

WOMEN'S VIEWS OF POSTNATAL CARE AND EVALUATION OF AN INTERVENTION OF POSTNATAL HOME VISITS IN GREECE

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ABSTRACT: *A mixed method case control study was conducted to investigate an intervention of postnatal home visits and women's perceptions and satisfaction of their care postpartum in Greece. In total 24 women participated in the study who delivered in the maternity unit of a public general hospital in Southern Greece. Of the participants 12 mothers had the standard postnatal care and 12 received, in addition, home visits as part of their postnatal care. Postnatal home visits are not usually provided by the National Health Service in Greece. The aim of this study was to examine the respondents' views and needs in order provide better care for future clients. The women were interviewed 40 days after birth. The main issues that emerged were support from health professionals, support from the husband & family, physical & psychological health of the mother, care of the newborn and financial difficulties. Women were also given a self administered questionnaire to complete after the interview. The women who had home visits rated professional support significantly higher than the control group, t-test $p=0.039$. Future planning of health services should include the choice for new mothers to receive postnatal home visits.*

KEYWORDS: Home Visits, Postpartum Period, Health Promotion, Greece

INTRODUCTION

The postnatal period begins after childbirth and has duration of six weeks (World Health Organization, 2010). This is a very important time for the health and well-being of both the mother and the newborn (Hajimiri *et al.*, 2018). The postnatal period presents many physical challenges for the new mother as she needs to recover from the stresses her body went through during pregnancy and childbirth (Woolhouse *et al.*, 2012). Many hormonal and emotional changes affect the mother and at the same time she tries to adapt to motherhood and to new family relationships (Banoofatemeh *et al.*, 2017). Morbidity for new mothers and infants is high during this time and many health problems might stay undiagnosed or misdiagnosed from health care professionals causing negative effects on the functioning of the new family (Prenoveau *et al.*, 2017). Many problems regarding mothers' and infants' health might present postpartum such as infection, haemorrhage, psychological issues or feeding problems for the baby (Miller *et al.*, 2017, Semasaka *et al.*, 2016, Lawn *et al.*, 2014). Postnatal services offered to mothers vary massively between countries and health settings. In some countries postnatal care is offered only in the hospital setting (Singh *et al.*, 2012). In other countries there is a combination of hospital care with continuation of postnatal care at home (Kurth *et al.*, 2016, Bowers & Cheyne 2015). In many developing countries women

receive inadequate or no postnatal care with major negative health outcomes for mothers and babies that can be even fatal in some cases (Langlois *et al.*, 2015, Ronsmans *et al.*, 2006). It is broadly recognised in the research literature that the postnatal period receives less attention from health care providers than pregnancy and childbirth (Tully *et al.*, 2017, Brown *et al.*, 2005). There is also research evidence which shows that the postpartum period is investigated much less compared to pregnancy and labour (Rowe *et al.*, 2002). At the same time mothers and fathers express most dissatisfaction from health care postpartum and express their disappointment as postnatal care fails to prepare them adequately for their life with their baby when they return home (Martin *et al.*, 2014, Rudman & Waldenström 2007). The World Health Organization (WHO) concludes that the woman and her newborn should be placed at the centre of health provision and current postnatal care models should be evaluated for their effectiveness (WHO 2010).

Postnatal care in Greece is offered in the hospital setting, for approximately four days after birth and there is no continuation of postnatal care at home after the women get discharged home from the hospital. The mothers return to the hospital for their postnatal check up by the obstetrician who performed the delivery, forty days after childbirth. Women who had a caesarean section are offered a hospital appointment ten days after the operation to remove the sutures from the caesarean section wound and then the forty day hospital appointment for their postnatal check. In Greece to date there has not been any research conducted to assess the effectiveness of the postnatal care model provided nor has there been an investigation of women's views, satisfaction or concerns about the postpartum care they receive, this research helps to fill this gap.

LITERATURE REVIEW

Research findings suggest that many mothers express dissatisfaction with their care postpartum and request changes for their postnatal care. There is frequently a lack of continuity or absence of adequate care in the postpartum period (Martin *et al.*, 2014, Bailey 2010). Maternal postpartum morbidity is extensive and under-recognised after delivery and measures to reduce and alleviate it must be sought. (e.g. Glazener *et al.*, 1995). The needs of the women pertaining to the maternal body, especially tending to pain, are important to be addressed in the hospital, birth centre, or home setting, particularly during the first week after birth (Stainton *et al.*, 1999, Smith 1989). Women often report that they are less satisfied with their postnatal care compared with their care during pregnancy and childbirth (Guest & Stamp 2009, Brown *et al.*, 2005)

When mothers get discharged home from hospital, often feel that they are not well prepared to look after themselves and their baby. Women often lack education and knowledge of the postpartum period (e.g. Martin *et al.*, 2014, Bailey 2010). There can be a lack of or inconsistent advice on breastfeeding (e.g. Beake *et al.*, 2010, Bailey 2010). Postnatal mothers often request that health care professionals teach them the skills they need to look after themselves, their babies and their families when they go to their home. There is a need for flexibility in postnatal care that acknowledges the women's and new family's individual needs (e.g. McLachlan *et al.*, 2009, Stainton *et al.*, 1999, Smith 1989). Advice given to each parent relating to their own self-needs and role in the postpartum period is usually very valuable guidance for new parents (Stainton *et al.*, 1999).

Postnatal home visits are generally valued by women (e.g. Bailey 2010, Smith 1989). Yonemoto et al., (2014) reviewed the results of 12 randomised trials with data for more than 11,000 women and concluded that postnatal home visits promote infant health and maternal satisfaction. However, the frequency, timing, duration and intensity of such postnatal care visits should be based upon local needs.

The United Nations (UN) Global Strategy for the Health of Women, Children and Adolescents, 2016-2030 highlights the importance of providing quality care to all health structures and the community for new mothers and babies (United Nations, 2015). World Health Organization's technical consultation on postpartum and postnatal care recommends that mothers and babies should be at the centre of health care provision and women should be allowed to make informed choices about their own care and their babies'. The WHO also concludes that the formal health sector is responsible for the continuation of postnatal care in the community (WHO, 2010).

Postnatal care in the National Health Service in Greece is offered in the hospital setting. There is no provision of community postnatal care. In the light of the recommendations of the WHO and the United Nations Global Strategy, health services provided during the postnatal period in Greece should be evaluated. The views and expectations of women of their postnatal care should also be investigated. Measuring the satisfaction of women with the postnatal care they receive is a way to measure the quality of health care services provided (Lawrence *et al.*, 1999). Health care providers in Greece should place the mother and baby at the centre of postnatal care and changes in clinical practice should be made for the benefit of the new mother, the new baby and the new family.

Theoretical underpinning

The objective of this study was to investigate the views and satisfaction of mothers of the postnatal care they receive in a regional public hospital in Greece. An intervention was also made and evaluated by providing home postnatal care in the community for half of the women in the study. Postnatal care services were assessed using a semi-structured interview and self-administered questionnaire about the women's experiences and satisfaction of their health care provision. The analysis of these results aims to give health care professionals the information they need to plan changes in clinical practice in order to offer more effective and higher quality postnatal care to both mothers and babies.

METHODOLOGY

A mixed method controlled study was used to investigate mothers' satisfaction, views, needs, expectations, concerns and problems with their postpartum care. Both qualitative (interviews) and quantitative (self administered questionnaires) research tools were used to evaluate the women's satisfaction. Ethical approval for this research was granted from the scientific committee of the regional Greek public general hospital (18th Dec 2014, approval number F/G/2/14962).

The twenty four postnatal women who participated in the study delivered their babies in the maternity unit of a public general hospital in South Greece, between January 2015 and July 2017, and were surveyed 40 days after their birth. The maternity unit of the public hospital has approximately 350 births per year. The women included in the study were chosen at

random from those that gave birth and met the inclusion criteria. Inclusion criteria were women aged over 18, who delivered a healthy term infant. The number of the 24 women participants was decided to be an appropriate sample for the research as saturation of the responses from the interviews was achieved; no new themes were emerging from the thematic analysis of the interviews. All 24 women were informed about the study, anonymity of the participants was guaranteed and informed consent was obtained before the women were recruited. The mothers were separated into two groups. The first group (12 women, the control group) received the standard postnatal care in the hospital that all women are offered after giving birth. The second group (12 women, the intervention group) received, in addition to the standard postnatal care, home visits in the postnatal period prior to the interview. The mothers who received home visits were offered this service as an extra to their routine postnatal care; home visits in the postnatal period do not take place in the regional hospital where the study took place. The home visits were tailored to the needs of each individual. The number of the home visits ranged between two to six. Both groups had similar characteristics in terms of type of birth, number of birth and way of feeding the baby.

Semi structured interviews were conducted with each of the women 40 days after their delivery. The specific wording and order of the questions varied between the women, additional follow up qualitative questions were also asked after the initial response to explore the views of the women further. Each interview covered the following areas, as a minimum, to ensure a general level of consistency.

- 1) The degree of satisfaction of the women with the personnel of the maternity unit (midwives, nurses, obstetricians, paediatricians)
- 2) The help the women received from their husband/ family
- 3) The type of delivery, the pain relief and health problems or concerns they encountered during their birth or in the postnatal period
- 4) The way of feeding the baby, way of carrying for the baby and possible baby health problems
- 5) The psychological status of the women postnatally

Field notes were made immediately after each interview. Thematic analysis (Attride-Stirling, 2001) was used to analyse the field notes, to identify the patterns within the responses from the two groups of women and to see if there were any differences between the two groups. The themes from each group were coded by two separate researchers and the inter-rater reliability determined using Cohen's kappa was found to be 0.81 showing good agreement between the two coders; differences between the coders were removed after calculation of Cohen's kappa by discussion and agreement of the coders.

After the completion of the interviews both the control and intervention group were given a self-administered questionnaire to complete. The questionnaire contained sociodemographic and clinical characteristic questions and a selection of questions from the Greek version of the WOMen's views of Birth Postnatal Satisfaction Questionnaire (WOMBPNSQ), (Smith 2011). The WOMBPNSQ is a psychometric multidimensional questionnaire that measures postnatal satisfaction and was developed in the UK. Two language experts translated the WOMBPNSQ from English to Greek and then back translated the questionnaire from Greek

to English. The WOMBPNSQ questionnaire was also culturally adapted for use to Greek postnatal women (Panagopoulou *et al.*, 2016, Panagopoulou *et al.*, 2018).

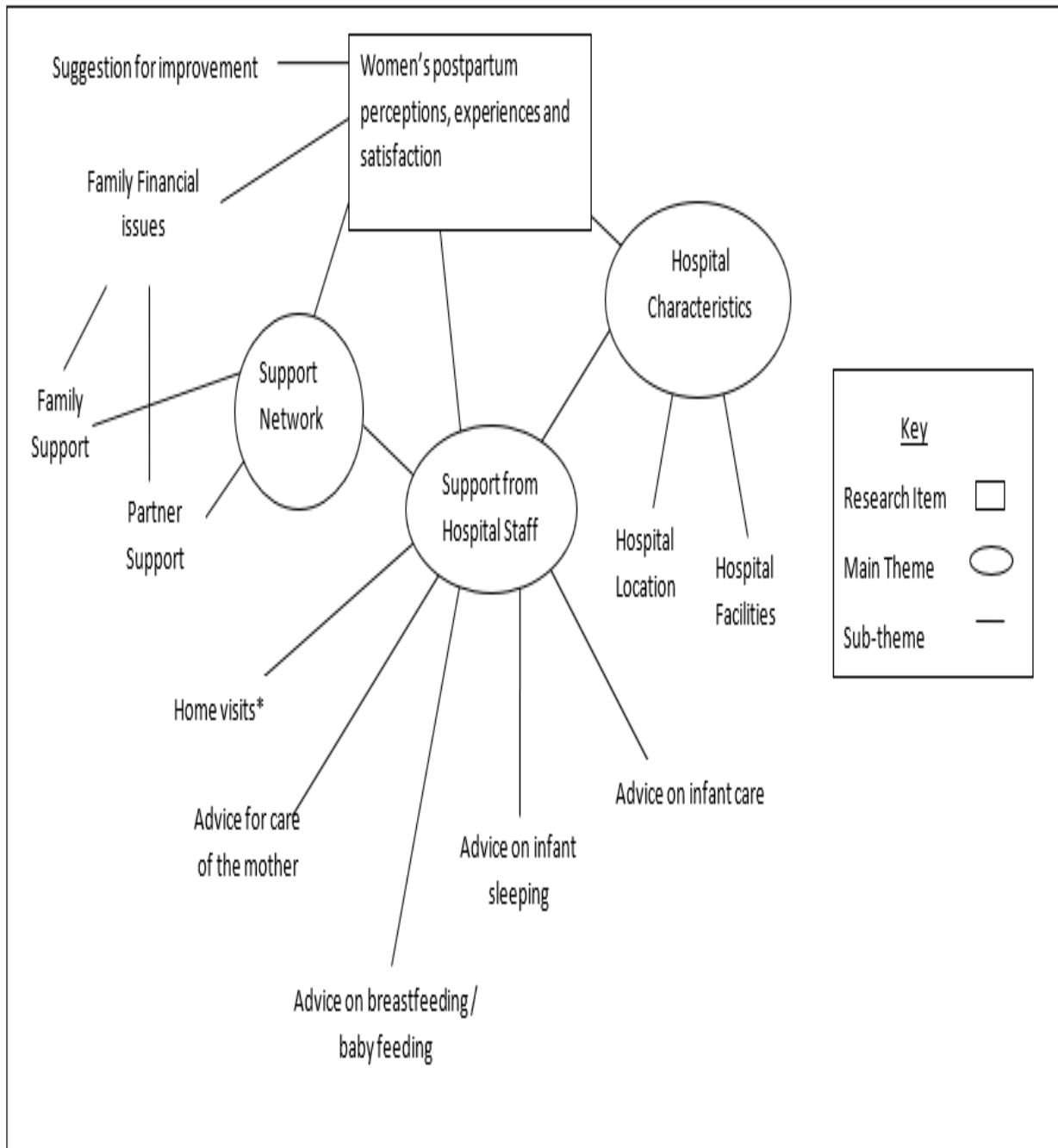
RESULTS/FINDINGS

All the women who participated in the study were married (100%). All women had finished High School (100%) and many (29%) had a University education. The age of the mothers ranged between 27 and 36, with an average of 32 years old. The mean birth weight of the babies was 3300 grams. The median length of stay in the maternity ward after birth for the women was four days. From the 24 mothers recruited for this study, 12 mothers received home visits in addition to their standard hospital care and the number of visits were between two to six depending on each individual mother's needs. The mothers themselves had the option to choose how many visits they wanted and what time was convenient for them to have the home visit.

The main themes derived from the interviews with both groups of women were not significantly different and are shown below in Figure 1. The majority of the themes derived from either:

1. The women's support network
2. Support from hospital staff
3. Professional Medical Care

It is interesting to note that none of the women interviewed mentioned any support from their friends/peers which is a common theme in the research literature for women in other countries (e.g. Leahy-Warren *et al.*, 2012; Dennis 2012, Ingram *et al.*, 2010). Partner and family support is culturally more important than the support from friends in Greece and this may be the reason for the lack of this element being reported by the women in this study. Another aspect was the appearance of family financial problems in the interviews, whilst this is also an issue for women in other countries; this issue probably is more pressing for women in Greece given the current financial crisis in the country. The results from coding the interviews are given in Table 1 and it can be seen that there is no major difference between the intervention group and the non-intervention group on the basis of their interview responses.



*Only applicable for home visit group

Figure 1. Themes derived from Thematic Analysis of Postpartum Focused Interviews

Table 1. Number of codes from women in each of the different groups (one code attributed if the women mentioned the code during their interview)

Theme	Positive or Negative?	Home visit group		Control Group		Combined	
		Number	%	Number	%	Number	%
Family Support	Positive	2	17%	1	8%	3	13%
	Negative	2	17%	0	0%	2	8%
Partner Support	Positive	2	17%	2	17%	4	17%
	Negative	0	0%	0	0%	0	0%
Support from Hospital staff	Positive	10	83%	10	83%	20	83%
	Negative	2	17%	3	25%	5	21%
Hospital Location	Positive	0	0%	3	25%	3	13%
	Negative	0	0%	0	0%	0	0%
Hospital Facilities	Positive	4	33%	2	17%	6	25%
	Negative	4	33%	3	25%	7	29%
Advice given on breast feeding / baby feeding	Positive	8	67%	6	50%	14	58%
	Negative	0	0%	3	25%	3	13%
Advice given on infant sleeping	Positive	4	33%	1	8%	5	21%
	Negative	0	0%	0	0%	0	0%
Advice given on care of the infant	Positive	6	50%	4	33%	10	42%
	Negative	0	0%	2	17%	2	8%
Advice for care of the mother	Positive	6	50%	0	0%	6	25%
	Negative	0	0%	0	0%	0	0%
Home visits*	Positive	8	67%	N/A		8	67%
	Negative	2	17%	N/A		2	17%
Woman making suggestion for improvement		6	50%	1	8%	7	29%
Financial difficulties		2	17%	0	0%	2	8%

* Only applicable to home visit group

Whilst the results from the structured interviews did not show any conclusive indication of increased levels of satisfaction, the average satisfaction scores from the WOMBPNSQ of the women who had home visits were consistently higher, Table 2. The results of the general satisfaction levels were not quite strong enough to result in t-test, p value less than 0.05. However, the fact that all of the satisfaction dimensions were consistently higher in the home visits group does indicate that this group of women was generally more satisfied with their care. The women who had home visits rated the professional support consistently better than the control group, with an average score of 90% vs. 73% of the control group; this difference was statistically significant with t-test, p value = 0.039. The mothers who received postnatal home visits also rated statistically higher the help they received from their partners t-test, p value = 0.023 and this shows that they were able to mobilise better the support they needed.

Table 2. Results of the WOMBPNSQ for women who had home visits and those that did not (dimensions in bold were statistically significant with t-test p values less than 0.05).

Dimension	Average Score		Standard Deviation		t-test p
	Home Visit Group	Control Group	Home Visit Group	Control Group	
General satisfaction	86%	69%	0.182	0.187	0.076
Inpatient stay	84%	65%	0.159	0.154	0.026
Woman's health	76%	54%	0.230	0.159	0.031
Contraceptive advice	72%	57%	0.199	0.223	0.188
Partner support	99%	77%	0.023	0.208	0.023
Social support	61%	63%	0.099	0.084	0.609
Professional support	90%	73%	0.107	0.167	0.039
Pain after birth	49%	40%	0.255	0.314	0.552
Time with woman	81%	66%	0.204	0.156	0.110
EPDS Score	4.3	5.5	3.077	5.126	0.618

Control group –Observations

The women who participated in the control group were generally happy with their postnatal care. The majority mentioned that all health care professionals did their best to help them. Quotations from the women below have been translated from Greek into English.

“I felt that all staff was helpful and they did the best to help me...”

“My doctor was very helpful during my pregnancy, my labour and my postnatal care. I am really grateful. The midwives, the nurses, the paediatricians were also very helpful ...”

Whenever they asked for help they received the help they required and they received satisfactory advice and help with infant feeding.

“I am a first time mum and I had a lot to ask about feeding my baby and looking after my baby, all staff offered the help I needed...”

“The help with breastfeeding was very useful and necessary for feeding my baby...”

With the exception of a two mothers who pointed out that some members of staff offered them more help than others, in regards of help and advice with breastfeeding.

“I noticed that some members of staff were less helpful than others... One midwife said that I have already showed you how to feed the baby and now you should try yourself. But one time is not enough you know....”

“Some members of staff were extremely helpful and I was waiting for them to come on duty for help and advice with baby's feeding. Other members of staff were not that helpful...they think that when it is your second baby you know already, they do not understand that mothers forget things and need reassurance...”

When mothers were asked how they cope with the newborn baby at home they mentioned that they had plenty of help from their husband, mother, mother-in-law or other relatives.

“I am very lucky, because my husband does everything with regards looking after the baby and household. I am absolutely fine at home...”

“My mum helps me with everything at home...when you have someone to do your shopping and prepare the dinner is great helpful...”

“I stay very close with my mother-in-law and she helps me a lot, I am coping very well...”

Some mothers mentioned that they had the telephone number of the obstetrician who cared for them during their pregnancy and labour and they could call him/her any time they had a problem or needed advice. This gave mothers a feeling of security and confidence that they could manage well after leaving the hospital and going home.

“I have the telephone number of the obstetrician who looked after me during pregnancy and delivery and if I have any questions I can always call him...”

“I had some problems with constipation when I returned home so I called the obstetrician and she told me what I should do...”

The role of the family paediatrician that the majority of women had to look after their babies was very important for new mothers. The family paediatrician (this is a private practitioner the parents have to pay for his service) did a paediatric check of the newborn straight after the mother returned home after her hospital discharge giving extra reassurance and advice to new parents.

“The next day after I got discharged home the family paediatrician came to my home and did a paediatric check on my baby. He told us that everything was very good...this was very reassuring...”

In addition new parents knew that if they were worried about the baby's health, they could call the family paediatrician, who would immediately give them advice or go to their home to examine their baby.

“I was not worried about the baby's health because I knew I could call our family paediatrician any time I had any concerns...”

“As soon as I arrived home I called the family paediatrician to see the baby. He gave me lots of advice about feeding, sleeping, immunisations...”

In the event that the family paediatrician was away, the parents could take their baby to the A&E department of the public hospital where the hospital paediatrician would examine and if needed give treatment to the baby or admit the baby in the hospital.

“The hospital paediatricians gave me very good advice... and if I had any problems I could always take the baby back to the hospital for a check...”

The new mothers also mentioned that they were in continuous communication with the obstetrician who helped them deliver their baby and if they had a problem postnatally they could return any time in the public hospital for him/her to examine them.

“When you go home you are not always sure what you should do... I had to call the obstetrician a couple of times to ask for advice... I think it was mainly my insecurity that I called him and my need for reassurance...I did not have any major problems...”

The location of the public general hospital, being away from the town centre was rated positively from mothers, as they enjoyed a quiet environment during their postnatal hospital stay.

“We appreciated very much the location of the hospital... It is very nice that it is built on the hill away of the town, as it is a quiet location, with a great view...”

However, some women mentioned that the building was quite old and was lacking facilities that would be valuable to mothers, such as a feeding room, or a room for meeting with their relatives and friends during visiting times.

“I have no complaints about my care... but the hospital building is very old and many things are missing...I do not like the fact that I have to share the toilet with other women...”

“I had visited relatives that delivered in other hospitals and I can compare...the hospital here does not have a feeding room or visitor’s room. I understand the building is old but they should have built a new maternity ward at least...”

One first time mother from the control group mentioned that she enjoyed the company of the mother she was sharing her room with, as she could have a chat with her and share her experiences.

“I liked everything about my postnatal care in the hospital as everyone was helpful and very kind... My room in the ward was big and comfortable and I was sharing it with a lovely lady. I had a very good company and we had a nice chat and a laugh many times...”

Intervention group –Observations

The women who participated in the intervention group were happy with the service provided to them, this being the postnatal home visits. The main finding was the help mothers needed in the first days at home especially with feeding the baby. Problems like engorgement of breasts were targeted and solved immediately, while the mother was at home. Mothers found it useful to have advice from the midwife who visited them at home after they got discharged from the hospital, because, as they mentioned, many problems arouse after leaving the hospital and going home.

“I was really very happy with postnatal home visits. This was the best thing I could have at home... The help, the advice, the reassurance were really invaluable...”

“I am grateful that my postnatal care was continued at home... Even though everything in the hospital was fine with me, when I went home I experienced engorgement in my breasts, as I was breastfeeding my baby... This was not only very painful, but I was very worried about my health. The midwife who visited at home gave me all the advice I needed and helped me to deal with this problem...all help was much appreciated...”

“The help, the advice and the reassurance from the midwife gave me the confidence to feed my baby with exclusive breastfeeding... The continuous professional support, I think, is essential for breastfeeding new mothers...”

Questions about healing of the sutures of the episiotomy or the caesarean section wound and pain relief were also dealt with.

“I had a big problem with pain form the episiotomy, but the advice and the pain relief recommend by the midwife in the home visits helped me a lot...”

“I am glad the midwife visiting at home reminded me that I had to go to the hospital for the caesarean sutures to be removed, as I had almost forgotten, being so busy with the new baby and my toddler...”

The women also valued the psychological support they received from the research midwife and the security of having the phone number of a known health professional that they could call any time they needed help or advice.

“My feeling is that everything with my health postpartum was straight forward...however the home visits were useful because I had a sense of support, my confidence was boosted and I also enjoyed a sense the company from the midwife who would come and spend time with me...”

The women felt the continuation of their postnatal care at home had many advantages for themselves, the baby and their family.

“When the midwife visited I had a list of questions what was best to do for myself and the baby. The midwife addressed these issues which helped me and my husband a lot and we did the best for our baby...”

One first time mother mentioned that the support form staff, during the days she stayed in the hospital after the birth of her baby, was very useful and important as she received the help and support from many health professionals 24 hours a day. This was particularly important for her, as she acquired the skills she needed to feed and look after her newborn infant, while in hospital. She mentioned that she learned a lot by observing how healthcare professionals were feeding and caring for her baby.

“Postnatal home visits were very useful... but for me it was more important the care in the hospital. In the hospital I learned a lot from the staff that looked after me and my baby... The most useful aspect of hospital postnatal care is that you have care 24 hours-a-day and there is a health professional you can ask at any time of the day. I found that very handy and given the choice I would have stayed more in the hospital before getting discharged home...how do they expect you to learn everything so quickly?... The baby does not come with instructions anyway...”

All the participants of the intervention group found that the home visits took place at a convenient time, as the time of the visit was agreed by the mother in advance.

“I was very happy with postnatal home visits, I got a lot of information...and the visits were very convenient, as the time was agreed with the midwife visiting in advance...”

“Every home visit was very useful, the midwife gave me lots of advice and spent lots of time with me...the visits took place in a convenient time ...”

Practical advice like how to bath the baby and getting the mother to bath her baby under supervision was appreciated a lot by new parents. Advice on how to care for the baby was also reported as useful by women.

“This is my first baby and when the midwife asked me to bath my baby under her supervision I found it being very reassuring and I felt very comfortable with the procedure...before I bathed my baby I was very scared that it would fall out of my hands...”

Each home visit ranged between 30 minutes to an hour, depending on the needs of the mother visited.

“I am very happy with the home visits and the midwife visited never seemed rushed and she happily answered all my questions...”

The women in the intervention group were more likely to disclose more personal and sensitive information. Two mothers mentioned that due to financial problems, they did not have all the antenatal checks recommended by the obstetrician and this caused them a lot of stress for the outcome of their pregnancy and the health of their baby at birth.

“Nowadays everyone has financial problems, I have to admit that I did the antenatal checks the obstetrician recommended, but never went to the lab to take the results, because I did not have the money to pay for them...I had so much stress in labour to see my baby and I was praying that everything would be all right...”

“I did not do all the antenatal checks recommended simply because I did not have the money to pay for those...I did only the checks that were provided free of charge from the hospital...”

Another mother shared with the midwife during the postnatal home visits her problems with her in-laws, who were interfering with the parents a lot and asked for advice on how to deal with it.

“My parents-in-law interfere with us all the time...they tell us what to do...I feel I cannot decide for myself or my baby...how can I deal with this?”

One first time mother said that she hoped she was a good patient and did not cause too much work for the hospital staff or the midwife offering the postnatal home visits. She also expressed great appreciation for the postnatal care and support she received.

“I want to say a big thank you from the bottom of my heart for all my postnatal care. Everything was perfect...I am so grateful for the help I received from all staff...I hope that I was a good patient and did not cause you trouble...”

One mother who delivered her second child mentioned that she would rather have been discharged earlier from the hospital and go home to be with her first child. She would appreciate it if she had the option to have postnatal home visits and shorter hospital stay post delivery.

“When you have your second child and everything is good why don't they let you go home earlier? I think we should have been given the option as parents to decide when to go home. It was the first time my three year old child stayed at home without me and she was crying and asking for me to go home...I wish I could have stayed less in the hospital post delivery and maybe have an extra home visit...this would have been much more convenient for me...”

DISCUSSION

The present study is the first study taking place in Greece that investigates women's satisfaction, views and needs with the postnatal care they receive. The mixed method approach to the research was used to give a range of information to health care providers who plan changes in clinical practice. The women who participated in this study mentioned how important the support and advice from health professionals was for them. They also mentioned that the help they got from their partner or relatives was very valuable. Some women made suggestions for changes in the clinical setting, such as the provision in the maternity ward of a designated place for infant feeding and a designated place for seeing friends and relatives who visited, aspects that were not considered to be of concern to mothers before the research commenced. First time mothers particularly appreciated the help of the midwife who offered postnatal home visits especially in regards of information about baby care and feeding and also practical issues concerning the recovery of the woman's body after birth. Mothers who received home visits postpartum expressed satisfaction with their care. They were more open to discuss sensitive and private issues with the midwife who visited, such as financial problems or problems with the relationship with their relatives.

In Greece postnatal care is normally provided in the hospitals, either public or private. The majority of women receive postpartum care in the public hospital they delivered their baby for approximately four days after their birth. There is no provision of postnatal home visits by the public hospitals. After hospital discharge the mothers are expected to have acquired all the information needed and all the skills required to look after themselves and their newborn. Some women who participated in this study pointed out that they needed professional help, when problems arise at home, such as breastfeeding problems and engorgement of breasts for the breastfeeding mothers.

Many studies have taken place in other countries with different health care systems, different cultures and financial conditions; however the women's views about their postnatal care have many similarities with the views of the mothers surveyed in Greece. Henderson and Redshaw (2017) concluded from their research in the UK that mothers needed more support with their newborn at home, and this was one reason for them to report dissatisfaction with the postnatal care they received. Shaban *et al.*, (2018) initiated an intervention in Jordan with the provision of home visits during the postnatal period and found that mothers reported positively on it. Another study in Australia by Foster *et al.*, (2014) showed that mothers appreciated individualised, flexible postnatal care. Fahey and Shenassa (2013) with their study in the United States pointed out the important role health professionals have to meet the needs of women postpartum and promote their health and well-being.

The major strength of this study is the assessment with mixed methods of the views and satisfaction with their postnatal care of women in Greece. This research is the first study of assessment of postnatal care through the women's experiences in Greece. The qualitative approach of the research gave in depth information of the women's perceptions of their postnatal care. This is useful material for health care professionals and providers who plan care in clinical practice. The clinical intervention of offering community postnatal visits gives information to health care practitioners of how women perceive this postnatal care model and the benefits it has for the health and well being of new families.

This study has some limitations, even though the number of the 24 women participated in the research was appropriate for a qualitative study, as saturation of information was achieved, the results cannot be assumed to be representative across Greece, as the women participants in the study had all delivered in one public hospital in southern Greece. The single location of the study, the maternity ward of a public regional hospital in South Greece, reduces generalisability of the results across Greece. The women who were interviewed by the research midwife had more time together with midwife and this might have triggered more positive responses by the participants in the present study, regarding their postnatal care. Further studies are required from different hospitals in Greece in order more generalisable results to be obtained.

Implication to Research and Practice

The finding of the present study could help towards the implementation of changes in clinical practice of postnatal care in Greece. Mothers appreciated the individualised care they received in their home postpartum. They expressed their satisfaction with professional support and trusted the research midwife with their personal concerns. It is considered beneficial the new parents to have the option to continue their postnatal care at home. For the mothers who received the standard hospital postnatal care, health care providers should focus into offering high quality care to women and to help them acquire all the skills they need to best look after themselves, the baby and their family when they get to their home. This way postnatal woman will have all the knowledge and information they need to look after their family effectively and mobilise their support networks to get help in the postnatal period. Further research should assess the effectiveness of different models of postnatal care for mothers and families health and well-being.

CONCLUSION

The findings of this study suggest that women overall rated positively their care in the postnatal period both for the standard hospital care and the home postnatal care. However, there is room for improvements in clinical practice in a number of aspects including support, advice and counselling from maternity health professionals. Postnatal women appreciated personalized care and support from healthcare professionals. Parents who received home postnatal care were more likely to discuss their problems or concerns and seek immediate help and advice from healthcare professionals. The Midwife during the postnatal home visits tends to spend more time, without interruptions with new parents and take a more active role in counselling, health education and support, offering better quality services for mothers and newborn babies. The intervention offered in this research led in better health outcomes for mothers and babies and higher satisfaction levels for the women, who received postnatal home visits. Future planning of health services should include the possibility of continuing postpartum care at home according to each individual mother's needs, where emphasis should be placed on providing holistic care and promotion of family health.

Future Research

It is recommended that future research surveys postnatal women in Greece who live in different areas and deliver their babies in different hospital settings, both public and private. Larger numbers of postnatal women should participate in future research in order to manage generalisability of the results across Greece. It is also important that future research measures the cost implications for health services if postnatal home care is to be provided to new

mothers. The opinions of postnatal staff, health providers and managements should also be assessed to find the best possible practice for the health of the mother, the new born and the new family.

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