding concerns like latch issues
Screen for early signs of postpartum depression
Reinforce self-care, hydration and nutrition; advise when to see in person facility visit
Third check: Visit 3: 7-14 days post discharge
Reassess uterine involution and monitor lochia (should be decreasing).
Evaluate perineal or cesarean wound healing.
Address any bladder or bowel concerns
Discuss milk supply and infant feeding patterns

Screen for postpartum depression and anxiety
Provide support and referrals if needed
Reinforce family planning options and discuss safe sexual activity if appropriate
Fourth check: Visit 4-6 weeks postpartum
Check overall health: weight, blood pressure, and physical recovery.
Ensure uterine involution is complete.
Examine wounds for complete healing.
Conduct screenings for anemia or thyroid issues if needed

Appendix 3: Detailed guidelines for Mother and Newborn checks during home visits

Newborn Checks
• **General Examination**: Assess appearance, color, breathing, behavior, activity, and posture.
• **Head & Face**: Examine fontanelles, face, eyes, nose, mouth (including palate), ears, and neck for symmetry. Measure and plot head circumference.
• **Neck & Limbs**: Check clavicles, limbs, hands, feet, and digits for proportion and symmetry.
• **Chest**: Monitor equal rise and fall of the chest during breathing.
• **Abdomen & Umbilical Cord**: Examine for shape and complications at the umbilical site.
• **Elimination**: Assess urine and stool elimination, including meconium passage.
• **Genitalia & Anus**: Check for completeness, patency, and signs of infection, especially in circumcised males.
• **Skin**: Observe color, texture, birthmarks, or rashes.
• **Central Nervous System**: Assess tone, movements, posture, and reflexes.
• **Growth Monitoring**: Measure weight, length, and head circumference and plot on WHO child growth charts.
• **Screenings & Tests**: Ensure completion of newborn blood spot screening and hearing screening before discharge.
• **Jaundice Monitoring**: Advise parents to seek medical attention for jaundice, especially if it develops within 24 hours.

• **Parental Education**: Provide guidance on skin care, umbilical cord care, feeding, sleep, crying, and immunizations.
Mother Checks
• **Postpartum Recovery**: Reassess uterine involution and monitor lochia (should be decreasing).
• **Wound Healing**: Evaluate perineal or cesarean wound healing.
• **Bladder & Bowel Function**: Address any concerns related to urination and bowel movements.
• **Breastfeeding & Nutrition**: Discuss milk supply and infant feeding patterns.
• **Mental Health**: Screen for postpartum depression and anxiety. Provide support and referrals if needed.
• **Family Planning & Sexual Health**: Reinforce family planning options and discuss safe sexual activity if appropriate.
• **Pelvic & Breast Health**: Educate on pelvic floor exercises, cervical screening, breast self-examination, and continence promotion.
• **Education & Support**: Provide information on postpartum recovery, self-care, and newborn care.
• **Health Promotion**: Discuss topics such as nutrition, exercise, and emotional well-being.
• **Parental Guidance**: Offer advice on managing newborn care, self-care, and when to seek medical help.
• **Safety Education**: Discuss co-sleeping risks, sudden infant death syndrome (SIDS), and general infant safety.
• **Documentation**: Record all assessments, interventions, and referrals in the postnatal care record.
• **Emotional Well-being**: Support the mother in adjusting to postpartum life and managing stress.

Appendix 4: Key Performance Indicators for Home Visit Program

Category	KPI	Definition	Numerator	Denominator	Unit of Measure	Desired Direction
Program Impact	**Infant Mortality Rate (Postnatal)**	Infant mortality rate among patients receiving visits in postnatal period.	Number of infant deaths among those who received postnatal home visits	Total number of infants who received postnatal home visits	Deaths/ 1000 live births	Descending
Program Coverage	**Number of postnatal home Visits (Postnatal)**	Percentage of home visits received by eligible individuals in the postnatal period.	Total number of postnatal visits	Total number of infants meeting eligibility criteria, receiving visits	Number	100%
	Patient Satisfaction (Home Visits)	Patient satisfaction scores for home visitation services, averaged from surveys.	Sum of satisfaction scores	Total number of women receiving postnatal visits	Number	Higher is better
	Rate of Mothers Receiving Lactation Support	Percentage of mothers receiving lactation support during visits.	Number of mothers who received lactation support	Total number of eligible women receiving postnatal visits	Percentage	Higher is better
Screenings	**Postpartum Depression Rate (Postnatal)**	Rate of mothers diagnosed with postpartum depression	Number of mothers diagnosed with postpartum depression	Total number of women receiving postnatal visits	Percentage	Higher is better