



# Importance of Postpartum Care: Predictors and Barriers in Bangladesh

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## ABSTRACT

**Title:** Importance of Postnatal care: predictors and Barriers in Rajshahi city. Maximum mothers died in postnatal period so it is important to address postnatal care. **OBJECTIVE:** To identify the predictor and barriers of postnatal care situation in urban slum at Rajshahi city. **METHODOLOGY:** The study design was descriptive cross sectional. Data were collected from 150 postnatal mothers and 60 care providers' face to face questionnaire in Rajshahi city. **RESULTS:** The study shows that mothers were not known about anything of postnatal care improved the knowledge of the respondents regarding postnatal care in three is important. Complications for mothers, complications for newborns were not understanding by the mothers. All mothers had planned pregnancy and have got prenatal care but more than 98% had not postnatal care. There no cultural religious barriers for taking postnatal care. Mothers perceive that postnatal period difficulties are normal life events. Awareness program should increase the knowledge and care seeking behaviors among mothers for healthy mother & baby including limitation of disability & death. **CONCLUSION:** Awareness program is an effective method for improving knowledge and develop positive attitude to alter the present situation of postnatal care and improve the maternity care.

**Keywords:** *Postpartum Care, Predictors, Barriers, Midwives, Maternal health, Continuity of care, Bangladesh*

## INTRODUCTION

High neonatal mortality is one of the main obstacles to attaining millennium development goal four, which calls for a two thirds reduction in mortality among children under five years of age by 2015. Bangladesh has done tremendous successful work in reducing maternal mortality and got United National award for this. But in sustainable goal, three is a goal for good health and well being in goal three. Globally, nearly four million neonates die each year, accounting for almost 40% of deaths in children under five. [1,2] Interventions with proven efficacy have been identified, and packages of these interventions show promise for reducing neonatal mortality worldwide. [3,4] Timely delivery of these interventions at high coverage, however, is a challenge in settings with weak health systems and low health care usage.

In Bangladesh, the rate of maternal mortality is **245 per every 100,000 live births**. Bangladesh loses approximately 7,660 women each year from preventable causes related to pregnancy and childbirth. Through preventive health care, women can access micronutrient supplementation, treatment of hypertension to prevent eclampsia as well as immunization against tetanus.

Home visits by trained community health workers to promote preventive care and to provide curative newborn care has been shown to be efficacious at reducing perinatal and neonatal mortality. [3, 4, 5, 6, 7, 8, 9, 10] According to our data, approximately 30% of neonatal deaths occur on the first day of life and 70% occur within seven days of life (unpublished data). In addition, many feeding problems and treatable infections present at around day three. [11, 12, 13] No published studies have examined the effect of the timing of postnatal home visits on neonatal mortality, however, although it is an important question to consider when designing health programmes.

The postpartum care (PPC) visit is an important opportunity to assess the physical and psychosocial health of the mother [1]. The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend that women, regardless of age, seek postpartum care between 4 and 6 weeks after childbirth [2]. The postpartum care visit may be utilized to counsel mothers on infant care and family planning, encourage breastfeeding, identify and treat medical conditions common to the postpartum period, and manage preexisting or emerging chronic conditions [2]. Despite the known benefits of the PPC visit, there are many access and utilization barriers to care [3]. As a result, Healthy People 2020 aims to increase the proportion of women, across demographic and socioeconomic boundaries, who attend a PPC visit after giving birth, thereby highlighting postpartum care as a national priority to promote the health of women and children [4].

## OBJECTIVES OF THE STUDY

The Objectives of the study are as follows:

- (1) To find out the barriers of postnatal care among the pregnant mothers.
- (2) To explore the predictors of postnatal care seeking behavior among the pregnant mothers.

## METHODOLOGY OF THE STUDY

**Study area:** The study was conducted at Rajshahi City. The study was conducted at Slums of Rajshahi City



**Figure1: Map of Rajshahi City**

**Slums in Rajshahi City:** Unmarried young people (boys and girls) age 10 to 19 living in slums of Rajshahi City Corporation is the major target group for the health promotion intervention of the ABDC project. The purpose of the intervention is to aware young people on sexual and reproductive health and rights. WICBA (Women in Child Bearing Age) in slums are also in need of information and services on safe delivery, sources of good quality services and other SRH issues. It is found during slum visits that the degree of needs for the information and services on the mentioned issues varies from slum to slum. There are about 93 slums (see attachment) in Rajshahi city. It is a challenge to start the health promotion intervention in all slums considering available resources. The slums which are in most in need of such information and services deserve to get priority for implementation of the intervention. Gradually, the intervention may be expanded in other slums based on a priority and availability of resources. A priority list of slums prepared based on degree of need for the relevant information and knowledge. Accordingly, basic information in this regard is collected by using quick and dirty approach from 32 slums.

**Type of study:** Descriptive type of cross sectional study to investigate the factors & barriers of postnatal care.

**Study population:** Postnatal mothers-150 and care providers = 60.

**Study period:** The study period was 24 months

**Sampling technique:** Purposive sampling technique was used for the study.

**Sample size:** 150 postnatal mothers up to 42 days delivery.

**Data collection tool:** Questionnaire was used for data collection.

**Data collection techniques:** Data were collected from Face to face interview with the respondents

**Sample and instrument:** Ramallah clinic Data from the pilot tests are not included in the analyses conducted for this paper. Based on results from the pilot test, the questionnaire was slightly revised and shortened from 35 to 25–30 minutes by deleting some questions and rephrasing others. Copies of the questionnaire in English or Arabic are available from the first author upon request.

## Variables of the Study

### Dependent variables

Postnatal care: Predictors and barriers

All postpartum women who had delivered a baby within the past 15 months were asked whether they had obtained postnatal care any time during the first six weeks after delivery. Women who had not obtained postnatal care were asked about the reasons for that. The question was open-ended and closed ended women were able to provide multiple reasons. In the latter part of the questionnaire women were also asked about their knowledge towards postnatal care:

### Independent Variables

The questionnaire included information about several socio-demographic variables: woman's current employment status Several additional variables related to medical care were collected: delivery place, having had problems during last delivery, number of antenatal visits during the last pregnancy, and whether the woman was informed about danger signs to be monitored after delivery related to her and her baby's health before discharge from the hospital. Women who had received postnatal care were asked whether they had received advices on family planning and breast feeding. The Independent variables are as follows:

- Postnatal mother
- Age of the respondents
- Religion of the respondents
- Occupation of respondents
- Education of the respondents
- Monthly Income of the respondents
- Postnatal care
- Importance of postnatal care
- Facilities of postnatal care

**Statistical analysis:** SPSS 16 statistical software was used to enter and analyze the data. Tabulation and Pearson frequency percentage analysis were used for descriptive univariate analyses

**Ethical approval:** Permission has been taken from City Corporation and all research participants.

## RESULTS AND DISCUSSION

**Table 1: Distribution of responded by age group**

Age group	Frequencies	Percentage (%)
10- 19	17	11.33
20 - 29	99	66.00
30 -39	31	20.67
<40	3	2.00
Total	150	100

The mean age of the respondents was 24.88 which is normal and it was observed that teen age group is less (17) 11.33% which is better in Bangladeshi context & lowest age group was only (3) 2%. Highest age group was (99) 66%.

**Table 2: Distribution of the Respondent by Religion**

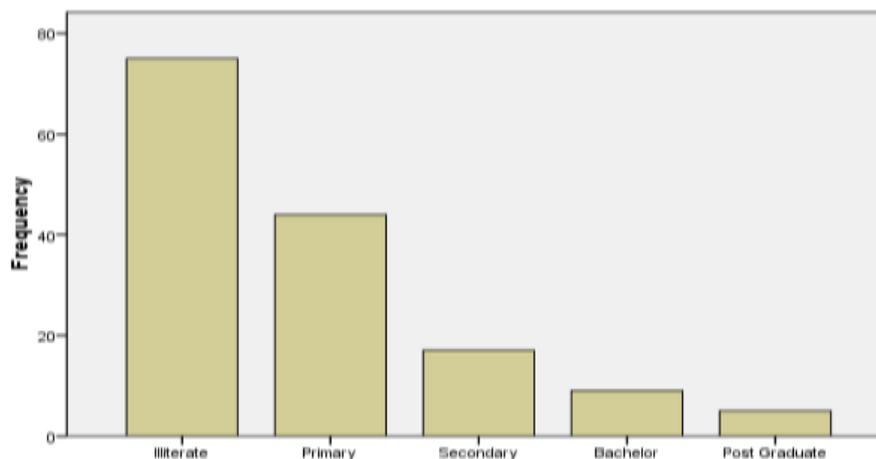
	Frequency	Percent (%)
Muslim	115	77.2
Hindu	33	22.1
Christian	1	.7
Total	149	100.0

The most of the respondents were Muslim (115) 77.2 % which is normal and it was observed that Christian people were less like to live in urban areas.

**Table 3: Distribution of the respondents by monthly Income**

Variable	Frequency	Percent (%)
3000-5000	32	21.33
6000-10,000	60	40.00
11,000-15,000	19	12.67
16,000-20,000	22	14.67
<21,000	17	11.33
Total	150	100

The most of the respondents were between the monthly income 6,000 – 10,000(60) - 40 % which is normal and it was observed that lowest income group were <21,000.

**Figure 2: Distribution of Respondent by Education**

Most of the Respondents were illiterate (75)-50%, Lowest literacy rate was postgraduate (5) 3.3%

**Table 4: Distribution of the respondent by Occupation**

Variable	Frequency	Percent (%)
House Wife	144	96.0
Service	6	4.0
Total	150	100.0

The table shows that Maximum Respondents were house wives (144)-96%, Only (6) 4.0% were service holder. So decision made by husband for maternal health care. Women need to develop their empowerment by increasing education.

**Table 5: Distribution of the respondent by knowing of postnatal care**

Variables	Frequency	Percent (%)
Care of Mother	4	2.7
Care of Mother & Baby	3	2.0
Don't Know	143	95.3
Total	150	100.0

The table shows that above 95% Respondents didn't know about postnatal care only 2% given correct answer to know. It was experienced that no postnatal care service is available in Rajshahi city for mother & baby.

**Table 6: Distribution of the respondent by their place of delivery**

Place of delivery	Frequency	Percent (%)
Home	32	21.3
Hospital	98	65.3
Clinic	20	13.3
Total	150	100.0

The table shows that above 65% Respondents delivered their baby in Hospital. Home delivery is lower than hospital. Hospital did not provide postnatal care. Those who were home delivery have less scope to know the health care system due to various causes.

**Table 7: Distribution of the respondent by their birth attendant**

Birth Attendant	Frequency	Percent (%)
Doctor	109	72.7
Nurse/Midwife	12	8.0
TBA/SBA	29	19.3
Total	150	100.0

The table shows that above 72% respondent delivered their baby by doctor in Hospital because of more caesarian section. Nurses have less scope of delivery the mother in hospital in home more scope of delivery by TBA/SBA for normal delivery. If Nurses will get more scope to conduct delivery then they provide postnatal advice during delivery & practices postnatal care after delivery.

**Table 8: Distribution of the respondent by their mode of delivery**

	Frequency	Percent (%)
Normal Delivery	58	38.7
Suction Assisted Birth	92	61.3
Total	150	100.0

The table shows that out of 150 respondents, 92 Respondents delivered the baby by caesarian section and 58 were normal vaginal delivery. Urban mother more prefer caesarian section for birthing.

**Table 9: Distribution of the respondent by their condition of the baby during delivery**

Variable	Frequency	Percent (%)
Good	146	97.3
Sick	4	2.66
Total	149	99.3
Total	150	100.0

The table shows that above 97 % Respondents delivered the baby with good condition so that there was the opportunity to give postnatal care immediate after delivery to the mother & baby. Then Mother & baby were more benefited.

**Table 10: Distribution of the respondent by their family member attended with her by helper for baby born**

Variable	Frequency	Percent (%)
Mother	90	60
Mother in low	10	6.7
Sister	32	21.3
Others-Aunt, brother, Husband	18	12
Total	150	100

The table shows that 60 % Respondents mother were the helper of mother during & after delivery of the baby. Mother in law less common in Bangladeshi context with the mother after delivery. Study showed Most bonding & responsibility took by mother than mother in law.

**Table 11: Distribution of the respondent by duration of helper staying with mother for delivery**

Variable	Frequency	Percent (%)
10 -19days	59	39.33
20 - 29 days	43	28.67
30- 39 days	32	21.33
<40 days	16	10.67
Total	150	100

The table shows that most of the helper stays with the mother in between the days of 10 – 19 days. Mother and baby have got maximum care during these times

**Table 12: Distribution of the respondent by their having postnatal care**

Variable	Frequency	Percent (%)
Yes	46	30.7
No	104	68.7
Total	150	100.0

The table shows that more than 68% mother didn't get postnatal care after delivery which is avoidable if care provider aware about postnatal care and mother will develop their awareness about maternity care.

**Table 13: Distribution of the respondent by starting time of postnatal care**

Variable	Frequency	Percent (%)
Within 1–5 hours	54	36.0
Within one day	4	2.7
No Stated	92	61.3
Total	150	100

The table shows that 36% mother within (54)1 – 5 hours after delivery. (92)61.3% mother didn't get postnatal care within the time limit so it is mentioned as not applicable.

**Table 14: Distribution of the respondent by how many days wanted to get postnatal care**

Variable	Frequency	Percent (%)
1day	5	3.3
1week	45	30.0
4weeks	100	66.7
Total	150	100

The table shows that (100)66% mother wanted to get postnatal care up to 4 weeks & only (5) 3.3% mother said 1 day. Ideally it should continue up to 6 weeks.

**Table 15: Distribution of the respondent by the reasons of postnatal care**

Importance of postnatal care	Frequency	Percent (%)
For Baby Care	115	76.66
Feeding Support	4	2.7
Emotional Support	1	.7
For Physical Comfort	30	20.0
Total	149	100

The table shows that above (115) 76% mother felt it for baby care some were felt physical support & feeding support & very few need emotional support. Ideally it should need for both mother and baby wellbeing.

**Table 16: Distribution of the respondent about their existing problems during postnatal period**

Problems of Postnatal Care	Frequency	Percent (%)
Pain	2	1.33
Disease problems(convulsion High BP, cold, dyspnoea)	5	3.33
Bleeding	4	2.67
Unable to feed	2	1.33
No problems	137	91.34
Total	150	100

The table shows that above (137) 91% mother had no problems because of feeling of all discomfort during postnatal is normal phenomena, no need to mention more. They didn't want to expose anything to other. Feeding problems & other minor problem is less common among the study participants.

**Table 17: Distribution of the respondent by care of those problems during postnatal care**

Variable	Frequency	Percent (%)
Improve diet	0	0
Hygiene	0	0
Support for work	0	0
Visiting Doctor	7	4.7
Nothing	143	95.3
Total	150	100

The table shows that above (143) 95% mother had no care because of not understanding problems. Only existing home care & normal healing mechanism kept them well.

**Table 18: Distribution of the respondent by their recent given care of baby**

Variable	Frequency	%
Feeding	22	14.7
Hygiene	5	3.3
Vaccine	31	20.7
Visiting doctor		
Nothing	92	61.3
Total	150	100

The table shows that above (92) 61% mother had nothing to given care for baby during postnatal care. Some are given vaccine is quit natural for Government initiative nothing postnatal care related activities. Hygiene is so important for mother & baby in postnatal period but study showed lowest level of baby maintained hygiene.

**Table 19: Distribution of the respondent by visiting health workers of baby**

Variable	Frequency	%
yes	14	9.3
No	136	90.7
Total	150	100

The table shows that above (136) 90.7% baby had not getting care because of postnatal program not available in Bangladesh

**Table 20: Distribution of the respondent their own health care by visiting health worker**

Variable	Frequency	%
Doctor visit	13	8.7
No care	137	91.3
Total	150	100

The table shows that above (137) 91% mother had not getting care for her postnatal period. Only (13) 8.7% visited by doctor due to problems.

**Table 21: Distribution of the respondent by their cultural & religious tradition**

Variable	Frequency	%
No special culture	150	100

The table shows that above (150) 100% mother had not applied special cultural & religious traditions. I was showed that now a day's Bangladeshi people are going to be more educated and some awareness program already adopted to avoid bad culture.

**Table 22: Distribution of the respondent by their special dietary choice during postnatal period**

Variable	Frequency	%
All available food	150	100

The table shows that above (150) 100% mother had available all food taking habit. Nothing restricted by anybody. This is very impressive nutrition program implementation achievement

**Table 23: Distribution of the respondent by their level of confidence about the agreed importance of postnatal care**

Variable	Frequency	%
Strongly Agree	42	28.0
Agree	99	66.0
Disagree	4	2.7
Strongly Disagree	5	3.3
Total	150	100.0

The table shows that above (99) 66% agree and (42) % strongly agree on importance of postnatal care for better mother and baby's care. They felt need for future act need to be taken to provide postnatal care.

**Table 24: Distribution of the respondent by their easily getting postnatal care**

Variable	Frequency	%
Yes	3	2.0
No	147	98.0
Total	150	100.0

The table shows that (147) 98% mother had not getting postnatal care easily because of different factors are responsible for this. Lowest number of respondents getting care for they are hospital staff.

**Table 25: Distribution of the respondent by why not easily getting postnatal care**

Variable	Frequency	%
Lack of Health facilities	3	.2.0
Lack of health personnel	4	2.7
Lack of postnatal care related knowledge / Ignorance	140	93.3
Lack of postnatal care related information	3	2.0
Total	150	100.0

The table shows that above (140) 93% mother had not getting postnatal care due to Lack of postnatal care related knowledge / Ignorance. Multiple answers given by the respondent. Mass information need to disseminate about postnatal care and arrange health education program on it

**Table 26: Distribution of the respondent by their about the barriers of postnatal care**

Variable	Frequency	%
Physical / Communication barriers	24	16.0
Ignorance / Taboos	22	14.7
Cultural & Social Barriers	11	7.3
Economic barrier	31	20.7
Religious Barriers	8	5.3
Geographical	54	36.0
Total	150	100.0

The table shows that respondents had different experiences for barriers of postnatal care religious barriers are less than other barriers. It was observed that highest barrier is distance of health facilities. Multiple answers given by the respondents'

**Table 27: Distribution of the respondent by the overcoming barriers of postnatal care**

Overcome Barriers	Frequency	%
Create mass Awareness	123	82.0
Remove health facilities related problems	14	9.3
Proper Monitoring of postnatal care by health authority	3	2.0
Increase Woman empowerment	8	5.3
Increase health workers accountability	2	1.3
Total	150	100.0

The table shows that (123) 82% mothers respond create mass awareness. Here is health workers is less importance. Some respondents provide combined opinion

**Table 28: Distribution of the respondent by the most important factors that promote postnatal care**

Important promoting factor of postnatal care	Frequency	%
Lack of Advices	27	18.0
Lack of Time	2	1.3
Distance	1	.7
Lack of Money	2	1.3
Lack of Knowledge	118	78.7
Total	150	100.0

The table shows that (118) 78.7% mothers identified their lack of knowledge about postnatal care. Evidence showed that money is not highly responsive factors.

**Table 29: Distribution of the respondent by their complication during baby birth**

Complication during baby birth	Frequency	%
No Complications	39	26.0
Very long Labor (More Than 12 Hours)	2	1.3
Very Rapid Labor (less Than 2 Hours)	11	7.3
Foetal distress- Meconium or other sign	98	65.3
Total	150	100.0

The table shows that more than (98) 65% mothers experience fetal distress that's why more caesarian section is in this study.

**Table 30: Distribution of the respondent by their Receiving postnatal care during their last pregnancy**

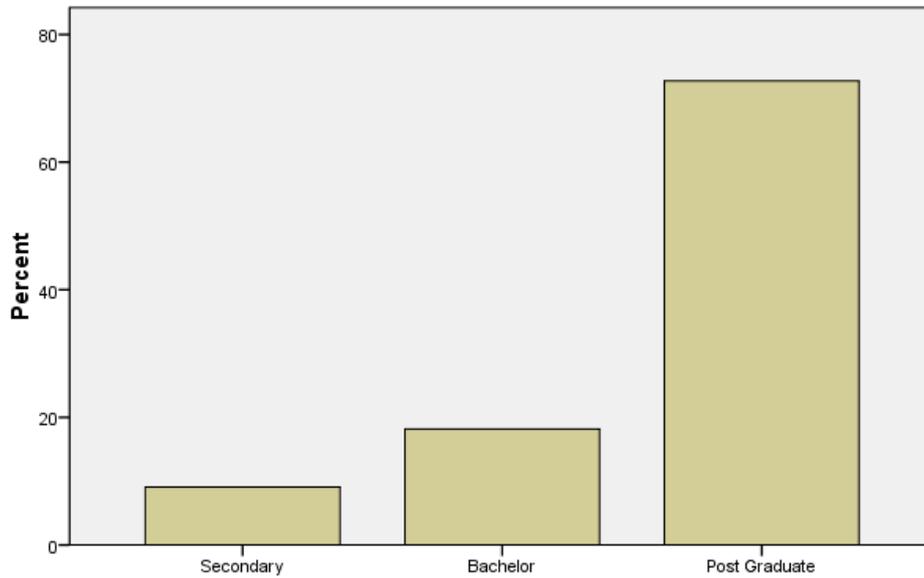
Variable	Frequency	%
Yes	3	2.0
No	95	63.3
Not applicable	52	34.7
Total	150	100

The table shows that more than (95) 63% mothers not experienced postnatal care before pregnancy. Only (3) 2% got care only one time. (52) 34.7 % mothers were primi gravid.

**Table 31: Distribution of the respondent by their having problem on mood disorder/ post natal depression**

Variable	Frequency	%
Disturbed sleep	99	66.0
1, 2	2	1.3
Problems concentrating or making decision	4	2.7
Low Self Confident	1	.7
no	45	28.7
Total	150	100.0

The table shows that more than (99) 66% mothers experienced sleeping disturbances due to baby care & feeding some are not feeling any mood disorders. Everybody mentally fit for postnatal promotional care.



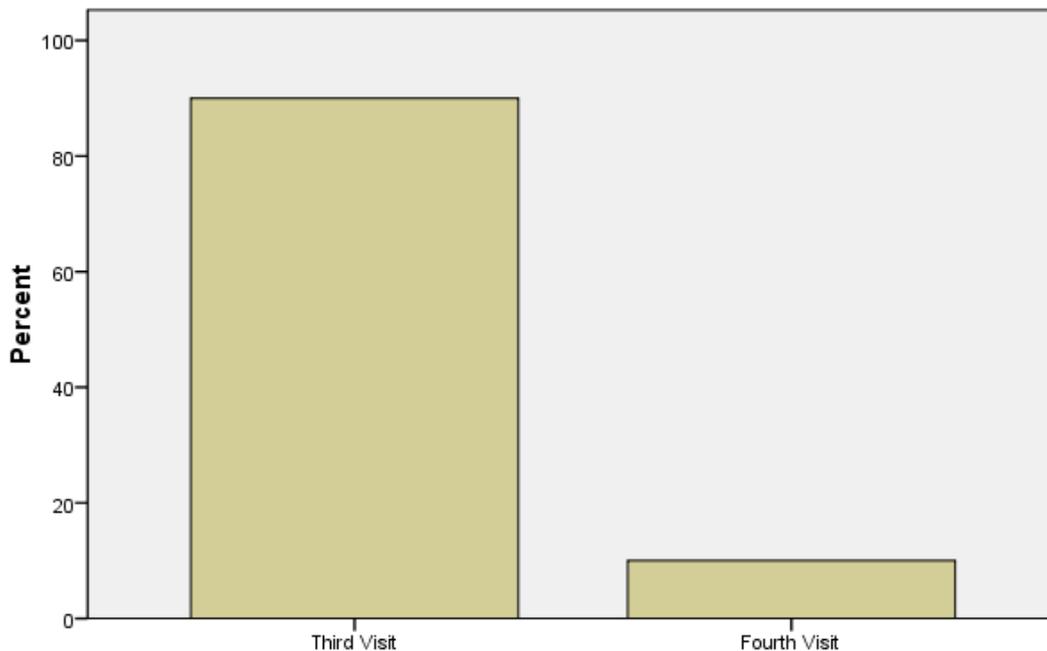
**Figure 3: Education of the Respondents**

Most of the Respondents husband education was postgraduate

**Table 32: Distribution of the respondent by knowing of postnatal care**

Variables	Frequency	%
Care of Mother& baby	60	100
Total	60	100

Care providers well known about postnatal care.



**Figure 4: Distribution of the respondent by schedule for postnatal care**

The figure shows that 80% care providers provide correct answer.

**Table 33: Distribution of the respondent by WHO recommended postnatal care**

Variable	Frequency	%
Assessment of the baby	5	8.3
Timing of postnatal care	11	18.3
Home visit	12	20.0
Counseling	26	43.3
Exclusive Breastfeeding	4	6.7
Iron folic acid	1	1.7
Cord Care	1	1.7
Total	60	100.0

The table shows that respondent identified necessary WHO recommendation..Care providers provide correct answer.

**Table 34: Distribution of the respondent by the content of postnatal care**

Variable	Frequency	%
Assessment of the baby	54	90
Exclusive Breastfeeding	5	8.3
Cord Care	1	1.7
Total	60	100.0

The table shows that counseling is the best answer for postnatal care. Care providers provide correct answer.

**Table 35: Distribution of the respondent by what should assess during postnatal care of newborn**

Variable	Frequency	%
Given one answer	3	5
Given two answer	2	3.33
Given three answer	19	31.67
Given four answer	36	60
Total	60	100

The table shows that respondent given multiple correct answers.

**Table 36: Distribution of the respondent by what should assess during postnatal care of mother**

Variable	Frequency	%
Given two answer	1	1.67
Given three answer	4	6.67
Given four answer	55	91.66
Total	60	100

The table shows that respondent given multiple correct answers.

**Table 37: Distribution of the respondent by what should check for mother beyond 24 hours**

Variable	Frequency	%
Given two answer	3	5
Given three answer	12	20
Given four answer	45	75
Total	60	100

The table shows that respondent given multiple correct answers.

**Table 38: Distribution of the respondent by what information given during postnatal counseling**

Variable	Frequency	%
Given two answer	2	3.33
Given three answer	10	16.67
Given four answer	48	80
Total	60	100

The table shows that respondent given multiple correct answers.

**Table 39: Distribution of the respondent by sign of PPH (Post-Partum Hemorrhage)**

Variable	Frequency	%
Given two answer	25	41.67
Given three answer	6	10
Given four answer	29	48.33
Total	60	100

The table shows that respondent given multiple correct answers.

**Table 40: Distribution of the respondent by sign Eclampsia**

Variable	Frequency	%
Given two answer	3	5
Given three answer	10	16.67
Given four answer	47	78.33
Total	60	100

The table shows that respondent given multiple correct answers

**Table 41: Distribution of the respondent by sign of Infection**

Variable	Frequency	%
Given one answer	5	8.34
Given two answer	2	3.33
Given three answer	15	25
Given four answer	38	63.33
Total	60	100

The table shows that respondent given multiple correct answers

**Table 42: Distribution of the respondent by sign of Thromboembolism**

Variable	Frequency	%
Given one answer	2	3.33
Given two answer	15	25
Given three answer	12	20
Given four answer	31	51.67
Total	60	100

The table shows that respondent given multiple correct answers

**Table 43: Distribution of the respondent by sign optimum number of timing of postnatal care**

Variable	Frequency	%
One time	1	1,7
Three time	59	98.3
Total	60	100

The table shows that above (59) 98% of respondent given correct answers which is evidence for better health care providers.

**Table 44: Distribution of the respondent by the factor hinder for postnatal care.**

Variable	Frequency	%
Given one answer	2	3.33
Given three answer	27	45
Given four answer	31	51.67
Total	60	100

The table shows that respondent given multiple correct answers. Lack of advice & ignorance are main issues.

**Table 45: Distribution of the respondent by essential new born care**

Variable	Frequency	%
Given two answer	14	23.33
Given three answer	15	25
Given four answer	31	51.67
Total	60	100

The table shows that respondent given multiple correct answers. All items they know and given advice nicely

**Table 46: Distribution of the respondent by media habit in a week**

Variable	Frequency	%
Read Newspaper	16	26.67
Listen to a Radio	-	-
Watch Television	44	73.33
Total	60	100

The table shows that most of the respondents watched Television & read Newspaper to know health related up to Date knowledge and skill. For application of evidence based practices it is important to use internet wave side.

**Table 47: Distribution of the respondent by important suggestion for improvement of postnatal care**

Variable	Frequency	%
Given two answer	1	1,66
Given three answer	4	6,67
Given four answer	55	91.67
Total	60	100

The table shows that respondent given multiple suggestions are need to be improved for postnatal care the all barriers

## CONCLUSION

The higher use of postnatal care among high-risk women is appropriate, but some of the clinically dangerous conditions can also occur in low-risk women. Future efforts should therefore focus on also increasing participation in postnatal care among low- risk women. The postnatal care has a low uptake and is often regarded as inadequate in Bangladesh. This is an important message to both service providers and health-policy makers. Therefore, there is an urgent need to assess the actual quality of postnatal care provided. Also there appears to be a need for awareness-raising programmes highlighting the availability of current postnatal care where this is of sufficient quality. Public health interventions to increase the utilization of postnatal care services should target women who are poor, less educated, from rural areas and who use untrained birth attendants. Strategies to improve the availability and accessibility of antenatal care services and skilled birth attendance including focused financial support and health promotion programmes, particularly in the rural areas, should increase utilization of postnatal care services in Indonesia.

## RECOMMENDATIONS

Awareness program should be created in the community to motivate pregnant women to attend antenatal care and postnatal care. This will in turn encourage them to seek postnatal care. However, postnatal care services should be made available in the villages, and more health workers and Traditional Birth Attendants should be trained in providing postnatal care. Mothers should be visited at least twice during the postnatal period by local health workers (within 48 hours after delivery and 3–7 days after delivery) as described in the National Maternity Care Guidelines. Awareness programmes on postnatal care should be implemented; targeting women, mother-in-laws and husbands. Moreover, more focus should be on the women who belong to the vulnerable group, illiterate and farm-working women and wives of farmers.

Government should take policy to implement postnatal care in all health sectors with proper monitoring.

Care providers should regular use internet & data base for evidence based practice.

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