How to Cite:
Khidhir, R. M., & Ahmed, H. M. (2022). Maternal satisfaction with home versus health facility postnatal nursing intervention: A quasi-experimental. *International Journal of Health Sciences*, *6*(S9), 2083–2094. https://doi.org/10.53730/ijhs.v6nS9.12869

Maternal satisfaction with home versus health facility postnatal nursing intervention: A quasi-experimental

Dr. Renas Mohammed Khidhir
PhD in Maternity Nursing, Maternal and Neonatal Nursing Department/ College of Nursing/ University of Raparin, Rania, Kurdistan/Iraq
Corresponding author email: renas.mohamad@uor.edu.krd

Professor Dr. Hamdia Mirkhan Ahmed
PhD in Maternity Nursing, Hawler Medical University
Email: hamdia76@gmail.com

***Abstract*---**Background: Early and immediate postnatal care that is satisfactory has been defined as meeting the postnatal health care needs of mothers to the level of their expectations, making them feel happy, and enhancing their quality of life and wellbeing. The study's goal is to compare how satisfied mothers were with postnatal nursing interventions at home compared in a hospital. It evaluates mothers' satisfaction with their postpartum care as a foundation for their future use of postpartum care. The postnatal stage is the most important but also the most ignored stage in the mothers and newborns life, as the World Health Organization (World. Health. Organization, 2022). Methods: The study uses a quasi-experimental approach and a quantitative design. It was undertaken on 150 postpartum mothers who gave birth in the maternity hospital in Rania City, Kurdistan Region of Iraq, between December 30, 2020, and December 15, 2021. They were divided into three groups at random: one control group (n=50), two groups of intervention (the first group received postpartum care at home (n=50), and the other in a medical center (n=50). In accordance with the WHO recommendations, the researcher examined them within 24 hours of birth and conducted necessary interventions for the two intervention groups during three follow-up visits over a six-week period. There have been some procedures to analyze the data such as percentage, frequency, and the chi-square test. However, they were visited for the first time within 24 hours of birth, again after 3 days, once more after 7 days, and then after 6 weeks. However, there were no follow-up visits or postnatal care evaluation interventions for the control group, who only got normal care in the postnatal care facility. Results: The data analysis includes 150 recruited samples in total. In both the control and experimental groups, participants' ages contributed to a

mean age of 35 years, according to the analysis of results. In addition, the majority of the study sample in all three groups—the control, two experimental, and experimental—had a high school diploma or equivalent. Additionally, the majority of participants in both all the three groups had nuclear families, and more than %50 of respondents' husbands worked for the government, but there was no discernible dissimilarity between the control and experimental groups in terms of the type of family. Both the experimental and control groups were predominately of an adequate economic standing. Six weeks after giving birth, the postpartum assessment of mothers' satisfaction with postpartum care overall among the home, facility, and control groups was 17.411, d.f.=2, P-Value=0.000 (HS). In comparison to the two experimental groups, the mothers in the control groups often engaged in more postnatal treatment plans. Conclusion: The results of the study demonstrate that home visits had the biggest impact on postnatal care. Therefore, nursing interventions delivered during home visits can be relied upon to improve maternal health following delivery.

***Keywords*---**Home Visit, Postnatal Nursing Intervention, Maternal and Neonatal, Maternal Satisfaction and Health Facility.

Introduction

The time frame between the placenta delivery and six weeks (40 days) thereafter is known as the postnatal phase. A woman and her newborn are going through a unique and dangerous time in their lives. To increase satisfaction and the effectiveness of postnatal treatment, health care professionals must recognize this need and address it respectfully during the postnatal period.

Measurement of beneficiaries' happiness with health facilities, especially delivery care, has developed as a widely used, cost-effective approach of assessing the quality of the services. Satisfaction with provided healthcare is well established. In addition to enhancing the social awareness and client-friendliness of facilities in postpartum care, assessing mother's satisfaction with delivery procedures also affects. Additionally, it has clinical relevance. Women who have unpleasant delivery experiences are more likely to experience postpartum depression, develop a phobia of childbirth, have trouble nursing, and struggle with other aspects of baby and self-care (Jha *et al.*, 2017).

The six-week postpartum phase, which starts the day after the baby is delivered and is a crucial transition phase for the mother, the baby, and their family, sees the reproductive organs return to their typical, non-pregnant state. Maternal health issues include bleeding, infection, pain, breast issues, exhaustion, and having the fear of inadequacy towards parenthood and newborn care could happen during this period, lowering the life quality. Given that most of the impairments and maternal deaths happen during the first week following delivery, maternal morbidity and mortality are serious issues. 66 percent of postnatal deaths take place in the first week, and 45 percent do so within the first 24 hours (Mokhtari, Bahadoran and Baghersad, 2018).

Importance of the study (Justifications for study)

Regardless of the fact that it is the moment when facilities and services are at their poorest, at least 125 thousand mothers and 870 thousand newborns die during the first seven days following childbirth every year throughout the world. The most perilous moment for both the mother and the baby the first day. Regardless of where they were delivered, parents and infants stay home most of the time in the first 40 days following delivery. The units of postnatal care are considered as the least developed of child healthcare services in many countries. The WHO claims that research on postnatal care, especially home care as opposed to hospital treatment, is lacking (Warren *et al.*, 2006).

There is neither a policy nor a dedicated program for postnatal care of the mom or the infant in the Kurdistan Region of Iraq. Therefore, in addition to comparing home care to healthcare institutions, there is interest in learning more about the impact of postpartum nursing care on the health of women and newborns. It is believed that offering postpartum care to women and their babies will improve their health and lessen risks for both, including maternal morbidity, which includes hemorrhage, infections, anemia, and depression. The two most significant newborn outcomes were morbidity and neonatal mortality. Additional important results were growth, cognitive development, and lactation status (W.H.O, 2014).

Methods

A general framework for the research project and technique is related to the topic of the paper and its hypothesis to maintain consistency with its major questions. The used approach is a quantitative and a quasi-experimental investigation was undertaken on 150 postpartum mothers at Rania Maternity Hospital in Kurdistan/Iraq. Due to the challenging nature of the interventional study method, the researcher recruited 150 women and some cases were omitted due to absence from meetings, mothers' refusal, and geographic constraints.

Mothers were divided into three groups; two intervention and a control group. The control group research participants only obtained routine postnatal care, which inspected vital signs, bleeding, urine voiding, bowel motion, and administered treatments; in contrast, the intervention groups participants were provided a particular, short, well-designed, and structured guidance booklet and leaflet, some videos for instructing mothers about infant feeding, how to breastfeed, episiotomy treatment, and wound dressing.

Setting of the study

Rania is a small district in Suleimani Governorate. However, there are many villages around the town. There are seven health facilities, three of which are located at the primary care facilities Rania Kewarash, Raparin, and Sarkapkan. Another one is Shahid Abdulrahim in Sangasar. The Qaladza Primary Health Care Center in the Qaladza District is the fifth medical facility. The Hajyawa Primary Health Care Center in the Hajyawa subdistrict is the final healthcare facility. The penultimate facility is Chwarqwrna subdistrict, called Primary Healthcare Center.

There were mother and child health departments at each of these centers. Every mother stayed home in group one, but they visited the above-mentioned health care centers in group in which they live.

As mentioned before, in the first visit, the researcher visited the selected mothers in maternal neonatal hospital every 24 hours during the first 40 days. The Maternal Child Health Department (MCH) of Primary Health Care Centers, however, was where the researcher observed the mothers following their initial visits for nursing intervention in accordance with WHO recommendations. Furthermore, the researcher paid a home visit to 50 participants who were ready to participate in the study and were observed during the four visits at their homes or health facilities.

Sample of the study

250 mothers made up the study's overall sample, which was recruited. However, 100 were disqualified: 55 for failing to meet the requirements for participation, 22 for declining to take part, and 23 for distance-related reasons. The remaining 150 women were randomized into three groups at random: the control group received 50 women, the facility care group received another 50, and the home group intervention received the final 50. The researcher provided intervention strategies to the home group for postpartum care and its observation, including vital signs, breastfeeding, cord assessment, wound dressing, family planning episiotomy, sexual counseling, and psychological care.

Additionally, mothers attended four educational lectures. Similar to how the facility group was treated, postpartum care included routine observation for vital signs, breastfeeding, cord assessment, wound dressing, family planning episiotomy, sexual counseling, and psychological care. Nonetheless, they were compensated for the first visit within 24 hours following childbirth, the second one within 3 days, and the third within 7 days. Nevertheless, there were no follow-up visits or postnatal care evaluation interventions for the control group, who only got normal care in the postnatal care facility. Additionally, normal care included checking for bleeding, voiding urine and bowel movements, as well as administering medicines. Beginning on December 14, 2020, and ending on December 30, 2021, the study's sample was recruited.

The Study Tools

The researcher created a questionnaire to accomplish the study's goals, and it was mostly used to assess how well an interventional program worked. The development was based on the WHO guidelines to conduct a postpartum interview, and the collection of data was completed using the observational technique. Based on a thorough assessment of the literature, the evaluation instruments and questionnaires employed in earlier relevant investigations, the data collection tools were designed, updated, and progressed in a questionnaire that reflected on variables measurements as the result.

To gain oral consent, mothers were initially interviewed from the chosen primary healthcare facilities and the Maternal Neonatal Hospital. Data were gathered

through assessments of mothers using adapted questionnaires for each mother in homes and centers in order to encourage participation and describe the study's objectives.

A. Modified questionnaire
B. Interviewing strategy
C. Observational approach using a check list questionnaire

The Data Collection Questionnaire

The questionnaire consists of seven parts:

1. Part one: Socio-demographic Characteristic:

Age of the mother, the husband's occupation, the degree of education, the sorts of families, and the economic situation are all included in this section.

2. Part two: Information on obstetrics:

This section includes the types of most recent pregnancies (classified as planned or unplanned), the delivery method (classified as vaginal, vaginal with episiotomy, vaginal instrumental delivery, and cesarean section), the types of abortions (aborted or non-aborted), the types of gravida (multigravida or primigravida), the types of pregnancies (multiparous or primiparous), and obstetrical history.

3. Part Three: Assessment of Postnatal Care with maternal satisfactions.

Collecting Data Method:

For the objective of gathering data, a variety of methods were used, including in-person interviews, observational methods, self-administration, and retrieving information on mothers from records. The researcher individually administered the postnatal examination using a questionnaire to each mother participant. Through telephone conversations and in-person interviews, information on sociodemographic factors, obstetrical specifics, and the assessment of medical intervention was gathered.

Timeframe of the Study:

The time frame for this investigation was from December 30, 2020, to December 15, 2021. The researcher occasionally makes phone calls to all study participants while carefully directing the covid. Mothers used all necessary protective gear, including gloves, a mask, and antiseptic solution, as recommended.

Statistical Analysis

Data for this study were analyzed with the Statistical Package for Social Sciences version (26). Mothers' characteristics were listed and displayed numerically and in percentage form (frequency). The employed test is called Pearson Chi-Square to examine the homogeneous baseline characteristics across the experimental and control groups. The same approach was used the three groups to determine the differences in postpartum evaluation, depression, and emotional condition. In Pearson Chi-square tests, there are some differences among the experimental groups. The tests were also used to look at the variations between postnatal evaluation at home and postnatal examination in a facility. However, a P-value of less than 0.05 resulted in the null conceptions being rejected.

Constraints of the Study

1. The mothers' lack of involvement in answering the questionnaire.
2. During COVID 19, I experienced a number of issues, including the closure of hospitals and primary healthcare facilities.
3. Data collecting is laborious and time-consuming as a result of the hospitals' and Primary Health Centers' dispersed locations.

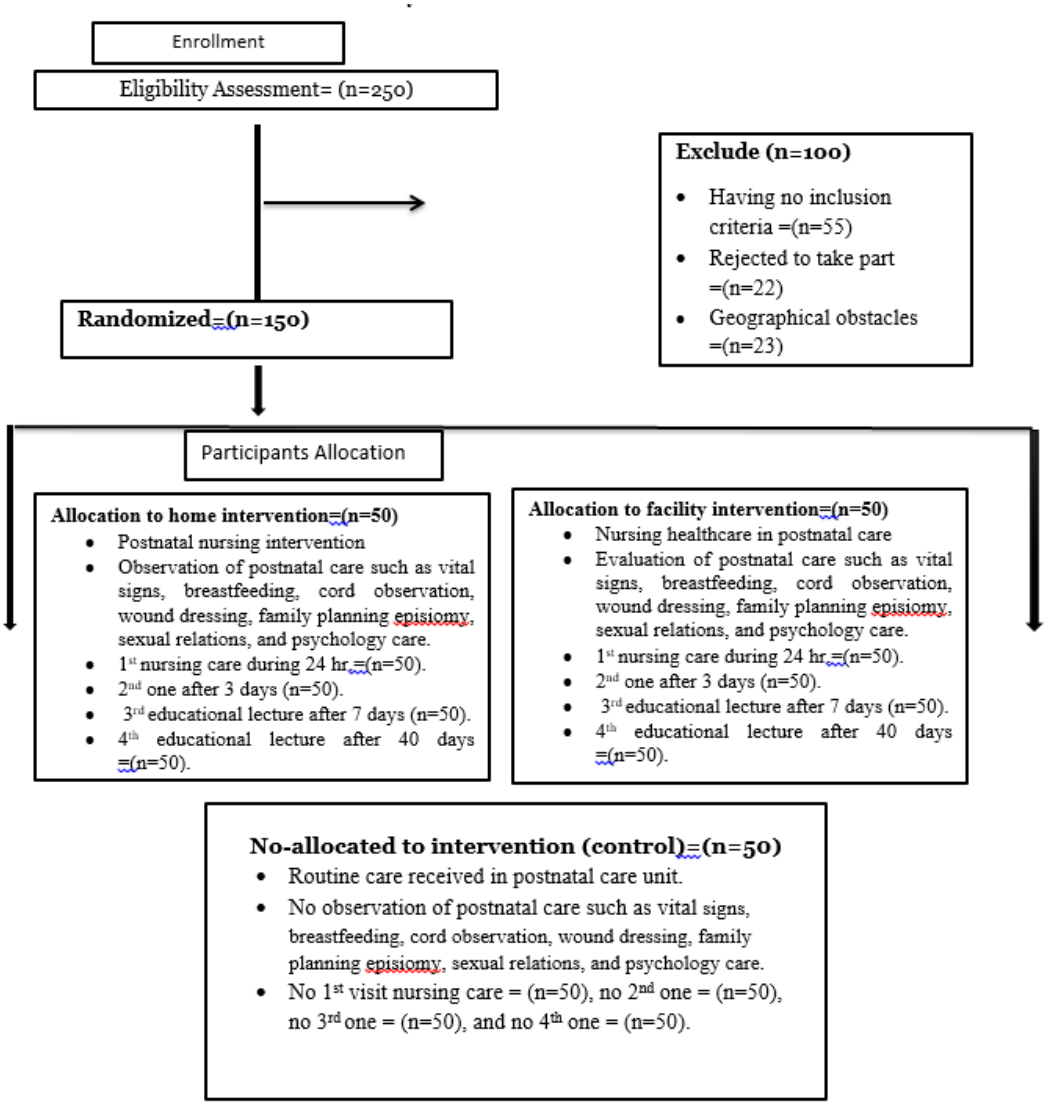

Figure (1.) Home versus medical facility care: the effect of postnatal nursing observation on maternal and neonatal outcomes in Rania City

Table 1: Nursing interventions for both home care and primary health care centers

First	1st	1. Emotional assistance was provided. 2. The uterus, perineum, and lochia were examined. 3. Assessment of the infant (observing the baby's cord stump, jaundice signs, dehydration and elimination pattern). 4. Evaluation of the baby-mother relationship. 5. Encouraging breastfeeding and checking vaginal bleeding and wound etc.….). 6. Discussing any issues and providing assistance if needed.
Second	3rd	1. Emotional care was provided. 2. Ensuring proper breastfeeding. 3. The uterus, perineum, and lochia were examined. 4. The baby's cord stump is checked. 5. Jaundice signs are inspected. 6. The evaluation of the baby-mother relationship. 7. Providing appropriate instructions to the mother. 8. Discussing any issues and providing assistance if needed
Third	7th	1. Emotional assistance was provided. 2. Ensuring the breastfeeding and decrease of lochia. 3. Encouraging family planning 4. Discussing any issues and providing assistance.
Fourth	6 weeks	1. Emotional assistance was provided. 2. Examining the uterus, abdomen, and chest. 3. Discussing family options and intentions.

Results

Table 2. Socio-demographic features of the study sample in three groups

Items		Home visit	Facility	Control	P-Value
Age (groups)	20 – 24	9 (6%)	11 (7.3%)	9 (6%)	99(NS)
	25 – 29	12 (8%)	12 (8%)	11 (7.3%)	
	30 – 34	15 (10%)	12 (8%)	14 (9.3%)	
	35 – 39	11 (7.3%)	12 (8%)	12 (8%)	

	40 – 44	3 (2%)	3 (2%)	4 (2.7%)	
Mother occupation	employee	6 (4%)	2 (1.3%)	7 (4.7%)	0.211(NS)
	housewife	44 (29.3%)	48 (32%)	43 (28.7%)	
Husband occupation	governmental work	33 (22%)	20 (13.3%)	32 (21.3%)	0.867(NS)
	non-governmental work	14 (9.3%)	28 (18.7%)	15 (10%)	
	jobless	3 (2%)	2 (1.3%)	3 (2%)	
Level of education	illiterate	5 (3.3%)	6 (4%)	2 (1.3%)	0.619(NS)
	able to read and write	2 (1.3%)	7 (4.7%)	1 (0.7%)	
	basic school	11 (7.3%)	17 (11.3%)	16 (10.7%)	
	high school	20 (13.3%)	11 (7.3%)	19 (12.7%)	
	institute	11 (7.3%)	7 (4.7%)	11 (7.3%)	
	college	1 (0.7%)	2 (1.3%)	1 (0.7%)	
Types of family	nuclear	49 (32.7%)	45 (30%)	47 (31.3%)	0.401(NS)
	extend	1 (0.7%)	5 (3.3%)	3 (2%)	
Economic status	no sufficient	18 (12%)	9 (6%)	15 (10%)	0.133(NS)
	briefly sufficient	21 (14%)	33 (22%)	23 (15.3%)	
	satisfied	11 (7.3%)	8 (5.3%)	12 (8%)	

Table 3. Samples distribution by obstetrical history

Items		Home visit	Facility	Control	P-Value
Type of last pregnancy	Planed	27 (18%)	32 (21.3%)	32 (21.3%)	0.497(NS)
	Unplanned	23(15.3%)	18 (12%)	18 (12%)	
Type of delivery	Vaginal delivery	6 (4%)	3 (2%)	9 (6%)	0.860(NS)
	Episiotomy	12 (8%)	9 (6%)	6 (4%)	
	Instrumental delivery	0 (0%)	1 (0.7%)	1 (0.7%)	
	c\s	32(21.3%)	37 (24.7%)	34(22.7%)	
Gravidity number of pregnancy (groups)	1 – 2	20(13.3%)	9 (6%)	17 (11.3%)	0.900(NS)
	3 – 4	25(16.7%)	33 (22%)	27 (18%)	
	5 – 6	2 (1.3%)	5 (3.3%)	5 (3.3%)	
	7 – 8	2 (1.3%)	2 (1.3%)	1 (0.7%)	
	9 +	1 (0.7%)	1 (0.7%)	0 (0%)	
Parity (groups)	0 – 1	4 (2.7%)	11 (7.3%)	6 (4%)	0.199(NS)
	2 – 3	31(20.7%)	31 (20.7%)	32(21.3%)	
	4 – 5	12 (8%)	5 (3.3%)	12 (8%)	
	6 – 7	1 (0.7%)	1 (0.7%)	0 (0%)	
	8+	2 (1.3%)	2 (1.3%)	0 (0%)	
Number of abortion (groups)	0 – 1	48 (32%)	40 (26.7%)	47(31.3%)	0.740(NS)
	2 – 3	2 (1.3%)	10 (6.7%)	3 (2%)	
	4+	0 (0%)	0 (0%)	0 (0%)	

Table 4. Comparison of maternal satisfactions beneficial nursing intervention during visiting mothers between home and facility after birth

Which part intervention/education beneficial for you?	Items	Home visit	Facility	P-Value*
Breast feeding	Yes	46 (30.7%)	43 (28.7%)	(P>0.05
	No	4 (2.7%)	7 (4.7%)	NS)
Cord care	Yes	46 (30.7%)	26 (17.3%)	(P<0.01
	No	4 (2.7%)	24 (16%)	HS)
Vaginal discharge	Yes	35 (23.3%)	24 (16%)	(P<0.05 S)
	No	15 (10%)	26 (17.3%)	
Episiotomy care	Yes	17 (11.3%)	21 (14%)	(P>0.05
	N0	33 (22%)	29 (19.3%)	NS)
Wound care	Yes	42 (28%)	36 (24%)	(P>0.05
	No	8 (5.3%)	14 (9.3%)	NS)
Sexuality care	Yes	50 (33.3%)	42 (28%)	[P<0.01
	No	0 (0%)	8 (5.3%)	HS]
Psychosocial support	Yes	50 (33.3%)	42 (28%)	[P<0.01
	No	0 (0%)	8 (5.3%)	HS]
Family planning education	Yes	50 (33.3%)	49 (32.7%)	[P>0.05
	No	0 (0%)	1 (0.7%)	NS]
Diet care	Yes	48 (32%)	46 (30.7%)	[P>0.05
	No	2 (1.3%)	4 (2.7%)	NS]
Breast problem	Yes	46 (30.7%)	44 (29.3%)	(P>0.05
	No	4 (2.7%)	6 (4%)	NS)

* (Pearson Chi-Square test) [Likelihood Ratio test)

Table 5. Mothers' satisfaction with postpartum care among home, facility and control groups six weeks after birth

Items			Group case			Total
			Home	Facility	Control	
Did you satisfy with postpartum care generally?	Satisfied	No.	35	20	15	70
		%	23.3%	13.3%	10.0%	46.7%
	Not satisfied	No.	15	30	35	80
		%	10.0%	20.0%	23.3%	53.3%
Total		No.	50	50	50	150
		%	33.3%	33.3%	33.3%	100.0%
Chi-Square=17.411, d.f.=2, P-Value=0.000 (HS)						

Discussions

As it can be seen from table 5, mothers feel more satisfaction at home compared to health facility since they basically relax at home more than they do anywhere else.

1. The Study Sample Socio-demographic Features

Prior to analyzing the effects of the postnatal intervention, the baseline sample's features for all the three groups were assessed. The analysis of the data revealed that the participants' age in both the control and experimental groups contributed to an average of 35 years. All participant attributes were the same in both the experimental and control groups. In addition, the control group, as well as the two experimental groups, had an average education level of only a high school diploma or less. Besides, more than half of the participants in the control and experimental groups' husbands worked in government, and the majority of participants in both groups and the control had nuclear families, though there was no statistically significant difference between the two groups' family structures. The majority of the experimental and control groups had short sufficient but non-significant economic status.

2. Obstetrical Information

In both the experimental and control groups, the moms, more than half of them, had preplanned pregnancies. Nonetheless, more than half of them underwent a cesarean childbirth. The majority of them had gravidity, or a high number of pregnancies (3–4), parities (2–3), and abortions (1–1). Additionally, the mothers had severe anemia and vaginal bleeding, albeit their overall prenatal health was less than average. In particular, anemia during pregnancy is widespread, and mothers frequently have bleeding and infections. The study's findings indicate that women experienced more problems including anemia, bleeding, vaginal infections, and abortion. The population's baseline attributes homogeneity in this investigation were close to the findings of Kaur (2019).

According to study findings (Fares, K. K., Renas, M., and Sanna, H. 2020), the majority of the women surveyed verbally agreed that having a caesarean section was risky and was a critical medical decision and situation. Despite this, 85.9% of the women said that they were more afraid of the pain of a normal birth and future vaginal dilation, which had a greater influence on their choice. Based on the study (Meaney *et al.*, 2017), miscarriages are a common phenomenon, and this study supports the need for improved awareness of this fact.

According to WHO recommendations, maternal satisfaction should be evaluated to meet the mother's expectations and to her satisfaction. Maternal satisfaction is utilized as a secondary preventative to maternal mortality. The main element influencing moms' health-seeking behavior and use of healthcare may be maternal contentment. Therefore, to enhance the nursing intervention in maternity care, healthcare professionals and policymakers should focus on the characteristics linked to low satisfaction. To increase satisfaction during the entire labor process, procedures and policies pertaining to childbirth practices should be examined and strategically planned.

According to the study's findings, normal hospital care did not satisfy mothers. The primary complaint of mothers was that their usual care was insufficient for both mother and newborn. This study shows that when the mother's wishes do

not match the care given, deficiencies arise during normal postpartum care, which may lead to chronic and long-term health problems.

The WHO strongly advises bringing the mother and newborn home after delivery and providing them with proper care. According to this study, home visits seem to have a favorable effect on various facets of parenting or the mother-child bond. To create practical measures to stop outcomes from being skewed, more study is required.

Conclusion

The statistics show that home visits have the greatest influence on how satisfied mothers are with their postpartum care. Home postpartum care can improve maternal health and mother contentment with postpartum treatment in less developed countries. The medical evaluations and nursing care, especially for those who had home visits, had a considerable positive impact on both infants and mothers.

Recommendation

According to the study, nursing involvement at home is more effective for postpartum care than nursing facilities and case controls. Therefore, it is safe to assume that nursing interventions provided during home visits will enhance maternal health after delivery. Pregnant women can benefit from an educational program designed and put together to assist them improve and modernize their postnatal care. Postnatal care concerns and ongoing feedback should be addressed equally in the hospital and at home. The Ministry of Health needs to set up a postpartum care and ongoing education program for the medical community.

References

Amare, Y. *et al.* (2018) 'Early postnatal home visits: A qualitative study of barriers and facilitators to achieving high coverage', *BMC Public Health*, 18(1), pp. 1–8. doi: 10.1186/s12889-018-5922-7.

Arifeen, E. *et al.* (2010) 'Can Early Postpartum Home Visits by Trained Community Health', 28(9), pp. 632–640. doi: 10.1038/jp.2008.64.Can.

Fares, K. K., Renas, M. and Sanna, H. (2020) 'Reasons for Elective Cesarean Section among Pregnant Women in Ranya District Proceeding of the 2 nd Scientific Conference on Women ' s Health 2-3 September 2020 - Hawler Medical University', (September), pp. 1–9.

Ghodbin, F. *et al.* (2012) 'Effectiveness of postpartum homecare program as a new method on mothers' knowledge about the health of the mother and the infantThe effect of Home Visit during the first six weeks of postpartum on the quality of life of primipaous women referred to Shiraz', *The effect of Home Visit during the first six weeks of postpartum on the quality of life of primiparous women referred to Shiraz health centers of Shiraz University of Medical Sciences*, 30(3), pp. 339–345.

Jha, P. *et al.* (2017) 'Satisfaction with childbirth services provided in public health facilities: Results from a cross-sectional survey among postnatal women in

Chhattisgarh, India', *Global Health Action*, 10(1). doi: 10.1080/16549716.2017.1386932.
Kamau, M. (2019) 'Assessment of Mothers' Satisfaction With Immediate Post Natal Care at Kenyatta National Hospital Maternity Unit', (September). Available at: http://erepository.uonbi.ac.ke/handle/11295/108432.
Kaur, R. (2019) 'A study to assess the knowledge regarding partograph among staff nurses', *International Journal of Pregnancy & Child Birth*, 5(2), pp. 4–6. doi: 10.15406/ipcb.2019.05.00151.
Kvist, L. J. and Persson, E. K. (2009) 'Evaluation of changes in postnatal care using the "Parents" Postnatal Sense of Security" instrument and an assessment of the instrument's reliability and validity"', *BMC Pregnancy and Childbirth*, 9, pp. 1–10. doi: 10.1186/1471-2393-9-35.
Mahmood, T. *et al.* (2010) 'Models of care in maternity services', *Models of Care in Maternity Services*, (Imci), pp. 1–224. doi: 10.1017/CBO9781107478336.
Mathew Mathai, S. V. and J. Z. (2008) 'WHO Technical Consultation on Postpartum and Postnatal Care', *World Health Organization 201*, pp. 53–65.
Meaney, S. *et al.* (2017) 'Experience of miscarriage: An interpretative phenomenological analysis', *BMJ Open*, 7(3), pp. 1–7. doi: 10.1136/bmjopen-2016-011382.
Mokhtari, F., Bahadoran, P. and Baghersad, Z. (2018) 'Effectiveness of postpartum homecare program as a new method on mothers' knowledge about the health of the mother and the infant', *Iranian Journal of Nursing and Midwifery Research*, pp. 316–321. doi: 10.4103/Ijnmr.ijnmr_48_17.
Panth, A. and Kafle, P. (2018) 'Maternal satisfaction on delivery service among postnatal mothers in a government hospital, Mid-Western Nepal', *Obstetrics and Gynecology International*. doi: 10.1155/2018/4530161.
Smith, A. L. (no date) 'Nurse Home Visiting Program and Postpartum Care'.
Warren, Charlotte, Pat Daly, Lalla Toure, and P. M. (2006) 'Opportunities for Africa ' s Newborns', *Opportunities for Africa's Newborns*, p. 80. Available at: http://www.who.int/pmnch/media/publications/oanfullreport.pdf.
Who (2009) 'Interventions for Improving Maternal and Newborn Health', *World Health*, p. 6.
WHO (2015) 'Postnatal Care for Mothers and Newborns Highlights from the World Health Organization 2013 Guidelines', *Postnatal Care Guidelines*, (April), pp. 1–8. Available at: http://www.who.int/maternal_child_adolescent%5CnWHO.
World Health Organization (2022) *WHO recommendations on maternal and newborn care for a positive postnatal experience*. Available at: www.mcsprogram.org.
Yonemoto, N., Nagai, S. and Mori, R. (2021) 'Schedules for home visits in the early postpartum period', *Cochrane Database of Systematic Reviews*, 2021(7). doi: 10.1002/14651858.CD009326.pub4.
Zeyneloğlu, S. *et al.* (2017) 'Predictors and measurement of satisfaction with postpartum care in a government hospital', *Nursing and Health Sciences*, 19(2), pp. 198–203. doi: 10.1111/nhs.12327.