
CONFERENCE ABSTRACT

A qualitative exploration of postpartum care uptake among vulnerable women ICIC20 Virtual Conference – September 2020

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Introduction

Postpartum care can help provide a good start in life for newborns and their families. In the Netherlands, every woman qualifies for eight consecutive days of postpartum care at home. Maternity care assistants (MCAs), supervised by midwives, provide supportive care focused on coping with the new situation and increasing parents' confidence. As vulnerable women generally use less postpartum care, we aimed to gain insight into their postpartum care uptake process including perceived barriers and facilitators.

Methods

We conducted a qualitative semi-structured interview study among vulnerable women. Vulnerable women, as determined by their healthcare professional, were asked to participate from third trimester until 12 weeks postpartum. Purposive sampling was applied to include 23 participants (sixteen postpartum and seven pregnant women). All interviews were audio-taped and transcribed verbatim. The data was analyzed using a Grounded Theory approach.

Results

Postpartum care uptake among vulnerable women was experienced as a process of chronological phases during the perinatal period, which included four stages: expectations, decisions, experiences, and evaluations regarding (the uptake of) postpartum care. Within these stages three main themes were identified that may act as facilitators or barriers in transition between stages: information provision, a woman's self-efficacy, and her social network.

Information provision on content of care was perceived as essential but was often insufficient, thus acting as a barrier to postpartum care uptake. All women stated that postpartum care enhanced their self-efficacy. Low self-efficacy prior to postpartum care led to high expectations and evaluations, while negatively influencing their ability to make decisions regarding care uptake.

Vulnerable women differed with respect to their social network. Absence of a social network facilitated positive expectations, experiences and evaluations of postpartum care but negatively influenced informed decisions.

An extensive social network facilitated negative and positive expectations prior to postpartum care, while it also acted as a barrier to care uptake.

Discussion and conclusions

The generated conceptual framework shows the uptake of postpartum care among vulnerable women is a complex process influenced by potential barriers and facilitators in different stages of the care process. To improve the benefits of postpartum care, it is essential to consider the particular stage and relevant themes applying to individual women and adapt care accordingly. As the experienced insufficient information provision may be grounded in health illiteracy, providing adequate and comprehensible information combined with enhancing self-efficacy is advocated.

Lessons learned

- Healthcare professionals including MCAs should provide adequate and comprehensible information on postpartum care to reduce the influence of vulnerable women's unfamiliarity regarding content of care.
- Optimization of information provision, enhancing self-efficacy, and insight in vulnerable women's social networks may be beneficial in order to tailor care to the specific situation and needs of individual women.

Limitations

Our qualitative study identified barriers and facilitators to postpartum care uptake perceived by vulnerable women. As these depend on their perception, they may not accurately reflect the whole spectrum of barriers and facilitators.

Suggestions for future research

The proposed framework should be tested in an intervention study among a broader population of vulnerable women.