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Research Article

Mothers' Experiences with Postnatal Home Visits by Community Health Nurses in Selected Districts in Ashanti Region, Ghana

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Abstract

Background: Efforts have been made to improve maternal and child health care globally, with a focus on promoting postnatal care for mothers and babies. Timely intervention during the postpartum period can potentially avert health issues from progressing into chronic conditions, which could have lasting consequences on women, infants, and their families. In spite of the known significance of postnatal visits for enhancing maternal and child health care, concerns still exist regarding maternal and infant health care in the Ashanti Region and Ghana as a whole. This study aimed to explore and describe mothers' experiences of postnatal home visits received from community health nurses' (CHNs) in selected districts of the Ashanti Region, Ghana. Method: Qualitative research method was used to collect data from the study participants. Semi-structured interviews were conducted using 15 postnatal mothers. Data were analysed using a thematic analysis approach. Results: One main theme and two categories emerged from the overall analysis of the data from the mothers. Theme emerged was: experiences of mothers during postnatal home visits. The two key categories included: 1. Encouraging experiences with postnatal home visits; highlighting emotional support, skilled nursing care, dedicated time and continuous support from some CHNs and 2. Barriers to effective postnatal home visitation; emphasizing challenges such as negative attitudes of some CHNs, resource constraints, cultural conflicts with evidence-based modern practices and inconsistent caregivers. Conclusion: Mothers appreciated the convenience of receiving baby assessments and immunizations at home, avoiding long queues and reducing transportation costs. Furthermore, trusting, respectful relationship between nurses and mothers significantly enhances communication, making mothers more receptive to guidance and health advice. Attentive listening, emotional support, and consistent care from community health nurses contribute to a positive bond, leading to greater comfort and confidence among mothers in discussing health concerns.

Keywords

Post-natal Home Visitation, Community Health Nurse, Maternal and Child Health

1. Introduction

Maternal health is a global priority due to the significant disparities in the well-being of mothers between high-income and low-middle-income countries [12]. Despite numerous campaigns focusing on the utilisation of maternal health care services to improve the health of women and children, the desired impact has not been achieved in certain parts of the

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world, including Africa and Asia [15, 1]. In low and lower middle-income countries, preventable causes and complications related to pregnancy and childbirth contribute to high maternal mortality rates. Approximately 800 women die from these causes every day, with 95% of these fatalities occurring in low and lower middle-income countries and 70% in sub-Saharan Africa [16, 1]. Bleeding and infections during the postnatal period are major contributors to maternal mortality in these regions [16].

The highest risk of a child's mortality occurs within the initial 28 days of life (the neonatal period). Every year, approximately 2.6 million babies die in their first month of life. Up to half of all deaths take place within the initial 24 hours of life, with 75% occurring during the first week [13]. Most of these infants are born in low and lower middle-income countries. Most infants die at home as a result of infections and complications associated with prematurity, such as respiratory distress syndrome and apnoea [14].

In the context of Ghana, a low middle-income country in West Africa, CHNs face several challenges during postnatal home visitations. Limited resources and inadequate staffing within the health care system hamper the capacity of CHNs to deliver comprehensive postnatal care services [7, 11]. This scarcity of resources can result in a lack of necessary medical supplies and equipment, compromising the quality of care provided during home visits. Moreover, high workloads and time constraints are prevalent challenges faced by CHNs in Ghana, as they often serve a large number of postnatal mothers within a limited timeframe [17]. These constraints can lead to rushed visits and limited time for thorough assessments and counselling, potentially impacting the overall quality of postnatal care. CHNs may face challenges related to their attitudes, knowledge, and skills. Negative attitudes, lack of empathy, and poor communication skills can create barriers to effective interactions with postnatal mothers, diminishing trust and hindering the establishment of a supportive care relationship [8]. Inadequate knowledge and skills in areas such as lactation support, newborn care and identification of postpartum complications can lead to suboptimal care provision and inadequate support for postnatal mothers [8].

These challenges highlight the need for targeted interventions such as postnatal home visits and support to ensure the delivery of quality postnatal care services. Addressing these challenges and problems in the Ghanaian context is crucial to optimize postnatal care delivery, promote positive health outcomes, and ensure the well-being of postnatal mothers and their newborns.

This paper reports on results from a qualitative study that explored and described mothers' experiences with postnatal home visits by community health nurses in selected districts of the Ashanti Region, Ghana.

2. Methods

2.1. Study Setting

The study was conducted in the Ashanti Region of Ghana. The region is divided into 30 administrative and health districts. There are 530 health facilities in the region, of which 325 are public health institutions. These facilities include one teaching hospital, one regional referral hospital, twenty-seven district hospitals and the remaining five hundred and twenty are sub-district and first level facilities. The type of service offered depends on the level of each of the health facilities. Categories of nurses who provide maternal and child services include Registered General Nurses (RGN), Registered Midwives (RM), and Community Health Nurses (CHNs). The Ashanti Region was chosen because although maternal and neonatal mortality had increased, postnatal care (PNC) coverage had decreased [3]. District hospitals were chosen because they are located in almost all the districts in the region and also serve as a referral centre for lower-level facilities like sub-district hospitals and first level facilities.

2.2. Study Respondents

In-depth interviews were conducted. It constituted mothers (N=15) who have completed the six-week postnatal period within two weeks prior to the study. The mothers were within the age range of 23-45 with the majority falling within the age range of 23 to 30 years. Simple random sampling was used in the selection of three district hospitals out of the twenty-seven district hospitals in the region. Participants were selected through purposive sampling.

2.3. Study Design

Qualitative in-depth interviews were conducted among mothers who have completed the six-week postnatal period within two weeks prior to the study. Owing to the sensitivity of the subject matter, and respect for privacy of participants, individual interviews were deemed the most appropriate method for data collection.

Interview guides were semi-structured, open-ended, and made use of probes. Socio-demographic data were collected prior to the interview, and included age, religious affiliation, marital status, educational status and number of children. A pilot study was conducted to check for appropriateness and understanding, and revisions were made to improve the clarity and flow of the instrument. Interviewers, who had experience in qualitative research methods, conducted the interviews in "*twi*", the local dialect. The duration of the interviews averaged 45 minutes to 82 minutes. Interviews were digitally recorded and transcribed verbatim. All participants provided written informed consent, and confidentiality and anonymity were ensured. Ethical approval was obtained from the Research Ethics Committee, University of The Western Cape

and Ghana Health Service Research Ethics Review Committee. Approval to conduct the study was obtained from hospital administrators.

2.4. Data Analysis

Data were analysed using a thematic analysis approach. Initial categories for analysing data were drawn from the interview guide and themes and sub-themes emerged after reviewing the data. Key theme emerged was: experiences of mothers during postnatal home visits.

The computer software package ATLAS ti 8 was used to facilitate sorting and data management. Members of the research team developed and refined the codes using the key issues probed. The transcripts were coded by the research team and then cross checked for coder variation. The data were then reviewed for major trends and crosscutting themes were identified. Issues for further exploration were prioritised for final analysis. No coding discrepancies were encountered.

3. Results

3.1. Demographic Characteristics of the Mothers

The mothers were within the age range of 23-45 with the majority falling within the age range of 23 to 30 years. Twelve participants belonged to the Christian religion, two participants were Muslims and one participant belonged to the traditional religion. The majority of the mothers were multi-gravida with few (10%) having only one child. Almost all the mothers were married and three became pregnant out of wedlock.

Table 1. *Socio-demographic characteristics of the mothers.*

Variable	Number	Percent (%)
Age group (in years)		
younger than 30	10	66.7
30 to 39	3	20.0
40 and above	2	13.3
Religion		
Christian	12	80
Muslim	2	13.3
Traditionalist	1	6.7
Number of children		
1	3	20.0
2	4	26.7
≥3	8	53.3
Marital Status		
Single	3	20.0
Married	12	80.0
Educational status		
Primary	7	46.7
Secondary	5	33.3
Tertiary	3	20.0

3.2. Presentation of Findings

One main theme and two categories emerged from the overall analysis of the data from the mothers. Table 2 shows themes, categories and sub-categories which emerged from the analysis of the data obtained from postnatal mothers.

Table 2. *Summary of themes and their respective categories and sub-categories.*

Themes	Categories	Subcategories
Experiences of mothers during postnatal home visits	Encouraging experiences with postnatal home visits	a. Psychological and emotional support received from some CHNs b. Access to skillful physical nursing care c. Time CHNs spent with mothers d. Continuous assistance and attention received by mothers from CHNs
	Barriers to effective postnatal home visitation	a. Negative attitude of some CHNS b. Constraints on resources c. Cultural influence to evidence-based modern practice d. Inconsistent caregivers rendering care during postnatal services

3.3. Experiences of Mothers During Postnatal Home Visits

When a personal relationship exists between the nurse and the mother, the mother acknowledges the home visit to be safe as it leads to open communications. This enables the mother to feel calm and confident and makes it easier for her to receive guidance and advice. Mothers find it easier to talk about challenging health issues with a nurse or a midwife who was present during pregnancy as they might feel a compelling sense of trust, responsibility and knowledge of their situation. Hence, the mothers become more receptive to guidance. Also, actions from some nurses which may include the act of listening attentively to their problems by the nurses and showing respect to them (mothers) and their families are found to have a good influence in building a positive relationship between the mothers and the nurses. Mothers valued the convenience and quality of nursing care during home visits, highlighting benefits like baby assessments, immunizations, and reduced transportation costs, which enhanced their overall care experience. Mothers in this study identified that they feel comfortable with nurses who listen attentively to them and try to find solutions to their issues. Nurses identified as respectful were also found to be rated highly as the mothers, especially new mothers, felt they could be trusted. The following sub-categories were derived from this category: a) psychological and emotional support received from CHNs b) access to skillful physical nursing care, c) time CHNs spent with mothers and d) continuous assistance and attention received by mothers from CHNs (see table 2).

"Some nurses are just good, when they come to your house, the way they will greet you, smile and talk to you alone encourages us to open up to them. It helps us to know that they are really welcoming. They should keep up with such attitude because we will be ready to always listen to them if they do what they teach us." – M3

"There was this nurse who visited me and I was having issues with my husband so I was in a sad mood and even crying, she spent the whole day with me motivating me and listening to me to make sure I was better before leaving. By the time she left I have even forgotten about the problem. I wish all nurses can learn from her." – M4

"These home visits have really helped me a lot, otherwise, I would have to go to the hospital and join the long queue over there. They really exhaust me, so when the nurses come [to my] home, it makes me happy. They provide the best care to me in my comfort zone and it is not now that I'll have to be going to the hospital and be running up and down." – M7

"Some nurses are naturally good but for others, despite the training they go through they don't show us the kind of respect and dignity we deserve. Just imagine a nurse visiting us in the house and wearing revealing clothes, it does not communicate respect, are they coming to seduce our husbands?" – M8

4. Discussion

4.1. Mothers' Experiences of PNHVs Received from CHNs During the Postnatal Home Visits

Mothers felt more inclined to abide by the instructions and suggestions given by nurses when they exhibited positive attitudes. Building a good nurse-patient relationship was facilitated by actions such as attentive listening, providing emotional support and assisting with activities related to the baby's care, such as cord care, feeding and hygiene. These findings align with studies that have highlighted the positive impact of supportive and collaborative relationships between health care providers and patients [4, 2]. Mothers in the study expressed their comfort and trust in the nurses who had been with them throughout their pregnancy, delivery and postnatal period. The continuous presence and support provided by these nurses during home visits fostered a sense of security and assurance of receiving standard care. The mothers appreciated the focused attention they received and the opportunity to clarify their doubts and concerns related to child care and personal hygiene. This finding aligns with studies that have emphasised the importance of understanding the life experiences of mothers and providing relevant and accessible advice and support [17]. Innovative approaches, such as the use of videos and telemedicine, have also shown positive outcomes in patient satisfaction and engagement [9, 10].

The barriers identified by the mothers in effective postnatal home visitation included nurses' bad attitudes, inadequate involvement in education, failure to answer questions and lack of resources. Some nurses were described as exhibiting rudeness, reprimanding mothers and disregarding their suggestions. This negative attitude hindered effective communication and discouraged mothers from actively participating in discussions. Inadequate resources, such as the lack of immunisation supplies or educational materials, further added to the challenges faced during home visits. These barriers are not unique to the study and have been reported in other settings, emphasising the need for addressing issues related to communication and resource availability [6, 5].

Negative attitudes displayed by some nurses during home visits were reported by the mothers in this study. These nurses exhibited rude behaviour, reprimanding mothers and mocking them for perceived mistakes. Such negative attitudes led to non-cooperation from the mothers, who became reluctant to engage in discussions. Previous research has shown that negative attitudes in maternal health care settings can impact the quality of care [6, 5]. It is important to note that these negative attitudes contradict the expectations of care recipients, who anticipate respect and a positive nurse-patient relationship to foster adherence to medical instructions.

4.2. Conclusion

Mothers appreciated the convenience of receiving baby assessments and immunizations at home, avoiding long queues and reducing transportation costs. This underscores the value of bringing hospital services to the home, significantly improving their care experience. Furthermore, the study concludes that a trusting, respectful relationship between nurses and mothers significantly enhances communication, making mothers more receptive to guidance and health advice. Additionally, attentive listening, emotional support, and consistent care from community health nurses (CHNs) contribute to a positive bond, leading to greater comfort and confidence among mothers in discussing health concerns.

4.3. Limitations

The study was conducted only in 3 districts in the Ashanti Region, due to financial and time constraints and as such, it may be challenging to apply the findings in other parts of the country. Data was collected partly during the COVID-19 outbreak and outcomes of the first phase may be subjected to response biases due to the circumstances at the time.

4.4. Recommendations

Recommendations are made here to CHNs and for community health nursing practitioners, the Nursing and Midwifery Council and its affiliates, Ministry of Health and its affiliates, and Traditional leaders and community members.

There should be a proper orientation to the community of deployment before CHNs are made to start work in these communities. They should be well-oriented to the cultural expectations and norms during home visits and home care.

CHNs should endeavor to learn about the culture of the community of deployment, if necessary and endeavor to respect the cultural beliefs of the mothers whilst working at promoting adherence to evidence-based practices. They should be willing to read about the cultural practices of the communities in available sources of literature including history books, from the internet and from opinion leaders in the community.

The NMC and its affiliates should conduct periodic monitoring and supervision of the work and the conduct of CHNs during home visitations and how well they keep to the ethics of the profession.

The MOH need to lobby for essential resources needed by the CHNs for the provision of efficient home visitation care, from donor agencies and the Ministry of Finance.

Community members and leaders should provide means of accommodation, transportation and other incentives for CHNs deployed to their respective communities for the conduct of home visitation activities.

Abbreviations

CHNs	Community Health Nurses
GHS	Ghana Health Service
MOH	Ministry of Health
NMC	Nursing and Midwifery Council
PNC	Postnatal Care
RGN	Registered General Nurse
RM	Registered Midwife

Author Contributions

Yvonne Agyeman-Duah: Conceived and designed the study, Data Collection, Data Analysis, Results, Manuscript.

Million Bimerew: Supervised the study methodology, Data Analysis, Reviewed and Edited the Manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

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