



Review Article

“The needs of women in the postpartum period: A scoping review.”

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ARTICLE INFO

Keywords:

Postpartum period
Health services needs and demand
Women
Infant
newborn

ABSTRACT

Background: The postpartum period is critical and challenging for women, implying emotional, physical, social and spiritual changes. For a positive postpartum experience, it is important to receive consistent information and support from health professionals. However, this is not always the case, as care is more focused on the newborn, forgetting the needs of the puerperal woman.

Aim: The review aimed to map the published scientific knowledge about women's needs in the postpartum period.

Methods: A Scoping Review was carried out, according to the method proposed by The Joanna Briggs Institute, in the MEDLINE Complete, MedicLatina and CINAHL Complete databases, and were selected articles since 2017 that answered the research question "What is the available evidence on women's needs in the postpartum period?". For the selection of articles, the eligibility criteria were defined.

Results: A total of 6,647 articles were identified. After the exclusion of duplicate articles and the application of the eligibility criteria, at the end of the process, 27 articles were included in the review. The extracted data were grouped into four categories, which summarize the needs of women in the postpartum period: support, sharing, care and preparation for the postpartum period.

Conclusion: In the articles analysed, women reveal that they do not feel prepared for the postpartum period and identify several unmet needs, so health education and parenting skills training during pregnancy are essential to improve the postpartum experience and the transition to parenthood.

Introduction

The postpartum period is defined as the period that begins immediately after childbirth and ends after six weeks. It can be divided into: immediate, corresponding to the first twenty-four hours; early, from the first twenty-four hours to the end of the first week; and late, from the second week to the end of the sixth week after delivery (Centeno, 2017). It is noteworthy that the postpartum period is a critical period for the woman, newborn and family (World Health Organization, 2022), and is considered very challenging, as it implies an adaptation to new roles, especially in primiparous woman, but also emotional, physical, social and spiritual changes (Nan et al., 2020; Savage, 2020).

Thus, for women to achieve a positive postpartum experience, it is necessary that they receive information, validation and support consistently from motivated health professionals who are an integral part of a system that recognizes their needs and respects their culture (World Health Organization, 2022). However, despite the fact that in the puerperium, women need information, support and guidance on self-care,

and warning signs in the postpartum period (Savage, 2020), is the period in which they least receive it, as often the consultations carried out in this period focus essentially on the newborn, forgetting the needs of the puerperal woman (McCarter et al., 2019). Women also feel that health professionals are concerned about the well-being of their families, but they report that prenatal preparation for the postpartum experience is not enough (Savage, 2020) to take care of the newborn (Crowther et al., 2019).

In order to facilitate the process of transitioning to parenthood and provide a positive postpartum experience, the American College of Obstetricians and Gynecologists (ACOG), recommends that the pregnant woman should have access to information about the changes that occur during this period and that the health professional should develop a postpartum plan together with the pregnant woman. This plan should contain aspects such as the professional and social support network, among others, and should be reviewed and adapted to the needs of the postpartum woman (American College of Obstetricians and Gynecologists, 2018).

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<https://doi.org/10.1016/j.midw.2024.104098>

Received 26 December 2023; Received in revised form 17 June 2024; Accepted 2 July 2024

Available online 5 July 2024

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In view of the above, the present research may contribute to improve the postpartum experience of puerperal women, by clarifying their real needs, promoting anticipatory care, using the planning of strategies during the prenatal period that ensure their satisfaction. To this end, a scoping review was prepared with the following research question: What evidence is available on women's needs in the postpartum period? Aiming to map the published scientific knowledge about the needs of women in the postpartum period.

Method

A scoping review was conducted according to the "Joanna Briggs Institute Manual for Evidence Synthesis" (Peters et al., 2020), in order to map the key concepts, clarify the research area and identify knowledge gaps about the needs of postpartum women. To establish the search strategy, the acronym PCC was used, in which P (population) - woman in the postpartum period, C (concept) - needs and C (context) - considered irrelevant by the researchers. Thus, according to the PCC strategy, the following guiding question was defined as the guiding question of this review: What evidence is available on women's needs in the postpartum period?

For the selection of the articles, the following inclusion criteria were defined: studies related to the needs of women in the postpartum period, publication date equal to or greater than 2017, English, Portuguese and Spanish, studies with a quantitative, qualitative or mixed approach, primary and secondary, available in full text. Exclusion criteria were duplicate studies in the same or different databases, outside the scope of the study, or conducted with another population.

The research took place in three distinct moments. In the first, in April and May 2022, a search was conducted in the Medical Literature Analysis and Retrieval System (MEDLINE) databases, in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete, via EBSCOhost Integrated Search, in order to identify alternative search terms. To define the descriptors, we consulted the Health Sciences Descriptors (DeCS) page of the Virtual Health Library (VHL) in Portuguese and English, and the Medical Subject Headings (MeSH) in English, and the following were chosen: Mothers, Postnatal Care, Puerperium; Needs Assessment, Information Needs. In the second moment, in June 2022, a search was carried out in the MEDLINE Complete, MedicLatina and CINAHL Complete databases, through the EBSCOhost Integrated Search platform. The Boolean characters OR and AND were also used to combine the descriptors for each item of the PCC strategy, as shown in Table 1. In the third moment, in July 2023, the entire search was repeated to identify new articles published since the previous one (in June 2022).

The research was carried out by two reviewers independently, the disagreement between the results and the inclusion of results was carried out based on the consensus among the reviewers. The studies found in the search were imported into the Mendeley reference management software for application of the inclusion and exclusion criteria. The

Table 1
Search strategies used by database.

Databases (total of articles)	Search/Search Terms
CINAHL Complete (2.653 articles)	((MH "Mothers") OR (MM "Mothers")) AND ((MH "Postnatal Care") OR (MM "Postnatal Care")) OR (MH "Puerperium") OR (MM "Puerperium")) AND (MH "Needs Assessment") OR (MM "Needs Assessment") OR (MH "Information Needs") OR (MM "Information Needs")
MEDLINE COMPLETE (3.943 articles)	((MH "Mothers") OR (MM "Mothers")) AND ((MH "Postnatal Care") OR (MM "Postnatal Care")) AND (MH "Needs Assessment") OR (MM "Needs Assessment")
MEDICLATINA (51 articles)	(Mother OR Mothers OR Puerpera) AND (Postnatal Care OR Postpartum OR Puerperium) AND Needs

selection was made based on the reading of the titles, abstracts and, subsequently, the complete reading of the selected articles, in order to answer the research question and achieve the proposed objective. In addition, the bibliographic reference lists of the selected studies were analyzed in order to find important complementary studies that would also answer the guiding question.

To extract the data, a table was prepared in Microsoft Excel® 2017 software by the authors and organized according to the following variables: identification, author, year of publication, country of publication of the study, type of study, sample, needs of women in the postpartum period. The doubts that arose were discussed among the authors until a consensus was reached.

Results

A total of 6647 articles were selected, of which 3943 were from the MedLine Complete database, 2653 articles from the CINAHL Complete database and 51 articles from the MedicLatina database. A total of 427 were excluded because they were repeated. After applying the inclusion criteria, 49 articles were selected for complete reading, and 23 were excluded because they did not answer the guiding question of the research. 1 grey literature article was also included. The PRISMA Flow Diagram was completed, adapted from "The Joanna Briggs Institute Manual for Evidence Synthesis 2020" (Peters et al., 2020), which is shown in Fig. 1.

After the selection of the 27 articles included in the SR, the pertinent information was extracted in order to answer the research question of this SR.

The 27 articles included in the review were published between 2017 and 2023, four were published in the United States (14.8 %), four in Brazil (14.8 %), three in China (11.1 %), three in the United Kingdom (11.1 %), two in Norway (7.4 %), two in Sweden (7.4 %), two in Australia (7.4 %), one in Portugal (3.7 %), one in Jordan (3.7 %), one in Belgium (3.7 %), one in Indonesia (3.7 %), one in New Zealand (3.7 %), one in Ghana (3.7 %), and one in the Netherlands (3.7 %). Regarding the study design, seventeen (63 %) were descriptive qualitative studies, three were methodological studies (11.1 %), two were quantitative descriptive studies (7.4 %), one was Action Research (3.7 %), one was a Cohort study (3.7 %), one was an integrative literature review study (3.7 %) and one was a meta-synthesis study (3.7 %). Regarding the language of publication, the most used was English, followed by Portuguese. Table 2 presents the data on the selected publications.

The information extracted from the studies was subject to content analysis, and four categories emerged, which summarize the needs of women in the postpartum period: Sharing, Support, Care and Preparing for the postpartum period, which are presented in Table 3.

Regarding the need for **Sharing**, eight studies (29.6 %) emphasized the need identified by women to share their birth experience, emotions, parenting experience and doubts (Aaserud et al., 2018; Enlander et al., 2022; Finlayson et al., 2020; Penny et al., 2022; Ryan and Barber, 2022; Silva et al., 2021; Slomian et al., 2017; Verbiest et al., 2018).

Regarding the need for **Support** stated in eighteen studies (66.7 %), the support of the significant person, family, social and health professional who provide practical and emotional support is identified, enabling the woman to focus on the newborn and on their own needs (Adams et al., 2023; Ayyala et al., 2020; Carvalho et al., 2017; Dodou et al., 2017; Enlander et al., 2022; Erfina et al., 2019; Finlayson et al., 2020; Henshaw et al., 2018; Høgmo et al., 2023; Lambermon et al., 2020; McLeish et al., 2021; Nan et al., 2020; Penny et al., 2022; Riberio et al., 2019; Ryan and Barber, 2022; Slomian et al., 2017; Verbiest et al., 2018; Xiao and Loke, 2021).

The need for **Care** is explained in the overwhelming majority of studies ($N = 26$; 96.3 %), stating that these should be continuous and focused on the needs of the puerperal woman and not only on the newborn. There are several health education needs identified by women in relation to the postpartum period and newborn (Aaserud et al., 2018;

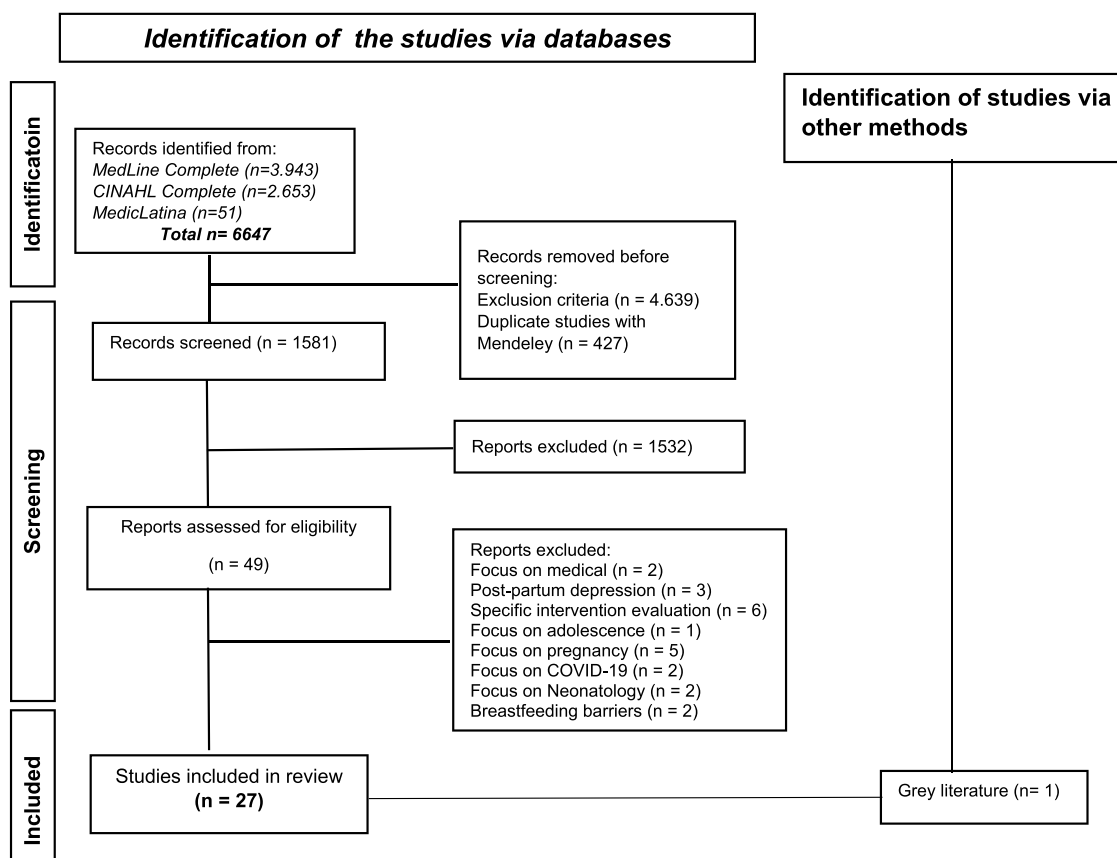


Fig. 1. Flowchart of study selection process of the Scoping Review, adapted from PRISMA-ScR.

Adams et al., 2023; Almalik, 2017; Carvalho et al., 2017; Crowther et al., 2020; Erfina et al., 2019; Finlayson et al., 2020; Guerra-Reyes et al., 2017; Henshaw et al., 2018; Lambermon et al., 2020; Lindberg et al., 2020; McLeish et al., 2021; Nan et al., 2020; Riberio et al., 2019; Silva et al., 2021; Slomian et al., 2017; Urbanetto et al., 2018; Verbiest et al., 2018; Xiao et al., 2019; Xiao and Loke, 2021).

The organization and functioning of health services is also identified as a need for health education about existing health services specialized in women's health and pediatrics (physiotherapists, osteopaths, nurses) (Crowther et al., 2020; Lindberg et al., 2020; Penny et al., 2022; Slomian et al., 2017) and emergency contacts (Crowther et al., 2020).

Regarding the newborn, health education needs are identified related to the care that the newborn needs (Almalik, 2017; Carvalho et al., 2017; Guerra-Reyes et al., 2017; Slomian et al., 2017; Aaserud et al., 2018; Xiao et al., 2019; Crowther et al., 2020; Nan et al., 2020; McLeish et al., 2021; Xiao and Loke, 2021) and their health surveillance/alarm signs (Crowther et al., 2020; McLeish et al., 2021; Slomian et al., 2017)

The need to **prepare for the postpartum period** was also identified in seventeen studies (63 %), based on the anticipation of needs in the continuity of care and the empowerment of women for the postpartum experience. Families need to be better prepared for the experience of it, as women do not feel sufficiently prepared (Almalik, 2017; Ayyala et al., 2020; Crowther et al., 2020; Dodou et al., 2017; Eikemo et al., 2023; Erfina et al., 2019; Henshaw et al., 2018; Lambermon et al., 2020; Lindberg et al., 2020; McLeish et al., 2021; Nan et al., 2020; Riberio et al., 2019; Ryan and Barber, 2022; Slomian et al., 2017; Verbiest et al., 2018; Xiao et al., 2019; Xiao and Loke, 2021).

Discussion

Becoming a parent implies adapting to a new routine and life cycle,

which can be influenced by more or less stress and difficulties in daily life (Carvalho et al., 2017). During this period, women report several needs, and the focus of this investigation is their mapping. Thus, women's needs in the postpartum period were grouped into four categories: Sharing, Support, Care and Preparing for the postpartum period.

Need for sharing

The studies by Aaserud et al. (2017), Verbiest et al. (2018) and Riberio et al. (2019) identify the sharing of the birth experience and its process, both with health professionals and with support groups with a need felt by many postpartum women. Sharing the experience of parenting, concerns and feelings with friends, family and support groups, allows postpartum women to reassure themselves about their parenting skills, but also to combat feelings of loneliness (Riberio et al., 2019; Ryan and Barber, 2022; Slomian et al., 2017). Also, Enlander et al. (2022) and Penny et al. (2022) refer to the importance of sharing the parenting experience with other parents, allowing them to connect with the community and increase the confidence of postpartum women. It is also identified the need to share and develop leisure activities (Silva et al., 2021), with other parents or friends, which focus on the puerperal woman as a person (Slomian et al., 2017).

Need for support

Social support in the postpartum period is considered an opportunity to develop maternal skills and confidence. However, it can also be a barrier to acquiring them and transitioning to parenthood (Finlayson et al., 2020; McLeish et al., 2021). Family and friends are important elements of social support, but so are health professionals (Adams et al., 2023; Ayyala et al., 2020; Crowther et al., 2020; Dodou et al., 2017; Finlayson et al., 2020; Høgmo et al., 2023; Lambermon et al., 2020;

Table 2

Characterization of publications according to title, authors, year of publication, country of origin, type and sample of the study, Needs of women in the postpartum period.

Author(s), year, country and title:	Type of study and sample size:	Type of Intervention:	Needs of women in the postpartum period
1.Aaserud, T.; Tveiten, S.; Gjerlaug, A. (2017) Norway <i>Home visits by midwives in the early postnatal period</i>	Descriptive and qualitative study; 6 participants	Semi-structured interviews	The participants reported the following needs: to talk about the experience of childbirth; obtain information and guidance on breastfeeding; expression of overwhelming emotions, information on the newborn's weight progression; Understand newborn signs, sleep and rest, and women's health. Women who received support in the postpartum period felt safer and more confident. The acquisition of knowledge empowers women in the care of newborns, making it possible to start taking care of themselves. Preparing for the postpartum period was difficult. The main health education needs identified: newborn care, episiorrhaphy care; breastfeeding. The least met needs 6–8 weeks postpartum: physical changes, warning signs after cesarean section, breastfeeding, newborn care and family planning. The concerns identified by the puerperal women, for the most part, were not addressed during the puerperium. Women who attended antenatal care were the ones who showed the greatest need for information. It is necessary to better prepare women for the experience of the postpartum period, throughout pregnancy.
2.Almalik, M; Dean, V. (2017) Jordan <i>Understanding maternal postpartum needs: A descriptive survey of current maternal health services</i>	Cohort study. 150 participants	Completion of Perceived Learning Needs Scale and Perceived Learning Needs Met Scale.	Three categories emerged: Postpartum recovery: postpartum complications – fatigue and pain; complications of breastfeeding – fissures and breast engorgement; discomfort due to episiorrhaphy – pain in the perineum, constipation and stool; Self-image – return to physical shape, maintenance of emotions, willingness to self-care. Newborn care – breastfeeding – doubts, identification of signs of satiety in the newborn, correct latching; hygiene and comfort – ambient temperature, bathing and hydration of the skin, care of the umbilical stump; comprehension of the NB's rhythms – sleep and rest, crying; colic – pain relief and massage; safety – fear of accidents and choking; Feeding – introduction of artificial milk. Marital relationship: sharing day-to-day tasks – partner support and discussions/communication; Resumption of sexual life – pain, discomfort and fear. It is necessary to intervene in these difficulties through health education and women's empowerment for the acquisition of knowledge, skills and motivation.
3.Carvalho, J; Gaspar, M; Cardoso, A. (2017) Portugal <i>Challenges of motherhood in the voice of primiparous mothers: initial difficulties</i>	Qualitative, exploratory-descriptive study. 11 participants	Focus Group	Postpartum women reinforce the importance of transmitting information about breastfeeding throughout pregnancy: milk extraction, correct latching, care with fissures and breast hygiene. The support received by families and health professionals is crucial in facilitating the postpartum period. Postpartum women report: not having received health education about self-care in the postpartum period; care is focused on newborn care; lack of care for their needs; lack of follow-up in the late postpartum period and of programs/orientations. Health education should meet the individual needs of puerperal women. It is at the beginning of pregnancy that health education in the postpartum period should begin, in order to prepare the woman to take care of herself and the newborn.
4.Dodou, H; Oliveira, T; Oriá, M; Rodrigues, D; Pinheiro, P; Luna, I. (2017) Brasil <i>Educational practices of nursing in the puerperium: social representations of puerperal mothers</i>	Descriptive qualitative study. 19 participants	Semi-structured interviews.	Main information needs: self-care of the puerperal woman, breastfeeding, care for newborns, mental
5.Guerra-Reyes, L; Christie, V; Prabhakar, A; Siek, K. (2017)	Quantitative study. 77 participants	Questionnaires	

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Table 2 (continued)

Author(s), year, country and title:	Type of study and sample size:	Type of Intervention:	Needs of women in the postpartum period
USA Mind the Gap: Assessing the Disconnect Between Postpartum Health Information Desired and Health Information Received			health, postpartum sexuality and artificial breastfeeding. The main information gaps are related to sexuality and mental health in the puerperium. The main sources of information are doctors and nurses, websites, family and friends, and books.
6.Slomian, J; Emonts, P; Vigneron, L; Acconcia, A; Glowacz, F; Reginster, J; Oumourgh, M; Bruyère, O. (2017) Belgium Identifying maternal needs following childbirth: A qualitative study among mothers, fathers and professionals	Qualitative study. 32 participants.	Individual interviews and <i>Focus group</i>	The parents reported that they wished they had been better prepared for the postpartum experience, anticipating needs and issues. They suggest discussing these issues in the last two months of pregnancy. Identified needs: Information: existing services (pelvic physiotherapy, independent Midwives, osteopaths...); medical information (warning signs, breastfeeding, cramps, growth peaks, jaundice, fever, when to look for health care) and regular visits by professionals; practical advice (breastfeeding, sleep, household chores, sexuality and couple's life...); social representation of parenting (being prepared for transition and difficulties, adaptation time is variable); administrative information (birth certificate, rights, return of values, legislation, licenses); Reliable, real and coherent sources of information recommended by health professionals are valued. Sharing experiences: comparing the experience with the experience of others, reassures women about their parenting skills (family, friends, other parents); combating feelings of loneliness; performing leisure activities (breathing, seeing other people, talking about other things, activities between parents). Psychological support: psycho-relational (validation/positive feedback, recognition of their performance as parents, being surrounded by other people, being understood by professionals and family); in case of pathology (psychiatrist, psychologist). Material and practical support: services (help with household chores, partner/parent involvement, having time to take care of the baby); economic aid (financial aid, voucher system for the first weeks of postpartum).
7.Henshaw, E; Cooper, M; Jaramillo, M; Lamp, J; Jones, A; Wood, T. (2018) USA “Trying to Figure Out If You’re Doing Things Right, and Where to Get the Info”: Parents Recall Information and Support Needed During the First 6 weeks Postpartum	Qualitative study with Grounded Theory design 33 participants	<i>Focus group</i>	Participants report: Lack of confidence and search for validation/positive feedback; Feeling overwhelmed with the amount and diversity of information – viable sources of information include family, health professionals, books, websites, or discussion groups. Learning and support needs on: breastfeeding – feelings of guilt with low weight gain (newborn), use of pump pumps, use of artificial milk; concern with the newborn’s weight, amount of milk and correct latch; they did not feel prepared for the difficulties. Physical recovery – surprise at changes in the parents’ body; they were not prepared for physical changes such as lochia, constipation, wound care, pain; focus of care on the newborn and not on maternal health. Mental health – lack of knowledge and information prevented them from seeking help. Marital relationship – the postpartum period is a time of new learning, negotiations, communication about needs. Women need more information about the physical and emotional adjustments of the postpartum period, other than at the time of hospital discharge. It is necessary to explore alternatives for health education about the postpartum period in pregnancy.

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Table 2 (continued)

Author(s), year, country and title:	Type of study and sample size:	Type of Intervention:	Needs of women in the postpartum period
8.Urbanetto, P; Gomes, G; Costa, A; Nobre, C; Xavier, D; Jung, Bianca. (2018) Brasil Facilities and difficulties encountered by puerperal women to breastfeed	Descriptive, exploratory, qualitative study. 11 participants	Semi-structured interviews	Difficulties identified: nipple pain and fissures, breast engorgement, milk descent, breast rejection by the newborn, sleeping babies, high frequency of feedings, need to always be available and concern about returning to work.
9.Verbiest, S; Tully, K; Simpson, M; Stuebe, A. (2018) USA Elevating mothers' voices: recommendations for improved patient-centered postpartum	Qualitative study. 22 participants	Webinars and individual <i>meetings</i> .	<p>Few women felt prepared for the postpartum period, many were dissatisfied with postpartum care.</p> <p>Identified needs: sharing experiences and birthing process, relationship, sleeping, body image, family planning and mood.</p> <p>Sleep – participants report not being able to sleep even when babies are asleep.</p> <p>Breastfeeding – participants report that breastfeeding support should be integrated into health care, and that primiparous women should be prepared for the negative comments of breastfeeding in public. They also mentioned that it was necessary to inform partners and reference persons about breastfeeding in advance. Health professionals should provide care focused on the needs of the postpartum woman.</p> <p>Contraception and family planning – professionals need to know the postpartum individual, her desires, values and culture, in order to respect her fertility control decisions. This should be discussed early and women's doubts and concerns addressed – amount of milk, hormonal dysregulation.</p> <p>Sexual health – It is necessary to address postpartum libido in consultation, giving space for the woman to express herself about postpartum sex (such as managing discomfort or pain, little desire to be touched), incontinence and pelvic floor problems.</p> <p>Body image – it is necessary to inform puerperal women about taking care of their diet and physical activity, focused on the health goals of each one, and finding strategies and resources to achieve them.</p> <p>Mood – participants reported a need to know about hormonal changes and when they occur with greater intensity. It is necessary to prepare couples for the risk, signs and symptoms of depression in pregnancy.</p> <p>Marital relationship – partners are crucial support and need to be cared for. It is necessary to inform the partners about the changes in the postpartum period and care of the newborn. Breastfeeding is considered embarrassing in sexual intercourse, it is necessary to facilitate communication between the couple.</p> <p>Participants suggest that postnatal care should have a more diversified approach with information focused on their needs, consultations and face-to-face discussion throughout the postpartum period.</p> <p>Themes identified: Problems with breastfeeding – pain, stress, introduction of artificial milk, not having started breastfeeding immediately after giving birth. Disempowerment in the care of newborns – fear related to the satisfaction of the newborn's physical needs, pain related to childbirth, little involvement of professionals in the promotion of maternal skills. Postpartum health care (received) – family planning, physical care (vital signs, lochia), needs of postpartum women. Health care needs in the transition to parenthood – health education needs on newborn care: umbilical stump, bathing, spanning, breastfeeding; puerperal women wish to be empowered to take care of newborns; Psychological support from health professionals is</p>
10.Erfina, E; Widyawati, W; McKenna, L; Reisenhofer, S; Ismail, D. (2019) Indonesia Exploring Indonesian adolescent women's healthcare needs as they transition to motherhood: A qualitative study	Descriptive qualitative study. 11 participants	Semi-structured interviews.	<p>Themes identified: Problems with breastfeeding – pain, stress, introduction of artificial milk, not having started breastfeeding immediately after giving birth. Disempowerment in the care of newborns – fear related to the satisfaction of the newborn's physical needs, pain related to childbirth, little involvement of professionals in the promotion of maternal skills. Postpartum health care (received) – family planning, physical care (vital signs, lochia), needs of postpartum women. Health care needs in the transition to parenthood – health education needs on newborn care: umbilical stump, bathing, spanning, breastfeeding; puerperal women wish to be empowered to take care of newborns; Psychological support from health professionals is</p>

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Table 2 (continued)

Author(s), year, country and title:	Type of study and sample size:	Type of Intervention:	Needs of women in the postpartum period
11.Riberio, J.; Lima, F.; Soares, T.; Oliveira, B.; Klemtz, F.; Lopes, K.; Hartmann, M. (2019) Brasil <i>Needs felt by women in the puerperal period</i>	Qualitative, exploratory and descriptive study 20 participants	Semi-structured interviews.	needed. Postpartum women felt unprepared for parenthood, which is a stressor. It is necessary health education, empower puerperal women to take care of newborns, and provide psychological support by nurses and midwives during the early and immediate puerperium. In the puerperium, women feel the need for care related to physical recovery (sleep and rest, pain), difficulties in breastfeeding and guidance in the care of newborns. The support received from family members, significant others and midwives/nurses was important, allowing the woman to adapt to new routines with the newborn, to get to know it and its needs. The need for ongoing care throughout this period, by nurses or other health professionals. Women identify the need for health education on contraception, breastfeeding, and alarm signals. Women who prepared for the postpartum period during pregnancy felt empowered and confident in their self-care and in the care of the newborn. Self-care needs of the puerperal woman – physical discomfort and recovery, need for nutritional supplementation; Care for the newborn – breastfeeding, elimination, skin, crying; Involvement of the family in the postpartum period and care of the baby – support of the father in the care of the baby, support of the grandmothers in the care of the baby; Family conflicts about postpartum and newborn care – disagreement regarding women’s food supplements, newborn care, multigenerational factors; Preparation for the transition to parenthood – in the prenatal period parenting skills should be practiced, prepare partners to provide support in the postpartum period, care for the newborn and emotional support for the woman, grandparents should be included in the preparation of the newborn’s arrival through updating knowledge about newborn and postpartum care; Postpartum services – health professionals visiting homes must meet the psychological and physical needs of the postpartum woman, women want continuous and online care (if necessary), breastfeeding support at home. The women reported that they did not feel prepared for parenthood and reported that they needed more help from health professionals to do so.
12.Xiao, X; Ngai, F; Zhu, S; Loke, A. (2019) Hong Kong <i>The experiences of early postpartum Shenzhen mothers and their need for home visit services: a qualitative exploratory study</i>	Qualitative, exploratory study.	Semi-structured interviews	Motivation to adopt healthy lifestyle habits in order to improve the body image. Women in the postpartum period reported not having knowledge about the challenges of breastfeeding, wishing they had knowledge during pregnancy and support in the postpartum period. Sleep deprivation, lack of sleep quality is a barrier to a healthy diet and physical activity in the postpartum period. Social support by friends is important. From the initial interviews, the following themes emerged: Prepare for transition – be prepared for pregnancy and childbirth but not postpartum, plan for the unknown (primiparous) and establish realistic expectations; Physical needs – Information about the functioning of the parents’ body after childbirth: lochia, wound care, sleep, pain, breast care, mobility (stairs), driving and diet; physical needs
13.Ayyala, M; Coughlin, J; Martin, L; Henderson, J; Ezekwe, N; Clark, J; Appel, L; Bennett, W. (2020) USA <i>Perspectives of pregnant and postpartum women and obstetric providers to promote healthy lifestyle in pregnancy and after delivery: a qualitative in-depth interview study</i>	Qualitative study. 23 participants	Semi-structured interviews	From the initial interviews, the following themes emerged: Prepare for transition – be prepared for pregnancy and childbirth but not postpartum, plan for the unknown (primiparous) and establish realistic expectations; Physical needs – Information about the functioning of the parents’ body after childbirth: lochia, wound care, sleep, pain, breast care, mobility (stairs), driving and diet; physical needs
14.Crowther, S; Lau, A; MacIver, E. (2020) United Kingdom <i>Developing and introducing a post birth care plan (PBCP): An action research project</i>	Action-research study. 10 participants	Individual interviews and <i>Focus group</i>	From the initial interviews, the following themes emerged: Prepare for transition – be prepared for pregnancy and childbirth but not postpartum, plan for the unknown (primiparous) and establish realistic expectations; Physical needs – Information about the functioning of the parents’ body after childbirth: lochia, wound care, sleep, pain, breast care, mobility (stairs), driving and diet; physical needs

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Table 2 (continued)

Author(s), year, country and title:	Type of study and sample size:	Type of Intervention:	Needs of women in the postpartum period
15. Finlayson, K.; Crossland, N.; Bonet, M.; Downe, S. (2020) Australia <i>What matters to women in the postnatal period: A meta-synthesis of qualitative studies</i>	Meta-synthesis of qualitative studies	36 studies included	<p>of the newborn: bathing and hygiene care, sleeping, health surveillance, colic, breastfeeding. Psycho-emotional needs – emotional well-being: what is normal and expected; Support network: partner, family and friends, health professionals, self-help.</p> <p>Cultural, religious, and spiritual needs – allow for individualized care, there are different postpartum care practices.</p> <p>Organization of information on care – informed consent; continuity of care and relationship with professionals; know the different types of professionals and functions related to maternal health; logistics in the maternity ward; emergency contacts; time until hospital discharge and home visitation.</p> <p>Knowledge transfer – information available at the right time and consistently.</p> <p>Financial information and guidance – equipment purchased/to be purchased; nursery, social grants.</p> <p>The use of the Postpartum Plan was considered very useful by the participants.</p> <p>During the prenatal period, planning postpartum care together with the midwife is an important aspect of postnatal care, it allows for individualization and continuity of care, enables the sharing of needs in the postpartum period and facilitates the relationship between woman and midwife;</p> <p>Women and midwives need tools to plan for postpartum.</p> <p>In the postpartum period, women experience several emotions that influence their confidence in the care of their newborns. Women give priority to the needs of the newborn. They value the support provided by the significant other, parents, community and friends related to domestic chores, with care for the newborn and emotionally. However, some experiences are negative. Support groups are also important in this period, allowing the sharing of information, experiences and emotions.</p> <p>Health professionals provide consistent health support, care, guidance, and education on breastfeeding, newborn growth and care, sexuality and contraception, vaccination, hygiene, physical recovery.</p> <p>Women report the need to share the experience of labor with the health professional, for continuous care focused on their own needs and emotional and psychosocial well-being.</p> <p>Self-care needs identified: Universal – sleep and rest, eating, hygiene, physical exercise, household chores. Women tend to neglect their universal needs in favor of those of newborns;</p> <p>Development – adaptation to new routines, adaptation to the NB and associated responsibility, becoming a parent requires restructuring as a parent and partner, adaptation of other children to the new routines. Information on family planning and contraception, breastfeeding (correct latching, interval between feedings, identifying sufficient amount of breast milk, expressing breast milk, adapted clothing), newborn care (bathing, comfort, dressing and undressing, feeding, sleeping, development, routines and needs); Health – information on physical recovery and discomfort, perineal hygiene, problems with breastfeeding, identification of alarm signs in women and newborns. Support – the presence of health professionals is indispensable in building maternal trust, as they provide positive feedback and guidance; the significant other provides</p>
16. Lambermon, F.; Vandenbussche, F.; Dedding, C.; Duijnhoven, N. (2020) Netherlands <i>Maternal self-care in the early postpartum period: An integrative review</i>	Integrative literature review	9 studies included	

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Table 2 (continued)

Author(s), year, country and title:	Type of study and sample size:	Type of Intervention:	Needs of women in the postpartum period
17.Lindberg, I; Persson, M; Nilsson, M; Uustal, E; Lindqvist, M. (2020) Sweden <i>“Taken by surprise” – Women’s experiences of the first eight weeks after a second degree perineal tear at childbirth</i>	Qualitative inductive study. 1007 participants	Written questionnaire with open-ended questions.	support in breastfeeding, household chores and ensuring the woman’s rest; Friends and family provide knowledge sharing and support with household chores. Preparation – couples do not feel ready for the postpartum period, and it is important to manage expectations for this period. Individualized care needs to be provided. The women did not feel prepared to deal with the laceration and the necessary care; showed concerns about new experiences in their body – pain in the perineum, physical change of the genitals, concerns about the return of sexual activity and penetration; appearance of unexpected complications such as incontinence, constipation, infections; Concerns and needs – women want more information about how to take care of the perineum, what is normal or not, which professional to turn to; sadness and depression, related causes, prevention and complications of laceration.
18.Nan, Y; Zhang, J; Nisar, A; Huo, L; Yang, L; Yin, J; Wang, D; Rahman, AM Gao, Y; Li, X. (2020) China <i>Professional support during the postpartum period: primiparous mothers’ views on professional services and their expectations, and barriers to utilizing professional help</i>	Phenomenological descriptive study. 28 participants	Semi-structured interviews.	Urgent care needs related to the newborn: breastfeeding, identification of diseases, training of care skills for the newborn; information about growth and development of the newborn, care for the newborn, common events during growth, promotion of development. Parent-related needs: support to achieve previous physical shape, healthy diet; information on postpartum alarm signs (lochia and wound), infection prevention, pain relief; emotional support through active listening and support in improving family relationships. Postpartum care should be focused on the needs of the postpartum woman.
19.Xiao, X; Loke, A. (2020) China <i>Experiences of intergenerational co-parenting during the postpartum period in modern China: A qualitative exploratory study</i>	Qualitative, exploratory study. 43 participants	Semi-structured interviews.	It is necessary to support the family in the postpartum period, by health professionals. Healthcare professionals are the authority on health care. Health education needs on postpartum care and psychological and emotional support for postpartum women. It is necessary to transmit information to grandparents in order to minimize intergenerational conflicts. Families expressed the need for educational programs on postpartum and newborn care.
20.McLeish, J; Harvey, M; Redshaw, M; Alderdice, F. (2021) England <i>A qualitative study of first time mothers’ experiences of postnatal social support from health professionals in England</i>	Descriptive qualitative study, included in a qualitative longitudinal study. 32 participants	Semi-structured interviews were conducted with women who gave birth in the 4 months prior to the study and who participated in a first interview.	Postpartum social support can be seen as an opportunity to develop maternal skills and confidence or a barrier to acquiring them and transitioning to parenthood. Participants value the social support provided by health professionals, in the face of support received by family and friends, but more is needed. Emotional support is important, and it is necessary to listen to women’s concerns actively. More effective prenatal preparation is needed, with more focus on the postnatal period. Provide individualized information in prenatal and postpartum care. The participants need, mainly, validation and concise informative support about the most common problems in the puerperal woman and newborn, and the solutions, including: crying, sleeping, breastfeeding. Main difficulties: breastfeeding – initial pain during breastfeeding, frequency of feedings, information about reality.
21.Silva, L; Jordão, R; Mendes, R; Holanda, V; Perrelli, J; Manguieira, S. (2021) Brasil CIPN® NURSING DIAGNOSES IDENTIFIED IN PUERPERAL WOMEN IN PRIMARY HEALTH CARE	Quantitative, descriptive study. 12 participants	Application of a Nursing Consultation Instrument.	Most affected biopsychosocial needs: Leisure, Elimination; cutaneous-mucosal integrity. Nursing Diagnoses: Impaired Ability to Perform Leisure Activities; constipation; low self-esteem; impaired sleep; sleep deprivation; pain and fear.

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Table 2 (continued)

Author(s), year, country and title:	Type of study and sample size:	Type of Intervention:	Needs of women in the postpartum period
22. Enlander, A; Simonds, L; Hanna, P. (2022) United Kingdom <i>I want you to help me, you're family": A relational approach to women's experience of distress and recovery in the perinatal period</i>	Feminist study. 8 participants	Individual interviews.	The nurse must attend to the physiological and psychosocial needs of the puerperal woman. Themes identified as crucial for recovery: Hands-on support from family and friends; Emotional support – feeling heard, connecting with people who already knew you before becoming a parent, connecting with people going through similar experiences; Relational difficulties – relationships with family members and partner have undergone transformations, being more available to receive help. Socio-cultural rules – unrealistic expectations of postpartum women and parents, but also what is acceptable or not as discourse about parenthood, contribute to perinatal stress.
23. Penny, R; Hardiman, L; Toohill, J. (2022) Australia <i>Being connected: Exploring the needs of mothers during the postnatal period in Queensland, Australia</i>	Qualitative, exploratory study. 58 participants	Individual interviews e focus group.	Self-care – there is a need to meet the individual needs of postpartum women, holistic care, to feel heard by professionals. Being connected – connecting with other parents and babies allows you to increase trust, share information, get support and connect with the community. The relationship with the midwife is important, as reliable and professional information. Getting direction/guidance – the lack of information and/or differences in the information shared generates doubts and uncertainties, making it difficult to make decisions in the first days postpartum. Have options – different types of family services (one-on-one consultations, group sessions) The support received by the family and community is considered important for the well-being and mental health of the woman, as it provides practical support with the newborn and other children, allows the sharing of feelings and reduces isolation. It is necessary to take care of the mental health of postpartum women and provide care centred on the woman and not only on the newborn. Mental health promotion strategies: physical exercise, self-care, journaling, contact with nature.
24. Ryan, A; Barber, C. (2022) New Zealand <i>Postnatal depression and anxiety during the COVID-19 pandemic: The needs and experiences of New Zealand mothers and health care providers</i>	Qualitative study. 8 participants	Semi-structured interviews	Postpartum care focuses on the care of newborns. Lack of family support and financial hardship are associated with degraded mental health. Health education needs on: complications in the PP period; hygiene care, family planning, sexuality, women's nutrition, breastfeeding (difficulties and strategies).
25. Adams, Y; Miller, M; Agbenyo, J; Ehla, E; Clinton, G. (2023) Ghana <i>Postpartum care needs assessment: women's understanding of postpartum care, practices, barriers, and educational needs</i>	Descriptive study with a qualitative approach. 54 participants	Focus group	Continuity of care with the midwife from the prenatal to the postpartum period allows the woman to feel safe and at the center of care. Having a contact midwife allows for care based on your needs. Elaboration of a care plan for the postpartum period, together with the midwife, allowed the continuity of care centered on the woman in the postpartum period, made it possible to find strategies for possible difficulties and to obtain information about the postpartum period and empower the woman.
26. Eikemo, R; Vikström, A; Nyman, V; Jonas, W; Barimani, M. (2023) Sweden <i>Support during the postnatal period: Evaluating new mothers' and midwives' experiences of a new, coordinated postnatal care model in a midwifery clinic in Sweden</i>	Exploratory study with a qualitative approach. 183 + 12 participants	Interview and questionnaire	The couple needs care focused on their individual needs, as a couple and as a family, and confirmation of their performance as parents. The first days with a newborn are difficult, parents feel vulnerable and in need of care and security. Family and friend support is important, but so is support from nurses, especially when there is no family support, providing evidence-based information. Need for information on health monitoring (vaccines and consultations).
27. Høgmo, B; Bondas, T; Alstveit, M. (2023) Norway <i>Parents' experiences with public health nursing during the postnatal period: A reflective lifeworld research study</i>	Phenomenological study with a descriptive approach 20 participants	Interview	

Table 3
Mapping the needs of women in the postpartum period.

Authors and Year	The needs of woman in the postpartum period			
	Sharing	Support	Care	Prepare for the postpartum period
Aaserud, T.; Tveiten, S.; Gjerlaug, A. (2017)	x		x	x
Almalik, M; Dean, V. (2017)			x	x
Carvalho, J; Gaspar, M; Cardoso, A. (2017)		x	x	
Dodou, H; Oliveira, T; Oriá, M; Rodrigues, D; Pinheiro, P; Luna, I. (2017)		x	x	x
Guerra-Reyes, L; Christie, V; Prabhakar, A; Siek, K. (2017)			x	
Slomian, J; Emonts, P; Vigneron, L; Acconcia, A; Glowacz, F; Reginster, J; Oumourgh, M; Bruyère, O. (2017)	x	x	x	x
Henshaw, E; Cooper, M; Jaramillo, M; Lamp, J; Jones, A; Wood, T. (2018)		x	x	x
Urbanetto, P; Gomes, G; Costa, A; Nobre, C; Xavier, D; Jung, Bianca. (2018)			x	
Verbiest, S; Tully, K; Simpson, M; Stuebe, A. (2018)	x	x	x	x
Erfina, E; Widyawati, W; McKenna, L; Reisenhofer, S; Ismail, D. (2019)		x	x	x
Riberio, J.; Lima, F.; Soares, T.; Oliveira, B.; Klemtz, F.; Lopes, K.; Hartmann, M. (2019)		x	x	x
Xiao, X; Ngai, F; Zhu, S; Loke, A. (2019)		x	x	x
Ayyala, M; Coughlin, J; Martin, L; Henderson, J; Ezekwe, N; Clark, J; Appel, L; Bennett, W. (2020)		x	x	x
Crowther, S; Lau, A; MacIver, E. (2020)			x	x
Finlayson, K.; Crossland, N.; Bonet, M.; Downe, S. (2020)	x	x	x	
Lambermon, F; Vandenbussche, F; Dedding, C; Duijnhoven, N. (2020)		x	x	x
Lindpberg, I; Persson, M; Nilsson, M; Uustal, E; Lindqvist, M. (2020)			x	x
Nan, Y; Zhang, J; Nisar, A; Huo, L; Yang, L; Yin, J; Wang, D; Rahman, Gao, Y; Li, X. (2020)		x	x	
Xiao, X; Loke, A. (2020)			x	x
McLeish, J; Harvey, M; Redshaw, M; Alderdice, F. (2021)		x	x	x
Silva, L; Jordão, R; Mendes, R; Holanda, V; Perrelli, J; Manguiera, S. (2021)	x		x	
Enlander, A; Simonds, L; Hanna, P. (2022)	x	x		
Ryan, A; Barber, C. (2022)	x	x	x	
Penny, R; Hardiman, L; Toohill, J. (2022)	x	x	x	x
Adams, Y; Miller, M; Agbenyo, J; Ehla, E; Clinton, G. (2023)		x	x	
Eikemo, R; Vikström, A; Nyman, V; Jonas, W; Barimani, M. (2023)			x	x

Table 3 (continued)

Authors and Year	The needs of woman in the postpartum period			
	Sharing	Support	Care	Prepare for the postpartum period
Høgmo, B; Bondas, T; Alstveit, M. (2023)		x	x	

McLeish et al., 2021; Riberio et al., 2019; Ryan and Barber, 2022). The postpartum women value the health education that the latter provide, in relation to the support they receive from family and friends (McLeish et al., 2021). Social support from friends is identified as crucial in facilitating the postpartum period (Dodou et al., 2017; Ryan and Barber, 2022).

Postpartum women also need to feel listened to and express their concerns, highlighting the importance of emotional support for mental health (Enlander et al., 2022; Erfina et al., 2019; McLeish et al., 2021; Nan et al., 2020; Penny et al., 2022; Ryan and Barber, 2022; Slomian et al., 2017). They also seek validation and recognition of their performance as parents (Henshaw et al., 2018; Slomian et al., 2017). This support can be provided by the partner, family, friends, and healthcare professionals (Erfina et al., 2019; Penny et al., 2022; Slomian et al., 2017; Xiao and Loke, 2021).

Support with daily household chores is also evidenced by Slomian et al. (2017) as a need, and can be provided by family members, friends (Enlander et al., 2022; Finlayson et al., 2020; Lambermon et al., 2020; Riberio et al., 2019), partners or services, allowing women to dedicate themselves to their self-care and to the care of the newborn (Finlayson et al., 2020; Lambermon et al., 2020; Riberio et al., 2019; Slomian et al., 2017). The study by Enlander et al. (2022) states that family and marital relationships undergo transformations, making women more available to be helped by their support network.

The spouse is identified as an important source of support, which provides emotional but also practical support (Finlayson et al., 2020; Lambermon et al., 2020; Slomian et al., 2017; Verbiest et al., 2018). However, this support is not always effective, generating communication problems and conflict in the marital relationship (Carvalho et al., 2017). Adapting to parenthood implies challenges in learning, negotiating, and communicating about the needs (Carvalho et al., 2017; Henshaw et al., 2018) and return of sexual life (Carvalho et al., 2017). Families need support in their marital relationship through the facilitation of communication as a couple, health education to the partner about the physiological and emotional changes that occur in the puerperium and that influence the return of sexual intercourse (Adams et al., 2023; Verbiest et al., 2018).

Finally, in two studies, the need for financial support for families in the postpartum period was identified (Adams et al., 2023; Slomian et al., 2017).

Need for care

Women are sometimes dissatisfied with the care they receive in the postpartum period (Erfina et al., 2019; Høgmo et al., 2023; Ryan and Barber, 2022; Verbiest et al., 2018). In this sense, Dodou et al. (2017) in their study state that care in the postpartum period focuses on the newborn and not on the individual needs of puerperal women, who mentioned feeling a lack of follow-up in this period. Also, in the study by Henshaw et al. (2018), the primacy that is given to the care of the newborn was identified, neglecting the needs of the puerperal woman and making it difficult for her to seek care, for fear of judgment. However, in the studies by Aaserud et al. (2017), Lambermon et al. (2020), Eikemo et al. (2023) and Penny et al. (2022), the participants recognized that the support they received in the postpartum period, by midwives, gave them confidence and security in their role as parents. In this sense, it is reinforced that care in the postpartum period should be

individualized, focusing on the needs of the puerperal woman (Adams et al., 2023; Dodou et al., 2017; Eikemo et al., 2023; Erfina et al., 2019; Finlayson et al., 2020; Høgmo et al., 2023; Lambermon et al., 2020; Nan et al., 2020; Penny et al., 2022; Riberio et al., 2019; Ryan and Barber, 2022; Silva et al., 2021; Verbiest et al., 2018), respect her culture (Crowther et al., 2020; Erfina et al., 2019; Finlayson et al., 2020; Verbiest et al., 2018) and have continuity (Aaserud et al., 2018; Crowther et al., 2020; Eikemo et al., 2023; Finlayson et al., 2020; Lambermon et al., 2020; Penny et al., 2022; Riberio et al., 2019; Xiao et al., 2019).

The postpartum women identify the need for care in the postpartum period, which includes health education, related to breastfeeding, healthy eating, physical recovery after childbirth, physical and emotional adjustments, promotion of self-care, sexuality, pain and fear. Health education empowers puerperal women in the care of newborns, but also in their self-care (Aaserud et al., 2018; Erfina et al., 2019). In the study by Almalik and Dean (2017), the need for health education on breastfeeding was not met during the postpartum period. However, in the study by Dodou et al. (2017), postpartum women reported health education by the nursing team as important and facilitating breastfeeding. There are several studies that detail the need for information on this topic for women to know how to deal with difficulties, such as fissures and breast engorgement (Ayyala et al., 2020; Carvalho et al., 2017; Dodou et al., 2017; Erfina et al., 2019; McLeish et al., 2021; Urbanetto et al., 2018; Verbiest et al., 2018), to assess the correct latch (Carvalho et al., 2017; Dodou et al., 2017), to identify signs of satiety in the newborn (Carvalho et al., 2017), to know how to express milk (Dodou et al., 2017; Henshaw et al., 2018), breast care and hygiene (Crowther et al., 2020; Dodou et al., 2017), care in the descent of milk (Urbanetto et al., 2018) and amount of milk produced (Henshaw et al., 2018). In addition to the need for health education about breastfeeding, women also considered important to acquire knowledge about artificial bottlefeeding (Guerra-Reyes et al., 2017), namely methods of introduction (Carvalho et al., 2017; Erfina et al., 2019) and preparation (Carvalho et al., 2017; Henshaw et al., 2018).

The promotion of healthy lifestyle habits, such as a balanced diet that meets the needs of the puerperal woman and the newborn, is also a necessity for care (Crowther et al., 2020; Verbiest et al., 2018), as well as all the education necessary for her self-care, starting with knowing the physiological adjustments/physical changes (Almalik, 2017; Carvalho et al., 2017; Henshaw et al., 2018; Xiao and Loke, 2021), care with lochia (Crowther et al., 2020; Henshaw et al., 2018; Nan et al., 2020), pelvic floor problems, incontinence (Lindberg et al., 2020; Verbiest et al., 2018), care with episiorrhaphy/perineal suture (Almalik, 2017; Carvalho et al., 2017; Crowther et al., 2020; Henshaw et al., 2018) and surgical wound of cesarean section, dealing with the pain (Carvalho et al., 2017; Crowther et al., 2020; Henshaw et al., 2018; Nan et al., 2020; Silva et al., 2021), as well as common complications and warning signs (Adams et al., 2023; Almalik, 2017; Nan et al., 2020).

Another need for care concerns health education, which provides an understanding of the emotional changes and emotional adjustments expected in the postpartum period (Carvalho et al., 2017; Crowther et al., 2020; Guerra-Reyes et al., 2017; Henshaw et al., 2018; Verbiest et al., 2018; Xiao and Loke, 2021), as well as abnormal changes in order to know when to seek help (Carvalho et al., 2017; Henshaw et al., 2018; Verbiest et al., 2018; Xiao and Loke, 2021; Ryan and Barber, 2022).

Regarding the newborn, health education needs were identified related to the care they need (Almalik, 2017; Guerra-Reyes et al., 2017; Nan et al., 2020; Xiao and Loke, 2021), namely: weight control (Aaserud et al., 2018); comprehension of the signs and rhythm of the newborn (Aaserud et al., 2018; Carvalho et al., 2017), sleep (Aaserud et al., 2018; Carvalho et al., 2017; McLeish et al., 2021); hygiene and comfort (Carvalho et al., 2017), as bathing and moisturizing the skin (Carvalho et al., 2017; Crowther et al., 2020; Xiao et al., 2019), care of the umbilical stump (Carvalho et al., 2017; Erfina et al., 2019), massage (Carvalho et al., 2017), pain relief, cramps and crying (Carvalho et al.,

2017; McLeish et al., 2021; Slomian et al., 2017; Xiao et al., 2019), safety/accident prevention and airway clearance (Carvalho et al., 2017), health surveillance, warning signs (Crowther et al., 2020; McLeish et al., 2021; Slomian et al., 2017), vaccination and consultations (Høgmo et al., 2023). In view of the above, it seems to be crucial for health professionals to provide care that promotes the development of parenting skills that foster a positive transition to parenthood.

The organization and functioning of health services is also identified as a need for information, namely continuity of care in the postpartum period and during a stay in the maternity ward (Crowther et al., 2020), existing health services specialising in women's health and paediatrics (midwives, physiotherapists, osteopaths) (Crowther et al., 2020; Lindberg et al., 2020; Penny et al., 2022; Slomian et al., 2017) and emergency contacts (Crowther et al., 2020).

It is necessary to inform postpartum women about credible sources of information, and the sources of information recommended by health professionals are valued (Slomian et al., 2017). The authors identify as sources of information: health professionals – doctors and midwives (Guerra-Reyes et al., 2017; Henshaw et al., 2018; Penny et al., 2022; Xiao and Loke, 2021), websites (Guerra-Reyes et al., 2017; Henshaw et al., 2018), support groups (Henshaw et al., 2018), family, friends and books (Guerra-Reyes et al., 2017; Henshaw et al., 2018).

Finally, the need for Administrative and Financial information is identified, such as birth certificate, rights, return of values, legislation and licenses (Slomian et al., 2017) and equipment to be acquired, nursery/daycare and social grants (Crowther et al., 2020).

Need to prepare for the postpartum period

Preparing for the postpartum period can be difficult as it involves preparing for the unknown (Aaserud et al., 2018; Crowther et al., 2020). However, not preparing for this period becomes a stress factor in the experience of it (Erfina et al., 2019).

There are several authors who report that early preparation for the postpartum period is necessary and needs to start during pregnancy. Healthcare professionals need to pay greater attention to the postpartum period and better prepare families for this experience (Almalik, 2017; Ayyala et al., 2020; Crowther et al., 2020; Dodou et al., 2017; Eikemo et al., 2023; Erfina et al., 2019; Henshaw et al., 2018; Lambermon et al., 2020; Lindberg et al., 2020; McLeish et al., 2021; Slomian et al., 2017; Verbiest et al., 2018; Xiao et al., 2019). It is essential to prepare the couple about the risk, signs, and symptoms of postpartum depression (Ryan and Barber, 2022; Verbiest et al., 2018), develop and train parenting skills (Erfina et al., 2019; Nan et al., 2020; Xiao et al., 2019) and prepare the partner to provide care and emotional support to the woman (Xiao et al., 2019). Some authors state that it is important to include grandparents in the preparation for the postpartum period, updating their knowledge (Xiao et al., 2019; Xiao and Loke, 2021) in order to reduce intergenerational conflicts (Xiao and Loke, 2021). This preparation will allow you to anticipate needs and issues that may arise in the postpartum period (Eikemo et al., 2023; Riberio et al., 2019; Slomian et al., 2017).

Preparing for the postpartum period is especially relevant and useful, as it allows for individualization and continuity of care, enables the sharing of needs in the postpartum period, facilitates the relationship between women and health professionals, and empowers women (Riberio et al. 2019; Crowther et al. 2020; Eikemo et al. 2023). The postpartum plan should be carried out in conjunction with the midwife and include realistic information. For this purpose, instruments are needed to help women and midwives to plan for the postpartum period. However, studies are not consensual as to the time of pregnancy to do so, Slomian et al. (2017) suggest that issues related to the postpartum period should be discussed in the last two months of pregnancy, while Eikemo et al. (2023) suggest that they should be discussed in the last pregnancy consultations.

Conclusion

The present scoping review gathered the main scientific evidence on the various needs of women in the postpartum period. The results reveal that women do not feel prepared for the postpartum period, identify several unmet needs, emphasize sharing, support, care and postpartum planning as important needs to improve the postpartum experience and the transition to parenthood.

Health education is necessary, related to newborn care, breastfeeding, changes in the puerperal individual, family and social in the postpartum period. Access to health education increases parents' confidence in the postpartum period.

Therefore, the relevance of anticipating these needs by planning strategies to deal with them in the prenatal period is highlighted, using health education and training in parenting skills for pregnant people and significant others.

Thus, it is necessary to develop instruments, such as postpartum planning documents, that assist in postpartum planning during the prenatal period, guiding parents to acquire knowledge and reflect about the postpartum period, care of the newborn and breastfeeding, find strategies, that suit their individuality, to deal with the needs and challenges of the postpartum period, and to identify the parents' professional, family and social support network.

This justifies the development of new studies that address the construction and validation of these tools, as well as the demonstration of its effectiveness during the prenatal period, and its contribution to improving the postpartum experience. We also suggest the development of studies to identify the ideal gestational age to start the postpartum planning, as there isn't a consensual time, highlighting the need for further research.

Ethical approval

Not applicable.

CRediT authorship contribution statement

Mónica Vaz Sendas: Writing – original draft, Methodology, Investigation, Conceptualization. **Maria João Freitas:** Writing – original draft, Methodology, Investigation, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Funding sources

No funding.

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