

PERCEPTION OF THE MOTHER PREPAREDNESS ABOUT SELF-CARE FOR POSTPARTUM PERIOD

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Abstract: This study aimed to assess perception of the mother preparedness for self-care during postpartum period. **Design:** A descriptive exploratory research design was utilized. **Setting:** The study was carried out at the postpartum inpatient ward and the postnatal room in the labor and delivery department, Mansoura University Hospitals, Egypt. **Subjects:** A purposive sample of 142 mothers given birth to term infant via spontaneous vaginal delivery or cesarean section and free from Obstetric and medical disorders was participated in this study. **Tools:** Two tools were used for data collection, Structured Interview Questionnaire and mother's preparedness for self-care checklist. **Results:** 35.9% of the mothers were not prepared at all for proper eating, 70.4% were not prepared at all for importance of postpartum exercise and 43.7% were not prepared at all for proper timing of resuming sexuality and 28.9% were slightly prepared for postpartum psychological changes and care. **In conclusion:** It was evident that on hospital discharge, the mothers were not adequately prepared for self-care. **Recommendations:** Counseling office should be available within antenatal and postnatal care outpatient clinics to grants women with information about self-care, also, develop and implement mother's classes during antenatal period about postpartum learning needs.

Keywords: Mother's preparedness, Postpartum period, Self-care.

1. INTRODUCTION

The postpartum period is considered a vital time for a woman, her newborn, and her family unit. It is a dynamic time where the mother learns how to care for herself and her baby (Ahmed et al., 2018). The postnatal period is packed with strong emotions, physical changes, new and changed relationships, assumptions and adjustments into the new mother role which result in many health needs and concerns (Ahmed et al., 2018; Durham & Champan, 2014).

Health improvement of mothers and infants as two vulnerable groups of society is one of the Millennium Development Goals, that leads to decreased maternal mortality and postpartum complications (Mirzaee et al., (2015). Around 600,000 women die, worldwide because of pregnancy related complications, and 99% of these deaths take place in developing countries. Also, more than 50% of these cases have been reported during puerperium (Rouhi et al., 2102).

Postpartum care is the key component of health care contributes to the prevention of maternal complications and enhancement of maternal/neonatal health. In reality, the main purpose of postpartum care is the prevention and early identification of complications in this period, mothers' rapid return to a normal status, encouraging breastfeeding and providing family planning services to improve the physical health of mothers and infants (Hammes et al., 2014).

During postpartum period, the women move toward a new stage of life and may enter into different physical, mental and sexual complications (Majzoobi et al., 2014). Problems that may arise in this period incorporate bleeding, genital infections, uterine prolapse, depression, hemorrhoids, urinary incontinence, secondary infertility, pelvic inflammatory disease, perineal injury, breast problems, back pain and dyspareunia (Mirzaee et al., 2015).

As well, nearly 40% of mothers experience postpartum complications, among whom 15% face severe long-term consequences (Ejaz & Ahmad, 2013). These complications effects influence on maternal health infant's health status also (Mirzaee et al., 2015). Many of these problems might be resolved through education and raising the woman awareness (Rouhi et al., 2102).

As a result of the short length of hospital stay and early discharge of infants after birth, unsatisfactory care-related information is provided for mothers. Women receive inadequate healthcare support and this make mothers to obtain information from her family and friends to meet their educational needs (ghodsbini et al, 2012). Additionally, During the postpartum period, mother has lack of knowledge about postpartum complications and care, especially new mothers, are not prepared enough to adapt to new life and lack the confidence to take care of themselves and their infants (Mirzaee et al., 2015).

In fact, postpartum period is a perfect time for interventions and support to improve maternal health. Moreover, use of support programs and appropriate implementation of maternal and neonatal care can raise the survival rate among women and infants (Majzoobi et al., 2014). Maternal awareness about health care is the most cost-effective intervention for decreasing maternal mortality, morbidity and complications before and after childbirth (Mirzaee et al., 2015).

So as to help mothers adjust with this serious period, maternal training during the postpartum period on issues such as physiological and emotional changes, breast care and infant care seems very important. In fact, increased awareness about maternal and neonatal care leads to reduced stress and increased self-confidence and aptitude in mothers (Mirzaee et al., 2015).

Significance of the study:

Postpartum complications are responsible for maternal mortality rate during postpartum period. The maternal mortality rate during puerperium is the annual number of female deaths per 100,000 live births from any cause related to or aggravated by postnatal complications is considered preventable if postnatal self-care is followed effectively, 216 women died worldwide from 100,000 women due to postpartum complication. In Egypt 33 maternal deaths per 100,000 deaths (WHO, 2015). In the postpartum period, women enter a new stage of life and experience different physical, psychological, mental and sexual changes. Meeting mothers' mental and emotional needs comprises of providing essential health education for mothers or families, preparing women to accept their maternal roles and facilitating a successful transition to parenthood.

Inappropriate self-care education incurs a barrage of negative outcomes. Like subsequent readmissions related to complications, increased medical costs, overcrowding, and overuse of emergency resources, and additional time off of work for the patient and/or family members, which may lead to decreased local workforce production. Because, there is a lack of studies which address, mother's preparedness for self-care during the postpartum period on discharge at Mansoura University Hospitals, so this study will be conducted.

Aim of the study:

This study aimed to assess perception of the mother preparedness for self-care during postpartum period.

Research Question:

What is the perception of the mother preparedness about self-care during postpartum period ?

2. SUBJECTS AND METHOD

Research Design: A descriptive research design was followed to achieve the aim of the present study.

Study Setting: This study was conducted at the postpartum inpatient ward and the postnatal room in the labour and delivery unit, Mansoura University Hospitals, Dakahlia Governorate. The postpartum inpatient ward is one of the wards

of Obstetrics and Gynecology department in Mansoura university hospital. It is located on the third floor of the main hospital's building, with a capacity of beds assigned for postpartum women delivered by Cesarean section and high risk cases delivered by spontaneous vaginal delivery. The postnatal room is a part in labor and delivery unit. It is located on the first floor of the main hospital's building, with a capacity of beds assigned for low risk post spontaneous vaginal delivery women.

Sample Type: A purposive sample was used.

Study Subjects: A total number of 142 postnatal mothers were recruited between the periods from the beginning of July 2017 to the end of December 2017. They were chosen according to the following criteria

Inclusion criteria

1. Aged between 20 to 35 years.
2. Both nulliparous or multiparous.
3. Given birth to the term infant via spontaneous vaginal delivery or cesarean section.
4. Being discharged from the hospital on the same day along with her infant.

Exclusion criteria

1. Mothers critically sick and those with mental illnesses.
2. Mothers of dying infants or of infants with significant congenital anomalies,
3. Mothers discharged and their infants were admitted to the neonatal intensive care units or special care nursery for 24 hours or more.
4. Those were not willing to share in the research study.

Sample size calculation:

The present study aims to assess perception of mother's preparedness for self-care during postpartum period. A previous study showed that 83.6% of the mothers in the postpartum period regarded the nutritional needs as important (*Mahmoud et al., 2014*). To calculate the sample size with precision/absolute error of 5% and type 1 error of 5%: Sample size = $[(Z_{1-\alpha/2})^2 \cdot P(1-P)]/d^2$. Where, $Z_{1-\alpha/2}$ refers to the standard normal variate, at 5% type 1 error ($p < 0.05$) it is 1.96. P is the expected proportion in population from a previous study. d is the absolute error or precision. So, Sample size = $[(1.96)^2 \cdot (0.836) \cdot (1-0.836)] / (0.05)^2 = 141.5$. Thus, the sample size required to achieve aim of this study is 142.

Tools of data collection:

The required data were collected by using two tools.

Tool I: -Structured Interview schedule:

It was designed by the researcher based on reviewing the scientific literature, and consists of three parts: **Part (1):** Entails the participants' demographic data such as age, level of education, occupation, marital status, and, residence. **Part (2):** Concerns with the obstetric history as gravidity, parity, number of abortions, and sex of the baby. **Part (3):** It was related to the source of information as prenatal classes, reading, or family experience.

Tool II: Postpartum women's information needs checklist: It was adopted from *Paulsen et al., (1994)*. To assess mother's preparedness for self-care during postpartum period. The tool consisted of 23 items related to physical and psychosocial self care such as, body changes during delivery, nutrition, medical check-ups after delivery, contraception, and emotional responses to parenthood.

Scoring system: The tool was a self-administered. Respondent's answers were assessed according to 5 points Likert scale. Answers were given as very well prepared, well prepared, moderately prepared, prepared slightly and not at all prepared.

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Validity of the tools:

The study tool; postpartum women's information needs checklist, was translated into the Arabic language. The Arabic version was reviewed by five experts from the faculty of nursing (Women's Health and Midwifery Department Mansoura University). These experts assessed the tool for clarity, relevance, application, comprehensive, and understandable. Thus established the content validation of the tool. No modifications were suggested.

Reliability of the tool II:

Reliability of the tool II was tested for its internal consistency by using Cronbach's Alpha test. Reliability for tool indicate good internal consistency.

Ethical considerations

1. An official permission was taken from the Ethics Committee of the Faculty of Nursing, Mansoura University.
2. Prior data collection, written consent was obtained from each postpartum mother after clarification of the study nature. Items of the informed consent were explained to the participants.
3. A trust relationship was developed between the researcher and the postpartum mothers to facilitate collection of the required data.
4. The investigator emphasized that participation is voluntary and each participant has the right to withdraw from the study at any time.
5. Anonymity, privacy, safety and confidentiality was absolutely assured throughout the whole study. All data obtained were kept in a password computer file to restrict access.

Study procedure:

The present study was conducted through three phases; particularly the preparatory phase, data collection and presentation of the analyzed data in final forms.

I. The preparatory phase:

1. During the preparatory phase, the researcher reviewed the literatures and collected the required tools and checked its validity and reliability. An official letter from the Faculty of Nursing, Mansoura University has been directed to the director of Mansoura University Hospitals and Head of Obstetrics and Gynecology Department to obtain official permission for conducting the study after explaining its aim.
2. There after, the pilot study was carried out on 10% of the sample (14 postpartum mothers), the pilot sample was excluded from the analyzed sample. The purpose of the pilot study was to ascertain the clarity and applicability of the tool. It also helped , to find out any obstacles and problems that might interfere with data collection. Based on the findings of the pilot study, certain modification of the tools were done (i.e., structured interview questionnaire was filled in first, the checklist was introduced and explained before completing according to the request of some participants. The pilot study followed by the process of data collection.

II. Data collection phase

1. Before collecting the data the researcher introduced herself to the head nurses of the study setting; postnatal ward and labour and delivery room, and explained the study nature and aim to build a trust relationship.
2. The researcher introduced herself to each postpartum mother and explained the study nature and aim. Informed consent was obtained from each postpartum mother met the an eligible criteria.
3. The structured interview questionnaire was filled in through an individual interview between the researcher and the eligible postpartum mothers.
4. The researcher explained to each participant on how to fill in the questionnaire. Unclear items were clarified before completing the questionnaire.

5. Each participant first identified, assigned the level of preparedness toward the identified items.
6. All filled questionnaires were returned to the researcher immediately before being discharged from the hospital.
7. The collected data were coded, analyzed, and tabulated in its final forms.

Limitations of the study:

This study was conducted at Mansoura University hospital; therefore results might not complement postnatal mothers gave birth outside the study setting.

Statistical analysis:

All statistical analyses were performed using SPSS for windows version 20.0 (SPSS, Chicago, IL). Data were tested for normality of distribution prior to any calculations. Continuous data were normally distributed and were expressed in mean \pm standard deviation (SD). Categorical data were expressed in numbers and percentage. Chi-square test was used for comparison of variables with categorical data. Statistical significance was set at $p < 0.05$.

3. RESULTS

Table 1. Distribution of the studied group according to their demographic characteristics

Items	n=(142)	%
Age (years)		
20-25	61	43
26-30	59	41.5
30-35	22	15.5
Mean \pm SD	26.4 \pm3.8	
Level of education		
Primary	6	4.2
Secondary	84	59.2
University & more	52	36.6
Occupation		
Housewife	103	72.5
Work	39	27.5
Marital status		
Married	140	98.6
Divorced	1	0.7
Widowed	1	0.7
Residence		
Rural	81	57
Urban	61	43

Table 1. presents that, mean age of the studied group was (26.4 \pm 3.8). About (59.2%) of them had secondary education, most of the studied group (98.6%) were married, nearly three quarters of them (72.5%) were housewife and more than half (57%) of them were from rural area.

Table 2. Distribution of the studied group according to their obstetric history

Items	n=(142)	%
Gravida		
One	43	30.3
Two	33	23.3
Three	37	26.1
>3	29	20.1

Parity		
One	60	42.3
Two	51	35.9
Three	24	16.9
>3	7	4.9
Abortions		
None	95	66.9
One	24	16.9
Two	16	11.3
Three or more	7	4.9
Sex of baby		
Male	69	48.6
Female	73	51.4

Table (2) shows that nearly one third (30.3%) of the studied group have one gravida, more than two third (66.9%) of them had no abortion, nearly half (48.6 %) of the studied group had birth male baby.

Table 3. Perception of the mother preparedness about physical changes during the postpartum period

Knownlede about	Mother's preparedness				
	Not at all N (%)	Slight N (%)	Moderate N (%)	Well N (%)	Very well N (%)
Physiological changes during delivery and postpartum period	25 (17.6%)	19 (13.4%)	38 (26.8%)	43 (30.3%)	17 (12.0%)
Type, amount, and duration of lochia after delivery	33 (23.2%)	7 (4.9%)	21 (14.8%)	53 (37.3%)	28 (19.7%)
Return of menstruation after delivery.	24 (16.9%)	19 (13.4%)	51 (35.9%)	23 (16.2%)	52 (17.6%)

Table 3. shows that (26.8%, 30.3%) moderately prepared, well prepared respectively, while (17.6%) not prepared at all about physical changes during delivery and postpartum period as soon as (37.3%) well prepared about Type, amount, and duration of lochia after delivery, but (23.2%) not prepared at all about them and about (35.9%) moderately prepared about expected time of period to return while (16.9%) not prepared at all about it.

Table 4. Perception of the mother preparedness about physical self-care during postpartum period.

Items	Mother's preparedness				
	Not at all N (%)	Slight N (%)	Moderate N (%)	Well N (%)	Very well N (%)
Care of the breasts	19 (9.2%)	29 (20.4%)	44 (31.0%)	38 (26.8%)	18 (12.7%)
Episiotomy or cesarean section wound care	10 (7.0%)	27 (19.0%)	58 (40.8%)	43 (30.3%)	4 (2.8%)
Stretch marks care	25 (17.6%)	30 (21.1%)	58 (40.8%)	24 (16.9%)	5 (3.5%)
Postpartum constipation	37 (26.1%)	13 (9.2%)	46 (32.4%)	35 (24.6%)	11 (7.7%)
Measures to control after pain	59 (41.5%)	4 (2.8%)	16 (11.3%)	54 (38.0%)	9 (6.3%)
Postpartum medical checkups	19 (13.4%)	28 (19.7%)	49 (34.5%)	38 (26.8%)	8 (5.6%)

Table 4. shows that (31%, 26.8%) moderately & well prepared respectively about breast Care, while (40%, 30.3%) moderately & well prepared respectively about episiotomy care. About (40.8%) of the studied group moderately prepared

about stretch marks. About (50.7%) of the studied group not prepared at all about hair care and only (3.5%) very well prepared about it. There was (41.5%) of them not prepared at all about postpartum minor discomfort while only (13.5%) for them not prepared at all about postpartum medical checkups.

Table 5. Perception of the mother preparedness about sexuality, contraceptive and Postpartum habits during the postpartum period.

Items	Mother's preparedness				
	Not at all N (%)	Slight N (%)	Moderate N (%)	Well N (%)	Very well N (%)
Restarting sexual relations	62 (43.7%)	35 (24.6%)	24 (16.9%)	9 (6.3%)	12 (8.5%)
Methods of contraceptive	16 (11.3%)	16 (11.3%)	33 (23.2%)	47 (33.1%)	30 (21.1%)
Duration of birth space	11 (7.7%)	23 (16.2%)	50 (35.2%)	26 (18.3%)	32(22.5%)
Exercising	100 (70.4%)	16 (11.3%)	11 (7.7%)	9 (6.3%)	6 (4.2%)
Diet	51 (35.9%)	30 (21.1%)	30 (21.1%)	15 (10.6%)	16 (11.3%)
Sleeping	62 (43.7%)	29 (20.4%)	33 (23.2%)	15(10.6%)	3(2.1%)

Table 5. shows that (43.7%, 24.6%) of the studied group not prepared at all, slightly prepared for the time of return to sexual relation, respectively, as soon as (33.1%, 21.1%) of them well prepared, very well prepared and have knowledge about birth control and its methods respectively while (35.2%) of the studied group moderately prepared to the time of occurrence of another pregnancy. Also, (70.4%) of the studied group not prepared at all about postpartum exercises that help to get back into per pregnant shape while (35.9%, 21.1%) of them not prepared at all, slightly prepared respectively about postpartum proper eating habits as soon as (43.7%, 20.4%) of the studied group not prepared at all, slightly prepared respectively about sleep and rest needs of the mother.

Table 6. Perception of the mother preparedness about psychological and Social changes during postpartum period

Items	Mother's preparedness				
	Not at all N (%)	Slight N (%)	Moderate N (%)	Well N (%)	Very well N (%)
Emotional reactions to being a new mother	4(2.8%)	11 (7.7%)	26 (18.3%)	64 (45.1%)	37 (26.1%)
"Postpartum blues" symptoms	25 (17.6%)	41(28.9%)	37 (26.1%)	29 (20.4%)	10 (7.0%)
Being a mother problems awareness	7 (4.9%)	25 (17.6%)	42 (29.6%)	55(38.7%)	13(9.2%)
Affection of baby's birth on relation with husband	11 (7.7%)	18(12.7%)	64 (45.1%)	32 (22.5%)	17 (12.0%)
Affection of the baby's birth on social relations.	15 (10.6%)	10 (7.0%)	68 (47.9%)	42 (29.6%)	7 (4.9%)
Ways to be a good mother	2 (1.4%)	6 (4.2%)	47 (33.1%)	41 (28.9%)	46 (32.4%)
Time management with a new baby	14 (9.9%)	3 (2.1%)	32 (22.5%)	58 (40.8%)	35 (24.6%)

Table 6. shows that (27.1%) of the studied group very well prepared about emotional reactions to being a parent. There was (28.9%), of them slightly prepared, to postpartum depressed feelings, as soon as (38.7%) of the studied group well prepared about problems of other mothers. Also (22.5%) of the studied group well prepared, for the affection of the baby in her life with the baby's father while (29.6%) of them well prepared, for the affection of the baby's birth on the mother's life with other people as soon as (32.4%), of them very well prepared about ways to be a good mother. About (24.6%), of the studied group very well prepared, about better management of her time to care for her new baby.

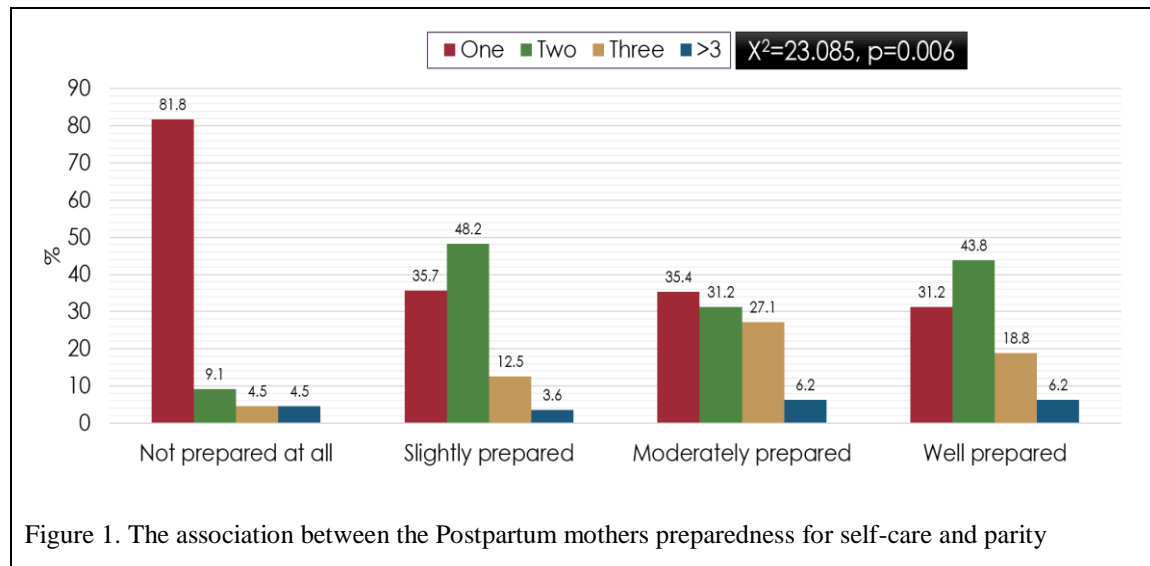


Figure 1. The association between the Postpartum mothers preparedness for self-care and parity

Figure 1. Illustrate those postpartum mothers preparedness is positively correlated with parity.

4. DISCUSSION

This study was aimed to assess perception of mother's preparedness for self-care during postpartum period. This aim was achieved through the current study, findings; which revealed that mothers inadequately prepared for self-care. Particularly, physical care, sexuality, contraception, and healthy habits. Accordingly, the study question was answered.

The present study revealed that slightly less than half had rated their preparedness as not at all, slight, or moderately prepared with information about the type, amount, and duration of postpartum lochia. Meanwhile, more than one third of the study subjects was moderately prepared about the expected time to retain postpartum menstrual period. Reflecting the need for more information provision. Consistently, subjects of a study by **Mirzaee et al., (2015)** stated that yellow postpartum discharge with offensive odors is an abnormal symptom that requires clinic visit. On the other hand, **Asgharnia et al.(2005)** found very low information among postpartum mothers regarding postpartum vaginal discharge and infection.

In the assessment of mothers' preparedness for self-care, the current study revealed that less than half of the study subjects were either well or very well prepared for postpartum breast care. The Iranian cross-sectional descriptive study involved 500 postpartum mothers found moderate preparedness for postpartum breast care **Mirzaee et al., (2015)**; consistent with the present study finding. The Iranian mothers demonstrated that washing the breast and nipples; using soap and water, before feeding is necessary. Yet, such practice increases the risk of nipple irritation and cracks and frequently leads to cessation of breast feeding and increase rate of formula feeding **Tafazoli et al., (2010)**.

On the other hand, **Darling et al., (2014)** noticed that majority of the study sample had higher knowledge about postpartum breast care. Authors of the present study attributed the difference between the current study finding and Darling's finding to the difference in subjects' educational levels, available facilities and received mother classes during the prenatal period.

The present study findings revealed that majority of mother's rated their preparedness with information about proper timing to restart sexual relations as not at all, slight, or moderately prepared. As well as, slightly less than half of the subjects were not at all, slight, or moderately prepared with information about the use of contraception and more than

half were not at all, slight, or moderately prepared on how soon another pregnancy can occur. In the same line, in an earlier study by **Asgharnia et al. (2005)** mothers' information about correct timing for postpartum sexual intercourse was very little; supporting the present study findings. Conversely, **Mirzaee et al., (2015)** revealed that most of the assessed mothers had the correct information about proper timing for resuming postpartum sexual activities.

Consistent with the present study findings of a study by **Mirzaee et al., (2015)**, rated the subjects' knowledge about the methods of contraception as weak to moderate. Meanwhile, **Salehian and coauthors (2008)** noticed that around 60% of the study subjects had adequate information about the use of contraception methods. As well, **Darling et al. (2014)** found majority of the mothers were sufficiently prepared with knowledge about contraceptive methods.

During the postpartum period, the mothers are subjected to multiple physiological changes; which are affecting their health. Proper high quality diet is important to maintain mother's health and meets newborn dietary needs. However, imbalanced diet carries many adverse maternal and neonatal effects. It may cause maternal anemia; with its associated side effects as dizziness and headache, dental problems, osteoporosis, constipation, or even backache. Accordingly, maternal awareness about proper diet is necessary.

Concerning the importance of proper diet during postpartum period, the present study showed that more than half of the study subjects rated their preparedness with information about proper diet as not at all, slight, or moderate preparedness. As well, **Mirzaee et al., (2015)** noticed moderate knowledge about the appropriate nutrition during postpartum period; majority of **Mirzaee** study subjects were aware that iron tablets should be continued for three months postpartum. Meanwhile, most of them were not aware about the hostile effect of spicy foods on milk taste and newborn's rejection to breast milk; which may cause cessation of breastfeeding.

However, **Darling et al.,(2014)** detected a high level of knowledge about proper nutrition during postpartum period among majority of study sample; it was inconsistent with the present study. The discrepancy between the study findings and those of other studies, may be explained by different demographic and obstetric profile of the study subjects. Also, the received prenatal or postnatal training in other studies may enhance their knowledge level.

Around three quarters of the present study subjects, their preparedness with knowledge regarding postpartum psychological changes were rated as not at all, slight, or moderate. The study subjects of **Mirzaee et al.,(2015)** stated that being impatient and aggressive during the postpartum period is a normal emotional feeling and were not aware about the occurrence of postpartum depression. Additionally, the rate of knowledge about postpartum psychological symptoms was moderate; thus supporting the present study findings. On the other hand, **Kingston & coauthors (2014)** rated the mothers' knowledge; about the psychological disorders, including depression during the postpartum period, as high. **Kingston & coauthors (2014)** had been attributed the higher knowledge of their subjects to that three quarters of their subjects were at higher educational level and the majority of them were advanced in age.

Regarding the association between the postpartum mothers preparedness for self-care and parity . the current study results illustrate that postpartum mothers preparedness is positively correlated with parity. As high percent of multiparous women well prepared about self-care during postpartum period and this results disharmony with **Mirzaee et al., (2015)** as they did not observe significant relations between mothers' knowledge and parity Additionally, **Asgharnia et al. (2005)** found no significant relations between the mothers' knowledge and preparedness with parity.

5. CONCLUSION

The overall preparedness of the study subjects for self-care was 39.4% slightly prepared and 33.8% were moderately prepared, Mothers' preparedness for self-care were significantly associated with parity.

6. RECOMMENDATIONS

- Counseling office should be available within antenatal and postnatal care outpatient clinics to grants women with information about self-care
- Training programs and workshops about care of new mothers should be integrated with the context of health care systems in maternity hospitals; in order to improve the quality of given care.

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- Increase the family members' awareness of the normal physiological and the psychological changes during postpartum period and the importance of providing social support during this period.
- Develop and implement mother's classes during antenatal period about postpartum learning needs.
- **Future research** to investigate effect of introducing educational programs and workshops on improving mothers' preparedness about self-care and is suggested.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

- [1] **Ahmed M., Salah N., Mohamed I., (2018):** Postpartum Learning Needs as Perceived by Mothers at Suez Canal University Hospital , OSR Journal of Nursing and Health Science (IOSR-JNHS) Volume 7, Page PP 47-53 DOI: 10.9790/1959-0705024753
- [2] **Asgharnia M, Heidarzadeh A, Zahiri Z, Seyhani AR Pormehr Yabandeh L, Oudi M (V).(2005):** Assessment of women's knowledge regarding postpartum complications and cares. Journal of Guilan. University Medical Sciences ; 14(55):56-62.
- [3] **Darling BJ, Bazil AB(2014):** Knowledge and attitude of postnatal mothers regarding self care after child birth in selected maternity centers in Madurai Journal of Science 2014; 4(1):40-44.
- [4] **Durham, R. F., & Chapman, L. (2014):** Maternal-Newborn Nursing : The Critical Components of Nursing Care (2nd Ed.). USA: F. A. Davis Company.309- 315.
- [5] **Ejaz S, Ahmad Kh. Postpartum care utilization among primigravida (2013):** A study in Rural Punjab, Pakistan. Journal of Humanities and Social Sciences 3(4):10-19.
- [6] **Ghodsbin F, Yazdani Kh, Jahanbin I(2012):** Impact of supportive efforts on the quality of life primiparous women in the first six week after delivery. The Iranian Journal of Obstetrics, Gynecology and Infertility; 15(17):17-24.
- [7] **Ghodsbin F, Yazdani Kh, Jahanbin I. (2012):** Impact of supportive efforts on the quality of life primiparous women in the first six week after delivery. The Iranian Journal of Obstetrics, Gynecology and Infertility ,15(17):17-24.
- [8] **Hammes, T., Sebold, L. F., Kempfer, S. S., & Girondi, J. B. R. (2014):** Nursing care in postpartum adaptation: perceptions of Brazilian mothers. Journal of Nursing Education and Practice, 4(12), 125.
- [9] **Kingston DE, Mcdonald Sh, Austin MP, Hegadoren K, Lasiuk G, Tough S. (2014):** The Public's views of mental health in pregnant and postpartum women: a population-based study. BMC Pregnancy and Childbirth; 14:84. Tafazoli M, Saeedi R, Gholami Robatsangi M, Mazloom R(2010): Aloe vera gel Vs. lanolin ointment in the treatment of nipple sore: a randomized clinical trial. Tehran University Medical Journal ; 67(10):699-704.
- [10] **Majzoobi MM, Majzoobi MR, Nazari-pouya F, Biglari M, Poorolajal J. (2014):** Comparing quality of Life in women after vaginal delivery and cesarean. Journal of Midwifery and Reproductive Health ,2(4):207-214 .
- [11] **Mirzaee, K., Taghi Shakeri, M.(2015):** Maternal knowledge on postpartum care in healthcare centers of Mashhd, Iran in 2013. Journal of Midwifery and Reproductive Health, 3(4), 456-464.
- [12] **Rouhi M, Heravi-karimooi M, Usefi H, Salehi K, Habibzadeh S, Shojaee M. (2012):** Prevalence and persistence of health problems after child birth and maternal correlations with parity. Journal of Health Promotion 1(4):51-60.

International Journal of Novel Research in Healthcare and Nursing

Vol. 7, Issue 1, pp: (60-70), Month: January - April 2020, Available at: www.noveltyjournals.com

- [13] **Rouhi M, Mohammad Alizadeh Charandabi S. (2012):** Mothers' problems experienced during the first year after postpartum and their association with the kind of childbirth in Mashhad, Iran. The Iranian Journal of Obstetrics, Gynecology and Infertility ,15(23):28-37.
- [14] **Salehian, T, Delaram M, Noorbakhshian M (2008):** Knowledge assessment of women about the benefits and proper method of breast feeding Scientific Journal of Hamedan Nursing and Midwifery Faculty; 15(2):17-27.
- [15] **Tafazoli M, Saeedi R, Gholami Robatsangi M, Mazloom R(2010):** Aloe vera gel Vs. lanolin ointment in the treatment of nipple sore: a randomized clinical trial. Tehran University Medical Journal ; 67(10):699-704.
- [16] **WHO (2015):** Postnatal care for mothers and newborns: Highlights from the World Health Organization's 2013 Guidelines.