

## INTRODUCTION

The postpartum period, or puerperium, forms part of the normal continuum of the reproductive cycle (*WHO, 1998*). The postpartum period begins immediately after childbirth and lasts for approximately six weeks, or until the body has completed its adjustment to a state of nonpregnancy (*Franzblau and Witt, 2005*).

The postpartum period has been arbitrarily divided into the *immediate postpartum period* that consists of the first 24 hours after delivery when acute postanesthetic or postdelivery complications may occur, the *early postpartum period* that lasts from the second day after birth to the end of the first week and the *late postpartum period* lasts from the second week after birth to the six week (*Decherney and Nathan, 2003; Klossner and Hatfield, 2006*).

There is a very urgent need to focus on the immediate postpartum period for both the mother and newborn. Not only is the highest concentration of maternal and newborn deaths at this time of delivery and immediately thereafter, but both mortality and morbidity for the mother and newborn continue to be relatively high during the first week and up to six weeks postpartum (*Koblinsky, 2005*).

Quality postpartum services are a long-term investment in the future health of women and their newborn (*WHO 1998*). Accordingly, improving the quality of care within maternal health is an area that has gained significant interest in recent years. However, it remains a subject of debate with a range of opinions on the definition of quality of care (*Clapham et al., 2004*).

Hence, quality means developing aspects regarding the structure, process and outcomes standards that the health care delivery system must meet in rank for its populations to achieve optimum health gains (*Bethesda, 2001*). Additionally, quality is defined as a planned, systematic, organization-wide approach to the measurement, assessment and improvement of an organization's performance, thereby continually improving the quality of patient care and services provided (*Rossi, 2003*).

Quality improvement is an ongoing process of innovation, prevention of errors and staff development (*Yoder-wise, 1998*). The goals of quality improvement are the steady improvement of performance based on objective and qualitative information to improve direct woman care (*Rocchiccioli and Tilbury, 1998*).

According to *WHO (1998)*, postpartum care should respond to the special needs of the mother and newborn during this special phase. It includes: prevention and early detection of complications and disease, promote treatment and the provision of advice and services on several aspects like breastfeeding, birth spacing, immunization and maternal nutrition.

The responsibilities of the obstetric nurse in caring for the postpartum woman include; make relevant assessment, plan and implement of care and evaluate the effectiveness of care provided. The nurse also has the potential to affect significantly the woman's postpartum health by presenting self-care and infant care education, preparing for hospital discharge and providing follow-up for the mother and infant (*Littleton and Engebretson, 2005*).

## **Justification of the problem**

In the national mortality study done in Egypt at 2000, it was found that, the majority of maternal deaths occurs during the postpartum period; (49%) of postpartum death occurs during delivery and the 24 hours after delivery. While (26%) of postpartum death occurs within (days 2 to 42 after delivery). Improving the quality of the provided maternal health services was recommended by the MOHP for further reduction (***MOHP, 2000***).

Evidently, the findings of the previous study was conducted in the postpartum unit at Benha University Hospital revealed inadequate quality of nursing care provided to postpartum period, therefore this study conducted to improve quality of nursing care during postpartum period at Benha University Hospital.