

The Effectiveness of the Mother of Toddlers Class in Improving Postpartum Reproductive Health Care Practices

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ABSTRACT

This study aims to examine the effectiveness of the Mother of Toddlers Class program in improving postpartum mothers' practices related to reproductive health care. Postpartum is a vulnerable period often marked by insufficient knowledge and lack of supportive services, especially in rural and semi-urban areas. Through a quasi-experimental design, the study involved postpartum mothers from Surabaya, Sidoarjo, and Pasuruan, divided into intervention and control groups. The intervention group participated in a structured educational program covering topics such as perineal hygiene, early detection of postpartum complications, emotional well-being, and family planning. Data were collected through pre- and post-tests, observations, and interviews. The results demonstrated a statistically significant improvement in knowledge, attitudes, and health practices among mothers who attended the program. Contextual factors such as educational background and family support were found to influence the intervention's success. The study concludes that Mother of Toddlers Class is an effective and scalable model for enhancing postpartum care and should be integrated into national maternal health strategies.

Keywords: *Postpartum care, maternal education, reproductive health, behavior change, family planning*

INTRODUCTION

The postpartum period, or puerperium, is a crucial transitional phase in a woman's life that has far-reaching implications for her physical, emotional, and reproductive well-being. This period, typically defined as the first six weeks following childbirth, is marked by the body's physiological return to its pre-pregnancy state, hormonal adjustments, and the initiation of mother-child bonding. Globally, the World Health Organization (WHO) estimates that more than 800 women die every day due to complications related to pregnancy and childbirth, and a large proportion of these deaths occur during the postpartum period. These complications often include postpartum hemorrhage, sepsis, eclampsia, and thromboembolic disorders. Beyond mortality, many women also suffer from long-term morbidities such as chronic pelvic pain, perineal trauma, and mental health disorders. Unfortunately, once childbirth is complete, maternal

health frequently becomes a lower priority both within families and in the broader health system, with the baby becoming the primary focus of care. This imbalance increases the risk of undetected and untreated postpartum complications, especially in low- and middle-income countries.

In Indonesia, the issue of maternal postpartum care remains a pressing public health concern. Despite various national health initiatives, including the Safe Motherhood program and the push for universal health coverage, gaps persist in the accessibility, quality, and continuity of maternal health services. According to the 2022 Indonesian Demographic and Health Survey (IDHS), although antenatal care coverage has improved, postpartum visit rates are still below the national target. Many postpartum mothers, particularly those living in rural or underdeveloped areas, do not receive sufficient follow-up care. Common reasons include a lack of awareness, cultural beliefs that discourage leaving the house during the postpartum period, limited transportation, and the absence of active outreach by health workers. Furthermore, reproductive health practices – such as proper perineal hygiene, early postpartum contraception, nutritional adequacy, and mental health support – are often overlooked or not addressed at all during postpartum counseling sessions. This deficiency contributes to a cycle of poor maternal outcomes, unplanned pregnancies, and a weakened health system response.

Educational interventions have been identified as effective strategies to bridge this knowledge and service gap. Community-based maternal education, when tailored and sustained, can empower mothers to take control of their reproductive health and engage proactively in postpartum self-care. In Indonesia, one such initiative is the *Kelas Ibu Balita* (Mother of Toddlers Class), an educational program integrated into primary health services and community-based health posts (Posyandu). Designed by the Ministry of Health, this program provides mothers with structured lessons on child growth, immunization, breastfeeding, and nutrition. However, its potential to be a vehicle for improving postpartum reproductive health practices remains underutilized. The group-based, participatory nature of the class offers an ideal setting to engage mothers in meaningful discussions, share lived experiences, and receive support from peers and trained health workers. When leveraged effectively, it can promote behavioral changes that extend beyond childcare to include comprehensive maternal health practices.

Despite its potential, the current implementation of the *Kelas Ibu Balita* program exhibits several limitations. Many facilitators lack formal training in postpartum reproductive health education, and the curriculum is often too generic to address the nuanced needs of postpartum women. Topics such as pelvic floor exercises, recognition of danger signs (e.g., abnormal bleeding or fever), lactational amenorrhea method (LAM), and emotional well-being are rarely covered in depth. In addition, there is often no monitoring mechanism to evaluate whether the class actually leads to improved health behaviors among participants. Given that postpartum care requires not only access to information but also motivation, skills, and sustained support, enhancing the structure and

scope of this class can serve as a key strategy in reducing preventable maternal morbidity and mortality. To do so effectively, it is imperative to assess the program's current outcomes and identify gaps in knowledge transmission and practice adoption.

Therefore, this research aims to examine the effectiveness of the Mother of Toddlers Class in improving postpartum reproductive health care practices among recently delivered mothers. Specifically, it will evaluate the changes in maternal knowledge, attitudes, and self-reported practices before and after participating in the class. The study will also explore contextual factors that may influence the success of the intervention, such as educational background, family support, parity, and access to health services. By generating empirical evidence on the impact of this class, the findings can inform program refinement, policy development, and the integration of postpartum health modules into community health education. Ultimately, strengthening maternal education through existing structures such as *Mother of Toddlers Class* can be a cost-effective and scalable solution to promote safe motherhood and improve maternal and neonatal outcomes across Indonesia.

The primary objective of this study is to evaluate the effectiveness of the *Kelas Ibu Balita* (Mother of Toddlers Class) in improving postpartum reproductive health care practices among recently delivered mothers. Specifically, the study aims to measure changes in mothers' knowledge, attitudes, and practices related to postpartum reproductive health before and after participating in the class. This includes aspects such as personal hygiene, perineal wound care, postpartum danger sign recognition, early contraception initiation, and nutritional intake during the postpartum period. Additionally, the research seeks to identify factors that may influence the effectiveness of the class, including maternal education level, family support, parity, and access to health services. The findings are expected to provide evidence-based recommendations for enhancing community-based maternal education programs and strengthening postpartum health interventions in primary care settings.

METODOLOGI

This study adopts a quasi-experimental design with a *non-equivalent control group pretest-posttest* structure, allowing for the assessment of changes in participants' knowledge, attitudes, and practices (KAP) before and after an educational intervention. The design was chosen due to ethical and practical considerations, especially in real-world community health settings where randomization is often not feasible. The intervention is educational in nature, thus minimizing the risk of harm, and the control group receives routine care as per standard procedures at each health facility.

The research is carried out in three locations within East Java Province, specifically in Surabaya, Sidoarjo, and Pasuruan, representing a combination of urban (Surabaya), suburban (Sidoarjo), and semi-rural (Pasuruan) health service contexts. These locations were selected purposively based on the following criteria: active implementation of the *Kelas Ibu Balita* program, accessibility of

postpartum mothers through integrated health services (*Posyandu* and *Puskesmas*), and support from local health authorities. The diversity of these settings allows for a more comprehensive understanding of the program's effectiveness across different socioeconomic and geographic contexts.

The target population consists of postpartum mothers who delivered within the last three months. The sampling technique used is purposive sampling, with 60 total respondents, divided equally into two groups (30 intervention, 30 control). The inclusion criteria are: (1) mothers aged 18–45 years, (2) residing in the selected areas, (3) attending maternal and child health services at the Puskesmas, (4) able to understand and communicate in Bahasa Indonesia, and (5) willing to give informed consent. Exclusion criteria include mothers with high-risk postpartum conditions, serious mental illness, or those who are not available for the full duration of the intervention.

The intervention is conducted through four weekly sessions, delivered as part of the *Kelas Ibu Balita* program, with each session lasting 60–90 minutes. The modules cover essential topics such as:

1. Postpartum personal hygiene and wound care
2. Recognizing danger signs (bleeding, fever, breast engorgement, etc.)
3. Postpartum nutrition and physical recovery
4. Emotional health and postpartum contraception

Sessions are designed using adult learning principles, incorporating visual aids (flipcharts, leaflets), demonstration methods, and group discussions to enhance retention and engagement. Facilitators consist of trained midwives and health promotion staff from the Puskesmas, all of whom receive a briefing and standardized training manual to ensure consistency across sessions.

Data collection is conducted using a structured questionnaire developed based on existing validated KAP instruments and modified to suit postpartum reproductive health topics. The questionnaire includes:

- Knowledge section (10–15 multiple-choice questions)
- Attitude section (Likert scale statements)
- Practice section (self-reported behaviors within the last 4 weeks)

The instrument undergoes face and content validity testing through expert consultation (midwives, public health specialists) and pilot testing on 10 mothers not included in the sample. The reliability of the instrument is tested using Cronbach's Alpha (threshold ≥ 0.70).

Data analysis is conducted in several steps. Descriptive statistics (frequency, mean, standard deviation) are used to describe respondent characteristics. To evaluate the effect of the intervention:

- *Paired t-test* is used to compare pretest and posttest scores within the intervention and control groups.
- *Independent t-test* is used to assess the difference between groups post-intervention.
- If the data are not normally distributed, non-parametric tests such as the Wilcoxon Signed Rank and Mann-Whitney U-test will be applied.

Data are analyzed using SPSS version 25, and significance is determined at $p < 0.05$.

Ethical clearance is obtained from the Health Research Ethics Committee at a local university, and permission is granted by the district health offices. Participants are provided with information sheets and sign informed consent forms prior to participation. Confidentiality, voluntary participation, and the right to withdraw at any time are fully ensured.

RESULT AND DISCUSSION

Table 1. Characteristics of Respondents (n = 60)

Characteristics	Intervention (n=30)	Group Control (n=30)	Group Total (n=60)
Age (years)			
- ≤25	10 (33.3%)	11 (36.7%)	21 (35.0%)
- 26–35	15 (50.0%)	13 (43.3%)	28 (46.7%)
- >35	5 (16.7%)	6 (20.0%)	11 (18.3%)
Education Level			
- Primary School	6 (20.0%)	7 (23.3%)	13 (21.7%)
-Secondary School	18 (60.0%)	17 (56.7%)	35 (58.3%)
-Higher Education	6 (20.0%)	6 (20.0%)	12 (20.0%)

Source: Field survey data, 2025.

Table 1 presents the demographic distribution of the study participants. Most respondents in both the intervention and control groups were within the age range of 26–35 years, indicating a relatively young and reproductive-age population. The majority of mothers had attained secondary education, which implies a moderate level of literacy that could support information uptake during health education sessions. These demographic patterns suggest that the sample represents a typical group of postpartum mothers in semi-urban areas such as Sidoarjo, Surabaya, and Pasuruan. The similarity in baseline characteristics between groups also supports the comparability of the two cohorts for evaluating intervention outcomes.

Table 2. Comparison of Knowledge Scores (Pre-Test and Post-Test)

Group	Mean Test Score	Pre- Mean Test Score	Post- Mean Difference	p-value (Paired t-test)
Intervention Group	56.7	83.4	26.7	0.000 (significant)
Control Group	57.2	59.6	2.4	0.082 (not significant)

Source: Field survey data, 2025.

Table 2 compares the pre-test and post-test knowledge scores between the intervention and control groups. Mothers in the intervention group showed a

significant increase in their knowledge scores after attending the *Kelas Ibu Balita*, with a mean difference of 26.7 points ($p < 0.001$). In contrast, the control group, which did not receive the structured educational sessions, showed only a marginal increase that was not statistically significant. This finding highlights the effectiveness of the program in enhancing maternal understanding of postpartum reproductive health. The intervention clearly played a pivotal role in knowledge acquisition, demonstrating the value of structured and participatory education in improving health literacy.

Table 3. Change in Postpartum Health Practices

Practice Component			Intervention (n=30)	Control (n=30)	p-value (Chi-square)
Genital hygiene	≥2 times/day		24 (80.0%)	13 (43.3%)	0.004 (significant)
Follow-up check-up	postpartum		26 (86.7%)	15 (50.0%)	0.002 (significant)
Use of contraception	postpartum		21 (70.0%)	10 (33.3%)	0.006 (significant)

Source: Field observation and interview, 2025.

Table 3 illustrates behavioral changes related to key postpartum health practices. A significantly higher proportion of mothers in the intervention group practiced good genital hygiene, attended postpartum check-ups, and initiated postpartum contraceptive use compared to the control group. These results suggest that knowledge gained through the class translated effectively into real-life behavior. The findings reinforce that when mothers are equipped with accurate and relevant health information, they are more likely to adopt preventive health behaviors. The class thus served as a bridge between knowledge and action, which is critical in postpartum care.

Table 4. Factors Influencing Class Participation

Barrier Factors	Frequency (n=30)	Percentage (%)
Lack of transportation	12	40.0%
No childcare during class	9	30.0%
Household workload	18	60.0%
Lack of husband/family support	7	23.3%

Source: Participant feedback survey, 2025.

Table 4 outlines the main challenges faced by mothers in attending the educational sessions. The most common barriers were household responsibilities (60%) and transportation issues (40%), followed by a lack of childcare and insufficient support from family members. These factors highlight the structural and social obstacles that limit access to maternal health education. They emphasize the need for program flexibility, such as mobile learning options,

home visits, or integrating health education into routine community activities. Addressing these barriers will be essential to increasing participation rates and ensuring equitable access to maternal education programs across diverse socioeconomic groups.

The results of this study indicate a significant improvement in mothers' knowledge of postpartum reproductive health after participating in the Mother of Toddlers Class. Prior to the intervention, many mothers had limited understanding of topics such as perineal wound care, genital hygiene, recognizing postpartum infection symptoms (e.g., fever, foul-smelling lochia), and the appropriate timing for initiating postpartum contraception. After four structured education sessions, the average knowledge scores significantly increased in the intervention group compared to the control group. This demonstrates that well-structured, interactive educational programs tailored to the actual needs of postpartum mothers are highly effective in enhancing their understanding. The use of simple language, visual aids, and real-life examples contributed to improved information retention and engagement.

Beyond cognitive improvement, there was a positive shift in mothers' attitudes toward the importance of postpartum self-care and reproductive health. Mothers who previously believed that complete bed rest was the best practice after delivery began to understand the need for gentle activity to support physical recovery. Misconceptions regarding the safety of early contraception especially the belief that breastfeeding alone prevents pregnancy were also addressed during the sessions. As a result, participants expressed greater openness and readiness to adopt family planning methods. These attitude changes are essential, as they serve as the foundation for sustainable behavioral change. According to behavioral health models, this shift represents movement from contemplation to action in the behavior change process.

Furthermore, the study found that postpartum mothers in the intervention group demonstrated meaningful improvements in actual self-care practices. These included changing sanitary pads regularly, practicing proper hand hygiene before and after cleaning the genital area, avoiding harmful antiseptics, and monitoring physical symptoms such as pain or excessive bleeding. Mothers also reported increased attention to consuming nutritious foods—such as leafy vegetables, protein-rich meals, and adequate fluids to support healing and lactation. Another notable change was the increase in preventive health behaviors, such as attending postpartum check-ups at the health center without waiting for symptoms to appear. These findings highlight that structured education not only provides knowledge but also fosters confidence and empowerment in mothers to care for themselves.

Statistical analysis further reinforces these findings, with a significant difference ($p < 0.05$) observed between the intervention and control groups across all measured dimensions: knowledge, attitudes, and practices. The control group, which received only routine care without additional health education, showed no substantial improvement. This supports previous research emphasizing the value of community-based maternal education in improving health behaviors.

The results confirm that group-based interventions, such as the Mother of Toddlers Class, can effectively overcome barriers often encountered in one-on-one counseling sessions, such as time constraints and limited interaction.

However, the success of the intervention was also influenced by several enabling and inhibiting factors. Supportive elements included the mother's educational level, presence of spousal or family support, and availability of time to attend all sessions. In contrast, barriers included household responsibilities, childcare obligations, and limited transportation access to health centers. In some semi-rural areas such as Pasuruan, limited communication infrastructure even hindered timely notification of class schedules. These findings underscore the need for flexible delivery strategies, including home visits or digital learning models, to ensure broader reach and participation.

The implications of these findings are highly relevant for health policy and maternal care practices. The Mother of Toddlers Class program has demonstrated not only its value in improving maternal knowledge of child development but also its potential as a platform for enhancing awareness of postpartum reproductive health. Therefore, it is recommended that postpartum care topics including complication warning signs, wound management, emotional regulation, and early family planning—be systematically integrated into the class curriculum. Updating learning modules and adapting content to local cultural and linguistic contexts will further enhance understanding and relevance. Additionally, facilitators such as midwives and health volunteers should receive updated training to deliver content using participatory, empathetic methods.

To ensure the program's long-term effectiveness, a stronger system of monitoring and evaluation is also essential. Follow-up assessments at three or six months post-intervention can determine whether the behavioral changes observed are sustained over time. If implemented consistently, the Mother of Toddlers Class program can become a critical pillar in national efforts to reduce maternal mortality and improve the quality of life for postpartum women across Indonesia. Lastly, the study calls attention to the need for sustainable monitoring and long-term evaluation frameworks. While immediate post-intervention gains are promising, long-term behavior maintenance must be examined to determine the persistence of benefits. Integrating follow-up mechanisms such as periodic home visits, booster sessions, or digital communication can help reinforce learning and address new challenges as they arise. Overall, the *Kelas Ibu Balita* model demonstrates strong potential for replication across other regions and offers valuable insights for countries facing similar public health challenges in maternal care.

Effectiveness of the Intervention in Improving Knowledge and Practices

The results of this study confirm that the Mother of Toddlers Class intervention significantly improved mothers' knowledge about postpartum reproductive health care. Mothers who participated in the sessions showed a greater understanding of essential topics, including wound care, signs of postpartum infections, family planning options, and hygiene practices. The

structured educational materials delivered through interactive sessions helped bridge the information gap that often exists in standard maternal care services, particularly in lower-resource communities.

In addition to improved knowledge, mothers also demonstrated an enhanced understanding of how to apply this information practically. Many participants began practicing better hygiene routines, including proper cleaning of the perineal area, regular replacement of sanitary pads, and maintaining a nutritious diet to support recovery and lactation. This indicates that the class succeeded not only in delivering information but also in facilitating behavioral change based on the knowledge gained.

The significant difference in scores between the intervention and control groups further supports the effectiveness of the program. Unlike the control group, which relied only on routine maternal services, the intervention group benefited from dedicated, targeted education that was community-based and culturally sensitive. These findings highlight the importance of structured, participatory education programs in enhancing maternal health outcomes.

Attitude Change through Psychosocial Approaches

Before participating in the class, many mothers held passive or indifferent attitudes toward postpartum self-care, often shaped by cultural norms and limited access to accurate information. They believed that rest was sufficient for recovery and that health concerns should only be addressed when symptoms became severe. However, the educational sessions created a space where mothers could question these beliefs and begin forming new perspectives based on medical facts and shared peer experiences.

Through facilitated discussions and peer interaction, mothers developed a stronger sense of awareness and ownership of their health. They began to recognize that taking care of themselves was a necessary part of being able to care for their newborns. This shift in mindset was further supported by the safe and encouraging environment of the class, where mothers felt empowered to share their concerns and receive affirmation from both facilitators and fellow participants.

This attitude shift aligns closely with behavior change theories such as the Health Belief Model, where perceived benefits and perceived susceptibility influence readiness to act. The class successfully enhanced mothers' perceptions of risk and benefits, thereby motivating them to take preventive action. It also emphasized that reproductive health is a shared responsibility not only of health professionals but also of women themselves.

Observable Practice Changes after Education

One of the most tangible results of the intervention was the improvement in actual postpartum care practices. Mothers who attended the class began adopting healthier daily routines, such as proper wound care, hand hygiene, and safe food choices. They became more vigilant in monitoring their own health and were more likely to seek medical assistance early when symptoms arose. These behavioral improvements are crucial in preventing complications during the postpartum period.

The changes were not limited to hygiene practices alone. Participants also reported increased confidence in choosing and initiating postpartum family planning. Some opted for long-term methods such as IUDs or implants, while others selected short-term methods with guidance from health providers. This level of engagement reflects how effective education can directly influence health-seeking behavior and decision-making autonomy.

Furthermore, mothers began proactively scheduling postpartum checkups and became more consistent in following health guidelines provided during the sessions. This behavioral consistency is essential for early detection of health issues and reflects the deeper impact of the intervention not just short-term change, but the beginning of long-term habit formation.

Contextual Factors Influencing Intervention Effectiveness

Despite the overall success of the intervention, its impact was influenced by several contextual factors. Mothers with higher educational backgrounds were generally more receptive to the information and were able to apply it more easily. They often had better access to support systems such as spouses, extended family, or house helpers which allowed them the flexibility to attend all sessions and focus on self-care practices at home. This indicates that the effectiveness of maternal health interventions is closely tied to socioeconomic and educational factors.

Conversely, mothers with limited educational attainment or heavy domestic responsibilities found it more difficult to consistently attend the sessions or implement what they had learned. Lack of transportation, the absence of childcare support, and rigid work schedules were among the most commonly cited barriers. In rural and semi-urban settings such as Pasuruan and Sidoarjo, these logistical issues were compounded by limited access to health facilities and communication channels.

These findings suggest that the implementation of maternal education programs should be adapted to the diverse realities of the participants. Offering flexible schedules, integrating digital modules, and conducting home visits by health cadres or midwives could help ensure broader participation. It is also essential to engage family members, especially spouses, in the education process so that maternal health becomes a shared responsibility within the household.

Strengthening Curriculum and Facilitator Capacity

To ensure the program's long-term effectiveness, the curriculum of *Kelas Ibu Balita* must be expanded to include a more comprehensive range of postpartum health topics. Currently, the content primarily focuses on child growth and immunization, while issues specific to the mother such as postpartum complications, emotional well-being, and family planning are often overlooked. Incorporating topics such as postpartum infection prevention, mental health screening, and contraception options would greatly enhance the program's scope and relevance.

In addition to content expansion, the capacity of facilitators is a critical factor for success. Midwives, nurses, and community health volunteers should receive regular training in adult learning methodologies, empathetic

communication, and participatory teaching strategies. They should be equipped not only with medical knowledge but also with the pedagogical skills needed to engage diverse groups of mothers and encourage interactive learning.

The use of tools such as flip charts, instructional videos, real-life case simulations, and mobile apps could also enrich the learning process. These tools help bridge literacy gaps and make the content more relatable. A well-trained facilitator with the right resources can transform a routine health education session into an empowering and transformative experience for participants, increasing both retention and application of knowledge.

Relevance to Health Behavior Change Theories

The outcomes of this study are consistent with key health behavior change theories, particularly the Social Cognitive Theory and the Health Belief Model. According to these frameworks, behavior change is influenced not only by knowledge but also by self-efficacy, social reinforcement, and perceived risk. The *Kelas Ibu Balita* program succeeded in fostering a sense of self-efficacy among mothers by providing them with practical knowledge, peer encouragement, and the opportunity to observe and practice new behaviors.

Group-based learning and peer sharing contributed significantly to positive behavior modeling. When mothers heard success stories or practical tips from others in the same situation, they felt motivated to try the same behaviors. This social modeling effect is central to Social Cognitive Theory, where individuals learn from observing others. The safe, nonjudgmental environment of the class created trust and a sense of belonging, further strengthening the impact of the intervention.

The study also aligns with the Transtheoretical Model, which outlines behavior change as a process involving several stages: precontemplation, contemplation, preparation, action, and maintenance. Many mothers in this study moved from being unaware or ambivalent to actively engaging in healthy behaviors and showing intent to maintain them long-term. This demonstrates that health education programs must be continuous and tailored to meet participants at their current stage of readiness.

Policy Implications and Program Recommendations

The findings of this study carry important implications for health policy and maternal health programming in Indonesia and beyond. The success of the *Kelas Ibu Balita* program demonstrates that community-based, structured maternal education can be an effective strategy to reduce postpartum complications, improve family planning uptake, and enhance women's health literacy. Policymakers should consider integrating comprehensive postpartum content into the national curriculum for maternal education programs.

To scale up and sustain the program, strong collaboration between health offices, community organizations, and local governments is essential. Investment in training, materials, monitoring systems, and outreach strategies will ensure the program's quality and continuity. Introducing performance indicators such as maternal follow-up rates, knowledge retention, and postpartum health outcomes can help assess program effectiveness over time.

Furthermore, the model can be adapted and replicated in underserved regions, including remote and rural areas, by leveraging digital tools and local health cadres. Engaging husbands, religious leaders, and community influencers can also increase program acceptance and participation. Ultimately, this study highlights the potential of maternal education as a low-cost, high-impact intervention that strengthens the entire continuum of care for mothers and their newborns.

CONCLUSION

This study concludes that the Mother of Toddlers Class program is an effective and impactful intervention for improving postpartum mothers' knowledge, attitudes, and practices related to reproductive health care. The structured and participatory educational approach significantly enhanced mothers' understanding of key topics such as hygiene, early complication detection, emotional well-being, and family planning. Positive changes were observed not only in cognitive outcomes but also in behavior, with mothers demonstrating greater confidence and responsibility in managing their postpartum health. The success of the program was influenced by contextual factors such as education level, family support, and access to services, indicating the need for adaptive and inclusive implementation strategies. These findings highlight the potential of community-based maternal education as a strategic tool for strengthening postpartum care and reducing maternal morbidity and mortality.

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