

## **The experiences of postnatal patients regarding postnatal care in Mopani District, Limpopo Province, South Africa**

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### **Abstract**

This paper describes the experiences of postnatal patients regarding postnatal care, with the intention of making recommendations to improve the quality of care during the postnatal period. The participants receive care from midwives for the first six hours after delivery and are discharged home. On discharge, the participants receive health advice from midwives on how to take care of themselves and newborn infants at home during the postnatal period. At home they receive care and advice from traditional birth attendants. Different pieces of advice confuse the participants because they interfere with decision-making skills. A qualitative, exploratory, descriptive and contextual research method was used in this study. A semi-structured interview guide was also used to conduct focus group interviews. Data were collected until saturation was reached during the second focus group interview. Participants revealed the following challenges: lack of openness and transparency between the midwives and the traditional birth attendants; exclusion of participants' relatives when giving health advice on discharge; conflicting postnatal care advice; lack of postnatal care supervision and follow up; postnatal patients under direct care of traditional birth attendants only; and feeling of insecurity by the participants. The participants suggested that there should be incorporation of indigenous postnatal care practices into the midwifery healthcare system in order to enhance teamwork between the midwives and the traditional birth attendants. Follow up should be conducted by the midwives to ensure safety, support, supervision and continuity of care to the participants during the postnatal period.

**Keywords:** Postnatal patients, postnatal period, postnatal care, traditional birth attendants, midwives.

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### **Introduction**

This article reports on an important aspect of the doctoral study entitled: *A model for incorporating indigenous postnatal care practices into midwifery healthcare system*. The study was conducted in three phases. Phase one was concept analysis. This paper focuses on Phase two (empirical) which was qualitative, exploratory, descriptive and contextual, and focused on the perceptions of postnatal patients, regarding incorporating indigenous postnatal care practices into midwifery healthcare system. Postnatal care is described by the World

Health Organization (WHO) in Mrisho et al. (2009) as the period that begins an hour after the delivery of the placenta and continues until six weeks (42 days) after the birth of an infant. Postnatal is one of the neglected periods in midwifery care. The current guidelines for maternity care in South Africa (Department of Health: DoH, 2007) and policies focus more on antenatal care and the first six hours after delivery, but very little is indicated regarding the care of the postnatal woman until the end of the postnatal period. The provision of quality care during this period is critical for the well-being of the mother and the newborn, because postnatal care is regarded as one of the key interventions in the prevention of maternal and child morbidity and mortality (Mrisho et al., 2009). Despite the strategies in place for the reduction of maternal and child mortality, the rates are still high. According to Jokhio, Winter and Cheng (2005) there are an estimated 4 million neonatal deaths and 500 000 maternal deaths each year worldwide, and the majority of these deaths occur during labour, delivery or the first 24 hours after delivery. Sub-standard postnatal care is regarded as an obstacle in the reduction of maternal and child mortality in developing countries, including South Africa (Mrisho et al., 2009).

According to guidelines for maternity care in South Africa (DoH, 2007), participants are discharged within six hours after normal delivery, if the conditions for the mother and the newborn baby are satisfactory. As a result mothers and the newborn babies are placed in the care of traditional birth attendants only, without follow-up supervision by midwives. According to the South African Nursing Council R2488 19 (9), midwives are expected to attend to the mothers and the newborn infants until the condition of both are satisfactory or at least daily for five days following the birth of the baby (SANC, 1990). De Bernis, Sherratt, AbouZahr and Lerberghe (2003) state that it is better for the mothers to be cared for by the midwives rather than the traditional birth attendants as the latter have inadequate knowledge and skills to identify complications early and refer patients urgently. Currently, midwives in South Africa are no longer providing follow-up visits during the postnatal period. Hildisson (2007) confirmed that mothers do not receive support from midwives during the postnatal period; instead, the midwives are unfriendly and unhelpful to the mothers. Furthermore, Hildisson (2007) added that it is crucial to provide family-orientated postnatal care that also involves men in the care of postnatal patients and newborn infants. Waldenstrom, Rudman and Hildingsson (2010) indicated that postnatal patients in Sweden also experience lack of support from the midwives, which resulted in patients' dissatisfaction. Lack of follow-up visits places the health of postnatal patients and newborn infants at risk of complications and even death and/or disabilities. Instead, mothers receive health advice on how to take care of themselves during the postnatal period, are discharged and advised to return for a postnatal check-up after three days.

The midwives do not involve the traditional birth attendants during postnatal health education sessions on discharge. On arrival at home, the mothers receive other advice from the traditional birth attendants on how to protect themselves and the newborn babies from evil spirits (Ngunyulu & Mulaudzi, 2009). As a result, postnatal patients are caught in-between the midwives and the traditional birth attendants and they have to decide which health advice to follow. Therefore, the purpose of the study was to explore and describe the experiences of postnatal patients regarding postnatal care with the intention of making recommendations to improve the quality of care during the postnatal period.

## **Methodology**

A qualitative, exploratory, descriptive and contextual research design was used in this study. The study was conducted within the midwifery context, therefore the design enabled the researcher to explore and describe the experiences of postnatal patients regarding postnatal care.

### *Population and sampling*

The study population comprised postnatal patients only, as they are the recipients of postnatal care from the midwives and traditional birth attendants during the postnatal period at the clinics, hospitals and at home. The setting for data collection was the postnatal ward at a selected hospital in Mopani District, Limpopo Province. A purposive sampling technique was selected as the suitable method for selecting the participants, because only postnatal patients were selected (Burns & Grove, 2009). Participants included in the sample were gravida two and more, who have six hours or more post-delivery, from all age groups, from any cultural group, still in the maternity ward, in a stable condition, awaiting discharge because they already had experienced postnatal care during the previous deliveries. The size of the sample was determined by data saturation (Brink, 2006). Focus group interviews were conducted until data saturation was reached.

### *Data collection*

Data were collected using focus group interviews with the participants. A semi-structured interview guide was used during the focus group interviews. Two focus group interviews were conducted, each focus group consisted of 15 participants, and data saturation was reached during the second focus group interviews. The vacant postnatal cubicle in the maternity ward of a selected hospital at Mopani District, Limpopo Province was used as the setting for data collection. The researcher collected data on Saturdays from 07h30-08h30 because at this time, midwives were making patients' beds and there were no doctors' rounds during week-ends. The researcher ensured that the focus group

interviews were completed before the commencement of the discharge procedures by the midwives. The following guiding question was asked during data collection: *'What are your experiences regarding postnatal care?'* The discussions during the focus group interviews were audio-recorded and field notes were jotted down during data collection (Brink, 2006). Data were collected in Xitsonga because it was the dominant language of the participants and they were all able to communicate in the language.

### *Data analysis*

Data analysis was not a separate phase, as it occurred simultaneously with data collection, following the discussions as indicated by Polit and Beck (2008). Data were transcribed from the audiotape and field notes by the researcher, ensuring that the transcriptions were accurate and reflected the totality of the interview plus focus group experience (Polit & Beck, 2008). The co-coder confirmed the data from the audiotape and consensus with the researcher was reached to ensure the reliability of data coding (Brink, 2006). Data were read and organised carefully by the researcher to identify underlying concepts and clusters of concepts. These assisted the researcher in forming a strategy for classifying and indexing the data, and developing a high-quality category scheme. The researcher converted the data into smaller and more manageable units that could be retrieved. The category scheme was developed on the scrutiny of the actual data (Polit & Beck, 2008). The data were read three times in its entirety and coded for its correspondence to the categories in order for the researcher to fully understand the underlying meaning of some aspects of the data. Themes and sub-themes emerged during data analysis (Table 2). Literature control was carried out to confirm the findings (De Vos, Strydom, Fouche & Delport, 2005).

### **Trustworthiness**

Measures to ensure trustworthiness (Polit & Beck, 2008) included: credibility, dependability, confirmability, transferability, and authenticity. To ensure credibility prolonged engagement with the participants was carried out in that two days were spent with them by visiting the postnatal ward a day before the scheduled interview, to become orientated, to get to know the culture and to establish rapport and a trusting relationship with participants. Persistent observation was done in which the researcher wrote down field notes, observed, identified and assessed those salient factors and crucial, typical happenings that were relevant to the experiences of the participants regarding postnatal care (Creswell, 1998). Triangulation was ensured, as two experienced researchers were invited to act as peer reviewers during the data collection and analysis. During peer debriefing, the collected data were presented to the two experienced researchers in order to ensure honesty. The interpretation of research findings was discussed with the participants to find out whether they were accurate and it

gave them the opportunity to volunteer additional information and to recall additional points they had not made during the interviews (member checking) (Lincoln & Guba, 1985). To achieve dependability the researcher invited other researchers (one was the researcher's co-worker and the second one was the co-coder) to do some independent transcribing, co-coding and official examination of the collected data. Agreement about the findings was reached between the co-coder and the researcher. Sufficient data were identified and described, and the report was compiled in such a way that it became easier for the readers to evaluate the applicability and transferability of the data to other settings/contexts.

### *Ethical considerations*

Before the commencement of data collection, permission to conduct the study was obtained from the ethics committees of the following institutions and individuals: University of Pretoria, Department of Health Limpopo Province, the executive director of Mopani District Primary Healthcare, the chief executive officer of the selected hospital, and the unit manager in the maternity ward. Verbal and written consent was obtained from the individual participants.

The following ethical principles were followed during the study: principle of respect for human dignity; principle of justice; informed consent; principle of non-maleficence; and that of veracity and fidelity. The principle of respect for human dignity was applied by providing a full description of the nature of the study, the researcher's responsibilities and the likely risks and benefits of the study to the participants (De Jong et al., 2011). The participants were selected according to the eligibility criteria of the conducted study and were treated fairly and equally, before, during and after the study to achieve the principle of justice. The participant's privacy was maintained throughout the study (De Jong et al., 2011). The participants were also made aware that participation was voluntary and that they were free to withdraw from participation any time without fear of prejudice. The following information was provided to the participants to ensure the informed consent was correctly completed: participant status, study goals, type of data, procedure, nature of commitment, sponsorship, eligibility criteria, confidentiality pledge and contact information (Polit & Beck, 2008). The principle of non-maleficence included freedom from harm and discomfort and the right to protection from exploitation. To ensure the freedom from harm and discomfort, the researcher intentionally refrained from, avoided, prevented and minimised any actions that could have caused harm or discomfort to the participants (De Jong et al. 2011). The participants were assured that information they provided and their participation would not be used against them in any way and that they were free from exploitation (Pera, Oosthuizen & Van der Wal, 2011). To achieve the principle of veracity and fidelity, the researcher initiated and maintained a trusting relationship with the participants by telling the truth all times.

## Results and Discussion

The results of the study are presented under the following headings: demographic information of participants, discussion of results and literature control. The demographic information of participants is depicted in Table 1:

**Table 1:** Demographic information of participants

<b>Participants</b>	<b>Age</b>	<b>Number of participants</b>
<b>Postnatal patients</b>	15-19 years	09
	20-29	08
	30-39	06
	40-49	06
	50-59	01
<b>TOTAL</b>		<b>30</b>
<b>Participants</b>	<b>Parity</b>	<b>Number of participants</b>
<b>Postnatal patients</b>	Para 2	06
	Para 3	11
	Para 4	08
	Para 5	04
	Para 7	01
<b>TOTAL</b>		<b>30</b>
<b>Postnatal patients</b>	<b>Cultural background</b>	<b>Number of participants</b>
	Tsonga	25
	Sotho	03
	Venda	02
<b>TOTAL</b>		<b>30</b>

Focus group interviews were conducted with the participants from different cultural backgrounds: Sotho (3), Tsonga (25) and Venda (2), with age groups ranging from 15 to 50 years, and parity from 2 to 7. Data were collected in Xitsonga, as all participants understood the language, transcribed into Xitsonga and translated into English for analysis purposes. The researcher transcribed the collected data on her own to ensure that the quality of data was not lost during the translation. Back translation was done to confirm, expand and refine the emerging concepts and their relationships (Munhall, 2007).

Challenges during the postnatal period emerged as the first theme and was supported by sub-themes categories: lack of openness and transparency between the midwives and traditional birth attendants; excluding patients' relatives when giving postnatal care advice on discharge and clashing postnatal advice. Each theme was substantiated by sub-themes. The themes and sub-themes are depicted in Table 2.

**Table 2:** Themes and sub-themes

<b>Theme</b>	<b>Sub-themes</b>
1. Challenges during the postnatal period	1.1 Lack of openness and transparency between midwives and the traditional birth attendants. 1.2 Excluding patients' relatives when giving postnatal care advice on discharge 1.3 Clashing postnatal advice
2. Lack of postnatal care supervision and follow up	2.1 The postnatal patients under direct care of traditional birth attendants only 2.2 Feeling of insecurity by the postnatal patients

### **Theme 1: Challenges during the postnatal period**

Challenges during the postnatal period emerged as the main theme during data analysis. The participants indicated that they experienced the following challenges during the postnatal period: lack of openness and transparency between the midwives and traditional birth attendants and lack of postnatal care supervision and follow up.

#### *Sub-Theme 1.1: Lack of openness and transparency between the midwives and the traditional birth attendants*

Lack of openness and transparency between the midwives and traditional birth attendants emerged as the first challenge experienced by the participants during the postnatal period. The participants confirmed that there was no communication between midwives and traditional birth attendants. They further clarified that they received care from the midwives at the hospitals and clinics for the first six hours without the involvement of the traditional birth attendants. At home they are cared for by the traditional birth attendants for six weeks without supervision or follow-up support visit by the midwives.

#### *Sub-Theme 1.2: Excluding patients' relatives when giving postnatal care advice on discharge*

The participants expected to receive health education in the presence of the traditional birth attendants who visited the hospitals or clinics to collect the woman and newborn baby on discharge. The findings indicated that during health education by midwives on discharge from the hospital or clinic, traditional birth attendants were not involved. As a result, the traditional birth attendants were not familiar with the health advice that had been given to the participants on discharge.

*“The midwives are giving health advice to us as patients only. They do not involve our relatives who are taking care of us during the postnatal period. As a result we find it difficult to follow the postnatal care advice because they differ from what we are told at home.”*

*“It is difficult for us to come back for postnatal check-up after three days because the grannies do not allow us to move out of the house, even if you try to tell them about the advice given on discharge, they do not understand because they were not involved by the nurses when giving health advice on discharge.”*

It is evident from these quotations that there is lack of communication between the midwives and traditional birth attendants; as a result it is difficult for the participants to follow the health advice given on discharge. According to the South African Nursing Council, a midwife should, where necessary, work in consultation with the family in the care of the participants (SANC, 1990). In addition Rinehart (2010) in WHO technical consultation on postpartum and postnatal care also stressed that postnatal care should be provided in a supportive environment that involves the woman and her family in order to maintain and promote the health of the woman and her baby. Furthermore, Curtin and Meijer (2006), Gerring and Thacker (2004) and Gommersal et al. (2007) argue that the availability and accessibility of information amongst health team members strengthens the effectiveness of decisions and actions taken within the working environment.

### *Sub-Theme 1.3: Conflicting postnatal care advice*

Conflicting postnatal care advice was identified as a sub-theme that resulted from the exclusion of traditional birth attendants in the giving of advice on the discharge of participants. Participants revealed that lack of involvement of traditional birth attendants during the time of giving health advice results in conflicting of postnatal care advice from the midwives and the traditional birth attendants. The traditional birth attendants are not familiar with the health advice given to the participants on discharge. As a result, participants receive different types of advice at the hospital or clinics and at home. Therefore, participants are in a serious dilemma because they do not know which advice to follow.

*“At the clinic they advised me to do some exercises in order to ensure good muscle tone and to facilitate involution of the uterus. On arrival at home my grandmother advised me not to do any household activities such as cooking because I’m still very weak and the food will smell [of] breast milk.”*

*“I was told by the sister to feed the baby with breast milk only for six months without giving other things like soft porridge, purity, danone, etcetera, but at home my mother-in-law is preparing xidlamutana for me and very light soft porridge for the newborn every morning.”*

These quotations show that there is a need for informed involvement of traditional birth attendants during the provision of postnatal care in order to ensure quality and effectiveness of postnatal health education during the



postnatal period and to prevent confusion. Van Wyk (2005) and Koblisky et al. (2006) confirm that in order to avoid clashing advice, which leads to substandard care, the midwives should consider the traditional birth attendants as important members of the healthcare system, because they are either the patient's first choice or the last choice when the midwives fail to meet their cultural demands. In addition, McGrath and Kennel (2008) and Robin (2010) point out that it is important to involve family members during the provision of postnatal care in order to ensure continuous physical and emotional support of the woman during the postnatal period.

## **Theme 2: Lack of postnatal care supervision and follow-up visits by midwives**

Lack of postnatal care support and follow-up visits by midwives emerged as the second challenge experienced by participants during the postnatal period. The participants expressed concern regarding lack of postnatal supervision and follow-up visits by the midwives, feeling that the postnatal care visits should be conducted in order to provide support, supervision and guidance during the postnatal period. As a result, the participants were placed under the direct care of traditional birth attendants only, leading to feelings of insecurity.

### *Sub-Theme 2.1: The postnatal patients under direct care of traditional birth attendants*

The participants confirmed that from their previous experience, the midwives were no longer making follow-up visits as they had before, which resulted in the participants being under the supervision or guidance and care of the traditional birth attendants:

*“The nurses must go back to what they used to do before, where the nurses were moving around the villages on a bicycle, visiting the women and their babies at home after being discharged from the hospitals or clinics. Now they are no longer coming, and it is a serious problem to us because now we just struggle alone and we are not sure whether we are doing the right thing or not.”*

This quotation reveals a need for follow-up support visit by the midwives in order to ensure continuity of care, provide support, guidance and supervision, and to evaluate the effectiveness of health education during the postnatal period. The follow-up visits might also assist in initiation and maintenance of exclusive breastfeeding, which is necessary for the prevention of malnutrition and a reduction in child mortality rates. This quotation is supported by the SANC's (1990), R2488, 19(1), which states that:

... during the puerperium the enrolled midwife shall attend the mother and the child at least once a day until such time as the condition of both is satisfactory: Provided such attendance shall if possible, be carried out daily for at least five days following the birth of a child (SANC,1990).

Registered midwives are obliged to promote breastfeeding unless it is contraindicated (SANC, 1990), R2488,19(4). One of the objectives in the *Strategic Plan for Maternal, New-born, Child and Women's Health (MNCWH) and Nutrition in South Africa 2012-2016* is to reduce maternal and child mortality rates (DoH, 2012) and, to this end, registered midwives should ensure that mothers and their children receive comprehensive community-based services at primary level (DoH, 2012). Yousuf, Mulatu, Nigatu and Seyum (2010) confirmed that close supportive supervision of traditional birth attendants is of vital importance in the reduction of maternal and child mortality rates.

#### *Sub-Theme 2: Feeling of insecurity by the postnatal patients*

The participants confirmed that they had feelings of insecurity during the postnatal period, because their lives were being placed under the sole care of traditional birth attendants throughout the postnatal period, without support from registered midwives. Consequently, they felt they were at risk of developing complications and delayed seeking medical assistance for fear that it might lead to unnecessary complications, disabilities and/or even death.

*“...I once bled with clots during the postnatal period. When I report to the granny who was allocated to take care of me she said that it is normal to bleed during the postnatal period, the uterus is cleaning where the baby was situated. Bleeding continued until I collapsed. Is then that they called an ambulance to take me to the hospital.”*

*“My first child nearly died due to bleeding from the umbilical cord, which was not tied properly by a traditional birth attendant at birth. She took time to allow me to take the baby to the clinic, on arrival at the clinic, and the sister referred the baby to the hospital urgently because the baby was paper white.”*

These quotations show a need for ensuring safety and well-being of participants through the provision of follow-up support visits during the postnatal period. Johansson, Aarts and Darj (2010) found that postnatal women prefer postnatal care to be accompanied by professional support from the midwives. Furthermore, WHO (1998) states that some women in developing countries are discharged within hours after birth without any indication as to where they can obtain further care or support. Mwangi, Warren, Koskei and Blanchard (2008) stress that inadequate care and supervision during the postnatal period is a serious concern because half of all maternal deaths occur during the first week

after delivery as a result of complications such as postpartum haemorrhage and infection.

## **Recommendations**

The involvement of the traditional birth attendants by midwives during the provision of health advice might be of utmost importance in the improvement of the quality of postnatal care. The midwives should conduct follow up visits during the postnatal period to provide support, guidance and continuity of postnatal care. The incorporation of indigenous postnatal care practices into the midwifery healthcare system was also recommended by the participants to initiate team work between the midwives and the traditional birth attendants.

## **Conclusion**

The study confirms that there is a need to incorporate indigenous postnatal care practices into the midwifery healthcare system, in order to improve the quality of care during the postnatal period through involvement of traditional birth attendants during the provision of postnatal care. Traditional birth attendants should be empowered with knowledge and skills regarding postnatal care, which would lead to the safety and well-being of women and newborns during the postnatal period.

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