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POSTPARTUM HOME CARE NEEDS AND MIDWIVES' READINESS: A CROSS-SECTIONAL STUDY IN LOMBOK, INDONESIA

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ABSTRACT

Background: The postpartum period is a critical phase requiring intensive monitoring, as postpartum complications remain a leading cause of maternal mortality, while the coverage of home-based care services in Indonesia remains limited. This study aimed to assess the need for postpartum home care services from the perspectives of postpartum mothers and midwives.
Methods: A quantitative descriptive study with a cross-sectional design and purposive sampling was conducted, involving 100 postpartum mothers and 40 midwives across four regions in Lombok, Indonesia. Data were collected using structured 4-point Likert-scale questionnaires that had been tested for validity and reliability.
Results: All postpartum mothers (100%) had never received home-based care, with a high level of need (mean score 3.3/4). The highest demand was for perineal/wound care (96%). Midwives demonstrated high readiness (mean score 2.9/4) but faced major constraints: limited portable medical equipment (87.5%), insufficient financial incentives (80%), and heavy workloads (75%). None of the midwives had received specific home care training. Both groups supported the development of smartphone applications with live chat and video education features (scores >3.2), but rejected the complete substitution of in-person visits (mothers scored 2.9/4; midwives 2.5/4).
Conclusion: This study is the first quantitative study in Indonesia to simultaneously integrate the perspectives of postpartum mothers and midwives, providing empirical evidence that digital technology serves as a complement, not a substitute, for in-person visits, thereby recommending a hybrid model (home visits, telehealth, and digital education) as the ideal approach. A gap exists between the high demand for home-based care among postpartum mothers and midwives' implementation capacity, which is constrained by systemic factors. National standards, infrastructure strengthening, incentives, training, and integrated technological support are essential to establish effective and sustainable postpartum home care services.
Keywords: maternal health services, mhealth, midwives, postnatal care, postpartum home care

INTRODUCTION

The postpartum period (puerperium) is a critical phase lasting approximately six weeks after childbirth that requires intensive monitoring and care to prevent maternal and neonatal morbidity and mortality, accompanied by various significant physiological and psychological changes (Moldenhauer, 2026). According to the World Health Organization (WHO), postpartum complications are a leading contributor to maternal

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deaths, especially within the first 24 hours to 7 days after delivery. In Indonesia, more than 60% of maternal deaths occur during the postpartum period due to complications that are not optimally managed, while the coverage of comprehensive and continuous postpartum care services at home remains limited (Cahyono et al., 2021). The most common complications include hemorrhage, infection, deep vein thrombosis, and postpartum depression (Moldenhauer, 2026)(Gultom et al., 2025).

Home care visits by healthcare providers, particularly midwives, enable direct monitoring of maternal and neonatal conditions in their home environment, allowing potential complications to be promptly identified and managed before they develop into more serious conditions (Gultom et al., 2025)(Suryati, 2023). Postpartum home care services are believed to bridge the gap between institutional services (hospitals/primary health centers) and self-care at home, while also providing education on maternal and infant care, as well as psychosocial support (Rouhi et al., 2026)(Kemenkes RI, 2023). Various studies have demonstrated the effectiveness of home care in improving postpartum mothers' knowledge, satisfaction, and self-reliance (Rouhi et al., 2026).

The use of home care services in Indonesia is still relatively low due to mothers' limited knowledge, cost constraints, busy midwives' schedules, and the absence of national standards for the implementation of home care (Seran, 2024) (Ayuanda, 2025). Additionally, regional disparities in postpartum care utilization have been found, where mothers in Central Indonesia use services 2.54 times more frequently than mothers in Eastern Indonesia (Cahyono et al., 2021). The role of midwives as care providers in postpartum monitoring is challenged by limited human resources and high workloads. Therefore, monitoring services need to be actively implemented in postpartum mothers' homes. Furthermore, postpartum mothers require a holistic, trust-based approach, including attention to mental health, which is often overlooked. (Ayuanda, 2025) (Huda et al., 2026).

Previous studies have primarily explored postpartum home care from the perspectives of mothers and healthcare providers separately. Quantitative evidence integrating both perspectives remains limited, particularly in Indonesia (Seran, 2024). Earlier research has tended to focus on only one side or employed qualitative approaches that have not provided a broader quantitative overview. Yet, the success of home care programs heavily depends on the alignment between the needs of mothers as service recipients and the capacity and perceptions of midwives as field implementers.

The scientific novelty of this study lies in its effort to fill this gap by presenting comparative quantitative data that simultaneously integrates the perspectives of postpartum mothers and midwives regarding the need for postpartum home care services. This approach enables the identification of gaps between service recipients' expectations and service providers' readiness, thereby generating more comprehensive and applicable policy recommendations. Therefore, this study aims to quantitatively describe the need for postpartum home care services from the perspectives of postpartum mothers and midwives, providing an empirical basis for developing a service model that is responsive, effective, and acceptable to both parties.

RESEARCH METHOD

This study employed a quantitative descriptive design with a cross-sectional approach to describe the need for postpartum home care services from the perspectives of postpartum mothers and midwives. The target population comprised all postpartum mothers in the 0–42-day postpartum period across four regions: Mataram City, West Lombok Regency, Central Lombok Regency, and East Lombok Regency. The midwife

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population included all midwives who had an Independent Midwifery Practice (Tempat Praktik Mandiri Bidan/TPMB) in the same four regions.

The sampling technique used was purposive sampling for both respondent groups. This technique was selected based on the consideration that not all postpartum mothers and midwives met the established criteria, thus requiring deliberate sample selection (purposive) based on specific characteristics relevant to the research objectives. For postpartum mothers, purposive sampling was used to select those in the 0–42-day postpartum period, willing to participate as respondents (by signing informed consent), and residing in the working area of the local primary health center. Mothers experiencing severe postpartum complications (e.g., active hemorrhage, eclampsia, or severe infection requiring intensive hospital care) were excluded from the study as their conditions required emergency medical treatment that could not be fulfilled through routine home care services. For midwives, purposive sampling was used to select those with an active TPMB, at least 1 year of experience providing postpartum home care services, and who were willing to become respondents. Midwives who were on leave or inactive in providing midwifery services during the study period were excluded.

The sample size for postpartum mothers was set at 100 respondents, with 25 per region. This number was based on general guidelines for quantitative descriptive research recommending a minimum of 30–50 respondents per group, while also considering the proportion of the postpartum mother population in each region and the time constraints of the study (3 months). The determination of 100 postpartum mothers also aimed to meet the requirements for stable descriptive statistical analysis, where a minimum sample size of 100 is considered adequate to generate representative proportion estimates with a 95% confidence level and a margin of error of ±10%. For midwives, the sample size was set at 40 respondents, with 10 per region. This number was based on the consideration that the population of midwives with active TPMB in the four regions was relatively limited (approximately 60–80 midwives); the inclusion of 40 midwives (50–67% of the total population) was considered representative of midwives' perceptions of home care services.

Data collection was conducted by distributing structured, self-administered questionnaires developed by the researchers. The instrument development process included the preparation of a grid, content validity testing through expert judgment by two midwifery experts, construct validity testing using factor analysis, and reliability testing using Cronbach's alpha (with $\alpha > 0.70$ considered reliable). The instrument used a 4-point Likert scale to avoid central-tendency bias. For the postpartum mother questionnaire measuring the level of need for home care services, the response options were: 1 = Not Needed, 2 = Less Needed, 3 = Needed, and 4 = Very Much Needed. For the midwife questionnaire measuring the level of readiness for home care services, the response options were: 1 = Not Ready, 2 = Less Ready, 3 = Ready, and 4 = Very Ready. Additionally, the midwife questionnaire was supplemented with closed-ended questions regarding the constraints faced in home care implementation, with "Yes" or "No" response options.

The 4-point Likert scale scores were then categorized into two levels based on the theoretical mean value: scores < 2.5 were categorized as low (not needed/not ready), and scores ≥ 2.5 were categorized as high (needed/ready). This study was conducted at primary health centers in Central Lombok Regency and the other three regions over a period of 3 months (November 2025 to January 2026). Data analysis was performed using univariate analysis to describe the frequency and percentage of postpartum home care service needs from the perspectives of postpartum mothers and midwives, with the final results presented in frequency distribution tables.

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Ethical approval for this study was obtained from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Al-Azhar Mataram, with certificate number 035/EC-04/FK-06/UNIZAR/I/2026. All respondents were provided with an explanation of the study's purpose, benefits, and potential risks before signing the informed consent form. Respondent confidentiality was maintained by identifying respondents using codes (rather than names) and storing data exclusively for research purposes.

RESULTS

Characteristics of Postpartum Mothers

Table 1. Characteristics of Postpartum Mothers

Characteristics	Category	Frequency (f)	Percentage (%)
Age	<20 years	8	8
	20-35 years	75	75
	>35 years	17	17
Education Level	Elementary School	10	10
	Junior High School	20	20
	Senior High School	45	45
	University	20	20
Employment Status	Employed	40	40
	Unemployed	60	60
Gestational Age	<37 weeks (Preterm)	12	12
	37-42 weeks (Term)	86	86
	>42 weeks (Postterm)	2	2
Parity	Primipara	38	38
	Multipara	54	54
	Grandemultipara	8	8
Type of Delivery	Normal / Vaginal	68	68
	Cesarean Section	32	32
Economic Status	Low	38	38
	Middle	54	54
History of Home Care Services	Ever received	0	0
	Never received	100	100
Primary Source of Support	Husband	70	70
	Family (parents, siblings)	18	18
	Parents-in-law	8	8
	Friends (friends, neighbors, etc.)	4	4

Based on Table 1., the majority of postpartum mothers were aged 20–35 years (75%), had a Senior High School education (45%), were unemployed (60%), delivered at term (86%), were multipara (54%), had normal vaginal delivery (68%), had middle economic status (54%), had never received home care services (100%), and received primary support from their husbands (70%). Meanwhile, smaller proportions were under 20 years (8%), had elementary education (10%), were employed (40%), delivered preterm (12%), were primipara (38%) and grandemultipara (8%), had cesarean sections (32%), had low economic status (38%), and received support from friends (4%).

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Characteristics of Midwives

Table 2. Characteristics of Midwives

Characteristics	Category	Frequency (f)	Percentage (%)
Midwife Age	<30 years	8	20
	30-40 years	22	55
	>40 years	10	25
Latest Education	D3 Midwifery	2	5
	D4 Midwifery	12	30
	Bachelor of Midwifery	12	30
	Midwifery Profession	14	35
Additional Certification	No certification	16	40
	Hypnobirthing	3	7.5
	Mom & Baby Spa	13	32.5
	Home care training	0	0
	Others (CTU, APN, etc.)	8	20

Based on Table 2., the majority of midwives were aged 30–40 years (55%), had a Midwifery Profession qualification (35%), and had no additional certification (40%). Meanwhile, smaller proportions were aged <30 years (20%) and >40 years (25%), had D3 Midwifery (5%), D4 Midwifery (30%), and Bachelor of Midwifery (30%) qualifications. Regarding certifications, 32.5% had Mom & Baby Spa, 20% had other certifications (CTU, APN, etc.), 7.5% had Hypnobirthing, and none had home care training (0%).

Need for Postpartum Home Care Services

Table 3. Frequency Distribution Based on the Need for Postpartum Home Care Services from the Perspective of Postpartum Mothers

No.	Service Aspect Assessed	Mean Score	Category	Frequency (n) & Percentage (%)
1	Monitoring vital signs (blood pressure, temperature, pulse)	3.6	High (Needing)	n=92 (92%)
2	Perineal/suture wound care	3.8	High (Very Much Needing)	n=96 (96%)
3	Breastfeeding counseling and lactation management	3.4	High (Needing)	n=88 (88%)
4	Newborn care education	3.5	High (Needing)	f=90 (90%)
5	Postpartum depression screening	2.8	High (Needing)	f=70 (70%)
6	Postpartum family planning counseling	3.2	High (Needing)	f=82 (82%)
7	Postpartum exercise guidance	2.6	High (Needing)	f=65 (65%)
8	Psychosocial support and counseling on maternal role adaptation	3.3	High (Needing)	f=85 (85%)
	Overall Mean	3.3	High	f=836/800 (83.6%)

*Note: Maximum score = 4. High category = score ≥ 2.5

Based on Table 3., it is known that overall, postpartum mothers have a high need for home care services (mean score 3.3 out of 4; 83.6% of respondents). The aspect with the highest need was perineal/suture wound care (score 3.8; 96% very much needing), followed by monitoring vital signs (3.6; 92%) and newborn care education (3.5; 90%).

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The aspects with the lowest scores were postpartum exercise guidance (2.6; 65% needing) and postpartum depression screening (2.8; 70% needing).

Table 4. Frequency Distribution Based on Readiness for Postpartum Home Care Services from the Perspective of Midwives

No	Service Readiness Aspect	Mean Score	Category	Frequency (f) & Percentage (%)
1	Human resource readiness (midwife competence)	3.1	High (Ready)	f=32 (80%)
2	Availability of portable health equipment	2.4	Low (Less Ready)	f=16 (40%)
3	Clear home care visit protocol	2.6	High (Ready)	f=24 (60%)
4	Recording and documentation system	2.8	High (Ready)	f=28 (70%)
5	Coordination mechanism with health facilities	2.9	High (Ready)	f=30 (75%)
6	Readiness to provide breastfeeding counseling at home	3.3	High (Very Ready)	f=36 (90%)
7	Ability to screen for postpartum complications	3.0	High (Ready)	f=31 (77.5%)
8	Readiness to provide psychosocial support	3.2	High (Ready)	f=34 (85%)
	Overall Mean	2.9	High	f=231/320 (72.2%)

Based on Table 4., it is known that the average readiness for home care services from the midwives' perspective falls into the high category (score 2.9; 72.2% of respondents). The highest readiness aspects were providing breastfeeding counseling at home (score 3.3; 90% very ready), followed by psychosocial support (3.2; 85%) and human resource readiness (3.1; 80%). The aspect of availability of portable health equipment received a low score (2.4), with only 40% of midwives stating they were ready.

Table 5. Frequency Distribution Based on Obstacles to Home Care Implementation According to Midwives

No	Type of Obstacle	Yes (f & %)	No (f & %)
1	Limited portable health equipment	35 (87.5%)	5 (12.5%)
2	Difficult distance and geographic access	28 (70%)	12 (30%)
3	Time constraints due to workload	30 (75%)	10 (25%)
4	Lack of financial incentives	32 (80%)	8 (20%)
5	Safety concerns during visits	18 (45%)	22 (55%)
6	Lack of specialized home care training	25 (62.5%)	15 15 (37.5%)

Based on Table 5., it is known that the main obstacles experienced by midwives were limited portable health equipment (87.5%), lack of financial incentives (80%), time constraints due to workload (75%), difficult distance and geographic access (70%), and lack of specialized home care training (62.5%). Safety concerns during visits were experienced by 45% of midwives.

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Table 6. Frequency Distribution Based on Preferred Forms of Service Development

No	Service Development Statement	Mean Score Postpartum Mothers (n=100)	Mean Score Midwives (n=40)
1	Smartphone application for monitoring danger signs	3.6	3.4
2	Educational videos within the application	3.5	3.8
3	Direct chat feature with midwife	3.8	3.2
4	Medication and check-up schedule reminders	3.4	3.5
5	Application reduces physical visits	2.9	2.5
6	Integration with electronic medical records	3.0	3.7
7	Need for training on application use	3.2	3.6
	Overall Mean	3,3	3,4

Both groups agreed (score > 2.5)

Based on Table 6, it is known that postpartum mothers and midwives gave mean scores >2.5 for all proposed service development items, indicating that both groups agreed. Postpartum mothers gave the highest score to the direct chat feature with midwives (3.8), while midwives gave the highest score to educational videos within the application (3.8). The lowest score from postpartum mothers was for the statement "application reduces physical visits" (2.9), and similarly from midwives for the same statement (2.5). The overall mean scores were 3.3 for postpartum mothers and 3.4 for midwives.

DISCUSSION

Characteristics of Postpartum Mothers

The majority of postpartum mothers in this study were aged 20–35 years (75%), had a Senior High School education (45%), were unemployed (60%), delivered at term (86%), were multipara (54%), had normal vaginal delivery (68%), had middle economic status (54%), had never received home care services (100%), and received primary support from their husbands (70%). However, the proportions of mothers aged under 20 years (8%) and over 35 years (17%) warrant particular attention, as these extreme age groups are more vulnerable to postpartum complications such as preeclampsia, hemorrhage, and postpartum depression due to suboptimal physical and psychological readiness (Febriana, 2023). Age is significantly associated with parenting self-efficacy during the early postpartum period, indicating that mothers of reproductive age (20–35 years) tend to have greater confidence in their new maternal role (Listiyaningsih MD, 2019). Regarding education, although formal education is not a direct risk factor for postpartum complications, it plays an indirect role in shaping maternal health literacy (Febriana, 2023). Mothers with low education (elementary level or below), comprising 10% of this study, may require simpler communication approaches and audiovisual media in health education delivery, as demonstrated in community programs that increased maternal knowledge from 13% to 74% (Pratiwi et al., 2025). The high proportion of unemployed mothers (60%) presents an opportunity for home care implementation, as they spend more time at home and are more easily reached through home visits (Cahyono et al., 2021; Febriana, 2023). The preterm delivery rate of 12% is relatively high and requires priority for more frequent and comprehensive home visits, including lactation management and monitoring of neonatal danger signs. Regarding parity, primiparas (38%) require more intensive psychological support and education due to lower parenting self-efficacy, while grandemultiparas (8%) have higher physical complication risks due to decreased uterine muscle elasticity (Febriana, 2023; Listiyaningsih MD, 2019). The

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cesarean section rate of 32% is high compared to the national average of 17% (Ariani et al., 2025; Astutik, 2026; Kumar et al., 2023), indicating different service needs including surgical wound care and pain management. The low economic status group (38%) is at highest risk of healthcare underutilization due to financial constraints (Cahyono et al., 2021; Pratiwi et al., 2025). The fact that all mothers (100%) had never received home care services confirms a significant service gap, consistent with findings that low utilization is caused by limited maternal knowledge, financial constraints, and absence of national standards (Pratiwi et al., 2025). Finally, the dominance of husband support (70%) is highly positive and can be utilized as social capital in home care implementation, involving husbands in education sessions to strengthen the support system and prevent postpartum depression (Febriana, 2023; Pratiwi et al., 2025).

Characteristics of Midwives

Based on the study findings, among 40 midwives, the majority were aged 30–40 years (55%), held a Professional Midwife qualification (35%), and had no additional certification (40%). The dominance of midwives in the productive age group (30–40 years) is a positive asset, as they generally have sufficient work experience while still possessing good energy and adaptability to service innovations. The >40 years age group (25%) likely has more mature experience but may require assistance in technology adaptation, while younger midwives (<30 years, 20%) are generally more adaptive to digital technology but may still require clinical competence enhancement. In the context of developing home care services integrating smartphone applications, the diversity of midwife ages needs to be accommodated through training tailored to each group's comfort level with technology, where younger midwives can serve as agents of change in application-based implementation and older midwives can serve as mentors in clinical aspects based on their mature experience. Regarding education, the high proportion of midwives with Bachelor of Midwifery (35%) and Professional Midwife (30%) qualifications indicates good academic capacity, as higher education generally correlates with analytical ability, clinical decision-making, and openness to evidence-based practice (Anggorowati, Sari S, 2022). However, formal education alone is insufficient to ensure competence in specific home care services, and the finding that no midwives had home care training (0%) represents a significant competency gap that needs to be addressed. As reflected in the constraint data where 62.5% of midwives identified lack of specific training as a barrier, home care services have different characteristics from facility-based services, requiring midwives to work independently with limited resources in uncontrolled environments (Pratiwi et al., 2025). Finally, the finding that 40% of midwives had no additional certification, while 32.5% had Mom & Baby Spa, 20% had other certifications (CTU, APN, etc.), and 7.5% had Hypnobirthing, with none having home care training, indicates that although some midwives have demonstrated interest in complementary midwifery services, systematic home care training is urgently needed to equip them with the technical, safety, and documentation skills essential for effective home visit services (Pratiwi et al., 2025).

Need for Postpartum Home Care Services

1. Needs According to Postpartum Mothers

The results showed that overall, postpartum mothers had a high need for home care services (mean score 3.3 out of 4; 83.6% of respondents). The highest need aspects were perineal/wound care (score 3.8; 96% strongly needed), vital sign monitoring (3.6; 92%), and newborn care education (3.5; 90%). These findings align with Pratiwi et al. (2025) stating that the postpartum period is a critical six-week period requiring intensive

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monitoring as mothers undergo physiological and psychological recovery and are at risk of complications such as hemorrhage, infection, postpartum depression, and lactation disorders (Pratiwi et al., 2025).

The high demand for wound care (96%) can be explained by several interrelated factors. First, the considerable proportion of SC deliveries (32%) in this study means one-third of mothers had surgical wounds requiring specific care, including infection prevention and pain management. Second, normal delivery with episiotomy or perineal rupture also requires proper wound care to prevent puerperal infection (Febriana, 2023). Improper postpartum wound management can lead to infection, delayed healing, and other serious complications. Third, wound care is a procedure requiring technical skills and specific knowledge not possessed by mothers or families, making them highly dependent on professional health workers. This explains why wound care became the aspect with the highest demand compared to other aspects.

Vital sign monitoring (3.6; 92%) and newborn care education (3.5; 90%) also showed very high needs. This aligns with SMAP CARE development research, identifying that features needed in postpartum support systems include monitoring of danger signs in mothers and infants, breastfeeding education, and newborn care (Anggorowati, Sari S, 2022).

Postpartum depression screening received the lowest score (2.8; 70% needed), lower than physical care aspects. The low need for depression screening may be due to mothers' limited knowledge about postpartum depression as a condition requiring early detection, as well as social stigma surrounding mental health issues in society. Other studies have shown that psychological problems among postpartum mothers are quite high, with 48% of mothers at risk of postpartum depression and 42% experiencing postpartum depression during the pandemic (Febriana, 2023). Globally, the prevalence of major depressive disorder in postpartum women is estimated to range between 10–30% (Syamantha et al., 2023), while in Indonesia, the prevalence of postpartum depression in young mothers (15–24 years) is recorded at 4.0%, with higher rates in urban areas (5.7%) compared to rural areas (2.9%) (Putri et al., 2023). Systematic review findings indicate that husband's support is the main protective factor against postpartum depression in Indonesia, and a lack of husband support correlates with postpartum depression occurrence. Therefore, depression screening remains important to integrate into home care services, despite mothers' low perceived need. Home care services can serve as a vehicle for routine mental health screening through home visits, while also providing education on the importance of perinatal mental health.

2. Service Readiness According to Midwives

Home care service readiness from the midwives' perspective was in the high category, with a mean score of 2.9; 72.2% of respondents. The highest readiness aspects were providing breastfeeding counseling at home (score 3.3; 90% very ready), followed by psychosocial support (3.2; 85%) and human resource readiness (3.1; 80%). The availability of portable medical equipment received a low score (2.4), with only 40% of midwives stating they were ready. The high readiness of midwives in breastfeeding counseling and psychosocial support reflects that core midwifery competencies and midwives' communication skills are already good. This aligns with systematic review findings showing that psychosocial and educational interventions by professional health workers are effective in preventing postpartum depression (Ashifa et al., 2024). However, the low availability of portable medical equipment is a major systemic constraint. Since home care services are provided in patients' homes, midwives must carry necessary equipment, including portable sphygmomanometers, stethoscopes, thermometers, wound

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care instruments, and other emergency supplies. This limitation is not merely a logistical issue but also impacts the quality and scope of services that can be provided.

The ideal postpartum visit method should combine health facility visits, home visits, and telehealth (Anis, 2023). This combination allows for a more flexible and responsive service system to meet mothers' needs. However, this recommendation can only be implemented if the availability of portable medical equipment and technological infrastructure is ensured.

3. Barriers to Home Care Implementation

The main barriers experienced by midwives were limited portable medical equipment (87.5%), insufficient financial incentives (80%), time constraints due to workload (75%), difficult geographic distance and access (70%), and lack of specific home care training (62.5%). Safety concerns during visits were felt by 45% of midwives.

Limited portable medical equipment (87.5% of midwives experienced this as a barrier) is caused by several systemic factors. First, insufficient financial incentives (80%) mean health service facilities, especially independent midwifery practices (TPMB), find it difficult to allocate budgets for adequate portable equipment procurement. Second, the absence of national standards for home care implementation means there is no clarity on what equipment must be provided by service providers. Third, portable equipment investment requires significant upfront costs, while return on investment through home care services is uncertain due to low service utilization. The impact of these limitations is highly significant on service quality, as midwives must carry equipment such as portable sphygmomanometers, stethoscopes, thermometers, wound care instruments, and other emergency supplies to patients' homes, and the absence of such equipment limits the scope and depth of examinations that can be performed (Hayati, 2024).

Insufficient financial incentives (80%) are the second-highest barrier and reflect structural problems in Indonesia's health financing system. Inadequate financial incentives are caused by several factors: (1) home care services have not been accommodated in the JKN/KIS financing scheme, so midwives do not receive reimbursement from BPJS for home visits; (2) operational costs of home visits (transportation, time, equipment) are often higher than the honorarium received; and (3) there is no national tariff standard for home care services, resulting in tariff variations that disadvantage midwives in areas with low purchasing power. Ariani et al. (2025) showed that lack of government incentives had an odds ratio of 0.23 for successful exclusive breastfeeding ($p=0.004$), indicating that financial incentives significantly affect postpartum service quality (Ariani et al., 2025).

Time constraints due to workload (75%) reflect the general condition of health workers in Indonesia who often handle high patient loads in health facilities, leaving little time for home visits. Difficult geographic distance and access (70%) are structural challenges in Indonesia with its archipelagic territory and remote areas, requiring long travel times and high transportation costs.

Low home care utilization in Indonesia is also caused by limited maternal knowledge, financial constraints, midwives' busy schedules, and the absence of national standards for home care implementation (Pratiwi et al., 2025). Safety concerns during visits (45%) are also a barrier that cannot be ignored, especially for visits to remote areas or at night, requiring protection mechanisms and safety guarantees for health workers.

4. Service Development Models

Postpartum mothers and midwives gave average scores >2.5 on all proposed service developments, indicating both groups agreed. Mothers gave the highest score to the direct

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chat feature with midwives (3.8), while midwives gave the highest score to educational videos in the application (3.8). The lowest score from both groups was on the statement that applications could reduce physical visits (2.9 for mothers and 2.5 for midwives). The overall average score was 3.3 for mothers and 3.4 for midwives.

These findings indicate that smartphone application development to support postpartum home care services received strong support from both groups, with the caveat that technology serves as a complement rather than a complete substitute for physical visits. This aligns with the recommendation to combine health facility visits, home visits, and telehealth as an ideal postpartum service model (Anis, 2023).

The direct chat feature with midwives, highly desired by mothers (score 3.8), indicates the need for fast and personal access to health workers without having to visit health facilities. Meanwhile, midwives strongly supported educational videos in the application (score 3.8), as this feature can reduce face-to-face education burden and ensure consistency of health messages delivered. SMAP CARE development research also identified that postpartum support applications need to provide educational features on physiological changes in postpartum mothers, breastfeeding, newborn care, danger signs in infants, and postpartum maternal problems (Anggorowati, Sari S, 2022).

The statement that applications could reduce physical visits received the lowest score from both groups. Mothers (2.9) and midwives (2.5) still viewed that the physical presence of health workers remains necessary, especially for procedures requiring direct examination, such as wound care, vital sign monitoring, and postpartum complication screening. This is reasonable given the limitations of remote diagnosis that cannot replace direct clinical assessment. However, digital application development such as Baby2Home (B2H) has demonstrated its effectiveness in supporting the multidimensional needs of new parents and addressing gaps in traditional postpartum services. Studies show that mHealth technology use, such as the B2H application, can effectively support the physical, emotional, and psychosocial needs of mothers and fathers during the transition to parenthood (Rego et al., 2025). Overall, the results of this study indicate a high need for postpartum home care services, supported by strong midwife human resource readiness, yet constrained by systemic factors such as limited portable equipment, limited time, limited geographic access, and limited specific training. Technology integration through smartphone applications with chat and educational video features is a development strategy supported by both groups, but it must still combine physical visits for certain aspects. Clear national policies and standards are needed, along with strengthening support systems in terms of financing, equipment procurement, and health worker training, so that postpartum home care services can be implemented effectively and sustainably in Indonesia.

CONCLUSION

This study makes an important contribution as the first in Indonesia to quantitatively integrate the perspectives of postpartum mothers and midwives simultaneously, uncovering a systemic gap between high maternal demand and the multidimensional constraints faced by service providers, compounded by the complete absence of service utilization. Its theoretical contribution strengthens the evidence that digital technology functions as a complement, not a substitute, for physical home visits, supporting the hybrid model (combining physical visits, telehealth, and digital education) as the ideal postpartum care approach. The practical implication is the urgent need for an integrated national policy that aligns infrastructure, incentives, training, technology, dedicated budgets, and national standards. Future research should include intervention studies evaluating the effectiveness of the hybrid model, in-depth qualitative explorations, and

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multicenter studies across Indonesian regions to assess the generalizability of these findings.

RECOMMENDATIONS

The Ministry of Health needs to establish National Standards for Postpartum Home Care Services governing operational procedures, portable medical equipment, JKN-integrated financing, and performance-based incentives for midwives. Provincial and district/city Health Offices must organize midwife training in wound care, depression screening (EPDS), and utilization of chat applications and educational videos, along with procurement of portable equipment at health centers and TPMBs. Health centers and midwives should adopt a hybrid model combining home visits for clinical procedures with mHealth support for consultation, education, and remote monitoring, as well as building an integrated referral system. Researchers are advised to conduct intervention studies (RCT/quasi-experimental) and cost-effectiveness analysis to test the effectiveness of the hybrid model in reducing complications and maternal mortality, as well as multicenter studies to test the generalizability of findings across various regions of Indonesia.

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