

Introduction

Postpartum period is the six to eight weeks period following birth during which the reproductive tract, as well as the rest the body, returns to the non pregnant state (*Beckmann et al., 2010*). Also *Hafez & Yakout, (2010)* added, the postnatal period, or puerperium, starts about an hour after the delivery of the placenta and includes the following six week. By six weeks after delivery, most of the changes during pregnancy have resolved and the body has returned to the non-pregnant state

The postpartum period is one of the most vulnerable times in a woman's reproductive life cycle. In developing countries, over 60% of maternal deaths occurred during this time. An estimated 70% of women do not receive postpartum care. Approximately 45% of maternal deaths occur within the first 24 hours of delivery and another 23% occur on day's two to seven (*Deller & DeCamp, 2008*) while the maternal mortality rate (MMR) in Egypt is much higher than that in developed countries. Decreasing the MMR is an important goal (*El-Berry & Abedl Razik, 2009*). In addition, maternal mortality in Egypt accounts for 59 deaths per 100,000 live births and neonatal mortality rate 16.3 deaths per 1,000 live births (*Bitar, 2010*). The maternal mortality in Qaliobia accounts for 46 per 100,000 live births (*Directorate of Health Affairs at Banha, 2010*).

Maternal Mortality Rate (MMR) is an indicator of the quality of health care available during pregnancy, childbirth and postpartum period. Of all maternal deaths, 80% can be potentially avoided by interventions during pregnancy, childbirth and the postpartum period. One of the most important avoided interventions is self-care during postpartum period (*El Sherbeny, 2009*).

In Egypt, Most maternal deaths result from postpartum hemorrhage (33.4%), sepsis (5.9%), hypertensive disorder (16.7%), ante-partum hemorrhage (5.1%), ruptured uterus (5.4%), obstructed labour (5.9%) and complication from unsafe abortion (1.9%). The direct causes of maternal deaths in Egypt were around 69.5% (*Roushdy, 2007*).

Postpartum is a time when problems may develop quickly, which if not diagnosed promptly and treated effectively, can lead to illness and death of the mother or infant. Postpartum is an area of maternal care that deserves more attention and consideration. Care during the postpartum period provides the opportunity to ensure the mother and infant are progressing well, to support the breastfeeding mother and to detect and manage any problem (*Ministry of Health and Population, 2005*).

The major purposes of postpartum and postnatal care are to maintain and promote the health of the woman and her baby. The new parents need support for parenting and its responsibilities. Thus, the conceptual framework for guidance on postpartum and postnatal care should place the woman and the baby at the centre of care provision. This concept promotes the appreciation that all postpartum and postnatal care should be delivered in partnership with the woman and her family and should be individualized to meet the needs of each mother-infant dyad (*World Health Organization, 2010*).

The job of postpartum nurse in the early postpartum period is to help the new mother to regain her pre-pregnant state without complications and to provide a solid knowledge base of care for the new mother and new infant. The desired outcome is that the mother feels confident about taking care of herself and her infant and be prepared to resume her normal role in the community. To achieve this, the nurse

guides the new mother through the predictable physiologic, emotional, and social changes that occur after pregnancy and helps her develop coping strategies. Also the nurse has a role in providing social support and facilitating maternal-fetal attachment in the postpartum period to improve postpartum maternal adaptation (*Hyunjeong, et al., 2006*).

The guideline aims to identify the essential ‘core care’ which every woman and her baby should receive, as appropriate to their needs, during the first six to eight weeks after birth, based upon the best evidence available. A key component of the guideline is information to empower the woman to care for her baby and herself so as to promote their longer-term physiological and emotional well-being. The guideline covers information about maternal health, infant feeding and infant health, respectively (*The National Collaborating Centre for Primary Care, 2006*).

Nurses are promoters of women health by educating them during childhood. As well as nurses are in an ideal position to support pregnant and postpartum women and their families, provide a service that help parent to access information and use effectively to nature the health of their family (*Ministry of health, 2010*). The physical care for a woman received during her postpartum period can influence her health for the rest of her life (*McGarry, 2009*). Nurses can help individuals meet self-care requisites through five approaches: acting or doing for, guiding, teaching, supportive, and providing an environment to promote the individual ability to meet current or future demands (*Austin, 2010*).

Self-care in health is a behavior where individuals, families, neighborhoods and communities undertake promotive, preventive, curative and rehabilitative action to enhance their health (*WHO, 2008*).

Self-care has an important impact on woman, such as empower feeling of wellbeing, better symptoms management such as reduction in pain, anxiety, depression, and an increase in life expectancy. On other hand, it has an impact on services, like outpatient clinic, which can be reduced. In addition, hospital length of stay can be halved and medicines intake are regulated or reduced (*The Department of Health, 2007*). If the mother not applies self-care measures correctly, it may lead to negative effects on postpartum period such as breast problems, ascending infection, inflammation or even infection of episiotomy (*El Sherbeny, 2009*).

Justifications of the study:

The first hours, days and weeks after childbirth are a dangerous time for both mother and newborn infant. Among more than 500,000 women who died each year due to complications of pregnancy and childbirth, most deaths occur during or immediately after childbirth. Every year three million infants die in the first week of life, and another 900,000 die in the next three weeks (*WHO, 2010*).

There is 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 children's deaths at the time of delivery and immediately thereafter, but also both mortality and morbidity for the mother and newborn continue to be relatively high during the first week and up to four weeks postpartum. The postpartum period is also a period of transition when many women initiate new behaviors. However, the opportunity to provide health care during this critical period is often missed (*Koblinsky, 2005*).

More than one-quarter of all maternal deaths in Egypt occurred during the postpartum period. These deaths are largely a result of the lack of post-delivery counseling for new mothers on self-care, newborn care and postpartum family planning. A lack of postpartum training for nurses at clinics, a deficit in women's knowledge about self-care measures and clinical primary health care services, all contribute to a serious gap in maternal and child care (*Consortium, 2005 & Bitar, 2010*).

No guidelines or even instructions were given to mothers at Benha University Hospital before discharge about self-care during postnatal period, so the study was implemented to support mothers with guidelines to promote their health as well as their neonate's health to minimize maternal and neonatal morbidity and mortality.