

ORIGINAL RESEARCH ARTICLE

Evaluation of discharge readiness of postpartum women

DOI: 10.29063/ajrh2024/v28i12.4

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Abstract

The discharge time of the postpartum woman is an issue related to emotional readiness and hospital policies and should be evaluated by the nurse. The feeling of readiness of the postpartum woman is the key in making the decision to discharge. The objective of the study is to evaluate the discharge readiness of puerperium and to determine the factors affecting. This study included 323 postpartum women who visited the obstetrics and gynecology outpatient clinic of the hospital between September 10, 2021, and January 31, 2022, and met the inclusion criteria. Data were collected using the Personal and Obstetric Information form, The Readiness for Hospital Discharge Scale-Postpartum Mother Form (RHDS-PM). The chi-square test, Fisher's exact test, and the Fisher-Freeman-Halton test were used in the comparison of categorical data. Categorical data are presented as frequencies and percentages. The mean age of the participants was 28.57±5.69 years. In our study, it was found that the mean RHDS-PMF score of the postpartum women was 154.29±31.08. A statistically significant difference was found in satisfaction with nursing care based on postpartum knowledge status ($p < 0.001$). Based on this study's results, the average discharge scale score of the postpartum women in the group was determined to be ready. The scale score of those who believe that they would be capable of self-care at home is higher than those who do not. Thus, the education and the self care power provided support postpartum women's satisfaction with nursing care and their readiness for discharge. (*Afr J Reprod Health* 2024; 28 [12]: 38-45).

Keywords: COVID-19; discharge readiness; puerperium; women; nursing care

Résumé

L'heure de sortie de la femme en post-partum est une question liée à la préparation émotionnelle et aux politiques de l'hôpital et doit être évaluée par l'infirmière. Le sentiment de préparation de la femme en post-partum est la clé dans la prise de décision de sortie. L'objectif de l'étude est d'évaluer l'état de préparation à la sortie de la puerpéralité et de déterminer les facteurs qui l'affectent. Cette étude a inclus 323 femmes en post-partum qui ont visité le service d'obstétrique et de gynécologie clinique externe de l'hôpital entre le 10 septembre 2021 et le 31 janvier 2022 et répondait aux critères d'inclusion. Les données ont été collectées à l'aide du formulaire d'informations personnelles et obstétricales, The Readiness for Hospital Discharge Scale-Postpartum Mother Form (RHDS-PM). Le test du chi carré, le test exact de Fisher et le test de Fisher-Freeman-Halton ont été utilisés pour comparer les données catégorielles. Les données catégorielles sont présentées sous forme de fréquences et de pourcentages. L'âge moyen des participants était de 28,57 ± 5,69 ans. Dans notre étude, il a été constaté que le score RHDS-PMF moyen des femmes en post-partum était de 154,29 ± 31,08. Une différence statistiquement significative a été trouvée dans la satisfaction à l'égard des soins infirmiers en fonction de l'état des connaissances post-partum ($p < 0,001$). Sur la base des résultats de cette étude, le score moyen sur l'échelle de sortie des femmes en post-partum du groupe a été déterminé comme étant prêtes. Le score de ceux qui pensent qu'ils seraient capables de prendre soin d'eux-mêmes à la maison est plus élevé que celui de ceux qui ne le pensent pas. Ainsi, l'éducation et le pouvoir de soins personnels fournis soutiennent la satisfaction des femmes post-partum à l'égard des soins infirmiers et leur préparation à la sortie. (*Afr J Reprod Health* 2024; 28 [12]: 38-45).

Mots-clés: préparation à la décharge ; puerpéralité; femmes; soins infirmiers

Introduction

The concept of early postpartum discharge refers to the recognition that childbirth is not a disease or a medical problem, that women often prefer early discharge, and that the postpartum mother and baby

should be discharged as early as possible in the absence of any complications in the postpartum period.¹ Early discharge is recommended by WHO to protect the mother and newborn from hospital-acquired infections.² As the first health professionals to observe changes in the condition of

the postpartum mother or newborn, nurses play a central role in identifying potential problems that mothers and babies may face as they transition home. Early discharge after birth is generally reported to be safe for puerperium with good postpartum follow-up.²

In Turkey, vaginal deliveries are discharged in 24-48 hours and C-section deliveries are discharged in 24-72 hours unless there is a problem with the mother's health in the postpartum period.³ With shorter postpartum hospital stays, identification of the factors influencing discharge readiness has become increasingly essential for the mother and baby's physical, psychological, and social well-being.^{4,5} While WHO currently recommends that after a normal vaginal birth a woman and baby without complications remain in the facility for at least 24h.² In the early postpartum period, nurses have a significant role in addressing the care needs of puerperium and infants.⁶ Providing adequate information to the mother to reduce postpartum morbidity and mortality rates is one of the main responsibilities of nurses.^{3,6} It is reported that early discharge from the hospital after delivery is more reliable in women with good antenatal and postnatal nursing follow-up.^{1,6,7}

Despite the postpartum period is a physiological phenomenon for women, the woman and the individuals in her immediate environment are affected by this phenomenon and experience various psychological and social changes in addition to physiological changes.^{8,9} Along with these changes, the postpartum period requires parents to provide infant care, create a safe environment for the baby, communicate with the baby, learn new roles, develop family sensitivity, and cope with problems related to the baby.^{6,9} During this period, the nurse provides postnatal care and education to help the woman successfully adapt to motherhood.⁵ Factors such as the initiation and assistance of mother-infant interaction, the mother's adaptation to her new condition, the support she receives from the environment in coping with the issues she faces, and the harmony between the spouses are also very crucial.^{6,10} The criteria recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (2007) for discharge are the physiological balance of the puerperium, the mother's knowledge, skill, and

confidence in self-care and baby care, the presence of support persons to help with the initial transition to home, and the availability of health services after discharge.¹¹ After delivery, it is crucial to educate and evaluate the mother regarding the risk factors and readiness for discharge and to take the necessary precautions early.⁹ The objective of the study is to evaluate the discharge readiness of puerperium and to determine the factors affecting

Methods

Design of study

This research is descriptive and cross-sectional.

Population

The study population consisted of mothers who gave birth vaginally or by cesarean section in Obstetrics and Gynecology services of a public hospital between 10.09.2021-31.01.2022. The research sample consisted of 323 postpartum women who agreed to participate in the study. The universe of the study consisted of an average of 3600 female patients who received care and treatment in the Gynecology and Obstetrics Clinic of a public hospital between 01.09.2021 and 28.02.2022, and the sample consisted of 323 female patients calculated using the Raosoft sampling method at a 95% confidence interval and with a 5% margin of error

Local

This study was conducted postpartum women residing in Turkey.

Selection criteria

The inclusion criteria for the study included being postpartum women who agreed to participate in the study.

Data collection

The "Descriptive Characteristics Form" and the "The Readiness for Hospital Discharge Scale-Postpartum Mother Form (RHDS-PMF)" were used in data collection.

Descriptive Characteristics Form: The form prepared by the researchers in line with the literature consists of 15 questions regarding the

sociodemographic and fertility characteristics of the mothers.

The Readiness for Hospital Discharge Scale-Postpartum Mother Form (RHDS-PMF): The validity and reliability of the Turkish adaptation of the form developed by Weiss et al. (2006) to determine readiness for early postpartum discharge were conducted by Akin and Şahingeri in 2010. The RHDS-PMF is a scale that evaluates readiness for hospital discharge based on the mother's perception and consists of four sub-dimensions and a total of 23 items. Item 1 of the scale is related to the mother's readiness for the planned discharge; it is answered dichotomously (yes/no) and is not included in the scoring. Items 2-23 are scored on a Likert scale from "0" to "10". The lowest score that can be obtained from the scale is "0" and the highest score is "220".

Ethical aspects

For the conduct of the study, written permission was obtained from the Clinical Research Ethics Committee of the hospital where the study was conducted (Decision no: 2021-15/1), written permission was obtained from the hospital administration, and verbal consent was obtained from the postpartum women constituting the sample.

Data analysis and treatment

Data were evaluated using SPSS 25 package program. The conformity of the data to normal distribution was done via Shapiro Wilk test. For the data that did not show normal distribution, the Mann-Whitney U test was used for two-group comparisons, and the Kruskal-Wallis test was used for more than two-group comparisons. The chi-square test, Fisher's exact test, and the Fisher-Freeman-Halton test were used in the comparison of categorical data. Categorical data are presented as frequencies and percentages.

Results

The mean age of the postpartum women who participated in the study was 28.57 ± 5.69 years (Min 16-Max 52). It was found that 75.2% of the postpartum women were high school graduates, and 69.7% were not employed. It was determined that

83.0% of the postpartum women had an intended pregnancy, and the mode of delivery was a C-section in 51.1% of the postpartum women. It was found that 78.9% received social support in their postpartum period, and the spouse and mother (52.9%) were the most frequent social support providers. It was determined that 91.0% of the postpartum women were satisfied with nursing care, and 48.9% had no expectations from nurses. Postpartum women stated that they experienced emotional issues, such as emotional fluctuations (32.2%), anxiety (30.0%), and irritability (22.9%) in the postpartum period, 87.9% felt ready for discharge, and 95.4% believed that they would be capable of self-care at home.

No statistically significant difference was found in the comparison of the variables of postpartum women's readiness for discharge with the variables of educational background, employment status, presence of social support, presence of postpartum information, and the person(s) from whom they received social support (Table-1).

No statistically significant difference was found comparing the variable of postpartum women's belief that they would be capable of self-care at home with their educational background, employment status, presence of social support, presence of postpartum information, and satisfaction with nursing care (Table-2).

The rate of having postpartum information was 82% (241/294) for those who were satisfied with nurse care, while the rate of having postpartum information was 53.8% (14/26) for those who were partially satisfied with nurse care (Table 2). A statistically significant difference was found in satisfaction with nursing care based on postpartum knowledge status ($p < 0.001$).

In our study, it was found that the mean RHDS-PMF score of the postpartum women was 154.29 ± 31.08 . A statistically significant difference was found in the scale score regarding the educational background.

In the pairwise comparisons, a statistically significant difference was found between bachelor's and master's degrees; the scale score of bachelor's degree graduates was higher than the scale score of master's degree graduates.

Table 1: Comparison of Sociodemographic Characteristics and Discharge Readiness of Postpartum Women Readiness for Discharge

Characteristic		Ready n (%)	Not Ready n (%)	p
Educational background	High School	238 (85.6)	35 (14.4)	0.070
	Bachelor's degree	76 (94.2)	4 (5.8)	
	Master's Degree	18 (100)	0 (0.0)	
Employment status	Yes	91 (92.9)	7 (7.1)	0.073
	No	193 (85.8)	32 (14.2)	
Presence of social support	Yes	229 (89.4)	28 (10.6)	0.083
	No	54 (81.5)	12 (18.5)	
Receiving information after delivery	Yes	225 (87.2)	33 (12.8)	0.431
	No	59 (90.8)	6 (9.2)	
Person(s) from whom she receives social support	Spouse	49 (96.1)	2 (3.9)	0.069
	Spouse and Mother	174 (90.1)	37(9.9)	
	Mother	61 (82.0)	9 (18.0)	
	Friend	3 (75.0)	1 (25.0)	

Table 2: Comparison of sociodemographic characteristics of postpartum women and their belief in capable of self-care at home

Characteristic		Belief in being capable of self-care at home		p
		Yes n (%)	No n (%)	
Educational background	High School	230 (94.7)	13 (5.3)	0.252
	Bachelor's degree	68 (98.6)	1 (1.4)	
	Master's Degree	10 (90.9)	1 (9.1)	
Employment status	Yes	94 (95.9)	4 (4.1)	1.000
	No	214 (95.1)	10 (4.9)	
Presence of social support	Yes	244 (94.9)	13 (5.1)	0.744
	No	64 (96.9)	2 (3.1)	
Receiving information after delivery	Yes	245 (95.0)	13 (5.0)	0.744
	No	63 (96.9)	2 (3.1)	
Satisfaction with nursing care	Yes	283 (95.2)	14 (4.8)	1.000
	Partially	27 (96.2)	1 (3.8)	
	No	3 (0.9)	0 (0.0)	

There was no statistically significant difference between high school and bachelor's degrees and high school and master's degrees, which are the other pairwise comparisons based on the scale score. (Table-3).

A statistically significant difference was found when readiness for discharge was compared with the scale score. The scale score of those who are ready for discharge is higher than those who are not ready for discharge (Table-3).

A statistically significant difference was found comparing the scale score with the status of believing that they would be capable of self-care at home. The scale score of those who believe that they would be capable of self-care at home is higher than those who do not (Table-3).No statistically significant difference was found when the scale score was compared with employment status, mode of delivery, person(s) providing social support, and presence of postpartum information (Tablo-3)

Table 3: Comparison of RHDS-PMF Scores with Sociodemographic and Fertility Characteristics of Postpartum Women

Characteristic		n	RHDS-PMF Median (min-max)	p	Pairwise comparisons (p)
Educational background	High School	242	167.5 (74-220)	0.026	High School-Bachelor's Degree: 0.157 High School-Master's Degree: 0.272 Bachelor's-Master's Degree: 0.046
	Bachelor's degree	68	175 (95-216)		
	Master's Degree	11	143 (113-191)		
Employment status	Yes	96	170 (95-216)	0.883	
	No	227	168 (74-220)		
Mode of delivery	Vaginal	157	166 (80-220)	0.696	
	C-section	166	172 (74-217)		
Person(s) from whom she receives social support	Spouse	51	171 (80-208)	0.122	
	Spouse and Mother	169	171 (74-220)		
	Mother	50	157 (85-217)		
	Friend	4	167 (94-177)		
Receiving information after delivery	Yes	258	170 (74-220)	0.551	
	No	65	163 (80-217)		
Readiness for discharge	Ready	285	171 (95-220)	<0.001	
	Not Ready	38	137 (74-211)		
Belief in being capable of self-care at home	Yes	308	169.5 (74-220)	0.004	
	No	15	139 (80-209)		

Discussion

Today, it is recommended that the postpartum woman and baby should be discharged from the hospital as soon as possible after delivery unless complications emerge.⁵ It is crucial to evaluate the postpartum women receiving holistic care after delivery in a good way and to identify the issues experienced by the postpartum women.¹²

In our study, it was determined that the mean score of readiness for discharge (154.29±31.08) was at a moderate level. These results are similar to studies conducted in Turkey.^{5,6,13} In the study conducted by Weiss and Lokken, the discharge readiness levels of mothers were found to be higher than in our study.¹⁴ This is considered to be due to the early discharge procedure implemented for mothers who gave birth vaginally in the hospital where our study was conducted. In our study, it was determined that postpartum women who received information regarding this period were satisfied with nursing care. In Gauci's review study, it is emphasized that the satisfaction of postpartum women is a subjective, multifactorial, and difficult-to-evaluate criterion, that healthcare services may

vary depending on the country, and that there is a wide range of care.¹⁵

There are study results in the literature that nurses' monitoring of postpartum women and the education provided by them can increase postpartum women's satisfaction with the nursing care they receive.^{1,16} In the study of Kahyaoğlu et al., postpartum period personal care, breastfeeding, and breast milk, newborn baby care training given to postpartum women before discharge from the hospital increased the readiness of postpartum women for discharge.⁶ Similarly, based on the literature it has been reported that early postnatal discharge of postpartum women with good postnatal follow-up is generally safe.⁷ In another study, it was emphasized that the problems of postpartum women who received information and education about the postpartum period decreased by half. Kehila et al. reported that adequate and necessary discharge education provided to postpartum women and evaluation of them based on the specified criteria could be safe for their early discharge.¹⁷ Therefore, we can conclude that the postpartum education provided to postpartum women is very crucial in the readiness

of postpartum women for discharge. In our study, regarding the educational background, the discharge readiness scores of postpartum women with master's degrees were lower than those with bachelor's degrees. According to the literature, the after-delivery needs of postpartum women, the timing of education, limited time allocation, motivation, personal coping skills, and adaptation have been reported as factors affecting discharge.^{12,18,19} In line with this information, we can state that the educational background alone is not sufficient for readiness for discharge and that we should evaluate postpartum women with a holistic approach.¹ In our study, the mean discharge scale score of the puerperium was 154.29 ± 31.08 . In other studies conducted in our country, 88.6% of the puerperium were ready for discharge in the study of Dağ et al. (142.09 ± 43.76), Çelik et al. (143.91 ± 32.40)) Türkmen and Özbaşaran, which shows that the results are similar^{20,21,22} It suggests that it is important to ask whether the postpartum woman feels ready for the planning of after-delivery hospital discharge and to evaluate the postpartum woman's physical, psychological, and social readiness for discharge in the after-delivery period.⁵ The early postpartum period is a difficult process in which bio-psycho-social changes occur in women.^{3,5} After childbirth, spouses' expectations of each other may have changed, and their roles and responsibilities may have enhanced.¹⁸ It has been reported that failure to provide adequate assistance to mothers in this period when stressful situations arise negatively affects the physical and mental health of postpartum women.^{23,24}

According to the results of studies on the subject, it is emphasized that social support is crucial for in-home care for postpartum women with high stress, and hospitalizations may be repeated due to depression in the absence of social support.²⁴ In this study, it was found that postpartum women received social support, and they had this assistance mostly from their spouses and mothers-in-law, who felt ready for discharge and believed that they would be capable of self-care at home. After discharge, the mother's attempt to meet both her own and the baby's needs alone at home may negatively affect the mother-baby relationship and lead to an escalation of the physical, psychological, and social issues of the postpartum woman.^{12,18} In Altuntuğ's study, it was determined that postpartum women in the intervention and

control groups received postnatal support at home (90.0% and 82.0%, respectively) and received the most support from their mother and mother-in-law (82.5% and 70.0%, respectively).¹⁶ In Turkey, while services for home monitoring in the postpartum period are inadequate, the extended family structure, which is one of the cultural characteristics of our country, supports postpartum women socially both in their care and in infant care.¹⁹ Nevertheless, it is essential to obtain health information from reliable sources as health problems that may affect infant-maternal health in the postpartum period.^{23,24}

There are different mobile applications developed based on these concerns, where postpartum women can feel safe and consult health professionals.²⁴ In evidence-based studies in the literature, considering that home visits and telephone support are effective in minimizing emotional issues, nurses play an active role in ensuring a healthy transition through this period.²⁴ In the review study conducted by Gauci et al. on the subject, it is reported that it may be possible to recommend "early postpartum discharge" to postpartum women when good follow-up and monitoring are performed based on the results of studies in different countries.¹⁵ In another study, it is reported that postpartum women can be safely discharged when eligibility criteria for early discharge are strictly defined by hospitals.²⁴

Conclusion

The puerperium's feeling of readiness is important in making the discharge decision. There may be differences in the perception of readiness between the nurse and the puerperium. After delivery, it is important to educate and evaluate the mother in terms of risk factors and readiness for discharge and to take the necessary measures early. Therefore, it is thought that evaluating the readiness of the woman before discharge will contribute to the planning of postpartum care quality and follow-up services. In line with the study results, it is recommended to include training on childbirth and postpartum during pregnancy follow-up in the prenatal period in order to ensure the safe discharge of postpartum women. Based on this study's results, the average discharge scale score of the postpartum women in the group was determined to be ready. Thus, the education and the social support provided

support postpartum women's satisfaction with nursing care and their readiness for discharge. Therefore, we emphasize once again the importance of planned discharge in the postpartum period becomes apparent.

Authors' contributions

Conceptualization, methodology, data collection, writing original draft NU and AP,EB data collection, and writing review and editing.

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