

After birth, all mothers and newborns need to stay in the facility for at least 24 hours to receive necessary health checks, counseling, and care before discharge.

Before Discharge, Every Mother and Newborn Needs Counseling and Care

Make sure the following criteria have been met before they leave the facility.



For all mothers and newborns:

- ☑ It has been more than 24 hours since an uncomplicated vaginal birth.
- ☑ The mother has been counseled on exclusive breastfeeding, hygiene, newborn care, maternal nutrition, postpartum depression, protection from mosquitos, possible signs and risks of Zika infection, follow-up care for the mother for any medical conditions (e.g., high blood pressure), resuming sexual relations, and ensuring safe sex.
- ☑ The mother and family have been counseled on and can recognize danger signs for mother and baby and know where to seek help.
- ☑ The mother has been counseled on postpartum family planning—including the benefits of spacing births at least 3 years apart), has been offered to start a contraceptive method of choice (as available) and has been referred for family planning follow-up.
- ☑ The baby has received eye care, cord care, vitamin K, and immunizations per national guidelines and been linked to the immunization register.
- ☑ If the mother is living with HIV, she and the newborn have received ARVs. If the mother has or had a positive serologic test for syphilis, she and her newborn are completing treatment per protocol; a baby with signs of congenital syphilis has been referred for speciality care.
- ☑ Mother and newborn have had thorough physical examinations; for the baby, the head circumference and weight have been measured and recorded and the entire body has been inspected for abnormalities.
- ☑ Follow-up has been scheduled for postnatal care (at 48–72 hours, at 7–14 days, and at 6 weeks), immunization, and family planning.
- ☑ If mother had suspected or confirmed Zika virus infection in pregnancy, the mother and family have been counseled on the need for close follow-up of the baby, including monitoring of growth and development, hearing, and vision, plus psychosocial support, as indicated.



Any mother with any of the following should stay in the facility for further care:

- ☑ Any danger sign: heavy bleeding, severe abdominal pain, unexplained pain in chest or legs, disorientation, visual disturbance or severe headache, breathing difficulty, fever, chills, or vomiting
- ☑ Bleeding that is heavy or has increased since birth (e.g., bleeding soaks a pad in less than 5 minutes)
- ☑ An abnormal vital sign: high blood pressure (SBP \geq 140 mmHg or DBP \geq 90 mmHg), low systolic blood pressure $<$ 100 mmHg, temperature $<$ 36.0°C or \geq 38.0°C, or heart rate \geq 90 beats per minute
- ☑ Inability to urinate easily or leaking urine
- ☑ Treatment for a complication and a condition that has not stabilized (e.g., vital signs are not normal or she has a danger sign)

Any newborn with any of the following should stay in the facility for further care:

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| <ul style="list-style-type: none"> ☑ Feeding poorly or refusing to eat ☑ Convulsions ☑ Fast breathing ($>$ 60 breaths/minute) ☑ Severe chest in-drawing ☑ Fever (temperature $>$ 37.5°C axillary) ☑ Hypothermia (temperature $<$ 36.5°C) ☑ No movement or movement only on stimulation ☑ Any yellowing (jaundice) of the skin or mucous membranes (eyes, mouth) ☑ Umbilical stump that is bleeding or has discharge, foul odor, or redness around it ☑ Has not passed urine and/or stool ☑ Weighs $<$2,500g | <ul style="list-style-type: none"> ☑ Hyperreflexia ☑ Limb contractures such as clubfoot ☑ Microcephaly ☑ Extreme irritability ☑ Problems swallowing ☑ Tremors ☑ Excessive scalp skin |
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For newborns of mothers with suspected or confirmed Zika virus infection during pregnancy:

- ☑ Hypertonia (restricting body movement)

Other neurologic findings and eye abnormalities may be present. Any newborn with suspected or confirmed exposure to Zika virus and/or signs of congenital Zika infection (microcephaly and/or other anomalies consistent with congenital Zika syndrome) should have a comprehensive evaluation prior to discharge or as soon as possible afterwards, according to local standard of care and national guidelines. See MCSP postnatal care checklist and other MCSP support materials for more information.