Women Satisfaction Regarding Utilization of Post Natal Care in Alexandria Government

Maha M. El habashy[1], AmanyA.Ahmed[2], Reda M. Hables[3], Safaa H.Mohamed[4]

[1]Assist. Prof. Department of Obstetrics and Gynecology Nursing. Faculty of nursing , Alexandria University, Egypt

[2]Assist. Prof. Department of Obstetrics and Gynecologyical,reproductive healthNursing . Faculty of nursing , Sohag University, Egypt

[3]Lecturer Department ofObstetrics and Gynecology Nursing, Faculty of Nursing, Alexandria University, Egypt and College of Applied Medical Science , university of Hafer Albatin

[4]Lecturer. Maternity and Neonatal Health Nursing. Faculty of nursing , Assiut University, Egypt

Corresponding email: mahaelhabashy2005@gmail.com

Abstract: **Postnatal car isa a basic intervention towards decreasing maternal and neonatal mortality and morbidity associated with the period post-delivery. Women 's satisfaction is a significant indicator for assessment of the quality of care provided during postnatal period. The study aimed to assess women's satisfaction regarding the utilization of postnatal care . Method: Descriptive research design. Subjects: The subject composed of 200 women who attended the health centers for immunization of their children or medical examination Setting: The study was conducted at 10 health centers in Alexandria Governorate through a chosen simple random sampling technique. Tools: three tools were developed, Tool one: was developed by the researchers that were consisted of three parts: Part I: Socio-demographic characteristics of the study subjects. Part II: Reproductive history of the postpartum women. Part III: knowledge about the postnatal health care Tool II: Women's utilization of postnatal care services structured interview Tool III: Modified Arabic version of Echelle de Qualité des Soinsen Hospitalization EQS-H questionnaire. Results: Half of the studied women utilized postnatal health care services, more than two- thirds of women utilized postnatal health care services during 30 – 39 postpartum days. Less than half of women reported good satisfaction related to decision making of clinic staff and given knowledge after receiving medical care. There was a high positive correlation between total knowledge and their total satisfaction with the utilization of postnatal care services. Conclusions: around half of the studied women had poor total knowledge; more than one- third of them had average knowledge regarding postnatal health care. While more than one-quarter of them reported low satisfaction and slightly more than half of them reported moderate satisfaction related topostnatal services. Recommendation: - Encourage the women to commit topostnatal service through health education about benefits and types of postnatal services**

Keywords: **Women Satisfaction, Post Natal Care.**

1. INTRODUCTION

Quality of postnatal care is the degree to which maternal health services for individuals and populations increase the likelihood of timely and fitting treatment for the purpose of achieving preferred outcomes. The use of post natal services and outcomes are the result not only of the provision of care but also of women's experience of that care. The quality of post natal care provided to the mothers and neonates in developing countries is frequently stated as poor **(Haque, Parr & Muhidin, 2020)& (Aziz, El- Deen & Allithy, 2020).**

Assessment of the satisfaction with postnatal services is fundamental and assistances in future utilization of postnatal service to the woman or her baby. Appreciative of a woman's perspective and her needs during the postpartum period and addressing them as part of the quality-improvement program can make delivery care safe, affordable, and respectful. High satisfactory experience of mothers during the immediate postnatal period enhance mothers' compliance with health teaching and use of subsequent recommended care **(Chhetri, Shah & Rajbanshi, 2020) & (Komasawa et al., 2020).**

Page | 625

Postnatal care is the individualized care provided to achieve the needs of the women and their neonates after childbirth. Post-delivery, the women is expected to recover from labor, adapt to their new role as a mother and revert physically and psychologically to her pre-gravid state. The neonate is similarly expected to adapt to extrauterine life. Postnatal care is an vital intervention to ensure this maternal adjustment and neonatal adaptation **(Kim, Singh, Speizer, Angeles & Weiss, 2019).**It also offers an important opportunity to assess the mother's knowledge, address all identified needs and educate her on available health services including appropriate skills in safeguarding her health and that of her baby **(Adane, Fisseha, Walle &Yalew, 2020).**

The World Health Organization (WHO) recommends that mothers and newborns must receive Postnatal Care in the facility for at least 24 hours after birth if the delivery was conducted in a health facility. The first postnatal contact must be as early as possible within 1st day of birth. It also recommends that at least three additional postnatal contacts must be made for all women and neonates, on day 3 and between days 6–14 post-birth and 6 weeks post-birth **(Fekadu, Ambaw & Kidanie, 2019)& (Limenih, Endale & Dachew, 2016).**

The care provided during the direct postnatal period contains assess the mother and neonate with the aim of early detection, preventing morbidity,and promoting the general health, the well-being of the mother and the baby. **(Ndugga, Namiyonga & Sebuwufu, 2020)& (Wickramasinghe, Gunathunga, & Hemachandra, 2019).**

Aim of this study

Asses women 's Satisfaction Regarding Utilization of Post Natal Care in Alexandria Government

Research question

What is the level of satisfaction of women regarding utilization of postnatal care in Alexandria Government?

2. MATERIALS AND METHODS

Research Design:

An explanatory descriptive research design was used to conduct the current study.

Settings: The study was conducted at 10 health centers in Alexandria Governorate. These centers were chosen through the multistage random sampling technique; where 5 districts were chosen by simple random technique from the available 8 districts in Alexandria. Then from each of the selected districts, 2 health centers were chosen though a simple random sampling technique.

Subjects: Study subjects contain a convenient sample. It consists of 200 women who attended the previously mentioned settings for immunization of their children or a medical examination. **Inclusion criteria:** women within the 1st three months postpartum and welling to participate in the study.

Sample size: the estimated sample size was 200 women, Number of postpartum t women will be estimated according to the Epi-Info program using the following parameters:

Population size = 473 postpartum women.Expected frequency (prevalence) =50%.Acceptable error =5%.Confidence coefficient =95%.Minimum sample size = 200 postpartum women.

Tools:

three tools were developed & used by the researcher to collect the necessary data**Tool I:** questionnaire containing three, it was developed by the researcher after reviewing the related national and international literature (**Zelka et al., 2019 &Angore, Tufa & Bisetegen, 2018**). It was written in a simple Arabic language to suit the understanding level of the study subject. It consisted of three parts**:**

1ST part: socio-demographic characteristics of the postpartum women such as age, occupation, level of education, marital status, residence, family type, and family income.

2nd part:Reproductive history of the postpartum women such as: gravidity, parity, number of abortions, number of living children, antenatal follow up, date of last delivery, mode of last delivery, presence of any postpartum complication.

3rd part: knowledge about the postnatal health care designed by the researcher included maternal care component It contained 13 items to assess women 's knowledge about **the** postnatal health care women 's response varied between correct and complete (3), but incomplete (2), incorrect answer (1). The total score ranged between 13 and 39.

women's knowledge was ranked as follows: c

- Poor for a total score < 21.

- Fair for a total score 21< 29.

- Good for a total score ≥ 29.

Tool II: Women's utilization of postnatal care services structured interview schedule (WUPCSIS) prepared by the researcher after reviewing literature review **(Maharjan& Singh, 2017) included** questions related to women's' utilization of postnatal care services such as: attendance of the postnatal clinic, time and number of visits, reasons for each visit, services provided, difficulties encountered during the visits, lack of attendance, reasons, barriers of seeking such services.

Tool III: Modified Arabic version of Echelle de Qualité des Soinsen Hospitalization EQS-H questionnaire (MAVEQS-HQ)

This scale was translated into Arabic language and validated by Soufi et al. The EQS-H is one of the well-known scales usually used to assess women 's satisfaction with the quality of medical and nursing care received during hospitalization in a short-stay within hospitals.

It included two domains of patients' satisfaction, "Quality of medical information" (MI) (8 items) and "Relationship with staff and daily routine" (RS) (8items), totally 16 items. Each item is rated on a five-point likert scale ranging from 1 to 5. 1 for poor, 2 for moderate, 3 for good, 4 for very good, and 5 for excellent

Total scores ranged between16 to 80. Each subject's satisfaction level was categorized as follows:

Poor satisfaction < 29, Moderate satisfaction 29 – 45, Good satisfaction 46 – 58, Very good satisfaction 59 – 72, Excellent satisfaction > 73

Thus, low satisfaction equal poor and moderated which is < 29 to 45, Moderate satisfaction equals good which is 46 – 58 and High satisfaction equals very good and excellent which is > 73 .

Method:

-An approval was obtained from the previously mentioned settings. A letter was issued to them from the Faculty of Nursing, explaining the aim of the study in order to obtain their permission and cooperation. Data were collected in four months, from the beginning of June 2019 to the end of October 2019

-Tool I and II were developed by the researcher based on an extensive review of recent, relevant literature. Tool III was adapted was translated into Arabic language and validated by Soufi et al. The EQS-H is one of the well-known scales usually used to assess patient satisfaction with the quality of medical and nursing care received during hospitalization in a short-stay within hospitals.

- The pilot study was carried out on 20 postpartum women who represent 10% of studied subjects at the previously mentioned setting in order to test the applicability of the constructed tools and the clarity of the included tools. The pilot has also served to estimate the time needed for each subject to fill in the questionnaire.

- Content validity and reliability: It was ascertained by a group of experts in the obstetric nursing department (3). Their opinions elicited regarding the format, layout, consistency, accuracy, and relevancy of the tools. Reliability the pretest was carried out to test the reliability of Cronbach's Alpha for questionnaire = 0.805.

- The researcher first met with the studied women attended to the previously mentioned settings, explained the purpose of the study after introducing herself. The researcher was visiting the study setting 2days / week at morning shift (8a.m-2p.m) to collect data. The questionnaire was filled by the researcher during the interview within 20-30 minutes.

Statistical Analysis:

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and Statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were

presented using descriptive statistics in the form of mean S.D and number & percentage. Linear regression model is a linear approach to modeling the relationship between a scalar response and one or more explanatory variables. Pearson's correlation coefficient (r) is a measure of the strength of the association between the two variables

Ethical Considerations

The research approval was obtained from the Faculty Ethical Committee before starting the study.

The ethical research considerations include the following:

▪ The researcher has clarified the objectives and aim of the study to women included in the study before starting

▪ Verbal approval was obtained from the women before inclusion in the study; a clear and simple explanation was given according to their level of understanding. They secured that all the gathered data as confidential and used for research purposes only.

▪ The researcher was assuring maintaining anonymity and confidentiality of subjects' data included in the study

▪ The studied postpartum women were informed that they are allowed to choose to participate or not in the study and they have the right to withdrawal from the study at any time.

Administrative Design

An official permission to conduct the study obtained from the medical director of previously mentioned setting. The researcher met the director to explain the purpose and the methods of the data collection.

3. RESULTS

Table (1): Number and percent distribution of studied subjects according to their sociodemographic characteristics

Sociodemographic data	No (n=200)	%
Age		
<20	15	7.5
20-	93	46.5
25-	53	26.5
30-	29	14.5
35+	10	5
Mean SD	23.8±6.41	
Education		
Illiterate	45	22.5
Basic education	42	21
Secondary education	83	41.5
University or more	30	15
Occupation		
Housewife	160	80
Working	40	20
Residence		
Urban	197	98.5
Rural	3	1.5
Type of family		
Nuclear	115	57.5
Extended	85	42.5
Income		
Sufficient & save	31	15.5
Just sufficient	130	65
Insufficient	39	19.5

Table (1) shows that the mean age of studied subjects was 23.8±6.41, and 22.5 % of the study subjects were illiterate, while 15% had a university education. Regarding occupation, this table reveals that 80% of them were housewives. According toa type of family, observed that 57.5% of studied subjects were nuclear. Regarding income, 65% of them had just sufficient income.

Table (2): Number and percent distribution of studied subjects according to their Reproductive history

Reproductive history	No (n=200)	%
Gravidity		
Once	50	25.0
Two	72	36.0
Three	38	19.0
4 or more	40	20.0
Parity		
Once	65	32.3
Two	73	36.5
Three	42	20.8
4 or more	20	10.5
Abortion		
No	167	83.5
Once	23	11.8
Two	8	3.8
3 or more	2	1.0
Previous pregnancy complications		
Yes	90	44.7
None	110	55.3
If , yes mention the complication #	**(n= 90)**	
Anemia	64	70.9
Hypertension disorder	15	16.8
Vaginal bleeding	13	14.5
Gestational diabetes	7	7.3
Others	4	4.5
Antenatal follow up		
Less than 4 visit	108	54
More than 4 visit	92	46
Type of last delivery		
Spontaneous vaginal delivery	135	67.5
Cesarean section	65	32.5
Previous delivery complications		
Yes	99	49.5
None	101	50.5
If , yes mention the complication	(n= 99)	
Abnormal presentation	51	51.5
Cord prolapsed	6	6.06
Premature rupture of membranes	30	30.3
Prolonged labor	12	12.12
Previous puerperal complications		
Yes	48	24
None	152	76

#more than one another

Table (2) reveals that 25% of studied subjects were gravida one, 32.3% of them were para one and 83.5% of them were no abortion. Regarding complications during pregnancy, 44.7% of studied subjects suffered from complications. Also, shows that 54% of them had less than four prenatal visits, 67.5% of them were vaginal delivery and 49.5% of them had a delivery complication. Also, 76% of studied subjects had no previous puerperal complication.

Figure (1) Distribution of studied subjects according to their total knowledge about postnatal health care utilization (N=200).
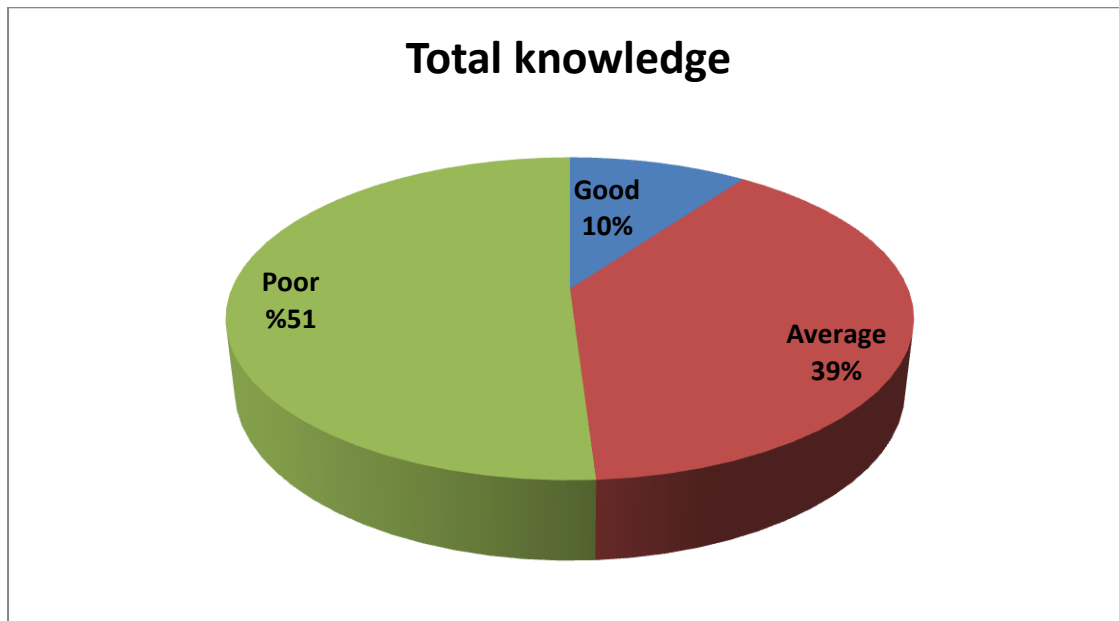

Figure (1) illustrates that 51% of studied subjects had poor total knowledge, 39% of them had average knowledge, but only 10% had good knowledge regarding postnatal health care utilization.

Table (3): Number and percent distribution of studied subjects according to their utilization of postnatal care services

utilization of postnatal care services	No (n=200)	%
Utilization of postnatal care services		
Yes	102	51
No	98	49
IF NO, Reasons for not utilization (n=98) *		
Lack of knowledge	61	62.2
Lack of support	27	27.6
Loss of newborn	19	19.4
We had no health problem	35	35.7
Time of their first postnatal		
1-14 day	15	7.5
15-29 day	22	11.3
30-39 day	138	69.0
More than 40 day	25	12.5
Received care (n=102) #		
MATERNAL CARE		
Health education	46	45.1
General and local examination.	43	42.1
Contraceptive and family planning	59	57.8
Helping to breast feeding technique	71	69.6
NEONATAL CARE		
General well being	53	51.9
Checked for condition of cord	36	35.3
Immunization	75	73.5
Weight measure	81	79.4
Person who provide postnatal care services (n=102)#		
Physician	45	44.1
Nurse	57	55.9

Difficulties during postnatal care utilization (n=102)		
yes	22	21.6
No	80	78.4
Improved health after receiving care (n=102)		
No	22	21.5
To some extent	50	49.1
Very much	30	29.4

#more than one another

Table (3): shows that slightly more than one-half (51 %) of women utilized postnatal health care services, compared to 49 % of them who didn't utilize it . more than two thirds (69.0%) of women utilized postnatal health care services during 30 – 39 postpartum days, only 7% of the utilized such services within their first two weeks after delivery, and 12.5 % utilized such services after 40 postpartum dyes.

Table (4): Number and percent distribution of the study subjects according to their satisfaction during utilization of postnatal care services (N= 102)

Satisfaction related	Poor		Moderate		Good		Very good		Excellent	
	No	%	No	%	No	%	No	%	No	%
Clearance of information	20	19.6	9	8.8	35	34.4	30	29.4	8	7.8
Decision making of clinic staff	9	8.8	35	34.3	47	46.2	9	8.8	2	1.9
Given knowledge after receiving medical care	10	9.8	27	26.5	43	42.2	16	15.7	6	5.8
Overall care and treatment	5	4.9	30	29.4	32	31.4	30	29.4	5	4.9

Table (4): presents the distribution of the study subjects according to their satisfaction with a clearance of information. It was found that 34.4 % of the study subjects reported good satisfaction. According to their satisfaction related to decision making of clinic staff during utilization of postnatal care services, detects that 46.2% of the study subject had rated good satisfaction. Related to given knowledge after receiving medical care during utilization of postnatal care services, 42.2% of the study subjects reported good satisfaction. Also, 31.4% of them reported good satisfaction related to overall care and treatment

Figure (2): distribution of studied subjects according to the total score of their satisfaction about the utilization of postnatal care services (N=102)

Figure (2) illustrates the total score of their satisfaction about the utilization of postnatal care services. It was noticed that only 18.6% of the study subjects reported high satisfaction with postnatal care services, while 29.5 % reported low satisfaction, and 51.9 % reported moderate satisfaction.

Table (5): Multiple Linear regression model

	UnstandardizedCo efficients		standardizedC oefficients	T	P. Value
	B		β		
Age(year)	.128		.174	2.038	.023*
Family type	.198		.213	5.611	.006**
Education	.210		.258	1.753	.015*
Income	.160		.194	3.525	.009**
Gravidity	.174		.201	2.660	.010*
Parity	.256		.314	6.056	.001**
Type of last delivery	.293		.328	7.011	.000**
Antenatal follow up	.301		.365	7.215	.000**
ANOVA					
Model	**Df.**		**F**	**P. value**	
Regression	8		5.341	.009**	

a. **Dependent Variable:** Satisfaction

b. **Predictors:(constant)** Age, Family type, Education, Income, Gravidity, Parity, Type of last delivery and Antenatal follow up

Table (5) revealedthat Family type, Income, Parity, Type of last delivery, and Antenatal follow- up had high predictor effect on the satisfaction of studied subject at p- value less than 0.01. While, age, education level ,and gravidity had slight predictors effect on satisfaction with utilization of postnatal care serviceswith p value less than 0.05.

Table (6) Correlation between their total knowledge and total satisfaction with the utilization of postnatal care services

	Total Satisfaction
Total knowledge	r. 0.486 p value .009**

Table (6) revealed that there was a high positive correlation between total knowledge and their total satisfaction with the utilization of postnatal care services at p- value <0.01.

4. DISCUSSION

Providing a continuum of care from antenatal, childbirth, and postnatal period results in reduced maternal and neonatal morbidity and mortality. Timely, high-quality postnatal care is crucial for maximizing maternal and newborn health. Mother satisfaction is a primary means of measuring the effectiveness of healthcare delivery. women have explicit desires for quality services when they visit health institutions. However, the inadequate discovery of their needs may result in patient dissatisfaction **(Khaki, 2019).**

The current results stated that the mean age of studied women was 23.8±6.41, more than one- fifth of them were illiterate, Regarding occupation, the present results reveal that majority of them were housewives. According to the type of family, demonstrates that more than half of studied women were nuclear. Regarding income, about two- thirds of them had just sufficient income. These results in cohort with the study conducted by **Sardi et al., 2020** about Mobile health applications for postnatal care: review and analysis of functionalities and technical features, who reported that all of the studied women had bachelor degree education , and most of them had sufficient income. But, supported with **McCarthy, K. J., Blanc, A. K., Warren, C., Bajracharya, A., & Bellows, 2020** titled in Validating women's reports of antenatal and postnatal care received in Bangladesh, Cambodia and Kenya, detected that about two- thirds had primary and secondary education and around two- thirds of the studied women age group between 20 – 29 years.

According to obstetric history, the present results revealed that one - quarter of studied women were gravida one, around one- third of them were para one, and the majority of them had no abortion. Regarding complications during pregnancy, less than half of studied women suffered from complications. Also, showed that more than half of them had less than four prenatal visits, more than two- thirds of them were vaginal delivery and half of them had delivery complications. Also, three- quarters of studied women had no previous puerperal complications. These results cohort with the study conducted by **Fumagalli et al., 2020** about variables related to maternal satisfaction with intrapartum care in Northern Italy, who demonstrated that more than one- quarter of studied subjects were para one, and gravida one. But, disagreement with the study performed by **Hoseini, Saeidi, Beheshti Norouzi, Kiani & Rakhshani, 2019** about the assessment of maternal satisfaction with the quality of obstetric care provided in the maternity unit, who detected that only one- quarter of studied women suffered from complication post-delivery and only one- third suffered from puerperal complications.

Related mothers' knowledge about postnatal care, the current results demonstrated that about half of studied women had poor total knowledge; more than one- third of them had average knowledge. These results may due to around one- quarter of studied women were illiterate,the majority of them were housewives and more than half of them had only less than four visits at antenatal follow-up. These results supported the study performed by **De Klerk, 2019** titled in Maternal knowledge, attitude and practices with regard to postnatal care services in a Free State rural hospital, who stated that the knowledge of the respondents was found inadequate with an average between 50-70%. Also, regular with the study conducted by **Limenih, Endale&Dachew, 2016** about postnatal care service utilization and associated factors among women who gave birth in the last 12 months prior to the study, who detected that only one- quarter of studied subjects had satisfaction knowledge about postnatal care service.

Regarding studied women's satisfaction about the utilization of postnatal care services, It was noticed that only less than one- fifth of the study subjects reported high satisfaction with postnatal care services, while more than one- quarter reported low satisfaction and slightly more than half reported moderate satisfaction. These results may due to half of the studied women had poor knowledge about postnatal care which may have a negative effect on their satisfaction. These results disagree with the study performed by **Gebremeskel, Tukue, Gebremariam&Teame, 2020** about Assessment of service satisfaction and associated status among women who have given birth, who reported that the proportion of mothers who reported privacy during the physical examination and drug's availability was around two thirds. Most of the respondents were satisfied with toilet cleanness and availability. But, supported with the study designed by **Xiao, Ngai, Zhu &Loke, 2020** who the experiences of early postpartum Shenzhen mothers and their need for home visit services: a qualitative exploratory study, who reported that around half of studied women unsatisfied about post natal utilization. Also, regular with the study by **Kamau, 2019** about the assessment of mothers'satisfaction with immediate postnatal care at Kenyatta national hospital maternity unit, who reported that postnatal mothers were minimally satisfied with immediate postnatal care provided in the postnatal wards.

Regarding affecting women satisfaction, the current study revealed that Family type, Income, Parity, Type of last delivery and Antenatal follow- up had a high predictor effect on the satisfaction of the studied subject at p- value less than 0.01. While, age, education level and gravidity had slight predictors effect on satisfaction with the utilization of postnatal care services with p- value less than 0.05. These results supported the study by **Nair, Sharma &Santhalakshmi, 2019** about an exploratory study to assess the factors contributing to maternal childbirth satisfaction with delivery services among postnatal mothers at selected a hospital in Mohali, who stated that family income, obstetric history and education level affect their satisfaction related postnatal. Also, consistent with the study conducted by **Nonoh, 2020** about the assessment of clients' satisfaction the quality of postnatal care at Saint Joseph hospital, which showed that the type of delivery, knowledge level and income affected their level of satisfaction related utilization postnatal care.

5. CONCLUSION

To conclude, around half of the studied women had poor total knowledge, more than one - third of them had average knowledge regarding postnatal health care utilization. While more than one quarter reported low satisfaction and slightly more than half of them reported moderate satisfaction related to postnatal services. The highest predictors effect on the satisfaction of the studied subject was family type, income, parity, type of last delivery and antenatal follow up, while age, education level and gravidity had slight predictors effect.

6. RECOMMENDATIONS

- Encourage women to commit to postnatal service through health education about the benefits and types of postnatal services.

- Provision of needed equipment and supplies and other logistics to health care units.

- Training of health professionals in technical and communication skills.

- There is a need for the reproductive health stakeholders to come up with strategies for improving the immediate postnatal care of mothers admitted in the postnatal wards

REFERENCES

[1] Adane, B., Fisseha, G., Walle, G., &Yalew, M. (2020). Factors associated with postnatal care utilization among postpartum women in Ethiopia: a multi-level analysis of the 2016 Ethiopia demographic and health survey. Archives of Public Health, 78, 1-10.

[2] Angore, B. N., Tufa, E. G., &Bisetegen, F. S. (2018). Determinants of postnatal care utilization in urban community among women in DebreBirhan Town, Northern Shewa, Ethiopia. Journal of Health, Population and Nutrition, 37(1), 10.

[3] Aziz, M. M., El-Deen, R. M. S., &Allithy, M. A. (2020). Birth preparedness and complication readiness among antenatal care clients in Upper Egypt. Sexual & Reproductive Healthcare, 100506.

[4] Chhetri, S., Shah, R., &Rajbanshi, L. (2020). Factors Associated with Utilization of Complete Postnatal Care Service in Baglung Municipality, Nepal. International Journal of Reproductive Medicine, 2020.

[5] De Klerk, D. (2019). Maternal knowledge, attitude and practices with regard to postnatal care services in a Free State rural hospital (Doctoral dissertation, University of the Free State).

[6] Fekadu, G. A., Ambaw, F., &Kidanie, S. A. (2019). Facility delivery and postnatal care services use among mothers who attended four or more antenatal care visits in Ethiopia: further analysis of the 2016 demographic and health survey. BMC pregnancy and childbirth, 19(1), 64.

[7] Fumagalli, S., Colciago, E., Antolini, L., Riva, A., Nespoli, A., & Locatelli, A. (2020). Variables related to maternal satisfaction with intrapartum care in Northern Italy. Women and Birth.

[8] Gebremeskel, T. G., Tukue, D., Gebremariam, L., &Teame, H. (2020). Assessment of service satisfaction and associated status among women who have given birth in Adigrat general hospital, Ethiopia, 2018.

[9] Haque, M. R., Parr, N., &Muhidin, S. (2020). The effects of household's climate-related displacement on delivery and postnatal care service utilization in rural Bangladesh. Social Science & Medicine, 247, 112819.

[10] Hoseini, B. L., Saeidi, M., BeheshtiNorouzi, Z., Kiani, M. A., &Rakhshani, M. H. (2019). Assessment of Maternal Satisfaction with the Quality of Obstetric Care Provided in the Maternity Unit of Mobini Hospital, Sabzevar, Iran. International Journal of Pediatrics, 7(5), 9369-9377.

[11] Kamau, M. (2019). Assessment of Mothers' Satisfaction With Immediate Post Natal Care at Kenyatta National Hospital Maternity Unit (Doctoral dissertation, University of Nairobi).

[12] Khaki, J. (2019). Factors associated with the utilization of postnatal care services among Malawian women. Malawi Medical Journal, 31(1), 2-11.

[13] Kim, E. T., Singh, K., Speizer, I. S., Angeles, G., & Weiss, W. (2019). Availability of health facilities and utilization of maternal and newborn postnatal care in rural Malawi. BMC pregnancy and childbirth, 19(1), 503.

[14] Komasawa, M., Yuasa, M., Shirayama, Y., Sato, M., Komasawa, Y., &Alouri, M. (2020). Demand for family planning satisfied with modern methods and its associated factors among married women of reproductive age in rural Jordan: A cross-sectional study. PloS one, 15(3), e0230421.

[15] Limenih, M. A., Endale, Z. M., &Dachew, B. A. (2016). Postnatal care service utilization and associated factors among women who gave birth in the last 12 months prior to the study in Debre Markos town, northwestern Ethiopia: a community-based cross-sectional study. International journal of reproductive medicine, 2016.

[16] Limenih, M. A., Endale, Z. M., &Dachew, B. A. (2016). Postnatal care service utilization and associated factors among women who gave birth in the last 12 months prior to the study in Debre Markos town, northwestern Ethiopia: a community-based cross-sectional study. International journal of reproductive medicine, 2016.

[17] Maharjan, M., & Singh, B. (2017). Knowledge Regarding Postnatal Care Among Postnatal Mother: A Hospital Based Study. International Journal of New Technology and Research, 3(2).

[18] McCarthy, K. J., Blanc, A. K., Warren, C., Bajracharya, A., & Bellows, B. (2020). Validating women's reports of antenatal and postnatal care received in Bangladesh, Cambodia and Kenya. BMJ Global Health, 5(4), e002133.

[19] Nair, D., Sharma, S., &Santhalakshmi, V. (2019). An Exploratory Study to Assess the Factors Contributing to Maternal Childbirth Satisfaction with Delivery Services among Postnatal Mothers at Selected Hospital in Mohali, Punjab. International Journal of Nursing Education, 11(3), 7-11.

[20] Ndugga, P., Namiyonga, N. K., &Sebuwufu, D. (2020). Determinants of early postnatal care attendance: analysis of the 2016 Uganda demographic and health survey. BMC Pregnancy and Childbirth, 20(1), 1-14.

[21] Nonoh, E. A. (2018). Assessment of Clients' Satisfaction with Quality of Postnatal Care at Saint Joseph Hospital, Jirapa (Doctoral dissertation, University of Ghana).

[22] Sardi, L., Idri, A., Redman, L. M., Alami, H., Bezad, R., &Fernández-Alemán, J. L. (2020). Mobile health applications for postnatal care: review and analysis of functionalities and technical features. Computer methods and programs in biomedicine, 184, 105114.

[23] Wickramasinghe, S. A., Gunathunga, M. W., &Hemachandra, D. K. N. N. (2019). Client perceived quality of the postnatal care provided by public sector specialized care institutions following a normal vaginal delivery in Sri Lanka: a cross sectional study. BMC pregnancy and childbirth, 19(1), 485.

[24] Xiao, X., Ngai, F. W., Zhu, S. N., &Loke, A. Y. (2020). The experiences of early postpartum Shenzhen mothers and their need for home visit services: a qualitative exploratory study. BMC pregnancy and childbirth, 20(1), 5.

[25] Zelka, M. A. (2019). UPTAKE OF POSTNATAL SERVICES AND DETERMINATE FACTORS AMONG WOMEN OF CHILD BEARING AGE IN ASSOSA DISTRICT, WEST ETHIOPIA. International Invention of Scientific Journal, 3(12), 832-842.