



Attempts to strengthen maternal functioning in the postpartum period: A literature review¹

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Abstract

Objective: This study aims to examine that the effects of home visiting, prenatal education, parent classes, and tele counselling on maternal functioning.

Methods: The search process was conducted in PubMed, Scopus, Cochrane and Google Scholar using key words of “motherhood”, “maternity functioning”, “postpartum”, “postpartum care”, “home visiting”, “prenatal education”, “parent classes”, “tele counseling” and a combination of them English-Turkish language papers were searched between 2000 and 2015 years. All studies relating to subject was included.

Results: Discharge occurs shortly after birth in some countries such as the United States and Turkey, women do not receive adequate care, training and counseling and the demands of childrearing often exceed the mother’s expectations.

Conclusion: Women should be supported with training programs, home visits, and phone counseling aimed at optimal maternal child health and development.

Keywords: Motherhood; maternity functioning; postpartum; postpartum care.

1. Introduction

The postpartum timeframe is a crisis period where the family, especially the mother, experiences intensive stress in adaptation. The tenor of the postpartum period can negatively affect infant development the mother’s mental and physical health, and the bond between mother and child (Barkin and et. al., 2010). Globally, postpartum care service which is important among the maternal and infant health services is a basic preventive health service for maternal and infant mortality. The rate of women who receive postpartum care is lower than the rate of women who receive prenatal care in the world (WHO, 2014).

In Turkey, data about women who receive postpartum service is insufficient (Balkaya, 2002). In this period, the mother and the family need considerable information and support. Besides the mother needs to rest, be supported and encouraged, provided qualified, careful and comprehensive care, learn to acquire information and skills, adapt to the parenting role and acquire postpartum functional competency (Barkin & Wisner, 2013). However, training and counseling are currently insufficient as the postpartum hospitalization period is brief and the mother is not ready yet to obtain and retain information. Therefore, it is important to support and prepare the mother

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with prenatal classes that prepare her for early motherhood, postpartum house visits and phone calls.

2. Materials and Methods:

The search process was conducted in PubMed, Scopus, Cochrane and Google Scholar using key words of “motherhood”, “maternity functioning”, “postpartum”, “postpartum care”, “home visiting”, “prenatal education”, “parent classes”, “tele counseling” and a combination of them English-Turkish language papers were searched from 2000 to the end of 2015 (Fig. 1.). All articles was separately examined as postpartum home care, tele counselling and pre-postnatal education and their effects were investigated in the postpartum period.

Figure 1. The flowchart of literature search process.

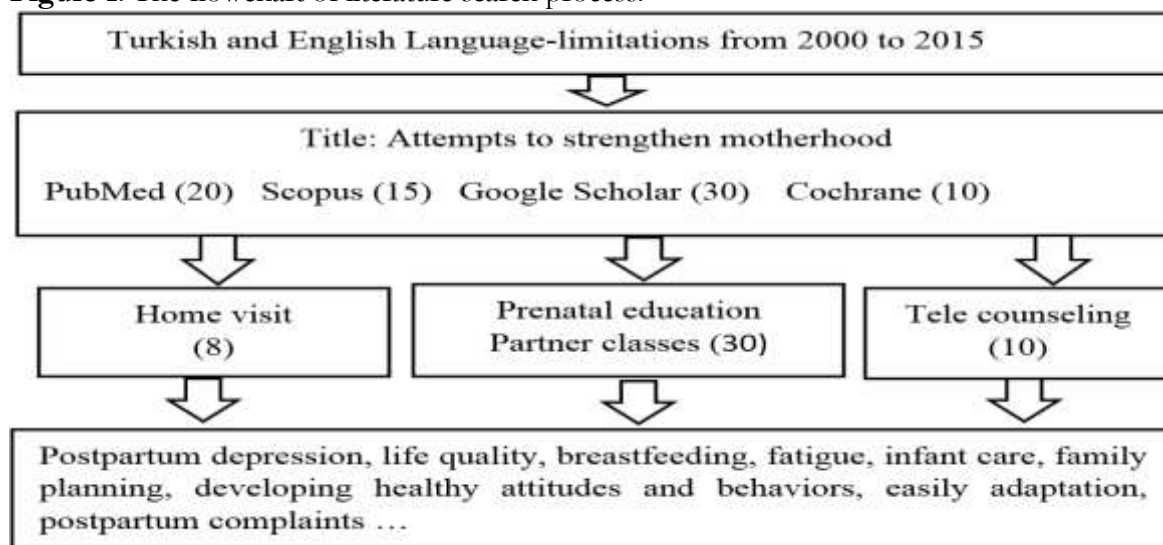


Table 1. Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
1. Articles written in Turkish and English language	1. Articles not written in Turkish and English language
2. Articles published between 2000 and 2015 years	2. Articles published before 2000 and after 2015
3. Research articles	3. Articles not relating to motherhood in postpartum
4. Literature review and systematic review	
5. All articles relating to maternal functions in postpartum period	
6. It was included in the published theses	
7. Health policies relating to guideline in postpartum care	

3. Result

3.1. Postpartum home care services

Mothers are discharged in 12-24 hours after normal delivery and in 3-5 days after c-section. However, this time frame is inadequate to prepare the mother for the postpartum period and the integration of infant care into daily life (Balkaya, 2002:14-16). Additionally, some postpartum complications, psychological problems, and problems with infant care can be overlooked. Often, dedicated time and effort are required to completely address any potential problems (Duman & Karataş, 2012:124).

The purpose of postpartum home care services is to offer technical, psychological and therapeutic support for individual requirements of the mother, newborn and family after discharge. It should be determined whether or not postpartum early discharged mothers are suitable candidates in the antepartum period and mother should be prepared for postpartum early discharge during the antepartum period. For this reason, postpartum nursing at home services should be started during the antenatal period, support the postpartum period and the family should be diagnosed comprehensively (Simpson & Creehan, 2001: 500-505).

Many studies have demonstrated that postpartum house visits of nurses/midwives are important in improving maternal and infant health (Darj and Stalnacke, 2000; Escobar and et al., 2001; Koç, 2005). Darj and Stalnacke's (2005) study show that that all mothers received sufficient support and care from midwives during house visits although 40% of them felt uncertain about breastfeeding after the visit. Koç's research (2005) reported that mother infant dyads that have received home visits have less postpartum complications, higher rates of family planning, better (infant) weight gain, and a lower rate of starting additional nutrition and neonates.

Overtime this might promote more effective maternal self care as women learn to manage their own situations more effectively (Barkin & Wisner, 2013:1052). In a study by Giallo et al., (2014) women were supported with home visits postpartum care. It was determined that the women in the intervention group had stronger skills to cope with stress, anxiety, depression and fatigue and acquired health improving attitudes and behaviors. Escobar and et al., (2001) studies demonstrate that mothers in the home visit group were more likely than those in the control group to rate multiple aspects of their care as excellent. And also the preventive advice delivered (between 76% and 59%) and the skills and abilities of the provider (between 84% and 73%). Mothers in the home visit group also gave higher ratings on overall satisfaction with the newborn's posthospital care (between 71% and 59%), as well as with their own posthospital care (between 63% and 55%). Home care positively affects on breastfeeding. Study of Mannan and et al. (2008), determined that early postpartum home visits by trained community health workers improve breastfeeding of newborns.

In postpartum period, there are many benefits of home visits such as reduces postpartum depression, increases lactation, promotes weight loss, increase physical activity, improve health attitudes and behavior. Therefore, nurses and midwives should evaluate mothers in the context of their environments by means of house visits. Information should be obtained and risks should be evaluated about personal, family, obstetrics, medical histories and the last delivery of mothers. Also, information about the mother's role, mother-infant relationship, household activities and family relationships should be obtained.

3.2. Prenatal education classes

Training before labor is very important to realize complete and successful breastfeeding, promote healthy parental practices and strengthen postpartum functions (London et al., 2003). Prenatal training classes have been structured in all subjects with respect to delivery and postpartum period. In direction of the family's requirements, various classes including pregnancy training classes, early pregnancy classes, cesarean section classes, parent classes, breast-feeding classes etc. may be organized (Şeker & Sevil, 2015:2-7).

The main purpose of all prenatal education classes is to facilitate coping with labor pain, give desired health habits, ensure stress management, reduce anxiety, improve family relationships, ensure the woman feels empowered and successfully breastfeeds the baby, enhance recovery in the postpartum period, help the woman adapt to her new role and give information about family planning. At the same time, they are intended for developing problem solving skills of the mother, increasing awareness, ensuring the woman takes her own decisions, acquires the sense of control and develops self-confidence through training and counseling (Meté, 2009).

Karadağ's (2008) study determined that women wanted to firstly receive information about infant care in the result of the training which pregnant women about puerperant care and infant care. The rate of postpartum breastfeeding, perineum, emotional state, and infant complications

diminished in women who received training. Trainings also helped to bolster breastfeeding practice in terms of both sufficiency and efficiency. In another study with women who attended the antenatal training programs, it was reported that women were much more knowledgeable about infant care, breastfeeding and contraception and were satisfied with their labor experience by implementing some of the techniques they learned in the class (Spinelli et al., 2003:96-100).

Khreshch's research reported that postpartum training and support programs offered to primipara mothers in the postpartum period were successful at improving breastfeeding and completing breastfeeding which fed exclusively on breast milk at least 6 months. Besides, breastfeeding is important for the mother to return to prenatal functions and for the health of the baby. The study of Li-Yin et al. (2008) show that breastfeeding completion rates were higher in a group that received breastfeeding training in the prenatal period compared to the group who did not. Besides, trainings offered before and after labor improve role adaptation and postpartum functional condition (Holroyd & Lopez, 2011).

3.3. Parent classes

Prenatal or postpartum training classes also attended by partners are called parent classes. These classes provide information about starting a family, infant care, development, protection, diseases and postpartum physiological changes in the woman, challenges and importance of partner support (Şeker & Sevil, 2015).

Often, the primary support of the woman in the postpartum period is her partner (Dellman, 2004). Despite this, evidence suggests that partners do not know how optimally support this process. Partners should be included in the prenatal classes are called parent classes. The partner support offered in the postpartum period improves maternal bonding, parent self-respect, relationship between partners and social psychological support of the woman (Burgess, 2011). It was also determined that women who receive postpartum partner support have better adaptation to the postpartum process (Lamb, 2010).

Partners who attended labor preparation programs were more sensitive to infant care, partner relationships and postpartum experiences of the woman (Burgess, 2011). Partners who attended labor preparation classes also improved the baby's cognitive and socio-emotional development and partner support in the postpartum period allowed the women feel good about herself on psychosocial terms (Redshaw & Hendorson, 2013:1).

Partners who attended prenatal training and support programs were also effective on breastfeeding. According to the literature review, partner support improved breastfeeding and reduced postpartum stress risk (Burgess, 2011:22-26; Scott, 2005). A study made in USA determined breastfeeding rate increased from 41% to 74% with partner support (Wolfberg et al., 2004). Similarly, in another study in Italy, partners who attended training programs were effective in increasing the postpartum breastfeeding period from 6 months to 12 months (Pisacane et al., 2005).

Turan et al. (2001) suggested inclusion of partners in antenatal training programs is important for developing healthy attitudes and behaviors by men and women. It was also determined that inclusion of partners in training had positive impacts on infant health, nutrition, relationship between partners and postpartum partner support. Therefore, it was emphasized that fathers should be included in prenatal classes.

3.4. Tele counseling

Nurses can evaluate the self-care abilities of patients and their levels of fulfillment of social roles in daily life, provide redirection to those who need physiologic and psychological help in the early period, improve their physical and mental conditions with efficient counseling methods and maintain treatment and care and help them return to their normal roles in the daily life through the phone (Koch, 2006). One of the most-needed counseling is postpartum period. Because, most women do not have enough information and support both physiological and psychological in this period.

Supporting postpartum women about breastfeeding significantly increased breastfeeding rates until the six month after labor (Fatimah et al., 2010). Tahir and Sadat (2013) found out that

tele counseling about breastfeeding offered to postpartum women increased the breastfeeding rate in the first six months. As a result of the literature review, it is emphasized that it was more efficient when tele counseling is offered by those who offered breastfeeding counseling in person at the hospital (Hannula et al., 2008; Dehkordi, 2012).

Postpartum depression negatively affects maternal and infant bond, maternal adaptation, infant care responsibilities, self-care of the woman, social and family life and the entire maternal function. Some of the most important reasons for postpartum depression are insufficient social support, postpartum social isolation and lack of communication with people who experience similar problems (Dennis & McQuenne, 2007:590-592; Barkin & Hawskin, 2015).

One of the intervention attempts in adaptation to the postpartum process is peer support by phone. It was observed that peer tele counseling offered to women diagnosed with postpartum depression reduced postpartum depression by 50% (Dennis et al., 2009). Dennis (2014) underlined that peer tele counseling offered to women diagnosed with postpartum depression had an effect on many factors including postpartum depression, socialization, improvement of health, maintaining breastfeeding and infant care etc. Strong evidence has shown telephone-based peer support, provided by a mother recovered from depression, effectively improves depression outcomes. Telephone-based peer support is effective for both early postpartum depression and maternal depression up to two years after delivery (Letourneau et al., 2015). Telephone-based produced a significantly greater reduction in depressive symptoms than standard care during the postpartum period (Ngai, 2015). Postmointer et al. (2016) studies support to this topic. Ledforda et al. (2016) studies show that a mobile application successfully activated postpartum mothers in which self-management is a critical factor.

Surkan et al. (2012) reported that tele counseling offered to women with low socio-economic levels in the postpartum period were very important in acquiring healthy attitudes and improving health. Khakbazan et al. (2010) suggested tele counseling in the postpartum period had an important effect on women's life quality. Gjerdingen et al. studies (2013) reported that doula and peer tele counseling offered to mothers in the postpartum period were efficient on improving postpartum depression and life quality of the woman.

Tele message was considered to be important in providing health behaviors and managing health problems of women in the postpartum period (Fjeldsoe et al., 2009:105-108). In studies made with women who accepted to receive tele messages about improving health and physical activities in the postpartum period, it was determined that tele message had effects on women acquiring cognitive and behavioral changes, increasing physical activity, self competency and social support (Miller et al., 2002). In the randomized controlled study called "Mobile Mums" to increase postpartum physical activity conducted by Fjeldsoe et al. (2010). It was emphasized that tele message and counseling increased women's walking and physical activity frequency. One another study show that mobile phone-based postnatal patient education is a promising strategy for improving breastfeeding, contraceptive use, and infant health in low-resource settings; different strategies are needed to influence postpartum maternal health behavior (Maslowsky et al., 2016).

Tele counseling is one of the methods preferred by women to obtain information about self-care and infant care whenever they need because of its low cost. Therefore, it is recommended to apply more in the postpartum period.

4. Discussion

Women need training and support due to physical changes, fatigue, increased responsibilities and lack of information in the postpartum period. Failure in receiving necessary training before labor and a short period of hospitalization leave these questions unanswered (Balkaya, 2002:13-14). Therefore, postpartum mothers should be supported both physiological and psychological by means of home visit, tele counseling and various training programs.

House visits is very important to maternal and infant health. According to Women's Health, Obstetric and Neonatal Nurses Association (AWHONN), there are many advantages of

home visits such as early diagnosis of high cost complications occurring as a result of rehospitalization, ability of laying a bridge between the hospital discharge and first follow-up visit in the group which provides the basic health care services, provision of health care in the most appropriate environmental conditions in line with mother's requirements, compliance of the newborn and developmental aims of the family (Simpson & Creehan, 2001: 500-505; Koç, 2005).

But there are no established standards for when and how often mothers and infants should be visited after discharge from hospital. Although WHO has not provided a certain recommendation for postpartum house visits, it recommends one house visit in the first 24 hours after delivery, at the start and the end of the first week. The American Congress of Obstetricians and Gynecologist (ACOG) recommend that newborns should be visited in the first 48 hours after discharge (Galbraith & Egerter, 2003:365-367).

The frequency of postpartum home visits in Turkey is once in the first 24 hours after delivery, once in the second and once in the fourth weeks. Despite the legal basis for a postpartum monitoring system and home visiting at least 3 times, the system does not operate efficiently and varies between regions in Turkey (Balkaya, 2002:14-16). Besides, most of the time to go home, it is not appropriate because of lack of time, vehicle and staff.

All prenatal education classes and parent classes is to facilitate coping with ensure stress management, improve family relationships, ensure the woman feels empowered and successfully breastfeeds the baby, baby care enhance recovery in the postpartum period. Besides, they develop problem solving skills of the mother, increasing awareness, acquires the sense of control and develops self-confidence through training and counseling (Dellman, 2004; Redshaw & Hendorson, 2013).

While prenatal trainings improved prenatal adaptation, they did not have an impact on postpartum adaptation (Hannula et al., 2008; Fabian et al., 2003). Adaptation is believed to depend on cultural effects, postpartum fatigue and especially insufficient postpartum support (Shin et al., 2006). Besides, sometimes women's husbands do not participate in partner class weekdays because of work exhaustion. So partner class should be coordinated at the weekend.

Postpartum tele counseling is very important to maintain the care and to make the woman feel herself comfortable psychologically (Guidelines for Telenursing Practice, 2014). Offering tele counseling can be accepted as an important justification especially for the first time mothers. Dehkordi (2012) reported tele counseling offered to mothers was effective in improving and maintaining breastfeeding. Tele counseling is both an easy and a cost effective method in improving breastfeeding. It was also reported postpartum tele counseling was effective on infant care and infant behaviors.

5. Conclusion and recommendations

Postpartum period is a challenging process when women need to cope with physiologic (breast problems, episiotomy, pain after cesarean birth, fatigue) and psychological changes (postpartum depression, postpartum blue). Women need social support systems in postpartum period. Supporting this period with antenatal and postnatal training programs, house visits and tele counseling allows the woman to feel self-sufficient about self-care and infant care and facilitates reaching postpartum functional competency and adaptation. In this way, social support systems provide maternal fetal attachment, increase breastfeeding, improved role adaptation and reduce depressive symptoms. All mothers should be supported through home visits, telephone counseling and training classes in postpartum period as prenatal period. However, in order to implement these social support systems, some important situations need to be realized:

- A standard must be established by health policy about postpartum home care, tele counseling, post-prenatal educations.
- Identifying the most effective teaching methods for mothers by specialist nurses and midwives.

- Academic nursing staffs who are experts in this field should leader and support to nurses/midwives.
- Involving faculty members should integrate to the tasks of nurses and midwives.
- Postnatal care should be developed as prenatal care.

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