

Knowledge of mothers regarding postpartum care in Hila health care centers

Suhair M. Hassoon¹, Muna A. Kadhum Zeidan² and Aws Azmi Shakir³

(1,2,3) Community Health Department, College of Health and Medical Technologies / Baghdad - Middle Technology University.

Correspondence author G-mail(1): suhair.mohammed1976@gmail.com

Correspondence author G-mail(2): munaalwaeli60@gmail.com

Abstract

Safe maternity programmers have recently increased their emphasis on the importance of postnatal care. The aim of this study were to determine of postpartum care in clinics of mothers in Hila City: A **cross**-sectional study was carried out in PHCs during the period from (1st November 2019 to 28th February 2020). A total of 200 mothers and pregnant women are randomly selected from primary health centers and hospitals were included in the study. Data were collected based on face-to-face interview using a questionnaire. The results show that "age group 20-24 years was the highest percentage (26.5) %, while age group 35-39 years was the lowest percentage (10.5%), among the study population, the" professional status "the emission so that the percentage house wife very low shows that the student percent (77.0, 1.0) %. According to the "educational level" the result shows that 70% of our study population have the primary education, whereas only 7% have the secondary education the "home" the result shows that a higher percentage in urban environment while low percentage emissions than in rural areas (58.0, 42.0) %.The overall prevalence of PNC use in this study was relatively good, and PNC counseling and appointment, management as a sign of danger, PNC experience, and less than 6 hours in a medical facility prior to discharge were considered statistically significant for current service using PNC.

Keywords: Knowledge; postpartum; care.

معارف الامهات حول الرعاية ما بعد الولادة في مراكز الرعاية الصحية في الحلة

أ.م. سهير ممد حسون¹ ، أ.م. منى عبد الكاظم زيدان² و أ.م. اوس عزمي شاكر³

الخلاصة

تتركز برامج الامومة في الوقت الحالي على أهمية الرعاية ما بعد الولادة. ان الهدف من هذه الدراسة هو تحديد الرعاية بعد الولادة للأمهات في مدينة الحلة . دراسة مقطعية أجريت في مراكز الرعاية الصحية الأولية وللفترة من (1 نوفمبر 2019 إلى 28 فبراير 2020). تم اختيار عينة مكونة من 200 من الأمهات والحوامل وبشكل عشوائي من المراكز الصحية الأولية ، وتم تضمين المستشفيات في الدراسة وتم جمع البيانات بناءً على مقابلة وجهاً لوجه باستخدام استبيان.

أظهرت النتائج أن "الفئة العمرية 20-24 سنة كانت أعلى نسبة حيث بلغت (26.5)٪ ، بينما كانت الفئة العمرية 35-39 سنة أقل نسبة (10.5)٪ ، بين مجتمع الدراسة ، وحيث أظهرت أعلى نسبة " الحالة المهنية " هي ربة المنزل وأقل نسبة هي الطلاب (77.0) ، وبحسب "المستوى التعليمي" ، تظهر النتيجة أن 70٪ من مجتمع الدراسة حاصلون على التعليم الابتدائي ، بينما 7٪ فقط حاصلون على التعليم الثانوي. وكذلك بينت النتيجة أن هناك نسبة مئوية أعلى في البيئة الحضرية بينما النسبة منخفضة مقارنة بالمناطق الريفية (58.0 ، 42.0)٪. وقد أظهرت الاستنتاجات أن معدل المعرفة للرعاية ما بعد الولادة في هذه الدراسة جيداً نسبياً ، واعتبرت استشارة الامهات للرعاية ما بعد الولادة وتعيينها وإدارتها كعلامة على الخطر وتجربتهم لمدة لا تقل عن 6 ساعات في المنشآت الطبية ذات دلالة إحصائية واضحة .

الكلمات المفتاحية: المعارف ، بعد الولادة ، الرعاية .

Introduction

Post-natal care refers to issues pertaining to the mother and the baby from birth up to 6 weeks [1]. The goal of care during the early postnatal period is to promote the physical well-being of both mother and baby, as well as support the developing relationship between the baby and his or her parents and family. In addition, it can also support the development of infant feeding skills and strengthen the mother's knowledge and confidence in herself and her baby's health and well-being. Accordingly, postnatal care knowledge enables mothers to develop parenting skills to fulfill their mothering role within their particular family [2]. Lack of appropriate postnatal care sometimes may result in death or disability of the mother and/or newborn [3]. Worldwide, nearly 600,000 mothers between the ages of 15–49 years die every year due to complications arising from pregnancy and childbirth. Hence, maternal death occurs almost every minute of every year, out of which 99% are in the developing countries [3]. Around two thirds of maternal and newborn deaths occur in the early postpartum period in developing countries and most of them in sub-Saharan Africa [4]. Almost half of postnatal maternal deaths occur within the first 24 h and 66% occur during the first week [5]. About 80% of maternal deaths worldwide are due to direct causes, such as hemorrhage, infection, difficult delivery, unsafe abortion and hypertension [6]. This is the fastest killer on the mother's side. In addition, premature births, asphyxia, and severe infections account for two-thirds of all infant deaths, unless under the care of a qualified physician. [7]. The postnatal period is defined as the first six weeks after birth and is essential for the health and survival of the mother and the newborn baby. The first two days after giving birth are essential to monitor for birth complications [8]. This may be attributed to the education of the mother during postnatal visit, and it is recommended that all women undergo at least three to four postpartum follow-up examinations according to WHO guidelines. Lack of care during this period can lead to death or disability, as well as lost opportunities to promote healthy behavior by women, infants and children [9].

Experiences Understanding women and the prospects of antenatal care is particularly important to improving the effectiveness of service delivery and meeting women's needs and expectations. As part of a comprehensive evaluation of postnatal care services in Iraq, the study sought to examine the views and experiences of antenatal care in a sample of women.

Methods

Study design: A Cross-sectional study (A purposive sample) for mothers from 1st November 2019 to 28th February 2020 was carried out in this survey.

Setting of the Study: The study was performed in Hila city among mothers who visit the medical clinic in Imam Ali hospital.

The study sample: A purposive sample of 200 mothers and pregnant women were randomly selected. Data was gathered by the investigator through the usage of a special designed questionnaire about knowledge mother of postpartum and application and socio economic variable such as (age. Educational level, occupation and residence ect) of direct interview with the mothers and pregnant women were initiated.

Statistical analysis methods Knowledge scoring: were scored as one score given for a correct answer while zero for an incorrect answer. Knowledge level was done by using percentile to limitation the three level of knowledge as show below (10):

Poor knowledge (<9 score) 3rd percentile; moderate knowledge (10-20 score) 50th percentile; good knowledge (>20 score) 90th percentile

Data was analyzed by using SPSS package version 18, χ^2 test was used to test the association between categorical variables p value of < 0.05 was considered significant.

Results and Findings

Table (1): Distribution of sample study according to Socio demographic Characteristic.

Age years	Frequency	Percent
20-24	53	26.5
25-29	48	24.0
30-34	44	22.0
35-39	21	10.5
More than 40	34	17.0
Total	200	100.0
Occupational status	Frequency	Percent
Employee	44	22.0
House wives	154	77.0
Students	2	1.0
Total	200	100.0

Educational level	Frequency	Percent
Primary	140	70.0
Secondary	14	7.0
High school	46	23.0
Total	200	100.0
Residence	Frequency	Percent
Urban	116	58.0
Rural	84	42.0
Total	200	100.0

Table(1) shows that "age group 20-24 years had the highest percentage (whereas age group (35-39 years) had the lowest (10.5%) regarding the "occupational status "the result shows that house wives had the highest percentage (77%) whereas the students had the lowest percentage (1%) As for the education level the result shows that percentage of subjects who had the primary education was higher (70%) than those who had the secondary education (7%), .Relative to the" Residence" the result show that high percentage of subjects (58%) resided in urban areas while low percentage of subjects (42%) resided in rural areas .

Table (2): Distribution of sample according to Knowledge score.

Knowledge score	Frequency	Percent
Poor	59	29.5
Intermediate	63	31.5
Good	78	39
Total	200	100.0

Table (2) shows that (39%) of mothers had good knowledge on post-partum care.

Table (3): Distribution of sample study according to type of information received.

Provider of information	Frequency	Percent
Doctor	135	67.5
Nurses	13	6.5
Friend	25	12.5
Family	27	13.5
Total	200	100.0

Table (3) Relative to the provider of information " the result shows that the highly percentage in select doctor while the low percent shows that in select Nurses (67.5, 6.5) %.

Table (4): Distribution of sample study according to education on new born care during pregnancy.

Duration of exclusive breast feeding	Frequency	Percent
Less than 6 months	59	29.5
6 months	42	21.0
More than 6 months	67	33.5
Other	32	16.0
Total	200	100.0

Table (4) Relative to the breast feeding "Duration of exclusive breast feeding" the result shows that the highly percentage answered more than 6 months while the low percent was the answered other (33.5,16.0) % respectively.

Table (5): Distribution of sample study according to the mode of delivery.

Education on newborn care practices during pregnancy	Frequency	Percent
Yes	163	81.5
No	37	18.5
Total	200	100.0

Table (5) Relative to the "Education on newborn care practices during pregnancy" the result shows that the highly percentage in Yes while the low percent shows that in No (81.5,18.5) % respectively.

Table (6): Distribution of sample study according to Provider of information.

Mode of delivery	Frequency	Percent
cesarean section	79	39.5
Vaginal delivery	110	55.0
Assisted vaginal	11	5.5
Total	200	100.0

Table (6) Relative to the "mode of delivery" the result show that the highly percentage in vaginal delivery while the low percent shows that in assisted vaginal (55.0, 5.5) % respectively.

Table (7): Distribution of sample study according to Duration of exclusive breast feeding.

Type of information received	Frequency	Percent
Breast feeding	105	52.5
Cord care	15	7.5
Eye care	9	4.5
Danger signs in new born	21	10.5
Care of the lower birth weight	5	2.5
Immunization	45	22.5
Total	200	100.0

Table(7) Relative to the "type of information received" the results show that high percentage in breast feeding while the low percent shows in care of the lower birth weight (52.5, 2.5) % respectively .

Table (8): Distribution of sample study according to Babies should be breast feed on demand.

Babies should be breast feed on demand	Frequency	Percent
Yes	150	75.0
No	50	25.0
Total	200	100.0

Table (8) Relative to the breast feeding " Babies should be breast feed on demand" the result shows that the highly percentage in answered was Yes while the low percent shows that in the answered was No (75.0,25.0) % respectively.

Table (9): Distribution of sample study according to Colostrum should be given to baby.

Colostrum should be given to baby	Frequency	Percent
Yes	157	78.5
No	43	21.5
Total	200	100.0

Table (9) Relative to the breast feeding " Colostrum should be given to baby" the result show that the highly percentage in answered was Yes while the low percent shows that in the answered was No (78.5,21.5) % respectively.

Table (10): Distribution of sample study according to Vaccine prevent disease in your baby.

Vaccine prevent disease in your baby	Frequency	Percent
Yes	168	84.0
No	32	16.0
Total	200	100.0

Relative to the importance of immunization the result show that the high percentage in answered was Yes while the low percent shows that in the answered was No (84.0,16.0) %.

Table (11): Distribution of sample between Age and knowledge score.

Age	Knowledge score				p. value
	Poor	Moderate	Good	Total	
20-24	16 30.2%	21 39.6%	16 30.2%	53 100.0%	$\chi^2=7.69$ $p \leq 0.064$
25-29	12 25%	11 22.9%	25 52.1%	48 100.0%	
30-34	17 38.6%	15 34.1%	12 27.3%	44 100.0%	
35-39	7 33.3%	7 33.3%	7 33.4%	21 100.0%	
More than 40	7 20.6%	9 26.5%	18 52.9%	34 100.0%	
Total	59	63	78	100	

This table shows that a good knowledge among mothers of (25-29) years old was higher than other. There was statistically significant relationship between knowledge and the age of mother.

Table (12): Relationship between educational level and knowledge score.

Educational	Knowledge score				p. value
	Poor	Moderate	Good	Total	
Primary school	40 28.6%	44 31.4%	56 40.0%	140 100.0%	$\chi^2=7.454$ $p\leq 0.017$
Secondary school	3 21.4%	5 35.7%	6 42.9%	14 100.0	
Higher school	16 34.8%	14 30.5%	16 34.8%	46 100.0	
Total	59	63	78	200	

This table shows that good knowledge of mothers who their education level was Secondary was higher than other. there was statistically significant relationship between knowledge and women education p-value=0.000.

Table (13): relationship between Knowledge score and residence.

Residence	Knowledge score				p. Value
	Poor	Moderate	Good	Total	
Urban	31 26.7%	39 33.6%	46 39.7%	116 100.0%	$\chi^2=9.017$ $P= 0.041$
Rural	28 33.3%	24 28.6%	32 38.1%	84 100.0%	
Total	59	63	78	200	

This table shows that mothers who resided in urban areas had a good knowledge about post-partum care. Thus, the association between knowledge and residence was found to be significant p-value=0.000.

Table (14): Relationship between parity and knowledge score.

Parity	Knowledge score				p. value
	Poor	Moderate	Good	Total	
1-2	31 35.2%	23 26.4%	34 38.6%	88 100.0%	$\chi^2= 8.017$ $p\leq 0.041$
3-4	13 24.5%	17 32.1%	23 43.4 %	53 100.0%	
>5	15 25.4%	23 39%	21 35.6%	59 100.0%	
Total	59	63	78	200	

This table shows that good knowledge of pregnant who had more than 5 parity was higher than other. There was statistically significant relationship between knowledge and women education $p\text{-value}=0.000$.

Discussion

This study shows the age group (20-24 years) had a higher percentage while age group (35-39 years) had a lower percentage 21 (26.5, 10.5) %, respectively, This result disagreement with Xiang Xiong study (2014) due to the obligation in postpartum care in the latency period [11]. The level of education in this study shows high percentage in primary school 140, while emissions low percentage in secondary 14 (70.0, 7.0) % this does not agree with Gage (2007), had significant impact on mother's education level on the use of maternal health services and in high education areas, social networks provided women with access to contacts and information about safe motherhood and reducing uncertainties formal health systems [12]. As for the "Residence" the result shows that the percentage was the highest in urban area 116 while it was the lowest in rural areas 84 (58.0, 42.0%) Results parity, the result shows that the high percentage in 1-2, 88 while a low percentage shows that in 3-4, 53 (44.0, 26.0) %. In this study, it may suggest that if a mother initially did not use PPC care in subsequent deliveries, they are unlikely to do so. The women in this study may have considered themselves aware of the service they had basic formal education, the majority delivered in health facilities they have taken the given initial information and care is sufficient during the period so no need to return [13]. The results of the type of information received show the higher percentage that breastfeeding while emissions low percent that the management of low birth weight (52.5, 2.5) % this is consistent with Koblinsky M. (2012) who discovered that if the use was generally high by mothers due to increase health education for mothers on breastfeeding after birth [14]. The results of education on newborn care practices during pregnancy show a high percentage in a reply Yes 163 while the low performance percent response 37 (81.5, 18.5) % this agreement with Mrisho (2009). in this study mode of delivery results indicate the high percentage in vaginal delivery and 110 percent lower in the vaginal assisted 11 (55.0, 5.5) % this endorses Neupane who discovered that the majority of women who participated in the antenatal care. In the majority of women study had prior knowledge of the service itself, but not understood used there may be other factors leading to under-utilization [15].

The results of supplier information indicate the high percentage from doctor 135 and select low percent shows that some nurses 13 (67.5, 6.5) % This is in agreement with Qureshi and Pacquiao (2013) [16]. The results because of the duration of breast feeding percentage very exclusive shows responded to more than 6 months 59 while low emissions present in a response was other 32

(33.5,16.0) % disagree with this Limenih et al. (2016). The results of the babies should be breast feeding on emissions of demand response percentage was very Yes 150 while this low in a reply No. 50 (75.0, 25.0) % that agrees with and DiBari al., (2014), due to increased maternal knowledge of the importance of breastfeeding [17]. The results immunization "Preventing disease vaccines in your baby" the result shows that the percentage was raised in a reply Yes 168 while low percentage shows that the answer was No. 32 (84.0,16.0) this is according to Gabrysch & Campbell (2009) due to increase health education on the vaccination program in most countries [18]. The results a study on the assessment of factors influencing the use of maternity care, conducted in the Jabitena Amara district in northwestern Ethiopia, showed that the prevalence of the use of maternity care was 20.2% [19].

similarly, to the community survey in northern Ethiopia, it showed that the percentage of people receiving maternity care was 49.7% [20]. Another study conducted in southern Ethiopia on post-natal care levels found that the proportion of household / child samples who received the complete vaccine was very low (only 37.2%) compared to many population groups in Ethiopia [21].

Conclusions

The overall prevalence of the use of services in the PNC study was relatively good. PNC consulting and supply of appointment, the Board as a sign of danger, the experience of using the PNC, and less than 6 hours remain to health establishment before discharge were deemed statistically significant for current service PNC use. And most employees of mothers do not use ANC services in the appropriate method. the use of PNC services was poor in rural than urban areas.

The results of the study indicated that (39%) of mothers had good knowledge on post-partum care. And also showed that the age, the level of education occupation, residence and parity, had significant relation with knowledge. Also as shown in the study of colostrum should be given to the baby during PNC was most mothers breastfeed less than six months.

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