

# CHAPTER 1

## OVERVIEW OF THE STUDY

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### 1.1 INTRODUCTION

Postnatal care (PNC) is one of the most important health care services for prevention of disabilities as well as reduction of maternal and infant mortality. The Lesotho Ministry of Health and Social Welfare recommend that first postnatal check-up should be performed within one hour of the delivery (Lesotho Ministry of Health and Social Welfare, 2009:112).

Although it is Lesotho government's policy that postnatal care services should be provided to all new mothers and their babies, the Lesotho Ministry of Health and Social Welfare (2009: 112) reported that only 3 percent women receive the recommended postnatal check-up, one hour after delivery. Only 23% of women in Lesotho receive such care within two days of birth (UNICEF, 2011) and more than 50% do not return for their six weeks postnatal check-up (Lesotho Ministry of Health and Social Welfare, 2005:83).

The World Health Organization (2008:2) confirmed that coverage of postnatal care is low: of the two thirds of women giving birth at home in sub-Saharan African countries, of which Lesotho is one, only 13% receive postnatal visit within two days of birth.

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.

### 1.2 BACKGROUND AND PROBLEM STATEMENT

In dealing with the strategies of improving postnatal the following terms need to be understood. These terms are postpartum and postnatal. The terms "postpartum period" and "postnatal period" are often used interchangeably but can also be used in specific contexts, when "postpartum" refers to the mother and "postnatal" refers to issues concerning the woman and baby (WHO, 2008:12). The technical panel working on the development of new World Health Organization (WHO) guidelines recommend that the term "postnatal" should be used for all issues pertaining to the woman and the baby after birth to promote clarity. The

postnatal period begins immediately after the birth of the baby and extends up to six weeks (42 days) after birth (WHO, 2008:12).

Major changes occur during the postpartum period and the period soon after childbirth poses substantial health risks for both woman and baby. Postpartum and postnatal care is therefore; important not only for survival, but also for the health of woman and their newborn babies. According to the WHO and its partners (2007:15), more than half a million women die each year as a result of pregnancy and childbirth - most of them in the postpartum period. The majority of postpartum problems occur soon after birth with postpartum haemorrhage and sepsis being the major obstetric causes of maternal death, while other complications such as chronic pain, impaired mobility, genital prolapse, mastitis, and infertility are also common in developing countries (Dhakal *et al.*, 2007:1). Similarly four million infants die yearly within their first month of life, which is forty per cent of all deaths of children under the age of five years in developing countries (WHO, 2008:2). Problems such as preterm birth and infections contribute to two thirds of all neonatal deaths (Titaley *et al.*, 2010:3; Sines *et al.*, 2007:1).

Morbidity and mortality of women after child birth as well as those of their newborns can be limited if postnatal complications are detected early through postpartum and postnatal care. Different models of care are suggested to care for women and their newborns during this vulnerable period. According to the WHO guidelines on postpartum care (1998:50), visits are recommended within six to twelve hours after birth, at three to six days, six weeks and at six months (6-6-6-6 model). As the majority of maternal and newborn deaths take place during the first few hours and days after birth, postnatal contact should begin as early as possible in the postnatal period. Early postnatal care is needed to encourage preventive behaviours and practices, such as warming of the baby and infection control measures for both mother and newborn (Titaley *et al.*, 2006:2; Sines *et al.*, 2007:3).

Regardless of the place of birth and who provides the postnatal care services, the focus should be to ensure that the woman and the newborn baby receive appropriate care throughout the entire postnatal period. In Lesotho, women that give birth at health facilities are usually discharged home within twenty four hours after the birth depending on the type of delivery, the woman and baby's health status. On discharge home, the mother's and infant's health status and delivery notes are documented in the health information book (Sesotho - *Bukana*). The return date of postnatal visit is also indicated in the health information book and

a leaflet with the mother's name, address, contact telephone numbers and date of next visit is provided. The health information book and leaflet are given to woman as a double reminder for the next postnatal visit. The woman and family are advised to report to the health facility if any health problems, either of the woman or her baby, are observed before the scheduled postnatal care visit. The 6-6-6-6 model of the WHO is not part of the official guidelines in Lesotho. However as findings by Lesotho, Ministry of Health and Social Welfare (2009:112) stated, the Ministry recommended that first postnatal check-up should be performed within one hour of the delivery.

A woman's body is expected to recover to the pre-pregnant state by six weeks following childbirth and the sixth week postpartum check at the clinic is usually seen as the 'official' postnatal visit. It is an important promotive and preventive strategy through which women are provided with information to take care of their own health and their baby's health. The services provided at the clinic during the six weeks postnatal visit, should include physical examinations of the mother and baby as well as health education. The physical examination of the mother includes checking of her temperature to exclude infection, measuring of her blood pressure, examination of her breasts, abdominal palpation to check the involution of the uterus, monitoring of vaginal bleeding and urinalysis to exclude conditions such as diabetes mellitus. The baby also receives a full physical examination, the healing of the umbilical cord is checked and the baby is weighed to determine growth. Any complications in both the baby and mother are treated or referred as soon as possible (Sines *et al.*, 2007:3). In addition to the examinations, women are supported and encouraged regarding breastfeeding practices, counselling on birth spacing, maternal nutrition and food supplementation. Health education should also be provided to women and family members on common health problems that may occur after birth (Frazer *et al.*, 2010:650; Henderson & Macdonald, 2006:725).

Several Cochrane reviews are applicable although none was done specifically on routine visits during or at the end of the postnatal period. Reviews were done on the best ways to manage secondary postpartum haemorrhage (Alexander *et al.*, 2008), postpartum hypertension (Magee *et al.*, 2009) and postpartum depression (Dennis & Creedy, 2004). All of these conditions can be diagnosed during routine postnatal care visits leading to more effective treatment. Although a systematic review by Shaw *et al.* (2006:216) concluded that evidence regarding the effectiveness of postpartum support with respect to maternal knowledge, attitudes, and skills related to parenting, maternal mental health, maternal quality

of life, or maternal physical health is limited, they did find that such support was effective with regard to high risk women and lead to an increase in parental skills. Shaw *et al.* (2006: 219) acknowledge that studies from developing countries were not included and may indicate different findings.

Lopez *et al.* (2010) found that postpartum education regarding contraceptives led to more contraception use and fewer unplanned pregnancies. In their study on postpartum family planning in HIV environment in Lesotho, Warren *et al.* (2009:83) concluded that postnatal care are not considered as priority within reproductive and child health programmes in the sub-Saharan region as health care services focused on HIV and prevention of mother to child transmission (PMTCT) while less attention was given to postnatal care and family planning. Mrisho *et al.* (2009:6), who did their study in Tanzania, also came to the conclusion that postnatal care receives less attention from health care providers' than other aspects of care. Some explanations for the low priority awarded to postnatal care are provided by the United Nations Organizations (UNICEF, UNFPA, WHO) and the Ministry of Health and Social Welfare of Lesotho (MOHSW) (2006:10), namely shortage of health care providers at all levels of care as well as lack of community participation and male involvement during the postnatal period.

Patients also do not consider postnatal care a priority. According to the United Nations Organizations and the Lesotho MOHSW (2006:11), few women turn up at the health facilities for the sixth week postnatal care visit despite the fact that services are free of charge. The only women that do present for postnatal care are those with special health conditions such as Auto immune deficiency syndrome (AIDS) who return on the seventh day after delivery for follow-up and treatment. The low coverage of sixth week postnatal visit as a missed opportunity to diagnose and manage maternal and infant health problems is a national concern in Lesotho. The problem is long standing and wide spread throughout the country in both government and non-government health facilities.

Understanding the importance of postnatal services and care is vital to improve the uptake of postnatal care. Another reason may be if no health education is provided on the importance of postnatal care, as Titaley *et al.* (2006:14) found that lack of exposure to information and health knowledge about pregnancy, postpartum and postnatal care are highly associated with non-, utilization of postnatal care services.

Some of the reasons identified in the study conducted in Indonesia by Titaley *et al.* (2010:1) were difficulty to get to a health facility and traditional ideas. The situation is similar to the mountainous kingdom of Lesotho. The women, specifically those in the rural areas have difficulty to get to a health facility due to distance to the clinics and poor road infrastructures and often horse back is the only means of transport. Forty percent of women in Lesotho deliver at home (UNICEF, 2011:3) although all are encouraged to deliver at a health facility and be attended to by a skilled care provider in line with the recommendation of the WHO (2005:87-89). There are various reasons why not all women give birth in a health facility or attend postnatal care services.

Cultural beliefs and norms in Lesotho restricts the women from seeking health care as the husbands and mothers-in-laws, specifically the poor woman in remote areas have control on women's health and babies. The husband has to provide finances for a woman to attend postnatal care. In the Sotho culture, close social support is provided by the woman's mother or mother-in-law in the familiar environment of the home setting. A woman's mother-in-law usually provides support by physically caring for the woman and her baby. The woman and the baby are secluded (Sesotho - *Kalehlakeng*) from social contact for four to six weeks. The mother-in-law is accountable for the child's wellbeing until the mother's post-partum bleeding ceases (Chalmers, 1990:23).

Some of the reasons why some mothers fail to attend postnatal care services may be that the services only target the child and that mothers feel that little or no attention is paid to them. Women often feel that as little attention is given to them, the child can be taken to the services by another relative (Mrisho *et al.*, 2009:8). Moreover findings from the Lesotho Ministry of Health and Social Welfare (2009:115) show that women had a problem with the far distance from the health facilities and getting permission from their partners to go to the health facility.

In this study, perceptions of women regarding the care they received at postnatal services in Lesotho have been explored as well as the reason some women does not attend postnatal care. This insight combined with the suggestions and perceptions of the women and health care providers regarding strategies on how to improve postnatal care could lead to improved maternal and newborn health. The study provides policy makers with evidence regarding the gaps that must be addressed to improve the quality of postnatal services.

### **1.3 RESEARCH PURPOSE AND OBJECTIVES**

The purpose of the study was to gain knowledge of the experiences of women and perspectives of women and health care providers regarding strategies to ultimately improve the quality of postnatal services in Lesotho through the following objectives:

1. To explore and describe the experiences and perspectives of women regarding care provided at postnatal services in Lesotho.
2. To explore and describe the perspectives of midwives of the ways to improve postnatal care in Lesotho.
3. To explore and describe the reasons why women did not attend postnatal care in a specific district in Lesotho.

### **1.4 PARADIGMATIC PERSPECTIVES**

A paradigmatic perspective is a way of looking at a phenomenon that entails a set of philosophical assumptions that guide one's approach to inquiry. Paradigmatic perspective is the whole system of thinking and general orientation, and it is viewed as a system of rationalizing issues (Neuman & Reed, 2007:111). The paradigmatic perspective refers to the frame of reference for viewing the world, consisting of a set of concepts and assumptions. Kuhn (cited by Brink *et al.*, 2006:22) defines a paradigm as a model for conducting research and has a set of rules and regulations that clarify boundaries for the researcher regarding what should be researched and how the research should be done. Paradigmatic perspectives include meta-theoretical assumptions, theoretical and methodological statements which serve as a framework in which research is conducted (Botes, 1995:9).

#### **1.4.1 Meta-theoretical assumptions**

Meta-theoretical assumptions are used interchangeably with terms such as philosophy. It clarifies and describes the existence of societies and human beings and all other aspects which can affect communities. The meta-theoretical assumptions is grounded on the researcher's own philosophy that a client or an individual is self-reliant and responsible for her own care and others in the family needing care such as a baby. It has assisted and influenced the researcher to take final decisions throughout the study. The meta-theoretical assumptions of this study comprise of client/person, health, the environment and nursing as described below.

#### **1.4.1.1 Person**

The researcher believes that a person is a spiritual being who is composed of physical, social, emotional and cognitive dimensions which are interconnecting, ever changing and in constant interaction with the environment (Orem, 2001). The researcher believes a person is a receiver of care, under the care of health professional. In contrast a person has the power to act deliberately to identify their own or others health needs. A person meets his or her self-care needs by learned behaviour. When a person has therapeutic self-care demands that she cannot meet, others with knowledge and skill provide means to meet the demands. If the family to which the person belongs is not able to provide therapeutic health care needs, the person needs professional nursing care (Orem, 2001). In this study the person referred to is the postnatal woman. The woman is a central to her own and her baby's health and care needs.

#### **1.4.1.2 Health**

In this study health refers to physical, social, mental and spiritual wellness. The health described is that of postnatal women and their babies. WHO defines health as "a state of complete physical, social and mental well-being, and not merely absence of disease or infirmity" (WHO, 1946). The main aim of postnatal care is to provide the optimum health for both women and the baby.

#### **1.4.1.3 Environment**

Environment defines the role of a nurse in providing a developmental environment which may be physical or psychosocial. The interaction between the environment and people affects health and wellbeing. The relationship between the person and environment is influenced by both internal and external factors including the biological, psychological and spiritual attributes of the person, while external factors comprise physical, socio-cultural, economic and organizational elements (Orem, 2001). A positive cultural environment plays an important role in the wellness of individual woman and her baby.

#### **1.4.1.4 Nursing / Midwifery**

Nursing is a direct human service provided by a qualified person to help persons to continuously know and meet their own or dependents' therapeutic self-care demands. It is a deliberate action to bring about human desirable health conditions in persons and their environment. Sometimes the professionals are nurses and midwives. The terms are often

used interchangeably but where they work with pregnant or postnatal women and babies, the term midwives is used. A midwife is a person who, having been regularly admitted to a midwifery educational programme that is recognized in the country, has successfully completed the prescribed studies in midwifery, has acquired the required qualifications and is legally registered to practice midwifery (ICM, 2011).

#### **1.4.2 Theoretical assumptions**

Theoretical assumptions refer to the researcher's view regarding what truth or valid knowledge is in an existing framework which relates to the researcher's study. Theoretical assumptions are testable and offer epistemological pronouncements about research fields (Klopper, 2008:65). The framework that was used for this study is Orem's Self-Care Theory (Orem, 2001), which outlines that people should be self-reliant and responsible for their own care and person's knowledge of potential health problems is essential for promoting self-care behaviours. The nurse facilitates the patient to practice self-care as much as possible. During postnatal care the midwife provide health education, counselling and support to woman to promote self-care behaviour. A woman's knowledge of potential health problems is needed for promoting such behaviour. Theoretical assumptions include the central theoretical statement and definitions of the key concepts of the study.

##### **1.4.2.1 Central theoretical statement**

Knowledge about women's experiences and perceptions regarding postnatal care, recommendations for strategies to improve according to health care workers as well as reasons why some women do not attend postnatal care services, can contribute to the development of strategies to improve services, in order that more mothers and their babies benefit from such services.

##### **1.4.2.2 Operational definitions of concepts**

The following definitions have references in this study:

- Postnatal period

The postnatal period is defined by WHO (1998) as the period beginning one hour after delivery of the placenta and continuing until six weeks (42 days) after birth of an infant. The postnatal period is sometimes used interchangeably with postpartum which can also refers to the mother only (Mrisho *et al.*, 2009:3).

- Postnatal care

Postnatal care is defined as health services provided to mothers and newborns within the first 42 days after childbirth. Postnatal includes care and monitoring of the health progress of the woman and baby in the postnatal period and to give all necessary advice to the woman about herself and also baby care to enable her to ensure the optimum progress of her newborn's health. Postnatal care provides the midwife with the opportunity to promote the emotional health of the woman, her family and the community.

#### **1.4.3 Methodological assumptions**

Methodological assumptions are statements that describe what the researcher view as good science or the approach that she will apply (Klopper, 2008:67). They reflect researchers' views regarding good research. Scientific knowledge is of a certain epistemological status that is embodiment of the ideal of science. The best information to bring an answer to research questions will be from the people directly involved that is the women who need postpartum care and the midwives who provided it.

### **1.5 RESEARCH DESIGN AND METHODS**

A qualitative explorative and contextual research design was used to meet the objectives of this study which were to explore and describe the experiences of women regarding the postnatal services at health facilities, to explore the perceptions of the women and midwives on postnatal services and explore the reasons why some women do not attend postnatal care in Lesotho.

A multistage explorative, descriptive and contextual design has been used

#### **1.5.1 Step 1: Women's experience and perspectives of postnatal care**

The study was undertaken at a specific hospital and some of the clinics under its supervision. The hospital is situated in the northern region of Lesotho. District has the total population of 294,516 whereby the hospital serves about 75% of the district population. The district has 25 health facilities, 1 filter clinic and 2 more minor hospitals. The clinics are approximately 12 kilometres away from the hospital. In the first step the interviews were conducted at the hospital's maternal child health clinic on the hospital premises and outside clinic.

- **Sampling**

The study sample was selected from women residing in a specific district in Lesotho who gave birth in a twelve months period between April 2012 and May 2013 and attended the postnatal clinic. Purposive sampling was used to select the mothers who would be most knowledgeable about the question that had to be answered.

- **Data collection**

The data was collected through individual semi-structured interviews by an experienced interviewer. The interviews were conducted in Sesotho language. Open ended questions were used to explore the experiences and perceptions of the women on postnatal care and their suggestions concerning improvement of postnatal care.

The interview questions asked were:

- *'Please tell me about your experiences while receiving postnatal care from the health care provider in the hospital, clinic and in the community?*
- *What are your suggestions regarding the care you received?*

- **Data analysis**

Transcribed interviews and field notes were analysed according to Creswell's (2009:185) method of analysis.

### **1.5.2 Step 2: Midwives perceptions of postnatal care and recommendations to improve it**

- **Sampling**

The midwives working in the relevant hospital and clinics, who were directly involved with the delivery of maternal health services, specifically postnatal care were selected.

All the available and willing midwives participated in the research study. The first focus group discussion was conducted at the hospital and the second was done at the filter clinic.

- **Data collection**

Explorative focus group discussions were conducted in Sesotho so that each participant could verbalize their perceptions. The discussions were audio- recorded after the participants provided consent.

- **Data analysis**

Transcribed interviews and field notes were analysed according to Creswell (2009:185) method of analysis.

### **1.5.3 Step 3: The reasons for women not attending postnatal care.**

- **Sampling**

The sample was composed of women who did not attend postnatal care at a clinic but brought their babies for well-baby clinic, who were willing to participate, gave birth within a 12 months period and were able to communicate well in Sesotho.

- **Data collection**

Semi-structured interviews were conducted at three health facilities.

- **Data analysis**

Transcribed interviews and field notes were analysed according to Creswell (2009:185) method of analysis.

## **1.6 RIGOUR**

In this research study, four criteria were met to achieve trustworthiness i.e. credibility, transferability, dependability, and conformability (Krefting, 1991:216). These will be discussed in chapter 2.

## **1.7 ETHICAL CONSIDERATIONS**

Burns and Grove (2009: 189) maintain that ethical considerations of the participant such as human rights should be adhered to.

The following ethical conditions were observed:

Before collecting data, permission was obtained from the Human Research Ethics Committee of the North-West University (Potchefstroom Campus) (see Appendix A). The director of Health services from the Ministry of Health in Lesotho also scrutinized the research proposal before giving the researcher permission to collect data at health facilities.

Participation was voluntary. Participants were informed of the right to withdraw anytime they wish to without penalty. The participant gave signed informed consent (see Appendix E). The researcher ensured confidentiality and only the researcher, supervisor, and interviewer had access to the tape recordings and field notes. The field notes and tapes are kept in a locked cabinet at the North-West University (Potchefstroom Campus) for a period of five years.

## **1.8 DISSERTATION STRUCTURE**

The dissertation will be structured in the following manner:

Chapter 1: Research overview

Chapter 2: Research methodology

Chapter 3: Findings and literature control

Chapter 4: Strategies to improve postnatal care in Lesotho

Chapter 5: Conclusions, limitations and recommendations

## **1.9 SUMMARY**

The chapter has given the overview of the study, the background and the problem statement. The purpose and objectives of the research were discussed, the paradigmatic perspectives which directed the study, the researcher's assumptions mentioned and the research design and method discussed. Rigor regarding data analysis was examined, ethical considerations discussed and lastly classification of the proposed research given.

Postnatal care services have an essential goal of ensuring healthy woman and baby. Women's physical and emotional health is checked as well as baby's health by midwives. Increasing number of women who do not attend postnatal care may pose a problem of increased morbidity and mortality of both women and their babies in Lesotho. Only twenty three per cent of women in Lesotho attend postnatal care during the first hours and days

after birth. This is an indication that postnatal care services are not utilised by all women, hence there is a need to devise strategies to improve postnatal care. Therefore, the objectives of the study were to explore the experiences and perspectives of the women regarding care provided at postnatal services, to explore the perspectives of midwives of ways to improve postnatal care and to explore and describe the reasons why some of the women did not attend postnatal care in a certain district in Lesotho. It is hoped that the findings of the study would assist the researcher to develop the strategies that will improve postnatal care in Lesotho.