

Midwifery in the Postnatal Period: A Systematic Review of the Literature

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Μαιευτική την Περίοδο της Λοχείας: Συστηματική Ανασκόπηση της Βιβλιογραφίας

Περίληψη στο τέλος του άρθρου

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Introduction: The time after birth is a critical period for a woman and her baby, which is frequently not given as much attention as during pregnancy and labour. **Aim:** This systematic review aims to present the contemporary parameters of midwifery care in the postnatal period. **Method:** The review was performed based on PRISMA methodology. Six hundred seventy eight publications were identified in the electronic scientific databases, Pubmed, Cochrane Library, BioMed Central and Google Scholar using the following keywords: “Midwifery Care”, “Postpartum Care”, “Postnatal Care”, “Community Midwifery”, “Health Promotion”, “Women’s Views”. No time limit set for the search, which was completed in 2016. Articles’ inclusion criteria were English language and relevance after content analysis. Duplicate records were removed; the remaining database was screened and checked for eligibility. In total 355 articles were included after content analysis and the categorized key findings are presented. **Results:** There is consistent research evidence indicating that the policy of early postnatal discharge combined with home midwifery support reduces costs and in some cases improves the satisfaction, health and wellbeing of both mother and neonate. Individualised postnatal care planning is considered as optimal when includes approximately weekly visits for around five weeks providing women with adequate guidance regarding the newborn care, parenting advice, enhancement of mother’s social support networks, and promotion of exclusive breastfeeding. Having a healthy diet, exercise and postpartum weight management are widely reported as very important parameters and it seems that they contribute to the reduction of postnatal depression. Use of technology including text messages, e-mails, phone calls, social networks (e.g. facebook) and console games (e.g. Wii fit plus), may be useful in some cases to help promote healthy eating behaviours, im-

proving social support and physical activity. However, personal contact for providing health information is by far the most effective means of communication. **Conclusion:** Continuity of midwifery-led care at home is beneficial as it provides a multi-disciplinary network of consultation and referral with other care providers.

Key-words: *Midwifery care, postnatal period, postpartum care, systematic review.*

Introduction

The postnatal period is the period commencing immediately after the birth of the baby and has duration of 40 days. During this period, the woman recovers from the changes and stresses her body went through during pregnancy and delivery, facilitating the restoration of the non-pregnant state. The new mother tries to understand and adopt to her new role for the care and nurture of her baby. Both parents experience a period of transition to the new family life. The physiological adaptations of the postpartum period include the recovery from birth, the healing of the episiotomy or the caesarean section wound, the lochia and the establishment of lactation for the mothers who choose to breast feed their babies.¹ During the postpartum period new mothers may have to deal with a variety of emotions varying from love and happiness to panic, guilt, fear or depression. The health care team should focus on promoting the physical and emotional health of the mother, her infant and the new family.¹⁻³ They should identify promptly and take appropriate action if there is deviation from normal physiological or psychological adaptation. Moreover, they should support and strengthen the new mother's and new father's confidence and facilitate their transition to parenting role and provide information and guidance concerning adequate care and feeding of the newborn.^{4,5}

Sadly, postnatal care is frequently not given as much attention as pregnancy and labour.⁶⁻⁹ During the postnatal period some women express dissatisfaction from the provided health care.¹⁰⁻¹³ Brown et al,¹⁰ in Australia, stated that soon after labour, the new mothers rated poorly the provided care from midwives and they complained about the limited time they spent for their care and attributed it to a lack of sensitivity to their real needs. In addition they stated that after hospital discharge they felt that they did not have enough information and knowledge concerning their baby care. Rudman and Waldenström¹¹ investigated women's negative views related to

the provided postnatal care from a hospital in Sweden. The patients reported lack of patient-centered care and were dissatisfied with the provided assistance concerning breastfeeding. Razurel et al¹² found that the women in Switzerland felt that the education they received during pregnancy did not help them when problems and concerns arose in the postnatal period. The women expressed their need to have additional help and support during the postnatal period from specialised health care professionals. Another study from Vancouver, Canada by Smith,¹³ found that the time the women spent in the postnatal ward did not prepare them adequately for the first weeks with their baby at home.

However, despite the growing mothers' dissatisfaction from the postnatal care they receive,¹⁰⁻¹³ there is a limited number of studies during the postnatal period compared to pregnancy and labour.¹⁴ Therefore, there is a clear need for an insight in the many diverse aspects during the postnatal period in order to reveal the pragmatic needs that both the newborn and family have to deal with.

Aim

This systematic review aims to critically analyse the different methods of postnatal midwifery care, and to present the current best practice of providing care to women during the postpartum period.

Material and Method

A systematic literature review and qualitative meta-synthesis was conducted using the PRISMA methodology¹⁵ to determine the best practice for providing care to women in the postnatal period. To reduce personal bias, the first two authors worked as a team, cross checking and discussing each stage of the review and meta-synthesis; the third author supervised the procedure. A review protocol was initially developed in order to guide the review through the whole process. A systematic search was conducted using the leading medical journal

databases Pubmed/Medline, the Cochrane library and BioMed Central. Google Scholar was also used and found to be a useful research tool. Other databases were also checked including ASSIA (Applied Social Sciences Index and Abstracts) and psycinfo (American Psychological Association), but these were found to have no additional relevant results so are not reported further. Only articles in English (or translated to English) were used; no limits were placed on the publication date of the papers, the search was completed in 2016. Risk of bias of individual studies was minimised by using a large number of studies and ensuring no single study was used for more than one paragraph of this paper.

After trialling a number of search terms, a set of seven related to midwifery, health promotion and the postnatal period were used, these are listed in table 1 with the number of articles found for each search term. Searches were predominantly restricted to the title or abstract of the article to reduce the results to manageable numbers and to ensure only the most relevant articles were found. The title of each paper was screened and papers that were not directly relevant were excluded. The articles were then reviewed in more detail (content analysis) and opinion papers or proposals for new studies with no direct link to

primary research were removed; this left a database of 355 papers, for qualitative metasynthesis which is described in the following sections (figure 1).

Qualitative Metasynthesis - Identification of Main Themes

The 355 papers were reviewed and the main themes related to providing care to women in the postnatal period were identified. The main topic of each of the papers was identified and used to place the paper into the appropriate theme category. The categories and number-percentages of associated papers per category are presented in figure 2.

Qualitative metasynthesis was performed by grouping all articles with common themes, extracting their key conclusions, interpreting and summarising these in the sections below. Many references have been removed, leaving only key primary references, in order to reduce the number of references. The conclusions from papers describing systematic reviews were included in a similar way to the conclusions from other papers. Articles with differing conclusions were reported as such. The quality of the papers was assessed and more weight/prominence was given to higher quality studies e.g. randomized con-

Table 1. Number of Articles from Each Database for Each Search Term

Key words (two used 1 & 2)	Pubmed/ Medline	Cochrane	BioMed	Google Scholar		Duplicates	Total
				All text	Title		
1. Midwifery Care 2. Postnatal	42	26	4	5650	12	15	84-15=69
1. Midwifery Care 2. Postpartum	46	30	8	5820	10	18	94-18=76
1. Community midwifery 2. Postnatal	5	5	1	1050	2	4	13-4=9
1. Community midwifery 2. Postpartum	3	3	0	1030	0	1	6-1=5
1. Health Promotion 2. Postnatal	46	103	22	24700	2	17	173-17=156
1. Health Promotion 2. Postpartum	64	142	24	24600	16	18	246-18=228
1. Women's views 2. Postnatal care	34*	14	3	452	11	10	62-10=52
Number of duplicates	22	81	5	-	2	193 (all combined)	
Total	240-22=218	323-81=242	62-5=57	-	53-2=51		678-193=485

Medical databases searched for just Title & Abstract except those marked with * where the search was made on all fields

ΣΥΣΤΗΜΑΤΙΚΗ ΑΝΑΣΚΟΠΗΣΗ - SYSTEMATIC REVIEW

MIDWIFERY & POSTNATAL PERIOD

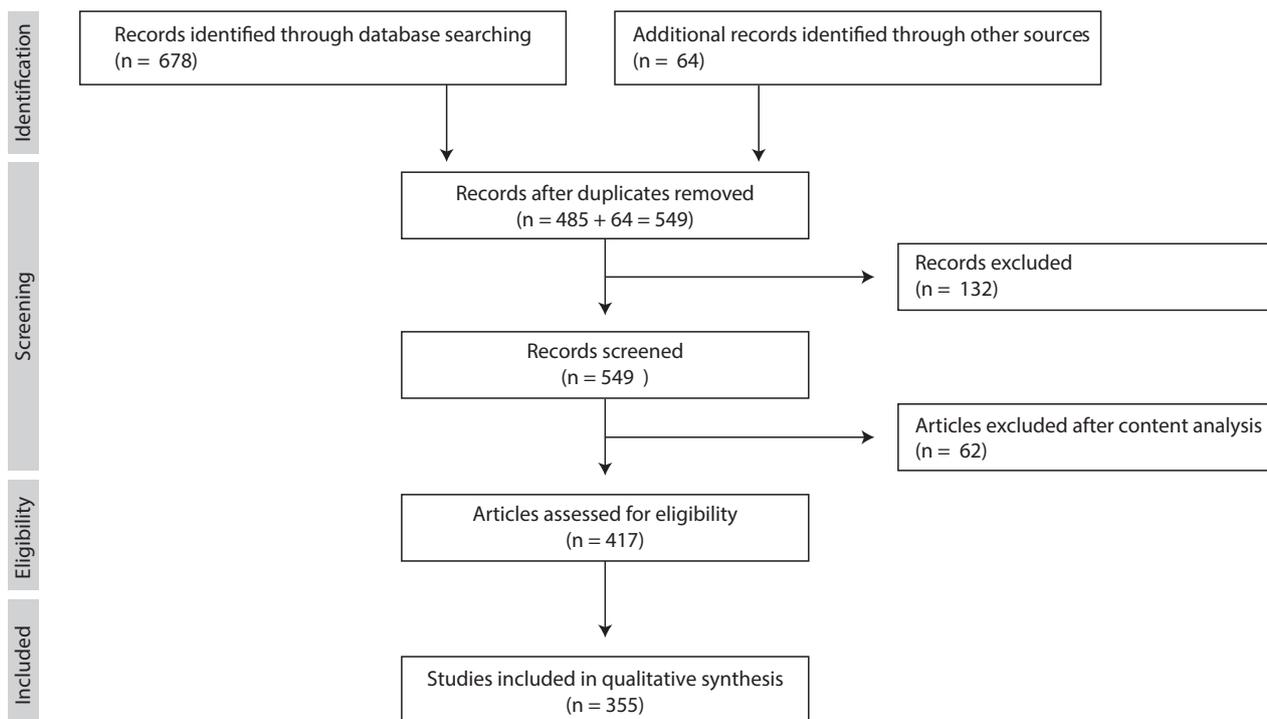


Figure 1. PRISMA (Moher et al 2009). Flow diagram showing the methodology and papers reviewed at each stage.

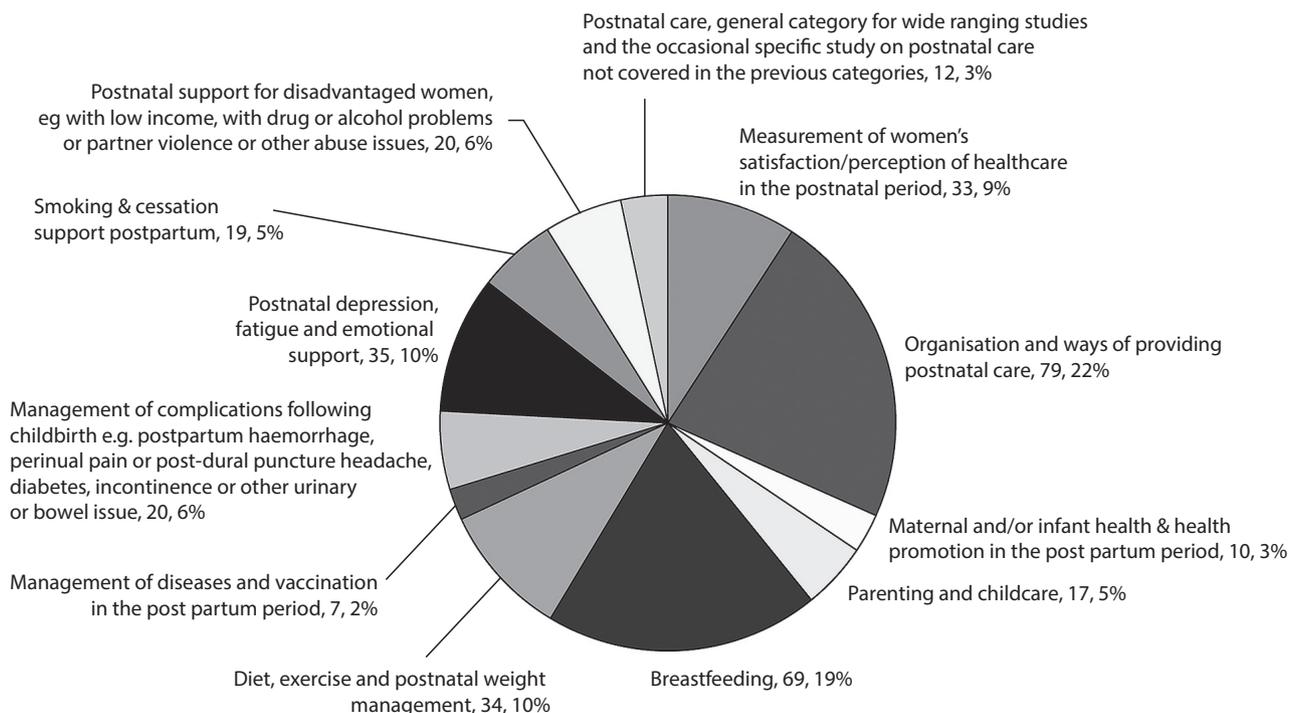


Figure 2. Number and percentages of associated papers reviewed per category.

trol trials and those with a larger number of participants. Recommendations for best practice in the postpartum care were highlighted for each theme.

Results

The following sections summarise the main findings from the papers in each of the main thematic categories.

Measurement of women's satisfaction/perception of healthcare in the postnatal period

There is a great number of measurement tools available for the evaluation of women's satisfaction or/and perceptions in reference to the postnatal period. These include:

- WOMen's views of Birth Postnatal Satisfaction Questionnaire¹⁶ (WOMBPN SQ)
- The Mother-Generated Index (MGI)¹⁷
- Postnatal Morbidity Index (PNMI)¹⁸
- The Edinburgh Postnatal Depression Scale (EPDS)¹⁹
- Postnatal version of the Maternal Adjustment and Maternal Attitudes (MAMA) scale²⁰
- Cohen perceived stress scale (PSS)²¹

Several studies have used these tools in different countries and in different settings. We summarised in the following paragraphs the key findings from the implementation of these tools:

- Women often state lack of information and knowledge concerning the postpartum care^{22,23}
- There is frequently a lack of continuity or an absence of adequate care in the postpartum period^{22,23}
- Postnatal home visits are generally valued as important by women,²³ although a number of women would prefer a longer hospital stay with less or no postnatal home visits²⁴
- There was stated a noticeable lack or inconsistent advice regarding breastfeeding, both in relevance to the importance for the infant or the appropriate technique²³
- Women often report that they are less satisfied with their postnatal care compared with the other stages of pregnancy and childbirth²⁵
- There is a need for flexibility in postnatal care that acknowledges both women's and infants' individual needs, along with fathers' and siblings' needs, in the frames of family centred care, in order to adequately support family to adopt^{11,26}

- Advice given to each parent relating to their own self-needs and role in the postpartum period is usually the most valued guidance²⁷
- Mother's evaluation and care of immediate somatic/physical needs during the postnatal period, such as relief from the pain, need for mobilisation, are of great importance in the hospital, birth center, or home setting, particularly during the first week after birth²⁷
- Maternal postpartum morbidity is extensive and commonly under-recognised. Measures to reduce and alleviate it must be sought.²⁸

Organisation and Ways of Providing Postnatal Care

There are five sub-themes that cover the different organizational aspects of postnatal care in the research literature. These are:

- Postnatal Care at Home vs at Hospital
- Type of Postnatal Care
- Doctor Led or Midwifery Led Care & Caseload Midwifery
- Use of Technology
- Availability and Provision of Postnatal Care.

Postnatal Care at Home vs Hospital

There is an increasing trend in Northern European Countries including the UK²⁹ and Switzerland³⁰ to provide postnatal care at home rather than at the hospital. A policy of early postnatal discharge combined with home midwifery support significantly reduces costs without compromising the health and wellbeing of the mother and infant.³⁰ Blöchlinger et al³⁰ found that mothers were relying on their relationship with the midwife and characterised it as an important support. Moreover, they were much more satisfied if the midwife perceived their needs, respected their autonomy and spent satisfactory time to care for them.

Type of Postnatal Care

Forster et al³¹ found that women were very positive about individualised postnatal care planning that was commenced during pregnancy. Since, the hospital stay may be impacted by several clinical factors, it is recommended that individualised care planning needs to be re-evaluated during the postnatal period to take into account circumstances which cannot be planned for during pregnancy. This finding supports England's National Institute for Health and Care Excellence (NICE) recommendation that "The woman and baby's individualised postnatal care plan is reviewed and documented at each postnatal

contact³² Christie & Bunting³³ have reported that while many factors remain unchanged, women having weekly visits have a lower risk of depression (as measured by EPDS¹⁹) than those that have one visit after 7 to 8 weeks postpartum. Fryer & Weaver³⁴ reviewed the literature and found that many research papers recommend that all women should be given the opportunity to discuss their birth experience postnatally with a midwife. They found that the majority of women want to talk about their birth experience and, given the opportunity to do so, report positively on it.³⁴

Doctor Led or Midwifery Led Care & Caseload Midwifery

Many studies compare midwifery-led care with medical-led care.^{35,36} Midwife-led continuity models aim to support women to experience a healthy pregnancy and birth, and provide care from a known and trusted midwife during the pregnancy, birth and early parenting journey.³⁵ Midwife-led continuity of care is provided in a multi-disciplinary network of consultation and referral with other care providers.³⁵ This contrasts with medical-led models of care where an obstetrician or family physician is primarily responsible for care.³⁵ In shared-care models, responsibility is shared between different healthcare professionals.³⁷ Midwife-led continuity models of care could be applied widely.^{35,36} However, caution should be exercised in applying this advice to women with substantial medical or obstetric complications.³⁵⁻³⁷ A number of studies³⁸⁻⁴⁰ report that midwife-led practice is advantageous offering midwives:

- Opportunity for self-development
- Enhanced co-operation with other health professionals
- The opportunity to discuss problems with colleagues and admit doubts without feeling censured or threatened
- A close relationship with the women. Consequently, women feel more able to discuss their concerns with them improving the quality of care and safety.

It is supported that midwife-led care could improve women's mental health and reduce probable depression at 4 months' postpartum.⁴¹

Use of Technology

Poorman et al⁴² stated that text for baby messages could be appropriate for women with low health literacy levels, especially since this population has higher prevalence of targeted unhealthy behaviours. Despite some encouraging findings, Lavender et al⁴³ concluded

that there is insufficient evidence to recommend routine telephone support for women accessing maternity services, as the evidence from trials is neither strong nor consistent. On contrary, several benefits such as reduced depression scores, longer breastfeeding duration and increased overall satisfaction were reported.⁴³ However these findings do not provide strong enough evidence to warrant investment in resources.⁴³

Availability and Provision of Postnatal Care

The availability and the degree of women's use of postnatal care services vary considerably between countries.⁴⁴⁻⁴⁶ For example Khanal et al⁴⁴ found that the majority of women in Nepal did not attend postnatal care. Cost and the lack of knowledge of the availability of postnatal care were found to be factors reducing the attendance of postnatal care in Indonesia.⁴⁵

Kirkwood et al⁴⁶ showed that postnatal home visits reduce the neonatal mortality rate in sub-Saharan Africa and in south Asia. World Health Organization (WHO) guidelines recommend intensive postnatal care for at least the first 24 hours and then a home visit in the first week after birth.⁴⁷ NICE suggests a wider approach than WHO, by recommending that women should have individualised postnatal care plan which is reviewed and documented at each postnatal contact.³²

Maternal and/or infant health & health promotion in the post partum period

Lassi & Bhutta⁴⁸ found evidence that community-based intervention packages reduce morbidity for women, mortality and morbidity for babies, and improve care-related outcomes particularly in low- and middle-income countries. Therefore, a systemic follow-up health care program is beneficial on health promotion and risk reduction.

Parenting and childcare

There are many studies on the level of support for first time mothers.⁴⁹⁻⁵¹ Barlow et al⁴⁹ reported an increase in mother and baby interactions and an increase in baby responsiveness to the mother when parenting guidance is provided to teenage mothers. Additionally, Leahy-Warren⁵⁰ found that women get support from their social support networks to varying degrees, depending on individualised characteristics, as well as professional support provided by hospital staff. Moreover, Ngai et al⁵¹ found that maternal role in Chinese mothers is determined by the provision of information regarding infant's care, their

experiences from the initial infant care, the level of their social support and the consistency of prenatal and postnatal information.

Breastfeeding

Breastfeeding is one of the most widely reported subjects in papers on postnatal care. Breastfeeding is widely acknowledged to be the best way of feeding the baby and there are a variety of techniques to increase the amount of breastfeeding presented in the literature.⁵²⁻⁵⁴ For example, Kramer et al⁵² in PROBIT Study Group (Promotion of Breastfeeding Intervention Trial), found that their intervention increased the duration and degree (exclusivity) of breastfeeding and decreased the risk of gastrointestinal tract infection and atopic eczema in the first year of life. The conclusion that increasing exclusive breastfeeding reduces the chance of diarrhea is also shared by a study in Mexican women by Morrow and Guerrero⁵³ who also supported that an increase in the visits (and guidance) to women during pregnancy and early post partum period significantly increases the frequency of exclusive breastfeeding. Bailey and Pain⁵⁴ have discussed some of the findings of an exploratory qualitative research study of infant feeding decisions in England where health professionals are actively seeking to increase local breastfeeding initiation and duration rates. Their findings suggest that health promotion initiatives can be effective across all social groups, and indicated that (i) a socio-cultural understanding of the groups' access to and interpretation of pre- and postnatal formal breastfeeding support health services, and (ii) mothers' informal support networks impact on their access to, interpretation and use of formal breastfeeding support.

Racine et al⁵⁵ conducted in-depth interviews with 44 low-income breastfeeding women and found that women fell into 3 groups: intrinsically motivated, extrinsically motivated, and successfully experienced with both intrinsic and extrinsic motivation. Successfully experienced women were most likely to breastfeed up to 6 months. Intrinsically motivated women valued breastfeeding but often required information and instruction to reach breastfeeding goals. Extrinsically motivated women were least likely to continue breastfeeding even with support and instruction. They suggest that providers should primarily screen women to determine their experience and motivation and then tailor interventions accordingly. Research findings show that is important to help mothers to view breast feeding as the norm, creating an environment where breast feeding is accepted, providing professional

and peer support, and encouraging the mother to continue breast feeding.⁵⁵

The most successful interventions for increasing breastfeeding ratio or exclusive breastfeeding are usually those conducted in the postnatal period and repeated over a long period of time.⁵³⁻⁵⁵

Diet, exercise and postnatal weight management

The importance of having a healthy diet, exercise and postpartum weight is widely recommended.⁵⁶⁻⁵⁸ For example, Puhkala et al⁵⁶ reported that a postpartum weight retention of 3.4 kg or more increases Oxidized LDL lipids, which are associated with lifestyle diseases such as cardiovascular diseases, metabolic syndrome and type 2 diabetes. Moreover, retained postpartum weight had negatively affected self-esteem and family functioning.⁵⁶

Hagberg et al⁵⁷ reported several studies including education programs that were promoting exercise and/or healthy diet. There was found a positive effect of such programs on the overall health of the participating women. Keller et al⁵⁸ have tested a social support intervention and found that social support from family and friends can be used to increase aerobic physical activity which results in decrease in the body fat.

The use of technology to encourage exercise and weight loss is another popular topic of research.⁵⁹ Triplette et al⁵⁹ investigated the provision of Nintendo Wii consoles with the game Wii Fit Plus and found Playing time data suggested no conflict with baby care activities and the games promoted physical activity, induced a reduction of energy intake, and subsequently minimized weight retention.

Management of diseases and vaccination in the postpartum period

Several researchers studied the management of diseases and vaccination practices in the post partum period.⁶⁰ Saeterdal et al⁶⁰ in their article referred to specific interventions informing and/or educating community members about early childhood vaccination. They concluded that there is limited evidence that these interventions improve attitudes towards vaccination and increase vaccination. Moreover, they commented that these interventions are more beneficial when they are referring to areas or groups that have low vaccination rates.

Ward et al⁶¹ have investigated infection of the surgical site following caesarean section and found five risk factors that were significantly associated with the develop-

ment of a surgical site infection: body mass index, age, blood loss, method of wound closure and emergency procedures. Their results suggest that caesarean section is associated with higher rates of infections and increased morbidity. Moreover, they commented that this finding would have been considerably underestimated without post-discharge monitoring.

Management of complications following childbirth

There are several studies on the management of complications following childbirth.⁶²⁻⁶⁵ One common issue is urinary incontinence which also features extensively in the research literature.^{62,64} Hay-Smith et al⁶² found that pelvic muscle exercise during pregnancy and after birth can reduce its incidence.

Another problem frequently reported in the literature is perineal trauma and pain.^{63,64} Way⁶³ revealed that women are "striving for normality", they want to be able to do normal things and get back to their everyday activities soon after the birth of their baby. A high proportion of women experience a variety of symptoms (perineal oedema, bruising and pain) after an instrumental delivery, which may be present for at least five days, despite oral analgesia. They also found that maternity gel pads, which were specially designed to cool the perineal region, were more effective in alleviating perineal trauma pain when compared with hospital standard regimens. Herron-Marx et al⁶⁴ studied women's experience of postnatal perineal and pelvic floor morbidity and stated that the postnatal recovery period is longer than the presumed 6 weeks.

Women who experienced gestational diabetes mellitus (GDM) are of high risk of developing type 2 diabetes.⁶⁵ Mielke et al⁶⁵ found that multiple patient/clinician reminders for women with prior GDM are necessary for effective screening in the postpartum period. Therefore, monitoring of metabolic (glucose) and cardiovascular risk (lipids, blood pressure, adiposity) should be performed at regular intervals.

Postnatal depression, fatigue and emotional support

Postnatal depression is the third most widely reported subject in the reviewed studies. The incidence of postnatal depression has been reported as 13–15% by O'Hara and Swain,⁶⁶ 21% by Gavin et al,⁶⁷ 23% by Marks⁶⁸ and 9% by Evans et al.⁶⁹ Even from '90s, Murray & Lopez,⁷⁰ used data from the World Health Organisation to illustrate that depression was going to become an increasingly criti-

cal feature in the future health care. They indicated that there will be a rise from the 4th in 1990 to the second leading cause of premature death and morbidity by 2020. O'Connor et al⁷¹ reported that screening pregnant and postpartum women for depression may reduce depressive symptoms in women with depression and reduce the prevalence of depression in this population.

There are many different ways of measuring depression and stress. For example, Yelland et al⁷² have used the Depression Anxiety Stress Scale (DASS) to measure depression in postnatal women. Razurel et al¹² have validated the postnatal perceived stress inventory (PNPSI) in a French speaking population of primiparous women and found it is a useful tool for predicting depression. However, the most widely used measure for the assessment of postnatal depression is the Edinburgh Postnatal Depression Scale (EPDS) developed by Cox et al¹⁹ which is simple to its use and effective. In literature there is evidence that a combination of midwives' training on depression symptoms assessment along with the use of EPDS can lead to a significant improvement in the early detection of postnatal depression.⁷³

NICE recommends⁷⁴ the identification of depression by asking the following questions. In case of positive answers, further assessment and referral to a GP or mental health practitioner is strongly recommended:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?

Moreover, NICE⁷⁴ recommends a range of solutions for postnatal depression including individual guided self-help programmes based on the principles of Cognitive Behavioural Therapy and behavioural activation and problem-solving techniques.

The importance of social support on reducing postnatal depression was also reviewed.^{50,12} Leahy-Warren et al⁵⁰ studied first-time mothers and found significant relationships between lack of social support and postnatal depression. Razurel et al¹² studied stressful events and coping strategies of postpartum women. They found that women preferred to be accompanied and counselled when problems arose.

Several authors have investigated if exercise can be used as a tool for reducing postnatal depression.^{41,75} The findings are mixed with the studies of some including Daley et al⁴¹ showing that exercise is beneficial whilst those of others including Mohammadi et al⁷⁵ finding no reduction of depression.

Smoking & cessation support postpartum

There is a number of articles reporting ways to assist women to stop smoking during the post partum period.^{76,77} Baxi et al⁷⁶ found that motivational interviewing or intensive counselling provided in clinical settings was effective in reducing parental smoking and child exposure to smoke. Bottorff et al⁷⁷ investigated men's smoking habits during their partner's pregnancy. They found that there is a lack of interventions targeting to encourage men's tobacco reduction. Moreover, women stand as defenders and regulators of their partner's smoking habit and that has the potential to increase relationship tensions.⁷⁷

Postnatal support for disadvantaged women

The literature for disadvantaged women was reviewed, e.g. with low income, with drug or alcohol problems or partner violence or other abuse issues.⁷⁸⁻⁸⁰ Reichenheim et al⁷⁸ surveyed women to investigate the role of intimate partner violence (IPV) and found that many of these women do not feel ready for the postpartum experience.⁷⁸ Therefore, more focus should be given to preparing patients for this period to improve outcomes. Lazenbatt⁷⁹ has investigated the link between domestic abuse and child abuse. This study suggests that midwives need training on how to interact with abused mothers since many women may not spontaneously disclose the issues of child or domestic abuse in their lives, but often respond honestly to a sensitively asked question.

The health outcomes of women with short term jail sentences and history of drug abuse was investigated by Barkauskas et al.⁸⁰ They found that community-based health care, job training, and drug rehabilitation improved health outcomes for both the women and their infants.

Discussion

The postnatal period is a very important time for the health and wellbeing of the mother, the neonate and overallly the new family.¹⁻³ However there is limited research during this period compared to pregnancy and delivery.¹⁴ In addition, there is growing evidence that mothers are not satisfied from the provided postpartum care neither from themselves nor for their newborn and they state that their needs are not met. In many cases they refer to inability of health professionals to adequately respond to their realistic needs, even if in some cases the need is reported or is profound, such as the case of breastfeeding monitoring and assistance.¹⁰⁻¹³ This systematic review attempts to illustrate the main themes

concerning the provision of postnatal care, by addressing the gap between the parental needs and the provided postpartum care. There is a clear need for specialised care and health care professionals should improve their everyday clinical practice in order to meet these needs and hopefully apply new policies and procedures to improve health care overall.

While some review articles focus on only quantitative or only qualitative papers, this review combines the results of both quantitative and qualitative studies. This broad approach we believe that it might be beneficial for the busy and exhausted health care professionals, that have limited time and resources by providing key aspects regarding the provision of adequate postpartum care. However, it is easy for the readers to understand that a single article cannot cover any single theme in great depth. Nevertheless, we strongly believe that the primary references provided here could assisted any reader to update basic knowledge concerning the midwifery role in postpartum care. The core finding of our review is that the provided care is not ideal and there is a clear need for a most holistic and interprofessional approach, in which midwifery can have a fundamental role. Midwives should offer personalised care, support and advice to establish the best health outcomes for both the neonate and the family. Further research is recommended in order to reveal better ways to implement changes in postpartum health care provision.

Conclusions

A policy of early postnatal discharge combined with home midwifery support reduces costs without compromising and in some cases improving the satisfaction, health and wellbeing of the mother and infant.⁸¹ Individualised postnatal care planning is thought to be optimal when it includes approximately weekly visits for about at least five weeks, and mothers have the opportunity to discuss their birth experience with the midwife, they receive guidance on how to care for their newborn, enact and implement their social support networks, and promote exclusive breastfeeding.³¹ Moreover, a healthy diet, adequate physical exercise and postpartum weight management is recommended and there is research evidence supporting their beneficial role in the prevention or even management of postnatal depression.⁴¹ Health care professionals should receive the appropriate training in order to deal effectively with sensitive issues such as mental health problems, domestic violence and child abuse.^{73,79}

ΠΕΡΙΛΗΨΗ

Μαιευτική την Περίοδο της Λοχείας:
Συστηματική Ανασκόπηση της ΒιβλιογραφίαςΒασιλική Παναγοπούλου,¹ Jonathan Hancock,² Στυλιανή Τζιαφέρη³¹Μαία, MSc, Υποψήφια Διδάκτορας, Τμήμα Νοσηλευτικής, Πανεπιστήμιο Πελοποννήσου,²Ερευνητής, PhD Imperial College London, UK,³Επίκουρος Καθηγήτρια, Τμήμα Νοσηλευτικής, Πανεπιστήμιο Πελοποννήσου

Εισαγωγή: Ο χρόνος μετά τη γέννηση είναι κρίσιμη περίοδος για τη μητέρα και το μωρό της, ωστόσο συχνά δεν δίνεται τόσο μεγάλη βαρύτητα στην παροχή φροντίδας όσο στην εγκυμοσύνη και στον τοκετό. **Σκοπός:** Η συστηματική ανασκόπηση της ευρείας βιβλιογραφίας σχετικά με τις σύγχρονες παραμέτρους της μαιευτικής φροντίδας στην περίοδο της λοχείας. **Μέθοδος:** Χρησιμοποιήθηκε η μεθοδολογία PRISMA για την ανασκόπηση της βιβλιογραφίας και την ποιοτική μετασύνθεση των δεδομένων. Εντοπίστηκαν 678 άρθρα μέσω της συστηματικής αναζήτησης των ηλεκτρονικών βάσεων δεδομένων Pubmed, Medline, Cochrane, BioMed Central, Google Scholar με τη χρήση των εξής λέξεων κλειδίων: "Midwifery Care", "Postpartum Care", "Postnatal Care", "Community Midwifery", "Health Promotion", "Women's Views". Στην αναζήτηση δεν εφαρμόστηκαν χρονικοί περιορισμοί και τα κριτήρια ένταξης των άρθρων ήταν: άρθρα γραμμένα στην αγγλική γλώσσα που εξετάζαν παραμέτρους της περιόδου της λοχείας. Η αναζήτηση ολοκληρώθηκε το 2016. Η βάση δεδομένων εξετάστηκε και ελέγχθηκε ως προς την επιλεξιμότητα και καταργήθηκαν οι διπλές εγγραφές. Συνολικά αναλύθηκαν 355 δημοσιεύσεις, οι οποίες ομαδοποιήθηκαν σε κατηγορίες και παρουσιάζονται τα βασικά ευρήματα κάθε κατηγορίας. **Αποτελέσματα:** Υπάρχουν πολλά ερευνητικά δεδομένα που δείχνουν ότι η πολιτική γρήγορης μεταγεννητικής εξόδου από το νοσοκομείο, σε συνδυασμό με τη μαιευτική υποστήριξη στο σπίτι μειώνουν το κόστος και σε ορισμένες περιπτώσεις βελτιώνουν την ικανοποίηση, την υγεία και την ευημερία της μητέρας και του βρέφους. Το εξατομικευμένο σχέδιο φροντίδας της λοχείας φαίνεται να είναι βέλτιστο, περιλαμβάνοντας εβδομαδιαίες επισκέψεις για περίπου πέντε εβδομάδες, όπου οι γυναίκες λαμβάνουν καθοδήγηση σχετικά με τον τρόπο φροντίδας των νεογέννητων, γονεϊκή συμβουλευτική σε συνεργασία με τα δίκτυα κοινωνικής υποστήριξης της μητέρας και υποστήριξη για την προώθηση του αποκλειστικού μητρικού θηλασμού. Η υγιεινή διατροφή, η σωματική άσκηση και η διαχείριση του βάρους μετά τον τοκετό έχουν αναφερθεί ευρέως ως πολύ σημαντικά και φαίνεται ότι επιδρούν στη μείωση της επιλόχειας κατάθλιψης. Η χρήση της τεχνολογίας ως μέσο ενημέρωσης διαμέσου μηνυμάτων κειμένου, ηλεκτρονικού ταχυδρομείου, τηλεφωνικών κλήσεων, κοινωνικών δικτύων επικοινωνίας (π.χ. Facebook) ή ακόμη και παιχνιδιών κονσόλας (π.χ. Wii fit plus), φαίνεται να είναι χρήσιμη σε ορισμένες περιπτώσεις και να συμβάλει στην προώθηση της υγιεινής διατροφής, καθώς και στη βελτίωση της κοινωνικής υποστήριξης και της σωματικής άσκησης. Ωστόσο, η πρόσωπο-με-πρόσωπο προφορική επικοινωνία, αποτελεί το πιο αποτελεσματικό μέσο για την παροχή πληροφοριών για την υγεία. **Συμπεράσματα:** Η συνέχιση της μαιευτικά επιβλεπόμενης φροντίδας της λοχείας στο σπίτι, είναι επωφελής όταν παρέχεται στο πλαίσιο ενός πολυεπιστημονικού δικτύου συμβουλευτικής και παραπομπής μαζί με άλλους παρόχους φροντίδας.

Λέξεις-ευρητήριο: Μαιευτική φροντίδα, περίοδος της λοχείας, προαγωγή υγείας, συστηματική ανασκόπηση.

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