

Strategies to improve postnatal services
in Lesotho

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DECLARATION

I declare that this dissertation hereby submitted by me for the M. Cur in Health Science Education at the Potchefstroom Campus of the North-West University is my own independent work and has not previously been submitted by me at another university. I further more concede copyright of the dissertation in favour of the North-West University.

Signed: M. Pheko
Date: 22/04/2015

DEDICATION

This work is dedicated to my husband Motebang and our children, Thabelo, Lisema and Napo. Their love, support and encouragement gave me strength throughout my years of this study.

I want to thank my mother who was always there for me and praying tirelessly for me, and finally to all women who willingly shared their experiences with me.

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ABSTRACT

Keywords: Postnatal care, women, midwives, experiences, strategies, Lesotho,

Background: The study described the perspectives and experiences of women and health care providers with regard to use of postnatal care and reasons why some women do not attend postnatal care in order to identify strategies for improving postnatal care services.

Methods: An explorative, descriptive, and contextual research design was used. In step one data was collected with semi-structured interviews with seventeen (17) women who attended postnatal care. The second sample consisted of ten (10) women who did not attend postnatal care but brought their babies for well-baby clinic. Focus groups were conducted with midwives who offered postnatal care to women. The midwives of the first focus group worked in the hospital while the second focus group worked at a filter clinic.

Results: In step one, some women indicated positive experiences but most women had negative experiences about postnatal care. The positive experiences were related to the satisfaction of the women with good services received and not encountering problems with staff's care. Common concerns mentioned in step one and two about postnatal care were shortage of skilled midwives, need for staff to be trained on postnatal care services, lack of confidentiality, poor infrastructure and non-integration of maternal and child services. Reasons for not attending postnatal care that were mentioned by women in step three were inaccessibility of the health care facilities, poor roads infrastructure, lack of knowledge about postnatal services and socio-cultural factors.

Conclusion: Based on the findings, strategies to improve postnatal care were developed: Firstly, the midwives need to be trained on postnatal care and highlighted on current postnatal policies and guidelines. Secondly, woman and baby should attend the postnatal care at the health facility. Thirdly, community health nurses and trained community health workers should visit the women at home soon after birth of the babies. Fourthly, postnatal care should be provided at the family and community level by a trained and skilled midwife during the early postnatal period. Fifthly, combination of care facility and home visit - when the woman and baby are discharged from the hospital, follow- up need to be done at home by the midwife. Lastly, a comprehensive integration of postnatal services with other programmes needs to be enforced and supported by the programme management and policy makers.

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LIST OF ACRONYMS

AIDS -	Acquired Immune Deficiency Syndrome
ANC -	Antenatal care
HIV -	Human Immune deficiency Virus
HR-	Human Resource
ICM -	International Confederation of Midwives
LDHS -	Lesotho Demographic and Health Survey
MCHC -	Maternal Child Health Care
MOH -	Ministry of Health
MOHSW -	Ministry of Health & Social Welfare
MNCH-	Maternal Neonatal Child Health
NICE-	National Institute for Health and Clinical Excellence
PMTCT-	Prevention of Mother to Child Transmission
PNC -	Postnatal care
UNFPA -	United Nations Population Fund
UNICEF-	United Nations Children's Fund
WHO-	World Health Organization