

A QUALITATIVE STUDY OF POSTPARTUM CARE HINDRANCES EXPLAIN BY HEALTH CARE PROVIDERS IN PUNJAB, PAKISTAN

Uzma Ishfaq^{*1}, Dr Sana Ejaz², Dr Nazia Malik³

^{*1}PhD scholar, Department of sociology, Government College University Faisalabad, Punjab, Pakistan

²Assistant Professor, Department of sociology, Government College University Faisalabad, Punjab, Pakistan

³Associate Professor, Department of sociology, Government College University Faisalabad, Punjab, Pakistan

¹uzmaishfaq57@gmail.com

Corresponding Author: *

Uzma Ishfaq

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ABSTRACT

Postpartum care (PPC) is essential for the health and well-being of both mothers and newborns. Proper postpartum care reduces maternal and infant morbidity and mortality, ensures recovery, and promotes healthy family practices. Despite its importance, utilization of PPC is low in rural and socio-economically disadvantaged populations. The target population for detailed interview is healthcare providers (including doctors, midwives, nurses, LHV, and LHWs) were selected using purposive sampling. Interview guide was used for conducting in-depth interviews with healthcare providers. Thematic analysis was used. This approach was chosen because it allows for the identification and analysis of patterns within the data. The study concluded that postpartum care (PPC) utilization in rural vicinities of Punjab, Pakistan is influenced by multiple socio-economic, demographic, and cultural factors. The most significant hindrance to the effective utilization of PPC is the lack of knowledge and awareness regarding postpartum complications.

Keywords: Postpartum Care, Postpartum Mother, Health Care Provider, Hindrances

INTRODUCTION

The postpartum care phase begins at the birth of a baby and lasts for up to 42 days (Pritchett et al., 2025). The health of postpartum mothers is often regarded as a crucial indicator of societal health. Each year, approximately half a million postpartum mothers die due to complications before and after pregnancy (Abdella, 2010; Stars, 2006). Annually, approximately 600,000 mothers aged 15-49 years die due to pregnancy and postpartum complications. Ninety-nine percent of these deaths occur in developing countries, particularly in sub-Saharan Africa (Shakraki et al., 2005). Postpartum care is viewed as a vital health period in a mother's life, focusing on the care of

the mother following childbirth. The primary goal of postpartum care (PPC) is to improve health outcomes for both mothers and newborns, addressing both psychological and physiological health. PPC also aims to foster healthier relationships and create a supportive environment between mothers, their children, and their families. Additionally, PPC promotes breastfeeding, enhances mothers' knowledge, and increases their confidence in breastfeeding, all while reducing negative health outcomes. When mothers receive proper postpartum care, they are better equipped to perform their roles effectively (Beraki et al., 2020). Further, factors influencing

postpartum care utilization can be categorized broadly as: Social factors, Economic factors, Psychological/Mental factors, Demographic factors, Spousal education, Maternal age, Household income and High parity pregnancies. All these factors significantly impact the utilization of postpartum care services. Some studies have indicated that postpartum care is less utilized among mothers who are unqualified compared to those with higher qualifications. (DiBari et al., 2014).

PPC in Pakistan is very low compared to antenatal care. At the national level government of Pakistan arranged and held campaigns for the promotion of PPC utilization. Health care professionals or health care providers also put their efforts into the promotion of postpartum care through campaigns (Sultana & Shaikh, 2015).

LITERATURE REVIEW

Ariff et al. (2024) noted in their 2020 study that 2.4 million newborn fatalities occurred globally, with the death rate at 17 per 1,000 live births. This is a significant public health concern, particularly in Pakistan, where the neonatal death rate stands at 40 per 1,000 live births. Neonatal deaths could be prevented with adequate care. In rural Pakistan, 41% of mothers gave birth at home, and 37% were attended by unskilled birth attendants. Only 49% of mothers received postpartum care from skilled or trained healthcare providers. Furthermore, 74.9% of mothers faced challenges accessing health facilities. The research aimed to reduce prenatal and neonatal deaths in rural Pakistan, concluding that most deaths occurred during the first week of postpartum care (Tesfahun et al., 2014). Further, Egger et al. (2024) highlighted that, globally, most maternal deaths occur in the postpartum period, particularly in underdeveloped countries. They found that socio-cultural factors contribute significantly to low postpartum care utilization, especially in Ethiopia. The study revealed that cultural safety for women is often ignored by healthcare providers, leading to women avoiding healthcare centers for postpartum care.

In addition, Rahmati, (2024) highlighted that Afghanistan has a high maternal mortality ratio due to the non-utilization of postpartum care.

Despite efforts to improve maternal health, only 40% of women in Afghanistan receive postpartum care, while 56% do not attend checkups after childbirth. Factors associated with higher postpartum care utilization include higher education, access to health facilities, exposure to electronic media, maternal age, and antenatal care visits.

As well Hussain & Ahmed, (2023) found that postpartum depression (PPD) is a common issue in Pakistan. Many women experience PPD during their reproductive years, and it is often not recognized as a common health issue for mothers. Findings from the study suggested that:

- Increasing social support, especially from the husband, can decrease postpartum depression in women.
- A low level of social support was identified as a significant cause of PPD during postpartum care utilization.

Asim et al. (2021) reported that in Pakistan, the utilization and accessibility of healthcare services play a vital role in addressing pregnancy complications, labor, and the early postpartum/postnatal period. Further, Maheen et al. (2021) noted that between 1990 and 2013, 58% of maternal deaths occurred globally. Pakistan was among the top 10 countries contributing to these figures. In Pakistan, 60% of the population lives in rural areas with limited access to healthcare facilities due to inadequate transportation and low financial resources. Poverty, a poor healthcare system, and age were identified as major contributors to non-utilization of postpartum care (PPC) in remote areas. The study was conducted using a mixed-method design in Sindh, Pakistan. It concluded that females in rural Sindh, who are often uneducated, have limited knowledge regarding affordable healthcare services and cannot access postpartum care.

Moreover, Morgan et al. (2018) argued that socio-demographic factors and lack of knowledge about postpartum care are key contributors to non-utilization of PPC. These factors include maternal age, education, race, and ethnicity. Mothers who lack knowledge about postpartum care are less likely to seek and utilize postpartum healthcare services. The study emphasized that improving knowledge about PPC is crucial to addressing

disparities in care and ensuring better maternal health outcomes.

METHODOLOGY

In this section researcher provides details regarding the research design or methodology. Research methodology is a systematic process used to explore, analyze, and draw meaningful conclusions from the data related to a specific research topic. It provides the foundation for designing the study and selecting appropriate research instruments to achieve the objectives. The methodology encompasses key components such as research design, data collection methods, and data analysis techniques. Furthermore, it ensures the alignment of the research with ethical standards, validity, and the overall procedural framework (Sreekumar & Sreekumar, 2023). For this paper use qualitative research design and conduct case Studies through interview guide.

Research design

Case study phenomenon is an empirical design of study that investigates in-depth or detailed context of real world (Schlunegger et al., 2024). A case study based on detailed analysis or comprehensive information's of person, community etc. and study of factors that have relationship with environment and respondents (Flyvbjerg, 2011). A Case study not focus on control environment, focus natural environmental settings of participants. A case study must be base on specific problems. In this thesis a case study based on efficacy of postpartum care utilization in rural areas. Following questions ask to respondents during interview like:

- Challenges and Barriers to Health Care Provider & Receivers during Postpartum Care such as: (Social, Environmental, Institutional, Psychological Hindrances, Individual, Interpersonal, Financial/Resource, Geographic and Psychological hindrances).

Population & Sampling procedure

Multan, being one of the oldest cities in southern Punjab, is divided into four tehsils: Jalalpur Pirwala, Multan City, Multan Saddar, and Shujabad. For the purpose of this study, Multan **Tehsil** was selected as the study area. To gather diverse data, the study focused on different Basic Health Units (BHUs) from various union councils **in the region**. The target population for detailed interview is healthcare providers (including

doctors, midwives, nurses, LHVs, and LHWs) were selected using purposive sampling. In-depth case studies were conducted with these providers to gain insights into their perspectives on postpartum care delivery. These case studies were important due to the specific attributes and characteristics of the healthcare providers involved. This guide was designed to explore specific aspects of postpartum care delivery, such as care models, challenges faced, and perspectives on the efficacy of existing postpartum care interventions. The demographic profile of health care providers given below here based on interviewing questions.

Demographic profile of respondent

1. Age of Participant
2. Designation/Professional Title
3. Spoken Language
4. Working Experience
5. Monthly Income
6. Site of practice (Government or Private)?
7. Form of Employment (Part time or Permanent)

All of these 20 case studies collected by female health care providers. They fall in the age group of 22-46 years old. They are from different designation and have different working experiences such as LHVs, LHWs, Midwives, Doctors and Nurses. 17 health care provider has Government and permanent jobs expect 3.

Data analysis

Thematic analysis was used. This approach was chosen because it allows for the identification and analysis of patterns within the data. **Interview guide** was used for conducting in-depth interviews with healthcare providers. The analysis process followed several steps like: Transcription of Data, Coding of Transcribed Data, Creating a Codebook, Reviewing Themes, Making Thick Descriptions, and Deriving Theoretical Constructs.

Analysis

Challenges and Barriers to Health Care Providers & Receivers during Postpartum Care based on different themes. Details of these themes are as under.

Theme 1: Social Hindrances

a. Family Issues

- Conservative thinking: Postpartum mothers (PPMs) often face family resistance after delivery, limiting their postpartum visits.
- Household responsibilities: Mothers manage both domestic and fieldwork, leaving little time for self-care. Families prioritize baby care over mother's health. Senior mothers often de-motivate younger mothers from postpartum checkups, citing their own experience of having 8-10 children without complications.
- Guest and social obligations: Families occupied with visitors' neglect mother's care post-delivery.
- Lack of male or husband support: Spouse and male family members often absent, leaving mothers isolated. Through this study highlighted a mother denied spouse support and in-laws were non-cooperative. Indonesia promotes spouse involvement in postpartum health care and claimed it has impact on the wellbeing of mothers (Pebryatie et al., 2022).
- Some challenges reported for mothers from Baluchistan like Parda. Moreover, respondents reported that without family support mothers did not deliver their babies in private hospitals. If their families were not supportive then postpartum mothers not afford their private hospital expenses. One of respondent also stated that in respondent area family issues were not found, just 10/100 mothers had family issues. Another health care provider said modern generations blamed to their families while their families showed love and affection to the mother during her hospital stay.

b. Child marriages: Rural girls married at 16-17 face increased postpartum complications. Best age for marriage and childbearing: 22-24.

c. Gender Discrimination (Preference for Baby Boy)

Families prioritize male child birth over mother's postpartum care. They do not give preference to family planning for the mother's postpartum care. During postpartum care families not gave value to mother health nor appreciate her for complex

experience of baby birth. While mothers need more care during the postpartum phase and mothers face increased risks due to:

- Immunity deficiency
- Physical weakness
- Household and child-rearing responsibilities

d. Access to Primary Health Care

- Rural mothers often lack access due to family restrictions.
- Educated mothers are more autonomous in health decisions. According to health care provider mothers had hospital access for birth and postpartum care.

e. Language Barriers

All health care provider face minimal issues due to provider trainings and use of gestures or translators expect one health care provider.

f. Health Insurance Awareness

- Limited awareness; mistrust in policies.
- Positive examples: Sehat Sahulat Card, Benazir Income Support Program
- reported 6-8% mothers might take health insurance.

Theme 2: Environmental Hindrances

a. Limited Child Care

Mothers with multiple children struggle to attend postpartum visits. After the first baby mothers would come back at least for 1 time after 2nd or 3rd baby they did not come to the hospital again for checkups. Rich/middle-class families often have domestic help; poor families lack support Rich people have 1-2 children and in their homes maid was available for their care; they did not have issues regarding childcare.

b. Unstable Housing

Poor living conditions (huts, broken families, intimate partner violence) restrict access to postpartum care. IPV is a worldwide public health concern that causes physical, mental as well as sexual harm. It also can cause serious mental health problem among victims like depression. Ethiopian study showed (IPV) prevalence in

pregnant mothers was 28.74 percent, in central Ethiopia; it was 31.4 percent of postpartum IPV (Kebede et al., 2022). The impact of conflict on PPMs shows unique challenges that extend beyond the typical adaptations in Postpartum. Conflict creates a stressed environment in family, insecurity and serious trauma that can be influence mothers experiences during the postpartum phase (Mor et al., 2025).

Theme 3: Institutional Hindrances

a. Training on Women's Health

Health care providers trained at hospitals, BHUs, NGOs, WHO, and through senior staff. Training Focus areas based on breastfeeding, postpartum family planning and emergency care. Breastfeeding is important for baby growth as well as for natural family planning. Through breastfeeding, most of the postpartum mothers experience natural family planning for 3 -6 months and some have experience of 1-2 years due to breastfed.

All health care providers get training about delivery except LHW. She gets training on how to deal with emergency situations. LHW get training on vaccinations. LHW would not get proper training on postpartum care from any organizations/departments.

b. Availability of Primary Health Care Providers

- Limited staff at BHUs; overburdened gynecologists and LHWs and rural BHUs lacked 24-hour staff.
- Primary health care providers available at hospital level but crowded public hospitals like Nishtar struggled with patient management. Primary health care providers face multiple challenges during postpartum period that has an effect on health care system and mother health. Different challenges not provide social support to mother and seen insufficient communication between health care provider and receivers (Davis et al., 2025).
- LHWs often provide field-based support, while LHV handle postpartum counseling and hospital referrals.
- At BHU level female doctor staff required.

c. Appointment Scheduling & Difficulties

Health care providers manage counseling 15-20 minutes per mother; shorter if mother is educated. The counselling purpose was to inform mothers about medical needs and attention in case of postpartum complications and how mothers can prevent them at home through self-care. Postpartum issues like over bleeding, placenta issues, and baby health issues occurred during the postpartum phase. In case of an emergency not stay at home and come to the hospital/BHU for their treatment. Staff shortages and multiple duties prevent structured schedules.

d. Non-clinical Tasks & Lack of Continuity

- Extra duties: maintaining registers, data entry, and vaccination documentation.
- Limited staff delays postpartum care; C-section interventions often unavailable at BHU.

Theme 4: Individual & Interpersonal Hindrances

a. Women's Decision-Making & Spouse Support

Spouse support is critical for mother's confidence and postpartum recovery. Lack of support leads to dependence on family; rural mothers often lack autonomy. According to some health care providers counseling extended to family members if mothers uneducated. Spouse involvement and support during postpartum phase play a key role for improving mother and newborn health. Spouse emotional support participating as a safeguard and spouse involvement help to wives in PPD (Gesisa et al., 2024).

b. Partners' Understanding & Communication Gap

Modern couples more aware as compared to past generations; fewer communication gaps reported by health care provider.. Otherwise according to all cases postpartum mothers face these issues.

c. Mother's Importance During & After Pregnancy

In the past mother had no value in either phase but now women have value as compared to the past during delivery but not after delivery. People personally give importance to women during pregnancy not after pregnancy. Mothers valued

more during first pregnancy than subsequent ones. Mothers have 20-25% importance to families during postpartum care. In addition, postpartum importance's varies with family education and awareness.

d. Poor Diet & Lifestyle

Low-income mothers cannot afford nutritious diets, leading to anemia and breastfeeding issues. In addition, young mothers may avoid traditional nutritious foods for appearance, increasing postpartum complications.

e. Unawareness of Postpartum Complications

Ignorance of symptomless issues (e.g., fever, weakness) delays care, worsening health outcomes. Health care providers especially LHW provide awareness to encourage timely checkups.

f. Mother Qualification & Health Literacy

Education plays an important role in a mother's life in every aspect of life while in rural areas mothers do not have higher education but in contrast, her spouse has a higher level of qualification in modern times. Educated mothers more empowered; uneducated mothers gain awareness over time via experience or social media.

g. C-section Preferences & Postpartum Complications

Advanced mothers prefer C-section; unaware of prolonged recovery and risks with rapid subsequent pregnancies.

Theme 5: Financial/Resource & Geographic Hindrances

a. Economic Issues

Poor mothers cannot afford nutrition or postpartum visits. Due to husbands labour work they cannot afford postpartum expenses. Health care providers reported BISP provides partial support; financial strain remains for low-income families but BISP not overcome the inflammation. Further, health care provider said the mother had no economic issues, who came to a private hospital. According to case 19, poor people had money and they saved it. She did not agree that poor people had no money.

b. Transportation Issues

In demographic issues, people face transportation and infrastructure issues. Rural mothers face limited public transport and long travel distances (>2 hours to hospitals).

- Case No. 5: some local transport options available, but public services limited.

Theme 6: Psychological Hindrances

a. Trust in Health Care Providers

- Positive provider behavior fosters trust and repeat postpartum visits.
- Rural LHWs gain mothers' trust by treating them like family.

b. Mother's Empowerment for Self-Care

Motivation and counseling by senior mothers and health care providers empower mothers. Health empowerment of women is important and with healthcare providers' behaviour postpartum complications ratio can be overcome. In reality, it would be increased. It's meant mother is not empowered.

c. Soci-o-psychological Impact

Lack of support results in mental health issues: anxiety, depression, sleep disturbances. Around 80% of PPMs skip postpartum visits after delivery. Comparative studies (Yakubu et al., 2025) indicate financial, social, cultural, transport and traditional factors hinder postpartum care in Nigeria and similar contexts.

Discussion

The present study is based on 20 real-life qualitative case studies collected from front-line maternal health care providers in rural vicinities of district Multan, in present study including LHWs, midwives, nurses, LHV's and doctors. These all cases of respondents provide first-hand insights into the utilization as well as non-utilization of PPC among rural vicinities postpartum mothers and deeply explore the Soci-o-economic, cultural, mental health problems and barrier that was related with health care system, that have an effect on PPMs health-seeking behaviour after delivery. Postpartum-depression plays a role during in both condition of PPC like in Physical and mental, In

Physical context biological changes in mother have occurred due to depression like: hormonal changes due to stress (change in hypo-thalamic, change pituitary and adrenal gland and create dysfunction or dysregulation). Due to change in hormonal system produce depression in PPMs. In the context of mental health issues mothers feel PPD due to economic and social problem after delivery. Mother's health is important in both conditions not matter it's physical or mental (Cárdenas et al., 2025). These twenty diverse case studies collectively provide rich empirical evidence that postpartum care utilization is not a single-variable issue but interplay of awareness, access, support, model structure, and socio-cultural power relations. The insights gathered are not only diagnostic but transformational, as they highlight clear patterns that can guide policy reforms, community-based interventions, gender-sensitive strategies, and technology-enabled solutions for improving PPC coverage in rural Pakistan.

CONCLUSION

The study revealed that healthcare providers in rural areas were often unaware of the proper number of postpartum visits required and did not emphasize the importance of follow-up care. This lack of provider knowledge, coupled with insufficient staff at Basic Health Units (BHUs), contributed to the low rates of postpartum checkups. Furthermore, healthcare providers' negligence or poor attitude toward postpartum care led to further disengagement from healthcare services. Postpartum care utilization in rural areas is hindered by several factors, including lack of awareness, financial constraints, transportation issues, and poor healthcare provider engagement. Addressing these barriers requires increased education and awareness for both mothers and healthcare providers, as well as improvements in healthcare infrastructure and family support systems. On a positive note, the study highlighted the importance of breastfeeding, which was widely practiced by mothers in rural areas. The role of Lady Health Workers (LHWs) in promoting breastfeeding was particularly appreciated, and exclusive breastfeeding was found to act as a natural contraceptive method, helping to prevent subsequent pregnancies.

Recommendations

- Ensure that hospitals and BHUs provide essential postpartum care treatments, such as anti-depression therapy for postpartum depression, as this is often overlooked.
- Government should introduce programs to improve the behavior and attitudes of healthcare providers towards patients.
- Hire skilled and trained healthcare providers, including midwives, LHVs, LHWs, and nurses, to ensure maternal satisfaction and improved care delivery.
- Enhance the efforts of home-based and community healthcare providers, focusing on midwife-led and community-based postpartum care models.
- The study recommends the implementation of community-based postpartum care models, better training for healthcare providers, and greater emphasis on postpartum health education to reduce maternal morbidities and mortalities in rural vicinities.

Limitations

- **Healthcare Provider Availability:** Interviews with healthcare providers were delayed due to crowded health centers and the high patient load.
- **Transportation Issues:** The lack of public transportation and infrastructure made it difficult to access remote areas.
- **Ethical Challenges:** Gaining informed consent was challenging as many participants were unaware of the research process. To address this, the researcher made sure to fully explain the purpose of the research and build trust with the participants.

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