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The perception of midwives on the implementation of South Africa's maternal care guidelines in postnatal health in KwaZulu-Natal Province: A qualitative study

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ABSTRACT

Introduction: Midwives are essential to the advancement of maternal and postnatal health in any society. Despite this importance, postnatal care for mothers should follow basic guidelines that midwives must adhere to. As key members of the medical team, midwives are crucial collaborators in implementing postnatal care guidelines, which may help lower preventable deaths and improve quality of life. Objectives: This study investigated midwives' perspectives on implementing maternal care standards following childbirth at a district hospital in KwaZulu-Natal, South Africa.

Methods: A descriptive qualitative design was used with 25 licensed midwives: 17 attending midwives and 8 midwifery managers who were purposively selected from the public sector. Data were gathered through interviews and field recordings. The study lasted 16 weeks, and interviews ranged from 20 to 45 minutes. Data were transcribed and analyzed thematically using Braun and Clarke's approach.

Results: The study found that despite the indispensable role of midwives, maternal care standards did not adequately meet postnatal health outcomes. This was attributed to workforce and resource shortages, inadequate training and support, ineffective communication, supervision, and monitoring, as well as poor system coordination and capacity building. Policy guideline revision is necessary to address these challenges and discrepancies in the formulation and implementation of guidelines within the healthcare sector with the largest burden on postnatal health.

Conclusion: Midwives require training to increase their awareness and competence in implementing maternal care guidelines. Both legislators and healthcare providers should give careful consideration to implementing South African maternal care standards in postnatal health.

Keywords: midwives' perception; postnatal health; south africa maternal care guidelines

INTRODUCTION

Globally, medical professionals have contributed significantly to saving lives by providing care despite challenging situations. Physicians, nurses, and other health staff remain dedicated to rendering care and enhancing the quality of human life. Nurses and midwives are particularly significant members of any society's health sector. The International Confederation of Midwives (2017) acknowledges that midwifery nurses offer expert care to expectant mothers through childbirth. The mother's and her child's health and wellbeing are the main priorities of their care. According to Wynter et al. (2021), given that midwives typically attend to women during gestation and the first few months after giving birth, they may have a unique opportunity to dedicate more time to women and their babies than other healthcare providers do. However, inconsistent policy implementation frequently results in several setbacks for the role that midwives are supposed to play.

According to Fenwick et al. (2010), midwives' provision of care, particularly in the early postpartum phase, is a significant component of maternity services. Fenwick et al. note that there is reason for concern as findings imply that postpartum challenges and their effects on women's overall wellbeing following delivery are significant issues. Further, MacArthur et al. (2002) contended that postpartum physical and psychological morbidity is not well addressed by current care delivery, which primarily focuses on routine examinations. The State of the World Midwifery Report (SoWMR) (United Nations Population Fund, 2017a) examined seventy-three of the seventy-five countries with low and moderate incomes, including South Africa, and found that ninety-two percent of major maternal and newborn deaths globally occur in these seventy-three countries. However, these countries only have access to 42% of the global nursing, medical, and midwifery workforce (NDoH, 2017; UNFPA, 2017a, 2017b).

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In agreement with SoWMR, the WHO (2017a) states that healthcare organizations can only function with the assistance of healthcare providers, who depend on four essential elements: availability, acceptability, efficacy, and accessibility. These elements have a major impact on maternal mortality and make caring for mothers and young infants easier for families. The WHO (2017a) emphasizes that having health workers available is insufficient; theoretical coverage can only be realized when these workers are equally distributed, accessible to the public, and equipped with the abilities and motivation to provide appropriate care (Day-Stirk & Fauveau, 2017; WHO, 2017a).

The Saving Mothers Update (NDoH, 2017) and the International Confederation of Midwives (2017, 2019) define a midwife as a person who has completed a midwifery training program and is officially recognized in their country. The foundations of this definition are the ICM's basic requirements for midwifery and the ICM Global standards for midwifery education that certify the acquisition of knowledge and skills needed to be registered as a midwife. The ICM further states that midwifery is the exclusive profession of midwives and that only they are qualified to practice it. Midwives employ a unique set of skills, knowledge, and perspectives from disciplines such as science and sociology when it comes to professional self-determination, collaboration, ethics, and accountability (International Confederation of Midwives, 2017, 2019).

By providing neonatal and maternal care services to babies and mothers, midwives make a substantial contribution to the healthcare delivery system (Moodley, Fawcus, & Pattison, 2018; Ngunyulu, 2020). However, their opinions and roles are occasionally ignored (Mulaudzi et al., 2017). Midwives provide a variety of services related to maternal health. The three types of care are postnatal or postpartum, intrapartum, and antepartum (Dorrington, Bradshaw & Laubscher, 2019; Ngunyulu, 2020). Additional services include birth control, antiretroviral therapy testing (ARV), expanded childhood vaccinations, psychotherapy, and prevention of mother-to-child transmission (PMTCT) (Moodley, Fawcus, & Pattison, 2018). Nonetheless, the postpartum phase receives minimal attention and is frequently deemed unnecessary in maternal healthcare (American College of Obstetricians and Gynecologists, 2018).

South African Midwives and Midwifery Care

The guidelines for caring for mothers and their babies in South Africa provide midwives with a framework for delivering safe postpartum care to mothers and newborns (National Department of Health, 2017). These standards evaluate the role that midwives play in service provision and improving the well-being of women during the postpartum phase, as well as aspects of the health system. Maternal care guidelines for postnatal care examine aspects such as follow-up care and the duties of midwives in managing and caring for women and their babies after delivery. They also address procedures like discharging patients in a satisfactory state within six hours of a normal vertex delivery at the discretion of healthcare providers. These factors also include midwives' understanding, competency, and ability to function during postnatal emergencies, as well as their management of episiotomies and vital sign monitoring. Due to challenges in implementing these guidelines, these factors—which may have evolved—have not been sufficiently investigated.

The reliability of providing sufficient care and timely monitoring, particularly in the postpartum phase, has not been well documented (Saving Mothers Report, 2021). Regardless of the patient's point of entry into the health system, the continuity of care within the system should guarantee appropriate patient management. According to the Saving Mothers Report, twenty-five percent of avoidable maternal deaths are linked to a shortage of qualified midwives who can offer comprehensive health services during the postpartum period (Saving Mothers Report, 2021). Moreover, little information is available concerning the benefits of applying the SA Maternal Guidelines for postpartum care. The National Department of Health (2017), Lestari et al. (2020), Saving Mothers Report (2021), Moodley et al. (2018), and other sources all state that maternal care guidelines are not well implemented, even considering the reality of the situation and the critical period of care following delivery for mothers and babies. Due to this, midwives' understanding, proficiency, and expertise in implementing postpartum care have been observed to be below par (Elgonda et al., 2018; Wudineh et al., 2018). Women who delivered babies without complications were discharged in "satisfactory condition" after six hours, or occasionally earlier depending on the midwives' judgment and knowledge; however, these standards of evaluation may not be well defined (Saving Mothers Report, 2021). Additionally, mothers' health receives little attention during postnatal care; instead, the focus is primarily on infants, breastfeeding advice, and immunizations (Khaki, 2019).

Similarly, the early discharge of new mothers from the hospital and the absence of follow-up during the postpartum period are commonly overlooked issues (Bradshaw & Dorrington, 2017a; Saving Mothers Report, 2021). According to data from Statistics South Africa (2018), twenty percent of maternal deaths occurred outside of hospital facilities. Nevertheless, hospital environment factors, especially in the postnatal stage, were associated with these occurrences. A significant number of women who died outside hospitals had their health deteriorate as a result of their early discharge (Saving Mothers Report, 2021). The Demographic Health Survey in 2017 reports that ninety-six percent of women give birth in hospitals, comprising the majority of the sample. Approximately 36% of these women died during the postpartum phase. It has been revealed that inadequate monitoring following delivery was the cause of these deaths, delaying the identification of complications and the response to worsening medical conditions. According to Bradshaw and Dorrington (2017a) and the Saving Mothers Report (2021), the majority of these deaths could have been avoided.

The 2015 Maternal Care Standards of South Africa provides a plan for postpartum care for women and newborns. Moreover, women have been adversely affected physically, psychologically, and socioeconomically by the non-implementation of these guidelines (Lestari et al., 2020). Additionally, research has demonstrated that disregarding these recommendations typically results in infants experiencing long-term impairments and inadequate development in the early postnatal years (Statistics South Africa, 2018). Notably, the survey revealed that while maternal care guidelines are implemented, there are typically few reliable indicators of their effectiveness. Certain assessments assume that postnatal care is automatically provided to most women who deliver in a facility (Tessema et al., 2020; Abota, Tadele, & Atenafu, 2018; Chungu, Makasa, & Chola, 2018). Nevertheless, according to a Health Demographics update in 2017, very few women receive proper care following birth. The South African Maternity Principle, as established by the National Department of Health (2017), provides a recognized framework regarding the contribution of midwives in effectively providing postnatal care for mothers and babies.

The African midwifery sector faces various obstacles. Without receiving adequate psychological support, midwives frequently deal with morbidity and mortality among mothers and babies in many different countries (Pettersson, 2018). A lack of resources, administration, and skills is closely linked to poor implementation of evidence-based interventions and low-quality care for mothers and newborns (Ameh et al., 2017). Midwives are also required to work in unfavorable environments, which reduces their ability to adapt to changes (Pettersson, 2018; Adegoke et al., 2017).

Adapting midwifery education to the global setting and evidence-based practices is a complex issue that requires multiple interventions (Pettersson, 2018). Financial hardships combined with disdain from the public and other key players in the maternal healthcare system are challenges faced by frontline professionals (Pettersson, 2018; Nyamtema, Urassa & van Roosmalen, 2017). Due to HIV/AIDS-related illnesses and deaths and "brain drain" (exodus to Western countries), Africa has a severe shortage of midwives (Utz et al., 2017). Additionally, a notable segment of the population lacks access to optimal healthcare, and midwives sometimes may not receive support or the necessary medical resources to meet challenges (Pettersson, 2018; Wall et al., 2018).

Task shifting is one approach to enable existing staff groups to provide early postpartum care and treatment, as is increasing the number of preservice midwives trained and enhancing their abilities and skills (Dogba & Fournier, 2019; Ameh et al., 2017). Implementing these strategies is necessary to expand the pool of potential healthcare providers. Further research has revealed that in Asian and African nations, postnatal care is expected to be provided by diverse cadres of healthcare professionals (WHO, 2017b; Nyamtema, Urassa & van Roosmalen, 2017). Unfortunately, not all providers have the support, legal protection, or training required to perform all necessary tasks according to international standards (WHO, 2017b; Nyamtema, Urassa & van Roosmalen, 2017). In addition to training, midwives should be provided with a "facilitating environment" that includes prescription medications, equipment, suitable guidelines, and an effective referral mechanism (Adegoke et al., 2017; Graham, Bell, & Bullough, 2001). A midwife can only work effectively in a supportive environment (Adegoke et al., 2017).

The annual UNFPA (2017a) survey states that midwives ought to be trained in basic competencies and held to international standards of regulation. However, given the lack of clarity surrounding their identity and role, identifying a midwife in South Africa can be challenging. Furthermore, it is mentioned that neither enrolled nurses nor midwives are certain of the precise numbers. Recent SoWMR statistics for South and Eastern Africa (UNFPA, 2017a; Day-Stirk & Fauveau, 2017) indicate that there are approximately 1,284 certified midwives and 1,245 enrolled nurses in South Africa. A decrease in the number of nurses and midwives is a concern that should be addressed if the SDG targets are to be met by 2030 (Sewnunan & Puckree, 2022).

Full implementation and extensive use of the maternity plan in various healthcare facilities could significantly lower the institutional Maternal Mortality Ratio (iMMR) to 29.3. During the 2014–2016 triennium, the overall number of maternal deaths in South Africa decreased, although some deaths were still attributed to substandard care. Assessors found that 61% of all maternal deaths in the preceding three years could have been prevented. Insufficient numbers of certified midwives were identified as a factor in 25% of avoidable maternal fatalities (NDoH, 2017). The expertise of healthcare providers is a key factor influencing quality care (UNFPA, 2017a). The Saving Mothers Update (NDoH, 2017) includes relevant recommendations currently implemented at various levels of the healthcare system to further minimize preventable maternal deaths and postpartum complications. These recommendations include focusing on the skills of both physicians and midwives and monitoring their performance at various stages of healthcare delivery.

In line with recent findings, midwifery programs should be coordinated such that regulations conform to global norms. This would not only help achieve the objective of eradicating preventable maternal and newborn deaths but also enhance maternity healthcare. To ensure that the midwifery aspect of maternal healthcare is regularly highlighted, preservice and continuing education should be optimized (Sewnunan & Puckree, 2022). This study sought to bridge the knowledge gap by investigating and characterizing midwives' perspectives on implementing maternal health laws regarding postnatal care. This would improve the use of postpartum techniques and facilitate patient access to postnatal care services.

METHODS

Study Design

To investigate midwives' perspectives on applying postpartum care protocols to manage women and newborns following childbirth, a descriptive qualitative design was selected for this study. Human and social science research is based on the descriptive approach, which is employed by researchers to define concepts and comprehend ideas (Chinn & Kramer, 2018). The current study described the factors that influence midwives' views about implementing postnatal care guidelines. A purposive sample was used to select full-time certified midwives and midwifery managers who worked in a district hospital in KwaZulu-Natal province, providing care to expectant mothers and their babies. The chosen medical center in KZN Province is well-known and respected for its skilled obstetric care.

Participant

The study included 17 midwives who consented to participate and who fulfilled the inclusion criteria of having a minimum of two years of experience in providing midwifery care. The researcher spent at least twenty minutes interviewing the midwives in a quiet area of the maternity unit and interviewing the managers in their offices. To gather their perspectives on implementing the maternal postnatal care standards, these midwives and their supervisors were each given a private interview. According to Chinn and Kramer (2018), sample adequacy was achieved when sufficient data were collected to allow for saturation and the understanding and accounting of variation.

Data Collection

Both the participants and the relevant authorities provided approval for the study. The maternity and postpartum units served as the study locations. A limited pilot study was conducted in the same setting with five midwives and two midwifery managers who were members of the same population. Creswell and Creswell (2018) support the rationale for pilot studies, stating that their goal is to assess the feasibility of the proposed research and identify any potential problems with the data collection tool. The investigator employed distinct techniques for gathering data, which when combined (triangulation) enhanced the quality

of the data while reducing the possibility of skepticism (Polit & Beck, 2018). In-depth interviews, participant observations, audio recordings, and field notes were some of the techniques used to collect data (Grove, Gray, & Burns, 2021; Creswell & Creswell, 2018). Information was gathered from midwifery managers and registered midwives through planned interviews. The interviews enabled a comprehensive understanding of the subject matter (Polit & Beck, 2018; Creswell & Creswell, 2018). Participant consent was obtained before using a voice recorder to collect data. The data collection instrument included questions about the midwife's role in implementing postnatal care guidelines, obstacles in applying maternal healthcare principles for mothers and their newborns, and recommendations for enhancing midwifery implementation of postnatal care standards for mothers and their babies. The study period lasted 16 weeks. To ensure that the data collection instruments were clear for respondents and that they could effectively extract information, the RN and NO reviewed the interview guide and other related materials. NO and RN verified that the findings aligned with the study objectives immediately after reviewing the collected information. The written transcription of the data was reviewed by the RN and the NO to ensure that all interview questions were appropriately addressed and that no duplicate responses were given. Certain interview techniques were used to extract information. These techniques included probing, active listening, summarizing, introspection, and clarification (Holloway & Galvin, 2017). The data was precisely transcribed to generate codes based on relevant subdivisions and themes identified from the interviews.

Data Analysis

The narrative data from organized discussions were qualitatively analyzed using the reflexive thematic assessment approach proposed by Braun and Clarke (2020), applying the open-code method and theme generation. This approach was used to explain the participants' experiences and analyze the collected data. The data analysis process involved grouping, condensing, coding, creating themes, and presenting and reporting the data. The analyses were then compared to ensure reliability.

Ethical Considerations

The SA Democratic Nursing Organization (DENOSA) (1998) served as a basis for ethical considerations. The quality of the study was ensured by conducting it in adherence to ethical principles. Approval was received from the University of Johannesburg. The District, the Hospital Administrative Research Ethics Committee, and the department manager granted permission to enter the maternity unit. Participants were provided with adequate information about the study. The study's anonymity and justice were ensured by safeguarding the respondents' identity, privacy, value, and respect. Informed consent was obtained from participants to protect their right to self-determination. The study's credibility was determined using the four trustworthiness criteria—transferability, credibility, dependability, and confirmability—as stated by Lincoln and Guba (1985). The researcher established the study's credibility by examining the midwives' perspectives regarding the application of postnatal care standards. According to the description of a contextual study, the researcher believed that, under the same circumstances, other studies of a similar nature would yield comparable results (Polit & Beck, 2018). The systematic provision of the phases involved in the research process ensured the transferability of study findings. RN and NO reviewed the interview guide and transcripts to ensure transferability. Reliability occurs when other researchers comprehend and adhere to the study protocol (Polit & Beck, 2018; Thomas & Magilvy, 2011). The study context was used to explain the data collection, analysis, and research development process. The study procedures were assessed by NO and RN. Confirmability is evaluated when study results meet the goal of the research (Holloway & Galvin, 2017). Confirmability was ensured by appropriate checking, and the study's purpose was assessed by accurate data and method interpretation. To arrive at a decision and prevent bias, all records were kept and made accessible.

RESULTS

The study included 17 midwives and 8 midwifery managers. Of the midwives, 5 worked in gynecology, 5 in labor, 2 in postpartum care, and 5 in newborn care. Each had accumulated between three and twenty-five years of practical experience in the field of midwifery (see Table 1). Themes emerged from the interview findings (see Table 2).

1. Mobilization of resources
2. Midwives' training and capacity development
3. Midwives' support and motivation
4. Improvement in information systems, efficient communication, and increased collaboration.

Mobilization of Resources

The main problem cited by the midwives was a lack of workforce and supplies. They concurred that issues with the health system, such as inadequate funding, tools, supplies, and medications, frequently affect how well midwives implement the guidelines during the postnatal phase. One midwife stated: "*We are short of human resources and equipment. We are utilizing skeletal resources and conserves (enrolled nurses) to cover for the shortage of midwives*" (TH);

The midwives indicated that they were aware of maternal care guidelines; however, it was difficult to apply the guidelines in the midwifery setting due to midwife shortages and managerial/administrative problems. Excerpts from the interviews are summarized below:

"*The South African Maternal Care Guidelines (SA MCG) is something that we are aware of, but putting it into practice can be challenging, especially in maternity departments where there are few midwives alongside managerial and administration challenges*" (participant FO).

"*Additionally, as a district hospital, we frequently refer cases to regional facilities that we are unable to handle. Applying the guidelines at our level of practice may be challenging and ineffective because there might be obstacles to overcome when doing so at the management and unit levels*" (participant FO).

"*Yes, we know the guidelines, but because we are short-staffed, we may find it difficult to adhere to these guidelines*" (JS).

"*The lack of midwives is currently our biggest problem, and frequently, midwives are not sent for the training they need to perform their jobs well*" (SN).

The midwives claimed that they were unable to provide individualized care due to a high patient turnover rate. These findings were also supported by Alkema et al. (2017), who pointed out that midwives find it challenging to implement the recommendations due to high patient volume. Additionally, Hazfiarini (2022) suggested that increased workloads and

Table 1. Demographic characteristics of participants with clinical practice sites, including interviewed midwives (n=17) and midwives' managers (n=8)

Units	Number of Midwives	Number of Midwives Managers
Gynecology	5	0
Labor	5	0
Postnatal	5	0
New-born	2	0
Total	17	8

Table 2. Themes and sub-themes on midwives' perceptions of the implementation of postnatal care guidelines

Themes	Sub-themes
Mobilization of resources	a. Views on the challenges in implementing MCGs during the postnatal period b. Views on the facilitators in implementing MCGs during the postnatal period
Midwives' training and capacity development	a. Midwives' views in executing maternal care guidelines in the postnatal period b. Views on how to support midwives' roles in the provision of postnatal care services to women and their babies using the MCGs
Midwives' support and motivation	a. Views regarding roles in the implementation of the MCG during the postnatal period b. views on the roles of health system and legislation in supporting midwives in providing postnatal care services.
Improvement in information systems, efficient communication, and increased collaboration	a. Views on how MCGs could best be applied and implemented during the postnatal period. b. Views on the benefits of MCG during the postnatal periods

burnout negatively impacted the roles of midwives. According to one midwife: "*because there are too many patients to see, it is really difficult to attend to every problem that every patient has and comply with the guideline"* (UN).

"*I don't think the staff-patient ratio is what it should be. It is like I am the midwife with one enrolled nurse with 30 patients. So, with 30 patients, we could have 30 babies, so you have 60 lives in the hands of 2 staff*" (ME). The midwives concluded that because of the current staff shortage, some guidelines might not be followed as providers may not be able to adhere to them. The midwives claimed that retaining more midwives who want to work in the maternal and postnatal units would improve their ability to implement the recommendations. "*I feel we need more staff, nothing less, more staff; with the staff, we can work harmoniously*" (GY).

"*My view is that there is still much to be done as I mentioned earlier, the implementation of the guideline is possible only when we have enough manpower and resources. We need more midwives to assist in the maternity. More midwives should be employed and these midwives must be properly trained and orientated. You don't expect midwives to function to their full capacity when there is a shortage of midwives. These gaps and positions ought to be filled. There is a need for adequate and functional equipment*" (participant WY).

Midwives' Training and Capacity Development

The lack of professional development opportunities for midwives was also mentioned. A lack of adequate role definition, delegated authority, and leadership have all been noted as obstacles to a midwife's duties (Ameh & van den Broek, 2017). This may be caused by inadequate orientation, development, or guidance and a failure to successfully adjust to midwifery school (Pettersson, 2018).

An excerpt from the interview is summarized below:

"*As a midwife, I feel we need more training and to put people in midwifery who have passion for it because it is a very sensitive field*" (CO).

"*We rarely attend training because of high patient turnover; people can't be let out of the ward to go for these courses, so we are not well exposed to midwifery care. We haven't had any exposure in a long time, especially for Prevention of Mother to Child transmission (PMTCT) of HIV...um little things like, yeah, Intrauterine contraceptive device (IUCD), we don't have training because of the situation in the ward*" (WR).

There is a need for enhanced clinical evaluation, education, and training not just for midwives but for every healthcare professional (Yakubu & Salisu, 2018). The following excerpts from the interviews were noted:

"I *believe that everyone, not just midwives, should receive training on the recommendations. Because you can't practice what you don't know, midwives need to be trained and have an understanding of what is necessary about the rules should be raised. If midwives acquire the skills they need, they can effectively give the women and their newborns the quality care they deserve*" (BN).

"*By continuous professional development (CPD). Midwives should attend seminars, conferences, and workshops so that they can do the best they can and provide the best support to women during the postnatal periods. Ensuring they have access to the maternal care guidelines*" (XY).

Findings showed that it was difficult for midwives to comply with the guidelines; therefore, there is a need for increased awareness and supervision of midwives to provide safe care.

"*In essence, midwifery rarely follows SA maternal care guidelines. It is very sad to see that many midwives do not adhere to the unit's rules. These demand greater awareness and an examination of midwifery practice*" (ZN).

"*In my opinion, midwifery education programs should be promoted to strengthen the midwives' position as professionals. These will guarantee that treatment is given effectively, particularly in times of emergency, and enhance service provision*" (CW).

Midwives' Support and Motivation

The midwives reported that lack of management support made their jobs more difficult. Simona et al. (2023) and Pettersson (2018) concurred that midwives' ability to implement the recommendations is hampered by a lack of encouragement. According to Alkema et al. (2017), poor leadership and governance in the health system may be to blame for these issues. According to the interviews:

"*The management is not providing sufficient assistance, which is a challenge for us*" (FR).

"*Yes, we need in-service training, a good support system, available equipment, staffing, counseling, and our mental health, too are very important to motivate us to work effectively*" (BD).

"*Sometimes SANC (nursing council) should come and have a look and see what is happening*" (AC).

"*I feel there is a need to be a forum where we can communicate your challenges and be heard*" (AW).

Pettersson (2018) concurred that midwives sometimes encounter difficulties, such as health problems, which may hinder their effectiveness in offering care to women and newborns. In addition, Simona et al. (2023) asserted that burnout and financial issues frequently cause midwives to struggle in their jobs. Additionally, it was discovered that midwives lacked motivation.

According to the midwives, supportive work environments and encouragement are important. In addition, employing and retaining nurses in maternity centers, providing ongoing training, and improving midwifery competencies were mentioned as elements that would aid them in succeeding in their postnatal assignments. Other factors include the creation of amenities and materials, reimbursement of incentives, and pay raises, alongside support from administration and legislative organizations.

"*An enabling atmosphere and supportive policies can be created for midwives to work effectively. Midwives also need motivation and support to do their jobs well*" (SH).

Improvement in Information Systems, Efficient Communication, and Increased Collaboration

The implementation of MCG during the postnatal period was also reported to be difficult due to a lack of teamwork and ineffective communication, inadequate supervision and monitoring, ineffective system coordination, and capacity building.

According to one midwifery manager: "*Additionally, due to a few contingencies, I guess we lack teamwork and have gaps in communication in the system. When the system lacks organization and we are short on resources, it is very difficult—if not impossible—to accomplish the goals outlined in the guidelines. Additionally, midwives and conserves must always be watched over and monitored to make sure they are performing their duties*" (GE).

Midwifery managers' opinions on how MCGs could be best applied and implemented during the postnatal periods included raising awareness of the guidelines and essential information, strong clinical governance, and leadership in supervision, tracking, and evaluation. Additionally, team building, collaborative practices, and stakeholder partnerships were mentioned as factors to facilitate the implementation of the guidelines.

"*Everyone should be involved, the management, health workers, and the patient. Every aspect of the health sector should be involved*" (SD).

"*It is completely suggested that the guidelines be printed out and put on display in the maternity unit for everyone to see, and should be made available*."

According to the midwives, implementing the guidelines had many advantages, including the prevention of mortality, provision of high-quality, comprehensive maternity care, cost reduction, and improvement of the health system.

Excerpts from interviews are summarized below:

"*Since it reduces maternal deaths and neonatal death statistics, it will assist us in patient management, early detection, early action, early management, and improved results. It will encourage the midwives to be the patient's advocate and take responsibility when necessary*" (RE).

"*The advantages of putting the rules into practice will help provide clients with excellent quality, comprehensive maternal care, which will be beneficial to the health system as well*" (PO).

"*Additionally, there will be more skilled and motivated midwives to provide care to expectant mothers and their babies. Putting the rules into practice can help the hospital save money while avoiding legal trouble. There will be improved patient safety and successful health outcomes, I should say. Overall, this will avoid problems and enhance the healthcare syste*m" (MK).

Although midwives have a good understanding of the guidelines, there is poor compliance due to a shortage of manpower and resources, lack of support, and communication gaps. Hence, the study revealed the need for hiring more midwives, supporting midwives, providing adequate resources, and improving communication.

DISCUSSION

In this study, midwives in the South African province of KwaZulu-Natal were asked about their opinions on the application of maternal postnatal care strategies. According to respondents, there are numerous challenges, particularly concerning midwives' welfare and the execution of policies. Respondents disclosed that the South African Nursing Council (SANC) does not often provide them with work-related support. They are frequently left on their own to defend their rights. Most women in industrialized societies receive the majority of their care from midwives throughout and following their pregnancies. Homer (2016) noted that, as is the case in many industrialized nations, the implementation of healthcare policy's fundamental components is necessary for efficient, excellent service delivery and enhanced patient experiences. This clearly emphasizes how crucial it is to implement policies effectively to get the greatest possible and noticeable results.

Midwives expressed awareness of the Maternal Care Guidelines (MCG) and its comprehensive information; nevertheless, there is presently a dearth of knowledge regarding the MCG's application and effectiveness. In line with these conclusions, several studies have demonstrated that South Africa performs poorly when it comes to following maternal care guidelines, especially during the postnatal period (Moodley et al., 2018; Lestari et al., 2020; National Department of Health, 2017). Owing to gaps in the knowledge and skills of the midwives in providing postnatal plans (National Department of Health, 2017; Elgonda et al., 2018), this has led to inadequate treatment (Wudineh et al., 2018).

Although the majority of midwives reported being aware of MCG, staff shortages continue to restrict the application of the guidelines, especially in the postnatal period. The study

also confirms that there are often no visible signs of success when implementing recommendations for maternal care (Bradshaw & Dorrington, 2017a).

In the study, midwives identified several barriers to implementing MCG following delivery. These challenges include: midwives' scarcity in the maternity unit, low retention ratios, inadequate guidance and training, slow professional improvement, and a dearth of confidence. Other factors include lack of motivation and a poor enabling atmosphere, insufficient funds for capacity development, inadequate infrastructure, limited materials and instruments, inadequate benefits and compensation, and insufficient equipment and resources. Higher turnover, according to the midwives, prevented them from providing individualized care. Similar to the findings, Alkema et al. (2017) agree that high turnover makes it challenging for midwives to execute the strategies into practice. Furthermore, rising workloads and burnout may have a detrimental effect on midwives' roles (Hazfiarini, 2022).

The midwives' main concern was a shortage of staff and supplies. Forbes et al. (2023) and Daemers et al. (2017) concur with some findings that issues with the health system, including those related to resources, tools, necessary supplies, and medications, frequently affect midwives' use of MCG during the postpartum period. Midwives claim that because of the present workforce shortage, several rules may not be implemented because workers will be unable to adhere to them. Furthermore, research has demonstrated that low retention rates and the absence of qualified, competent, skilled, and motivated midwives inevitably hinder them from putting the recommendations into practice.

The data also showed that midwives who want professional development are not assigned to receive continuous training while in service. This prevents them from obtaining recent information and skill sets necessary to address contemporary issues related to midwifery. Additionally, the inadequate definition of responsibility, guidance, and leadership was recognized as variables that impede their duties (Maaløe et al., 2021). A thorough investigation may reveal that this is the result of inadequate orientation, training, or education, or that it is the result of a poor fit with midwifery instruction (Solnes Mitten et al., 2017; Petterson, 2018). For the region of KZN and, consequently, other regions, to effectively provide services, midwifery instruction, staff development, and clinical assessment must be enhanced (Yakubu & Salisu, 2018).

Midwives may not be able to effectively perform their obligations owing to increased patient ratios, staffing shortages, deficiencies, and systemic delays in healthcare. Workplace trauma was mentioned by midwives. Siseho et al. (2022), Graham et al. (2001), and Hazfiarini (2022) reported that midwives' functions are frequently hampered by delays in the health system, which produce inadequate system communication, planning, and intervention. This is consistent with the research findings.

There is a reference to midwives' complaints about the lack of support from management for their performance. Simona et al. (2022) and Petterson (2018) concur that midwives' roles in putting the recommendations into practice are undoubtedly hindered by a lack of support. These challenges may arise from the health system's inadequate leadership and governance (Alkema et al., 2017). It was also mentioned that midwives worked in environments that were unfriendly and that they were underappreciated. Petterson (2018) found that midwives sometimes face challenges like suboptimal health conditions that limit their ability to provide newborns and mothers with the best care. As a result, the author noted that stress and economic challenges frequently cause midwives to experience difficulties in their roles. Moreover, it was discovered that midwives lacked inspiration due to the contempt of the general public and the medical community (Simona et al., 2022).

In conclusion, this study highlights the significant systemic and structural barriers that midwives in KwaZulu-Natal face when implementing maternal care guidelines. The findings suggest that addressing these challenges requires comprehensive reforms across multiple levels, including policy implementation, resource allocation, professional development, and recognition of midwives' crucial role in maternal healthcare. Without these improvements, the gap between guideline awareness and effective implementation will likely persist, continuing to impact maternal care outcomes in South Africa.

Suggestions from the Study

The study's results and the respondents' responses show that midwives' motivation and supportive environments, the recruitment and provision of competent midwives in maternal facilities, continuing orientation, and skill development, all aided the midwives in their postnatal functions. The creation of infrastructure, the accessibility of tools and resources, the granting of bonuses and pay raises, and support from the executive and legislative branches are some solutions provided. The midwives felt that their responsibilities in implementing the recommendations would be strengthened if they were retained in greater numbers in the maternity and postpartum centers. Consequently, midwives believe that to promote their work in providing postnatal care and functioning efficiently, they require better wages and incentives. Midwives added that they need more financial assistance.

CONCLUSION

This study explored midwives' opinions about carrying out maternal postnatal care principles in Durban, the largest city in South Africa's KwaZulu-Natal province. The research was conducted at the district Medical Center, which met the study's requirements. The sample population consisted of midwives from the maternity ward, and the qualitative research used a structured interview. The findings of this research showed that the execution of maternal healthcare guidelines following delivery was hampered by several factors, including unfavorable workplace settings and situations, inadequate professional development among midwives, limited remunerations, insufficient backing from the South African Nursing Council for midwives, insufficient staffing, inadequate equipment, and systemic delays, among other issues. Thus, to tackle these problems, this study recommends that the government revise its regulations regarding the assignments that midwives should fulfill in every hospital district.

Similar considerations should be given to the midwives' welfare, compensation, favorable working conditions, ongoing education, and availability of adequate supplies in the postnatal units. Furthermore, midwives ought to receive equitable compensation in the form of promotions, incentives, and other benefits that will improve their morale and productivity. In this manner, they will strive to guarantee the provision of optimal services, thereby saving more lives.

Limitations of the Study

Throughout the process, we made an effort to be conscious of our assumptions. The midwives in this study are employed in one of South Africa's relatively large provinces. We are aware

that some smaller provinces have different rules governing, among other things, the duration of consultations and the arrangement of support services. Additionally, practices may vary depending on the region and country. Nevertheless, there is reason to believe that our results can be applied to other midwifery services in South Africa and abroad because they concur with some international studies. We discovered that there was a good range of experience and education among the midwives, and we gathered a wealth of data.

Implications for Practice

We anticipate that this study will contribute to bringing to light the significance of maternal and neonatal health in midwifery training and practice. The study's findings highlight the importance of midwives' professional roles in the implementation of maternal postpartum care standards. The study emphasizes the need for higher staff retention in maternity units and the value of midwifery education in maternity care.

No Patient or Public Contribution

The study's purpose was to document midwives' experiences working for one particular healthcare organization. However, neither the general public nor the organization's patient population had any input or suggestions considered during its execution.

Declaration of Interest

This qualitative study has no conflict of interest.

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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