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# Facilitators and barriers to postnatal care guideline implementation: A systematic scoping review

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## ABSTRACT

This review seeks to understand and synthesise the available evidence about the extent of implementation of routine postnatal care guidelines, and any barriers and facilitators in this implementation.

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## Research team

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## Objectives

- 2** The scoping review aims to identify themes in the literature related to the implementation of routine postnatal guidelines globally.

## 3

This review seeks to understand and synthesise the available evidence about the extent of implementation of routine postnatal care guidelines, and any barriers and facilitators in this implementation. Postnatal care refers to the provision of care after birth to the woman, baby(ies) or both. A common definition of the postnatal period is the first 42 days after childbirth, or 6 weeks since the birth. However, longer periods of time might be specified in postnatal care guidelines, in which case we will be guided by these. This review aims to cover various perspectives from which this topic is captured in the literature, including the broader health system, specific health facilities, individual health workers, or community-based provision of postnatal care, but not from the perspective of recipients of this care (women and their families, including newborns). This is because there is a separate ongoing literature assessing this dimension. Routine postnatal care refers to activities performed by an actor (such as a health professional or a community health worker) within the formal health system in order to deliver screening, preventive, counselling/health education, support and routine referral pathways which is to be provided to every woman and newborn, regardless of complications or lack thereof.

The specific focus of this review is to understand how the routine postnatal care elements (number of contacts, their timing, content of care during each contact, type of provider, etc.) as described in the formal guidelines issued by a national or sub-national health authority are implemented by actors within the formal health system (health professionals and health facilities), regardless of the location of birth (in domestic environment or in health facilities).

## Methods

## 4

This scoping review is guided by the standard principles of Arksey & O'Malley's framework and the PRISMA-ScR checklist. Arksey & O'Malley's approach can be described as an iterative process involving post-hoc inclusion and exclusion criteria. According to this framework there are five stages: 1) identifying the research question, 2) identifying relevant studies, 3) study selection, 4) charting the data, and lastly 5) collating, summarising and reporting the results.

In addition, we will use a method called "critical interpretive synthesis" (Dixon-Woods 2006), which enables us to apply an interpretive approach to the whole body of evidence. This is an inductive and an interpretative approach which begins with a wide question and narrows the scope during the process of screening (mapping of themes and study types) before arriving at full text review and examination of broad questions such as how the available literature constructs its problematics, the nature of the assumptions, etc. It has been successfully applied in studies of maternal health, for example by Mothupi et al 2018 (continuum of care).

The first broad question that this literature review will start with is:

What body of literature exists capturing the facilitators and barriers to the implementation of routine postnatal care guidelines, in all global settings?

5 **Searches**

We will search databases of peer-reviewed literature using a combination of search terms comprising four key concepts:

**Search algorithm: 1 AND 2 AND 3 AND 4**

A	B	C
Concept number	Concept name	Search terms
1	Implementation	implementat* OR barrier* OR facilitat* OR quality OR challenge* OR constraint* OR difficult* OR disincentive* OR incentive* OR hamper* OR hinder* OR impair* OR impede* OR influenc* OR motivat* OR limit* OR neglect* OR obstacle* OR promot* OR support*
2	Postnatal care	post?natal OR post?partum OR new?born OR neonatal OR perinatal OR puerperium OR puerperal OR post?parturient OR post?parturition OR afterbirth
3	Guidelines	guideline* OR recommendation* OR polic* OR care OR visit* OR follow* OR management OR service* OR discharge OR provision OR check* OR length?of?stay OR standard
4	Routine care	Routine*

**Databases:** Medline, Embase, Global Health, CINAHL Plus

**Search restrictions:**

**Date:** published since 2000

**Country:** no restrictions

**Language:** no restrictions

**Inclusion criteria:**

-Type of article: Papers published in peer-reviewed journals or reports, and reporting primary evidence or findings from quantitative and qualitative studies; systematic reviews of the evidence; original analysis of secondary evidence; modelling studies; cost-effectiveness studies.

-Methods: All qualitative, quantitative and mixed-methods are eligible

**Exclusion criteria:**

-Conference abstracts or thesis documents.

-Articles not describing routine care – for example, care specific to sick/small newborns

After deduplication, titles and abstracts of identified references will all be screened and additional references will be identified through hand searching the reference lists of all articles reviewed in full text, in addition to other sources of grey literature. We will also use ConnectedPapers to understand how papers included in full-text were cited forward.

Data extraction and analysis

## 6 Data extraction (selection and coding)

Study selection:

We will import all search results into EndNote and deduplicate (Bramer et al 2016). This deduplicated list of references will be imported into Rayyan, where we will screen the title/abstracts. Two people will separately conduct the screening. At least 20% of title/abstracts excluded by each person will be double-screened by the second screener for quality assurance purposes. Any disagreements will be discussed and resolved within the study team.

Data extraction:

The research team will construct a data extraction table for studies included in full-text review containing the following items:

- a) study design
- b) country and context (geographic area; healthcare facility type)
- c) type of data/evidence (e.g. qualitative, quantitative, mixed)
- d) sample characteristics (sample size, population (women, newborns, healthcare providers, etc.))
- e) guideline characteristics (national/facility level, type of provider, content and recommendations) and
- f) other elements of the assessment of implementation or barriers/facilitators.

This first extraction will be the first iteration in the synthesis, allowing us to understand the type of studies. Depending on the variety and number of studies in each type, we might produce more detailed data extraction tables which will include any comparisons and outcome measures identified in the included references. We do not expect to conduct a quality assessment, but might comment broadly on the methods used/not used within the body of literature as a whole.

### **Risk of bias (quality) assessment**

This is a scoping review and we will not be formally assessing study quality or risk of bias. If there are issues common across studies in this regard, we will comment on this in the synthesis.

We will use the PRISMA checklist for reporting scoping reviews (Tricco et al 2018).

### **Strategy for data synthesis**

We expect at least two iterations within data synthesis, and possibly three. The first iteration will result in a typology of studies found, and we will develop additional questions and data extraction sheets within each typology, to answer additional relevant questions.

## **Review information**

### **7 Condition or domain being studied**

Implementation of postnatal care guidelines in practice

### **Anticipated or actual start date**

1 April 2021

### **Anticipated completion date**

30 June 2021

### **Funding sources/sponsors**

FWO Flanders

## **References**

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