The Effect of Prenatal Educational Guidelines about Postpartum Care on Maternal Coping

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ABSTRACT

Background: Mothers may find it difficult to adjust to their baby's new condition during the postpartum period, especially in the first few weeks. According to previous studies, disregarding these demands might have a severe influence on not only the mother's health, but also the family's health **aimed** to evaluate the effect of renatal educational guidelines about postpartum care on maternal coping. **Subjects and method: Design**: a quasi-experimental design (study/ control) was utilized **Setting:** at the Family Health Unit namely; El-Kuwait and Othman Bin Affan, Antenatal Care Clinic in Port Said city, **Subjects:** on a convenient sample of 160 women after meeting the requirements. **Three tools** were utilized for data collection structured interviewing questionnaire, knowledge questionnaire and Coping with Motherhood scale. **The Results** revealed that: In both the study and control groups, relatives and friends were the most commonly stated sources of information. Women in the study group had more satisfactory knowledge than women in the control group throughout the post-intervention period. Women in the study group exhibited higher values for problem-centered and emotion-centered coping than the control group from the post-intervention period onwards, and the difference was statistically significant(p 0.005).. **Conclusion:** The implemented educational guideline had a positive effect as it improves the women's coping during postpartum period. **Recommendations**: To improve postpartum management, all pregnant women should be advised to follow a postpartum discharge policy. In addition, more study is being conducted to determine the elements that influence women's involvement in these sessions.

Keywords: educational guidelines, maternal coping, maternal knowledge, period, postpartum, Pre-natal**.**

INTRODUCTION

The postpartum period is a very important time, characterized by dramatic events and associated with intense physical and emotional changes in women's lives. Which start soon after birth and can prolong until the end of the first year of life of the child, being a singular moment for every woman.

Postpartum has been linked to short-, long-, and chronic acute morbidity in a number of studies conducted in both high- and low-income nations. Furthermore, up to two-thirds of all maternal deaths occur after childbirth. To ensure women's physical and emotional health and well-being, the World Health Organization recommends that health services be delivered at 6 hours, 6 days, 6 weeks, and 6 months after delivery. Despite this guideline, seven out of ten women did not obtain postpartum care, according to Demographic and Health Surveys done in 30 low-income countries between 1999 and 2004 (Yaya, Uthman, Amouzou, Ekholuenetale &Bishwajit, 2018).

Women's lack of awareness of the importance of postnatal care, lack of perceived need (especially when they are feeling well), low levels of education, poverty, and a lack of medical facilities to provide postnatal care, as well as a lack of appointments or referrals from healthcare providers, all contribute to low postnatal care acceptance rates. Women's predisposition to prioritise the baby's health requirements, bad health care provider attitudes, or visits to postpartum care (Memchoubi, Kudale, Lilileima, Koshy & London, 2017)

Interventions to ensure a healthy pregnancy are well-known, and the requisite resources are readily available. The services necessary are neither complicated nor expensive, and maternal mortality reduction, in the form of organised education programmes on antenatal delivery and maternal birth awareness, is one of the most cost-effective techniques. The dangers women confront in giving birth aren't merely unfortunate or inescapable natural disadvantages; they're also injustices that society must address through its political, health, and legal institutions (Chang, Coxon, Portela, Furuta and Bick, 2018).

Women should be given information to help them care for their own health and the health of their newborns, as well as to recognize and respond to concerns. Women should be educated about the signs and symptoms of potentially life-threatening diseases as soon

as possible after giving birth. All maternal health care providers should advocate breastfeeding. Any changes in mood, mental state, or conduct should be reported to a doctor by women and their family or partners (NICE, 2014).

AIM OF STUDY

To evaluate the effect of renatal educational guidelines about postpartum care on maternal coping.

Research hypothesis:

1- The educational guideline will upgrade the women's coping during postpartum period.

SUBJECT AND METHOD

A-Research design

A quasi-experimental design (study/ control) was conducted in this study.

B- Setting

The research was carried out at the Family Health Unit's Antenatal Care Clinic (ANC) in Port Said. For their high patient flow, the El-Kuwait and Othman Bin Affan units were chosen.

C - Sample

A convenient, simple random sample of 160 pregnant women was used, with a sample size requirement of 64 per group based on flow rate and the usage of UCSF statistical tools. To account for the predicted dropout rate of around 20%, this is increased to 80. Who fulfilled inclusion criteria. They were randomly assigned to one of two groups: the study group, which received the research intervention, and the control group, which received routine care.

Inclusion criteria:

1-Graduation at least from primary school

2- At reproductive age from 18- 35 years.

3- Being in the third trimester.

4- Being nullipara.

5-Subsequently, inclusion also required: giving birth at full term, having a healthy baby and having experienced no postnatal complications.

TOOLS OF DATA COLLECTION:

Data were collected by using the following tools:

TOOL I: An interviewing questionnaire: According to the national and worldwide website, it was developed by researchers after reviewing relevant material in the Port Said Journal of Scientific Nursing (PSSJN), Journal of Nursing and Health Sciences (IOSR-JNHS), American Journal of Nursing Research, and reviewed by experts in the field, in Arabic. It consists of 8 questions. It is divided into two sections to collect the relevant information. Part 1: Demographic and socioeconomic characteristics: Age, education, occupation, length of marriage, and income of women are among the socio-demographic data collected. Part 2: Obstetric History: This section contains information ; past miscarriages, postpartum care for the mother and newborn, and information sources.

TOOL II: Knowledge questionnaire: it was developed by the researchers after reviewing domestic and international websites. The Scientific Journal of Nursing (PSSJN), Journal of Nursing and Health Science (IOSR-JNHS), and American Journal of Nursing Research and Experts are some of the journals that have been published. It was used to evaluate women's postpartum knowledge before and after research interventions. It reviewed by experts in the field, in Arabic. It consists of 18 multiple-choice questions (MCQs) that cover four topics: postpartum concerns, maternal care (including diet, hygiene, perineal and wound care, rest and sleep), exercise and contraception, and newborn care (including breastfeeding, vaccines, and daily care).

Scoring system:-

A correct answer is given a value of 1 for each knowledge item, whereas a wrong answer is given a value of 0. To get the average, add the item scores for each knowledge area and the full questionnaire then divide the total by the number of items. Higher numbers imply superior knowledge, therefore these are converted to percentages and means, and standard deviation and median are produced. The woman's knowledge is judged satisfactory if the percentage is 60 percent or greater, and unsatisfactory if the proportion is less than 60 percent.

TOOL III: Coping with Motherhood scale (Appendix III): This scale, adopted from Panzarine and Kleinberg (1986) and translated into Arabic, reviewed by experts in the field to assess how frequently women employ various coping mechanisms. The measure has 64 items that are separated into two basic coping techniques.

Problem-focused coping: comprises 32 items equally divided into:

Reappraising situation meaning (8 items)

Dealing with the problem (8 items)

Seeking social support (8 items)

Emotion-focused coping: comprises 32 items equally divided into:

Wishful thinking (8 items)

Emotionally detaching and/or avoiding (8 items) .

Relieving tension by diversion, substance abuse, anger expression (8 items).

Scoring system:-

Each of the 64 items was graded on a four-point Likert scale, with responses ranging from never to always. Add the item scores for each primary approach and its subcategories, then divide the total score by the number of items to get the average score. Calculate standard deviation and median after converting these numbers to percentage and mean. The approach is deemed highly employed when the percentage score is 60 percent or more, and low usage when the percentage score is less than 60 percent.

Ethical Consideration:

The Faculty of Nursing's Scientific Ethics Committee (4) gave formal consent to perform this study on February 18, 2019 at the University of Port Said. In addition, after outlining the study's goals, the hospital director granted permission to participate. The researchers also informed each woman about the study's objective and methods, as well as her freedom to refuse participation or withdraw oral consent at any moment. They can be assured that the information they provide will be kept private and utilized solely for research reasons. The volunteers will not be harmed as a result of the study. The data gathering method did not interfere with the aforementioned framework's work in any way.

I-procedure of work:

The study's fieldwork took place over the course of 18 months, from early March 2019 to late August 2020. It conducts pilot studies to assess the substantive effectiveness of the instruments utilized as well as the utility of the research, assessment, planning, implementation, and evaluation stages.

Tool validity

All data collection tools were built with their input and sent to five specialist university expert professors in the subject of study for modifications. To ensure the content's authenticity, the tools were sent to three academic nursing specialists in obstetric nursing and community health medicine. Expert guidance was used to make changes.

Reliability

Content is checked for clarity, adequacy, and completeness using tools. Cronbach's Alpha was used to determine the tool's reliability. Cronbach's alpha was 0.83 for the pre-and-posttest, showing a strong and significant positive correlation between instrumental items.

Pilot Study

Before actual data collecting started, a pilot study was done after the tool had been reviewed and approved by experts. The goal of the pilot study was to confirm that the research instrument was clear and applicable, as well as to identify potential data collection barriers and concerns. It also aids in estimating the amount of time it will take to complete the questionnaire. The test was performed on ten percent of the 16 women in the study who were not included in the overall sample. Internal, external, and inference validity were performed. Based on the results of the pilot study, some questions were revised, clarified, omitted, and rearranged to ensure the stability of the answers.

The field work for this study lasted for 18 months from the beginning of the March 2019 to the end of August 2020.It was carried out through assessment, planning, implementation, and evaluation phases.

Antenatal Care Clinics (ANCs) in the Family Health Units in Port Said City, Kuwait, and Osman Bin Afan Units were used in the study. Two times a week, researchers come to the institution. Each lady was first interviewed to gain her verbal

consent to take part in the study. Before the intervention, three women were checked on a daily basis. The study's goal was communicated to each woman in order to gain her trust and participation. Prior to intervention, assess the women's knowledge. Then comes the period of putting the instructional recommendations into action. The ladies who were evaluated were initially sorted into eight groups of ten women each. The instructive guide can be delivered at any time that is convenient for each group. The instructional criteria were then put in place. Then educational guideline was implemented through eight sessions.

Each meeting lasted for twenty minutes. Lectures, group discussions, demonstrations, and applications are all examples of teaching approaches. Lab tops, pamphlets, and video items were employed as media. The subject of knowledge is covered in four classes. The created manual (handout) was handed to the women immediately after the intervention at the end of the session. After completing the intervention, tools II and III were used to assess the effect of implementing the teaching guideline results. After the intervention, knowledge and needs are checked daily.

STATISTICAL DESIGN

The gathered information is organized, tallied, and analyzed according to the type of personal information. SPSS 20.0 was used for data entry and analysis (Statistical Package for the Social Sciences). At the encoding and data entering steps, quality checking is performed.

RESULT:

Figure (1): Sources of information reported by women in the study and control groups: demonstrates that, the relatives and friends was the most commonly reported source of information in the study and control groups, followed by internet phone and medical team. On the other hand, media and books were the least reported sources.

Table (1): Pre-intervention knowledge among women in the study and control groups: shows very low percentages of satisfactory pre- intervention knowledge among the women in the study and control groups, with no statistically significant differences. Their lowest knowledge was regarding postpartum maternal care (13.8%). Moreover, only 8.8% of those in the control group had satisfactory knowledge of newborn care.

Table (2): Pre and Post-intervention scores of knowledge among women in the study and control groups: presented that, no statistically significant differences in the pre intervention baseline scores of knowledge between the women in the study and control groups ($p=0.02$). Conversely, women in the study had significantly higher post-intervention scores of knowledge ($p<0.001$).

Table (3): Scores of coping among women in the study group throughout intervention phases: illustrates statistically significant improvements in the scores of various types of coping among the women in the study throughout the intervention phases ($p<0.001$). The highest improvement was related to coping by "relieving tension by diversion, substance abuse, anger expression" where the mean scores increased from 1.7 at baseline to 3.0 at the third follow-up.

Table (4): Scores of coping among women in the control group throughout intervention phases: indicates statistically significant improvements in the scores of various types of coping among throughout the intervention phases ($p<0.001$). The highest improvement was related to coping by "emotionally detaching, avoiding" where the mean scores increased from 2.2 at baseline to 2.9 at the third follow-up.

Figure (2): Scores of total problem-focused coping among women in the study and control groups throughout intervention phases: showed similar time trend throughout the intervention phases, with clear rise at post-intervention phase, decline at second follow-up phase, and re-rise at the third follow-up. However, starting from the post-intervention phase, the scores of the women in the study group were always higher in comparison with those of women in the control group, and the differences were statistically significant.

Figure (3): Scores of total emotion-focused coping among women in the study and control groups throughout intervention phases: indicates a rising time trend throughout the intervention phases. Meanwhile, from the post-intervention phase, the scores of the women in the study group were always higher in comparison with those of women in the control group, and the differences were statistically significant.

Table (5): Correlation matrix of women's pre-intervention knowledge and coping scores: demonstrates that in the study group and in the total sample, Their problem-focused scores corelated positively with their knowledge scores. Meanwhile, moderate

positive correlations were shown between the scores of problem-focused and emotion-focused coping in the study and control groups as well as in the total sample.

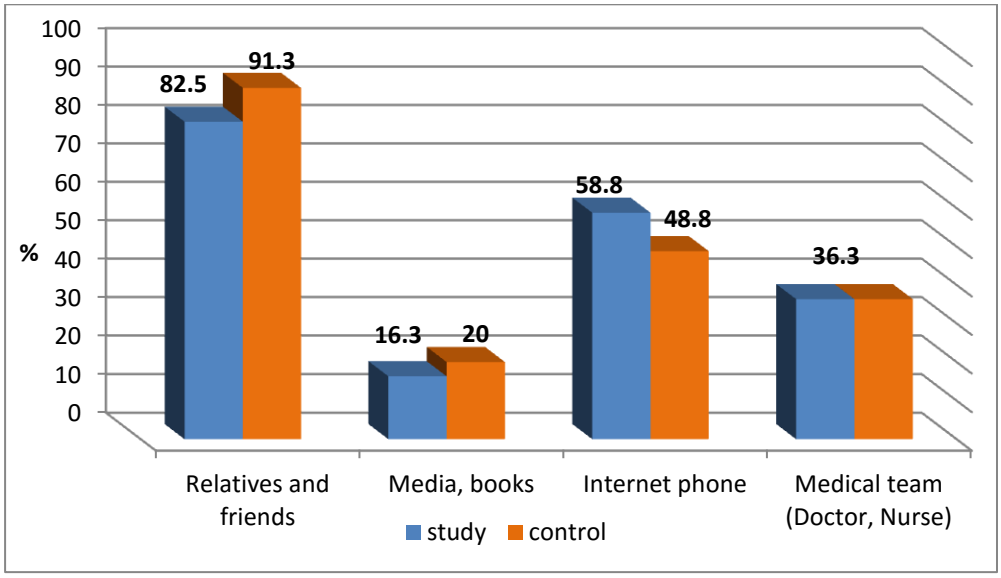

Figure 1: Sources of information reported by women in thestudy and control groups

Table (1): Pre-intervention knowledge among women in the study andcontrol groups

Satisfactory knowledge (50%+):	Group				X2 test	p-value
	Study (n=80)		Control (n=80)			
	No.	%	No.	%		
Postpartum problems	12	15.0	13	16.3	0.05	0.83
Postpartum maternal care	11	13.8	11	13.8	0.00	1.00
Postpartum exercise/contraception	21	26.3	18	22.5	0.31	0.58
Newborn care	13	16.3	7	8.8	2.06	0.15

(*) Statistically significant at p<0.05

Table (2): Pre and Post-intervention scores of needs and knowledge among women in the study and control groups

	Pre-intervention		Mann-Whitney test	P-Value
	Group			
	Study (n=80)	Control (n=80)		
Knowledge:				
Range	22.2-69.4	22.2-63.9	1.68	0.20
Mean±SD	43.3±11.6	40.7±10.2		
Median	43.05	38.90		
Items	Post-intervention		Mann-Whitney test	P-Value
	Group			
	Study (n=78)	Control (n=80)		
Knowledge:				
Range	50.0-91.7	47.2-75.0	35.32	<0.001*
Mean±SD	70.3±10.1	61.5±9.2		
Median	72.20	63.90		

Table (3): Scores of coping among women in the study group throughout intervention phases

Coping	Phases					Mann Whitney test	p-value
	Pre	Post	FU1	FU2	FU3		
Reappraising situation meaning:							
Mean±SD	2.2±0.4	2.8±0.3	2.5±0.5	2.7±0.5	2.8±0.5		
Median	2.17	2.83	2.58	2.75	2.96	125.91	<0.001*
Dealing withproblem:							
Mean±SD	2.2±0.4	2.6±0.3	2.5±0.5	2.4±0.5	2.7±0.5		
Median	2.17	2.58	2.54	2.46	2.75	80.23	<0.001*
Seeking social support:							
Mean±SD	1.9±0.3	2.3±0.3	2.3±0.5	2.1±0.5	2.4±0.5		
Median	1.87	2.27	2.40	2.13	2.53	88.33	<0.001*
Wishful thinking:							
Mean±SD	1.8±0.3	2.4±0.3	2.3±0.5	2.4±0.5	2.6±0.5		
Median	1.83	2.33	2.33	2.50	2.67	152.35	<0.001*
Emotionally detaching,avoiding:							
Mean±SD	2.1±0.5	2.2±0.2	2.6±0.7	2.8±0.6	3.0±0.6		
Median	2.13	2.25	2.63	2.88	3.00	148.92	<0.001*
Relieving tension by diversion,danger:							
Mean±SD	1.7±0.4	1.6±0.3	2.4±0.6	2.9±0.6	3.0±0.6		
Median	1.73	1.55	2.55	2.91	3.09	250.52	<0.001*

(*) Statistically significant at p<0.05

Table (4): Scores of coping among women in the control group throughout intervention phases

Coping	Phases					Mann Whitney test	p-value
	Pre	Post	FU1	FU2	FU3		
Reappraising situation meaning:							
Mean±SD	2.1±0.4	2.7±0.3	2.5±0.3	2.5±0.3	2.7±0.2	127.42	<0.001*
Median	2.08	2.75	2.50	2.50	2.75		
Dealing with problem:							
Mean±SD	2.2±0.4	2.5±0.3	2.4±0.3	2.2±0.3	2.5±0.4	68.39	<0.001*
Median	2.08	2.50	2.50	2.21	2.50		
Seekingsocial support:							
Mean±SD	1.9±0.3	2.2±0.2	2.2±0.3	2.0±0.3	2.4±0.3	93.02	<0.001*
Median	1.87	2.20	2.23	1.93	2.40		
Wishful thinking:							
Mean±SD	1.8±0.3	2.3±0.4	2.3±0.3	2.2±0.4	2.4±0.4	119.59	<0.001*
Median	1.75	2.17	2.33	2.17	2.50		
Emotionally detaching, avoiding:							
Mean±SD	2.2±0.5	2.2±0.3	2.5±0.4	2.6±0.4	2.9±0.4	106.40	<0.001*
Median	2.13	2.13	2.38	2.63	2.75		
Relieving tension by diversion,anger:							
Mean±SD	1.8±0.4	1.6±0.2	2.4±0.5	2.7±0.4	2.8±0.3	248.35	<0.001*
Median	1.73	1.64	2.36	2.73	2.91		

(*) Statistically significant at p<0.05

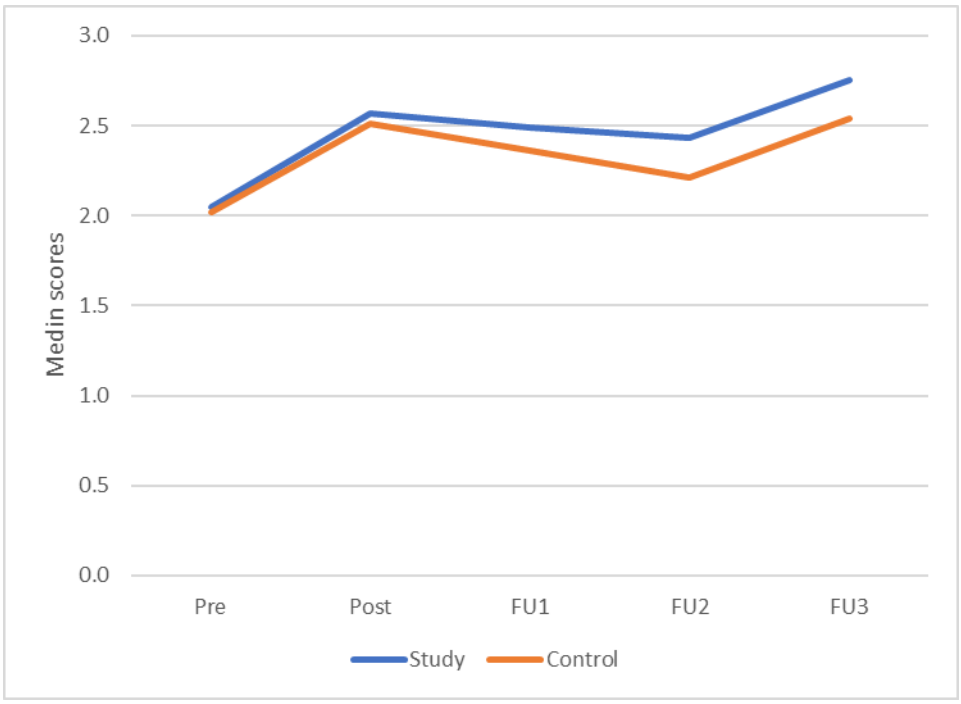

Figure 2: Scores of total problem-focused coping among women in the study and control groups throughout intervention phases

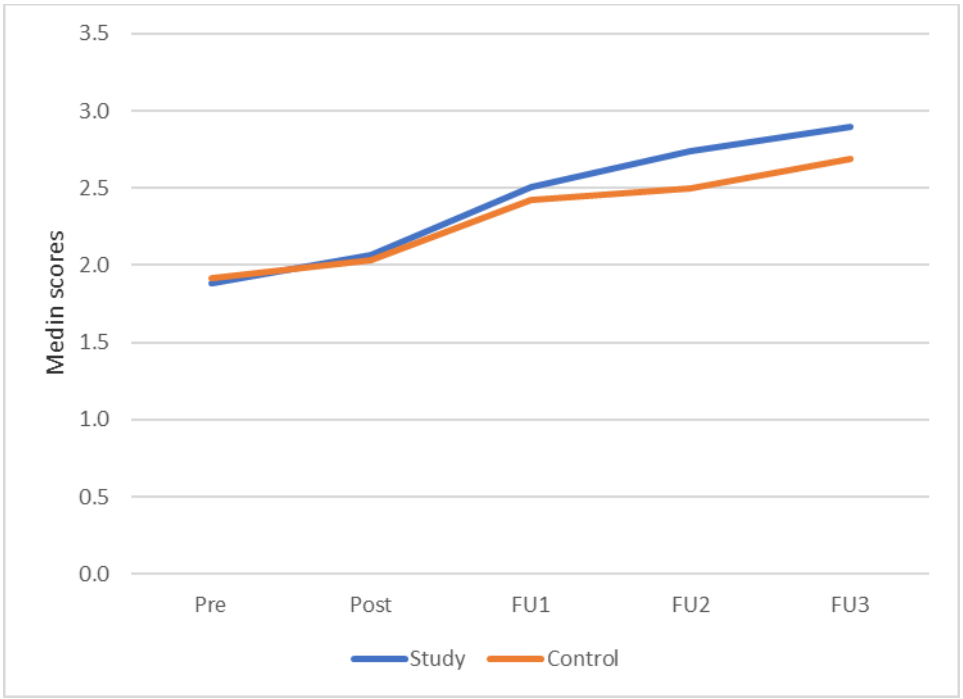

Figure 3: Scores of total emotion-focused coping among women in the study and control groups throughout intervention phases

Table (5): Correlation matrix of women's pre-intervention knowledge and coping scores

	Spearman's rank correlation coefficient		
	Knowledge	Problem- Focused coping	Emotion-Focused coping
Study group			
Knowledge	1.000		
Problem- focused coping	.340**	1.000	
Emotion-focused coping	-.002	.686**	1.000
Control group			
Knowledge	1.000		
Problem- focused coping	.182	1.000	
Emotion-focused coping	-.019	.598**	1.000
Total sample			
Knowledge	1.000		
Problem- focused coping	.278**	1.000	
Emotion-focused coping	-.018	.640**	1.000

(*) Statistically significant at p<0.05 *(**) Statistically significant at p<0.01*

DISCUSSION

The aim of this study was to study the effect of prenatal designed discharge guideline about postpartum period on maternal coping.

This study revealed the study and control groups had similar socio-demographic features but no statistically significant differences. More than half of them hold a college diploma. The majority was housewives, and the vast majority was primiparas, with only a small number having had an abortion in the past. In terms of the tested women's postpartum knowledge, the study found that the majority of both the research and control groups were dissatisfied with postpartum care knowledge, particularly postpartum care knowledge of mothers and newborns, with no significant differences in the pre-intervention test.

This knowledge gap could be associated with numerous health literacy, which is described as "the amount to which an individual acquires, processes, and comprehends essential health information and services required to make informed health decisions"

(Nutbeam & Lloyd, 2020). Cultural influences, inexperience, nuclear families, inadequate healthcare, and a lack of instruction on the necessity of getting postpartum information are all contributing factors. This study is in line with Gaafar, Sarhan, and Moursi, (2021*),* who studied" Effect of young rural women's general characteristics on their knowledge and compliance with healthy practices during postpartum period", reported that the majority of women surveyed had incorrect general knowledge about postpartum care.

Also, Jhade and Shiju (2020) conducted "A study to assess the effectiveness of the structured teaching programme on knowledge regarding prevention and management of post-natal breast complications among primigravida mothers". Important findings imply that first-born mothers in the pretest are inadequately aware about the prevention and treatment of postpartum breast problems,

Similarly, a descriptive study conducted at the postnatal departments at Ain Shams Maternity University Hospital entiteled "Personal Care of Postpartum Mothers" found that almost two-thirds of mothers have an inaccurate understanding of the components of postpartum self-care and postpartum visiting (Mohamed, Ragab, Ahmed, and Mohamed, 2018)

In this study, relatives/friends were the most common source of information, followed by the internet, medical teams, and the media. In experience/preparation, young female age, first kid, and incapacity to gain knowledge are all possible factors. This In the line with one group (pre-test/ post-test) experimental study "A study assessing knowledge and practice of selected elements of postnatal care among original mothers at Aravindan Hospital, Coimbatore" which found that relatives and friends were the most common sources of postnatal care information (Bereźnicka, 2016& Indu ,2016).

In contrast, a study by Agrawal and Hiremath (2020) entiteled "Awareness and attitude regarding postnatal care and immunization practice among antenatal mothers", found that the majority of moms obtained information from those who were directly involved in the healthcare system. Also Chinchpure, Deshpande, Dasila, and Gopalkrishnan (2017), in their Indian study, experimental design two groups, simple random sampling was used to select the groups. They found that the majority of study group participants viewed electronic media as their primary source of information about their childbirth preparation, whereas the majority of the control group viewed family as their primary source of information.

According to the current study's findings, the women tested had inadequate understanding about the postpartum period, which could be related to their major source of information. Depending on their diverse lifestyles, information acquisition is regarded to be one of the most essential variables determining health.

However, given the various possible challenges to effective postpartum coping that women encounter, such as supporting and prioritizing their new lives, parenting is secondary, and information alone may not be enough to influence behavior. As a result, registered care providers are viewed as valuable sources of information, leading to numerous advancements in pregnancy education and birthing.

Note the practice of postpartum self-sufficiency through discharge policies in terms of women's knowledge. On the post-intervention test, there were substantial differences between the two groups, indicating that the majority of women in the study group had adequate knowledge. These findings are in line with an Iranian study titled "The influence of prenatal counselling on knowledge and performance of postpartum care in primiparas" (Soltanni, Esmaeili, Mohammadi, and Aghababaei , 2019).

Okafor and Yewande (2020) found that following the intervention, the average knowledge value improved dramatically, which was significantly different from the control group. Furthermore, Nasir, Amran & Nakamura (2017) found that taking a mother's course improved the intervention group's understanding greatly.

The findings of this study revealed that pre-intervention coping levels were lower. Both the study and control groups had problem-focused and emotion-focused coping methods. This is due to their lack of expertise and, for the most part, ineffective practice. A research of coping among postpartum women in Turkey found that they had poorer coping rates, which is consistent with our findings (Boybay Koyuncu and Duman, 2022).

The current study's bivariate analysis demonstrated a strong positive relationship between problem-oriented and emotion-oriented coping among women before the intervention, as well as women's college education and newborn care expertise. Employees are also more problem-solving and coping oriented. The findings revealed that education and knowledge improved women's coping abilities. In line with this, a Turkish study of women's postpartum coping found that higher educational attainment improved women's coping abilities (Gunaydin and Zengin, 2022).

Meanwhile, new research suggests that during the intervention phase, both groups of women had an upward trend in both problem-focused and emotion-focused coping scores, implying that time had a favourable effect on their coping scores. The study group's coping scores, on the other hand, were much higher than the control group's, as evidenced by all future periods. These findings show that the intervention had a positive impact on women's coping abilities. A Chinese study found that educational programmes for women's postpartum coping had equal success (Ngai et al., 2018).

The positive effect of intervention and timing on women's coping was confirmed by multivariate analysis in this study. Furthermore, the intervention improved women's knowledge indirectly, as knowledge was found to be an independent positive predictor of their coping scores. In line with this, a qualitative study of postpartum social support for working women in the United Kingdom discovered that information support was the most essential factor in improving their ability to adapt and manage with postpartum issues (McLeish and Redshaw, 2021).

CONCLUSION:

Women in both study and control groups their knowledge is deficient. They have low levels of problem-focused and emotion-focused coping. The implementation of the study intervention is effective in improving their knowledge and increasing their problem and emotion-focused coping in comparison with women in the control group.

RECOMMENDATIONS:

In view of the study results the following recommendations are proposed

- The developed discharge guidelines should be adopted in the study settings as well as in all MCH centers and similar settings.
- Health teaching supported by simple printed materials and illustrations involving information about postpartum period should be made available in all settings providing antenatal care.
- Pregnant women should be encouraged to be accompanied by their husbands during antenatal care visits.
- Training sessions in coping strategies should be provided to pregnant women as well as their husbands.

▪ Continuing education and refresher courses addressing postpartum care should be regularly implemented for nurses and other care providers in MCH centers and antenatal care settings.

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تأثير الإرشادات التعليمية قبل الولادة حول رعاية ما بعد الولادة على تكيف الأمهات

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الخلاصة

قد تجد الأمهات الجدد صعوبة في التكيف مع أطفالهن خلال فترة ما بعد الولادة ، خاصة في الأسابيع القليلة الأولى. وفقًا لدراسات سابقة ، فإن تجاهل هذه المطالب قد يكون له تأثير شديد ليس فقط على صحة الأم ، ولكن أيضًا على صحة الأسرة. حيث تهدف هذه الدراسة لتقييم تأثير ارشادات الخروج على تكيف النساء أثناء فترة ما بعد الولادة تم استخدام المنهج شبه التجريبى لعمل الدراسة على 160 سيدة من المتابعات للحمل بمركزى الكويت وعثمان بن عفان في بورسعيد. تم جمع البيانات باستخدام الادوات التالية :استمارة مقابلة شخصيه، استمارة لتقييم معلومات ، ومقياس التعامل مع الأمومة. وقد استخلصت النتائج ما يلي: في كل من مجموعتي الدراسة والمجموعة الضابطة ، كان الأقارب والأصدقاء هم مصادر المعلومات الأكثر شيوعًا. و النساء في مجموعة الدراسة بعد تطبيق ارشادات الخروج اصبحت لديهم معلومات صحيحة أكثر من النساء في المجموعة الضابطة. أظهرت النساء في مجموعة الدراسة باستمرار قيمًا أعلى للتأقلم المتمحور حول المشكلة والمرتكز على العاطفة مقارنة بالنساء في المجموعة الضابطة من فترة ما بعد التدخل فصاعدًا . وقد اظهرت نتائج الدراسة تحسن ايجابياحصائي ملحوظ في معلومات وتكيف النساء خلال فترة ما بعد الولادة. وأوصت باتباع ارشادات الخروج لتحسين إدارة فترة ما بعد الولادة ، وأوصت بإجراء المزيد من الدراسات لتحديد العناصر التي تؤثر على مشاركة المرأة في هذه الجلسات.

الكلمات المرشدة: إرشادات الخروج إرشادات ما قبل الولادة ، ، معلومات الأم ، فترة النفاس.