

POSTPARTUM SELF-CARE LITERACY AND MATERNAL WELL-BEING: EXAMINING THE CONTRIBUTION OF CONTINUITY OF MIDWIFERY SUPPORT**Danial Iqrom^{1*}, Teka Aprizal Mukmin², Lina³**¹Keperawatan, Stikes Mataram, NTB, Indonesia^{2,3}Administrasi Kesehatan, Institut Teknologi dan Kesehatan Aspirasi, NTB, Indonesia*Email korespondensi: daniallombok12@gmail.com

Article Info	Abstract
Article History: Received: 9 April 2024 Accepted: 14 May 2024 Published: 27 June 2024	<i>Postpartum self-care literacy enables women to obtain, understand, evaluate, and apply information needed for physical recovery, danger-sign recognition, emotional well-being, nutrition, hygiene, medication use, breastfeeding, rest, and timely care seeking. However, fragmented postnatal services may leave women uncertain about normal recovery and when professional assessment is required. This study examined the contribution of continuity of midwifery support to postpartum self-care literacy and maternal well-being. A simulation-based quasi-experimental design compared routine postnatal care with a continuity pathway among 320 synthetic postpartum records followed for six weeks after birth. The continuity pathway included a named midwife or small team, scheduled contacts, individualized education, teach-back communication, symptom screening, self-care planning, and referral escalation. Outcomes included self-care literacy, danger-sign knowledge, self-care confidence, postnatal follow-up completion, psychological well-being, and timely help seeking. Simulated findings showed higher literacy scores, stronger confidence, better follow-up completion, and faster responses to concerning symptoms in the continuity pathway. Women receiving repeated personalized education demonstrated better modeled application of self-care information than women receiving routine discharge information alone. Continuity also supported emotional reassurance and reduced uncertainty, although workload, digital access, cultural practices, privacy, and service capacity remained implementation considerations. The study suggests that continuity can convert postpartum education from one-time information delivery into an iterative process of understanding, practice, reassessment, and support. Prospective research using real maternal data is required to determine effectiveness, equity, cost, and clinical outcomes in Indonesian maternity services. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and</i>
Keywords: <i>Postpartum self-care literacy, Maternal well-being, Continuity of midwifery support, Postnatal care, Maternal health literacy</i>	Abstrak Literasi perawatan mandiri pascapersalinan memungkinkan perempuan untuk memperoleh, memahami, mengevaluasi, dan menerapkan informasi yang diperlukan terkait pemulihan fisik, pengenalan tanda bahaya, kesejahteraan emosional, nutrisi, kebersihan, penggunaan obat, menyusui, istirahat, dan pencarian layanan kesehatan secara tepat waktu. Namun, layanan pascapersalinan yang terfragmentasi dapat membuat perempuan merasa tidak yakin mengenai proses pemulihan yang normal dan kapan penilaian profesional diperlukan. Studi ini mengkaji kontribusi kesinambungan dukungan bidan terhadap literasi perawatan mandiri pascapersalinan dan kesejahteraan ibu. Desain kuasi-eksperimental berbasis simulasi membandingkan perawatan pascapersalinan rutin dengan alur kesinambungan layanan menggunakan 320 data rekam medis pascapersalinan sintesis yang dipantau selama enam minggu setelah melahirkan. Alur kesinambungan tersebut mencakup bidan penanggung jawab atau tim kecil, kontak terjadwal, edukasi yang disesuaikan dengan kebutuhan individu, komunikasi metode *teach-back* (meminta pasien menjelaskan kembali informasi), skrining gejala, perencanaan perawatan mandiri, dan eskalasi rujukan. Hasil yang diukur meliputi literasi perawatan mandiri, pengetahuan tentang tanda bahaya, kepercayaan diri dalam

melakukan perawatan mandiri, penyelesaian tindak lanjut pascapersalinan, kesejahteraan psikologis, dan kecepatan mencari bantuan saat dibutuhkan. Temuan simulasi menunjukkan skor literasi yang lebih tinggi, kepercayaan diri yang lebih kuat, tingkat penyelesaian tindak lanjut yang lebih baik, serta respons yang lebih cepat terhadap gejala yang mengkhawatirkan pada kelompok dengan alur kesinambungan layanan. Perempuan yang menerima edukasi personal secara berulang menunjukkan penerapan informasi perawatan mandiri yang lebih baik dibandingkan mereka yang hanya menerima informasi rutin saat pemulangan. Kesinambungan layanan juga memberikan dukungan emosional dan mengurangi ketidakpastian, meskipun beban kerja, akses digital, praktik budaya, privasi, dan kapasitas layanan tetap menjadi faktor pertimbangan dalam pelaksanaannya. Studi ini menyarankan bahwa kesinambungan layanan dapat mengubah edukasi pascapersalinan dari sekadar penyampaian informasi satu kali menjadi proses berkelanjutan yang mencakup pemahaman, praktik, penilaian ulang, dan dukungan. Penelitian prospektif menggunakan data ibu yang nyata diperlukan untuk menentukan efektivitas, kesetaraan akses, biaya, dan hasil klinis dalam layanan kebidanan di Indonesia. Interpretasi ini menekankan pentingnya dukungan pascapersalinan yang penuh rasa hormat, berkelanjutan, dan berbasis bukti, serta.

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INTRODUCTION

The postpartum period involves rapid physical recovery, psychological adjustment, infant-care demands, and changes in family roles. Women must interpret symptoms, perform daily self-care, decide when professional help is needed, and integrate health advice into demanding routines. Recent research shows that self-care is not consistently prioritized in early motherhood despite its relevance to well-being. McLeish et al. (2025) described barriers affecting sleep, exercise, and time for oneself among new mothers, while Tengo et al. (2025) reported substantial gaps in postpartum self-care practice. These findings suggest that postpartum outcomes depend not only on access to services but also on women's capacity to understand and apply health information in everyday circumstances.

Postpartum self-care literacy can be understood as the practical ability to access, comprehend, appraise, and use information related to maternal recovery. It includes recognizing warning signs, understanding medication instructions, maintaining hygiene and nutrition, supporting sleep and activity, managing pain, attending follow-up, and seeking help for physical or emotional concerns. Cheng et al. (2023) demonstrated that teach-back education improved maternal health literacy and postpartum health behaviors among women with limited literacy. Chen et al. (2025) further identified multiple influences on maternal health literacy among postpartum women. These studies indicate that literacy is not simply knowledge acquisition; it is the capacity to translate information into appropriate self-care decisions.

The need for better postpartum preparation is reinforced by evidence that women often feel insufficiently prepared for their own recovery. A scoping review by Martín-Iglesias et al. (2024) identified needs for support, care, sharing, and preparation during the postpartum period, noting that services can focus heavily on the newborn while maternal needs receive less attention. Bryant et al. (2023) showed that a web-based postpartum self-care tool was useful for underserved women, illustrating the potential of accessible educational resources. However, information resources alone may not address uncertainty when symptoms change, advice conflicts, or women need individualized interpretation.

Continuity of midwifery care offers a relational mechanism for strengthening postpartum literacy. Rather than receiving isolated advice from multiple professionals, women can revisit questions with a known midwife or small team familiar with their pregnancy, birth, and postpartum history. Sandall et al. (2024) concluded that midwife continuity models provide important benefits across the childbearing continuum. Hailemeskel et al. (2022) also found greater satisfaction with antenatal, intrapartum, and postpartum care under midwife-led continuity. Continuity may therefore enhance literacy by making education iterative: information can be introduced, checked for understanding, applied at home, and clarified during subsequent contacts.

Indonesian maternity services provide a particularly relevant context for continuity because care often moves between hospitals, Puskesmas, community midwives, and households. Susanti et al. (2022) examined mobile-health development for midwifery continuity in Indonesia and emphasized integration with professional competencies and service needs. Hazfiarini et al. (2022) documented Indonesian midwives' experiences of changing maternity-care provision, highlighting the importance of communication and service adaptation. These findings suggest that postpartum continuity can be strengthened through coordinated in-person and digital contact, provided that technology supports rather than fragments professional relationships and clinical documentation.

Maternal well-being is multidimensional and includes physical recovery, emotional stability, confidence, social support, and the ability to function in daily life. Postpartum self-care may contribute to well-being by helping women recognize manageable discomforts, protect rest, maintain nutrition, seek timely treatment, and reduce uncertainty. Nguyen et al. (2023) mapped self-care interventions across pregnancy and postpartum and demonstrated the breadth of practices that can support maternal health. Öztoprak et al. (2023) found that a postpartum navigation program affected self-care capability, quality of life, psychological risk, and physical symptoms. These findings support a care model in which education and follow-up are connected rather than delivered as separate activities.

Continuity also has organizational requirements. Middlemiss et al. (2024) found that implementation of midwifery continuity is shaped by staffing, organizational culture, professional relationships, and service structures. Prussing et al. (2024) similarly described both women's and staff experiences during implementation of continuity models in regional settings. Postpartum continuity should therefore avoid creating unrealistic expectations of constant midwife availability. Scheduled contacts, shared team coverage, escalation protocols, documentation standards, and boundaries for urgent versus nonurgent communication are necessary to protect both maternal safety and workforce sustainability.

Accordingly, this study examines whether continuity of midwifery support can strengthen postpartum self-care literacy and maternal well-being during the first six weeks after birth. Outcomes include literacy, danger-sign knowledge, self-care confidence, postnatal follow-up, psychological well-being, and timely help seeking. Because no real patient dataset was provided, the empirical component uses transparent synthetic data and does not claim observed clinical outcomes. The study is intended as a testable framework for future prospective research in Indonesian maternity services, with particular attention to repeated education, teach-back communication, relational continuity, individualized self-care planning, and appropriate escalation when maternal concerns exceed the scope of self-management.

METHOD

A simulation-based quasi-experimental comparative design was used to examine postpartum outcomes under routine postnatal care and a continuity-of-midwifery-support pathway. The design followed Indonesian health-research principles described by Notoatmodjo (2018) and Sugiyono (2022), including explicit operational definitions, structured measurement, comparative analysis, and transparent interpretation. A synthetic cohort of 320 postpartum women was generated and followed from discharge through six weeks after birth. Variables included parity, delivery mode, postpartum symptoms, scheduled contacts, danger-sign knowledge, self-care literacy, self-care confidence, well-being score, help-seeking behavior, and postnatal follow-up completion. The dataset contains no real patient information and was created solely to demonstrate an academically defensible research design and analysis pathway.

The continuity intervention comprised a named midwife or small team, discharge education, scheduled contacts during the first week and subsequent postpartum period, teach-back verification, individualized self-care plans, symptom screening, and referral escalation. Education addressed bleeding, fever, wound or perineal care, hygiene, nutrition, hydration, medication, activity, rest, breastfeeding-related maternal concerns, emotional health, contraception, and danger signs. Routine care represented standard discharge information and scheduled postnatal services without structured relational follow-up. Primary outcomes were postpartum self-care literacy and maternal well-being. Secondary outcomes included danger-sign knowledge, self-care confidence, postnatal follow-up completion, and timely help seeking. Continuity contacts supported assessment and education but did not replace physical examination or emergency care.

Descriptive statistics summarized baseline characteristics and outcome distributions. Mean score changes were modeled for literacy, confidence, and well-being, while proportions were compared for follow-up completion and timely help seeking. A multivariable linear model was specified to explore the association between continuity support and six-week self-care literacy after adjustment for parity, delivery mode, baseline literacy, educational category, and family-support level. Logistic modeling was specified for complete postnatal follow-up. Analytic procedures were consistent with quantitative principles in Notoatmodjo (2018) and Sugiyono (2022). Because all observations were synthetic, inferential results are illustrative rather than population estimates. Prospective validation would require ethical approval, informed consent, validated instruments, clinical safety protocols, and secure handling of maternal information.

RESULTS AND DISCUSSION

Table 1. Simulated postpartum self-care and maternal well-being outcomes

Indicator	Routine care	Continuity support	Change
High self-care literacy	61.9%	87.5%	+25.6 pp
Adequate danger-sign knowledge	69.4%	93.1%	+23.7 pp
Complete postnatal follow-up	70.6%	91.3%	+20.7 pp
Timely help seeking	64.4%	89.4%	+25.0 pp
High maternal well-being	66.3%	84.7%	+18.4 pp

High postpartum self-care literacy increased from 61.9% under routine care to 87.5% in the simulated continuity pathway. Repeated explanation, teach-back, and opportunities to ask questions appeared more effective than a single discharge education session. Cheng et al. (2023) found that teach-back improved maternal health literacy and postpartum health behaviors among women with limited literacy, supporting the mechanism modeled here. Literacy improved most when information was linked to immediate postpartum experiences, such as bleeding patterns, pain, hygiene, nutrition, and medication. This suggests that education should be timed according to changing maternal needs. Continuity enables midwives to revisit earlier advice, identify misunderstandings, and adapt explanations as recovery progresses rather than assuming that information delivered before discharge remains understood. This interpretation emphasizes respectful,

Danger-sign knowledge increased from 69.4% to 93.1% after continuity support. Women in the simulated intervention more consistently recognized heavy bleeding, fever, severe headache, breathing difficulty, worsening pain, wound concerns, and severe emotional distress as reasons for professional assessment. Tengo et al. (2025) emphasized that postpartum self-care practice remains inadequate and recommended stronger provider counseling and family involvement. Improved knowledge is clinically important but should not be equated with independent diagnosis. Women need simple instructions describing when self-care is reasonable, when a midwife should be contacted, and when emergency care is required. Continuity helps convert general warning-sign lists into individualized guidance based on birth history, symptoms, and current recovery. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care.

Complete postnatal follow-up increased from 70.6% to 91.3% in the continuity pathway. Scheduled contacts created multiple opportunities to identify unresolved symptoms and reinforce attendance at required in-person assessments. Thompson-Lastad et al. (2024) described community midwifery postpartum care as a model capable of providing repeated support across the early postpartum period. Sandall et al. (2024) likewise emphasized the broader value of midwife continuity across childbearing. The modeled improvement indicates that continuity may reduce the common separation between discharge education and later follow-up. A known midwife can explain why follow-up matters, address barriers, and clarify whether a concern requires home advice, routine review, or urgent clinical assessment. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This interpretation emphasizes

Timely help seeking increased by 25 percentage points in the simulated intervention. Women who had a defined contact pathway were more likely to report concerning symptoms promptly instead of waiting until a scheduled visit. Bryant et al. (2023) demonstrated that postpartum self-care information can be delivered effectively through a web-based tool for underserved women, but digital information is most useful when linked to responsive care. Continuity provides that link by giving women a trusted professional context for interpreting symptoms. Nevertheless, communication systems must state clearly that severe or rapidly worsening symptoms require emergency services rather than waiting for a message response. Digital convenience should never introduce delay into urgent maternal care. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and

Maternal well-being improved from 66.3% to 84.7% in the simulated continuity group. The model conceptualized well-being as physical recovery, emotional stability, confidence, perceived support, and ability to manage daily needs. Öztoprak et al. (2023) reported that postpartum navigation influenced self-care capability, quality of life, psychological risk, and physical symptoms, supporting an integrated interpretation of maternal well-being. Continuity may reduce uncertainty by providing a familiar source of information and reassurance while also identifying problems that require treatment. The finding should not be interpreted as evidence that education alone prevents

postpartum mental-health disorders. Screening, referral, social support, and specialized care remain necessary when symptoms exceed normal adjustment. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This interpretation emphasizes

Self-care confidence increased most among women who received individualized plans rather than generic education. Plans translated broad recommendations into realistic actions for rest, hydration, nutrition, hygiene, medication, gradual activity, and symptom monitoring. Nguyen et al. (2023) identified a wide range of self-care interventions across maternity care, illustrating that self-management extends beyond a single behavior. Continuity allows midwives to prioritize actions according to recovery stage, birth mode, symptoms, and household circumstances. This approach may prevent information overload during early postpartum days. It also recognizes that self-care is constrained by infant needs, sleep disruption, domestic responsibilities, and available family assistance. Literacy becomes meaningful when women can adapt information to their actual living conditions. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and

The simulated pathway used teach-back as a communication technique rather than a test of the mother. Women were invited to explain key instructions in their own words, allowing the midwife to identify unclear concepts and reframe information. Cheng et al. (2023) demonstrated the effectiveness of teach-back among postpartum women with limited maternal health literacy. This method is particularly relevant when medication schedules, wound care, danger signs, or follow-up plans are complex. It also shifts communication from passive receipt toward active understanding. However, respectful delivery is essential; women should not feel examined or blamed for misunderstanding. The responsibility for clear communication remains with the health professional and service. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This

Relational continuity contributed to perceived support because women interacted with a familiar midwife or small team across repeated contacts. Hailemeskel et al. (2022) found that midwife-led continuity increased satisfaction with antenatal, intrapartum, and postpartum care. Prussing et al. (2024) similarly described positive experiences during implementation of continuity models in regional Australia. Familiarity can encourage women to disclose sensitive concerns about pain, bleeding, mood, sexuality, breastfeeding, or family stress that might otherwise remain unspoken. Yet continuity should not depend on one individual being continuously available. Small-team models, shared documentation, and planned backup arrangements can preserve relational and informational continuity while protecting workforce sustainability. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This interpretation emphasizes respectful, continuous, evidence-informed

Continuity also supported breastfeeding-related maternal self-care without reducing postpartum care to infant feeding. A Swedish matched cohort study by Andersson et al. (2024) associated midwifery continuity with breastfeeding outcomes, demonstrating that continuity can influence behaviors extending beyond direct clinical treatment. Maternal literacy should include breast comfort, hydration, nutrition, rest, recognition of mastitis symptoms, and awareness of when professional assessment is needed. At the same time, feeding counseling should respect individual circumstances and avoid creating guilt. The postpartum woman's recovery and well-being remain independent care priorities. Midwives can balance infant-feeding support with attention to maternal pain, sleep, emotional health, and broader self-care needs. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This interpretation emphasizes respectful, continuous, evidence-informed

Digital communication was modeled as an optional extension of continuity rather than the definition of continuity itself. Susanti et al. (2022) identified opportunities for mobile-health development within Indonesian midwifery continuity while emphasizing professional competencies and service needs. Digital reminders, educational materials, and secure messaging can improve access between visits, particularly when women have questions during early recovery. However, unequal device access, data costs, digital literacy, and privacy can create new barriers. Services should retain telephone and face-to-face options and avoid assuming that all postpartum women can

communicate safely through smartphones. Technology is most valuable when it strengthens an existing care relationship and documented clinical pathway. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This interpretation emphasizes

Cultural beliefs and family practices can shape postpartum self-care. Advice regarding food, rest, hygiene, activity, traditional practices, and help seeking may come from relatives as well as health professionals. Lante et al. (2024) emphasized the importance of health literacy when addressing potentially risky traditional postpartum practices in an Indonesian context. Continuity gives midwives repeated opportunities to discuss practices respectfully, identify harmful elements, and preserve safe cultural preferences where possible. Confrontational communication may reduce trust and disclosure. A literacy-oriented approach asks what women believe, how information is interpreted, and whether recommended actions are feasible within the household. This creates space for negotiation while maintaining evidence-based safety boundaries. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This interpretation

The continuity model also highlighted the importance of formal social support behaviors. Schobinger et al. (2024) found that first-time parents distinguished helpful and unhelpful support behaviors from midwives and other professionals during early postpartum care. Effective support therefore involves more than frequent contact; communication must be sensitive, individualized, and responsive to expressed needs. In the simulation, well-being scores improved most when contacts included listening and shared problem solving rather than checklist completion alone. This finding reinforces the idea that postpartum literacy develops within relationships. Women are more likely to ask questions and disclose uncertainty when they feel respected, which in turn gives midwives better opportunities to correct misunderstandings and identify emerging problems. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support

Implementation feasibility depends on staffing and service organization. Middlemiss et al. (2024) identified organizational barriers and facilitators affecting midwifery continuity internationally, including workforce and structural conditions. A postpartum continuity program can increase communication workload if every message is handled individually without triage, shared coverage, or protected time. The simulated model therefore used scheduled contacts, standardized documentation, urgency categories, and team backup. Services considering implementation should measure midwife workload alongside maternal outcomes. A model that improves access but produces burnout or unreliable response times may ultimately weaken continuity. Sustainable care requires sufficient staffing, realistic caseloads, interoperable records, and clear boundaries for after-hours communication. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This interpretation emphasizes respectful, continuous, evidence-informed

The simulated regression indicated that continuity support remained associated with higher six-week self-care literacy after adjustment for parity, delivery mode, baseline literacy, educational category, and family support. Because the dataset is synthetic, this association is illustrative and cannot establish causal effectiveness. Future research should use validated health-literacy and well-being instruments, prospective recruitment, adequate sample size, and transparent management of missing data. Chen et al. (2025) demonstrated that postpartum maternal health literacy is influenced by multiple factors, underscoring the need for careful confounding control. Field studies should also examine whether continuity benefits women with lower baseline literacy, limited family support, or geographic barriers to a similar extent. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care. This interpretation

Overall, the simulated findings support an integrated model in which postpartum self-care literacy develops through repeated education, application, reassessment, and relational support. Evidence from self-care research (Nguyen et al., 2023; Bryant et al., 2023), health-literacy intervention research (Cheng et al., 2023), and continuity studies (Sandall et al., 2024; Shahinfar et al., 2024) converges on the value of coordinated support rather than isolated information delivery. For Indonesian maternity services, continuity should connect discharge preparation, community midwifery, Puskesmas follow-up, and referral when needed. The central outcome is not how much

information women receive, but whether they can use that information safely and confidently while maintaining access to professional care. This interpretation emphasizes respectful, continuous, evidence-informed postpartum support and practical maternal self-care.

CONCLUSION

This simulation-based study suggests that continuity of midwifery support can strengthen postpartum self-care literacy by transforming education from a one-time discharge activity into an iterative process of explanation, teach-back, application, and reassessment. The modeled continuity pathway improved self-care literacy, danger-sign knowledge, follow-up completion, timely help seeking, confidence, and maternal well-being. These outcomes are illustrative rather than empirical because the dataset was synthetic, but they provide measurable hypotheses for prospective evaluation.

Effective continuity requires more than frequent contact. Women need a known midwife or small team, individualized self-care planning, respectful communication, clear emergency instructions, and reliable pathways for in-person assessment and referral. Digital communication can extend access but should remain optional and equitable. Services must also protect privacy, maintain documentation, provide team backup, and manage workloads realistically. Maternal well-being should remain a distinct priority alongside newborn care, breastfeeding support, and family adjustment during the postpartum period.

Future research should evaluate this model with real postpartum populations in diverse Indonesian settings using validated literacy, well-being, and continuity measures. Studies should assess clinical outcomes, mental health, help seeking, readmissions, breastfeeding-related maternal concerns, satisfaction, equity, cost, and midwife workload. Particular attention should be given to women with limited health literacy or social support. If implemented with appropriate clinical governance, continuity of midwifery support may provide a practical foundation for safer, more confident, and more woman-centered postpartum self-care.

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