



## The Role of Midwives in Improving Postpartum Maternal Health

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**Abstract.** *Postpartum care is a strategic component of maternal health because the weeks after birth are associated with physical recovery, breastfeeding adaptation, psychological adjustment, and risk of preventable complications. Midwives are positioned to provide continuous, woman-centered care through clinical assessment, health education, breastfeeding support, early detection of danger signs, mental health screening, family engagement, and referral. This systematic literature review aimed to synthesize evidence on the role of midwives in improving postpartum maternal health. A structured search was conducted in PubMed, ScienceDirect, CINAHL, and Google Scholar for studies and guidelines published between 2020 and 2026. The review followed PRISMA 2020 reporting principles. Eligible sources discussed midwife-led, postnatal, postpartum, home-based, community-based, or continuity-of-care interventions involving postpartum women. The synthesis indicates that midwives contribute to improved postpartum health through five interrelated functions: continuity of care, complication surveillance, breastfeeding promotion, psychosocial support, and health-system coordination. Evidence consistently shows that respectful, timely, and individualized midwifery care strengthens maternal confidence, improves care-seeking behavior, supports exclusive breastfeeding, and facilitates early referral. The review implies that postpartum programs should integrate midwives as primary care coordinators supported by standardized guidelines, digital follow-up, interprofessional referral pathways, and culturally responsive family involvement.*

**Keywords:** *Breastfeeding Support, Maternal Health, Midwives, Postpartum Care, Systematic Literature Review.*

**Abstrak.** Masa nifas merupakan periode penting dalam kesehatan ibu karena berkaitan dengan pemulihan fisik, adaptasi menyusui, penyesuaian psikologis, dan risiko komplikasi yang dapat dicegah. Bidan memiliki posisi strategis dalam memberikan asuhan berkelanjutan dan berpusat pada perempuan melalui pengkajian klinis, edukasi kesehatan, dukungan menyusui, deteksi dini tanda bahaya, skrining kesehatan mental, pelibatan keluarga, dan rujukan. Tinjauan literatur sistematis ini bertujuan mensintesis bukti mengenai peran bidan dalam meningkatkan kesehatan ibu nifas. Pencarian dilakukan pada PubMed, ScienceDirect, CINAHL, dan Google Scholar untuk sumber terbitan 2020-2026 dengan mengikuti prinsip pelaporan PRISMA 2020. Sumber yang memenuhi kriteria membahas asuhan bidan, perawatan postpartum, kunjungan rumah, pelayanan komunitas, atau continuity of care pada ibu nifas. Hasil sintesis menunjukkan bahwa bidan berkontribusi melalui lima fungsi utama, yaitu kesinambungan asuhan, pemantauan komplikasi, promosi menyusui, dukungan psikososial, serta koordinasi sistem rujukan. Temuan ini menegaskan bahwa program nifas perlu menempatkan bidan sebagai koordinator layanan primer yang didukung pedoman standar, tindak lanjut digital, jalur rujukan interprofesional, dan pelibatan keluarga yang responsif budaya.

**Kata Kunci:** Asuhan Nifas, Bidan, Dukungan Menyusui, Kesehatan Ibu, Systematic Literature Review.

### 1. BACKGROUND

The postpartum period is a critical transition in the continuum of maternal and newborn health (Cleary et al., 2022). During this period, women experience uterine involution, wound healing, hormonal changes, lactation establishment, sleep disruption, role adaptation, and increased dependence on family and health-system support (Heesemann, Mähler, Subramanyam, & Vollmer, 2021). Although pregnancy and childbirth receive substantial clinical attention, postpartum care remains uneven in many settings. Women may return home early after birth, yet many complications such as postpartum haemorrhage, infection,

hypertension, thromboembolism, perineal pain, anaemia, breastfeeding difficulties, and depressive symptoms can emerge or worsen after discharge. For this reason, the quality of postpartum care is not merely an extension of childbirth services but a determinant of short- and long-term maternal well-being (Cleary et al., 2022).

Global guidance increasingly frames postnatal care as a positive, respectful, and comprehensive experience rather than a narrow set of physical checks (Heesemann et al., 2021). The World Health Organization recommends that postnatal care should support maternal and newborn health, breastfeeding, mental well-being, identification of danger signs, and timely referral. The emphasis on a positive postnatal experience reflects a shift from survival-oriented indicators toward quality, dignity, communication, emotional support, and continuity. This shift is particularly relevant for midwives, who often serve as the first professional contact for women and families during pregnancy, birth, postpartum recovery, and newborn care (Sushko, Strachan, Butt, Nerenberg, & Sherifali, 2023).

Midwives have a unique role because they combine clinical, educational, psychosocial, and community functions (Sukmawati, Wijaya, & Hilmanto, 2024). In postpartum care, midwives assess maternal recovery, monitor bleeding and vital signs, identify infection or hypertensive symptoms, evaluate breast and lactation problems, counsel on nutrition and contraception, support maternal mental health, and guide families in newborn care. Midwives also translate clinical recommendations into practical actions that are meaningful for women at home (Maretalinia et al., 2023). Their role is therefore not limited to performing procedures; it includes building trust, strengthening maternal self-efficacy, recognizing cultural practices, and coordinating referral when risk conditions are identified (Iyengar, Jaiprakash, Haitzuka, & Kim, 2021).

The urgency of reviewing this topic is supported by persistent gaps in postpartum service quality. Women frequently report unmet needs related to breastfeeding support, pain management, emotional adjustment, information on danger signs, and continuity after discharge. Fragmented care can delay problem recognition and reduce confidence in seeking help. At the same time, health systems increasingly require efficient models that can integrate facility-based care, home visits, digital follow-up, and community participation. Midwives are well positioned to lead these models, but the specific mechanisms through which they improve postpartum maternal health need to be synthesized in a structured review.

The novelty of this review lies in its focus on the multidimensional role of midwives in postpartum maternal health rather than on a single outcome such as breastfeeding or depression alone. Previous studies and guidelines have discussed postnatal contacts, midwife-led

continuity, home visits, breastfeeding support, and maternal satisfaction separately. This review integrates those domains into one analytical framework that explains how midwives contribute to clinical safety, psychological well-being, breastfeeding success, family readiness, and referral coordination. The objective of this systematic literature review is to synthesize current evidence on the role of midwives in improving postpartum maternal health and to identify practical implications for strengthening postpartum care programs.

## **2. THEORETICAL REVIEW**

### **Postpartum Maternal Health**

Postpartum maternal health refers to the physical, psychological, social, and reproductive well-being of women after childbirth. Traditionally, postpartum care has been concentrated in the first six weeks after birth, but contemporary perspectives recognize that many maternal health needs extend beyond this period. The postpartum period includes recovery from childbirth, lactation, emotional adjustment, contraception decision-making, resumption of daily roles, and adaptation to motherhood. Health problems may include bleeding, infection, pain, urinary or bowel problems, pelvic floor disorders, breastfeeding difficulties, fatigue, anxiety, and depression (de Waal, Boekhorst, Nyklíček, & Pop, 2023).

A comprehensive concept of postpartum health therefore requires more than the absence of complications. It includes the woman's ability to understand her condition, access support, make informed decisions, receive respectful care, and obtain timely referral. The fourth trimester concept emphasizes that women require structured support after birth because the transition from pregnancy to motherhood may be physically demanding and emotionally vulnerable. Midwives can bridge the gap between clinical recommendations and lived postpartum experiences by providing continuous education, individualized care planning, and responsive follow-up (Cleary et al., 2022).

### **Midwife-Led Care and Continuity of Care**

Midwife-led care is grounded in the principles of woman-centeredness, normal physiological processes, informed choice, continuity, and collaboration. In postpartum services, continuity of care allows the same or connected midwifery team to follow women across pregnancy, birth, postpartum, and family planning. Continuity strengthens communication because the midwife understands the woman's history, preferences, risks, and family context. It also supports early identification of changes after birth, including warning signs that may be overlooked in fragmented systems (Heesemann et al., 2021).

Theoretical support for midwife-led postpartum care can be drawn from continuity-of-care theory, self-efficacy theory, and family-centered care (Adnani et al., 2025). Continuity-of-care theory emphasizes relational, informational, and management continuity. Self-efficacy theory explains how repeated guidance and positive feedback from midwives can increase maternal confidence in breastfeeding, self-care, and danger-sign recognition. Family-centered care highlights that postpartum recovery occurs within a household system; therefore, involving partners and family members can improve adherence to maternal care advice and reduce isolation (Oronje, Kipmerewo, & Okoth, 2024).

### **Evidence from Previous Studies**

Previous reviews and guidelines suggest that midwife-led and postnatal care models can improve maternal satisfaction, breastfeeding support, and care coordination (Aghebatbekheir, Mahmoodi, Rahimzadeh, Zandifar, & Saeieh, 2026). WHO guidance recommends multiple postnatal contacts and emphasizes counselling, assessment, and referral. NICE guidance similarly highlights routine postnatal checks, recognition of bleeding, pain, mental health problems, and individualized information. Recent studies also show that women value home-based midwifery care because it makes the postpartum consultation more personal, contextual, and less rushed than facility-only care (Kotlar, Gerson, Petrillo, Langer, & Tiemeier, 2021).

Despite this evidence, gaps remain. Some studies focus on breastfeeding interventions, while others focus on mental health, home visits, or continuity models. Few syntheses explain how these roles operate together as an integrated postpartum care system. Moreover, many reviews emphasize outcomes but provide less practical interpretation for midwifery service design. This review addresses the gap by organizing evidence into role domains and linking each domain to mechanisms that improve postpartum maternal health (Heesemann et al., 2021).

### **3. RESEARCH METHOD**

This study used a systematic literature review design. The review was structured according to PRISMA 2020 reporting principles to improve transparency in identification, screening, eligibility assessment, and synthesis. The review question was: What is the role of midwives in improving postpartum maternal health? The population of interest was postpartum women, the intervention or exposure was midwife-led or midwife-supported postpartum care, the comparison was usual care or non-specific postpartum support when available, and the outcomes included maternal physical recovery, breastfeeding, mental health, maternal knowledge, satisfaction, care-seeking behavior, and referral. The literature search was conducted using PubMed, ScienceDirect, CINAHL, and Google Scholar. Keywords were

combined using Boolean operators: “midwife” OR “midwifery care” OR “midwife-led care” AND “postpartum” OR “postnatal” OR “puerperium” AND “maternal health” OR “breastfeeding” OR “postpartum depression” OR “home visit” OR “continuity of care”. Sources published from 2020 to 2026 were prioritized to ensure relevance to current postpartum-care standards, although foundational guidelines and highly relevant systematic reviews were also considered. The search was limited to English-language sources and studies involving postpartum women or maternity-care systems. Inclusion criteria were empirical studies, systematic reviews, scoping reviews, clinical guidelines, or evidence-based reports that discussed midwives’ roles in postpartum maternal health. Exclusion criteria were articles focusing exclusively on newborn outcomes without maternal components, opinion papers without clear evidence basis, studies unrelated to midwifery practice, and duplicated records. Titles and abstracts were screened first, followed by full-text eligibility assessment. Data were extracted into a narrative matrix covering author, year, country or setting, design, population, midwifery role, main findings, and implication for postpartum maternal health. Because of expected heterogeneity in study designs, interventions, and outcome measures, a narrative synthesis approach was used instead of meta-analysis. Findings were grouped into thematic domains: continuity and accessibility of care, clinical surveillance and danger-sign detection, breastfeeding and self-care education, psychosocial support and mental health, and referral coordination. The quality of evidence was considered by examining study design, clarity of methods, relevance to postpartum maternal health, and consistency across sources.

**Table 1.** Literature SELECTION PROCESS BASED ON Prisma FLOW.

<b>Selection stage</b>	<b>Number of records</b>
Records identified from databases and additional sources	148
Records after duplicates removed	118
Records screened by title and abstract	118
Records excluded after title and abstract screening	83
Full-text articles assessed for eligibility	35
Full-text articles excluded with reasons	15
Studies/guidelines included in narrative synthesis	20

Source: Author’s synthesis, 2026.

## 4. RESULTS AND DISCUSSION

### Overview of Included Evidence

The included literature consisted of systematic reviews, international guidelines, randomized or quasi-experimental studies, qualitative studies, and observational evidence related to postpartum maternal care. Most sources emphasized that postpartum health is multidimensional and that midwives contribute through direct care, counselling, surveillance, and care coordination. The evidence did not support a single narrow role for midwives; rather, it showed that improved postpartum maternal health depends on an integrated package of clinical and relational care.

The synthesis identified five dominant role domains. First, midwives strengthen continuity and accessibility of postpartum services. Second, midwives conduct clinical surveillance and early detection of complications. Third, midwives provide breastfeeding, nutrition, hygiene, contraception, and self-care education. Fourth, midwives support psychosocial adaptation and identify mental health risks. Fifth, midwives coordinate referral and interprofessional collaboration. These domains interact with each other; for example, a home visit may simultaneously assess bleeding, support breastfeeding, screen emotional status, and involve family members in maternal care.

**Table 2.** Synthesis of Midwives' Roles in Improving Postpartum Maternal Health.

<b>Role domain</b>	<b>Core activities</b>	<b>Expected contribution to maternal health</b>
<b>Continuity of care</b>	Scheduled postnatal contacts, home visits, individual care planning, follow-up after discharge	Improves access, trust, satisfaction, and early problem recognition
<b>Clinical surveillance</b>	Assessment of bleeding, blood pressure, infection, pain, perineal or wound healing, anaemia, danger signs	Reduces delayed detection and supports timely referral
<b>Breastfeeding and self-care education</b>	Lactation counselling, breast problem management, nutrition, hygiene, rest,	Improves breastfeeding confidence, maternal knowledge, and recovery practices

	contraception, maternal self-care	
<b>Psychosocial support</b>	Emotional support, screening for depression or anxiety, family engagement, respectful communication	Reduces isolation and promotes mental well-being and care-seeking
<b>Referral coordination</b>	Risk identification, documentation, communication with physicians, mental health services, or emergency care	Improves safety through timely escalation and interprofessional care

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Source: Author's synthesis, 2026.

### **Continuity and Accessibility of Postpartum Care**

Continuity of care emerged as the strongest cross-cutting function of midwives. Women often require care at multiple points after birth, including the first 24 hours, early days after discharge, and later postpartum contacts. Midwives can maintain contact through facility visits, home visits, telephone counselling, or digital communication. This continuity increases the likelihood that postpartum concerns will be discussed before they become severe. It also reduces the burden on women who may face transportation barriers, fatigue, newborn-care demands, or anxiety about returning to health facilities (Adnani et al., 2025).

The value of midwifery continuity is not only logistical but relational. When women know their midwife or experience consistent care from a midwifery team, communication becomes more open and individualized. Women may be more willing to disclose pain, fear, breastfeeding difficulties, intimate concerns, or emotional distress. This finding is consistent with woman-centered care principles, which emphasize dignity, trust, and shared decision-making. In postpartum care, relational continuity can be especially important because many problems are subjective, stigmatized, or normalized by women and families (Ellyzabeth Sukmawati, Iwan Adhicandra, & Nur Sucahyo, 2022).

### **Clinical Surveillance and Prevention of Complications**

The second role domain is clinical surveillance. Midwives assess maternal vital signs, bleeding, uterine involution, infection symptoms, perineal trauma, caesarean wound healing, pain, urinary problems, bowel function, and signs of hypertension or thromboembolism. These assessments are essential because several life-threatening complications may occur after discharge. Midwives are trained to distinguish normal postpartum changes from warning signs

requiring urgent referral. Their presence in community and primary-care settings makes them important gatekeepers for maternal safety (Chaharrahifard, Motlagh, Akbari-Kamrani, Atae, & Esmaelzadeh-Saeieh, 2021).

Clinical surveillance also involves educating women and families about danger signs. This educational role is critical because women may delay seeking care when symptoms are perceived as normal or when family members underestimate risk. Midwives can explain danger signs using accessible language, including heavy bleeding, fever, severe headache, visual disturbance, chest pain, shortness of breath, severe abdominal pain, foul-smelling discharge, or persistent sadness and hopelessness. The combination of professional assessment and family education creates a safety net that supports earlier care-seeking (Sajedi, Navvabi-Rigi, & Navidian, 2024).

### **Breastfeeding, Self-Care, and Health Education**

Breastfeeding support was one of the most frequently reported contributions of midwives. The early postpartum period is decisive for lactation because women may experience nipple pain, poor latch, perceived insufficient milk, engorgement, fatigue, or conflicting advice from family and media (Lontaan et al., 2023; Rodríguez-Gallego, Corrales-Gutierrez, Gomez-Baya, & Leon-Larios, 2024). Midwives provide practical assessment and counselling, including positioning, attachment, milk expression, breast care, and management of common lactation problems. Effective support can strengthen maternal confidence and reduce early breastfeeding cessation (Kongvattananon et al., 2025).

Beyond breastfeeding, midwives provide education on nutrition, rest, hygiene, mobilization, perineal care, caesarean wound care, contraception, sexual health, and birth spacing. This role supports postpartum recovery and reproductive planning. Education is most effective when it is individualized rather than delivered as generic instructions. For example, a woman recovering from caesarean birth may require additional wound-care counselling, while a woman with anaemia may need nutrition and supplementation support. Midwives therefore convert standard recommendations into tailored guidance based on maternal condition and household context (Meighan, Bovbjerg, Benyshek, Cheyney, & Crittenden, 2022).

### **Psychosocial Support and Mental Health**

Postpartum mental health is a major component of maternal well-being. Women may experience mood changes, anxiety, depressive symptoms, fear of inadequate mothering, body-image concerns, fatigue, and relationship stress. Midwives can provide psychosocial support through active listening, reassurance, validation, and screening. This role is important because emotional distress is often hidden and may be dismissed as a normal part of motherhood.

Midwives who build trust can help women recognize when symptoms require professional support.

The review indicates that psychosocial support is closely related to family engagement. In many contexts, postpartum recovery is influenced by husbands, parents, in-laws, and community norms. Midwives can involve families in education about rest, nutrition, danger signs, emotional support, and shared caregiving. This approach may reduce maternal isolation and improve adherence to postpartum care recommendations. However, family involvement should remain woman-centered and respect maternal autonomy, especially when cultural expectations conflict with clinical needs or personal preferences.

### **Referral Coordination and Interprofessional Collaboration**

Midwives improve postpartum health by coordinating referral when risk conditions exceed primary-care management. Effective referral requires accurate assessment, documentation, communication, and follow-up. Midwives may refer women for obstetric emergencies, severe hypertension, suspected infection, mental health care, lactation specialist support, nutrition services, or family-planning services. Referral coordination prevents postpartum care from becoming fragmented and ensures that women do not navigate the health system alone .

Interprofessional collaboration is particularly important for complex postpartum needs. A woman with persistent hypertension, depression, and breastfeeding difficulty may need coordinated care from midwives, physicians, nurses, psychologists, nutritionists, and community health workers. Midwives can serve as the link between these services because they often maintain regular contact with the woman. However, this function requires clear protocols, referral pathways, communication systems, and supportive supervision. Without system support, midwives may face excessive workload and limited authority to coordinate comprehensive care.

### **Implications for Postpartum Care Programs**

The findings imply that postpartum care programs should not treat midwives merely as service implementers but as primary coordinators of maternal recovery. Program design should include scheduled postpartum contacts, standardized clinical checklists, mental health screening tools, breastfeeding counselling protocols, family education materials, and referral documentation. Digital follow-up can complement face-to-face care by enabling reminders, symptom reporting, teleconsultation, and education, but it should not replace clinical assessment for high-risk women.

Training is also required. Midwives need continuous professional development in postpartum emergency recognition, respectful communication, lactation counselling, mental health screening, cultural competence, digital documentation, and interprofessional collaboration. Strengthening midwifery roles requires institutional recognition, adequate staffing, supplies, transportation support for home visits, and supportive supervision. These investments are essential because the quality of postpartum care depends not only on midwives' competence but also on the health system that enables them to provide safe and responsive care. The evidence consistently supports the importance of midwives in postpartum maternal health, but several limitations must be considered. First, the reviewed literature varied in design, setting, and outcome measurement, making direct comparison difficult. Second, many studies measured satisfaction or breastfeeding outcomes, while fewer measured severe maternal morbidity, long-term mental health, or health-system cost-effectiveness. Third, findings from high-income settings may not be fully transferable to low-resource or rural contexts where staffing, referral access, and digital infrastructure differ.

Despite these limitations, the direction of evidence is coherent. Midwives improve postpartum health when they provide continuous, individualized, respectful, and evidence-based care. The strongest mechanism is not a single intervention but the integration of clinical surveillance, education, emotional support, and referral. Therefore, future research should evaluate integrated midwife-led postpartum models using robust designs, standardized outcomes, and longer follow-up periods. Research in Indonesian and Southeast Asian contexts is particularly needed to account for cultural postpartum practices, health-system structure, and community-based midwifery roles (Ellyzabeth Sukmawati, 2024; Kuipers, Bosmans, Thael, & Bock, 2024).

## **5. CONCLUSION AND SUGGESTIONS**

Midwives play a central role in improving postpartum maternal health through continuity of care, clinical surveillance, breastfeeding and self-care education, psychosocial support, and referral coordination. Midwives contribute not only to early detection of complications but also to maternal confidence, emotional well-being, breastfeeding success, family readiness, and safe transition from facility to home. The role of midwives is most effective when postpartum care is delivered as an integrated, woman-centered, and family-responsive service rather than as isolated contacts. Postpartum care programs are recommended to strengthen midwife-led models by ensuring scheduled postnatal contacts, structured home or community follow-up, standardized danger-sign assessment, lactation counselling, mental

health screening, and clear referral pathways. Health institutions should provide continuous training, supportive supervision, digital documentation systems, and adequate resources for midwives. Future research should examine the effectiveness of integrated midwife-led postpartum care in diverse settings, especially in low- and middle-income countries, using measurable outcomes such as maternal morbidity, exclusive breastfeeding, depression screening, satisfaction, referral timeliness, and cost-effectiveness.

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