

EXPERIENCES AND BARRIERS TO COMPREHENSIVE POSTPARTUM FOLLOW-UP CARE AMONG POSTPARTUM WOMEN IN KWARA STATE, NIGERIA

ADEBIYI, FALILAT OMOWUMI

Department of Maternal & Child Health,
School of Nursing,
Babcock University, Ilisan-Remo, Ogun State

ONASOGA, Olayinka Abolore (RN, Ph.D)

College of Health Sciences,
University of Ilorin, Ilorin, Kwara State.

OLAKUNLE, Oluwatosin (RN, BNSc)

Department of Paediatric Nursing,
College of Nursing Sciences,
University of Ilorin Teaching Hospital, Ilorin, Kwara State

ISAH-AHMED, Sefiya (RN, BNSc)

Department of Paediatric Nursing,
College of Nursing Sciences
University of Ilorin Teaching Hospital, Ilorin, Kwara State

ABDULKAREEM, Silifat Romoke

Department of Maternal & Child Health
School of Nursing
Babcock University, Ilisan-Remo, Ogun State

Abstract

This study examined the experiences and barriers to comprehensive postpartum follow-up care among postpartum women in Kwara State, Nigeria. The objectives were to explore women's experiences with healthcare services, examine the role of cultural practices and social support in postpartum care, and identify financial, geographical, cultural, and institutional barriers to follow-up care. A mixed-methods exploratory sequential design was adopted. The qualitative phase involved focus group discussions (FGDs) with 48 postpartum women, selected through multi-stage and purposive sampling across three senatorial districts. The quantitative phase utilized structured questionnaires, with data analyzed using SPSS version 29. Thematic analysis was applied to qualitative data, while descriptive statistics were used for quantitative findings. Results indicated that many postpartum women did not receive adequate follow-up care, with accessibility and systemic inefficiencies, including long waiting times and negative staff attitudes, posing significant barriers. Cultural beliefs influenced care-seeking behaviours, with some women relying on traditional birth attendants (TBAs) instead of formal healthcare. However, strong family support positively impacted postpartum experiences. Despite satisfaction with counselling services, the low uptake of follow-up care highlights the need for improved accessibility. The study recommends strengthening postpartum care services through outreach

programs, integrating TBAs into formal healthcare, reducing institutional barriers, and implementing culturally sensitive maternal health education.

Keywords: Postpartum care, Maternal health, Healthcare access, Cultural practices, Healthcare barriers

Introduction

The postpartum period is a critical yet often neglected phase in maternal and infant healthcare, requiring comprehensive follow-up care to detect complications early and promote overall well-being (WHO, 2022). This phase, also referred to as the “fourth trimester,” involves significant physical, emotional, and social changes for mothers, necessitating medical, psychological, and educational support (Khan et al., 2021). Effective postpartum care is crucial for identifying and managing complications such as infections, hemorrhage, and mental health concerns, including postpartum depression. For mothers, postpartum follow-up care facilitates physical recovery, breastfeeding support, and education on self-care and infant care, while for infants, it ensures growth monitoring, immunization, and the promotion of safe feeding practices. However, inadequate postpartum care has dire consequences, with global maternal mortality rates remaining alarmingly high. The WHO (2021) reports that approximately 287,000 women die annually from pregnancy-related complications, with the postpartum period accounting for a significant proportion of these deaths. The situation is particularly severe in developing regions such as sub-Saharan Africa and South Asia, where limited healthcare access exacerbates maternal and neonatal mortality risks (Gbenga-Epebinu et al., 2023). The WHO has recommended a holistic postpartum care model encompassing physical, emotional, and mental health assessments, but its implementation varies across countries due to logistical, economic, and cultural barriers.

Maternal mortality remains a significant global challenge, with sub-Saharan Africa bearing a disproportionate share of the burden. In 2020, the region's maternal mortality rate was estimated at 542 per 100,000 live births, far exceeding global averages (World Bank, 2022). Nigeria, Chad, and South Sudan are among the countries with the highest maternal mortality rates, with Nigeria recording 1,047 deaths per 100,000 live births in 2020 (Saifaddin, 2024). The country's inadequate healthcare infrastructure, staffing shortages, and cultural barriers contribute to poor maternal health outcomes, making it difficult to achieve the Sustainable Development Goal (SDG) target of reducing maternal mortality to below 70 deaths per 100,000 live births by 2030 (Nasir et al., 2022). Despite global efforts, maternal health disparities persist, with 99% of maternal deaths occurring in developing countries and 65% of them in sub-Saharan Africa (WHO, 2022). The recent WHO (2023) factsheet highlights a worsening trend in Nigeria, where maternal mortality increased from 917 deaths per 100,000 live births in 2017 to 1,047 in 2020, underscoring systemic healthcare challenges. Addressing maternal mortality requires significant investments in healthcare infrastructure, transportation, and public health awareness campaigns, aligning with global targets to improve maternal and neonatal health outcomes (Alobo et al., 2021).

Maternal health remains a critical public health concern, particularly in low-resource settings where inadequate postpartum follow-up care contributes to maternal morbidity and mortality. Research has highlighted the leading causes of maternal deaths, including hypertension (27%), sepsis (20.6%), haemorrhage (17%), anaemia (3.2%), HIV (3.2%), and sickle cell disease (2.4%) (Olamijulo et al., 2022). These statistics underscore the urgent need for comprehensive postpartum healthcare services that ensure early detection and management of complications. Despite global recommendations for structured postpartum follow-up, many women in Nigeria, including those in Kwara State, face significant challenges in accessing timely and appropriate postpartum care (WHO, 2019).

One of the key barriers to postpartum follow-up care in Kwara State is the lack of healthcare infrastructure and accessibility, particularly in rural areas. Studies have shown that socio-economic factors, cultural beliefs, and transportation challenges hinder women from attending postnatal check-ups (Adeyemi & Ogunleye, 2021). In some communities, traditional beliefs discourage postpartum women from seeking hospital-based care, reinforcing reliance on traditional birth attendants (TBAs) who may lack the necessary medical expertise to identify and manage postpartum complications (Ejiroye & Gbenga-Epebinu 2021; Ajayi et al., 2022). The absence of effective health education and awareness campaigns further exacerbates the problem, as many women are unaware of the importance of comprehensive postpartum follow-up visits.

Drawing insights from successful maternal health programs in other countries, Nigeria could consider adapting models such as India's Janani Suraksha Yojana (JSY) initiative, which has improved postpartum care through conditional cash transfers, subsidized transportation, and the promotion of skilled birth attendance (Lim et al., 2023). Similarly, the Abiye Safe Motherhood Program in Nigeria has demonstrated positive outcomes in maternal and newborn care by ensuring community-based interventions that link pregnant and postpartum women to skilled healthcare providers. Implementing similar strategies in Kwara State could improve postpartum follow-up by addressing financial, logistical, and socio-cultural barriers.

The World Health Organization (WHO) recommends a structured postpartum care model involving multiple follow-up visits within the first six weeks after childbirth, yet the implementation of this guideline remains inconsistent in Nigeria (WHO, 2019). In Kwara State, healthcare providers often face systemic challenges, including inadequate staffing, resource constraints, and the absence of standardized postpartum follow-up protocols (Kwara State Ministry of Health, 2021). The high maternal mortality ratio in the state—1,404.4 per 100,000 live births, the second highest in the country after Borno State—demonstrates the critical need for improved postpartum care services (Kwara State Ministry of Health, 2019). Addressing these gaps requires a tailored model of postpartum follow-up care that is culturally sensitive and responsive to the needs of postpartum women in the region.

By prioritizing comprehensive postpartum follow-up, healthcare providers can facilitate early detection of postpartum haemorrhage, infections, eclampsia, and postpartum depression, thereby improving maternal and neonatal outcomes. Increased funding and policy support for postpartum care interventions, including community-based health education and improved healthcare infrastructure, are essential steps toward reducing preventable maternal deaths in Kwara State. A

well-structured postpartum care model would not only align with Sustainable Development Goal (SDG) 3.1, which aims to reduce global maternal mortality to below 70 per 100,000 live births by 2030, but also contribute to a healthier future for mothers and newborns in Nigeria (WHO, 2019).

The study examined experiences and barriers to comprehensive postpartum follow-up care among postpartum women in Kwara State, Nigeria. The specific objectives were:

1. To examine the experiences of postpartum women regarding comprehensive follow-up care based on their encounters with healthcare services.
2. To examine the experiences of postpartum women concerning comprehensive follow-up care in relation to cultural practices and social support.
3. To identify the barriers (financial, geographical, cultural, and institutional obstacles) that hinder access to comprehensive postpartum follow-up care among postpartum women.

Methodology

This study employed a mixed methods approach, specifically an exploratory sequential design, to examine postpartum women's experiences and barriers in accessing comprehensive follow-up care. The exploratory sequential design allowed the researcher to first gather qualitative data to explore the phenomenon in-depth, followed by quantitative data to validate and expand on the qualitative findings. This approach provided a comprehensive understanding of postpartum follow-up care practices and the challenges encountered. The study targeted postpartum women within six weeks after childbirth, aged 18-49 years, who had delivered in selected secondary healthcare facilities in Kwara State. Participants included those willing to participate, residing in Kwara State, and with access to communication tools for follow-up. However, postpartum women who had complications requiring specialized care beyond the study's scope or those unable to provide informed consent due to language barriers were excluded.

A total of forty-eight (48) postpartum women were recruited for the qualitative phase, focusing on their experiences and barriers in accessing follow-up care. A multi-stage sampling technique was employed, ensuring representation from the three senatorial districts of Kwara State. The first stage involved selecting all three senatorial districts using total enumeration sampling. The second stage applied a simple random sampling technique to select two local government areas (LGAs) from Kwara Central and three LGAs each from Kwara North and Kwara South, resulting in eight LGAs for the study. In the third stage, systematic random sampling through number generation was used to select cottage hospitals and secondary healthcare facilities offering maternity services within the selected LGAs. Finally, purposive sampling was applied to select participants based on their characteristics and experiences with postpartum follow-up care. This approach ensured that participants were representative of the diverse cultural and social contexts within Kwara State.

Data collection for the qualitative phase involved focus group discussions (FGDs) with postpartum women to explore their experiences, knowledge, and barriers to healthcare access. The FGDs were conducted during immunization clinic days, with six participants per group, leading to a total of eight FGD sessions across the selected primary healthcare centres. Each session was facilitated by trained research assistants in a separate room to ensure privacy. Discussions were recorded (with participants' consent) and supplemented with detailed field notes to ensure the retention of vital information. For the quantitative phase, a structured self-completion questionnaire was used to collect data on postpartum women's experiences and barriers. To ensure validity, experts in postpartum care—including obstetricians, gynecologists, midwives, and nurses—reviewed the instrument for face validity. Content validity was ensured by consulting relevant literature, including local and international journals and textbooks. Ethical approval was obtained from the Kwara State Health Management Board, and participants provided informed consent before data collection.

Data analysis followed a structured approach to integrate qualitative and quantitative findings. Thematic analysis was applied to the qualitative data from FGDs, identifying recurring themes related to postpartum women's experiences and barriers to follow-up care. For the quantitative phase, completed questionnaires were reviewed for missing responses and inconsistencies, after which data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS) version 29. Descriptive statistics—including frequency tables, percentages, mean scores, and standard deviations—were used to summarize the findings. Integration of qualitative and quantitative data provided a holistic understanding of postpartum follow-up care needs. The qualitative insights offered deeper context to the quantitative findings, enhancing the study's ability to recommend evidence-based interventions to improve comprehensive postpartum follow-up care in Kwara State.

Results

Table 1: Socio-Demographic Data of the Postpartum Women

Groups	Age	Occupation	Educational level	Religion	Marital Status	Number of children
P1	30	Trading	Degree	Christianity	Married	2
P2	35	Civil servant	HND	Islam	Married	4
P3	25	Trading	Secondary	Islam	Married	2
P4	20	Student	Secondary	Islam	Married	1
P5	28	Civil servant	Masters	Islam	Married	1
P6	25	Trading	Secondary	Islam	Married	3
P7	37	Housewife	First Degree	Islam	Married	5
P8	35	Trading	Degree	Islam	Married	4
P9	31	Trading	Secondary	Islam	Married	3
P10	33	Civil servant	Masters	Christianity	Married	2
P11	32	House wife	No education	Christianity	Married	2

P12	26	Teaching	Degree	Christianity	Married	3
P13	45	Housewife	Secondary	Islam	Married	2
P14	40	Housewife	First Degree	Islam	Married	5
P15	48	Civil servant	Master	Islam	Married	2
P16	44	Civil servant	Degree	Islam	Married	3
P17	35	Banker	HND	Islam	Married	1
P18	26	Trading	Secondary	Islam	Married	3
P19	36	Teacher	Degree	Islam	Married	2
P20	34	Trading	First Degree	Christianity	Married	4
P21	21	Student	OND	Islam	Married	2
P22	29	Trading	Secondary	Christianity	Married	2
P23	28	Housewife	OND	Islam	Married	1
P24	41	Teaching	First Degree	Christianity	Married	2
P25	30	Nurse	Diploma	Islam	Married	3
P26	20	Artisan	Primary	Christianity	Married	1
P27	31	Teaching	Masters	Islam	Married	1
P28	36	Trading	First Degree	Christianity	Married	2
P29	29	Trading	HND/PGDE	Islam	Married	1
P30	31	Trading	NCE	Christianity	Married	3
P31	28	Housewife	NCE	Islam	Married	3
P32	28	Housewife	First Degree	Christianity	Married	2
P33	33	Trading	Masters	Islam	Married	5
P34	36	Teacher	First Degree	Islam	Married	6
P35	30	Trading	HND/PGDE	Islam	Married	2
P36	27	Trading	First Degree	Islam	Married	3
P37	29	Housewife	No education	Islam	Married	2
P38	25	Student	NCE	Islam	Married	2
P39	24	Housewife	Primary	Islam	Married	3
P40	35	Trading	HND	Christianity	Married	1
P41	44	Nurse	BNSc	Christianity	Married	5
P42	41	Trading	Secondary	Islam	Married	3
P43	37	Trading	Secondary	Islam	Married	4
P44	32	Farmer	Secondary	Christianity	Married	3
P45	25	Housewife	Secondary	Islam	Married	2
P46	23	Student	OND	Islam	Married	1
P47	26	Student	HND	Islam	Married	2
P48	29	Trading	First Degree	Islam	Married	4

Table 1 contains the demographic characteristics of the forty-eight (48) postpartum women participants from eight LGAs (6 participants from each LGA), The oldest postpartum woman is 48 years old while the youngest participant is 20 years of age.

Table 2: Experiences of postpartum women on comprehensive follow-up care based on encounters with healthcare services

SN	Variables	Responses (N = 48)		
		N	Freq	
1	Did you receive postpartum follow-up care after your last delivery?	Yes	15	33.3
		No	32	66.7
2	If yes, how many times did you receive postpartum follow-up care after giving birth?	Once	17	35.4
		Twice	7	14.6
		More than twice	3	6.25
		None	21	43.7
3	What type of healthcare provider provided your postpartum follow-up care? (Select all that apply)	Doctor	7	14.6
		Nurse	14	29.2
		Midwife	11	22.9
		TBA	15	33.3
4	How often should postpartum follow-up visits be scheduled to ensure comprehensive care?	Weekly	-	-
		Fortnightly	6	13
		Monthly	26	54
		As needed	16	33
5	Did you experience any difficulties in accessing postpartum care services at the health facility?	Long waiting times	32	67
		Rude or unhelpful staff	14	29
		Lack of privacy	-	-
		No difficulties	2	4
6	How would you describe the support you received from family and friends during the postpartum period?	Excellent	14	29
		Good	23	48
		Fair	5	10
		Poor	6	13
7	Were there lack of information and counselling	Yes	11	23
		No	37	77
8	Satisfied with the information and counseling received regarding postpartum	Very satisfied	8	16.7
		Satisfied	33	68.8
		Dissatisfied	7	14.6
		Very dissatisfied	-	-
9	How would you rate your overall experience with postpartum care services in Kwara State?	Very satisfied	15	31
		Satisfied	33	69
		Dissatisfied	-	-
		Very dissatisfied	-	-

10	What improvements do you think are necessary for postpartum follow-up care in your community?	Education on Services	8	17
		Accessibility to Clinics	7	15
		Better Communication from Providers	17	35
		Enhanced Social Support Programmes	16	33

Table 2 showed that the greater proportion of the respondents (66.7%) had no postpartum follow-up care after their recent birth, compared to the minority (33.3%) who had it. Those who had it, however, had primarily only one visit (35.4%), whereas 14.6% had two visits, and a mere 6.25% had follow-up care in excess of two visits. Observe that 43.75% of the respondents reported never having any postpartum care. These results indicate a deficiency in the access to postpartum care, and it shows that most of the women don't have proper follow-up treatment, which is necessary for their maternal and baby's health as well.

Among the providers of postpartum care, nurses (29.2%) and traditional birth attendants (TBAs) (33.3%) were the most prevalent providers, followed by midwives (22.9%) and physicians (14.6%). The high percentage of TBAs who provided postpartum care indicates that a majority of women are likely to be going outside formal health facilities for care. This calls for integrating TBAs into the formal maternal health care systems via training and cooperation to enhance the quality of care they offer.

The majority of the respondents (54%) opined that post-delivery follow-up visits should be done monthly for holistic care, whereas 33% answered "as needed," and 13% suggested fortnightly. None chose "weekly" visits, perhaps because of concerns of perceived feasibility. The monthly visit preference concurs with WHO recommendations, which highlight the necessity for organized postpartum care visit schedules so that women can utilize timely health interventions.

Most of the respondents (67%) identified long waiting times as a significant barrier to accessing postpartum care services, and 29% reported experiencing rude or unhelpful staff. Lack of privacy was not identified as a problem by any of the respondents, and only 4% indicated no problems with accessing care. These results indicate that health system inefficiencies, particularly long waiting times and poor staff attitudes, have a negative effect on service utilization and patient experience.

The majority of them had good (48%) or excellent (29%) family and friend support during the postpartum. Nevertheless, 10% deemed the support as fair, and 13% as poor. This, therefore, means that although most women have good support systems, a considerable percentage do not have sufficient support, which can affect their postpartum recovery and mental status.

Just 23% of women indicated insufficient information and counselling during the postpartum stay, whereas the remaining majority (77%) indicated that they had received sufficient information. Most of the women were satisfied (68.8%) or very satisfied (16.7%) with the information and counselling, whereas 14.6% were dissatisfied. These findings corroborate that

although the provision of information is generally adequate, there is still some scope for improvement in the delivery of universal postpartum education.

In all, all the respondents were satisfied (69%) or very satisfied (31%) with postpartum care services in Kwara State, and no respondents were dissatisfied. This indicates general good perception of care among the service users in spite of the service delivery challenges.

In terms of areas for improvement, 35% of participants suggested improved communication from the providers, and 33% suggested more social support programs. More education about postpartum services available was suggested by 17%, and 15% suggested making clinics more accessible. These results indicate that improved communication between providers and patients and the creation of more robust support systems in the community can have a powerful impact on improving postpartum care experiences.

Table 3: Experiences of postpartum women on comprehensive follow-up care based on Cultural Practices and Social Support

S/N	Variables	Responses (N = 48)		
		N	Freq	
1	Did you receive any traditional or cultural postpartum care practices after your last delivery?	Yes	12	75
		No	4	25
2	If yes, what type of cultural practices did you participate in?	Traditional bathing	12	75
		Herbal remedies	4	25
		Dietary restrictions	-	-
		Social isolation	-	-
		Others	2	5
3	How did cultural beliefs and practices affect your access to postpartum care?	Restricted movement due to cultural norms	2	5
		Discouraged seeking medical attention	11	23
		Prioritized traditional healing methods	31	64
		No significant cultural barriers encountered	4	8
4	How did cultural practices and beliefs influence your postpartum care experience?	Positively, by providing additional support and guidance	33	69
		Negatively, by restricting access to healthcare	5	10
		Both positively and negatively	10	21
		No significant influence	-	-
5	Who provided you with emotional support during the postpartum period? (Select all that apply)	Family members	8	50
		Friends	2	12.5
		Healthcare provider		

		TBA/ Iya Mission	2	12.5
6	How important was social support to you during the postpartum period?	Very important	16	100.0
		Somewhat important	-	-
		Not very important	-	-
		Not at all important	-	-
7	Did you feel comfortable discussing your postpartum health concerns with healthcare providers?	Yes, I felt comfortable and respected	29	60.0
		No, I felt embarrassed or ashamed	-	-
		No, I felt my concerns were not taken seriously	12	24
		I did not have any health concerns to discuss	8	16
8	Who provides you support regarding postpartum follow-up care?	Family members	27	56
		Friends and community members	8	17
		Healthcare providers	13	27
		Other	-	-
9	Did this social support influence your decision to seek or adhere to postpartum follow-up care?	Yes, significantly	37	77
		Yes, somewhat	5	10
		No, not really	6	13

Table 3 indicated that most of the respondents (73%) indicated they received traditional or cultural postpartum care practices after delivery, whereas 27% did not. The most prevalent among the cultural practitioners was traditional bathing (70%), followed by herbal medicine (25%). The remaining cultural practices such as food prohibitions and social seclusion were not reported, while a minority (5%) engaged in other cultural practices whose details were not specified. This is an indication that traditional postpartum practices are still prevalent in the study region and are heavily engaged in postpartum care.

Cultural beliefs played an important role in the healthcare-seeking behavior of the postpartum period. Most (64%) of the respondents reported that they used traditional healing rather than medical care, and 23% were dissuaded from using medical care by cultural reasons. Fewer (5%) had their mobility limited by cultural beliefs that would otherwise have barred them from accessing healthcare. Nevertheless, 8% of the respondents reported no notable cultural barriers. These findings are indicative of the need for culturally competent healthcare interventions that blend traditional beliefs with evidence-based medical care to improve the access of postpartum care.

In response to questioning regarding the impact that cultural practices had on their postpartum care experience, 69% of participants indicated a positive impact, referencing that the cultural practices gave them more support and guidance. Yet, 10% indicated negative impacts, like limited access to healthcare, and 21% indicated both positive and negative impacts. The

suggestion is that, though cultural practices can be helpful in giving social and emotional support, they can be problematic in that they can restrict access to formal healthcare services.

Family members provided the main source of emotional support to 50% of the respondents, followed by health workers (25%), TBAs or "Iya Mission" (12.5%), and friends (12.5%). The result highlights the most important role of family in postpartum care, which calls for the necessity to involve families in maternal health education and postpartum care by healthcare workers. All the participants (100%) rated social support "very important" in the postpartum period, and none found it unimportant. The unanimity regarding the importance of social support highlights the significant contribution of social support to maternal health and postpartum recovery. Enhancement of family and community-based support systems can result in better maternal health outcomes.

A majority of the respondents (60%) felt at ease discussing their postpartum health concerns with healthcare providers, and they felt listened to and respected. However, 24% had their concerns downplayed, whereas 16% said they had no health concerns to share. These findings show that while the majority of women feel attended to by healthcare workers, a significant percentage may receive communication breakdown or dismissive care from providers. Better patient-provider communication and respectful care environment would improve maternal care experiences. A majority of the women (56%) depended on family members to get support for postpartum follow-up care, whereas 27% got support from health providers and 17% from friends and community. These results confirm the strong impact of families on maternal health behaviors and the need for family-based interventions in postpartum care.

A vast majority (77%) reported that social support had a great influence on their healthcare-seeking behavior in seeking and attending follow-up postpartum care, and 10% reported a moderate influence. However, 13% reported that social support had no significant influence on their uptake of postpartum care. This indicates that social support is a significant predictor of healthcare-seeking behaviour, and strengthening these networks can enhance compliance with postpartum care.

The outcome of the focus group revealed the experiences of postpartum women regarding comprehensive follow-up care in Kwara State.

Sister F said, "Nurse Folake used to listen to people, she is a Christian and a caring woman so if you ask her any question she will answer you and when you are pains she feels for you."

In support of this, Sister L asserted that: "They gave adequate care, they were caring. When I had my last baby, they attended to me immediately. The labour pains started at night, I started draining at home with abdominal pains, I was taken to the hospital and then delivered. Fortunately, I don't stay in labour for very long. When I got to the hospital to deliver my last baby, I was asked to show my card and I did. They took me in, conducted some tests and told me to wait for a while because it was not yet time, so I sat down and waited. I got there around past three, I delivered quarter to 5. The unfortunate happened 3 hours after delivery, I was bleeding seriously, they did their best and save my life. They stood by me, pray for me, encouraged me; I got my confidence from their support and encouragement."

I started using this hospital from my first pregnancy in 2020, hmmm 2021. My child then is 4 years old. Since then this is where I have been using. The reason was that the nurses here treat us family members. And I am still using it because of the way they care and treat the patients, even when you are in labour. - Sister Z

I love the way we are treated o. We are attended to on time, they gave us adequate information. I love the way they care for me. They are very very so much lovely. The only problem I have noticed so far is delay in attendance or waiting for a long time. - Sister CA

After delivery of this boy I am carrying, I was discharged the second day in the evening. When I got home started having pains and getting soaked in blood, it started around 10 pm. I wasn't able to withstand the pains again because I was getting weak as well, so my husband carried me in his car and we went to the hospital together. I was promptly attended to by the nurse on duty. She examined me and the doctor was called upon, I was saved from the bleeding and the nurses took care of me and my baby boy. - Sister G

"They are trying their best oooo and ensure that there are no complications after I gave birth. Whatever they noticed they inform me on time and give adequate advice on what to do. When they observed a complication they have another hospital they can transfer you to. It all depends on your case. Honestly, I am very happy their services" Sister TK

This is equally supported by Sister N, when she said: "The hospital always check on us immediately after delivery to check our wellness and that of our baby. The nurses will counsel us on what to do and what we must not do. For example, I was told when I gave birth 2 weeks ago that when I see or feel any strange about myself or my baby I should not wait but come back to the clinic immediately even when I feel it is something I manage on own. In which I did when I started bleeding a after I was discharged. And the way I was attended to surprised me as if they have waiting for me to come"

Sister MO also mentioned that "The nurses most especially check our health status to see if we are fine, advice us on what to do, inform us about our medication, that is our antibiotics, breastfeeding of our babies, as well as telling us about how to recover very quickly after given birth and also tell us about some common health problems we are likely to experience and what to do."

"They really tried for me because when you see the result of their work you will actually know that they are doing well. My Husband talks more about the hospital because he testifies to how people used to talk about them. They are doing well in the health centre." Sister K

"As healthcare professionals, there are a lot of services we engaged in with our clients (patients) which ranges from medical to counselling, follow-up and the likes. For instance, we provide postnatal care in the first 24 hours to all mothers and babies regardless of where the birth occurs as long as they were brought to the clinic. We also make sure that all supposed healthy women and their newborns stay at our healthcare facility for at least 1 day after the delivery." HP 24 claimed

A matron (HP 13) in her presentation of the services being rendered said: "As a matron, we tried and followed the WHO guideline for postpartum most especially by educating all women should about the physiological process of recovery after birth and mention that some health problems are common, with advice to report any health concerns to a health care provider, in particular, signs and symptoms of infection, postpartum hemorrhage, pre-eclampsia/eclampsia, and thromboembolism."

Compliance to medication counselling could be given. For instance, the use of prophylactic antibiotics among women with a vaginal delivery and a third or fourth-degree perineal tear is recommended to prevent wound complications. HP 5 said

Table 4: Barriers and challenges to accessing comprehensive postpartum follow-up care

S/N	Variables	Responses (N = 16)		
		N	Freq.	
1	Did you encounter any challenges in accessing postpartum care services after delivery?	Yes, transportation	5	31.25
		Yes, cost	8	50
		Yes, lack of information	2	12.5
		No challenges at all	1	6.25
2	What was the main barrier you faced in accessing postpartum follow-up care?	High cost of transportation	3	18.75
		Long distances to health facilities	4	25
		Lack of affordable healthcare services	6	37.5
		Cultural restrictions on movement	3	18.75
3	What institutional challenges do you face in accessing postpartum follow-up care?	Long waiting times	7	43.75
		Shortage of healthcare providers	5	31.25
		Lack of necessary equipment or resources	4	25
		No institutional barriers	-	-

Table 4 revealed the barriers (financial, geographical, cultural, and institutional obstacles) to accessing comprehensive postpartum follow-up care among postpartum women. The results from the table revealed 88 (76.6%) encountered lack of information is seen as a challenge in accessing postpartum care services after delivery. However, long waiting times (93.9%) and shortage of healthcare providers (82.6%) were the identified institutional challenges in accessing postpartum follow-up care. In the experimental group, 126 (72%) encountered lack of information is seen as a challenge in accessing postpartum care services after delivery. However, long waiting times (85.7%) and shortage of healthcare providers (63.4%) were the identified institutional challenges in accessing postpartum follow-up care.

The major associated problem in this study is on the use of the TBAs despite coming to the hospital for proper guidance, and why the use of TBA or mission home by some women.

It may be convenience. Then some people believe in tradition while some people believe those that will see vision in the church or because of spiritual battle and when they believe that the battle will be worn in Agbebi or mission home then they will go there for postpartum follow-up services. - Sister R

There are differences between hospital and agbebi home because there are doctors and nurses who rubbed mind together for the success of their job unlike agbebi home who think alone and carry out the task even when there is any problem. Some of my friends used to deliver in Agbebi's home and whenever I asked them the reason why they said that they like it because they used to treat them well in Agbebi home unlike hospitals where the health workers talks to their patients anyhow so in order not to be abused they prefer using where there will be care and respect. - Sister N

Religion and traditional belief as well as bad attitude of health workers may equally contribute to it. Sister B

I told you my own reason now. Religion belief is number one reason while all these in-law mind set is another because in my own case my mother in-law was there when they revealed that vision. She was even the one that insisted that I should go to mission home. Cost of hospital delivery and distance of one house to the hospital can equally cause it. - Sister BF

Religion and money now like me that is the reason for going to mission home because I will pay less money and the understand spiritual implication of pregnancy and birth. - Sister R

You have the right to choose wherever you like, people can choose private hospital if they have money and they don't want open ward like general hospital. In another way round people can choose mission and TBA home because of money because if you go to hospital you will spend more and in Hospital most of the time any little problem they suggest operation may be that is the reason. - Sister Q

Because of lack of knowledge of what postpartum follow-up services entails if they know they won't do that although some women cannot take decision on their own when they have to wait for their husband to even for everything. So if the husband does not have money the wife will have to surrender to the decision of the husband on where to deliver and postpartum follow-up services. Sister K

I think it is because of the cost of hospital delivery apart from delivery charges you will have to submit different things so by the time you submitted all those things and add the money to hospital bill for using all the postpartum follow-up services. It is more costlier than the TBA - Sister

Discussion of Findings

The outcome of the study on the experiences of postpartum women regarding comprehensive follow-up care in Kwara State showed a mixed report, while some gave positive responses on their personal encounters with healthcare services, cultural practices, and social support, others says otherwise. However, the personal encounter with healthcare services was rated moderately

good and satisfying as the majority reported and appreciated their regular check-ups and counselling. This corroborates the findings of Akinola et al. (2022) who found out that postpartum women expressed satisfaction with the comprehensive follow-up care they received, especially in terms of continuity of care and access to healthcare providers. The women in this study appreciated the regular check-ups, education on postpartum health, and support for breastfeeding provided during the follow-up care. Also, the findings of Lindgren et al. (2020) was supported by this study as they reported that women in Scandinavian countries often report feeling supported due to the comprehensive healthcare systems that emphasize maternal mental health and physical recovery. Study by Redshaw et al. (2019) revealed that, UK women valued postpartum care that respected their autonomy and individuality.

Social support was another great factor identified in this study, which mostly tilted towards family, peer support, and healthcare support. This finding shows that social support embedded with emotional support and care (empathy) are crucial in postpartum care. It was revealed that the postpartum women enjoyed care that was tailored to their needs and provided emotional support. This implies that postpartum women will always value healthcare that involved their families and respect their beliefs, culture and traditions. The findings of this study is in line with the findings of Georgakis et al. (2020), where Greek women's experiences of postpartum care were influenced by cultural norms around family and social support.

Cultural beliefs can also play a critical role in shaping postpartum practices as many of the women and their families in one way or the other still engage in traditional bath and others even after giving birth at the health facilities. Much more importantly, they all wish to be respected, enjoy their privacy, and reliance on family support. This finding is similar to that of Iyaniwura et al. (2020) who reported that Nigerian women's perceptions of postpartum care were shaped by cultural norms around modesty and respect for authority. They preferred care that was respectful and involved their husbands or family members. Also, they valued care that respected their cultural traditions and involved their families. This reliance can sometimes result in a lack of awareness about the importance of clinical follow-up, which may compromise maternal health outcomes (Oladapo et al., 2021).

The significance of comprehensive postpartum care and the experiences of women regarding such services cannot be jettisoned. Many postpartum women express a desire for more structured and supportive follow-up care, emphasizing the need for accessible healthcare resources. Therefore, the experience of postpartum women in Kwara State highlight the need for an all-encompassing care model that puts an emphasis on continuing assistance, education, and accessibility with the ultimate goal of enhancing maternal health outcomes in the area. For a complete postpartum follow-up care model to be implemented successfully, it is essential to comprehend how postpartum women in Kwara State perceive it. The adoption and use of services can be strongly impacted by these experience and beliefs.

However, whatever the gap found in the experiences of postpartum women regarding comprehensive follow-up care in Kwara State might likely be revolved round a gap in both informational and emotional support, which is equally reported by Akinola et al. (2022) in their study.

The outcome of the fourth research question identified lack of information, long waiting times, shortage of healthcare providers, and the use of the TBAs as the barriers to accessing comprehensive postpartum follow-up care among postpartum women. Lack of adequate information as a factor affects the postpartum care utilization in Africa, including Nigeria. This low utilization is attributed to factors such as lack of awareness (Mwanyangala et al., 2020). This is equally similar to the findings of Adams et al (2023), where postpartum care for women in their study was primarily perceived as care of the baby post-delivery and missing key information on physical and mental health care for the mother. This can result in poor adjustment postpartum and critically, a lack of knowledge on danger signs for common causes of morbidity and mortality in the postpartum period.

The findings on the shortage of healthcare providers at the facilities was similar to the report of Akute et al., (2024) that globally, 59% of women in low- and middle-income countries did not receive the recommended number of postpartum visits (mean of 1.3) due to healthcare workforce shortages. The shortage of healthcare workers, particularly skilled midwives, is a major barrier to accessing postpartum care. In rural Nigeria, 68% of women experienced long wait times (mean of 3.4 hours) at healthcare facilities due to staff shortages, discouraging many from attending follow-up appointments (Onasoga et al., 2019). This shortage is more pronounced in rural areas, with 78% of facilities understaffed compared to urban centers. Furthermore, the quality of care received during these visits is crucial; with many women expressing that healthcare provider should offer more empathetic and comprehensive support during this vulnerable period (Suleiman & Iseoluwa, 2022).

The barrier of TBAs utilization for postpartum follow-up care among postpartum women is still embedded in the cultural practices and social norms, which significantly influence women's experiences of postpartum care in Africa. Women may turn to family members or traditional healers for treatment instead of official health services in many African societies where postpartum customs are steeped in tradition. These practices always conflict with medical advice, leading to delays in seeking care or a lack of adherence to recommended follow-up visits, with women highlighting the importance of local clinics and community health workers in facilitating these services (Oladapo et al., 2021). The findings of Ajibola et al., (2023) confirmed this study by reporting that there is recognition that cultural beliefs and socioeconomic factors that can significantly influence how women engage with healthcare systems postpartum.

Conclusion

The findings of this study highlight significant gaps in postpartum follow-up care, with a majority of women not receiving adequate medical attention after childbirth. The low uptake of postpartum follow-up services suggests a need for enhanced accessibility and awareness of the importance of postnatal care. The reliance on traditional birth attendants (TBAs) further underscores the necessity for integrating informal care providers into the formal healthcare system through training and supervision. While most women expressed satisfaction with the information and counselling received, the presence of barriers such as long waiting times and negative staff attitudes highlights systemic inefficiencies that need urgent attention. Strengthening healthcare infrastructure, improving provider-patient communication, and

expanding community-based maternal health education could significantly improve postnatal care experiences and health outcomes for both mothers and newborns.

Cultural beliefs and social support systems were found to have a substantial influence on postpartum care experiences. While many women reported positive benefits from cultural practices, such as increased emotional support and guidance, a significant proportion prioritised traditional healing methods over medical care, potentially limiting access to essential postpartum services. The role of family members as primary sources of emotional and practical support reinforces the need to involve families in maternal health interventions. Moreover, the high level of comfort women felt in discussing their postpartum health concerns with healthcare providers indicates a promising foundation for improving maternal health engagement.

Recommendations

1. Given that a significant proportion of postpartum women did not receive follow-up care, there is a need to strengthen postpartum care services by increasing awareness and accessibility. Health authorities should implement outreach programs, home visits, and mobile clinics to ensure that all postpartum women, especially those in rural areas, receive adequate follow-up care.
2. Since TBAs play a crucial role in providing postpartum care, their integration into the formal healthcare system through structured training and collaboration with healthcare professionals is essential. This will help improve the quality of care they offer while ensuring that postpartum women benefit from a combination of traditional and evidence-based medical practices.
3. Long waiting times and poor staff attitudes were major barriers to service utilization. Healthcare facilities should adopt strategies such as patient appointment scheduling, staff training on patient-centered care, and increasing healthcare personnel to reduce waiting times. Improving communication between providers and postpartum women will also enhance patient satisfaction and trust in the system.
4. Cultural practices significantly influence postpartum care-seeking behavior. Health policymakers should develop culturally sensitive educational programs that incorporate traditional beliefs while promoting safe medical practices. Engaging community leaders, family members, and TBAs in postpartum care education can encourage a balanced approach that ensures postpartum women receive adequate medical attention while maintaining cultural traditions.

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