**Do Facility-based Deliveries in Kenya adhere to WHO-recommended Guidelines for Post-Natal Care (PNC)?**

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**Background**

The postnatal period (from birth to six weeks after delivery) is a crucial period for the survival of mothers and newborns. According to the World Health Organization, 66 percent of all maternal deaths and 75 percent of all newborn deaths occur within the first week after delivery. Therefore understanding the gaps in postnatal care for women in Kenya is important for ensuring that the maternal and neonatal mortality rates are reduced further.

**Aims and objectives of the research**

The overall aim of this research was to analyze whether facility-based deliveries in Kenya adhere to the WHO-recommended guidelines for provision of postnatal care.

**Methods**

The study made use of data obtained from the 2014 Kenya Demographic and Health Survey (KDHS). A sample of children aged below 5 years who were born in a health facility was drawn (n=4,104). The variables of interest were check-up of mothers and newborns after delivery before discharge. Data was analyzed using descriptive statistics and logistic regression models, which were run to evaluate the factors that influence the quality of postnatal care received by women who deliver in health facilities.

**Results**

From the descriptive statistics, 30 percent of the mothers stayed in the health facility for less than 24 hours, while an additional 32.2 percent stayed for a day and were released. Only 38 percent stayed in the health facilities for more than 24 hours. Seventy-five percent of the mothers received post-natal check-up before discharge while 25 percent did not. Of those who did not receive PNC before discharge, only 12 percent received check-up after discharge. In total, 22 percent of the women in the sample did not receive PNC at all. On the other hand, 69 percent of newborns received PNC in the two months after birth, while 31 percent did not.

The logistic regression models showed that the education level of the woman, the place of delivery and number of antenatal care visits had statistically significant influence on postnatal check up. Specifically, women who had some education (whether primary, secondary or higher) were more likely to receive PNC than women with no education at all and the probabilities increased with the increase in educational level. Women who delivered in lower-level public facilities had lower probabilities of receiving PNC compared to those who delivered in public hospitals; while women who delivered in private hospitals or clinics had higher probabilities of receiving PNC compared to those who delivered in public hospitals. Women who received 4 or more ANC had higher probabilities of receiving PNC compared to those who received less than 4 ANCs.

**Conclusion**

Ensuring that women in Kenya deliver in health facilities is not enough to reduce the high maternal and neonatal mortality rates. The quality that the women and newborns receive while in the health facilities also matters. Policies should ensure that women and their newborns receive adequate post-natal check-ups before and after discharge to help address the immediate causes of maternal and neonatal mortality.