

Educational Intervention on Practices of Postnatal Care among Healthcare Workers in Selected Primary Health Care Facilities in Osun State, Nigeria

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Abstract:

Lack of provision for continuous training and evaluation of the healthcare providers on postnatal care guidelines is one of the major challenges contributing to the poor quality of postnatal care. Hence, this study assessed practice of healthcare workers on care of the new born, bathing and immunization of the new born, and care for mothers in selected primary health care centers in Osun State Nigeria. This study utilized two group pre-test – post-test quasi experimental design. Random sampling technique was used in recruiting 220 healthcare workers. Test paper on practices of healthcare workers on postnatal care was used for data collection. Data were collected over three months in three phases of pre-intervention, intervention and post- intervention. Descriptive statistics were used to answer the research objectives. A training package was used as an intervention to train the healthcare workers. The findings revealed that there was an increase in the practice of respondents on care of the new born pre intervention 84(76.4%), immediate post intervention 98(93.3%) and 3month post intervention 95(100%) among the experimental group. But the case is different among the control group, it was observed that there is no significant increase in practice pre intervention 75(64.5%), immediate post intervention 80(76.2%) and 3months post intervention 82(91.1%). There was significant increase in the practice of bathing and immunization of the new born in the experimental group pre intervention 77(70.0%), immediate post intervention 91(86.7%) and 3month post intervention 94(98.9%). It was

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also revealed that there was a significant increase in the practice of respondents among the experimental group on postnatal care of the mother pre intervention 82(74.5%), immediate post intervention 91(86.7%) and 3month post intervention 95(100%) while in the control group there is no remarkable increase in practice among the respondents. It is therefore recommended that healthcare workers should be adequately trained on inculcating WHO guidelines on postnatal care in their practice so as to ensure successful postnatal care periods for both mother and baby during postnatal period.

Keywords: Educational Intervention, Practice, Postnatal Care, Healthcare Workers,

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Introduction

Every mother hopes for a smooth delivery and postpartum period, but this depends on how well she and her newborn are cared for in the immediate aftermath of birth and throughout the first six weeks of life (Oakley, 2018). After giving birth, moms and their partners enter a new phase of family life, and their newborns begin what will be a lifelong medical record. Inadequate care during the early postnatal period, especially the first day, is associated with an increased risk of maternal and infant death. Effective Both the mother and the newborn require care after delivery to ensure their health (Appiah et al., 2021; WHO, 2014).

Needs for care and assistance after delivery were less recognised in underdeveloped nations, but in industrialised countries virtually all mothers and their newborns receive postnatal care, although the kind and frequency of this care varies. Despite its importance, the postpartum period receives less professional care than the antepartum period. Despite the high potential for improvement in long-term results and the high risk of illness during pregnancy and labour, neither should be avoided. (Akibu., et al., 2018). Women who have given birth in health care facilities have often been sent home just hours after giving birth, with no plans made for their continued medical or emotional assistance. The mortality rate is affected by several factors, including the persistence of hazardous health care practises in various regions of the world. For instance, the effectiveness of exclusive breast feeding might be hindered if care professionals or institutions do not advocate for, defend, and encourage breastfeeding from the start (WHO, 2020; WHO, 2012).

At least 125,000 African mothers and 870,000 babies succumb to complications within the first week of life every year (Tefera, et al., 2021). It has been estimated that between 65% and 75% of all maternal and neonatal fatalities occur within the first week following birth (Shibru, et al., 2018). About 265,000 African mothers and 1,208,000 African neonates every year die in the first month of life owing to pregnancy and childbirth-related problems (Tefera, et al., 2021). There was indications suggesting the newborn mortality rate in Nigeria was 35.9 deaths per 1,000 live births in 2019. The incidence of death among newborns in Nigeria has decreased steadily from 65.8 per 1,000 in 1970 to 34.9 in 2019. In addition, the rate of maternal death was 925 per 100,000 live births in 2016 and 917 per 100,000 live births in 2017, a decrease of 0.86 percent. High PNC coverage might save up to 310,000 infant lives annually in sub-Saharan Africa (Moshi, et al., 2020). This is because it is projected that 10–27% of newborn deaths could be prevented if regular postnatal care in the postnatal period covered 90% of newborns and their mothers.

The high rates of maternal and newborn mortality at the turn of the twentieth century inspired the development of the current models of postnatal care in industrialised nations (Asaye et al., 2020; WHO, 2013). Monitoring the mother's vitals after giving birth, including blood loss via the vagina, uterine involution, blood pressure, and temperature, is standard practise. Few resources exist to guide healthcare providers through various postnatal practises (WHO, 2022; WHO, 2011). Similarly, postnatal care for babies has typically only concerned itself with cord care, cleanliness, weight monitoring, feeding, and/or immunisations, as stated by Wind, and Garcia (2021). According to Pehl et al. (2020), the frequency and scope of such services have remained mostly unchanged throughout time. Women's increased involvement and active participation in the nature of their care, along



with a dramatic decline in maternal and child mortality and morbidity rates in developed countries around the middle of the 20th century, has sparked renewed interest in rethinking the current trend in care delivery.

Recognising potential threats and acting quickly if they materialise are two of the most important aspects of postnatal care despite the fact that these rules have nothing to do with the treatment of an illness or emergency. To wit: (Ajabmoh et al., 2021; Mwilike et al., 2018) There is no room for delay. Therefore, postpartum and postnatal advice should take into account the epidemiological pattern of health issues to effectively meet critical public health demands. It is crucial to determine, on the basis of the available information, the essential or core care that every woman and her newborn infant should get in the first six weeks following delivery.

Most care during the postpartum and postnatal period is provided at home, where the mother and her family may focus on the new arrival. As Tamirat and Sisay (2019) and Dahab and Sakellariou (2020) note, one goal of postpartum and postnatal care provided by the health system is to encourage women and families to adopt evidence-based practises at home and to establish sustained community support for these practises. As a result, women who have recently given birth require maternity protections, such as paid time off. International Labour Organisation (ILO) Maternity Protection Conventions mandate a minimum of 14 weeks of paid maternity leave to support exclusive breastfeeding. The Conventions require six weeks of paid maternity leave for mothers who have given birth but do not have a live infant (Maul, 2019; Kwegyir-Afful, et al., 2018).

In addition, through a technical consultation process, the World Health Organisation (WHO) has revised global recommendations on postnatal care for women and babies. Focusing on resource-limited situations in low- and middle-income countries, the new recommendations address the timing and substance of postnatal care for women and babies (Guenther, 2019; WHO, 2013). These guidelines were developed following a similar procedure to those for maternal, perinatal, and newborn health and those that specify the types of healthcare providers who may safely provide essential therapies for these populations (WHO, 2012).

The main objective of the study was to assess the effect of a midwife –led intervention on practices of health workers on WHO guidelines for postnatal care. The study specifically examined:

1. assess the pre- and post- intervention level of practice on postnatal care of the new born between experimental and control group;
2. assess the pre- and post- intervention level of practice on bathing and immunization of the new born between experimental and control group; and
3. assess the pre- and post- intervention level of practice on postnatal care for mothers between experimental and control group.

Research Method and Materials

Quasi experimental design of two group pre and post intervention was adopted for this study because it is not a true randomised control trial experiment. Population for this study includes health care workers (Nurses and Community Health Extension Workers) in selected primary health care centers in Osun State. The total population of nurses in 12 selected health facilities (4 health facilities from each of the LGA) in Osogbo LGA, Ife north and Ede south LGAs is one hundred and ninety-one (191) while total population of CHEW is two hundred



and ninety-nine (299). The sample size for this study was determined using Taro Yamane formula which yielded sample size of 220 selected using multistage sampling procedure. Self-developed structured questionnaire was used to elicit information from the respondents the instrument consists of two sections. **Section A** sought for information on socio-demographic characteristics of the respondents. **Section B** elicited information on practices of health care workers on care of the new born, bathing and immunization of the new born, and care for mothers. Each correct response was assigned 1 while incorrect response was assigned 0.

The face and content validity of the instrument and training package was assured by presenting both the instruments and training to experts in the field for correction and appraisal. Corrections was done before administration of the instrument and training package to selected health workers in another primary health centre which is not part of the study setting. The reliability of the instruments was established through an internal consistency approach. The instruments were administered to 22 respondents which is 10% of my sample size health care workers at a selected PHC, which is not in the same local governments where the sample for the research work was taken. The correlation coefficient of internal consistency of the test computed show a co efficient at 0.893.

A total of three research assistants were trained for two days by the researcher on the objectives of the study, mode of test paper administration, collection of the test paper and how to ensure confidentiality and anonymity. Data collection was in three phases as follow: Pre intervention phase, Intervention phase and Evaluation phase. The data collected were analysed using Statistical Package for Social Science Version (SPSS) 21.0. Analysis was based on respondents that complete the study. The study was analysed using descriptive statistics (percentages and frequency).

Results

Objective 1: To assess the pre- and post- intervention level of practice on postnatal care of the new born between experimental and control group

Table 1: Level of practice on postnatal care of the new born

Variables	Experimental			Control		
	Po N=110	P1 N=105	P2 N=95	Po N=110	P1 N=105	P2 N=90
New born should be assess for some signs of danger during each postnatal visits	88(80.0%)	98(93.3%)	95(100.0%)	80(72.7%)	84(80.0%)	86(95.6%)
Baby should be assess and referred if he stopped feeding well, convulse, breathing rate	86(78.2%)	96(91.4%)	94(98.9%)	75(68.2%)	80(76.2%)	82(91.1%)



>60b/m, there is severe chest in -drawing, no spontaneous movements						
Baby should be assess and referred if temperature is >37 ^o c, temperature is <35.5 ^o c, jaundice in the first 24hrs of life, or yellow palms and soles at any age	80(72.7%)	100(95.2%)	95(100.0%)	78(70.9%)	86(81.9%)	86(95.6%)
All babies should be fed exclusively from birth to 6 months of age	82(74.5%)	98(93.3%)	95(100.0%)	65(59.1%)	70(66.7%)	74(82.2%)
Summary	84(76.4%)	98(93.3%)	95(100.0%)	75(68.2%)	80(76.2%)	82(91.1%)

Table 1 revealed that there is an increase in the practice of respondents on care of the new born pre intervention 84(76.4%), immediate post intervention 98(93.3%) and 3month post intervention 95(100%) among the experimental group. But the case is different among the control group, it was observed that there is no significant increase in practice pre intervention 75(64.5%), immediate post intervention 80(76.2%) and 3months post intervention 82(91.1%).

Objective 2: assess the pre- and post- intervention level of practice on bathing and immunization of the new born between experimental and control group

Table 2: Level of practice on bathing and immunization of the new born

Variables	Experimental			Control		
	Po N=110	P1 N=105	P2 N=95	Po N=110	P1 N=105	P2 N=90
I do delay bathing of baby till 24hrs after birth	84(76.4%)	100(95.2%)	94(98.9%)	70(63.6%)	72(68.6%)	73(81.1%)
for some cultural reason peculiar to individual patient I do delay bathing	60(54.5%)	85(80.9%)	94(98.9%)	62(56.45)	68(64.8%)	70(77.8%)

for at least 6hrs after birth						
I do ensure that clothing of the baby is up to 2 layers more than that of adult	75(68.2%)	90(85.7%)	94(98.9%)	56(50.9%)	60(57.1%)	60(66.7%)
I do ensure that cap & socks re part of baby's clothing	86(78.2%)	91(86.7%)	95(100.0%)	68(61.9%)	70(66.7%)	71(78.9%)
I do encourage and promote bonding of mother & baby in the same room for 24hrs a day	78(70.9%)	87(82.9%)	94(98.9%)	70(63.6%)	72(68.6%)	72(80.0%)
I do encourage and ensure immunization of baby according to schedule	80(72.7%)	90(85.7%)	95(100.0%)	64(58.2%)	65(65.0%)	67(74.4%)
Summary	77(70.0%)	91(86.7%)	94(98.9%)	65(59.1%)	68(64.8%)	69(76.7%)

Table 2 showed that there is significant increase in the practice of bathing and immunization of the new born in the experimental group pre intervention 77(70.0%), immediate post intervention 91(86.7%) and 3month post intervention 94(98.9%) while in the control group there is no remarkable increase in practice among the respondents the pre intervention 73(66.4%), immediate post intervention 68(64.8%) and 3months post intervention 69(76.7%) respectively.

Objective 3: To assess the pre- and post- intervention level of practice on postnatal care for mothers between experimental and control group

Table 3: Level of practice on postnatal care for mothers

Variables	Experimental			Control		
	Po N=110	P1 N=105	P2 N=95	Po N=110	P1 N=105	P2 N=90
I do assess mothers for the first 24hrs after birth	80(72.7%)	90(85.7%)	94(98.9%)	60(54.5%)	64(60.9%)	66(73.3%)
I do regular assessment of vaginal bleeding , uterine contraction, fundal height during the first 24hrs after birth	70(63.6%)	87(82.9%)	95(100.0%)	68(61.8%)	68(64.8%)	69(76.7%)
I do monitor BP shortly after birth	65(59.1%)	89(84.8%)	94(98.9%)	59(53.6%)	60(57.1%)	63(70.0%)



I do 2nd monitoring of BP if the first one is normal within 6hrs of birth	56(50.9%)	78(74.3%)	90(94.7%)	48(43.6%)	52(49.5%)	55(61.1%)
I do encouraged the woman to void within 6hrs of birth	63(57.3%)	82(78.1%)	93(97.9%)	62(56.%)	65(61.9%)	68(75.6%)
I do encourage and ensure early ambulation of my patient	76(69.1%)	90(85.7%)	94(98.9%)	68(51.8%)	68(64.8%)	70(77.8%)
Summary	82(74.5%)	91(86.7%)	95(100.0%)	70(63.6%)	73(69.5%)	75(83.3%)

Table 3 showed that there is a significant increase in the practice of respondents among the experimental group on postnatal care of the mother pre intervention 82(74.5%), immediate post intervention 91(86.7%) and 3month post intervention 95(100%) while in the control group there is no remarkable increase in practice among the respondents the pre intervention 70(63.6%), immediate post intervention 73(69.5%) and 3month post intervention 75(83.3%) respectively.

Discussion of findings

The results from the post intervention score of this study revealed that there is an increase in the level of practice of respondents on care of the new born as compared to the pre intervention level of practice 84(76.4%), immediate post intervention 98(93.3%) and 3month post intervention 95(100%) among the experimental group. But the case is different among the control group, it was observed that there is no significant increase in practice pre intervention 75(64.5%), immediate post intervention 80(76.2%) and 3 months' post intervention 82(91.1%). This shows that exposure of health care workers to continuous education goes a long way in their productivity, this was in line with statement of Buser, et al, (2021); Daher-Nashif and Bawadi (2020) that providing effective services to women and their newborn can substantially reduce maternal and infant morbidity and mortality, and contribute to efforts to achieve the maternal and child health millennium development goals (SDG3).

Results from this study showed that there is significant increase in the practice of respondents in the experimental group on bathing and immunization of the new born, the pre intervention score 77(70.0%), immediate post intervention 91(86.7%) and 3month post intervention 94(98.9%) while in the control group there is no remarkable increase in practice among the respondents the pre intervention 73(66.4%), immediate post intervention 68(64.8%) and 3 month post intervention 69(76.7%) respectively. This result showed that training plays an effective role in promoting good practices this was in line with a study conducted in Tanzania that revealed the difference in timing of bathing. It was stated that births in health facilities and with government-trained TBAs were been delayed, while births with untrained TBAs did not (Dhingra et. al, 2018). Also this result collaborates the statement of WHO, 2017 that Immunization is one of the safe, effective and cost-effective health interventions across different stages in life. Furthermore, study by El Shazly, et al (2016) revealed that receiving training courses has a significant effect on the total practice of HCPs



about immunization, These results are in agreement with those of Widsanugorn, et al. (2019) who stated that trained healthcare workers had better practice compared with untrained healthcare workers, and, to ensure optimal immunization effectiveness, continuous training and regular supervision on EPI are necessary.

The result from this study also showed that there is a significant increase in the practice of respondents among the experimental group on postnatal care of the mother pre intervention 82(74.5%), immediate post intervention 91(86.7%) and 3month post intervention 95(100%) while in the control group there is no remarkable increase in practice among the respondents the pre intervention 70(63.6%), immediate post intervention 73(69.5%) and 3-month post intervention 75(83.3%) respectively. This buttress the point highlighted by the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 that states that effective post-natal care plays a significance role in bringing to an end or averting death and guarantee health and well-being of the mothers. The result of the control group is in line with the study of Sialubanje, et al. (2023) that revealed that some health care workers reported not receiving any training on the WHO Postnatal care guideline and those that received the training did not disseminate the guidelines; hence the health workers continue the old practice of postnatal care this shows that training goes a long way in bringing about changes in practice of health care workers.

Conclusion

Practice of healthcare workers on WHO guideline on postnatal care (care of the new born, bathing and immunization of the new born, and care for mothers) was found to be tremendously improved after educational intervention. This shows that the training giving to healthcare workers helps to improve their practice on WHO guideline.

Recommendations

Based on the findings from the study the following recommendations were made:

1. Regular training in the form of in-service training should be done for healthcare workers by the relevant authority for as many staff as possible in an effort to reduce hospitalisation, mortality, and morbidity rates to the lowest possible level.
2. To ensure that healthcare personnel retain and use their training, it should be presented in a way that is both attractive and exciting to them, using a variety of teaching aids and progressing logically from the familiar to the unfamiliar.
3. Healthcare personnel should be evaluated on a regular basis through tests, research, and the availability of a checklist at the facility for self-evaluation.

References

- Ajabmoh, E. N., Atemnkeng, C. A., Nkemayim, D. C., Ngunyi, Y. L., & Egbe, T. O. (2021). Knowledge of danger signs during pregnancy and health seeking behaviours among women attending antenatal care; the case of two referral hospitals in Southwest Cameroon.
- Akibu, M., Tsegaye, W., Megersa, T., & Nurgi, S. (2018). Prevalence and determinants of complete postnatal care service utilization in northern Shoa, Ethiopia. *Journal of pregnancy*
- Appiah, F., Salihu, T., Fenteng, J. O. D., Darteh, A. O., Djan, E. T., Takyi, M., ... & Ameyaw, E.K. (2021). Factors influencing early postnatal care utilisation among women: Evidence from the 2014 Ghana Demographic and Health Survey. *PloS one*, 16(4), e0249480.



- Asaye, M. M., Muche, H. A., & Zelalem, E. D. (2020). Prevalence and predictors of postpartum depression: Northwest Ethiopia. *Psychiatry Journal*,
- Buser, J. M., Munro-Kramer, M. L., Veliz, P. T., Zhang, X., Lockhart, N., Biemba, G., ... & Lori, J. R. (2021). How maternity waiting home use influences attendance of antenatal and postnatal care. *Plos one*, 16(1), e0245893.
- Dahab, R., & Sakellariou, D. (2020). Barriers to accessing maternal care in low income countries in Africa: a systematic review. *International journal of environmental research and public health*, 17(12), 4292
- Daher-Nashif, S., & Bawadi, H. (2020). Women's health and well-being in the united nations sustainable development goals: A narrative review of achievements and gaps in the gulf states. *International journal of environmental research and public health*, 17(3), 1059.
- Dhingra, U., Gittelsohn, A. M., Suleiman, S. M., Suleiman, A., Dutta, S. M., Ali, S., Gupta, R.E. Black, & Sazawal, S. (2018). Delivery, Immediate Newborn and Cord Care Practices in Pemba Tanzania: A Qualitative Study of Community, Hospital Staff and Community Level Care Providers for Knowledge, Attitudes, Belief Systems and Practices. *BMC Pregnancy and Child birth* 14,173. <https://doi.org/10.1186/1471-2393-14-173>.
- El Shazly HM, Khalil NA, Ibrahim RA, Abdel Wahed SA. (2016). Knowledge and practice of healthcare providers as regards routine children vaccination in primary healthcare facilities of Queswina District, Menoufia Governorate. *Menoufia Med J*
- Guenther, T., Nsona, H., Makuluni, R., Chisema, M., Jenda, G., Chimbalanga, E., & Sadruddin, S. (2019). Home visits by community health workers for pregnant mothers and newborns: coverage plateau in Malawi. *Journal of global health*, 9(1).
- Kwegyir-Afful, E., Adu, G., Spelten, E. R., Räsänen, K., & Verbeek, J. (2018). Maternity Leave duration and adverse pregnancy outcomes: An international country-level comparison. *Scandinavian journal of public health*, 46(8), 798-804
- Maul, D. (2019). *The International Labour Organization: 100 years of global social policy*. Walter de Gruyter GmbH & Co KG.
- Moshi, F. V., Lymo, G., Gibore, N. S., & Kibusi, S. M. (2020). Prevalence and factors associated with home childbirth with unskilled birth assistance in Dodoma-Tanzania: A cross-sectional study. *The East African Health Research Journal*, 4(1), 92.
- Mwilike, B., Nalwadda, G., Kagawa, M., Malima, K., Mselle, L., & Horiuchi, S. (2018). Knowledge of danger signs during pregnancy and subsequent healthcare seeking actions among women in Urban Tanzania: a cross-sectional study. *BMC pregnancy and childbirth*, 18(1), 1-8.
- Oakley, A. (2018). *From here to maternity (reissue): Becoming a mother*. Policy Press
- Peahl, A. F., Smith, R. D., & Moniz, M. H. (2020). Prenatal care redesign: creating flexible maternity care models through virtual care. *American journal of obstetrics and gynecology*, 223(3), 389-e1.
- Shibru, A., Belihu, A., & Abdissa, G. (2018). Postnatal care services utilization and its associated factors among women who gave birth in the past one year in Gulele sub city, Addis Ababa, Ethiopia. *Journal of Health, Medicine and Nursing*, 46.



- Sialubanje, C., Kaiser, J.L., Ngoma, T. *et al.* (2023). Postnatal care services in rural Zambia: a qualitative exploration of user, provider, and community perspectives on quality of care. *BMC Pregnancy Childbirth* 23, 39 <https://doi.org/10.1186/s12884-023-05350-w>
- Tamirat, K. S., & Sisay, M. M. (2019). Full immunization coverage and its associated factors among children aged 12–23 months in Ethiopia: further analysis from the 2016 Ethiopia demographic and health survey. *BMC public health*, 19(1), 1-7.
- Tefera, Y., Hailu, S., & Tilahun, R. (2021). Early Postnatal Care Service Utilization and Its Determinants among Women Who Gave Birth in the Last 6 Months in Wonago District, South Ethiopia: A Community-Based Cross-Sectional Study. *Obstetrics and gynecology international*, 2021
- Widsanugorn O, Suwattana O, Sakamoto J, & Rashid H. (2019) Healthcare workers' knowledge practices regarding expanded program on immunization in Kalasin, *Thailand Nagoya J Med Sci.*, 73(1), 177–185.
- Wind, A., & Garcia, D. M. (2021). *Newborn Care. In Child Refugee and Migrant Health (pp. 391-411)*. Springer, Cham.
- World Health Organization (2014). Postnatal care for mothers and newborns Geneva: Highlights from the World Health Organization 2013 guidelines. RHR/15.05; 2015
- World Health Organization. (2020). WHO labour care guide: *user's manual*.

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