

Integrative Review of Factors That Affect the Use of Postpartum Care Services in Developing Countries

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ABSTRACT

Objective: To identify factors that affect the use of postpartum care services in developing countries.

Data Sources: PubMed, CINAHL, Global Health, EMBASE, and grey literature were searched for relevant articles in 2015 and 2016 with no publication date limit imposed.

Study Selection: Thirteen studies met inclusion criteria and were assessed for quality with the use of a checklist developed by Fowkes and Fulton (1991) and a checklist developed by the Critical Appraisal Skills Programme (2017).

Data Extraction: The integrative review framework of Whittemore and Knafelz (2005) guided the conduct of the review.

Data Synthesis: Results were synthesized based on the three delays model of Thaddeus and Maine (1994). Factors that negatively affected women's decisions to seek postpartum care (Phase I delays) included lack of women's autonomy, lack of exposure to mass media, no pregnancy/birth/postpartum complications, lack of awareness of postpartum care, negative provider attitude, lower levels of women's and husbands' education, women's and husbands' farming occupations, increasing number of children, and lower level of household income. Perceived easy access to a health care facility was associated with lesser odds of using postpartum care (Phase II delay). Hospitals, public health care facilities, and long queuing at a health care facility were associated with decreased postpartum care use (Phase III delays).

Conclusion: The most common determinants of how women used postpartum care were complications and the education levels and occupations of the women and their husbands. Further research is needed to identify health facility and accessibility factors that affect postpartum care use to develop effective interventions to improve the use of postpartum care.

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Postpartum care is important to prevent and reduce rates of maternal mortality; however, it is often a neglected aspect of maternal health care (Mrisho et al., 2009). Most maternal deaths occur in the 6 weeks after birth in developing countries, but many women do not receive any postpartum care (Wang, Alva, Wang, & Fort, 2011). The *postpartum period* is defined as the time from 1 hour to 6 weeks (42 days) after the birth of an infant (Chen et al., 2014). Research findings indicate that in many developing countries, most women do not receive any postpartum care after birth: 74.1% in Uganda, 55.1% in Kenya, 52.1% in Nigeria, 49.8% in Zambia, 69.3% in Bangladesh, 57.2% in India, 67% in Nepal, 56.9% in Pakistan, 64.4% in Haiti, and 48% in Malawi (Malawi National Statistical

Office & ICF Macro, 2011; Wang et al., 2011). Clearly, a need exists to increase the percentage of women who receive postpartum care in developing countries.

About 80% of postpartum mortality occurs in the first week after birth (Wang et al., 2011). Life-threatening complications that occur after birth are often unpredictable and require rapid response (World Health Organization [WHO] & United Nations Children's Fund, 2010). Postpartum care is essential to manage postpartum hemorrhage, which is a major cause of maternal deaths in developing countries, especially within 48 hours after birth (Wang et al., 2011). Helping women access timely postpartum care is important to enable health care providers to identify

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and treat postpartum complications promptly and prevent catastrophic consequences (Titaley, Hunter, Heywood, & Dibley, 2010).

To develop effective interventions to decrease postpartum mortality in developing countries, it is critical to identify the major factors that affect the use of postpartum care services. Systematic and integrative reviews are first steps in the provision of information about barriers women face in seeking and receiving postpartum care. Langlois et al. (2015) conducted a systematic review of inequities in postnatal care in low- and middle-income countries that focused on quantitative studies of socioeconomic, geographic, and demographic inequities in the use of care. These authors concluded that postnatal care services vary with socioeconomic status and place of residence. With this review, we contribute to the literature on postpartum care by synthesizing factors that affect the use of postpartum care from primary research studies with qualitative, quantitative, and mixed methods. We focused on three types of delays that can lead to postpartum mortality: delays in deciding to seek care, delays in reaching a health care facility, and delays in receiving adequate care at the health care facility (Thaddeus & Maine, 1994). By focusing on these types of delays, we identified potential opportunities for interventions. Our review expands on the review by Langlois and colleagues in that we included qualitative, quantitative, and mixed-methods studies and synthesized results based on the three delays model (Thaddeus & Maine, 1994).

Background

Each day, approximately 830 women die from preventable pregnancy or childbirth-related complications around the world (WHO, 2015). Maternal mortality remains a major global health concern, and there is considerable disparity in the maternal mortality ratios between developing and developed countries (Tarekegn, Lieberman, & Vincentas, 2014). Overall, 99% of global maternal mortality occurs in developing countries, and more than half of these deaths occur in sub-Saharan Africa (WHO, 2015). The maternal mortality ratio in developing countries is 19 times greater than in developed countries. The lifetime risk of maternal death for women in developing

countries is 1 in 180 compared with 1 in 4,900 for women in developed countries (WHO, 2015).

The effects of maternal mortality extend well beyond the death of a woman; a mother's death has lifelong consequences for her infant, her other children, her family, and the community at large (Piane, 2008). Recently, researchers showed that when mothers die, their infants can suffer from malnutrition due to lack of breastfeeding, and inadequate artificial feeding can kill the infant, increase the risk of infection, or stunt growth (Miller & Belizan, 2015). A longitudinal study in Ethiopia indicated that 81% of infants whose mothers died also died (Moucheraud et al., 2015). Other studies indicated that children of women who die may suffer from disrupted education and living arrangements, and early marriage is likely for the female children (Miller & Belizan, 2015). When mothers die, their older children, especially girls, often drop out of school to care for their younger siblings, help with household chores, and/or help with farm labor (Molla, Mitiku, Worku, & Yarmin, 2015). For instance, Bazile et al. (2015) found that maternal deaths in rural Malawi resulted in negative long-term health and social effects in children. These children suffered from issues related to nutrition, education, employment, early marriage, and early pregnancy (Bazile et al., 2015). Moreover, the death of a mother is accompanied by economic hardships and poverty because of large debts from hospital bills, funeral costs, and time away from paid labor to perform funeral ceremonies and rituals (Kes et al., 2015; Miller & Belizan, 2015; Molla et al., 2015).

Postpartum care is key to reducing rates of maternal mortality in developing countries in which postpartum hemorrhage, postpartum sepsis, hypertensive disorders, and complications of abortion account for 80% of maternal mortality (Vink, deJonge, TerHaar, Chizimba, & Stekelenburg, 2013). Timely postpartum care is essential to identify and manage these complications, especially postpartum hemorrhage, the major cause of maternal deaths in developing countries (Wang et al., 2011). However, many women in developing countries receive partial or no postpartum assessments after birth; hence, their risk of death is great. For example, Adams et al. (2017) found that only 34% to 50% of women in rural communities in central Malawi received postpartum assessments of blood pressure, temperature, vaginal examination, abdominal examination, and breast examination

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