

## Effect of Self-Care Guideline versus Counseling on Post Cesarean Section Women Practices

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### Abstract

**Background:** Guideline and counseling is a very important item for woman during postpartum period as it improves women's knowledge, practice and their self-care to promote their longer-term physiological and emotional wellbeing. A quasi- experimental study design **aimed to** evaluate the effect of self-care guideline versus counseling on post cesarean section women practices. **The study was conducted at** antenatal clinic, postpartum cesarean section and family planning clinics at Ain Shams University Maternity Hospital. **370 women** had cesarean section delivery were included in the study for purposive sample technique, those were equally divided into guideline and counseling group. **Three tools of data collection** were used named **interviewing questionnaire** to contain socio-demographic data, obstetric history, **pre- test and post-test** for assessing effect of self-care guideline versus counseling on post cesarean section women practices. groups and **women follow up card**. **The main result** of the current study revealed that, There was no statistically significant difference between both groups regarding total knowledge level regarding self-care after CS and before the intervention. There was no statistically significant difference between both groups regarding total practical level of studied women about self care after CS before the intervention. There was statistically significant difference between two groups regarding total knowledge level after CS in the 6<sup>th</sup> week of delivery after intervention. There was statistically significant difference between two groups regarding total practical level of studied women after CS (at the end of the 1<sup>st</sup>, 3<sup>rd</sup>, 6<sup>th</sup> week after CS after CS). There was highly statistically significant difference between pre and at the 6<sup>th</sup> week after CS regarding women knowledge in both groups. **The present study concluded** that self-care guideline has a positive effect to enhance self-care knowledge & practices among post cesarean section woman than counseling. The researcher recommended conduction of awareness sessions for mothers antenatal units regarding self care guideline for women during antenatal period to enhance self care knowledge and practice among pregnant woman.

**Key words:** self-care guideline, cesarean section, counseling.

### Introduction

Guideline is a very important item for woman during postpartum period as it improves woman's knowledge, practice and her self-care that avoid postpartum complications through guideline about

woman's self care . this guideline empower woman knowledge and improve woman's practice for caring with woman such as wound care, exercise ,and nutrition (*Gore, etal, 2014*).

Counseling is an important nursing role during postpartum period. The nurse has multiple important roles such as ; leader, researcher, administrator, manager, educator, care giver and counselor. The most important role is being a counselor which the nurse gives health education and counseling for the mother during postpartum for important topics like; family planning, nutrition, exercises, breast feeding, cesarean wound care, baby care, hygiene, and importance of self-care for herself and for her baby(McDonald, Han Z, Mulla S & Beyene J,2014).

### **Significance of the study:**

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Cesarean delivery was associated with a significantly increased risk of maternal death from complications of anesthesia, puerperal infection, and venous thromboembolism. The risk of death from postpartum hemorrhage did not differ significantly between vaginal and cesarean deliveries. Cesarean delivery is associated with an increased risk of postpartum maternal death. Knowledge of the causes of death associated with this excess risk informs contemporary discussion about cesarean delivery on request and should inform preventive strategies. (Deneux-Tharoux *etal*, 2016).

### **Aim of the study:**

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To evaluate the effect of self-care guideline versus counseling on post cesarean section women practices.

### **Research hypothesis**

Self-care guideline has a positive effect to enhance Self-care knowledge &

practices among post cesarean section woman than counseling.

### **Subjects and Methods:**

#### **Study design, setting & sampling**

A quasi- experimental study design was used to evaluate the effect of self-care guideline versus counseling on post cesarean section women practices. **370 women** were included in the study that started from end of August 2015 till the end of January 2016 according to the following criteria.

#### **Tools of data collection:**

I. Structured questionnaire tool was used. It was divided into two parts: **First part** Gathering data regarding sociodemographic characteristics of mother. **Second part** Gathering data regarding History of current caesarean delivery.

#### **II. Pretest and posttest**

**Self care knowledge tool(posttest), Self care practice tool (observation checklist)and wound healing tool(observation checklist).**

#### **Data collection technique:**

The researcher attend Antenatal clinic, postpartum cesarean section wards and family planning clinics in maternity hospital at Ain Shams University from 9 am to 2pm two days per week one for each group. The purpose of the study was explained to the mothers and the oral approval was obtained. The researcher met each woman in the third trimester whose fulfill the inclusion criteria

separately, the researcher conducted the first interviewing with a woman of each group separately for explaining tools of data collection and determined time for follow up. The researcher fill structured interviewing questionnaire tool (I) it took about 30 minutes. The researcher assesses the mother's knowledge and practice regarding the self-care measure after cesarean section in the postnatal period through the pretest by using tool (II) (pre and posttest).

**For the (guideline group):**

The researcher supply women with Self-care guideline booklet in 3<sup>rd</sup> trimester.

**For the (counseling group) :-**

The researcher used images and simple language found in brochure to explained knowledge and practices for caring the woman in postnatal period in form of two counseling session utilizing brochure for women during 3<sup>rd</sup> trimester.

**Result**

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**Table (1):** The mean age in the study sample was  $(29.3 \pm 4.2)$  and in the control group was  $(29.1 \pm 4.2)$ .

**Table (2):** shows (53.0%,52.0%) in guideline and counseling group ,respectively, had poor level of knowledge scores about the pueriperium period. .

**Table (3):** 96.2% , 95.7% of guideline and counseling group respectively had poor knowledge regarding to direction of Perineal care after CS.

**Table (4):** 67.6%, 67% of the studied sample had poor score of

knowledge in guideline group and counseling group respectively.

**Table (5):** shows Comparison between women in both groups according to total practical level of studied women about self care after CS before the intervention. 98.4%, 98.9% of the studied sample in guideline and counseling group respectively had unsatisfactory level of practice.

**Table (6):** shows Comparison between women in two groups according to their knowledge about pueriperium period. 53% in guideline had good answer regarding knowledge about pueriperium but, in counseling group 52% had average answer regarding knowledge about pueriperium.

**Table (7):** shows Comparison between women in two groups according to their knowledge about nutrition after CS at 6 week of delivery. 85.9%, 84.3% in guideline and counseling group respectively had good answer regarding knowledge about the importance of nutrition after CS .

**Table (8):** This table shows comparison between women in both groups according to women's satisfactory practices after CS and before the intervention. (48.6%, 49.7%) of women in guideline and counseling group, respectively, took rest after CS. In addition, women who play exercise after CS (walking, abdominal, pelvis) represented (15.1%, 15.7%) in guideline and counseling group ,respectively. Moreover, women who follow general personal hygiene represented(46.5%)in guideline group and(47.0%) in counseling group. Regarding to eating balanced nutrition after CS, women represented(48.1%, 48.6%) in guideline

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and counseling group respectively. Women, who did wound care, represented(17.2%,16.7%) in guideline and counseling group, respectively. Regarding to avoid lifting heavy things or hard work during pueriperium period after CS, women represented(36.2%,

**Table (9):** shows Comparison between women in two groups according to satisfactory practices after CS at the end of 1<sup>st</sup> week after CS. Women who takes rest after CS represents 100%, 97.8% in guideline and counseling group respectively . In addition to, the women

**Table (10):** shows Comparison between women in two groups according to total **Satisfactory** Practical level of studied women after CS after intervention

35.7%) in guideline and counseling group, respectively. There was no statistically significant difference between two groups regarding women practices CS and before intervention in pre test except perineal care.

who play exercise after CS represents 67%, 64.9% in guideline and counseling group respectively . Moreover women who follow general Personal hygiene represent 95.1%in guideline group but represent 93.5% in counseling group .

(at end of 1<sup>st</sup> week). 98.4% , 96.8 in guideline and counseling group respectively achieved satisfactory Practical level .

**Table (1):** demographic characteristics of women in both groups.

Items	Guideline n=185 (guidelinegroup)		Counseling n=185 (counseling group)		P -X2-Test	P-Value
	No	%	No	%		
<b>Age (yrs):</b>						
• 20 -	28	15.1	32	17.3	T=0.23	> 0.05
• 25 -	84	45.4	82	44.3		
• 30 - 38	73	39.5	71	38.4		
Mean ± SD	29.3 ± 4.2		29.1 ± 4.2			
<b>Residence:</b>						
• Urban	100	54.1	96	51.9	3.4	> 0.05
• Rural	85	45.9	89	48.1		
<b>Education</b>						
• Primary	13	7.0	20	10.8	0.41	> 0.05
• Intermediate	89	47.8	83	44.9		
• High ed.	83	44.6	82	44.3		
<b>Occupation</b>						
• Working	90	48.6	87	47.0	3.6	> 0.05
• Housewife	95	51.4	98	53.0		
<b>Income / month</b>						
• Satisfied	152	82.2	148	80.0	3.5	> 0.05
• Not Satisfied	33	17.8	37	20.0		

**Insignificant P> 0.05**

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**Table (2):** Comparison between women in both groups according to their knowledge about puerperium period before the intervention and source of knowledge about self care.

Items	Guideline n=185 (guideline group)		Counseling G. n=185 (counseling group)		X2- Test	P-Value
	No	%	No	%		
	Type of anesthesia (spinal):	100	54.1	97		
Causes of anesthesia:	100	54.1	103	55.7	3.23	> 0.05
Incitation of body movement after delivery:	84	45.4	87	47.7	3.73	> 0.05
Initiation of breast feeding after delivery:	81	43.8	79	42.7	2.31	> 0.05

**Insignificant P> 0.05**

**Table (3):** Comparison between women in both groups according to their Knowledge about personal hygiene before the intervention (pretest, n= 185).

Items	Pre				T-Test	P-Value
	Guideline n=185 (guideline group)		Counseling G. n=185 (counseling group)			
	No	%	No	%		
Knowledge about personal hygiene:						> 0.05
-Direction of Perineal care						
• Poor	178	96.2	177	95.7		
• Average	7	3.8	8	4.3	1.23	
• Good	-	-	-	-		
-Timing of Perineal care						> 0.05
• Poor	133	71.9	132	71.4		
• Average	-	-	-	-	1.21	
• Good	52	28.1	53	28.6		
-Wound care after CS:						> 0.05
• Poor	148	80	144	77.8	2.24	
• Average	0	0.0	5	2.7		
• Good	37	20	36	19.5		
-Importance of shower after delivery:						> 0.05
• Poor	89	48.1	88	47.6	2.26	
• Average	73	39.5	72	38.9		
• Good	23	12.4	25	13.5		
-Shower Time after delivery:						> 0.05
• Poor	172	93.0	160	86.5	2.43	
• Average	0	0.0	11	5.9		
• Good	13	7.0	14	7.6		

**- Insignificant P> 0.05**

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**Table (4):** Comparison between women in both groups according to their total knowledge level regarding self-care after CS before the intervention (pretest ,n= 185).

Items	Pre				T-Test	P-Value
	Guideline n=185 (guideline group)		Counseling G. n=185 (counseling group)			
	No	%	No	%		
- Total knowledge level :						
• Poor	125	67.6	124	67.0		
• Average	55	29.7	58	31.4		
• Good	5	2.7	3	1.6		
<b>X± SD</b>	<b>43.7± 13.3</b>		<b>43.5± 12.8</b>		<b>T=0.24</b>	<b>&gt;0.05</b>

- Insignificant P> 0.05      \* Significant P<0.05

**Table (5):** Comparison between both groups according to total Practical score of studied women about self care after CS before the intervention (pretest ,n= 185).

Items	Pre				T	P-Value
	guideline group		counseling group			
	No	%	No	%		
- Practical level :						
• Satisfactory (> 60-100%)	3	1.6	2	1.1		
• Unsatisfactory (< 60%)	182	98.4	183	98.9		
<b>X± SD</b>	<b>45.6± 4.4</b>		<b>45.4± 3.6</b>		<b>T=0.27</b>	<b>&gt;0.05</b>

- Insignificant P> 0.05

**Table (6):** Comparison between women in two groups according to their knowledge about pueriperium period (at the end of 6<sup>th</sup> weeks after CS) (posttest, n= 185).

Items	Pre				X2-Test	P-Value
	Guideline n=185 (guideline group)		Counseling G. n=185 (counselinggroup)			
	No	%	No	%		
Regarding pueriperium period						
• Poor	35	19	58	31.3	4.1*	> 0.05
• Average	52	28.1	96	52.0		
• Good	98	53.0	31	16.7		

- Insignificant P> 0.05      <0.05

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**Table (7):** Comparison between women in two groups according to their Knowledge about nutrition after CS at 6 weeks of delivery, post test (n= 185).

Items	at 6 weeks of delivery				X2-Test	P-Value
	(guideline group)		(counseling group)			
	No	%	No	%		
<b>Knowledge about nutrition after CS</b>						
<b>Importance of nutrition during puerperium after CS:</b>						
• Poor	0	0.0	1	0.5	3.8*	> 0.05
• Average	26	14.1	28	15.1		
• Good	159	85.9	156	84.3		
<b>Food types that receive during puerperium after CS:</b>						
• Poor	0	0.0	2	1.0	3.9*	> 0.05
• Average	69	37.2	73	39.5		
• Good	116	62.7	110	59.5		

- Insignificant P> 0.05

**Table (8):** Comparison between both groups according to women satisfactory practices after CS and before the intervention (pretest, n= 185).

women practices	Pre satisfactory practices				X2-1
	Guideline n=185		Counseling G. n=185		
	(guideline group)	(counseling group)	No	%	
1. Rest after CS:	90	48.6	92	49.7	1.52
2. Exercise (walking, abdominal, pelvis, Breathing)	28	15.1	29	15.7	0.35
3. Personal Hygiene (General)	86	46.5	87	47.0	0.36
4. perineal care	51	99.5	49	93.5	0.41*
5. Care for Breast, and Breast Feeding	57	98.4	56	95.1	0.34
6. eating balanced nutrition after CS	89	48.1	90	48.6	0.37
7. Wound Care	32	17.2	31	16.7	0.31
8. Avoid Lifting heavy things or hard work during puerperium period after CS:	67	36.2	66	35.7	0.33
9. Ways to overcome feeling of pain:	54	29.2	56	30.3	1.32
10. Follow taking of drugs ( dose, rout, Time--)	23	12.4	24	13.0	0.29
11.-Recreation Practice:	57	30.8	55	29.7	1.45

X2- between two groups in Pre-Test

- Insignificant P> 0.05      \* Significant P<0.05      \*\* Highly significant P <0.05

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**Table (9):** Comparison between two groups according to women satisfactory practices after CS at the end of 1<sup>st</sup> week after CS. (n= 185).

Women practices	at the end of 1 <sup>st</sup> week after CS satisfactory practices				X2	P-Value
	Guideline group		Counseling group			
	No	%	No	%		
1. Rest after CS:	185	100.0	181	97.8	3.82*	<0.05
2.Exercise ( walking, abdominal, pelvis, Breathing)	145	67.0	141	64.9	3.81*	<0.05
3. Personal Hygiene ( General)	176	95.1	173	93.5	3.35	> 0.05
4. perineal care	184	99.5	173	93.5	10.44*	<0.05
5. Care for Breast, Breast Feeding	182	98.4	176	95.1	4.38*	<0.05
6. eating balanced nutrition after CS	185	100.0	183	98.9	1.23	> 0.05
7. Wound Care	183	99	178	96.2	4.13*	<0.05
8.Avoid Lifting heavy things or hard work during purperium period after CS:	185	100.0	178	96.2	6.33*	<0.05
9. Ways to overcome feeling of pain:	185	100.0	181	97.8	3.58	> 0.05
10. Follow taking of drugs ( dose, rout, Time---	179	96.8	173	93.5	5.59*	<0.05
11.-Recreation Practice:	173	93.5	168	90.8	4.43*	> 0.05

- Insignificant P> 0.05      \* Significant P<0.05

**Table (10):** Comparison between two groups according to total Satisfactory Practical level of studied women after CS at the end of 1<sup>st</sup> week after CS (n= 185).

Items	at the end of 1 <sup>st</sup> week after CS				T-Test	P-Value
	guideline group		counseling group			
	No	%	No	%		
- Practical level :						
• Satisfactory(>60%-100%)	182	98.4	179	96.8		
• Unsatisfactory ( < 60%)	3	1.6	6	3.2		
X± SD	79.3± 5.1		78.4± 6.2		T=2.3	<0.05

**Discussion:**

Concerning demographic data of the current study sample clarified that the mean women's age of both groups was (29.3 ± 4.2) & (29.1 ± 4.2) for study & control group respectively, regarding to the residence it was found that half of the sample was from urban area in both groups which assisted in acceptance of the

idea of guideline among the study sample. Half of the sample was house wife. The majority of both groups had intermediate educational level.

In present study regarding women Knowledge about nutrition after CS before intervention, about nearly almost of women had average answer regarding importance of nutrition and types of food needed in perperium after cs. In current

study Considering to knowledge of women regarding importance of breast care after delivery the result represents that about half of the sample in both groups had poor level of knowledge. This may be due to the mother were primipara, and she haven't any knowledge regarding breast care.

The present study findings showed that women knowledge about puerperium period **(at the end of 6<sup>th</sup> weeks after CS) after the intervention.** About more than half of the sample in guideline had good answer regarding knowledge about puerperium but, in counseling group about less than one third of the sample had good answer regarding knowledge about puerperium. This may be due to the clinical guideline always with the women and she can revise it at any time in the home to know the suitable information for her but the counseling (once) the women may be forgetting many knowledge due to the multiple roles.

The current study findings supported with *(Barbara L et al ,2012)* who study the implementation of an evidence-based, streamlined, education process (comprehensive education booklet, individualized education plan, and integration of education into the clinical pathway) and nurse education to improve the quality and efficiency of postpartum education during hospitalization and after discharge . measure the quality of discharge teaching for new mothers and efficiency of the education process for registered nurses before and after implementation of an intervention. Results indicated that a comprehensive educational booklet and enhanced documentation can improve efficiency in the patient education process for nurses.

The present study findings supported by *Afnan A. et al , (2014)*, who study the beliefs, effects and

practices that permeate women's self-care during puerperium. This study shows the importance of professionals being aware of the quarantine period, as it is a cultural heritage that remains effective today. Common knowledge is highly valued by these women, and despite the need for scientific evidence supporting such knowledge it was not a trigger for problems in either the mothers or infants in this study.

Moreover, the current study finding supported by *Beghella et al ,(2015)*, who study three home visits were made on the 2nd, 15th and 42nd postpartum days after discharge of the CS women in the intervention group. Care and training was given to the women during these visits. There was no intervention for women in the control group. The research indicated that nurses' planned home visits to women discharged early from hospital following birth by cesarean delivery affected mother's health positively.

In addition, the current study supported by *Jerzy Kuzma ,(2016)*, who describe the knowledge, attitude, and actual practices of mothers in a rural area in Egypt regarding breastfeeding. The majority of the mothers had good knowledge about the advantages of breastfeeding for child. Most of the mothers agreed that breastfeeding protect child from infection, about thirty quarters of mothers fed colostrum. Exclusive breast-feeding was found to be associated with mother's education but not with mother's age at birth, mother's occupation, or place of birth. There is a need for public health education campaigns to promote optimal BF practices, especially for less educated women.

The current study supported by *Daniele Ferreira,(2016)* who study knowledge, attitude and practice related to infant feeding among women in rural

Papua New Guinea, This study showed a lack of understanding of the importance of exclusive breastfeeding for the first six months postpartum among rural mothers. As exclusive breastfeeding promotion has been proved to be one of the most effective ways to improve infant survival, more attention should be given to it, especially targeting the large proportion of women who missed formal education on infant feeding in school.

The current study supported by *Emmanuel M, Andrea S, John E, (2016)*, who study family planning methods after CS by understanding why people do not use family planning is critical to address unmet needs and to increase contraceptive use.

The present study findings supported by *Tizta T , (2014)*, who randomized control study to evaluate the effectiveness of self instructional module on knowledge of post operative self care among caesarean mothers. This revealed that, there was significant difference found between the mean pre-test knowledge score and mean post- test knowledge score, ('t' calculated value of pretest and post test knowledge scores=18.000,  $p < 0.001$ ) which showed that self instructional module was effective in improving the knowledge of mothers on post operative self care after caesarean section.

In present study regarding to the women satisfactory practice among Cs women after delivery (before intervention) about more than one third of women in guideline and counseling group takes rest after CS. In addition to, women who play exercise after CS represent less than one quarter in guideline and counseling group. Moreover, more than one third in guideline group and counseling group follow general Personal hygiene.

The present study was supported by *Savithri, (2014)*, who study the knowledge on postnatal care Among postnatal mothers. Mothers had moderate level of knowledge about postnatal care. Highest knowledge was present in danger sign and lowest in family planning.

In current study , There was highly statistically significant difference between two groups regarding women self care practices after CS post intervention in 1<sup>st</sup> and 2<sup>nd</sup> measurement point (1<sup>st</sup> week , 3<sup>rd</sup> week and 6<sup>th</sup> week after intervention) . The improvement more regarding the group adopted guideline method this may be due to the majority of sample was housewife and their age were adult that improved their practices constructing than old age and worker which had too more duties and occupied.

From the researcher point of view, the researcher recommended that awareness program is required to improve maternal knowledge on postnatal care. Most of the respondents had average level of knowledge on postnatal care. Highest knowledge was in the area of danger sign of mothers and newborn and the lowest in the areas of family planning.

### **Conclusion & recommendations:**

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**Based on the results of the present study, it is concluded that** self-care guideline has a positive effect to enhance Self-care knowledge & practices among post cesarean section woman than counseling. the researchers **recommended;** Conduction of awareness sessions for mothers in antenatal units regarding self-care guideline for women during antenatal period to enhance Self-care knowledge & practices among pregnant woman.

**Limitations of the study:** The mother follow up was somewhat difficult, because Delayed answer call throughout telephone for follow up of women in three times (in the end of 1<sup>st</sup> week, 3<sup>rd</sup> week & and 6<sup>th</sup> week after cesarean section postpartum).

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