

Comparing Result of BUBBLE-HE Assessments between Home versus Health Facility Postnatal Nursing Interventions

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ABSTRACT

The study's goal is to compare the result of BUBBLE assessments between home versus health facility postnatal nursing interventions. The study employs a quantitative design and a quasi-experimental methodology. Between December 30, 2020, and December 15, 2021, 150 postpartum women who gave birth in the maternity hospital in Rania City, Iraq's Kurdistan Region, were subjected to it. At random, they were divided into three groups: a control group (n = 50), two intervention groups (the first of which obtained postpartum care at home (n = 50), and the other had it at a hospital (n = 50). The researcher evaluated them within 24 hours of delivery and carried out the required interventions for the two intervention groups during three follow-up visits over a six-week period, in accordance with the WHO standards. Data analysis techniques include included the chi-square test, percentage analysis, and frequency analysis. They were however visited. The data analysis includes 150 recruited samples in total. In both the control and experimental groups, participants' ages contributed to a mean age of 35 years, according to the results analysis. In addition, the majority of the study sample in all three groups the control, two experimental, and experimental had a high school diploma or equivalent. Additionally, the majority of participants in all groups had nuclear families, and more than %50 of the participants' husbands worked for the government, but regarding the type of family, there was no obvious distinction among all the three groups. Both the experimental and control groups were predominately of an adequate economic standing. Generally, in comparison to both experimental groups, home group more received beneficial all postnatal nursing interventions assessment P-Value=0.000 (HS). The results of the study show that home visits had the biggest impact on postnatal care. Therefore, nursing interventions delivered during home visits can be relied upon to improve maternal health following delivery.



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1. Introduction

The components of the postpartum maternal nursing assessment are called BUBBLE-HE. The typical physical examination method utilized by responsible caregivers during patients' admissions, such as those on a postnatal department or surgical ward, is supplemented by this procedure. They frequently pay for the patient's higher education throughout the evaluation phase of the BUBBLE-HE. The elements represented by the BUBBLE-HE are as follows:

- B: Breast
- U: Uterus
- B: Bladder
- B: Bowels
- L: Lochia
- E: Episiotomy and perineum
- H: Homan's
- E: Emotional status ((Lawn, 2016).

A breast exam evaluates the breast during the postpartum period. Identifying whether the new mother is breast-feeding or bottle-feeding is the first step. This will guide the evaluation of breast size, shape, firmness, redness, and symmetry along with the patient's history [10].

In order to prevent bladder distension and urine stasis, bladder exams establish a voiding timetable. Every time a mother feeds her infant, she is urged to use the restroom (as they may fall asleep). The mom could get so focused on the baby that she neglects to void as a result of these obstacles [15].

Bowel dysfunction happens after delivery, especially when a baby is born. Therefore, the mother must utilize huge amounts of water, drink a lot, and eat a lot of fiber. To prevent harming the C-section incision or the episiotomy, she utilizes a stool softener [1].

Lochia assesses the size, odor, and color. Its color should never go backward in the evolution of brightness. The three-day-long, brilliant red Lochia rubra fungus may have little clots. The pink, serous, and other tissues found in lochia serosa contain lochia alba tissue and lochia whitish odor. In Lochia, there is "no odor" or "no bad odor." In reality, though, practically all lochia has an offensive or at the very least a neutral odor, and moms might be ready to categorize it as filthy. In order to remove the patient's subjective perception of the aroma, the nurse must carefully review the smell [1].

1.1 Episiotomy and Perineum

In order to monitor signs of infection and healing after perineal incisions (Episiotomy Wounds), REEDA examination is used.

- R: Redness
- E: Edema
- E: Ecchymosis
- D: Discharge
- A: Approximation
- Evaluate lacerations/edema/hemorrhoids
- Evaluate complications/hematoma

Do a hemorrhoid check (may happen during pregnancy or delivery because of the pushing procedure). Always support the mom in standing and walking two or three times after childbirth to check for movement, reduce the risk of falling, prevent damage to the perineum and C-section incision.

- H: Sign of Homan
- Assess DVT symptoms based on a person's sign (Deep Vein Thrombosis)
- Examine Homan's sign A and look for thromboembolism in the legs.
- Positive Homan's sign, however not the most reliable test, implies DVT [10].

Results of the postpartum examination of emotional status should not be mistaken with the maladaptive stage of footing, which equally emphasizes the child and the mother. They seem to be the gravity center of the globe. The postnatal blues often last two to three weeks. She might be emotional if she sobs during an advertisement, but in the long run, she might find it funny [1].

2. Method and materials

The scientific board and research ethics committee at the College of Nursing/University of Raparin certified the research proposal, and the authorized proposal, along with the linked title and authoritative letter (Appendix A1), were forwarded to the university's vice president for higher education and scientific research (Appendix A2), but before starting the study, a formal letter was addressed to the relevant organizations, including the Ministry of Health and the General Directorate of Health in Raparin Region, requesting approval to use the Maternity Hospital of Rania and all primary healthcare facilities nearby.

2.1 Design of the Study

The research method is an overall framework of the research process based on the research question and hypothesis. To be stable with nature of main research questions and hypothesis. Quantitative method, a quasi-experimental study conducted on 150 women who had delivered. and were in postpartum unit of Maternity Hospital of Rania city of Kurdistan Region/Iraq. The researcher was conducted 150 mothers because interventional study difficult process and some case excluded because not present in meeting, refused to participated study and geographical barriers.

2.2 Population and Sample Size:

Beginning on December 14, 2020, and ending on December 30, 2021, the study's sample was recruited. The study's sample was divided into three groups at random: two intervention groups (each with 50 participants) and one control group (also with 50 participants). One of the intervention groups (group 1) received postpartum nursing care at home, whereas the other received it at medical facilities (group 2). There were 250 people in the overall sample that was recruited for the study. However, 100 were disqualified: 55 failed to meet the eligibility requirements, 22 declined, and 23 were disqualified due to geographic restrictions. The other 150 women were split into three categories at random: 50 went to the facility care group, another 50 went to the intervention home group, and the final group went to the control group. The researcher conducted nursing interventions with the home group regarding postpartum care and evaluation of postpartum care, including vital signs, breastfeeding, cord observation, wound dressing, family planning episiotomy, sexual counseling, and psychological help. Four interventional sessions with instructions were also given to them. Likewise, the center group was given standard postnatal care as well as nursing interventions from the researcher for things like vital signs, breastfeeding, cord observation, wound dressing, family planning episiotomy, sexual counseling, and psychological help. They did, though, get nurse care starting with the first visit 24 hours after delivery, the second one 3 days later, and the third check 7 days later. However, there were no follow-up visits or postnatal care intervention evaluations for the control group, who only received standard care in the postpartum care unit.

2.3 Tools of data collection:

Four types of techniques were used to collect proper data and achieve the objectives of the study such as face-to-face interviews at the beginning, record revision, observational check list, and communication by

telephone. A questionnaire has been used as a tool of data collection which included (3 items) social-demographic data, Obstetrical data, Assessments of postpartum care in the first visit, second, third, and four visit. also, third visit only assessment by Edinburg scale postnatal depression. The questionnaire was developed by the researcher to meet the objectives of this study, and it was mainly used to know the quality of postnatal nursing intervention.

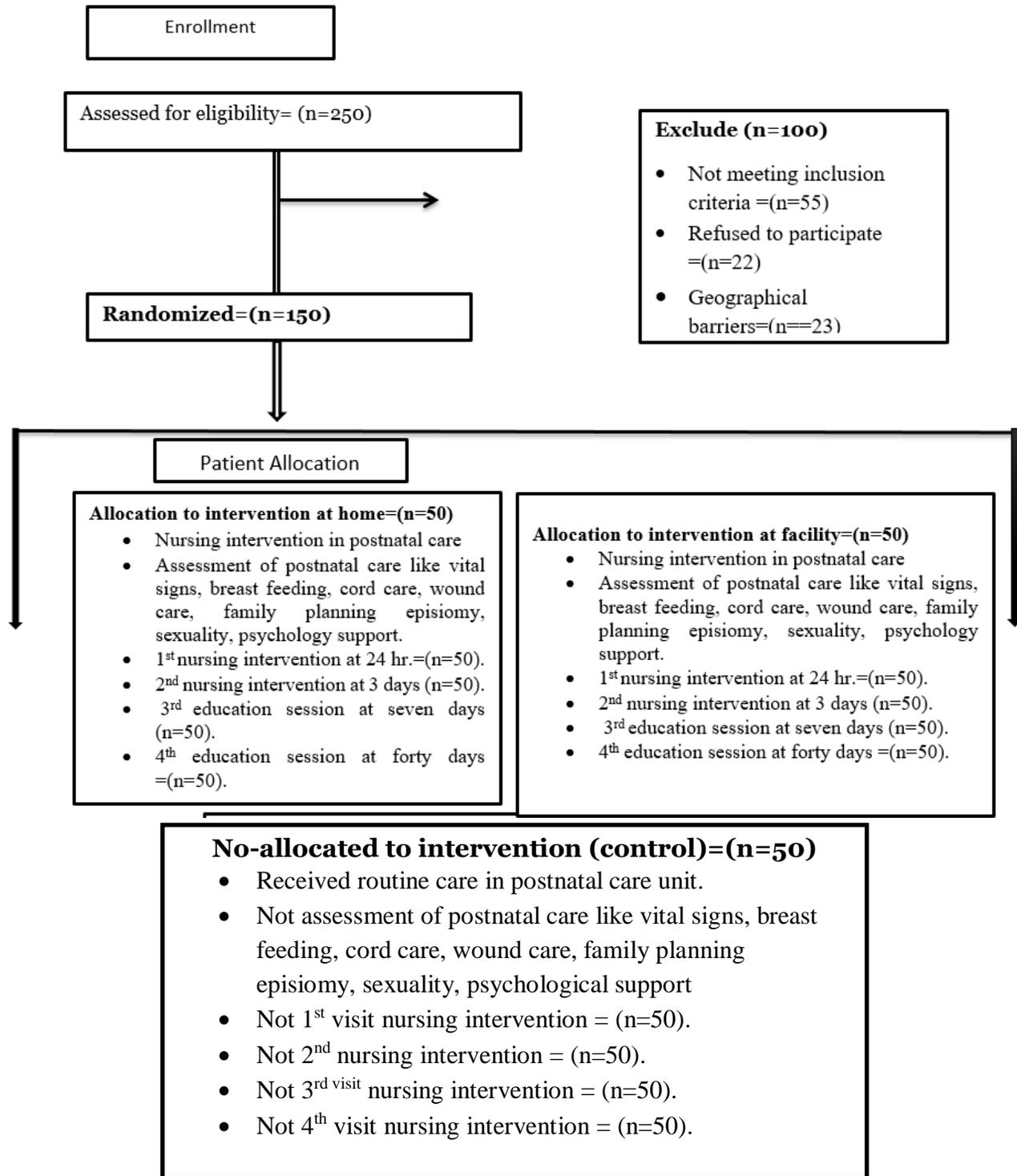


Figure (.1.) Postnatal Nursing Intervention on Maternal and Neonatal Outcomes in Rania City: Home versus Health Facility Care

Inclusion Criteria:

- Mothers who gave birth and were admitted to the Raparin hospital's postpartum unit.
- Mothers who gave birth at home.
- Agree to participate in the study.
- Women who have had multiple pregnancies.

Exclusion Criteria:

The following cases are excluded to participate:

- Mothers who couldn't talk in Kurdish.
- Recruitment of Research Samples

Limitation of the Research

- 1- Mothers' inability to assist in filling out the questionnaire.
2. I had several problems during the COVID 19, including the closure of hospital and primary health care centers.
3. Due to the facilities' and Primary Health Centers' dispersed locations, collection of data has been stressful and time-consuming.

3. Results of the Study

Table (1) Sociodemographic Characteristics of Study Samples

Variables		Home		Facility		Control		P-Value
		N	%	N	%	N	%	
Age	20 – 24	9	(6%)	11	(7.3%)	9	(6%)	0.999NS
	25 – 29	12	(8%)	12	(8%)	11	(7.3%)	
	30 – 34	15	(10%)	12	(8%)	14	(9.3%)	
	35 – 39	11	(7.3%)	12	(8%)	12	(8%)	
	40 – 44	3	(2%)	3	(2%)	4	(2.7%)	
Mother Occupation	Employee	6	(4%)	2	(1.3%)	7	(4.7%)	0.211NS
	House wife	44	(29.3%)	48	(32%)	43	(28.7%)	
Husband occupation	Governmental work	33	(22%)	20	(3.3%)	32	(21.3%)	0.867NS
	Nongovernmental work	14	(9.3%)	28	(18.7%)	15	(10%)	
	Jobless	3	(2%)	2	(1.3%)	3	(2%)	
Graduation	Illiterate	5	(3.3%)	6	(4%)	2	(1.3%)	0.619NS
	Able to read and write	2	(1.3%)	7	(4.7%)	1	(0.7%)	
	Basic school	11	(7.3%)	17	(11.3%)	16	(10.7%)	
	High school	20	(13.3%)	11	(7.3%)	19	(12.7%)	

	Institution	11 (7.3%)	7 (4.7%)	11 (7.3%)	
	College	1 (0.7%)	2 (1.3%)	1 (0.7%)	
Style of Family	Nuclear	49 (32.7%)	45 (30%)	47 (31.3%)	0.401NS
	Extend	1 (0.7%)	5 (3.3%)	3 (2%)	
Economic status	No sufficient	18 (12%)	9 (6%)	15 (10%)	0.133NS
	Briefly sufficient	21 (14%)	33 (22%)	23 (15.3%)	
	Satisfied	11 (7.3%)	8 (5.3%)	12 (8%)	

Table (2). Distribution of study samples by obstetrical history

Variables		Home		Facility		Control		P-Value
		N	%	N	%	N	%	
Last pregnancy	Planned	27 (18%)		32 (21.3%)		32 (21.3%)		0.497(NS)
	Unplanned	23 (15.3%)		18 (12%)		18 (12%)		
Types of delivery	Vaginal delivery	6 (4%)		3 (2%)		9 (6%)		0.860(NS)
	Episiotomy	12 (8%)		9 (6%)		6 (4%)		
	Instrumental delivery	0 (0%)		1 (0.7%)		1 (0.7%)		
	c\s	32 (21.3%)		37 (24.7%)		34 (22.7%)		
Gravidity	1 – 2	20 (13.3%)		9 (6%)		17 (11.3%)		0.900 (NS)
	3 – 4	25 (16.7%)		33 (22%)		27 (18%)		
	5 – 6	2 (1.3%)		5 (3.3%)		5 (3.3%)		
	7 – 8	2 (1.3%)		2 (1.3%)		1 (0.7%)		
	9 +	1 (0.7%)		1 (0.7%)		0 (0%)		
Parity (groups)	1	4 (2.7%)		11 (7.3%)		6 (4%)		0.199(NS)
	2 – 3	31 (20.7%)		31 (20.7%)		32 (21.3%)		
	4 – 5	12 (8%)		5 (3.3%)		12 (8%)		
	6 – 7	1 (0.7%)		1 (0.7%)		0 (0%)		
	8+	2 (1.3%)		2 (1.3%)		0 (0%)		
Number abortion	1	48 (32%)		40 (26.7%)		47 (31.3%)		0.740(NS)

(groups)	2 – 3	2 (1.3%)	10 (6.7%)	3 (2%)
	4+	0 (0%)	0 (0%)	0 (0%)

3.1 Comparison Postnatal Nursing Intervention

comparison of emotional status effects during the first, second and fourth visits among the groups of home visit, facility and control. The result showed no different in their p- values which were highly significant (P-Value<0.01 HS). While home group well emotional status.

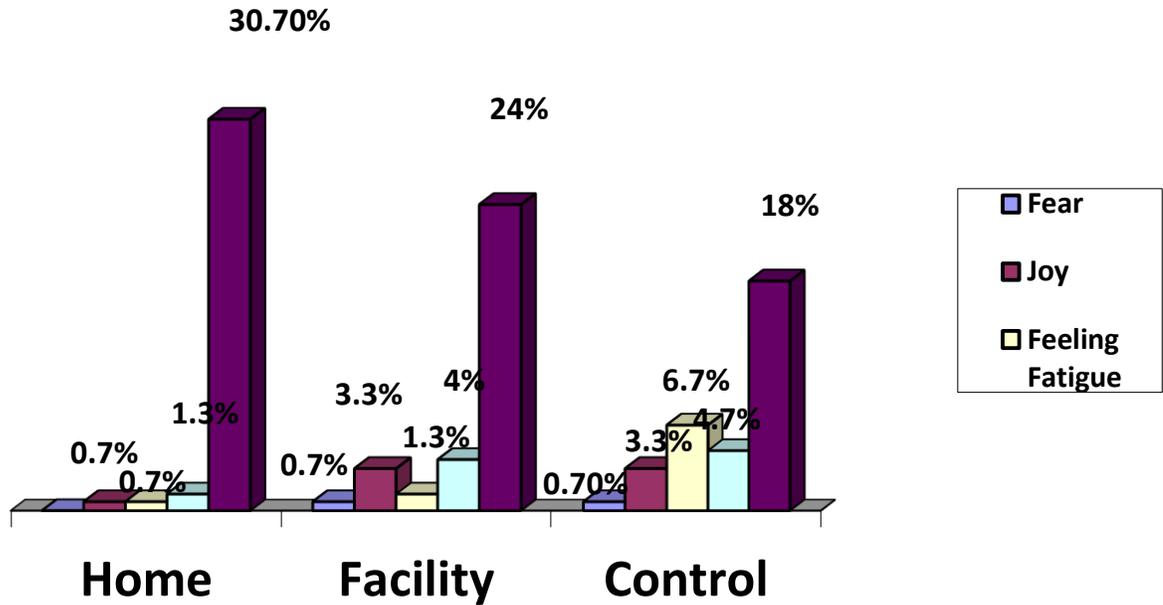


Figure (2) Comparison of Emotional Status

3.2 Comparison Postnatal Nursing Intervention by Researcher for Home and Facility

Comparison nursing intervention participants breast feeding there, cord care, vaginal bleeding, sexuality, psychosocial. In regarding family planning education, diet care and breast problem and episiotomy. When comparison Mother at home visits had the biggest impact on postnatal care.

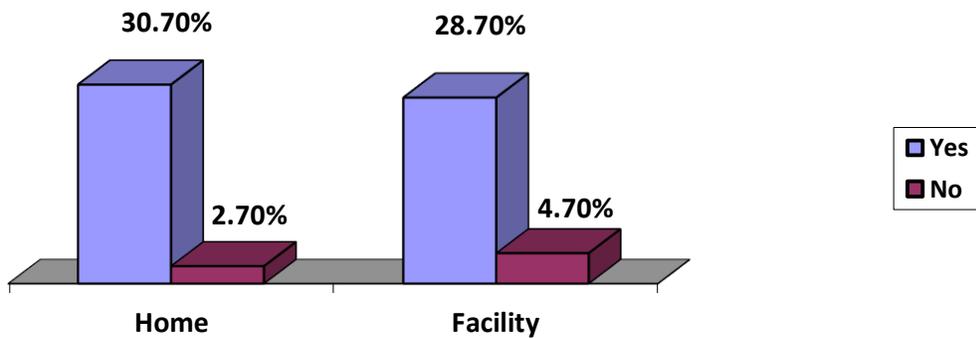


Figure (3) Comparison of nursing intervention for Breastfeeding

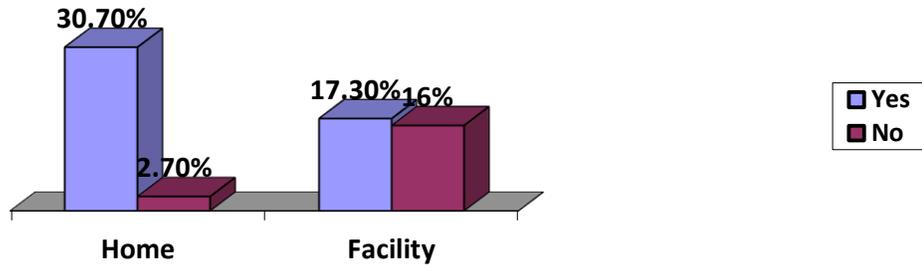


Figure (4) Comparison Nursing Intervention for Cord Care

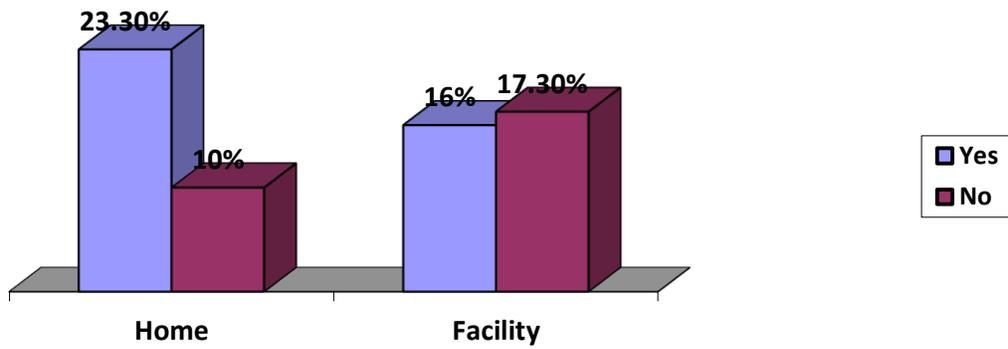


Figure (5) Comparison of Nursing Intervention for Vaginal Bleeding

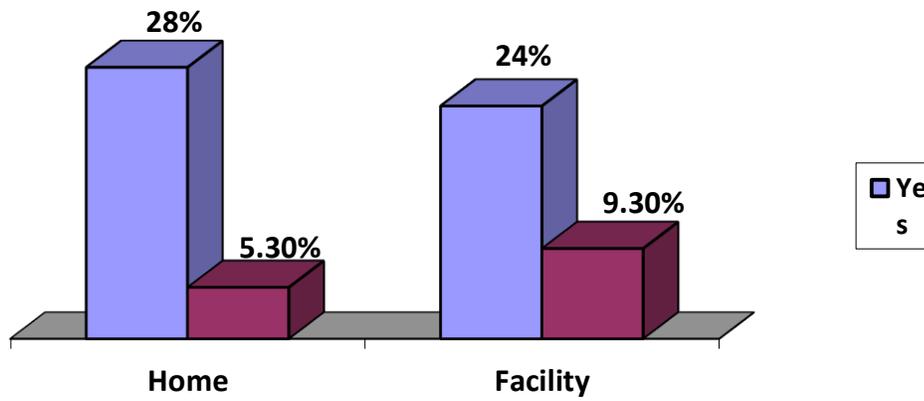


Figure (6) Comparison of Nursing Intervention for Sexuality

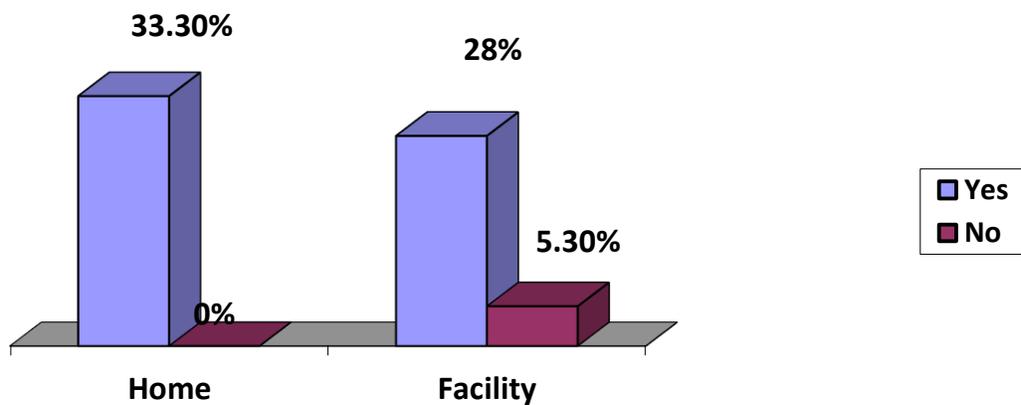


Figure (7) Comparison of Nursing Intervention for Psychosocial Support

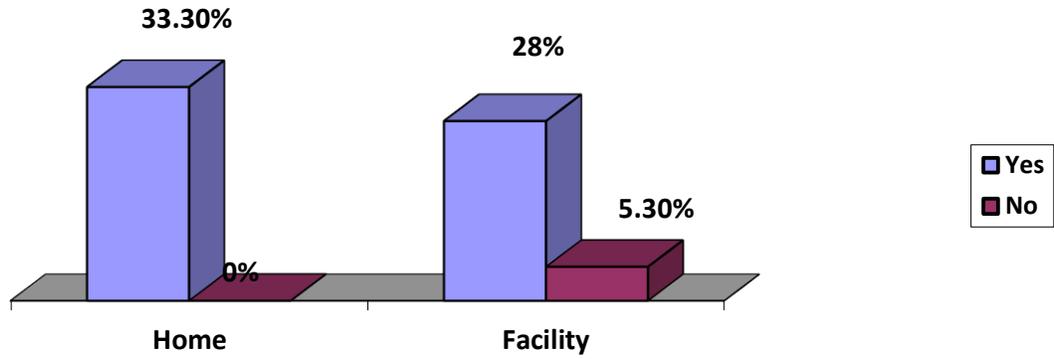


Figure (8) Comparison of Nursing Intervention for Family Planning Education

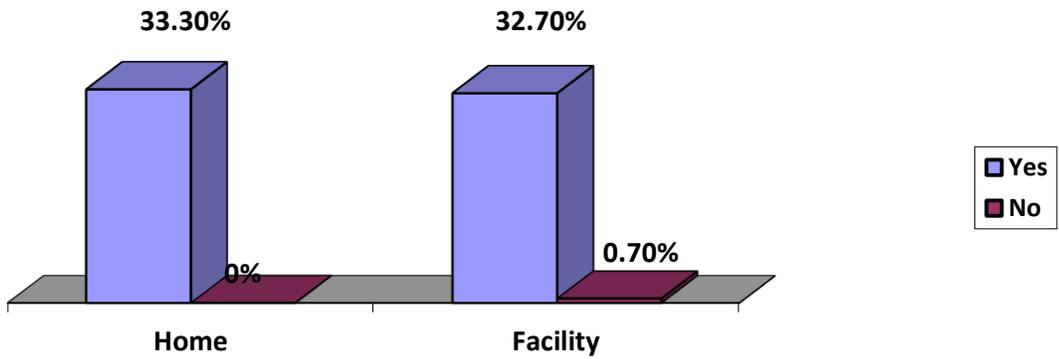


Figure (9) Comparison of nursing intervention for diet care

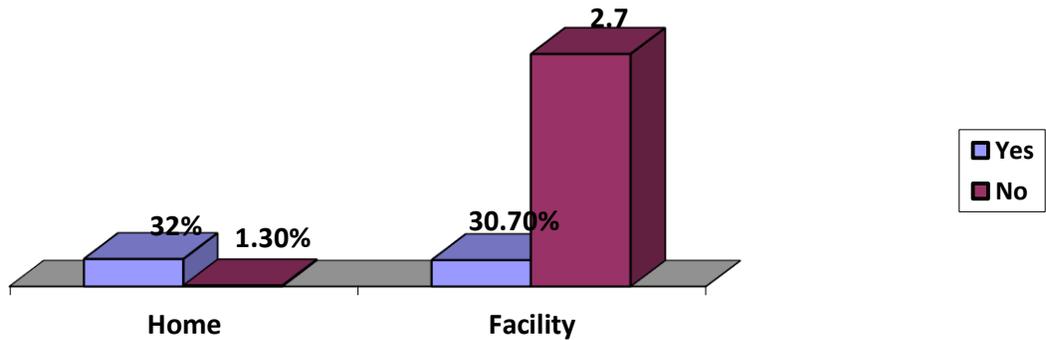


Figure (10) Comparison of nursing intervention for breast problem

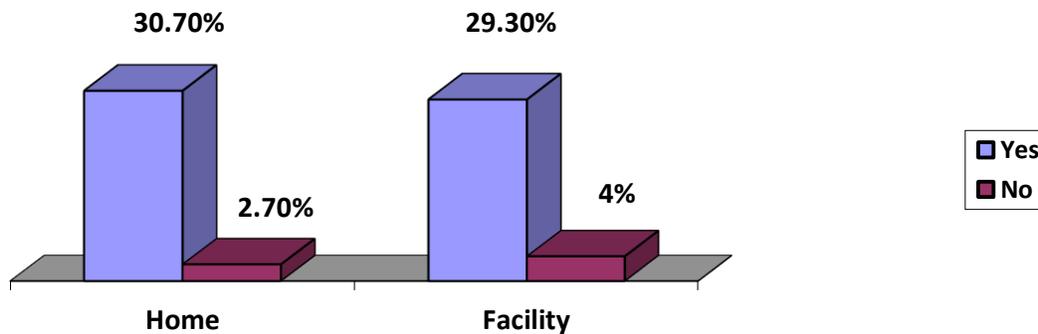


Figure (11) nursing intervention for Episiotomy

Table (3): Comparison of Physical Assessment at six weeks after birth Mother at home visits had the biggest effective on postnatal care assessment by (BUBBLA)

Assessments by (BUBBLA)		Home	Facility	Control	P-Value*
Blood pressure	Normal	49 (32.7%)	46 (30.7%)	49 (32.7%)	P>0.05 NS
	Abnormal	1 (0.7%)	3 (2%)	1 (0.7%)	
Temperature	Normal	50 (33.3%)	47 (31.3%)	49 (32.7%)	P>0.05 NS
	Abnormal	0 (0%)	2(1.3%)	1 (0.7%)	
Pulse rate	Normal	49 (32.7%)	47 (31.3%)	49 (32.7%)	P>0.05 NS
	Abnormal	1 (0.7%)	3 (2%)	1 (0.7%)	
Respiration rate	Normal	50 (33.3%)	48(32%)	49 (32.7%)	P>0.05 NS
	Abnormal	0 (0%)	2(1.3%)	1 (0.7%)	
Assessment of uterus	Normal	50 (33.3%)	48 (32%)	49 (32.7%)	P>0.05 NS
	Abnormal	0 (0%)	2 (1.3%)	1 (0.7%)	
Amount of Lochia	Mild	43 (28.7%)	38 (25.3%)	32 (21.3%)	P<0.05 S
	Moderate	7 (4.7%)	12 (8%)	18 (12%)	
	Heavy	0 (0%)	0 (0%)	0 (0%)	
Abnormal color	Yes	5 (3.3%)	4 (2.7%)	5 (3.3%)	P>0.05 NS
	No	45 (30%)	46 (30.7%)	45 (30%)	
Consistency	Yes	43 (28.7%)	46 (30.7%)	43 (28.7%)	P>0.05 NS
	No	7 (4.7%)	4 (2.7%)	7 (4.7%)	
Odor	Yes	12 (8%)	35 (23.3%)	25 (16.7%)	P<0.01 HS
	No	38(25.3%)	15 (10%)	25 (16.7%)	
Clot	Yes	7 (4.7%)	27 (18%)	17 (11.3%)	P<0.01 HS
	No	43(28.7%)	23 (15.3%)	33 (22%)	
Fundal high at 6 weeks	Yes	44(29.3%)	45 (30%)	45 (30%)	P>0.05 NS
	No	6 (4%)	5 (3.3%)	5 (3.3%)	

This table is about postnatal care assessment. It finds out that the assessment of uterus on the 4th visit was non-significant ($P>0.05$ NS), relating to amount of Lochia the result was the assessment of uterus, which was exactly ($P<0.05$ S) significant. The items of Abnormal color and Consistency was non-significant, Odor and Clot on, the contrary, was high significant in both interventions and control groups regarding ($P<0.05$ S). The Fundal high at 6 weeks of lochia showed non-significant ($P>0.05$ NS)

Table (4.): Comparison assessments of urine voiding and bowel function

Variables		Home	Facility	Control	P.value
Urination	Yes	50 (33.3%)	49 (32.7%)	50 (33.3%)	P>0.05 NS
	No	0 (0%)	1 (0.7%)	0 (0%)	
Urgency	Yes	4 (2.7%)	27 (18%)	9 (6%)	P<0.01 HS
	No	46 (30.7%)	23 (15.3%)	41 (27.3%)	

Dysuria	Yes	15 (10%)	28 (18.7%)	15 (10%)	P<0.01 HS
	No	35 (23.3%)	22 (14.7%)	35 (23.3%)	
Incontinency	Yes	6 (4%)	10 (6.7%)	4 (2.7%)	P>0.05 NS
	No	44 (29.3%)	40 (26.7%)	46 (30.7%)	
Hematuria	Yes	2 (1.3%)	3 (2%)	3 (2%)	P>0.05 NS
	No	48 (32%)	47 (31.3%)	47 (31.3%)	
Having bowel sound	Yes	50 (33.3%)	50 (33.3%)	50 (33.3%)	P>0.05 NS
	No	0 (0%)	0 (0%)	0 (0%)	
Constipation	Yes	32 (21.3%)	40 (26.7%)	38 (25.3%)	P>0.05 NS
	No	18 (12%)	10 (6.7%)	12 (8%)	
Hemorrhoid	Yes	34 (22.7%)	38 (25.3%)	38 (25.3%)	P>0.05 NS
	No	16 (10.7%)	12 (8%)	12 (8%)	

This table shows the participants assessment of urine voiding and bowel function indicating urination for the first time was non-significant ($P>0.05$ NS) in regard to participants urgency and dysuria in both interventions and control groups were high significant ($P<0.01$ HS), there was no difference between the two groups of intervention and control relating to incontinency which was non-significant($P>0.05$ NS).

In regard to the bowel function having bowel sound had a non- significant value of ($P>0.05$ NS). The constipation recorded non-significant value of ($P>0.05$ NS), too. The last item which was hemorrhoid showed no difference between the two groups of interventions and control.

4. Discussion

The current study's findings demonstrated that postnatal nursing care provided at home as opposed to in a health facility had a considerable positive impact on mothers' health. This was especially true when compared to the control group, which only got standard postpartum care. A significantly substantial improvement in the intervention (experimental) group's score over the control group was also demonstrated by the results. Even though the healthcare system now provides postnatal care, it seems vital to offer postnatal care at home.

Furthermore, researcher become aware with the family's living situation, surroundings, and particular needs, providing homecare would enable them to provide appropriate and thorough education for the mother as well as the rest of the family. With the help of homecare, issues could be identified early on and effectively resolved, preventing further costs for the family and potential damages, and ultimately bringing satisfaction to the mother and her family.

According to study [16], women who got regular midwifery care from BUBBLA-HE assessment at home reported a higher quality and methods of treatment than those who sought midwifery care in hospitals. On a Likert scale, women generally rated the condition of facilities care as adequate to good and of homecare as good to exceptional. Mothers who were given homecare reported feeling more satisfied with the treatment they received. Accessibility, service continuity, presence, and efficiency are just a few examples of factors

that may have an impact on several facets of quality and customer satisfaction.

According to a research [19], homecare would enhance BUBBLA-HE evaluation and neonatal care efficiency while lowering the infant mortality rate. This would promote the creation and expansion of innovative programs for beginning BUBBLA-HE evaluation at home care services from the first day at home. Programming to offer postnatal homecare therefore appears important and efficient. Although it is often believed that it is not easy to provide mothers with this kind of postpartum care using BUBBLA-EH in Iran, the present study showed that, with the right planning, this approach may be used throughout Isfahan city. Therefore, offering postpartum care at home could raise mothers' awareness of their own and their children's health, increasing their empowerment and level of health among two of community's most vulnerable groups. In view of the inconsistent findings of the BUBBLA-HE assessment to "low-risk" parents, according to the research [17], researchers and practitioners should consider further promoting and administering effective, evidence-based home visiting material.

The danger of postpartum hemorrhage and other major morbidity for the mother is at its highest during the early postnatal stage, according to (the WHO's Technical Consultation on Postpartum and BUBBLA-HE). This is also the time when the baby's physiology changes. The first 24 hours following birth are considered the initial postnatal stage. There must be either direct or indirect monitoring. Throughout this time, a knowledgeable attendant is necessary so that any issues can be identified quickly and resolved. It is possible to carry out an adequate treatment or referral.

These findings are consistent with those of a research [8] conducted in Tehran. In a manner similar to this, Christie and Bunting's cluster-randomized investigation from 2011 found that mothers preferred the BUBBLA-HE postnatal care when it was delivered at home. Home visits had no appreciable effect on mothers' happiness with services, according to Ian's 2011 study. In the present study, the intervention group exhibited a statistically relevant reduced prevalence of postnatal depression than the control group.

The research results suggest that postpartum home visits considerably reduced mothers' needs and the occurrence of various common physical postpartum disorders [18]. More people in the intervention group used the supplements and were happier with the treatment overall.

Numerous research have demonstrated that psychological status interventions are effective in lowering postnatal emotional status, irrespective of the forms of instructional intervention [21].

The effectiveness of nurse intervention or assistance-based therapy for managing postpartum emotional status is the subject of a recent WHO meta-analysis. The results showed that compared to mothers in the control category, individuals in the intervention groups had lower emotional state scores.

The moms' urination, according to the WHO, was similarly normal, with no difficulty, tension, dysuria, or incontinence. They urinated normally. Nevertheless, there was some discomfort and a minimal amount of urgency when urinating. Constipation, hemorrhoids, and irregular bowel function can all occur occasionally. Additionally, the blood loss was poorly assessed on the initial appointment.

According to the WHO, incontinence, urinary tract infections, and urine retention are common postpartum side effects. Many mothers experience pain in the perineum and vulva for a few weeks, particularly when tissue damage or an episiotomy happened during the second phase of delivery. The woman's perineum needs to be examined frequently to make sure it isn't infected.

This study found that home visits can assist and encourage mothers to breastfeed, cord care, and postpartum issues like heart disease and mental health issues. Significant differences in healthy lifestyle between the intervention and control groups can be regarded as a distinction in receiving treatment if they were not given at least one of the two planned care sessions.

5. Conclusions

Among the home, health facility, and control groups, there were no appreciable differences in the evaluation of postnatal guidance, the age group, women's profession and that of their husbands', level of education, family structure, and economic situation.

Particularly in less developed nations, postpartum care provided at home by qualified researchers can significantly improve maternal health, participants' postpartum behaviors, postnatal depression control, and emotional state.

Recommendations

According to the study, medical engagement at home is more beneficial for postnatal care than nursing facilities and case controls. Therefore, it is safe to assume that nursing interventions provided during home visits will enhance maternal health after childbirth.

Postnatal care concerns and ongoing feedback should be addressed equally in the health facility and at home.

The Ministry of Health needs to set up a postpartum care and continuing education program for the medical community.

6. References

- [1] World Health Organization. WHO recommendations on maternal and newborn care for a positive postnatal experience [Internet]. 2022. Available from: www.mcsprogram.org
- [2] Who. Interventions for Improving Maternal and Newborn Health. World Health. 2009;6.
- [3] Mathew Mathai SV and JZ. WHO Technical Consultation on Postpartum and Postnatal Care. World Heal Organ 201. 2008;53–65.
- [4] Kvist LJ, Persson EK. Evaluation of changes in postnatal care using the “Parents’ Postnatal Sense of Security” instrument and an assessment of the instrument’s reliability and validity.” BMC Pregnancy Childbirth. 2009;9:1–10.
- [5] Fares KK, Renas M, Sanna H. Reasons for Elective Cesarean Section among Pregnant Women in Ranya District Proceeding of the 2 nd Scientific Conference on Women ’ s Health 2-3 September 2020 - Hawler Medical University. 2020;(September):1–9.
- [6] Chimtembo LK, Maluwa A, Chimwaza A, Chirwa E, Pindani M. Assessment of quality of postnatal care services offered to mothers in Dedza district, Malawi. Open J Nurs. 2013;03(04):343–50.
- [7] Urbanová E, Bašková M, Maskálová E, Kvaltínyová E. Creation of virtual patients for midwifery education. Vol. 62, Midwifery. 2018. p. 1–5.

- [8] Mirmolaei ST, Valizadeh MA, Mahmoodi M, Tavakol Z. Comparison of effects of home visits and routine postpartum care on the healthy behaviors of Iranian low-risk mothers. Vol. 5, International Journal of Preventive Medicine. 2014. p. 61–8.
- [9] Yonemoto N, Nagai S, Mori R. Schedules for home visits in the early postpartum period. Cochrane Database Syst Rev. 2021;2021(7).
- [10] Romano M, Cacciatore A, Giordano R, La Rosa B. Postpartum period: three distinct but continuous phases. [Internet]. Vol. 4, Journal of prenatal medicine. 2010. p. 22–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22439056> <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC3279173>
- [11] Chauhan G, Tadi P. Physiology, Postpartum Changes - StatPearls - NCBI Bookshelf [Internet]. StatPearls. 2020. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK555904/>
- [12] BREASTFEEDING - Counselling for Maternal and Newborn Health Care - NCBI Bookshelf [Internet]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK304199/>
- [13] Impacts of antenatal nursing interventions on mothers' breastfeeding self-efficacy_ an experimental study _ BMC Pregnancy and Childbirth _ Full Text.
- [14] Derricott B, Crean H. Postpartum Nursing Care | Wild Iris Medical Education [Internet]. Available from: <https://wildirismedicaleducation.com/blog/postpartum-care>
- [15] Mokhtari F, Bahadoran P, Baghersad Z. Effectiveness of postpartum homecare program as a new method on mothers' knowledge about the health of the mother and the infant. Iran J Nurs Midwifery Res. 2018;23(4):316–21.
- [16] Mokhtari F, Bahadoran P, Baghersad Z. Effectiveness of postpartum homecare program as a new method on mothers' knowledge about the health of the mother and the infant. Vol. 23, Iranian Journal of Nursing and Midwifery Research. 2018. p. 316–21.
- [17] Christie J, Bunting B. The effect of health visitors' postpartum home visit frequency on first-time mothers: Cluster randomised trial. Vol. 48, International Journal of Nursing Studies. 2011. p. 689–702.
- [18] Shamshiri Milani H, Shakeri N, Asbaghi T. Application of Repeated Measures Method to Compare Physical Maternal Health Index in a Follow-up Study. Glob J Health Sci 2017;9:276-82
- [19] Kirkwood BR, Manu A, ten Asbroek AH, Soremekun S, Weobong B, Gyan T, et al. Effect of the Newhints home visits intervention on neonatal mortality rate and care practices in Ghana: A cluster randomized controlled trial. Lancet 2013;381:2184-92
- [20] Postpartum Assessment Guide Bubble-HE - POSTPARTUM MATERNAL NURSING ASSESSMENT BUBBLE-HE BUBBLE-HE - StuDocu.
- [21] Bailey RK, Jabeen S, Ali S, Barker NC. Postpartum Depression: A Review Postpartum Depression: A Review Milap Kumar Patel. 2012;(May).