



# The inadequacies in postnatal health care

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## Conceptual Paper

The days and weeks following childbirth, called the postnatal period, is a critical phase in both the lives of the mother and the newborn. However, the quality of care during this time can at times be neglected, resulting in illness, or even infant mortality. With a lack of continuity in care, neonatal readmissions are more frequent and recommendations for breastfeeding are often not complied with [1-3]. The inadequacy in postnatal care (PNC) can be contributed to both a lack of research on the issues associated with PNC, and differing perceptions of maternal needs among health care staff members, new mothers, and regional cultural practices [2].

Although the postnatal period during the six weeks after childbirth is just as important as the prenatal period, insufficient data exists on the utilization of these services and on the problems faced during this period of care [1-3]. In the United States, for example, surveillance systems to monitor maternal behaviors and experiences do exist; however, not all states participate in this system [2]. These surveillance systems focus on postpartum depression, but not on other factors or complications, and tend to place emphasis on maintaining health during pregnancy.

Additionally, the lack of a specific strategic plan that is both comprehensive and encourages mothers to obtain postpartum care has resulted in inconsistent findings nationally. Research on PNC further contributes to data inconsistencies by focusing on breastfeeding and medical care, neglecting the psychosocial care of new mothers [2,3]. Data investigating the new mother's depressive symptoms is often outdated, further undermining the effects this may have on her child's cognitive and emotional development long-term [2].

With the lack of data and research in this area [3], postpartum maternal health education is somewhat inadequate [1,2]. In the United States, mothers feel unprepared for the effort and care required during the postnatal period with the lack of information provided. However, new mothers feel that information should

be obtained from a doctor more so than from family and friends. Contrastingly, in countries like Lebanon, increased education about the importance of PNC increased the use of its services; new mothers preferred the familial and midwifery support they were accustomed to, particularly in rural areas. According to the World Health Organization (WHO), lack of education, poverty, and limited access to health-care facilities are associated with low use of PNC services [1].

In a systematic review, it was found that access to PNC was positively correlated with socioeconomic status, i.e. the higher the socioeconomic status of the mother; the greater access she has to PNC. Additionally, women living in urban areas generally have greater access to postnatal services and exposure to health-promotion programs than those living in rural areas. Though urban areas demonstrate high population densities and high birth rates, the availability of such services and programs also depends on the affluence of the urban area.

Inadequacy in postnatal health care can also be contributed to differing priorities and perceptions among health care staff and new mothers and families, based on regional cultural differences. For example, in South Africa, new mothers were more concerned about routine self-care practices to maintain body image than about medically based physical changes, a focus of the health care staff [2].

Due to this discrepancy, the needs of the mother are not adequately provided for. In rural Jordan, for example, underutilization of PNC services is due to preferences in maintaining traditional beliefs over government-based health care services [3]. Like Jordan, in some cultures in the United States and Mexico, breastfeeding and wrapping practices are influenced by the cultural beliefs that there should be no separation between mind, body, and spirit, and that doing so allows for a closer mother-infant bond [2,3]. Therefore, beliefs on how to care for the baby stem from traditional practices in these rural societies,

leading to the neglect and eventual initiative of government-based health care services.

The essential period after birth, the postnatal period, is often wrongly neglected when the mother needs the most care in experiencing physical and emotional changes [1-3]. In order to address these needs, national data collection and health objectives should be expanded. With this data, researchers will be better able to focus on answering gaps in maternal health knowledge and thus encourage promotion and education of the utilization of such services [1,2]. Additionally, PNC programs should consistently adapt to both the physical and psychosocial needs of the mother depending on common cultural practices and beliefs in order to maximize the utilization of postnatal health care services [2,3].

PNC practices could achieve a higher quality of care by implementing these recommendations as well as by maintaining more comprehensive support and involvement between health care providers and the mother. With this, the wellbeing and emotional health of both the mother and newborn can be promoted.

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