

Knowledge Regarding Postnatal Care among Pregnant Women at Dhaka Medical College Hospital, Dhaka

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Abstract: Background: Postnatal care (PNC) is a vital component of maternal and newborn health, covering the period from immediately after delivery up to six weeks postpartum. Adequate knowledge of postnatal care among pregnant women is essential to prevent maternal and neonatal morbidity and mortality. Objectives: the aims of the study to assess the level of Knowledge Regarding Postnatal Care among Pregnant Women at Dhaka Medical College Hospital. Methods: A descriptive type of cross-sectional study was conducted with a sample 75 pregnant women selected through a convenient sampling technique. Data were collected by researchers using face to face interview with a structured questionnaire consisting of questions related to postnatal care of the mother and newborn. Data were analyzed using descriptive statistics, including frequencies, percentages, and mean. Results: The mean age of respondents was 25.19 ± 4.68 years. Most were Muslim (86.67%), had secondary education (53.34%) and were housewives (92%). The majority of the respondents lived in joint families (62.67%) and were multigravida (70.67%). Most respondents were in the third trimester (68%) and 42.67% had more than four ANC visits. Nearly half (48%) had not used contraception, among users, oral contraceptive pills were most common (24%). Overall, 38.67% of respondents had good knowledge, 22.67% had average knowledge, 14.66% had poor knowledge and only 1.33% demonstrated excellent knowledge regarding postnatal care. While knowledge was relatively better in areas such as newborn care, vaccination and personal hygiene, notable gaps were identified in recommended postnatal visits, breastfeeding practices and family planning methods. Conclusion and Recommendation: The study concludes that strengthening health education during antenatal visits and implementing targeted educational interventions are essential to improve postnatal care knowledge and to reduce maternal and neonatal morbidity and mortality in Bangladesh.

Keywords: Postnatal care, knowledge and pregnant women.

INTRODUCTION

Background and Significance

Post-natal care is a care of mother and newborn which provides after delivery up to 6 weeks of birth. The postnatal period is an exceptional phase in the life of a woman. Postnatal care are the most essential factors for the adequate growth and development of a child (Thorat *et al.*, 2019). Postpartum period can be divided into three different phases. The first phase is called as the initial or acute phase which is last for 6-12 hours after delivery and subacute postnatal period which lasts 2-6 weeks. If this period lasts up to 6 week is called as delayed postpartum period. All mothers and babies need at least four postnatal visits in the first 6 weeks after delivery, including 1st visit (24 hours), 2nd visit (48-72 hours), 3rd visit between (7-14) days and 4th visit six weeks (42 days). The goal of post-natal care is to promote the physical and mental well-being of both mother and baby, as well as support the developing relationship between the baby and his or her parents and family (Beraki *et al.*, 2020). Postnatal care is crucial for both the mother and the baby. Regular check-ups with a healthcare provider allow for monitoring of the mother's physical and emotional well-being, as

well as the baby's growth and development. Early detection and management of any potential complications can prevent serious health issues.

World Health Organization, (2022) indicated the global MMR in 2020 was 223 per 100 000 live births and 2.3 million children died in the first 28 days of life. According to the World Bank Data Report in 2022, maternal mortality ratio was 138 per 100000 live births and the neonatal mortality rate was 22.4 deaths per 1,000 live births in South Asia. There are approximately 6500 newborn deaths every day, amounting to 47% of all child deaths under the age of 5 years. Worldwide nearly 600.000 mothers between the ages of (15-49) years die every year due to complications arising from pregnancy and childbirth. Around two thirds of maternal and newborn deaths occur in the early postpartum period in developing countries and most of them in Sub-Saharan Africa. Almost half of postnatal maternal deaths occur within the first 24 hours and 66% occur during the first week (WHO, 2015).

According to the 2022 report from Bangladesh maternal mortality rate (MMR) was estimated to

be 156 per 100,000 live births, and the neonatal mortality rate (NMR) of 20 deaths per 1,000 live births. The new Sustainable Development Goal (SDG) has set ambitious targets, requiring Bangladesh to reduce MMR to less than 70 per 100,000 live births and neonatal deaths to fewer than 12 per 1,000 live births, targets 3.1 and 3.2 by 2030 (Konje *et al.*, 2022).

Empirical evidence highlights significant knowledge gaps among Bangladeshi women regarding postnatal care. A community-based study in urban slums of Dhaka found that only 29.1% of mothers and their newborns received any early postnatal care, with insufficient knowledge identified as a key determinant of low service utilization (Hasan & Mujahid, 2023). National survey data similarly show that only 17.3% of pregnant women could correctly identify key maternal danger signs during pregnancy, childbirth, and postpartum, reflecting limited awareness of essential maternal health practices (National Institute of Population Research and Training [NIPORT] *et al.*, 2016). These findings indicate a pressing need to assess and enhance knowledge regarding postnatal care among pregnant women in Bangladesh.

Lack of appropriate postnatal care sometimes may result in death or disability of the mother and/or newborn. The early post-natal period is a dangerous time for mother and baby where mortality and morbidity are highly prevalent if proper care is not done. Every year, approximately 9.5 million women worldwide face complications during pregnancy and childbirth, leading to over 300,000 maternal deaths. Over the past two decades, around 1.3 million maternal deaths occurred among Indian women, contributing to 12% of global maternal mortality. During this time, a wide range of postpartum complications have been reported, including excessive or prolonged postpartum bleeding, breastfeeding problems, urinary incontinence, constipation, depression, psychoses, post-traumatic stress disorder, anxiety, fatigue, constipation, and sleep disorders (Tessema *et al.*, 2023). UNICEF and the WHO define the following signs and symptoms in newborns as danger signs: inability to breastfeed, convulsions, rapid or difficulty breathing, severe chest in-drawing, feeling hot or feeling cold, lethargic, yellow soles (jaundice), and persistent vomiting (Wudu *et al.*, 2024). If these problems progress, they can lead to complications that can negatively affect women's health, baby's health and daily life after the postnatal period.

Women's knowledge of these associated problems is deemed necessary to lower postpartum complications. (Tessema *et al.* 2023).

Postpartum education can help to reduce maternal mortality and morbidity. Postpartum visits are a critical time to provide information on reducing risk of postpartum complications that can lead to serious injury or death (Adams *et al.* 2023).

Now a day's enhance the knowledge about postnatal care among pregnant women is noted to prevent post-natal complication, personal hygiene, elimination, exercise, early detection and cure of health, counselling on breastfeeding, immunization, an interactive session on the importance of birth spacing and maternal nutrition during postpartum period. Besides there are very few nursing research was conducted on this title in Bangladesh. It was considered as appropriate to search the knowledge about postnatal care among pregnant women in Bangladesh. Therefore, it is necessary to explore the level of knowledge regarding among pregnant women to reduce the morbidity and mortality rate.

Problem statement

Postnatal care (PNC) is a critical component of maternal and newborn health, encompassing interventions that ensure the well-being of both mother and child during the postpartum period. Despite global recognition of its importance, maternal and neonatal morbidity and mortality remain high in Bangladesh, often due to inadequate postnatal care practices. Pregnant women frequently lack comprehensive knowledge regarding essential PNC measures, including hygiene, nutrition, breastfeeding, danger signs, and timely follow-up visits. At Dhaka Medical College Hospital, a major tertiary care facility, the extent of pregnant women's awareness and understanding of postnatal care remains underexplored. Limited knowledge can lead to delayed care-seeking, preventable complications and adverse health outcomes for both mothers and newborns. Identifying the level of knowledge among this population is essential for designing targeted educational interventions, improving health outcomes and promoting evidence-based postnatal practices. This study aims to assess the knowledge regarding postnatal care among pregnant women attending Dhaka Medical College Hospital.

Justification for the Problem Statement

The postnatal period, covering the first six weeks after childbirth, is a crucial time for protecting the health of both mothers and newborns. A large

proportion of maternal and neonatal deaths occur during this early period, mainly from preventable causes such as infection, excessive bleeding and poor care practices (WHO, 2025). Postnatal care services particularly health education, early detection of complications, support for breastfeeding and timely referral are proven to improve outcomes for mothers and babies (WHO, 2025).

However, awareness and use of postnatal care services remain low in many low- and middle-income countries, including Bangladesh. Studies from tertiary hospitals in Dhaka show that less than 40% of postnatal mothers have adequate knowledge of essential newborn care, especially regarding cord care, bathing and hygiene (Journal of Health Research, 2024). Poor knowledge can delay recognition of danger signs and reduce timely care-seeking, increasing the risk of complications (Sarkar *et al.*, 2024).

Postnatal care is not limited to clinical check-ups; it also includes education on newborn care, breastfeeding, family planning, danger signs and maternal self-care. Women's educational level strongly influences their understanding and use of these services (Hasan & Mujahid, 2023). Therefore, targeted educational interventions for pregnant women attending Dhaka Medical College Hospital may help improve postnatal care knowledge and practices.

Research Title

Knowledge Regarding Postnatal Care among Pregnant Women at Dhaka Medical College Hospital.

Research Question

What is the level of Knowledge Regarding Postnatal Care among Pregnant Women at Dhaka Medical College Hospital?

Objectives

General objective

To assess the level of Knowledge Regarding Postnatal Care among Pregnant Women at Dhaka Medical College Hospital.

Specific objectives

- To assess the level of pregnant women's knowledge regarding concept of postnatal care (meaning, number of visit, complications).
- To state the level of pregnant women's knowledge regarding importance of post-natal care

- To determine the level of pregnant women's knowledge regarding maternal care during post-partum period.
- To identify the level of pregnant women's knowledge regarding newborn care during post-partum period.
- To find out the socio-demographic condition of pregnant women.

Research variables

Socio – demographic variables

- Age
- Religion
- Educational qualification
- Occupation
- Type of family
- Gestational age
- Number of ANC visit
- Number of para (living children)
- Number of gravida
- Choice of family planning method

Knowledge related variables

- Concept of postnatal care (meaning ,number of visit, complications)
- Importance of post-natal care
- Maternal care during post-partum period
- Newborn care during post-partum period

Operational Definition

Pregnant women

In this study, the pregnant women refer to the respondents who are confirmed by signs like missed periods, positive pregnancy tests, significant maternal change and receiving antenatal care in ANC corner at Dhaka Medical College Hospital, in Dhaka city, Bangladesh.

Knowledge

In this study, knowledge refers to pregnant women's who are able to understand the postnatal care includes postnatal visits, importance, benefit and complications of maternal and newborn care during the post-partum period.

LITERATURE REVIEW

Literature review is one of the most important steps in the research process. It is an account of what is already known about a particular phenomenon. The main purpose of literature review is to convey to the readers about the work already done and the knowledge and ideas that have been already established in a particular topic of research. In the study of knowledge regarding postnatal care among pregnant women, relevant literature was collected about significant concepts of the study. These include a concept of PNC,

importance of PNC, maternal and newborn care during postpartum period.

- Concept of postnatal care (meaning, visits, complications)
- Importance of postnatal care
- Maternal care during postpartum period
- Newborn care during postpartum period

Concept of postnatal care (PNC)-

Meaning of postnatal care

The post-partum period or puerperium from the Latin pure, "child" and par ere "to bring forth" refer to the six weeks period after child birth (Adelepillitheri 2004). The postnatal period or puerperium is a scientific period of adjustment after pregnancy when the anatomical and physiological changes of pregnancy are reversed and body returns to the normal state. This period starts as soon as the placenta is expelled and extends up to the period of 6 weeks (Singh *et al.*, 2023). The services provided during this period are referred as postnatal care such as routine observation and examination of vaginal blood loss, uterine involution, measurement of blood pressure and temperature, counseling on breastfeeding, nutrition, newborn care, family planning and referral for complications (Mithun S. & Irfan SMN., 2020). The general postnatal care include provision of adequate rest and ambulance, diet, sleep, care of the breast, importance of postnatal exercise, family planning advice and guidance, importance of postnatal check-up for the mother and adequate breast feeding and newborn care (Sharma and Minj, 2024).

PNC includes monitoring danger signs in the newborn's breathing, movement, temperature and breastfeeding as well as counseling the mother on health, nutrition, and healthy lifestyle practices. It ensures the well-being of mothers and newborns in terms of their health conditions, it contributes to the productivity and stability of families, communities, and the workforce (Shabuz *et al.*, 2025).

Number of PNC Visits

The postnatal period is one of the most critical periods in the lives of mothers & newborns, it remains often the most neglected phase in maternal and childcare provision. (Annsofie *et al.*, 2024). A postnatal visit is the ideal time to inform the mother about postpartum care and complications that can lead to serious injury or death. Postpartum period is typically divided into three distinct stages includes acute 6-12 hours postpartum, subacute 2-6 weeks postpartum and delayed up to 6 months

(Mahmoud *et al.*, 2023). According to the World Health Organization (WHO), a mother should visit at least 4 times during postpartum period. The first visit should be within 24 hours after childbirth, to be followed on the third day (48-72 hours), at around two weeks (7 to 14 days) and again at six weeks (up to 42 days) after childbirth.

In Ghana, only 4% of women receive postpartum care 3-41 days after delivery. In the Northern region of Ghana about 71% of women seek postpartum care within two days after giving birth, compared to 91% in the Upper West and Greater Accra regions (Adams *et al.*, 2025).

In Bangladesh, a study showed that 52.8% of mothers received PNC from MTP within two days of childbirth. In the case of institutional delivery PNC from MTP was 97.9% whereas it was only 7.3% for delivery at home. It was also observed that no women received PNC after discharge from the institution. It was found that the 63.4% of mothers receiving PNC was highest among those who had recently given birth to their first child (Shabuz *et al.*, 2025).

Complications of postpartum period (maternal and newborn)

About half of all postnatal deaths occur during the first week after childbirth and majority of these deaths occur during the first 24 hours due to postpartum hemorrhage, postpartum eclampsia, perineal and cervical tears and puerperal sepsis (Chaudhary *et al.*, 2023). The long-term maternal complications due to lack of care in the postnatal period include chronic pelvic pain, uterine prolapse, urinary incontinence, hypertension, hemorrhoids, urinary tract infections, perineal wound infections, severe anemia, thromboembolism, postpartum depression and psychosis, damage to the reproductive system, impaired mobility and fertility (Onwuka *et al.*, 2023). Many problems occur during the postpartum for newborn including breathing difficulties, less movement, hyperthermia hypothermia, neonatal infections and breastfeeding problem (Shabuz *et al.*, 2025).

Importance of postnatal care (PNC)-

Maternal mortality remains high in the developing world with over 60% of maternal death occurring during the postpartum period. Postnatal care is one of the best interventions for reducing maternal and neonatal deaths (Onwuka *et al.*, 2023). It is the time to deliver intervention to improve the health and survival of each mother and new child. After

transferring the women into mother starts to revel in physiological and psychological exchange in her frame. (Rani *et al.*, 2023)

The World Health Organization (WHO) has also emphasized the importance of the care provided to mothers during the postpartum period. In this period, sufficient training can be provided to mothers about their own care as well as their neonatal care. Mothers, as the primary care providers to their neonates, should be aware of the necessary neonatal care including feeding, hygiene, vaccination and signs of sickness. It is of great importance to make mothers aware of the necessary care for their own health, as well includes nipple care, personal hygiene, vaginal hemorrhage, infection, and warning signs, which can be effective in reducing the maternal morbidity and mortality (Ahmadinezhad M *et al.*, 2021).

Postnatal care will not only help in maintaining and promoting the health of the woman and the newborn baby, it also provides an opportunity for health professionals to identify, monitor and manage health conditions that may occur in the mother and newborn during the postnatal period. Moreover, it also provides health care professionals with the opportunity to promote personal hygiene, appropriate feeding practices, exclusive breastfeeding, and family planning counseling and services as well as immunization of newborns (Onwuka *et al.*, 2023).

The importance of PNC are highlighted in The Global Strategy for Women's, Children's and Adolescents' Health 2016–2030, which estimates and suggest that up to 27% of newborn deaths could be avoided if routine PNC and curative care reached 90% of mothers and their babies during the postnatal period (Finlayson K, *et al.*, 2023). Thus PNC ensures the well-being of mothers and newborns in terms of their health conditions, productivity and stability of families, communities, and the workforce. (Shabuz *et al.*, 2025).

Maternal Care During Postpartum Period-

Postnatal care (PNC) is a formal service provision specifically designed to support, advise, inform, educate, risk identification (assessments & screening), manage or refer women or newborns where necessary, health education, support for families, to ensure optimal transition from childbirth to parenthood and childhood care (Finlayson K *et al.*, 2023). Maternal care during postpartum period includes personal hygiene, nutrition, care of the breast, assess the fundal

height, perineal and episiotomy care, observe lochia, postnatal exercise, sleep, family planning advice and guidance, early ambulation and healthy lifestyle practices (Sharma and Minj, 2024).

Newborn Care During Postpartum Period-

Safe newborn care is indispensable for the newborn survival. Health problems at this age can lead to irreversible damages to the newborn. The components of newborn care include assess breathing pattern, maintaining body temperature, cord care, eye care, position & attachment of breastfeeding, immunization, prevention of infection, recognition of danger signs and common illness. A gloomy picture unveiled by Bangladesh demographic and health survey shows that only 6 percent neonates receive the essential newborn care. Numerous unscientific, unhygienic health and social taboos prevailing in child rearing practices render the newborn lives extremely vulnerable to adverse outcomes. Most neonatal deaths can be avoided through simple, affordable, fundamental, intervention to enhance awareness of postnatal mother on neonatal care (MS *et al.*, 2025).

A Descriptive, cross-sectional study was conducted at the emergency unit & postpartum department at Women's Health Hospital, Assiut University, Egypt by Mahmoud *et al.*, 2023, among 300 post-partum women on assessment of knowledge about postpartum care among women's health. The current study findings showed that only 8% of woman had good and 59.7% had poor knowledge regarding postpartum care. This study also revealed that only one quarter of woman had good knowledge about neonatal care, 58% woman had incorrect answer regarding umbilical care and breastfeeding .There were a high significant relation between total score of women's knowledge and their residence, educational level and employment status.

Srinivasa *et al.*, 2020 was conducted a cross-sectional study among 150 pregnant women in Kempegowda institute of medical sciences, Bangalore, on awareness and attitude regarding postnatal care and immunization practice. This study findings showed that 90% of the mother were aware about vaccination of the baby at the time of birth and 97.3% knew the importance of keeping the baby covered. However, 76.66% women knew that breastfeeding to be started within 1 hour of life and 22% believed it could be done later. Additionally only 40% of them had true knowledge regarding colostrum and 48.66% of

them thought it is just like normal breast milk. About 74% women think that jaundice in newborn requires evaluation, though 26% mothers do not think that it requires evaluation and possible complications. The study also found that women from joint families had better knowledge about vaccination, highlighting the role of mass media in spreading awareness.

A cross sectional descriptive study was conducted at MES Medical College, Kerala, in India, among 150 women consented for the study. On looking at the education status all of them completed 10th standard. About 98% were aware about vaccination of newborn at the time of birth. While 14% women were not willing since their family was against it and rest 2% were apprehensive about the side effects. Most of the women were aware about postnatal care including the importance to keep the baby warm, breastfeeding within the first hour, and the significance of colostrum. Awareness about umbilical cord care was also high, with most women knowing that no special care was needed. The study concluded that high maternal literacy contributed to a satisfactory level of awareness about postnatal care and breastfeeding among these women (Ali *et al.*, (2019).

RESEARCH METHODOLOGY

The research methodology describes the entire process of the study which covered the following areas - study design, study period, study place, study population, sample size, sampling technique, selection criteria for the study, research instruments, validity and reliability of the instrument, ethical considerations, data collection procedures, data processing, analysis and interpretation.

Study Design

A quantitative approach, descriptive type of cross-sectional study design was carried out to assess the Knowledge regarding postnatal care among Pregnant Women attending the antenatal care unit at Dhaka Medical College Hospital in Dhaka City.

Study Period

The study was conducted from January to December, 2025.

Study Place

Dhaka Medical College Hospital (DMCH) is the oldest tertiary-level hospital located at Bakshibazar area of the city. This hospital started its glorious journey on 10 July 1946 as 200 bedded hospital and upgraded to a 1080 bedded hospital in 1972.

Subsequently, it has been converted into 1800 to 2600. It is one of the largest and busiest tertiary-level hospitals in Bangladesh, offering a wide range of maternal and child health services. The hospital receives a high flow of pregnant and postnatal mothers every day, which provides access to a diverse population and ensures an adequate sample size for the study.

Study Population

The population in this study consisted of all pregnant women those who were attending the antenatal care outpatient department (OPD) unit in Dhaka Medical College Hospital in Dhaka City during data collection period.

Sample Size

The total number of population comprised 300 pregnant women. Due to our time bound, 25% target population was selected as the sample, resulting in a sample size of 75. The sample size of 75 (seventy-five) was determined based on 25% proportional estimation from the total number of population (N = 300).

Sampling Technique

Convenient sampling technique was used for convenience of the researchers to recruit the sample. According to Arikunto (2010:p.112), if the population is more than 100, (10-15)%, (20 – 25)% or more from the total population can be taken as sample. In this study, researchers selected 25% of the population. The total population was approximately 300 pregnant women, so the sample was 75 selected according to the inclusion criteria.

Selection criteria for the study

The sample selected based on the following-

Inclusion Criteria

- Respondents who receive antenatal care in antenatal unit in DMCH.
- Respondents who participate voluntarily in the study to give information.
- Respondents who available in the antenatal unit during data collection period.

Exclusion Criteria

- Respondents who are not meet the inclusion criteria.

Research Instrument

The instrument of this study developed by the researchers based on the basis of study objectives and variables after reviewing relevant studies. A structure questionnaire was developed in English then it was translated in Bangla version based on

back translation process for understanding the participant.

The questionnaire consisted of two parts: Socio-demographic characteristics and Knowledge regarding Postnatal Care

Socio - demographic characteristics: consisted of 10 items to collect the following data: age, religion, educational qualification, occupation, family type, number of gravida & para, gestational age, number of ANC visit and family planning methods.

Knowledge regarding postnatal care: consisted of 20 items multiple choice questions: Section I- Concept of postnatal care - (06 items), Section II- importance of postnatal care (05 items), Section III- maternal care during postpartum period (05 items) and Section IV- newborn care (04 items). Each item contained 04 (four) options with single correct answer. Each correct answer was obtained **Five (05) marks and** there was no negative mark for incorrect answer. Thus, the total score was 100 (5×20) for twenty answers that was converted into 100 percent for result analysis.

Validity of the instrument

The validity of the instrument was examined by a panel of three experts in the related field, (subject teachers, guide teacher and researchers) from the College of Nursing, Mohakhali, Dhaka. The researchers were modified the instrument based on expert recommendations.

Reliability of the instrument

Pre- test was conducted on 10 women those receive antenatal care at OPD in Shaheed Suhrawardy Medical College Hospital, Dhaka, for reliability and acceptability of the questionnaire. After reviewing and pretesting of the questionnaire, the necessary corrections was made for finalizing of data collection procedure by the researchers.

Ethical Consideration

Written permission: Written permission was obtained from the Principal of the College of Nursing, Mohakhali, Dhaka and the concerned DMCH authority for data collection to conduct the study. Informed consent was taken verbally from the respondents after explaining the purpose of the study and ensuring them that the information was used for academic purposes only.

Voluntary participation: The Researchers will ensure the respondents that they have the freedom to participate in the study and they were allowed to

withdraw themselves at any time from the study, if any concern arise.

Confidentiality and Anonymity: The Researchers also will ensure them that their confidentiality and anonymity was strictly maintained regarding the obtained information and ensured them it will not be published anywhere. The collected data was kept under lock and safe place and key to avoid express to other and it was destroyed after completion of the study.

Data collection procedure

The researchers were collected data by face-to-face interview through Bangla questionnaire. It was taken 10 minutes for individual respondents. Before data collection, the researchers explained the purpose of the study to the participant and written consent was obtained from them. After completing the questionnaire, the researcher thanked the respondents for spending time to participate in this study. This process was continued until desired sample was achieved and data were collected.

Data processing and analysis

Collected data was checked, organized, edited and entered into the master sheet, then it analyzed manually by the researchers using a scientific calculator. The descriptive statistics were used for the analysis of the respondents' characteristics, distribution and level of knowledge of PNC in terms of frequency, percentages, range and mean. The significant findings were analyzed to fulfill the objectives of the study.

Data interpretation

All collected data were analyzed manually by the researchers with help of a scientific calculator. Data were entered into the master sheet to see both demographic and knowledge related information together at a glance. Data were analyzed using descriptive statistics such as frequency, percentages, mean and standard deviation. The result was presented in the form of table, column and pie charts with interpretation.

Grading criteria

To assess the level of Knowledge Regarding Postnatal Care among Pregnant Women, Researchers developed a structured questionnaire in 4 sections with total 20 questions and each question contains 5 marks, all are carried equal marks. There was no negative marking for incorrect answer. Respondents who answered all questions correctly was obtained 100% marks. The

level of knowledge was interpreted using the following grading criteria:

Knowledge level	Grading Criteria
Excellent Knowledge	(90-100%)
Very good knowledge	(80-89%)
Good Knowledge	(70-79%)
Average Knowledge	(60-69%)
Poor Knowledge	(<60%)

Excellent: The respondents who were obtained between 90-100% marks in questions considered as having excellent knowledge.

Very good: The respondents who were achieved between 80-89% marks in questions considered as having very good knowledge.

Good: The respondents who were obtained between 70-79% marks in questions considered as having good knowledge.

Average: The respondents who were acquired between 60-69% marks in questions considered as having average knowledge.

Poor: The respondents who were obtained between <60% marks in questions considered as having poor knowledge.

RESULTS

This chapter presents a detailed description of the analysis results along with appropriate interpretations. The purpose of this chapter is to describe the variables related to the 75 respondents who answered the questionnaire. According to the nature of the variables, the results are presented as simple frequency, percentage, mean, median, mode, standard deviation (SD) in tables and charts.

Socio -Demographic Information

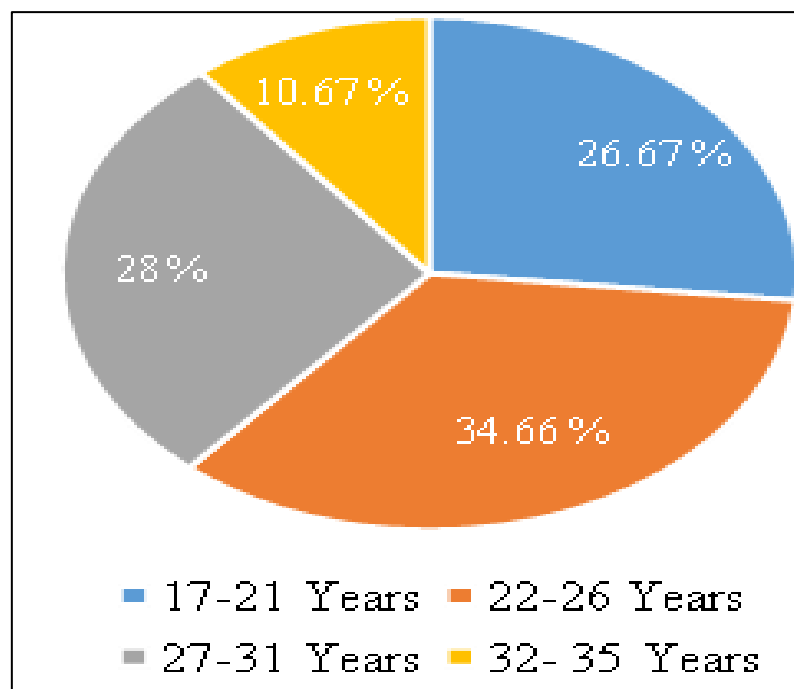


Figure 1: Distribution of respondents by age group:

Age

The above figure shows that 34.66% respondent's age in between 22-26 years which were majority in number, 28% in between 27-31 years, 26.67% in

between 17-21 years and 10.67% in between 32-35 years which were minority in number. The mean age of respondents were 25.19 ± 4.68 (SD) years, median age 25 years, mode age 28 years old.

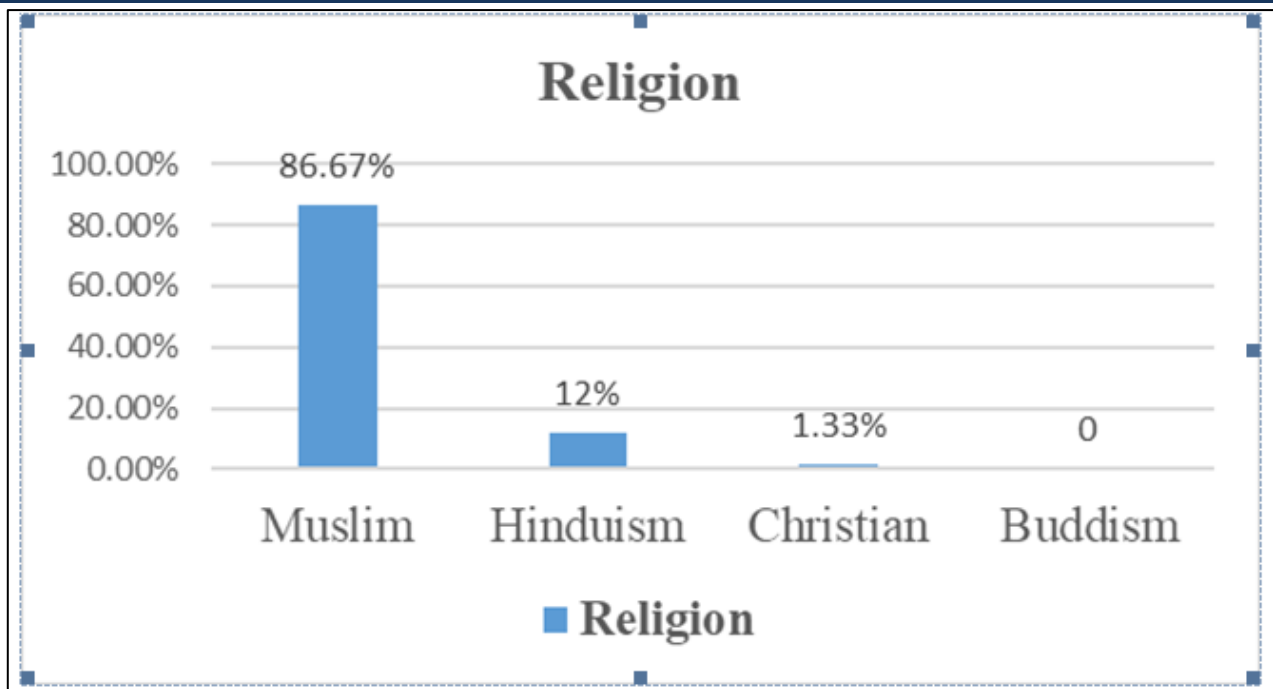


Figure 2: Distribution of respondents by religious status:

Figure 2 shows that religion status of the respondents. The majority of respondents 86.67% were Muslim, rest of them respondents 12% Hindu and Christian 1.33%. There was no respondents from Buddhist community.

Table 1: Distribution of respondents by educational qualification, occupation, type of family, number of gravida, number of para (living children), gestational age in months and using family planning methods before pregnancy: n=75

Variables	Categories	Frequency (f)	Percentage (%)
Educational Qualification	Illiterate	1	1.33%
	Primary	15	20%
	Secondary	40	53.34%
	Higher Secondary	9	12%
	Graduation	10	13.33%
Occupation	Housewife	69	92%
	Service Holder	5	6.67%
	Others	1	1.33%
Type of family	Nuclear Family	28	37.33%
	Joint Family	47	62.67%
	Extended Family	-	-
Number of Gravida	1 st	22	29.33%
	2 nd	20	26.67%
	3 rd	17	22.67%
	4 th	9	12%
	5 th	6	8%
	7 th	1	1.33%
Number of para (living Children)	Null	31	41.33%
	1	23	30.67%
	2	13	17.33%
	3	8	10.67%
Gestational age in months	1 st trimester	5	6.67%
	2 nd trimester	19	25.33%
	3 rd trimester	51	68%
Number of ANC visit	1 st	10	13.33%

	2 nd	18	24%
	3 rd	11	14.67%
	4 th	4	5.33%
	More	32	42.67%
Using family planning methods before pregnancy	Did not use	36	48%
	Injection	7	9.34%
	Condom	13	17.33%
	OCP	18	24%
	IUCD	1	1.33%

This table presents the socio-demographic characteristics of the respondents. Regarding educational status, 1.33% of the respondents were illiterate, 20% had completed primary education, the majority (53.34%) had secondary education, 12% had higher secondary education, and 13.33% were graduates. In terms of occupation, most respondents (92%) were housewives, while 6.67% were service holders and 1.33% were engaged in other occupations. Concerning family type, 37.33% of the respondents belonged to nuclear families, whereas 62.67% were from joint families, none of the respondents reported living in an extended family. With regard to gravidity, 29.33% of the respondents were primigravida, 26.67% were second gravida, 22.67% were third gravida, 12% were fourth gravida, 8% were fifth gravida, and 1.33% were seventh gravida. Regarding the number of living children, 41.33% of respondents had no living children, 30.67% had one child,

17.33% had two children, and 10.67% had three children. In relation to the trimester of pregnancy, the majority of respondents (68%) were in the third trimester, followed by 25.33% in the second trimester, and only 6.67% in the first trimester. With respect to antenatal care (ANC) visits, 13.33% of respondents had received their first ANC visit, 24% had completed the second visit, 14.67% had completed the third visit, 5.33% had completed the fourth visit, and 42.67% had received more than four ANC visits. Regarding the use of family planning methods before pregnancy, nearly half of the respondents (48%) had not used any method. Among those who used contraception, 24% used oral contraceptive pills (OCP), 17.33% used condoms, 9.34% used injectable methods and 1.33% used intrauterine contraceptive devices (IUCD).

Knowledge related information

Table 2: Distribution of respondent's knowledge regarding concept of postnatal care includes (meaning, number of visit and complications): n= 75

Sl. No.	Items	Correct answer		Incorrect answer	
		(f)	(%)	(f)	(%)
1.	The meaning of PNC-	26	34.67	49	65.33
2.	The number of postnatal visits are recommended by WHO-	6	8	69	92
3.	The time of first postnatal check-up-	34	45.33	41	54.67
4.	Postnatal care services are provided by-	72	96	3	4
5.	The common complication of a mother during postnatal period -	42	56	33	44
6.	The common danger sign in a newborn -	71	94.67	4	5.33
n=75		Mean=41.8		Mean=33.1	

The table shows the knowledge of 75 respondents regarding concept of postnatal care. Among them, 34.67% respondents correctly understood the meaning of PNC and only 8% knew the number of WHO-recommended postnatal visits. About 45.33% were aware of when the first postnatal check-up should be conducted. A majority of respondents 96% correctly identified who should

provide postnatal care services. Similarly, 56% respondents correctly recognized complications that can occur during the postnatal period. Knowledge about danger signs in newborns was high, with 94.67% answering correctly. Overall, 55.78% of respondents provided correct answers about the concept of postnatal care, while 44.22% provided incorrect answers.

Table 2.1: Level of respondent's knowledge regarding concept of postnatal care: n=75

Variable	Level	Grading Criteria	Frequency (f)	Percentage (%)	Obtained score	Mean Score
Overall	Excellent	(90-100)%	1	1.33%	30	30

knowledge	Very good	(80-89)%	7	9.33%	175	25
	Good	(70-79)%	-	-	-	-
	Average	(60-69)%	26	34.67%	520	20
	Poor	<60%	41	54.67%	530	12.92
	Total		75	100%	1255	16.73
Mean knowledge = 55.77% (poor knowledge)						

The above table shows that among all of the respondents 54.67% had poor knowledge, 34.67% had average knowledge, 9.33% had very good knowledge and only 1.33% had excellent

knowledge regarding the concept of postnatal care. The mean knowledge was 55.77% that indicates poor level of knowledge on the concept of postnatal care.

Table 3: Distribution of respondent’s knowledge regarding importance of postnatal care: n=75

Sl. No.	Items	Correct answer		Incorrect answer	
		(f)	(%)	(f)	(%)
7.	The importance of postnatal care-	72	96	3	4
8.	Importance of personal hygiene-	69	92	6	8
9.	Benefit of breastfeeding for a baby-	45	60	30	40
10.	Advantage of covering the baby-	70	93.33	5	6.67
11.	Importance of Vaccination for the baby -	60	80	15	20
n=75		Mean=63.2		Mean=11.8	

The above table indicates that the majority of respondents had good knowledge regarding postnatal care, particularly in areas like importance of postnatal care, personal hygiene, keeping the

baby covered and vaccination for the baby. Knowledge was slightly lower in the area of breastfeeding, where only 60% of respondents answered correctly.

Table 3.1: Level of respondent’s knowledge regarding importance of postnatal care: n=75

Variable	Level	Grading Criteria	Frequency (f)	Percentage (%)	Obtained score	Mean Score
Overall knowledge	Excellent	(90-100)%	33	44%	825	25
	Very good	(80-89)%	30	40%	600	20
	Good	(70-79)%	-	-	-	-
	Average	(60-69)%	7	9.33%	105	15
	Poor	<60%	5	6.67%	50	10
	Total		75	100%	1580	21.06
Mean knowledge = 84.24% (very good knowledge)						

The above table shows that most of the respondents 44% had excellent knowledge, 40% had very good knowledge, 9.33% had average knowledge and only 6.67% had poor knowledge

about the importance of postnatal care. The mean knowledge was 84.24% which indicates very good level of knowledge regarding importance of postnatal care.

Table 4: Distribution of respondent’s knowledge regarding maternal care during postpartum period: n=75

Sl. No.	Items	Correct answer		Incorrect answer	
		(f)	(%)	(f)	(%)
12.	Essential diet for postnatal mothers-	70	93.33	5	6.67
13.	Recommended physical activity in first 6 weeks postpartum-	67	89.33	8	10.67
14.	Appropriate time of changing pad after delivery-	35	46.67	40	53.33
15.	The recommended time for return to sexual activity after delivery-	40	53.33	35	46.67
16.	The best contraceptive method within the first 6 month of delivery-	7	9.33	68	90.67

n =75	Mean=43.8	Mean=31.2
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The table shows that 93.33% respondents correctly knew the essential diet that was required for postnatal mothers and 89.33% knew the recommended physical activity during the first 6 weeks of postpartum. Only 46.67% respondents correctly stated when to change the vaginal pad after delivery. Similarly, 53.33% knew the

appropriate time to return to sexual activity. Knowledge was lowest regarding the best contraceptive method within the first 6 months of delivery, only 9.33% answering correctly. Overall, 58.4% of respondents provided correct answers about maternal care during postpartum period, while 41.6% provided incorrect answers.

Table 4.1: Level of respondent’s knowledge regarding maternal care during postpartum period: n=75

Variable	Level	Grading Criteria	Frequency (f)	Percentage (%)	Obtained score	Mean Score
Overall knowledge	Excellent	(90-100)%	2	2.67%	50	25
	Very good	(80-89)%	17	22.66%	340	20
	Good	(70-79)%	-	-	-	-
	Average	(60-69)%	32	42.67%	480	15
	Poor	<60%	24	32%	225	9.38
	Total			75	100%	1095
Mean knowledge = 58.84% (poor knowledge)						

The above table shows that 42.67% respondents had average knowledge, 32% had poor knowledge, 22.66% had very good knowledge and only 2.67% had excellent knowledge regarding maternal care

during postpartum period. The mean knowledge was 58.84% which indicates poor level of knowledge about maternal care.

Table 5: Distribution of respondent’s knowledge regarding newborn care during postpartum period: n=75

Sl. No.	Items	Correct answer		Incorrect answer	
		(f)	(%)	(f)	(%)
17.	The first food of a newborn baby-	71	94.67	4	5.33
18.	Frequency of breastfeeding in the first month-	47	62.67	28	37.33
19.	The duration of exclusive breastfeeding is-	67	89.33	8	10.67
20.	Umbilical stump care needed -	69	92	6	8
n=75		Mean=63.5		Mean=11.5	

The table shows that 94.67% respondents correctly identified the first food of a newborn. About 62.67% knew the accurate frequency of breastfeeding in the first month. Similarly, 89.33%

respondents correctly stated the duration of exclusive breastfeeding. Knowledge regarding umbilical stump care was also high, with 92% answering correctly.

Table 5.1: Level of respondent’s knowledge regarding newborn care during postpartum period: n=75

Variable	Level	Grading Criteria	Frequency (f)	Percentage (%)	Obtained score	Mean Score
Overall knowledge	Excellent	(90-100)%	40	53.34%	800	20
	Very good	(80-89)%	-	-	-	-
	Good	(70-79)%	25	33.33%	375	15
	Average	(60-69)%	-	-	-	-
	Poor	<60%	10	13.33%	95	9.5
	Total			75	100%	1270
Mean knowledge = 84.65% (very good knowledge)						

The above table shows that 53.34% respondents had excellent knowledge, 33.33% had good knowledge and 13.33% had poor knowledge regarding newborn care during the postpartum

period. The mean knowledge 84.65% which indicates very good level of knowledge about newborn care.

Table 6: Level of respondent's overall knowledge regarding postnatal care: n =75

Variable	Categories	Grading Criteria	Frequency (f)	Percentage (%)	Obtained score	Mean Score
Overall knowledge	Excellent	(90-100)%	1	1.33%	95	95
	Very good	(80-89)%	17	22.67%	1395	82.05
	Good	(70-79)%	29	38.67%	2085	71.89
	Average	(60-69)%	17	22.67%	1065	62.64
	Poor	<60%	11	14.66%	560	50.9
	Total			75	100%	5200
Mean knowledge 69.33% (Average knowledge)						

The above table shows that the respondents demonstrated varying levels of knowledge regarding postnatal care. Out of 75 respondent's knowledge, 1.33% had excellent knowledge, 22.67% had very good knowledge, 38.67% had good knowledge, 22.67% had average knowledge and 14.66% had poor knowledge and mean knowledge was 69.33% which indicates average knowledge on postnatal care. The largest proportion of respondents (38.67%) fell into the "Good" category, suggesting a generally high level of knowledge among the respondents. In contrast, only a small proportion (1.33%) had "Excellent" knowledge regarding postnatal care.

DISCUSSION

The present study was conducted to assess the level of knowledge regarding postnatal care among pregnant women at selected hospital Dhaka Medical College Hospital. This study findings are discussed in two parts. A) Socio-demographic information and B) Knowledge related information.

Socio-Demographic Information of the Respondents

The present study found that 34.66% respondent's age in between 22-26 years which were majority in number, 28% in between 27-31 years, 26.67% in between 17-21 years and 10.67% in between 32-35 years which were minority in number. The mean age of respondent was 25.19 ± 4.68 (SD) years. A similar study conducted in India, reported that majority of the participants belongs (62%) within age group 20-30 years (Basim Ali *et al.*, 2019).

In terms of religious affiliation, the study revealed that the majority of respondents 86.67% were Muslim, 12% were Hindu and Christian 1.33%. There was no respondents from Buddhist community. This distribution reflects the predominant religious composition of the population.

The current study revealed the educational qualifications among 75 respondents, 1.33% respondents were illiterate, 20% had completed primary education, 53.34% had attained secondary education, 12% had completed higher secondary education and 13.33% were graduates. This distribution indicates that the majority of respondents had secondary-level education. A similar study conducted in India, Srinivasa *et al.*, (2020) reported that 28.66% pregnant women had completed secondary education, 30% were graduates, 26% had completed higher secondary and 15.34% had completed primary level education

The occupational status of the respondents showed that 92% respondents were housewives, 6.67% were service holder and 1.33% were engaged in other occupations. Regarding family structure, the majority of respondents 62.6% belonged to joint families, while 37.33% respondents were from nuclear family.

This study revealed that the 70.67% of the respondents had a history of previous childbirth and 29.33% were primigravida. Among them, 41.33% had no living children, 30.67% had one child, 17.33% had two children and 10.67% had three children. Similarly, another study reported that 74.7% mothers had a history of previous childbirth, whereas only 25.3% were primigravida (Srinivasa *et al.*, 2020). Another study reported that 50% of respondents were having one child, 35% were having two children and 15% were having three children (Rai *et al.*, 2021).

In terms of gestational age, the current study presented that majority of the respondents 68% were in the third trimester, followed by 25.33% were in the second trimester and only 6.67% were in the first trimester. Concerning ANC visits, 13.33% respondents were received first ANC visit, 24% were completed second visit, 14.67% were completed third visit, 5.33% were completed

fourth visit and 42.67% were received more than four ANC visits.

On the basis of using family planning methods before pregnancy, this study found that 48% respondents didn't use any family planning method, 9.34% used injectable methods, 17.33% used condom, 24% used OCP and only 1.33% used IUCD.

Knowledge Related Information of the Respondents

The current study revealed an overall lack of adequate knowledge regarding concept of postnatal care. More than half of the respondents 54.67% had poor knowledge, 34.67% had average knowledge, 9.33% had very good knowledge and only 1.33% had excellent knowledge regarding the concept of postnatal care. The mean score was 16.73 that indicates a poor level of knowledge on the concept of postnatal care. Alongside, 34.67% respondents correctly understood that PNC means care up to 42 days after delivery. Another study in Bangladesh, reported that the 60.7% of respondents had known PNC means care after 7 days, 30.4% had known care after 14 days and 8.9% had known care after 42 days after delivery (Doha *et al.*, 2020).

Concerning postnatal visits, about 45.33% respondents were aware of exact time of first postnatal visit within 24 hours after delivery. A large majority of respondents 96% correctly identified that PNC services were provided by healthcare personnel. Furthermore, 56% respondents correctly recognized excessive vaginal bleeding as the most common maternal complication during the postnatal period. In addition, 94.67% of respondents answered correctly on danger signs in newborn. Similarly, a study in Ethiopia reported that 83.2% respondents mentioned vaginal bleeding was the most common maternal complication, 58.8% knew fever as a newborn danger sign and 7.6% ignored about newborn danger during the postpartum period (Beraki *et al.*, 2020). Besides, a study in Bangladesh, showed that 52.8% of mothers received PNC from MTP within two days of childbirth and also found that 63.4% of mothers were received PNC highest among those who had recently given birth to their first child (Shabuz *et al.*, 2025).

In accordance with the present study findings, the majority of respondents had good knowledge regarding postnatal care, particularly in areas like

importance of postnatal care, personal hygiene, keeping the baby covered and vaccination for the baby. Knowledge was slightly lower in the area of breastfeeding, where only 60% of respondents answered that breastfeeding is important to baby for improving the immune system. Near to similar study reported that 90% of the women were aware about the requirement of vaccination at birth and 97% knew the need to cover the baby, though all of them are not know the actual reason in India (Srinivasa *et al.*, 20220). Similarly, a study in Ethiopia, showed that 83.49% women were aware about the importance of postnatal care (Moumita *et al.*, 2018).

The present study showed that among all of the respondents' knowledge of maternal care, 93.33% were correctly knew at diet rich in high protein, iron, vitamins, fluids are essential during postnatal period. Additionally, 89.33% knew that light walking and exercises are recommended physical activities and 53.33% knew the appropriate time for resuming sexual activity after childbirth. Nearly half of the respondents 46.67% correctly answered that vaginal pad should be changed every 4-6 hours after delivery. Similarly, Knowledge was lowest regarding the best contraceptive method within the first 6 months of delivery, only 9.33% answered Apon Pill is the best contraceptive method during this period. Another study in India, revealed that 23.5%, 43% and 24% women had knowledge about LAM, IUCD and DMPA as family planning method where as 49.3% of women were aware about OCP and 60.6% knew condom as a family planning method (Thorat *et al.*, 2022).

A study conducted in Eritrea reported that 45.6% of participants believed that 42 days postpartum is the minimum recommended time for resuming sexual intercourse. The majority of participants (87.6%) were Christians, predominantly followers of the Orthodox Christian faith, in which women are traditionally expected to abstain from sexual intercourse for at least 40 days after childbirth, as they are culturally considered to be ritually impure during this period. Regarding postnatal nutrition and hygiene knowledge, 87.6% of postpartum mothers were able to identify carbohydrate-rich foods, while 81.6% mentioned the importance of high fluid intake. Additionally, 75.2% identified protein-rich foods, 67.6% vitamins, 47.2% fats, and 45.6% minerals as important dietary components during the postpartum period. Furthermore, 36.4% of participants reported

changing sanitary pads frequently as part of proper postnatal hygiene practices (Beraki *et al.*, 2022).

In terms of newborn care, 94.67% respondents correctly identified colostrum as the first food of a newborn, 62.67% knew that a newborn should be breastfed 8-12 times per day during the first month, as well as another study mentioned that majority of the participants were aware about the need to breastfeed every 2 hours. This is better compared to a study done by Basim Ali CT *et al* 2019. The current study illustrated that 89.33% & 92% respondents correctly answered about the duration of exclusive breastfeeding and umbilical stump care. Moreover, 53.34% respondents had excellent knowledge regarding newborn care during postpartum period.

According to a study by Basim Ali *et al.*, 2019, 100% knew the importance of giving colostrum, whereas in the present study 94.67% respondents knew colostrum is the first food of a baby. On the other hand, a study in Nepal reported that 26% participants were unaware of colostrum. Besides, a study reported that 74.7% of all pregnant mothers knew that breast milk given on the first day is very nutritious and protective for the baby and 69% knew breastfeeding should be given on demand (Thorat *et al.*, 2022). Another study also showed that 35% of women thought that they should feed the baby only when the baby awake (Srinivasa *et al.*, 2020), similarly our study reported that 29.34% respondents knew breastfeeding should be given when baby cry.

With regard to newborn care, a study conducted in Eritrea found that (77.4%) of women knew umbilical cord care should be simply keeping clean and dry. Nearly, (74.0%) correctly identified the recommended frequency of breastfeeding as 8 times per day. However, 10.4% mentioned that breastfeeding should be given only “when the baby cries.” On the other hand, majority of the respondents (94.8%) correctly reported that the duration of exclusive breastfeeding should be 6 months. Almost all respondents (99.2%) correctly knew the need for vaccination for newborns. Regarding the purpose of vaccination, 94.8% of respondents answered that vaccines are given to prevent diseases, while 5.2% did not know the purpose. Additionally, more than half of the respondents (58.8%) identified fever as a danger sign in newborns (Beraki *et al.*, 2022). Overall, findings of the Eritrean study regarding newborn care, breastfeeding knowledge, vaccination awareness and identification of danger signs were

relatively higher level compare to the present study, indicating that maternal knowledge were moderate to satisfactory.

Finally, the study discovered that Out of 75 respondents, 38.67% had good knowledge, which is consistent with a finding of study conducted by Nepal and north-eastern Nigeria which showed that 39.1% and 36.73% mothers had good knowledge on postnatal care (Dahal *et al.*, 2022). The current study revealed, 14.66% had poor knowledge, 22.67% had very good knowledge, 22.67% had average knowledge and only 1.33% had excellent knowledge regarding postnatal care and mean score was 69.33. The largest proportion of respondents (38.67%) fell into the "Good" category, suggesting a generally high level of knowledge among the respondents a small proportion (1.33%) had “Excellent” knowledge regarding postnatal care. An another descriptive non-experimental study was conducted in India, among 30 respondents, 23.3% inadequate knowledge, 36.7% had moderately adequate and 40% had adequate knowledge on postnatal care (Rani *et al.*, 2023).

The postnatal period is a critical phase in the maternity cycle, as a significant number of maternal and neonatal deaths occur particularly just after childbirth. Although the findings of the study indicated that postnatal care services are quite satisfactory, there remains a need for further interventions. Regular monitoring and effective supervision could significantly enhance the quality of postnatal care services in Bangladesh.

Limitation of the study

Although the study was conducted systematically, the researchers experienced several limitation during its execution. These are-

- The study was carried out in a single hospital and specific unit, so the findings may have limited generalizability to other settings in our country.
- This study assessed only the knowledge of pregnant women regarding postnatal care and did not evaluate their practices, therefore, the findings may not reflect actual postnatal care practices.
- The study sample was selected through convenience sampling, so all of the population did not have an equal chance to participate, which may have introduced sampling bias.
- Due to time constraint, the study involved only 75 respondents. So, the results may not appropriate with large scale survey.

- There was no allocated budget for this research project to carry out the study smoothly. Research expenditure was provided by the researchers.

CONCLUSION

The postnatal period is crucial for maternal recovery and newborn care, with many maternal and neonatal deaths occurring within the first week, particularly the first 24 hours. This study found that 38.67% of pregnant women had good knowledge on postnatal care, with notable gaps in awareness of WHO-recommended postnatal visits and early postpartum contraceptive methods. These results indicate inadequate preparedness for effective postnatal practices. Strengthening timely, comprehensive, and accessible postnatal care education and services is essential to improve maternal and newborn health and reduce preventable complications during this critical period.

RECOMMENDATION

Considering the findings of the current study, the following recommendations are suggested-

- Include postnatal care education in every antenatal care (ANC) visit, emphasizing its importance, timing, danger signs, breastfeeding, and family planning.
 - Provide individual counseling to mothers on postnatal family planning, personal hygiene, and appropriate resumption of sexual activity before discharge.
 - Organize regular training and refresher programs for healthcare providers to ensure accurate and consistent postnatal care education.
 - Use simple information, education and communication (IEC) materials such as posters and leaflets in the local language in ANC clinics and wards.
 - Encourage involvement of husbands and family members during counseling to support postnatal care practices at home.
 - Increase community awareness through outreach programs, home visits, and awareness campaigns, especially in rural and underserved areas.
 - Disseminate postnatal care information through mass media, including television, radio, and print media.
 - Promote the use of reliable digital platforms and mobile applications to support mothers with postnatal care information.
- Encourage spousal communication and shared decision-making regarding postnatal care.
 - Conduct larger, multi-center studies to assess postnatal care knowledge and practices for broader generalization of findings

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Source of support: Nil; Conflict of interest: Nil.

Cite this article as:

Khatun, R., Begum, M. M., Das, R. R., Begum, M. A., Akter, N., Murshida., Akther, S., Akter, M., Rani, P., Asha, F. A., Parvin, M. N. and Ratna-Moni, M. " Knowledge Regarding Postnatal Care among Pregnant Women at Dhaka Medical College Hospital, Dhaka." *Sarcouncil Journal of Medical Series* 5.3 (2026): pp 60-77.