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Title

Barriers and facilitators of postpartum care utilisation in low-and-middle income countries.

Background

Background: Maternal deaths are still high in low-and-middle-income countries (LMIC) and most are avoidable. Postpartum care (PPC) attendance within six weeks after delivery is essential to prevent maternal morbidity and mortality.

Aims and Objectives

The aim of this systematic review is to understand the factors contributing to PPC utilisation in LMIC.

Methods

Method: Pubmed, Embase, CINAHL, Cochrane and ScienceDirect databases were searched. Studies published, in English, since 2013, in peer-reviewed journals were eligible when they focused on PPC for childbearing women. A meta-analysis using a random-effect model was undertaken to measure the pooled effect of five factors of interest in PPC uptake.

Results

Results: 24 cross-sectional studies were selected for the review. Nine of them were included in the meta-analysis (n = 198,402 women). Overall, 55.4% of women attended PPC. The pooled findings of PPC utilisation were associated with urban locations (OR = 1.88, 95% confidence interval (CI):0.76–1.91), women's employment (OR:1.20, 95% CI:1.07–1.35), and women's primary (OR: 1.45, 95% CI:1.31–1.61) and secondary (OR: 1.67, 95%CI:1.45–1.92) education levels compared to no formal education. Moreover, compared to poorest women, those from poor (OR: 1.38, 95%CI:1.23–1.56), middle (OR: 1.56, 95%CI:1.35–1.80), rich (OR:2.01, 95%CI:1.71–2.35) and richest (OR:3.31, 95%CI:2.82–3.88) households were more likely to use PPC. Other PPC facilitators identified in the literature included: knowledge of PPC, antenatal care, skilled birth attendant, caesarean delivery, women's autonomy in decision-making, wanted pregnancy, primiparity, exposure to mass

media, women's partner education. Barriers to PPC utilisation included: distance from health facilities, single marital status, unwanted pregnancy, cultural beliefs.

Interpretation/Discussion

Discussion

The results helped us identify important factors associated with PPC utilisation in LMIC, which could inform policy making. An implementation of longitudinal studies would allow to determine the causality between health determinants and PPC utilisation.

Conclusions

To increase PPC uptake, interventions targeting mothers with low sociodemographic characteristics are needed along with an improvement of quality of care.