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Evaluation Of The Implementation Of Continuity Of Care Towards The Reduction Of Complications In Postpartum Mothers

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ABSTRACT

Background: Postpartum maternal complications remain a significant public health concern, particularly in developing countries. The Continuity of Care (CoC) model is a comprehensive midwifery care approach that provides continuous services from pregnancy through childbirth and the postpartum period and has been suggested as a strategy to improve maternal health outcomes.
Objective: This scoping review aimed to map and evaluate the evidence regarding the implementation of Continuity of Care in reducing postpartum maternal complications and to identify factors influencing its implementation.
Method: This scoping review followed the Arksey and O'Malley framework enhanced by the Joanna Briggs Institute (JBI) methodology. Literature searches were conducted across several electronic databases using predefined keywords and Boolean operators. Studies were selected based on established inclusion and exclusion criteria. Data were extracted using a standardized form, and methodological quality was assessed using the JBI Critical Appraisal Tools. Reporting followed the PRISMA-ScR guidelines.
Result: Eight studies met the inclusion criteria. Six studies reported a reduction in postpartum complications or improved postpartum health outcomes among women receiving CoC services, while five studies found increased maternal satisfaction and better utilization of postpartum care services. Four studies identified continuity and competency of healthcare providers as key facilitators of successful implementation. Additional enabling factors included effective communication, adequate resources, and supportive health policies. Common barriers reported across the studies were workforce shortages, high workloads, and inconsistent policy implementation.
Conclusion: The available evidence suggests that Continuity of Care may contribute to improved postpartum outcomes and maternal satisfaction. However, variations in study design and implementation contexts limit definitive conclusions regarding its effectiveness. Strengthening healthcare workforce capacity, ensuring adequate resources, and enhancing policy support may facilitate more effective implementation of Continuity of Care, particularly in developing countries.

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INTRODUCTION

The postpartum period begins immediately after the expulsion of the placenta and continues until approximately six weeks after birth, during which the reproductive organs gradually return to their pre-pregnancy condition. Although this period is a natural phase of recovery, women remain vulnerable to a range of health complications, including postpartum hemorrhage, hypertensive disorders, puerperal infections, anemia, and postpartum depression. These complications can significantly affect maternal well-being and contribute to preventable maternal morbidity and mortality. In addition to physical recovery, the postpartum period is a critical time for establishing maternal–infant bonding, supporting breastfeeding, and promoting long-term maternal health (DePalma et al., 2025).

Maternal health remains a major global public health priority. According to the World Health Organization, approximately 260,000 women died from pregnancy- and childbirth-related causes worldwide in 2023, with nearly 95% of these deaths occurring in low- and lower-middle-income countries. Hemorrhage and hypertensive disorders remain the leading direct causes of maternal mortality, accounting for approximately 27% and 16% of maternal deaths, respectively. Importantly, a substantial proportion of these deaths occur during the postpartum period, highlighting the need for effective postnatal care and continuous monitoring after childbirth (WHO, 2025; UNICEF, 2025; Cresswell et al., 2025).

In Southeast Asia, maternal mortality remains higher than the Sustainable Development Goal target of fewer than 70 deaths per 100,000 live births. Countries such as Timor-Leste continue to experience a relatively high maternal mortality ratio despite substantial improvements over the last two decades (World Bank Group, 2025). These findings indicate that strengthening postpartum care remains an essential strategy for reducing preventable maternal complications and deaths.

To address these challenges, the World Health Organization recommends comprehensive postnatal care that ensures regular contact between mothers and healthcare providers during the postpartum period. One approach that has received increasing attention is Continuity of Care (CoC), a model in which women receive coordinated and continuous care from pregnancy through childbirth and the postpartum period. Continuity of Care emphasizes ongoing relationships between women and healthcare providers, timely identification of complications, and personalized support throughout the maternity continuum.

Evidence supporting the effectiveness of Continuity of Care has been reported in several systematic reviews and meta-analyses. A Cochrane review by Sandall et al. demonstrated that midwife-led continuity models were associated with improved maternal satisfaction, reduced intervention rates, and better maternal and neonatal outcomes. These findings suggest that Continuity of Care may also contribute to reducing postpartum complications through improved surveillance, communication, and follow-up care (Sandall et al., 2024).

Despite growing evidence regarding the benefits of Continuity of Care, important knowledge gaps remain. Previous systematic reviews have primarily focused on overall maternal and neonatal outcomes, intervention effectiveness, or midwife-led care models. Limited attention has been given specifically to postpartum maternal complications and the contextual factors that influence the implementation of Continuity of Care in different healthcare settings. Furthermore, evidence related to implementation barriers and facilitators including healthcare workforce capacity, service organization, resource availability, and policy support remains fragmented across studies.

Given the diversity of study designs, healthcare contexts, and reported outcomes, a scoping review is needed to comprehensively map the available evidence, identify key implementation factors, and highlight existing knowledge gaps regarding Continuity of Care in the postpartum period. Unlike systematic reviews that focus primarily on intervention effectiveness, a scoping

review allows for a broader exploration of evidence, including implementation experiences, contextual determinants, and service delivery challenges.

Therefore, this scoping review aims to evaluate the implementation of Continuity of Care in reducing postpartum maternal complications and to identify factors influencing its implementation, including healthcare worker and health system factors. The findings are expected to provide evidence to support the strengthening of sustainable midwifery practices and inform policies aimed at improving postpartum maternal health outcomes.

METHOD

This study used a scoping review method with the PICOS (Population, Intervention, Comparison, Outcome, Study Design) framework to evaluate the implementation of continuity of care in reducing postpartum maternal complications. The research methodology refers to the Arksey and O'Malley (2005) framework, which has been refined by the Joanna Briggs Institute (JBI) (Peters et al., 2020), with reporting following the PRISMA-ScR guidelines to ensure transparency and completeness of results (Tricco et al., 2018). The scoping review stages included formulating a PICOS-based research question, searching scientific databases, selecting studies based on inclusion and exclusion criteria, extracting data using a standardized form, and synthesizing and reporting results describing the evaluation of continuity of care implementation in reducing postpartum maternal complications.

Table 1

Framework PICOS

Komponen	Deskripsi
Population (P)	Postpartum mothers (≤ 42 days after delivery)
Intervention (I)	Implementation of Continuity of Care (CoC) in obstetrics
Comparison (C)	Standard care/fragmented care/non-continuity of care
Outcome (O)	Reduction in postpartum maternal complications, such as hemorrhage, puerperal infection, postpartum preeclampsia, anemia, and retained placenta
Study Design (S)	Quantitative, qualitative, or mixed methods studies

Based on the PICOS framework, the scoping review question guiding this study was: "How does the implementation of Continuity of Care influence the reduction of postpartum maternal complications compared with standard or fragmented care in healthcare settings?". Quantitative, qualitative, and mixed-methods studies were included to provide a comprehensive understanding of both the effectiveness and implementation of Continuity of Care. Quantitative studies contributed evidence on maternal outcomes, while qualitative and mixed-methods studies provided insights into experiences, barriers, facilitators, and contextual factors influencing implementation. Given the diversity of study designs and outcome measures, findings were synthesized using a descriptive narrative approach and organized into key themes related to postpartum outcomes and implementation factors.

Data Search Criteria

To identify relevant articles for this scoping review, the following inclusion and exclusion criteria were determined:

Table 2

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
a. Empirical studies using quantitative, qualitative, or mixed methods approaches. b. Research location in a developing country. c. Published in Indonesian or English. d. Published between 2016 and 2026.	a. Editorial, opinion, comment, letter to the editor, brief without data, perspective comment.

The article search was conducted using Boolean operators ("OR" and "AND") to combine relevant keywords. The keywords used in this article search were ("postpartum women" OR "postnatal women" OR "postpartum mothers") AND ("continuity of care" OR "midwifery continuity of care" OR "continuum of care") AND ("postpartum complications" OR "maternal complications" OR "postnatal complications") AND ("developing countries" OR "low- and middle-income countries" OR LMICs). The use of this keyword combination is expected to narrow the search results to articles truly relevant to the objectives of this study.

Search Databases

The literature search was conducted in PubMed, ScienceDirect, Wiley Online Library, and Google Scholar to ensure comprehensive coverage of relevant studies (Peters et al., 2020). A total of 1,643 records were identified across all databases. The records were imported into Covidence for management and screening. After removing 35 duplicate records, 1,608 articles remained for title and abstract screening. Of these, 1,470 articles were excluded because they did not meet the review objectives. The remaining articles underwent full-text assessment based on the predefined inclusion and exclusion criteria. Following the eligibility assessment, eight studies met all criteria and were included in the final review. The complete study selection process and reasons for exclusion at each stage are presented in the PRISMA flow diagram

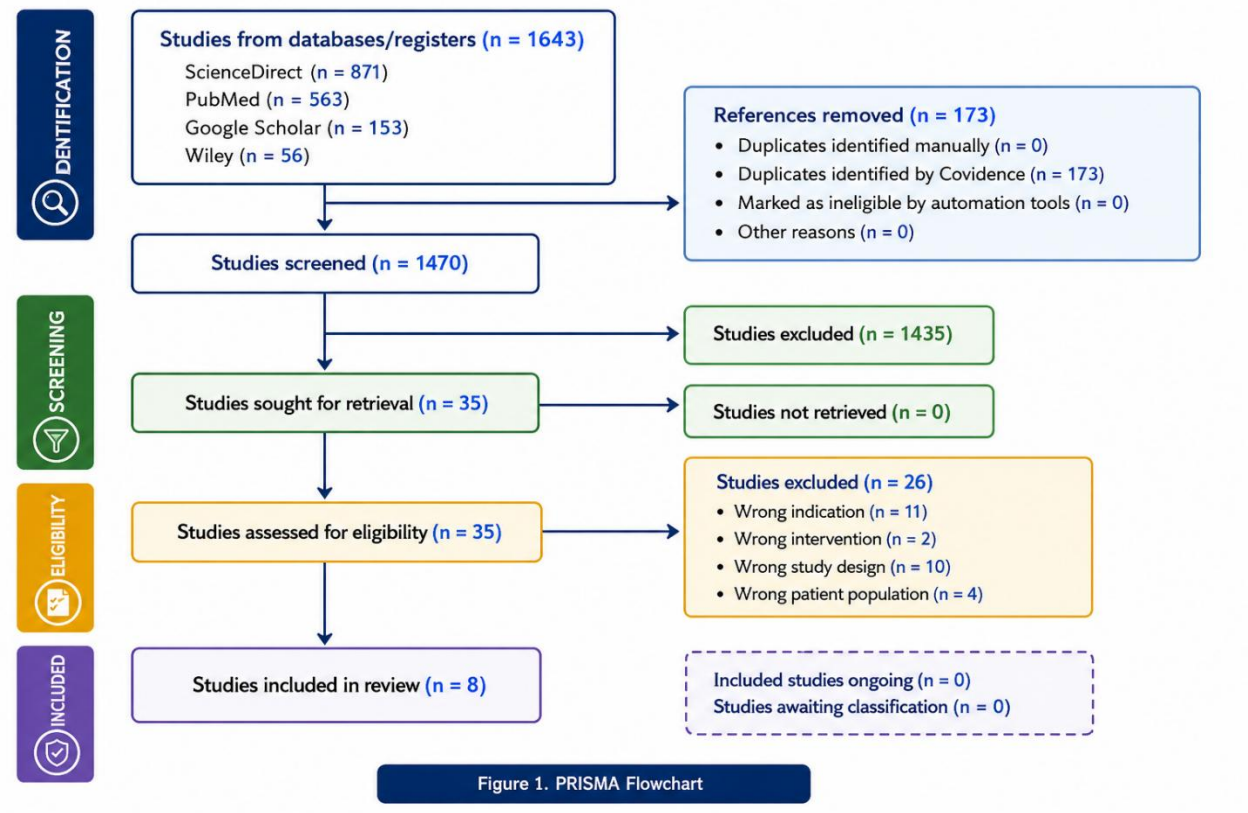

Figure 1. PRISMA Flowchart

RESULTS AND DISCUSSION

Results

Based on the eight included studies, data were extracted and mapped using a charting table adapted from the Joanna Briggs Institute (JBI) framework (Peters et al., 2020). The charting process included information on the author, publication year, country, study design, data collection methods, participants, inclusion and exclusion criteria, key findings, and implications (Aromataris & Munn, 2019). Although not all included studies directly reported specific postpartum maternal complications, all were considered relevant because they examined the implementation of Continuity of Care, postpartum service utilization, maternal outcomes, quality of postnatal care, or factors influencing Continuity of Care delivery. These aspects were included to provide a comprehensive understanding of how Continuity of Care may contribute to the prevention and reduction of postpartum maternal complications across different healthcare settings.

Table 3

Data Charting

No	Author (Year)	Country	Research Method	Main Findings	Code
1	Shahshahani et al. (2024)	Australia	Retrospective cohort; n=1,800 mothers; medical records and clinical notes	Continuity of care improved breastfeeding success, reduced neonatal complications, and enhanced postpartum care quality.	A1
2	Sangy et al. (2024)	India	Mixed methods; n=150 mothers; questionnaires and interviews	Positive maternal attitudes toward continuity of care; ongoing midwife relationships increased security and helped prevent postpartum complications.	A2
3	Rayment-Jones et al. (2020)	Australia	Qualitative; n=40 midwives; semi-structured interviews	Continuity of care facilitated early detection and management of postpartum complications among women with social risk factors.	A3
4	Perriman et al. (2024)	Australia	Methodological study; n=300 mothers; COMcareSS questionnaire	The COMcareSS instrument was valid and reliable for measuring maternal satisfaction with continuity of care.	A4
5	John et al. (n.d.)	LMICs	Quasi-experimental; n=250 health workers; competency checklist and observation	Continuity of care interventions improved health worker capacity and reduced postpartum complications.	A5
6	Harris et al. (2020)	Australia	Qualitative; n=35 midwives; FGDs and interviews	Training and educational interventions increased adoption of continuity of care and improved postpartum service quality.	A6
7	de Wolff et al. (2025)	Denmark	Cross-sectional comparative; n=600 mothers; satisfaction and experience questionnaires	Mothers receiving continuity of care reported higher satisfaction and more positive postpartum experiences.	A7
8	Cummins et al. (2024)	Australia	Mixed methods; n=1,000 mothers and midwives; surveys, interviews, and service audits	MAPS continuity of care model improved access to postnatal services, maternal safety, and reduced postpartum complications.	A8

After relevant articles were selected, a critical appraisal was conducted to assess the methodological quality of the articles using the Joanna Briggs Institute (JBI) Critical Appraisal Tools and the Mixed Methods Appraisal Tool (MMAT) according to the design of each study. In this scoping review, a total of 8 articles that met the inclusion criteria were evaluated and classified into Grade A (Good), Grade B (Good Enough), and Grade C (Less Good). The assessment process used a scale of 1–4, namely: 1 = Not Applicable, 2 = Not stated, 3 = Expressed but less clear, and 4 = Expressed clearly. Articles with Grade A are considered to have good methodological quality and strong evidence, while Grade B indicates sufficient quality with some methodological limitations, and Grade C indicates lower quality.

Table 5

Analysis and Mapping of Research Article Themes

No	Theme	Subthemes	Related Articles
1	Continuity of Midwifery Care (CoC)	• Long-term mother–midwife relationship• Integration of antenatal and postnatal care• Influence on childbirth and postpartum experiences	A1, A3, A7, A8
2	Maternal Satisfaction and Experience	• Satisfaction with maternity services• Perception of safety (*safe space*)• Emotional support and effective communication	A4, A7, A8
3	Neonatal Health Outcomes	• Successful breastfeeding• Prevention of neonatal hyperbilirubinemia• Improved neonatal clinical outcomes	A1
4	Workforce Capability and Training	• Development of midwifery competencies• Continuing education and training• Motivation to work within the CoC model	A5, A6, A8
5	Implementation of Midwifery Models and Program Evaluation	• Strategies for CoC implementation• Evidence-based program evaluation• Monitoring maternal and neonatal quality indicators	A3, A5, A6, A8
6	Evidence-Based Practice	• Application of scientific evidence in practice• Quality audits and service evaluation• Adoption of national and international standards	A3, A4, A8
7	Women's Attitudes and Beliefs	• Perceptions of continuity of care models• Cultural beliefs related to childbirth and postpartum care• Preferences in choosing maternity services	A2, A6

Discussion

Based on the analysis and mapping of eight articles (A1–A8) related to Continuity of Midwifery Care (CoC), it can be concluded that the emerging themes reflect the clinical, psychosocial, organizational, and cultural aspects of midwifery practice. Seven main themes – Continuity of Care, Maternal Satisfaction, Neonatal Health Outcomes, Workforce Capability, Implementation & Program Evaluation, Evidence-Based Practice, and Attitudes and Beliefs of Women – interact to form a comprehensive framework for the development of midwifery services.

1. Continuity of Midwifery Care (CoC):

Continuity of Care (CoC) emerged as a central theme across several included studies (A1, A3, A7, and A8). The findings suggest that an ongoing relationship between midwives and mothers may facilitate comprehensive assessment, individualized education, and timely follow-up throughout the maternity continuum. Such continuity enables healthcare providers to better identify potential health problems, monitor maternal recovery after childbirth, and encourage the utilization of postpartum services. Several studies also reported that women receiving CoC experienced greater trust in healthcare providers, increased involvement in decision-making, and higher satisfaction with care.

Although direct evidence regarding specific postpartum maternal complications was limited in some studies, the findings indicate that CoC may contribute to improved postpartum outcomes through enhanced monitoring and earlier detection of health problems. For example, continuous contact between mothers and healthcare providers may support the identification of postpartum hemorrhage, infection, hypertensive disorders, or other complications requiring timely intervention. In addition, studies reporting improved breastfeeding outcomes and maternal experiences suggest that CoC may have broader benefits for maternal and newborn health.

The reviewed studies further highlighted the importance of organizational and health system support for successful CoC implementation. Factors such as adequate staffing, continuity of midwife assignment, effective communication systems, and supportive service policies were frequently identified as facilitators. These findings suggest that the effectiveness of CoC depends not only on the provider–mother relationship but also on the capacity of healthcare systems to

sustain coordinated and continuous maternity care. Therefore, strengthening both workforce and service system support may enhance the potential contribution of CoC to improving postpartum maternal outcomes.

2. Maternal Satisfaction and Experience

Maternal satisfaction emerged as a key theme in articles A4, A7, and A8. Mothers who received CoC services reported more positive birth experiences, a higher sense of security, and better communication with midwives. The perception of safety (a "safe space") and emotional support from midwives play a key role in building maternal trust and engagement, enabling them to feel comfortable during pregnancy and labor.

In addition to psychosocial aspects, maternal satisfaction is also related to clinical outcomes. Mothers who feel supported are more likely to consistently follow health recommendations, such as early breastfeeding, nutrition, and postnatal monitoring. Articles A7 and A8 emphasize that these positive maternal experiences contribute to the success of clinical interventions and improve adherence to healthcare.

Maternal satisfaction is also an important indicator in evaluating service quality. Services that neglect the maternal experience, even if clinically comprehensive, risk low acceptance and impact the long-term effectiveness of the program. Therefore, CoC evaluations should combine clinical outcomes and maternal perceptions as a comprehensive indicator of success.

3. Neonatal Health Outcomes

Although the primary focus of this review was postpartum maternal complications, one included study (A1) reported neonatal health outcomes associated with Continuity of Care. The study found that CoC was associated with improved breastfeeding success and a lower incidence of neonatal hyperbilirubinemia. While these outcomes do not directly address postpartum maternal complications, they provide additional evidence of the broader impact of continuous maternity care. Improved neonatal outcomes may reflect more effective postpartum follow-up, enhanced maternal education, and stronger support for breastfeeding, all of which are integral components of Continuity of Care. Therefore, neonatal health outcomes were considered a complementary finding that helps illustrate the wider benefits of CoC across the maternal–newborn continuum of care, rather than a primary outcome of this review.

4. Workforce Capability and Training

Workforce capability emerged as an important theme across studies A5, A6, and A8. Midwives' competency, continuous professional development, and work motivation were identified as key factors supporting successful Continuity of Care implementation. Study A6 demonstrated that educational interventions and mentoring programs could enhance midwives' participation in the CoC model, thereby supporting more consistent and higher-quality maternity care. In addition to professional competence, organizational support was also highlighted as an essential component. Article A8 emphasized the importance of adequate staffing, flexible scheduling, balanced workload distribution, and supportive infrastructure to facilitate effective CoC delivery. However, implementing these requirements may be particularly challenging in low-resource settings, where shortages of skilled health workers, limited training opportunities, high patient volumes, and inadequate health system resources are common. These constraints may affect the continuity and quality of postpartum care despite the recognized benefits of the CoC model. Therefore, strengthening workforce capacity must be accompanied by broader health system investments and policy support to ensure sustainable implementation. Improved workforce capability and organizational support may ultimately contribute to better maternal experiences, greater service utilization, and improved postpartum health outcomes.

5. Implementation of Midwifery Models & Program Evaluation

Articles A3, A5, A6, and A8 highlight the importance of structured implementation and continuous evaluation in ensuring the effectiveness of Continuity of Care (CoC). Frameworks such as the Quality Maternal and Newborn Care (QMNC) model can be used to assess service quality, monitor key indicators, and identify gaps in maternal and newborn care. Regular audits, performance monitoring, and outcome evaluations are essential to ensure that CoC programs achieve their intended objectives and maintain service quality over time. The reviewed studies also suggest that successful implementation requires integration of CoC within existing healthcare systems, supported by effective management, adequate resource allocation, and clear service guidelines.

From a policy perspective, strengthening CoC implementation may require the development of standardized clinical protocols, investment in workforce training, and the incorporation of CoC indicators into routine maternal health monitoring systems. Sustainable implementation also depends on long-term commitment from health authorities, sufficient funding, and supportive organizational policies that enable continuity of care across pregnancy, childbirth, and the postpartum period. Furthermore, collaboration among healthcare providers, facility managers, and policymakers is needed to ensure program sustainability and scalability, particularly in resource-constrained settings. These measures may enhance the contribution of CoC to improving postpartum maternal outcomes and overall quality of maternity care.

6. Evidence-Based Practice

Evidence-based practice emerged as an important theme in studies A3, A4, and A8. The findings suggest that the use of evidence-based guidelines and quality standards may support the effective implementation of Continuity of Care by promoting consistent and standardized maternity services. Internal audits, quality indicators, and routine monitoring were identified as useful mechanisms for evaluating service performance and identifying areas for improvement. In the context of postpartum care, adherence to evidence-based practices may facilitate the early detection and management of maternal complications, thereby supporting better maternal outcomes.

The reviewed studies also highlighted the role of evidence-based practice in strengthening midwives' competencies through continuing education, clinical supervision, and guideline-based care. These strategies may improve the quality and consistency of postpartum services while supporting the implementation of Continuity of Care across different healthcare settings. Furthermore, the integration of evidence-based approaches into service management can assist healthcare organizations in identifying service gaps, optimizing resource allocation, and sustaining quality improvement initiatives over time.

7. Attitudes and Beliefs of Women

Articles A2 and A6 highlight the influence of maternal perceptions, beliefs, and sociocultural factors on the acceptance and implementation of Continuity of Care (CoC). Cultural beliefs related to pregnancy, childbirth, postpartum practices, and preferences for traditional sources of care may influence women's willingness to engage with midwife-led continuity models. In some settings, limited awareness of the benefits of CoC, family decision-making dynamics, and strong adherence to traditional practices may act as barriers to service utilization. These findings suggest that the effectiveness of CoC depends not only on service availability but also on its cultural acceptability within the community.

To improve acceptance, culturally sensitive implementation strategies are essential. Community engagement, involvement of family members, culturally appropriate health education,

and respectful communication can help increase trust and participation in CoC services. In addition, maternal education and participatory communication approaches enable women to better understand the benefits of continuous care and actively engage in decision-making throughout pregnancy, childbirth, and the postpartum period. These strategies may enhance service utilization, strengthen maternal-provider relationships, and support improved postpartum maternal outcomes. Therefore, integrating cultural considerations into CoC implementation is important for ensuring equitable and sustainable maternity care across diverse settings.

CONCLUSION

Based on the synthesis of eight included studies (A1–A8), Continuity of Midwifery Care (CoC) appears to be associated with several positive maternal and service-related outcomes. The reviewed evidence suggests that CoC may strengthen relationships between midwives and mothers, improve maternal satisfaction, enhance care experiences, and support the utilization of postpartum services. Several studies also indicated potential benefits for maternal and newborn health outcomes, although direct evidence regarding specific postpartum maternal complications was limited across the included studies.

The findings further suggest that successful implementation of CoC is influenced by multiple factors, including midwifery competency, organizational support, evidence-based practice, program monitoring, and health system readiness. In addition, maternal perceptions, cultural beliefs, and community contexts play an important role in the acceptance and sustainability of CoC models. Taken together, the available evidence indicates that CoC may contribute to improving the quality and continuity of maternity care; however, further research focusing specifically on postpartum maternal complications is needed to strengthen the evidence base and guide future policy and practice.

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