

REVIEW ARTICLE

Municipal initiatives in supporting postpartum women: A systematic review

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Abstract

The postpartum period entails physical, emotional and social changes, and municipalities are well placed to provide support. We conducted a systematic review of municipal initiatives for postpartum women by searching PubMed and Web of Science (10 January–8 February 2024). Of 147 records, 13 studies met the inclusion criteria. Reported actions clustered around: prevention of postpartum depression (routine screening, counselling, referral—often via home visits); targeted programs for vulnerable groups; measures to improve accessibility (transport vouchers, e-health/teleconsultation); social protection/insurance; multi-actor collaborations; and home-visiting schemes. Across settings, municipal engagement was associated with earlier detection of depressive symptoms, increased use of maternal services, longer exclusive breastfeeding, and gains in maternal empowerment. Evidence favors integrated approaches that combine health and social support and prioritize equity. Local governments should expand home visits, embed screening and referral in essential services, address transport and insurance barriers, and partner with community and NGO actors to tailor support to context (*Afr J Reprod Health* 2026; 30 [1]: 139-158)

Keywords: Postpartum support; maternal health; municipal services; equity; community health.

Résumé

La période post-partum entraîne des changements physiques, émotionnels et sociaux importants, et les municipalités sont bien placées pour fournir un soutien à ce stade. Nous avons réalisé une revue systématique des initiatives municipales destinées aux femmes en post-partum en consultant PubMed et Web of Science (10 janvier–8 février 2024). Sur 147 études identifiées, 13 ont été incluses. Les interventions rapportées concernent principalement : la prévention de la dépression post-partum (dépistage systématique, conseils, orientation — souvent via des visites à domicile) ; les programmes ciblant les groupes vulnérables ; l'amélioration de l'accessibilité (bons de transport, e-santé/téléconsultation) ; la protection sociale et l'assurance ; les collaborations multi-acteurs ; et les visites à domicile. L'engagement municipal est associé à une détection plus précoce des symptômes dépressifs, à une utilisation accrue des services maternels, à une plus longue durée de l'allaitement exclusif et à un renforcement de l'autonomisation maternelle. Les données soutiennent des approches intégrées combinant soutien sanitaire et social, avec un accent sur l'équité et l'adaptation aux contextes locaux.. (*Afr J Reprod Health* 2026; 30 [1]: 139-158)

Mots-clés: Soutien post-partum ; santé maternelle ; services municipaux ; équité en santé ; santé communautaire

Introduction

The postpartum period, encompassing the first six weeks following childbirth, is a critical phase characterized by numerous physiological and psychological changes in women and is a time when maternal-neonatal mortality and morbidity are most prevalent. The World Health Organization (WHO) highlights the postpartum period as crucial for both maternal and neonatal health.^{1,2} This six-week post-delivery period is critical yet often neglected.³ It is also a transitional phase requiring physical,

psychological, and social adjustments for the woman and her family.⁴ Although medical terminology typically defines this period as six weeks, its transitional nature may extend longer. Limiting care to six weeks may increase the risk of maternal-neonatal mortality and morbidity and result in missed opportunities to promote and develop health behaviours beneficial to the well-being of women, new borns, and children.⁵

Postpartum care services, which hold a significant place within maternal and child health services, are fundamentally preventive health

services. More than half of women worldwide do not receive postpartum care within the first two days after childbirth.⁶ In Turkey, according to the 2018 Turkey Demographic and Health Survey (TDHS-TNSA), 96% of women received postpartum care within 41 days, 79% within the first two days, and 5% did not receive any postpartum care. Current clinical practices focus on a single postpartum visit at six weeks. There is increasing debate that a single visit may be insufficient for many women.⁷ A literature review on postpartum visit guidelines and interventions found that the timing of postpartum visits varies and is based on weak evidence.⁸ They also emphasize the growing need to provide postpartum care in a way that best meets the needs of women.

According to the WHO, the purpose of postpartum care is to preserve and optimize the health of both the mother and the baby, as well as to enhance family and community support to meet their health and social needs.⁶ It has been observed that postpartum care, both globally and in our country, often primarily addresses health-related needs, with inadequate attention given to social support. Social support includes the assistance women receive in areas of need, their satisfaction with this support, and the individuals providing it. During the postpartum period, social support facilitates women's physical, social, and emotional adjustment to this phase.⁹ It has been noted that the perceived level of social support among women is lower during the postpartum period compared to the pregnancy period.¹⁰ Despite the critical importance of postpartum care for maintaining and enhancing women's health, it is not prioritized as much as prenatal and perinatal care.¹¹⁻¹³

Local governments, as the administrative units closest to the public, are considered potentially effective actors in supporting women during the postpartum period. Local governments have been defined as 'a specific form of government with certain powers and authorities to implement policies or regulations within their jurisdiction'.¹⁴ Local government refers to the administration of regional affairs and is described as an administrative unit serving as the local representative of the central government.¹⁵ The structure of local government is described as consisting of various stakeholders who

come together to achieve the goal of serving the regional population.¹⁶ Public health, education, environmental improvements, and financial support are integrated under the concept of social municipalism. This approach is characterized by encouraging the active participation of all stakeholders, particularly citizens, in problem-solving processes and decision-making mechanisms. The involvement of stakeholders is crucial for delivering services that address needs across various domains such as health, culture, finance, and education.¹⁷ In light of these considerations, the present study undertakes a systematic review to examine how local governments support women during the postpartum period. This review aims to synthesize municipal initiatives supporting postpartum women across diverse contexts.

Methods

Research design

This systematic review was conducted following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines.¹⁸ An important resource related to systematic reviews is the PRISMA-Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2020) document. This guide assists authors in preparing protocols for systematic reviews and meta-analyses by providing a minimum set of elements to be included in the protocol.^{19,20} To minimize the risk of potential bias during the study, literature screening, article selection, data extraction, and article evaluation were conducted independently by two researchers. Additionally, each stage of the process was reviewed by the primary researcher, and consensus was reached among the authors.

Search strategy

In this systematic review, searches were conducted between January 10, 2024, and February 8, 2024. The databases PubMed and Web of Science (WoS) were utilized for the search. The search terms used were "postpartum care", "post-partum care", "postnatal care", "local government", and "municipality". The search strategy on PubMed and WoS involved the use of the search query "post-

partum care” AND “local government” [All Fields], with the “topic-related” option selected. Additional literature searches were conducted by checking the reference lists of the studies included in this review. To ensure methodological consistency, this predefined timeframe was determined in line with the study’s initial research design. Furthermore, the topic itself remains underexplored, and the limited number of studies available indicates that the review retains its relevance despite the passage of time.

Title selection of studies

This systematic review focused on studies that examined the practices of local governments regarding women’s postpartum care needs, the types of support provided, and the measures developed to address related issues. Due to the nature of this study, where specific interventions were not present in the included articles and prevalence was not assessed, the inclusion criteria based on Patient, Intervention, Comparison, Outcomes, and Study Design (PICOS) and Population, Exposure, Outcomes, and Study Design (PEOS) could not be applied. The inclusion criteria for this systematic review were that studies needed to be published in scientific journals, written in English, and available in full text. Articles published in non-scientific journals, articles without full texts, those published in languages other than English, book chapters, and conference abstracts were excluded. The selection of studies was conducted independently by the second and third researchers according to the established inclusion criteria. After screening, duplicate records were removed, and the selection of articles was carried out by reviewing the titles, abstracts, and full texts in sequence. As a result of the search, 137 records from the databases and 10 additional records identified through the reference lists of included studies were obtained. After removing duplicates and reviewing titles and abstracts, 53 full-text articles were selected. Following an examination of the full texts, 13 articles were included in the review (Figure 1).

Results

The results of this systematic review, which focuses on the efforts of municipalities to support women

during the postpartum period, indicate that some studies describe municipalities more as a geographical area rather than as active actors. Therefore, studies that define municipalities solely as a geographical area have been excluded from this review. The role of municipalities in actively supporting women has been examined under several categories.

Studies on the prevention of postpartum depression

Among the studies included in this systematic review, four focused on the prevention of postpartum depression (PPD). Two of these studies were conducted in China, while the remaining two were conducted in the Netherlands and Norway. In China, one study employed a broad-based screening method, whereas another used a retrospective evaluation.^{21,22} In a Norwegian study, postpartum home visits were utilized as an effective tool for detecting PPD and providing counselling services to women.²³ In a Dutch study, postpartum home visits were implemented under the "Healthy Pregnancy 4 All-2" (HP4All-2) program, which included 12 birth care facilities across 6 urban municipalities.²⁴ In one study, various factors such as stressful life events, poor economic conditions, and birth defects were associated with postpartum depression.²¹ Municipalities played an active role in preventing postpartum depression by collecting data through the Mothers and Children Health Management Information System Module and referring mothers in need to psychology and psychiatry units. This study underscores the importance of collaboration with municipalities in areas such as diagnosis and monitoring. The study recommended integrating PPD screening into routine postpartum home visits. In another study conducted in China, women with depression were identified through Shenzhen's comprehensive PPD prevention program and were referred to the appropriate units.²² The study found that the PPD prevention program contributed to the city's low prevalence of PPD and had a significant impact on preventing PPD. It was suggested that PPD screening and intervention be included as part of essential public health services.

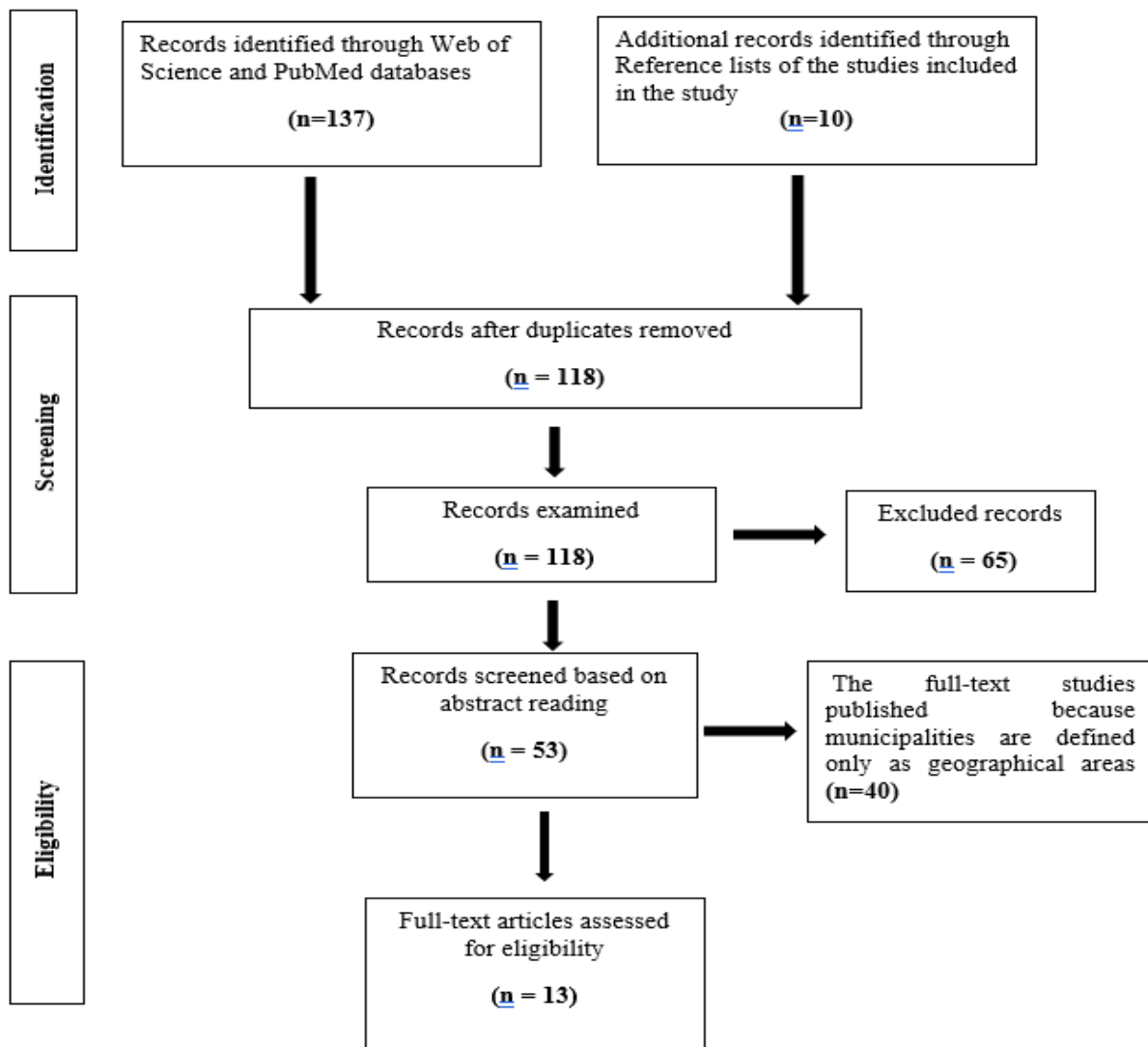


Figure 1: PRISMA flow diagram of the study selection process

In a study conducted in Norway to investigate the impact of a 'redesigned follow-up program' on postpartum depression (PPD), it was found that postpartum home visits, carried out with active participation from municipalities, facilitated the identification of PPD in mothers.²³ Expert community health nurses provided counselling to the mothers, and those deemed necessary were referred to psychiatrists. The study results indicated statistically significant improvements in depression scores up to 12 months postpartum among women

who received postpartum care under the redesigned follow-up program.

It was determined that implementing a redesigned follow-up program in municipalities was effective in identifying, preventing, and treating PPD, as well as reducing parenting stress levels in women throughout the first year postpartum. In another study conducted in the Netherlands, preventing PPD was identified as one of the important factors in empowering postpartum women.²⁴

Table 1: Study characteristics of included studies

Study	Study design	Country	Sample size/Study population	Data collection tools	Local government and intervention	Main outcomes
Wu D., Jiang, L., and Zhao G. (2022)	Cross-sectional	China	300.000 Puerperal women	Edinburgh Postpartum Depression Scale	Shenzhen municipality-Screening for postpartum depression through home visits	The prevalence of postpartum depression at the community level was found to be lower than the rates identified in hospitals. It has been recommended to integrate postpartum depression screening into routine postpartum home visits.
Lagendijk J., Been J.V., Ernst-Smelt H.E., Bonsel G.J., Bertens L.C.M., and Steegers E.A.P. (2019)	Multicenter Randomized controlled trial	Netherlands	2675 women in the postpartum period	Maternal Empowerment Questionnaire (MEQ) Edinburgh Postnatal Depression Scale	(The Netherlands-wide "Healthy Pregnancy 4 All-2" (12 maternity care facilities in 6 urban municipalities under the HP4All-2 program) postpartum home visits	The primary outcome is the prevalence of low maternal empowerment scores postpartum. Secondary outcomes include women's health-related quality of life, postpartum depression, and the use of tobacco, alcohol, and illegal drugs. The third

Kesuma Z.M., Chongsuvivatwong V. (2016)	Cross-sectional	Indonesia	1197 15-49 years aged women	Maternal Health Services (antenatal care, delivery, and postnatal care) satisfaction scale	To provide universal coverage for the Aceh population not enrolled in the national insurance program (Jamkesmas), the local government established an insurance program called Jaminan Kesehatan Aceh (JKA).	outcome concerns the utilization of postpartum maternal and new-born health services. It is noted that data collection for the study is still ongoing. In Aceh Province, it has been reported that satisfaction with prenatal and postnatal health services increased following the implementation of the JKA insurance program.
Massavon W., Wilunda C., Nannini M., Majwala R.K., Agaro C., De Vivo E., Lochoro P., Putoto G., and Criel B. (2017)	Quasi experimental	Uganda	Women attending antenatal, delivery and postnatal services at health facilities in the study's sub- counties.	A form identifying the number of antenatal care visits, the number of postnatal care visits and the proportion of women who skip local health facilities	Oyam district local government and Doctors with Africa CUAMM, an Italian non- governmental organizations The provision of transport vouchers and baby kits on the utilisation of maternal health services	The transportation voucher program effectively increased the use of maternal health services, while the baby kit program was only effective in increasing institutional births. Transportation vouchers proved to be less costly than

Rossau H.K., Nilsson I.M.S., Busck-Rasmussen M., Ekstrøm C.T., Gadeberg A.K., Hirani J.C., Strandberg-Larsen K., and Villadsen S.F. (2023)	Cluster-randomised trial	Denmark	All women who gave birth in 21 municipalities during the project period from April 2022 to the end of 2023 who met the inclusion criteria,	A survey to collect data on exclusive breastfeeding at four months European Quality of life – 5 Dimensions (EQ-5D)	21 Danish municipalities Danish Municipal Health Visiting Programme	baby kits in promoting institutional deliveries. It has been suggested that such incentives be integrated into the Ministry of Health's health system for sustainability. The primary outcomes are the proportion of women exclusively breastfeeding and the duration of breastfeeding at four months postpartum. The secondary outcomes include the cost-effectiveness and cost-benefit of the intervention. It has been noted that supportive practices can only increase the duration of exclusive breastfeeding.
Ando T., Mori R., Takehara K., Asukata M., Ito S., and Oka A. (2022)	Randomized control trial	Japan	318 women and their infants receiving postpartum care	Parenting Stress Index-Short Form (PSI-SF) and General Health Questionnaire-12 (GHQ-12)	Yokohama city Sakae ward local government. In addition to routine postnatal care through	In the intervention group using the teleconsultation service, the incidence of atopic dermatitis

					local government services, participants in the intervention group were provided with a paediatric teleconsultation service and sent free email newsletters	(AD) in infants was found to be lower compared to the control group, while no significant difference was observed in parenting stress between the two groups. It is suggested that such services could be beneficial in assessing the skin conditions of and in preventing AD.
Jolly S.P., Rahman M., Afsana K., Yunus F.M.d., and Chowdhury A.M.R. (2016)	Cross- sectional	India	A total of 1206 married women, aged 15–49 years, with a pregnancy outcome in the previous year	A survey to collect data on sociodemographic characteristics, contraceptive use, antenatal and postnatal care.	BRAC- nongovernmental organisation in Bangladesh. within the scope of MANUSHI program, home visits every month for maternal and new-born health practices, antenatal care, and postpartum care.	In informal settlements where BRAC activities were implemented the rates of receiving four or more antenatal care visits and postpartum care were significantly higher compared to those in other under-resourced urban neighbourhoods. This finding underscores the effectiveness of the BRAC interventions in improving access

Glavin K., Smith L., Sørum R., and Ellefsen B. (2010)	Quasi experimental	Norway	2247 postpartum women	Edinburgh Postnatal Depression Scale Parenting Stress Index (PSI)	Well baby clinics in two municipalities in Norway. Two weeks after birth home visits, a supportive counselling session six weeks after birth supportive counselling sessions for the depressed mothers a system for referral to further treatment in the municipality	to maternal health services in underserved communities. In the group where the redesigned postpartum care program was implemented, significant differences were observed in the Postnatal Depression Scale scores at six weeks, three months, six months, and twelve months.
Coşkun A, Karakaya E. (2012)	Descriptive and qualitative	Turkey	1119 pregnant and puerperal women	Pregnant and Puerperal women follow-up form, home visits evaluation form, Pamphlet with pictures for the peer trainers.	Diyarbakir Municipality, Women's Research and Application Centre (ERIC), Turkish Family Health and Planning Foundation 6,020 household visits, training and counselling for 1,119 pregnant or postpartum women. Focus group discussions were held.	It was found that women who received care adopted appropriate health behaviours, with 36.2% receiving primary healthcare services for the first time and 86.9% of births occurring in healthcare facilities. Pregnant and postpartum women reported satisfaction with home visits,

						<p>feeling special, and implementing self-care practices they learned.</p> <p>Additionally, there was an increase in the number of women receiving iron supplements, tetanus vaccinations, and regular care.</p>
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<p>Frederiksen M.S., Schmied V., and Overgaard C. (2021)</p>	<p>Ethnographic field study Qualitative</p>	<p>Denmark</p>	<p>26 women in pregnancy or postpartum and their partners 13 men</p>	<p>Interviews</p>	<p>Aalborg municipality 50 semi-structured interviews with parents informal interviews during parent-health professional encounters 51 field visits with participant observation</p>	<p>The study identified five themes: 1. Having a Voice: Feeling listened to, 2. Being Met with Empathy: Feeling understood, 3. Being Valued: Feeling taken seriously, 4. Being on Equal Terms: Feeling like a normal family, 5. Moving in the Right Direction: Feeling safe. The study emphasized that the approach taken by professionals is fundamental in ensuring that vulnerable parents feel secure and supported</p>

Pontoppidan M., Nygaard L., Thorsager M., Friis-Hansen M., Davis D., and Nohr E.A. (2022)	Randomized control trial	Denmark	320 pregnant women	Coding Interactive Behaviour instrument (CIB) The short version of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) Ages and Stages Questionnaire-Social Emotional 2 (ASQ: SE-2) Ages and Stages Questionnaire-Social Emotional 3 (ASQ:3) Edinburgh Postnatal Depression Scale (EPDS) Being a Mother (BAM-13) Parental Reflective Functioning Questionnaire (PRFQ) Parenting Stress Scale (PSS) Mother and Baby Interaction Scale (MABISC) Bayley Scales of Infant and Toddler Development 3rd	The FACAM intervention consists of providing additional support during pregnancy and until the child begins school, delivered by a health nurse or family therapist. The intervention is most intensive during the first 12 months and includes attachment-based support provided either individually or in groups. Participants are assessed initially and when the baby is 3 and 12 months old.	throughout the pregnancy and postpartum periods. The primary outcome is maternal sensitivity, measured using the Coding Interactive Behaviour (CIB) tool. The secondary outcomes include prenatal parental reflective functioning, mental well-being, depressive symptoms, breastfeeding duration, maternal satisfaction, child development, parental competence, parental stress, and activities conducted with the child.
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Trillingsgaard T., Maimburg R.D., and Simonsen M. (2015)	Randomized control trial	Denmark	2500 pregnant women and partners	Edition - Screening Test (BSID) Parenting Sense of Competence scale (PSOC) Parenting Stress Scale (PSS) Parenting Scale Coparenting Relationship Scale Attitudes Toward Seeking Professional Psychological Help Measure	The Aarhus municipality funded the study. The Family Start-up Program (FSP) is a group-based initiative aimed at implementing prenatal and postnatal parenting support to prepare new families for their parenting roles.	Primary outcomes include parents' self-reported parenting capacity and self-esteem. Secondary outcomes encompass parenting stress, parenting quality, and the quality of the couple's relationship. Tertiary outcomes involve the benefits of primary sector services, children's physical health, socio-emotional and cognitive development, and satisfaction with service delivery.
Jiang L., Wu D., Chen S., Zhao G., Wang Y., Duan W., and Liu H. (2022)	Retrospective	China	106,409 electronic records (postpartum depression (PPD) screening, referral, and intervention rates for 2015-2019)	Edinburgh Postpartum Depression Scale (EPDS)	Shenzhen municipality-Screening for postpartum depression through home visits	An increase in the screening rates for depression among all postpartum women has been reported. The high referral rates for detected depression have contributed to a lower prevalence of postpartum depression (PPD) in the city. It is recommended that PPD screening and intervention be integrated as part of essential public health services.

The study also emphasized that the utilization of postpartum maternal and new-born health services was crucial for the empowerment of postpartum women.

Studies focusing on disadvantaged areas or groups/situations

An examination of the studies included in the systematic review reveals that a significant portion focuses on disadvantaged areas and groups/situations. The primary aim of studies targeting disadvantaged groups or regions is to eliminate health inequalities. These studies were conducted in the Netherlands, Denmark, Turkey, and India.

In a study conducted in six municipalities in the Netherlands,²⁴ the 'Healthy Pregnancy 4 All-2' program aimed to identify and provide care for at-risk mothers and children in disadvantaged neighbourhoods, with the goal of improving their well-being. The study indicates that personalized care could positively impact mothers by preventing adverse health outcomes for both mothers and children, and by addressing non-medical risks.

In a study funded and supported by Aalborg Municipality in Denmark,²⁵ the focus was on individuals categorized as vulnerable or disadvantaged (e.g., poverty, young age, limited social support, domestic violence, sexual abuse, past or present mental health issues, substance abuse, etc.). The study emphasized the importance of the approach and communication style used in professional support for these individuals. Additionally, it was found that having a voice, being met with empathy, feeling valued and taken seriously, and feeling safe and supported significantly impact parents' caregiving experiences. In another study conducted in Denmark, which involved a collaboration between the Family Clinic and the municipality,²⁶ the effectiveness of an early and coordinated multidisciplinary intervention—referred to as the Family Clinic and Municipality (FACAM) intervention—was evaluated for pregnant women categorized as 'vulnerable' or disadvantaged. The study focused on women facing serious social issues, unstable family relationships,

severe psychological problems, and substance abuse issues. Each woman in the intervention group was assigned a specific support person (FACAM person), who maintained communication with her until her child started school. The intervention was designed to reduce health inequalities and was based on the theory of mentalization. The core idea behind the intervention is that if a pregnant woman or mother receives practical help and support from a trusted professional, she can focus more effectively on raising her child.

In another study conducted in Turkey,²⁷ a community-based project was carried out in collaboration with the Diyarbakır Municipality, the Women's Research and Practice Center (WRIC), and the Turkish Family Health and Planning Foundation. This project highlighted that cultural and language differences have a significant impact on trust in health services. The linguistic differences in the region were identified as a major disadvantage in accessing health services. Participants in the study expressed satisfaction with receiving information from individuals who shared the same language and culture. Trust in local authorities and the communicative approach of health personnel are crucial for accessing health services. The project revealed that the reasons for not receiving tetanus vaccination during pregnancy included resistance to vaccines, inability to obtain permission from elderly family members, and mistrust of primary health care centres. The key indicators of the project's success were the application of learned information by pregnant and postpartum women, their knowledge of appropriate health behaviours, and their trust in and utilization of peer educators.²⁷

In a mixed-methods study conducted in 21 municipalities in Northern Denmark, which examined social inequality in the context of breastfeeding, it was observed that supportive health service interventions were associated with an extended duration of breastfeeding. The study found that providing equal services does not necessarily result in equal outcomes and that those at higher risk require additional support. It was noted that most breastfeeding support was delivered within the framework of Denmark's municipal-based health visitation program.²⁸

A program was implemented in a deprived area of Bangladesh, which is considered a disadvantaged region, in collaboration with the non-governmental organization BRAC and the local municipality. The findings indicate that the program was more effective in reducing illness and mortality rates among mothers, newborns, and children under five in the areas where it was applied.

Additionally, the program led to higher rates of receiving four or more antenatal and postpartum care in the neighbourhoods where it was implemented compared to other similar areas.²⁹

Accessibility

In this systematic review, accessibility to healthcare services during pregnancy or the postpartum period is identified as a crucial factor. It was found that two of the studies included in the review addressed accessibility, and these studies were conducted in Uganda and Japan.

In a study conducted in the Oyam region of Uganda according to the governance model,³⁰ mothers were provided with baby kits and transport vouchers to assess their utilization of antenatal and postpartum care services. The study found that the distribution of transport vouchers was considered more essential and useful for mothers than the distribution of baby kits. These results indicate that women prioritize access to transportation when utilizing healthcare services.

Another relevant topic within the context of accessibility is 'e-health.' A study conducted in Japan evaluated the effectiveness of teleconsultation in reducing atopic dermatitis (AD) in children and parenting stress in mothers. In addition to routine postpartum care provided through local government services such as home visits by public health nurses and midwifery services, participants in the intervention group were offered the option to use a pediatric teleconsultation service free of charge until the fourth month postpartum, and email newsletters were sent.

The study found that teleconsultation services significantly reduced the prevalence of AD in infants in the intervention group compared to those in the control group. These findings underscore the importance of e-health and teleconsultation services

as effective management strategies for paediatric AD.³¹

Insurance-social security and financial burden

Lack of social insurance is a significant barrier to accessing healthcare services. In this context, another issue explored in the study is the role of local governments in providing 'insurance'. Insurance is a crucial element in addressing health inequalities. A study conducted in Indonesia³², which is included in this review, found that women who were not enrolled in the national health insurance program experienced increased satisfaction with prenatal and postnatal healthcare services when they received insurance coverage from local governments. This finding suggests that insurance coverage positively impacts women.

Collaboration and multi-actor initiatives

Collaboration is crucial for improving the quality and accessibility of healthcare services. In this context, it has been observed that many studies involved multi-actor initiatives to support women, with these studies conducted in Uganda, Turkey, India, and Denmark. In a study conducted in the Oyam District of Uganda, an international organization, local authorities, and an NGO collaborated.³⁰ In a study conducted in Diyarbakır, Turkey, local government units and a foundation worked together; Diyarbakır Municipality (local government), the Women's Research and Application Centre (WRIC), and the Turkish Family Health and Planning Foundation collaborated on this project.²⁷ Another study conducted in Bangladesh involved the NGO BRAC and Narayanganj City Corporation in implementing a program aimed at reducing illness and mortality rates among mothers, newborns, and children under five years old in the city's under-resourced urban neighbourhoods.²⁹ In Denmark, the FACAM study also involved collaboration between the Family Clinic and the municipality.²⁶

Home visits

Another notable finding in this systematic review is the use of home visits as an instrument for

supporting women. In the study conducted in urban informal settlements in Bangladesh, home visits before and after childbirth were used as a tool to facilitate access to health services for women in under-resourced areas.²⁹ In 2013, China launched a pioneering program that provided postpartum depression (PPD) screening for all postpartum women through home visits, and it was recommended that PPD screening be integrated into routine postpartum home visits.²¹ The study in Indonesia found that the implemented program led to increased frequency of home visit services for women, making these services more accessible.³² Similarly, the Danish study known as Minding the Baby (MTB), which aims to improve developmental, mental health, and relationship outcomes in vulnerable families expecting their first child, also involved a home visit intervention.²⁶ Likewise, the study conducted in the Netherlands observed that postpartum home visits were carried out under the 'Healthy Pregnancy 4 All-2' (HP4All-2) program, with 12 maternity care facilities across 6 urban municipalities providing these visits.²⁴

Holistic approach to supporting mothers

This systematic review highlights the importance of a holistic approach to motherhood, showing that supporting mothers involves significant responsibilities for partners, family members, and local authorities. In this context, the Family Startup Program implemented in Denmark focuses on strengthening father involvement, parenting, building social networks, and improving the quality of couple relationships.³³

Discussion

This systematic review was conducted to identify municipal initiatives aimed at supporting postpartum mothers and synthesizes the results of 13 examined studies. Our findings highlight key themes in the works conducted by local governments: the prevention of postpartum depression, the importance of "accessibility" and "social security" in utilizing healthcare services, the prevalence of multi-actor collaboration rather than solo efforts by municipalities, the significance of a "holistic approach" to maternal support, and the critical role

of "home visits" as an instrument in supporting mothers. Additionally, it is observed that a substantial portion of the studies focused on "disadvantaged areas or individuals in disadvantaged situations.

Local governments can play a significant role in the prevention of postpartum depression. As highlighted in the findings above, local governments can take an active role in preventing postpartum depression through activities such as screening, providing counselling services, or enhancing maternal support.^{21,22,23,24} Similarly, a study conducted in Lagos, Nigeria, found that factors such as experiencing postpartum blues, lack of assistance in childcare, partner violence, and lack of support were significant determinants of PPD.³⁴

One of the study's recommendations is the establishment of adequate social systems to support women before and after childbirth.

In this context, the necessity for local governments to take on a supportive role for pregnant women and mothers becomes evident. As the units closest to the local population, it seems implausible for local governments to overlook pregnant women and mothers, especially during this period when they are in dire need of support. Local governments aiming to make a difference should focus on pregnant women and mothers. Although this support primarily targets pregnant women and mothers, it is important to remember that babies receiving care from healthy and supported parents in their early stages of life are likely to be healthier, and the societal implications of this situation should not be overlooked.

Some of the studies examined in our research highlight the importance of "accessibility" in utilizing healthcare services.^{30,31} Additionally, a study conducted in 2021 emphasizes that the accessibility of healthcare services, as influenced by whether the mother's residence is in a rural or urban area, is a significant variable in postpartum care.³⁵ Another study showing the importance of accessibility was conducted in the Upper Himalayas.³⁶ It was found that mothers who made at least four visits before pregnancy and completed three visits postpartum, and who lived within a 3 to 59-minute walking distance from the nearest health facility, had greater access to information.

Moreover, a study conducted in Gambia identified a significant relationship between Local Government Areas (LGA) and postnatal care (PNC).³⁷ The study in Gambia defined geographical location, ethnic origin, radio/media usage, and the timing of prenatal care appointments as factors associated with postpartum care utilization.

In our study, one of the examined studies evaluates "e-health" and "teleconsultation" services as effective methods.³¹ Indeed, e-health has been recognized as playing a crucial role in achieving universal health coverage (UHC) and Sustainable Development Goals (SDGs).³⁸

According to the research findings,^{26,27,29,30} many municipalities have operated not as single entities but in a "multi-actor" manner, emphasizing the importance of "collaboration" in these studies. Indeed, a retrospective study³⁹ that addresses the collaboration between central and local administrations in postnatal and antenatal care, as well as maternal and child health, argues that both collaboration and continuity have positive effects on maternal and child health. Similarly, a study conducted in Malawi⁴⁰ investigated the impact of the CARE Community Score Card social responsibility project on contraceptive use, prenatal and postnatal care services, and service satisfaction. The results showed improvements across 13 indicators. Additionally, another study aimed at reducing maternal and neonatal mortality⁴¹ identified the involvement of traditional birth attendants and the lack of qualified birth attendants as factors contributing to maternal and neonatal deaths. To address this, local governments and the Ministry of Health provided training to traditional birth attendants, with health workers trained by WHO/UNICEF participating in the project.

In one of the studies examined in this research³², social security/insurance is identified as a significant factor in accessing healthcare services. Similarly, a study conducted in Ghana⁴² revealed that women with health insurance had better access to prenatal care, facility-based deliveries, and postnatal care services. Additionally, a study conducted in Turkey,⁴³ which utilized the WHO Quality of Life Scale, found that individuals with social security had higher scores across all domains compared to those without social security.

Another significant finding of the study is that home visits are used to support pregnant women or new mothers.^{29,21,32,26,24} Indeed, in a study demonstrating the importance of breastfeeding for child and maternal health,⁴⁴ home visits were identified as one of the most influential factors in maintaining exclusive breastfeeding during the first six months of the baby's life.

According to one of the studies reviewed in this research,³³ it is essential to provide 'holistic support' to mothers. It is known that increased perceived social support is associated with a reduction in psychological problems caused by stressful life events.⁴⁵ Social support, particularly during the postpartum period, is crucial for reinforcing maternal identity and role, as well as for the healthy development of the new-born.¹⁰ A study conducted in Turkey⁹ also found that high levels of social support from the family during the postpartum period positively contributed to women's self-care activities, infant care, and the fulfilment of their responsibilities.

One of the main findings of this study is that a significant portion of the activities conducted by municipalities²⁴⁻²⁹ focus on disadvantaged groups or areas. Similarly, a study conducted in Nepal³ found that factors such as caste/ethnicity, the occupation of participants' spouses, and the type of health facility used during childbirth affect the utilization of services among disadvantaged groups. The recommendation of this study is that PNC services should focus on mothers from disadvantaged caste/ethnic backgrounds and those with spouses working abroad, and that the participation of partners in prenatal and postnatal care services, including postpartum care, should be encouraged.

The main recommendation of the article, which is the necessity of supporting women during the postpartum period by local authorities, aligns with international documents. According to the WHO European Healthy Cities Network Phase VII (2019 - 2024) framework, the importance of 'early childhood years' is highlighted, and it is stated that a good start is the foundation of a healthy life. The document assigns local authorities the task of investing in strategic and integrated plans that provide positive early childhood experiences and development; focusing on long-term strategies that

evolve with the participation of city residents to improve health.¹² Additionally, the reduction of vulnerability is also a significant issue in this strategic document, and local authorities are tasked with identifying vulnerable groups in the community and addressing these groups with complementary service models and inequality-reducing methods within the city.¹²

Strengths and limitations

This review offers several strengths. It systematically synthesizes evidence from diverse contexts, drawing attention to municipal-level initiatives that are often overlooked in maternal and postpartum care literature. By emphasizing the role of local governments, the study bridges a critical gap between national health policies and local-level implementation, thereby contributing to a more nuanced understanding of postpartum support mechanisms.

However, several limitations should be acknowledged. The relatively small number of studies identified and the predominance of research conducted in high-income countries may restrict the generalizability of the findings. In addition, variations in terminology, methodology, and local government structures across different contexts could have influenced the comparability of results. Finally, the exclusion of non-English and unpublished studies may have led to the omission of relevant local practices.

Policy and practice implications

The involvement of local authorities in supporting mothers is crucial for both women's and community health, and it also represents an opportunity to enhance the social value and visibility of local administrations. By synthesizing evidence across multiple contexts, this study provides actionable insights for both academia and policymakers.

As administrative units closest to citizens, local authorities are strategically positioned to address the specific needs of women during the postpartum period. Global examples demonstrate that municipal initiatives can significantly reduce health disparities beginning from the fetal stage. Beyond conventional

healthcare delivery, the adoption of e-health and teleconsultation systems should be prioritized to improve maternal knowledge, awareness, and accessibility.

Investing in community-based healthcare services, home-visit programs, and digital health platforms can help mitigate postpartum complications and advance gender-sensitive maternal policies. Municipalities should also embed postpartum support within their broader social and public health frameworks, giving particular attention to vulnerable or disadvantaged populations. Finally, sustained collaboration between national health institutions and local administrations is essential to ensure service continuity, effectiveness, and long-term impact

Conclusion

The involvement of local authorities in supporting mothers is crucial for both women's and community health, and it also represents an area that can enhance the prestige and social responsibility of local administrations. This study aims to provide insights that will benefit both academia and local governments.

As administrative units closest to the public, local authorities are well-positioned to identify and respond to the needs of women during the postpartum period. Global examples demonstrate that municipalities should take greater initiative in this area. Reducing health disparities from the fetal stage is of vital importance. In addition to traditional health services, employing e-health systems to enhance the knowledge and awareness of pregnant women and new mothers should be among future priorities. Local authorities are recommended not only to act as fundamental supporters of women but also to remain open to collaboration and innovation. Investing in accessible healthcare services, home-visit programs, and e-health solutions can significantly reduce postpartum complications and promote gender-sensitive maternal policies. Municipalities should integrate postpartum support into their broader social and health policy frameworks, with particular focus on disadvantaged or vulnerable populations. Collaborative efforts between national and local institutions can further

strengthen the continuity and effectiveness of maternal care services, ensuring that postpartum support becomes a sustainable and equitable public responsibility.

Contribution of authors

Burcu Demirdöven conceptualized and led the study. All authors contributed to the literature review, data extraction, interpretation of findings, and manuscript preparation. All authors reviewed and approved the final manuscript.

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Conflict of Interest

The authors declare no conflict of interest.

Ethics approval

Ethical approval was not required as this study is a systematic review of published literature and does not involve human participants.

Data availability

All data supporting the findings of this study are included within the article..

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