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RESEARCH PAPER

Factors Influencing Postpartum Mothers Satisfaction Level with Care Models in Rural Punjab, Pakistan

[1] Uzma Ishfaq, [2] Dr. Sana Ejaz and [3] Prof. Dr. Zahira Batool

1. PhD scholar, Department of sociology, Government College University Faisalabad, Punjab, Pakistan
2. Assistant Professor, Department of sociology, Government College University Faisalabad, Punjab, Pakistan
3. Professor, Department of sociology, Government College University Faisalabad , Punjab, Pakistan

Corresponding Author: uzmashfaq57@gmail.com

ABSTRACT

Postpartum care is crucial time when a postpartum mother and her family start a new life after delivery. During postpartum period, postpartum mothers receive health care by health care providers until six weeks after delivery. This study measure the level of satisfaction of postpartum mothers about postpartum care models. The study Included 320 postpartum mothers by using cluster sampling on the base of cross-sectional design. The conclusions showed that postpartum mothers gave preference to hospital-based models because of the facilities in contrast to other models. Present study also indicated that postpartum mothers do not visit the hospitals for postpartum care. They were not satisfied with hospital-based models due to their expenses. Instead, in rural vicinities of Multan, postpartum care was associated with community based models due to Lady Health worker's attitude and working style. At government and hospital level enhance postpartum care through effective postpartum care programs. At individual level enhance postpartum family planning.

KEYWORDS Postpartum Care, Satisfaction, Postpartum Care Models And Postpartum Mother

Introduction

Period of postpartum care is a crucial time when a postpartum mother and her family start a new life after the birth of a newborn. During postpartum period, postpartum mothers receive health care by health care providers (Doctor, Midwife, LHV, LHW, and Nurse) until six weeks after delivery. In addition, senior mothers provide guidelines and convey informational knowledge to postpartum mothers about health care, especially on breastfeeding issues and benefits. The senior mothers also counsel them, how they return back to their preconception state of health. But postpartum mothers do not give attention or importance to their own care. Thus, postpartum challenges occur due to their carelessness such as Mental Health Issues (Anxiety, Stress Incontinence, Postpartum depression) and Physical Morbidities (Backache, Breastfeeding problems, Pain of perineal etc.) (Duckitt, 2024). While postpartum care is significant for mothers and their newborn babies while hospital-based models give proper health care to both of them (Esopo et al., 2020).

After the birth of a baby postpartum care depends on normal or surgical delivery. In case of hospital-based delivery a mother and her newborn get care from hospital staff. Furthermore, Singapore Practitioners suggest to postpartum mothers for hospital-based postpartum visits because hospital-based models provide facilities after cesarean

delivery. For example: Postpartum care schedule for checkups, Urine tests, Growth scan etc. (Tioe et al., 2025). C-Section is not easy for a mother, it shows higher rate of uterus infections as compared to vaginal birth (Dahlquist et al., 2025). Hospital-based deliveries and postpartum care are not affordable for poor the people because of high consultancy fees and medicines in private hospitals. (Chewaka et al., 2024).

Moreover, after hospital discharge postpartum mothers and her baby face many problems like maternal and neonatal deaths and morbidities because of carelessness. Then in this situation community based models plays a significant role to mitigate the mortalities and morbidities, especially in 1st week postpartum care after pregnancy. This model of care held within communities by community health workers for mother and neonates' postpartum care. Besides in third world countries home based models are also set on the base of community health workers for controlling mortalities and morbidities. While in rural areas of any country the community based models are not used as a primary care models for postpartum care (Shirindza et al., 2024).

In addition after community based models, Home based model visits by health care providers have a positive impact on mothers and their family mental health. Home based visits provide solace or relaxation to postpartum mothers at home level (Aune et al., 2018). The Previous researches also indicated that postpartum mothers positively associated with home-based care models (Johansson et al., 2019; Aune et al., 2021).

Furthermore, Women's have normal deliverers through mid-wifery led care models in contrast to other models. Mothers are highly satisfied with mid-wifery led care models. New Zealand is a high income nation but it supports to mid-wifery led care models because of their ease for postpartum mothers (Anderson et al., 2025). Additionally, Video consultation with health care providers by telehealth was started in corona virus pandemic. Postpartum mothers also used this service for postpartum care. Postpartum mother's face many issues in their early postpartum phases like: Physical recovery, Hormonal changes, Sleep disruptions, Infant care, altered relations. Thus, postpartum care was possible with telehealth during corona virus pandemic (Tully et al., 2017). Therefore, telehealth provided systematic health care provision services to anyone without physically going to health centers (Moosa et al., 2024).

Literature Review

Maternal mortality is about 60 percent in Pakistan; at global level Pakistan is on the number 10 for maternal mortality, because mothers had restrictions on accesses to hospitals, on the other side the quality of hospital care services are not good, even delivery system in hospitals need to be improve. In Pakistani hospitals found many social, economic, and demographic hindrances have affects on postpartum care services. If, we control these factors, maternal death ratio can be decreased in Pakistan (Anwar et al., 2023). In addition to this, world health organization suggests that exclusive-breastfeeding is important in the first six months of a baby. Further, the role of hospitals is important in reducing neonatal diseases through Exclusive-breastfeeding. The baby who is fed by mother has better cognitive development than the other one who is not. Another benefit of breast feeding is that, breast cancer can be prevented through breastfeeding. At global level the Ireland has the lowest percentage in breastfeeding (Lawlor et al., 2023).

One another way of postpartum care is community based clinic models of postpartum care through these models postpartum mothers receive multi-disciplinary health care. Community based models enhance breast-feeding in mothers. The focus of models is to provide security, care and maternal satisfaction by community base models during 1st month postpartum care (Laliberte et al., 2016). Through this the study found the community based models are more effective by lady health workers in society for improving postpartum care and these models were beneficial for home based deliveries (Ariff et al., 2024).

Additionally, home based models also reduce depression throughout pregnancy. Home based models enhance the care of mothers at home, if local medical systems make collaboration with obstetrician's hospital with telemedicine in rural areas (Hauspurg et al., 2024). While another study showed that in underdeveloped countries the maternal and neonatal death ratio was high due to home based deliveries (Khalid et al., 2023)

Furthermore, mid-wife led care models practices are based on knowledge and awareness. So well trained mid-wife provides comprehensive information as well postpartum cares to postpartum mothers. The previous study proofs showed that a mid-wife led care model had positive outcomes for mothers and their newborns (Fikre et al., 2023).

This review showed that parents were satisfied with online trainings and their support groups. The goal of online support groups was to promote breast-feeding in sub-populations. Online support group offered unique breast-feedings practices to mothers and encouraged them. Researchers found that parents ignored online services in the past while it was important part of their lives. They needed awareness and knowledge on breast-feeding and lactation (Reicher & Spatz, 2024). In Pakistan 1/3 maternal mortalities are due to preeclampsia. It's not only burden for parents but also for health care system of Pakistan. Tele-monitoring, facilitates give awareness to mothers during pregnancy for self care in Pakistan it is limited. Due to barriers on this program for example: Cultural norm, Poor language proficiency, Limited knowledge about digital communication, limited resources (Shail-Feroz, 2024).

Hypotheses

H_1: There is relationship between choice of postpartum models and place of delivery.

H_0: There is no relationship between choice of postpartum models and place of delivery.

Material and Methods

In this study the researcher applied quantitative approach (cross sectional design). The data was collected to rural vicinities of Tehsil (Multan) Punjab, Pakistan. The researcher selected different BHHs on the base of different union councils that were: Union council Nawabpur, Union council Salhey Mahey, Union council Lutfabad.

According to ranking Multan is the 7th biggest city of Southern Punjab, Pakistan. Multan is the most densely populous city (Rehman et al., 2025). For the aim of study Cluster sampling was used. Cluster sampling was used because of, time, traveling, cost and complete list of postpartum mothers were not available. For data collection from postpartum mothers the researcher used interview schedule that was developed on the

base of the previous literature. The sample size of postpartum mothers was 320 from rural vicinities of Multan.

For the aim of data analysis SPPS (statistical project of social sciences) was used. Further, for testing hypothesis of the study, researcher used Univariate (frequency and percentage), Bivariate (chi-square) and multivariate analysis (Binary logistic regression model).

Results and Discussion

Table 1
Suitable postpartum models

Category	Frequency	Percentage
Hospital based model	231	72.2
Mid-wife led care model	5	1.6
Community based care model	34	10.6
Home based care model	45	14.1
Technology -enable based mode	5	1.6
Total	320	100.0

This table indicated that N = 231 (72.2%) postpartum mothers preferred hospital based models for delivery and postpartum care. The mothers said that in hospitals staff was available for emergency in contrast to other models. Firstly, mother satisfaction with health care providers was important on hospital-based models. And past the studies showed postpartum mothers were more satisfied with hospital based models, in case of deliveries at public hospitals. While according to administration hospitals needed more reform and advancement such as: reforms regarding privacy of patient's as well equal time management for everyone and making plans for securing waiting areas for females (Kidane et al., 2023). Secondly, maternal deaths could be prevented through hospitals services (WHO, 2015). If, postpartum mothers were satisfied with health care providers in hospitals then postpartum mothers were satisfied and it was also linked with future come back to public hospitals. If, mothers achieved satisfaction level, they recommended to their pregnant female neighbors and relatives for delivery and postpartum care (Paudel et al., 2015; Tocchioni et al., 2018). If mothers were not satisfied with hospitals-based models, they experienced negative consequences on health. (Tack et al., 2015; Atiya, 2016). Additionally unsatisfied mothers not give preference to hospital-based deliveries for the next pregnancies and they preferred home based deliveries. If health care providers were not skilled and trained, the mother's experienced postpartum hemorrhage (Quintana et al., 2006). Some other indicators of maternal mortality were showed here like: (Delay in receiving postpartum care, Unskilled health care providers , Poor quality of services , Poor administration, No emergency care for mothers, unsettles supplies of equipment, Utilization of postpartum care services) (Jahan & Chowdhury, 2014). In addition only N = 5 (1.6%) mothers gave preference to midwife care model because they were satisfied with midwives. At high recourse settings mothers were satisfied with mid-wife postpartum care model in contrast to the lower level settings in rural areas (Hailemeskel et al., 2022). In well setting areas with skilled midwives the mothers felt safe about her baby births and feel emotional support by midwife throughout and after pregnancy (Jeong et al., 2025). On the other hand N = 34 (10.6%) mothers were satisfied with community based models, in case the health workers were trained and had sufficient knowledge about postpartum complications and care. another reason was this model was easy to approach. postpartum mothers were satisfied with LHWs because lady health works provided awareness regarding breastfeeding practices. However, this model was the best and suitable for the enhancement of postpartum care and for improvement in postpartum care complications. This care of model was more important and useable in population that predisposed breastfeeding (Laliberte et al.,

2016). And N = 45 (14.1%) the mothers who had transport issues and low level of family support were also satisfied with home based care. Mothers said that home based care was better for them as than any other care model and they got early discharge from hospitals on the base of home based care models. Midwifery care also included in home based care (Johansson et al., 2019). According to this study just N = 5 (1.6%) the educated mothers gave preference to technology enable models of postpartum care; they used social media apps for postpartum care. That may other mothers said that they had no time for using mobile phones for this purpose and they had no facilities or assistance from health care providers on phone, because health care providers do not give proper response to patient on call or text message. The telehealth service has many of limitations like: Incomplete appointments, lack of in-person interaction, Linguistic barriers and Lower sympathy in care. Thus, postpartum mothers were not satisfied with telehealth services for postpartum care (Kodjebacheva et al., 2023).

Table No 2
Association between place of delivery and choice of postpartum models

Postpartum models	At Home	At Private hospital	At Public hospital	At B.H.U	Total
Hospital based model	12	128	57	34	231
Mid-wife care model	0	3	0	2	5
Community based model	3	9	2	20	34
Home-based model	22	20	0	3	45
Technology-enable model	0	4	1	0	5
Total	37	164	60	59	320

Chi-Square: 123.925 Sig. Level: .000

In this table No 2 chi-square test showed that p value was .000 < 0.05, it presented that the hypothesis did not support to reject the null hypothesis statement while p value was support to accept the alternative hypothesis. The hypothesis p value .000 presents it had highly strong linked between place of delivery and choice of postpartum models. So, mothers who decided before delivery where they would give birth like at home, hospital (private or public), BHU etc. then after delivery mothers easily decided about postpartum care models.

Multivariate Analysis

Binary Logistic Regression Model: Postpartum mother's satisfaction effected by different types of postpartum models

Table 3
Omnibus Tests of Model Coefficients

		Chi-square	Df	Sig.
Step 1	Step	21.026	4	.000
	Block	21.026	4	.000
	Model	21.026	4	.000

According to the Omnibus Tests of Model Coefficients value was significant. Hence, this model showed significantly good fit.

Table 4
Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	368.218[a]	.064	.090

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.

According to model summary this case explained 90% variations might be accounted to predictor variable in this model

Table 5
Hosmer and Lemeshow Test

Step	Chi-square	Df	Sig.
1	.000	1	1.000

According to Hosmer and Lemeshow Test model had sufficient fits in this table of data. The significant value was 1 > 0.05. Hence, this table indicated no variations or difference between the (observed & predicted) data.

Table No 6
Contingency Table for Hosmer and Lemeshow Test

		PPMS = No		PPMS = Yes		Total
		Observed	Expected	Observed	Expected	
Step 1	1	31	31.000	3	3.000	34
	2	37	37.000	8	8.000	45
	3	157	157.000	84	84.000	241

That above (Contingency Table for Hosmer and Lemeshow Test) table showed that both observed and in predicted values were equal.

Table 7
Classification Table[a]

Observed			Predicted		
			PPMS		Percentage Correct
			No	Yes	
Step 1	PPMS	No	222	3	98.7
		Yes	88	7	7.4
Overall Percentage					71.6

a. The cut value is .500

According to Classification Table[a] the 71.6 % value showed prediction of accuracy.

Table 8
Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for EXP(B)	
								Lower	Upper
Step 1[a]	Hospital based model			16.120	4	.003			
	Mid-wife led care model	-2.079	1.127	3.406	1	.065	.125	.014	1.138
	Community based postpartum model	-.981	1.443	.462	1	.497	.375	.022	6.348
	Home based postpartum model	-3.722	1.271	8.573	1	.003	.024	.002	.292
	Technology-enabled based model	-2.918	1.184	6.072	1	.014	.054	.005	.550
	Constant	1.386	1.118	1.537	1	.215	4.000		

a. Variable(s) entered on step 1: Postpartum care models

According to Hospital-based postpartum models no effect was between variables because people gave preference to hospital-based models but did not visit the hospitals for postpartum care according to the O.R, while significant value was.003 showed the null hypothesis was rejected that people did not visit hospitals. Additionally, in Mid-wife led care postpartum models, Community based postpartum models, Home based postpartum models and Technology-enabled based models the odds ratios were (.125, .375, .024 & .054) respectively. All of the O.R presented that all values less than in contrast to compared categories which meant no events occurred and a significant value of mid-wife postpartum model was 0.065 that presented alternative hypothesis was rejected with 95% C.I (.014 - 1.138) and community based model significant value was .497 also highly associated with acceptance of null hypothesis with 95% C.I (.022 - 6.348), means postpartum mothers gave importance to community based models for postpartum care and postpartum mothers were satisfied with this models due to assistance of lady health workers (LHWs). Moreover Home based postpartum care model's and significant value of this model were .003 which meant the null hypothesis rejected with 95% C.I (.002 - .292) and Technology-enabled based model significant value was .014 with 95% C.I (.005 - .550) that also presented rejection of null hypothesis. It meant postpartum mothers were satisfied with home based but not satisfied with technology enabled models of postpartum care.

Conclusion

The results of the research summarized that postpartum mothers of rural vicinities gave preference to hospital based models for postpartum care because of their facilities and services in contrast to others postpartum care models. However postpartum mothers did not visit the hospitals for postpartum care due to un-satisfaction with hospitals inside or outside costs especially in private hospitals. Poor postpartum mothers could not afford private hospitals before and after delivery. In rural vicinities of Multan postpartum care was associated with community based postpartum models due to Lady Health worker's attitude and working style. Postpartum mothers were satisfied with Community based models at home. In addition postpartum mothers were not satisfied with mid-wife and technology enabled models. Due to non- skilled or non-trained mid-wife as well due to household activities they did not prefer telehealth and even health care providers did not give attention to the patients by telehealth.

Recommendations

At Government level, Government should hire new staff at BHU level in rural vicinities for postpartum care. The Government should add mother's health course as a subject at matric level because in rural vicinities females were not educated higher than matric. Additionally at hospital level enhance postpartum care by effective postpartum care program that base on postpartum care knowledge and awareness. Furthermore, at individual level enhance postpartum family planning for postpartum care as well as at individual level postpartum mothers take healthy diet after delivery. Future research examines the difference of postpartum care between rural and urban areas. In addition to this, research on postpartum care on mothers who face miscarriage and pregnant after miscarriage for check out what's the health variations between normal postpartum mothers and miscarry postpartum mothers.

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