POSTPARTUM COUNSELING IN THE CONTEXT OF THE ZIKA EPIDEMIC

**STEP 1** Establish and maintain a friendly and respectful relationship with the postpartum mother.

**STEP 2** Establish the risk that the mother had Zika during the pregnancy or currently has Zika by asking the following questions:

1. Did you have symptoms or signs of Zika during your pregnancy? (Yes/No)
2. Did you have any Zika tests during your pregnancy? (Yes/No)
3. If you did have a Zika test, did the result come out positive? (Yes/No)
4. Has your partner had Zika? (Yes/No)

*If the mother answers NO to all the questions, she has a LOW RISK of having had or currently having Zika. If the mother answers YES to one or more of the questions, she is AT RISK of having had/having Zika.*

**STEP 3** If the mother has a LOW RISK of having had or having Zika, provide postpartum care following the steps of the national standards.

**STEP 4** Counsel the mother on postpartum care: exclusive breastfeeding, LAM, and other postpartum family planning methods. Ask about and give her general messages on preventing Zika by protecting herself, her home and surroundings, and her newborn (Table 3). *Emphasize condom use** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind the mother of her next appointment. **END.**

**STEP 5** If the postpartum woman has not had or does not have signs and/or symptoms of Zika

Counsel the mother on postpartum care: exclusive breastfeeding, LAM, and other postpartum family planning methods. Ask about and give her general messages on preventing Zika by protecting herself, her home and surroundings, and her newborn (Table 3). *Emphasize condom use** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind the mother of her next appointment. **END.**

**STEP 6** The newborn does not have microcephaly nor other signs of congenital Zika syndrome.

Check if the mother has had or has signs or symptoms of Zika: fever (temperature higher than or equal to 38.5°C or 101.3°F); arthralgia; nonpurulent conjunctivitis; headache; myalgia; asthenia; maculopapular skin rash; retro-orbital pain; lower extremity edema; anorexia; vomiting; diarrhea; and/or abdominal pain.

**STEP 5** If the postpartum woman has had or currently has signs and/or symptoms of Zika

Review the mother’s laboratory test, ultrasound results, and/or the head circumference measurement at 24 hours after birth, if available. Determine whether the newborn has microcephaly or other signs of congenital Zika syndrome.

**STEP 6** The newborn has microcephaly or other signs of congenital Zika syndrome.
Counsel the mother on postpartum care: exclusive breastfeeding, LAM, and other postpartum family planning methods. Ask about and give her general messages on preventing Zika and protecting herself, her home, her surroundings, and her newborn (Table 3). **Emphasize the use of condoms** to prevent sexual transmission of the Zika virus. Give her condoms and repellent, if available. Remind her of her next appointment. END.

Complete clinical records for the mother and newborn. Remind her of her next appointment.

Referral for psychological support and follow-up/treatment of the newborn. END.

Listen to the mother and her partner/family. Give them messages of support and explain how to support her child and her child’s condition (whether mild, moderate, or severe).

**Explain that condoms are the only way to prevent sexually transmitted diseases like HIV and Zika.**

Explain that she must bring her child to his or her checkups and monitor growth every month, because it is very important to monitor whether the baby’s nervous system develops normally. Remember that there can be late manifestations of the congenital Zika syndrome. Do not forget to mention that microcephaly has multiple causes, including deficiency of micronutrients, genetics/chromosomes, and infectious causes.