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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и http://www.nlm.nih.gov/bsd/uniform_requirements.html В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned
Requirements are not Assigned to be Reviewed.**

ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრაფიების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

Yaomin Luo, Xin Chen, Enhao Hu, Lingling Wang, Yuxuan Yang, Xin Jiang, Kaiyuan Zheng, Li Wang, Jun Li, Yanlin Xu, Yinxu Wang, Yulei Xie. TRANSCRIPTOME ANALYSIS REVEALED THE MOLECULAR SIGNATURES OF CISPLATIN-FLUOROURACIL COMBINED CHEMOTHERAPY RESISTANCE IN GASTRIC CANCER.....	6-18
Abramidze Tamar, Bochorishvili Ekaterine, Melikidze Natela, Dolidze Nana, Chikhelidze Natia, Chitadze Nazibrola, Getia Vladimer, Gotua Maia, Gamkrelidze Amiran. RELATIONSHIP OF ALLERGIC DISEASES, POLLEN EXPOSURE AND COVID-19 IN GEORGIA.....	19-26
Ibtisam T. Al-Jureisy, Rayan S. Hamed, Ghada A. Taqa. THE BIO-STIMULATORY EFFECT OF ADVANCE PLATELET RICH FIBRIN COMBINED WITH LASER ON DENTAL IMPLANT STABILITY: AN EXPERIMENTAL STUDY ON SHEEP.....	27-31
Amandeep Singh, Navnath Sathe, Kanchan Rani, Saumya Das, Devanshu J. Patel, Renuka Jyothi R. IMPACT OF MOTHER'S HYPOTHYROIDISM ON FETAL DEVELOPMENT AND OUTCOMES: A SYSTEMATIC REVIEW.....	32-36
Sevil Karagül, Sibel Kibar, Saime Ay, Deniz Evcik, Süreyya Ergin. THE EFFECT OF A 6-WEEK BALANCE EXERCISE PROGRAM ON BALANCE PARAMETERS IN FRAILTY SYNDROME: A RANDOMIZED CONTROLLED, DOUBLE-BLIND, PROSPECTIVE STUDY.....	37-42
Zainab Suleiman Erzaq, Fahmi S. Ameen. COMPARISON BETWEEN PCR STUDY AND ELISA STUDY AMONG PATIENTS WITH DIARRHEA.....	43-47
Igor Morar, Oleksandr Ivashchuk, Ivan Hushul, Volodymyr Bodiaka, Alona Antoniv, Inna Nykolaichuk. THE INFLUENCE OF THE ONCOLOGICAL PROCESS ON THE MECHANICAL STRENGTH OF THE POSTOPERATIVE SCAR OF THE LAPAROTOMY WOUND.....	48-51
Lyazzat T. Yeraliyeva, Assiya M. Issayeva, Malik M. Adenov. COMPARATIVE ANALYSIS OF MORTALITY FROM TUBERCULOSIS AMONG COUNTRIES OF FORMER SOVIET UNION.....	52-57
Rana R. Khalil, Hayder A.L. Mossa, Mufeda A. Jwad. MITOFUSIN 1 AS A MARKER FOR EMBRYO QUALITY AND DEVELOPMENT IN RELEVANCE TO ICSI OUTCOME IN INFERTILE FEMALES.....	58-61
Geetika M. Patel, Nayana Borah, Bhupendra Kumar, Ritika Rai, V. K. Singh, Chandana Maji. MEDITERRANEAN DIET AND ITS IMPACT ON THE ILLNESS CHARACTERISTIC OF YOUTH WITH IRRITABLE BOWEL CONDITION.....	62-66
Ketevan Arabidze, Irakli Gogokhia, Khatuna Sokhadze, Nana Kintsurashvili, Mzia Tsiklauri, Tamar Gogichaishvili, Iamze Tabordze. THE EVALUATION OF THE RISK OF COMPLICATIONS DURING MULTIMODAL AND OPIOID ANESTHESIA IN BARIATRIC SURGERY AND ABDOMINOPLASTY.....	67-71
Hadeer Sh Ibrahim, Raghad A Al-Askary. MARGINAL FITNESS OF BIOACTIVE BULKFILL RESTORATIONS TO GINGIVAL ENAMEL OF CLASS II CAVITIES: AN IN VITRO COMPARATIVESTUDY.....	72-79
Lobashova O.I, Nasibullin B.A, Baiazitov D.M, Kashchenko O.A, Koshelnyk O.L, Tregub T.V, Kovalchuk L.Y, Chekhovska G.S, Kachailo I.A, Gargin V.V. PECULIARITIES OF THE ORGANS OF THE REPRODUCTIVE SYSTEM OF WOMEN OF REPRODUCTIVE AGE WITH LIVER DYSFUNCTION UNDER THE INFLUENCE OF EXOGENOUS POLLUTANTS.....	80-86
Victoriia Ivano. EXPLORING NEONATAL HEALTH DISPARITIES DEPENDED ON TYPE OF ANESTHESIA: A NARRATIVE REVIEW.....	87-93
Omar B. Badran, Waleed G. Ahmad. THE COVID-19 PANDEMIC LOCKDOWN'S IMPACT ON ROUTINE CHILDHOOD VACCINATION.....	94-98
Valbona Ferizi, Lulëjeta Ferizi Shabani, Merita Krasniqi Selimi, Venera Bimbashi, Merita Kotori, Shefqet Mrasori. POSTNATAL CARE AMONG POSTPARTUM WOMEN DURING HOSPITAL DISCHARGE.....	99-104
Devanshu J. Patel, Asha.K, Amandeep Singh, Sakshi Vats, Prerana Gupta, Monika. A LONGITUDINAL STUDY OF CHILDHOOD SEPARATION ANXIETY DISORDER AND ITS IMPLICATIONS FOR ADOLESCENT PSYCHOPATHOLOGY.....	105-111
Kachanov Dmitrii A, Artsygov Murad M, Omarov Magomed M, Kretova Veronika E, Zhur Daniil V, Chermoew Magomed M, Yakhyaev Adam I, Mazhidov Arbi S, Asuev Zaurbek M, Bataev Ahmed R, Khasuev Turpal-Ali B, Rasulov Murad N. COMPARATIVE ANALYSIS OF THE EFFECTS OF SOME HEPATOPROTECTORS IN EXPERIMENTALLY INDUCED MAFLD IN ADULT WISTAR RATS.....	112-115
Nada J Alwan, Raghad A Al-Askary. EVALUATION OF INTERFACIAL ADAPTATION BETWEEN VARIOUS TYPES OF FIBER POSTS AND RESIN CEMENTS USING	

MICRO CT: AN IN VITRO COMPARATIVE STUDY.....	116-121
Anish Prabhakar, Vinod Mansiram Kapse, Geetika M. Patel, Upendra Sharma. U.S, Amandeep Singh, Anil Kumar. EMERGING NATIONS' LEARNING SYSTEMS AND THE COVID-19 PANDEMIC: AN ANALYSIS.....	122-127
Tereza Azatyan. THE STUDY OF SPATIAL REPRESENTATIONS OF CHILDREN WITH DIFFERENT DEGREES OF INTERHEMISPHERIC INTERACTION.....	128-132
Sefineh Fenta Feleke, Anteneh Mengsit, Anteneh Kassa, Melsew Dagne, Tiruayehu Getinet, Natnael Kebede, Misganaw Guade, Mulat Awoke, Genanew Mulugeta, Zeru Seyoum, Natnael Amare. DETERMINANTS OF PRETERM BIRTH AMONG MOTHERS WHO GAVE BIRTH AT A REFERRAL HOSPITAL, NORTHWEST ETHIOPIA: UNMATCHED CASE- CONTROL STUDY.....	133-139
Himanshi Khatri, Rajeev Pathak, Ranjeet Yadav, Komal Patel, Renuka Jyothi. R, Amandeep Singh. DENTAL CAVITIES IN PEOPLE WITH TYPE 2 DIABETES MELLITUS: AN ANALYSIS OF RISK INDICATORS.....	140-145
Mukaddes Pala. ExerciseandMicroRNAs.....	146-153
Zurab Alkhanishvili, Ketevan Gogilashvili, Sopia Samkharadze, Landa Lursmanashvili, Nino Gvasalia, Lika Gogilashvili. NURSES' AWARENESS AND ATTITUDES TOWARDS INFLUENZA VACCINATION: A STUDY IN GEORGIA.....	154-159
Aveen L. Juma, Ammar L. Hussein, Israa H. Saadon. THE ROLE OF COENZYME COQ10 AND VITAMIN E IN PATIENTS WITH BETA-THALASSEMIA MAJOR IN BAGHDAD CITY POPULATION.....	160-162
Merve Karli, Basri Cakiroglu. ADRENAL METASTASIS OF BILATERAL RENAL CELL CARCINOMA: A CASE PRESENTATION 12 YEARS AFTER DIAGNOSIS.....	163-165
Manish Kumar Gupta, Shruti Jain, Priyanka Chandani, Devanshu J. Patel, Asha K, Bhupendra Kumar. ANXIETY SYNDROMES IN ADOLESCENTS WITH OPERATIONAL RESPIRATORY CONDITIONS: A PROSPECTIVE STUDY.....	166-171
Mordanov O.S, Khabadze Z.S, Meremkulov R.A, Saeidyan S, Golovina V, Kozlova Z.V, Fokina S.A, Kostinskaya M.V, Eliseeva T.A. EFFECT OF SURFACE TREATMENT PROTOCOLS OF ZIRCONIUM DIOXIDE MULTILAYER RESTORATIONS ON FUNCTIONAL PROPERTIES OF THE HUMAN ORAL MUCOSA STROMAL CELLS.....	172-177
Nandini Mannadath, Jayan. C. EFFECT OF BIOPSYCHOSOCIAL INTERVENTION ON BEAUTY SATISFACTION AFTER STAGED SURGERY AMONG ADOLESCENTS WITH ORAL FACIAL CLEFTS.....	178-182
Bhupendra Kumar, Sonia Tanwar, Shilpa Reddy Ganta, Kumud Saxena, Komal Patel, Asha K. INVESTIGATING THE EFFECT OF NICOTINE FROM CIGARETTES ON THE GROWTH OF ABDOMINAL AORTIC ANEURYSMS: REVIEW.....	183-188
Musheghyan G.Kh, Gabrielyan I.G, Poghosyan M.V, Arajyan G.M. Sarkissian J.S. SYNAPTIC PROCESSES IN PERIAQUEDUCTAL GRAY UNDER ACTIVATION OF LOCUS COERULEUS IN A ROTENONE MODEL OF PARKINSON'S DISEASE.....	189-195
Bhupendra Kumar, Barkha Saxena, Prerana Gupta, Raman Batra, Devanshu J. Patel, Kavina Ganapathy. EFFECTS OF SOCIAL ESTRANGEMENT ON YOUNG PEOPLE'S MATURATION: A REVIEW OF THE RESEARCH.....	196-202
Mordanov O.S, Khabadze Z.S, Meremkulov R.A, Mordanova A.V, Saeidyan S, Golovina V, Kozlova Z.V, Fokina S.A, Kostinskaya M.V, Eliseeva T.A. COMPARATIVE SPECTROPHOTOMETRY ANALYSIS OF ZIRCONIUM DIOXIDE WITH THE CUBIC AND TETRAGONAL PHASE AFTER ARTIFICIAL AGING.....	203-210
Mohammed Abidullah, Sarepally Godvine, Swetcha Seethamsetty, Geetika Gorrepati, Pradeep Koppolu, Valishetty Anuhya, Sana vakeel. EFFECT OF GOAL-ORIENTEDPATIENT CENTRIC HEALTH CARE PROFESSIONAL INTERVENTION ON BLOOD GLUCOSE CONTROL INTYPE 2 DIABETES MELLITUSANDLEVEL OF PATIENT SATISFACTION.....	211-217

POSTNATAL CARE AMONG POSTPARTUM WOMEN DURING HOSPITAL DISCHARGE

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Abstract.

The postpartum period is the most important part of the woman's health care, as serious and life-threatening complications can occur during this period.

Aim: The purpose of this study was to gather information on women's perception regarding postnatal care.

Materials and Methods: The study enrolled 100 postpartum women who attended all the postnatal services at the Obstetrics and Gynecology Clinic in Pristina, Kosovo. Data were collected by a modified questionnaire, which included sociodemographic and clinical characteristics, and women's perception of postnatal care. Frequencies and Chi square were determined using the SPSS software.

Results: Most of the respondents (57.0%) belonged to the age group of 31-40 years. The majority of respondents (52.0%) were from rural areas, with secondary school (42.0%), unemployed (62.0%) and middle socio-economic status (91.0%). Of all the postpartum women, 43.0% declared that the gynecological and ultrasonography checkup was done on the second day. A small percentage of women had symptoms of postpartum depression (16.0%), and no difference was found in the level of depression in relation to the mode of delivery. Furthermore, 78.0% of postpartum women were advised to make the next visit on the seventh day after hospital discharge.

Conclusion: Uptake of postnatal care services was high. However, implementation of a standardized guideline is required to further advance postnatal care.

Key words. Postpartum women, perception, postnatal care.

Introduction.

The mother's health is considered an important indicator of the health of society. The World Health Organization (WHO) defined postnatal care as the care given to a mother and her newborn baby immediately after delivery and up to the first 42 days (6 weeks) [1]. Globally, more than half a million women die each year from complications during pregnancy and delivery [1]. Most postnatal deaths occur within the first 48 hours after delivery. Thus, postnatal care is vital for both mother and child to treat complications that may happen during and after delivery, as well as to provide the mother with necessary solicitude for this period [2].

To optimize women's health, postnatal care should become a continuous process and must adapt to the health needs of each woman [3]. Clinicians pointed out that it was difficult to provide postnatal care for each woman because the hospital stay was relatively short, and many tasks had to be organized, such as medical checkups, postnatal education, and preparation of the

required documentation for mothers after hospital discharge [4]. Moreover, staffing limitations and other factors, including continual visitors, added to the difficulties in providing postnatal care. For that reason, this care during the postpartum period is sometimes lacking, and often delayed [4,5].

The American College of Obstetricians and Gynecologists (ACOG) advises that postnatal care should be individualized for each woman, depending on their health status [3]. As stated by the National Institute for Health and Care Excellence (NICE), it is recommended that the first postnatal visit should be done within 36 hours after delivery. The visit ought to be face-to-face and should take place based on the woman's circumstances and preferences [6].

In developed countries, 2% of postpartum women are admitted in hospitals with postnatal complications such as hemorrhage [7]. Up to 50% of these women undergo surgical intervention, hence according to guidelines published by the Royal College of Obstetricians and Gynecologists (RCOG), the use of surgical measures is recommended when there is excessive or persistent bleeding, regardless of ultrasonography findings [7,8]. Therefore, it is preferable to follow the physiological and pathological characteristics of the uterus after delivery, as well as to perform an ultrasonography examination within the first 24 hours in addition to the 3rd and 7th day after delivery [6].

Postpartum depression affects approximately 10-15% of postpartum women with symptoms lasting six months to a year after delivery, however depression may appear later too [9]. The causes of depression can be physiological or multifactorial. It usually manifests with symptoms of insomnia, loss of appetite, loss of energy, feelings of guilt, decreased concentration and sometimes even suicidal thoughts [10].

The aim of this current study is to investigate the perception towards postnatal care among women in Kosovo.

Materials and Methods.

Study Design and Sampling Procedures.

This cross-sectional study was conducted to explore the perception regarding postnatal care among postpartum women, and to find out the association with their sociodemographic and clinical characteristics at the Obstetrics and Gynecology Clinic in Pristina, Kosovo (a tertiary referral center). This study was carried out from September 2022 to December 2022. The study population (n=100) was comprised of women in the reproductive age who were divided into three age groups: 18-30 years old (42.0%), 31-40 years old (57.0%), and only one woman in the age group of 41-50 (1.0%).

Data Collection and Ethical Considerations.

To collect the data and to ensure unbiased feedback, a modified questionnaire was used for postpartum women. The questionnaire was partly based on the standardized guidance for postnatal care according to the National Institute for Health and Care Excellence (NICE) [6], WHO on postnatal care of the mother and newborn [11], and previous similar studies conducted by Beraki et al. [12], and Timilsina and Dhakal [13]. The modified questionnaire contains sociodemographic and clinical questions together with questions relating to perception about postpartum gynecological and ultrasonography checkups, postpartum depression, and the day women were advised to make their next postnatal visit after hospital discharge.

Ethical approval was granted by the Ethical Committee of the University Clinical Center of Kosovo (UCCCK), Prishtina, Kosovo (ref. No.:1055/22; dt.18.02.2022). Written consent was obtained from all participants before the questionnaire was administered on a voluntary basis, after the purpose, potential benefits of the study, and data collection techniques were explained.

Survey Instrument.

The modified questionnaire was translated from English to Albanian, which is the native language in Kosovo, by two trained and experienced researchers in the field of obstetrics and gynecology. Initially, the questionnaire was pre-tested among 10 postpartum women a month before the study period in the Clinic of Obstetrics and Gynecology in Pristina, Kosovo. The questionnaire was completed in the presence of two specialists from this field. Pre-designed questions that were not easily understood by the postpartum women were simplified after pre-testing the questionnaire.

The modified questionnaire consisted of a section on sociodemographic and clinical characteristics, including age group, residence, marital status, education, employment, socioeconomic status, and mode of delivery. Meanwhile, the rest of the questionnaire comprised questions related to the women's perception of postnatal care, such as: on which day after delivery, they had a gynecological and ultrasonography checkup (the answer options were: the first day, the second day, the third day or later), whether they had postpartum depression (yes or no), as well as on which day they were advised to make the next postnatal visit after hospital discharge (the answers were: third day, fifth day, and seventh day). The duration of informing the women about the study and the completion of the questionnaire was 25-30 minutes. None of the women refused to participate in the research, resulting in a response rate of 100%.

Women who had a normal pregnancy and spontaneous vaginal or cesarean delivery, aged 18-50 years, able and willing to answer our questions were involved in the study. While women who had a high-risk pregnancy, miscarriage, or complications during delivery, were not included in the study.

Statistical Analysis.

Data were entered and analyzed using the SPSS version 20 for Windows (SPSS Inc, Chicago, IL, USA). The sociodemographic characteristics were presented with frequencies (n) and percentage (%), whereas the differences between the

frequencies of the questions associated to the sociodemographic characteristics were tested with the Chi-square test. A p value of less than 0.05 was considered to be statistically significant.

Results.

Sociodemographic and Clinical Characteristics of Participating Postpartum Women.

Out of all 100 postpartum women included in the research, the highest percentage was in the 31-40 age group (57.0%). More than half of the participants (52.0%) were from rural residences, while 48.0% were from urban residences. Depending on marital status, most of them were married (90.0%), whilst based on the level of education, dominated postpartum women with secondary school (42.0%). Majority of the postpartum women had a middle socioeconomic status (91.0%), and 62.0% were unemployed. Furthermore, the same percentage of the respondents had a spontaneous vaginal delivery and a cesarean delivery (50.0% to 50.0%) (Table 1).

Perception of Postpartum Women Towards Postnatal Care.

Based on the sociodemographic characteristics, the majority of postpartum women stated that the gynecological and ultrasonography checkup was done on the second day (43.0%), meanwhile 32.0% of them specified the first day, 23.0% the third day and only 2.0% later. Concerning the mode of delivery, postpartum women with spontaneous vaginal delivery had a gynecological and ultrasonography checkup on the second day after delivery (60.0%), whereas postpartum women with cesarean delivery had this checkup performed on the first or second day after delivery (46.0%, 48.0%, respectively) (Table 2).

The distribution of the percentage of depression in postpartum women according to sociodemographic characteristics is presented in table 3. Fortunately, only a small percentage of postpartum women claimed to have symptoms of postpartum depression (16.0%). It is crucial to mention that among the participants who had postpartum depression, there were postpartum women from urban areas and employed (18.8%), married (16.7%), those with postgraduate studies (20.0%) and postpartum women with a middle socio-economic status (17.6%). The mode of delivery notwithstanding, only 16.0% of postpartum women had depression, indicating that this clinical characteristic did not affect the level of depression.

Most postpartum women were instructed to make the next postnatal visit on the seventh day after hospital discharge (78.0%), 13.0% of them on the third day and only 9.0% on the fifth day. 80.0% of women with spontaneous vaginal delivery were advised to have the next postnatal visit on the seventh day, compared to those with cesarean delivery (76.0%) but without significant difference (Table 4).

Discussion.

The postpartum period, which is also known as the fourth trimester, is a critical period in the life of a mother and her infant. The initiation of postnatal care is crucial for the early diagnosis and prevention of any postnatal health problems, considering that the risks of morbidity and mortality are very high in the first 42 days after delivery and represent 45% of the total mortality of women [14].

Table 1. Sociodemographic and clinical characteristics of study participants.

Sociodemographic and clinical characteristics		N	%
TOTAL (N)		100	100.0
Age group	18-30	42	42.0
	31-40	57	57.0
	41-50	1	1.0
Residence	Urban	48	48.0
	Rural	52	52.0
Marital status	Single	9	9.0
	Married	90	90.0
	Divorced	1	1.0
Education	Primary school	29	29.0
	Secondary school	42	42.0
	University	24	24.0
	Postgraduate studies	5	5.0
Employment	Student	6	6.0
	Unemployed	62	62.0
	Employed	32	32.0
Socioeconomic status	Low	6	6.0
	Middle	91	91.0
	High	3	3.0
Mode of delivery	Spontaneous vaginal delivery	50	50.0
	Cesarean delivery	50	50.0

Table 2. Women's responses regarding the day they had a gynecological and ultrasonography checkup after delivery.

Participant characteristics		On which day did you have a gynecological and ultrasonographic checkup after delivery?								Total	
		First day		Second day		Third day		Later		N	%
		N	%	N	%	N	%	N	%		
TOTAL (N)		32	32.0	43	43.0	23	23.0	2	2.0	100	100.0
Age group	18-30	13	31.0	17	40.5	12	28.6	0	0.0	42	100.0
	31-40	19	33.3	25	43.9	11	19.3	2	3.5	57	100.0
	41-50	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0
Residence	Urban	10	20.8	24	50.0	14	29.2	0	0.0	48	100.0
	Rural	22	42.3	19	36.5	9	17.3	2	3.9	52	100.0
Marital status	Single	2	22.2	7	77.8	0	0.0	0	0.0	9	100.0
	Married	24	26.7	41	45.6	23	25.6	2	2.1	90	100.0
	Divorced	1	100.0	0	0.0	0	0.0	0	0.0	1	100.0
Education	Primary school	9	31.0	17	58.6	3	10.3	0	0.0	29	100.0
	Secondary school	17	40.5	18	42.9	5	11.9	2	4.7	42	100.0
	University	6	25.0	12	50.0	6	25.0	0	0.0	24	100.0
	Postgraduate studies	2	40.0	3	60.0	0	0.0	0	0.0	5	100.0
Employment	Student	2	33.3	2	33.3	2	33.3		0.0	6	100.0
	Unemployed	13	21.0	34	54.8	14	22.6	2	1.6	62	100.0
	Employed	7	21.9	17	53.1	7	21.9	1	3.1	32	100.0
Socioeconomic status	Low	1	16.7	3	50.0	2	33.3	0	0.0	6	100.0
	Middle	28	30.8	42	46.2	19	20.9	2	2.1	91	100.0
	High	1	33.3	2	66.7	0	0.0	0	0.0	3	100.0
Mode of delivery	Spontaneous vaginal delivery	19	38.0	30	60.0	0	0.0	1	2.0	50	100.0
	Cesarean delivery	23	46.0	24	48.0	2	4.0	1	2.0	50	100.0

$p < 0.05$

Table 3. The percentage of postpartum depression according to sociodemographic characteristics.

Participant characteristics		Do you have postpartum depression?				Total	
		Yes		No		N	%
		N	%	N	%		
TOTAL (N)		16	16.0	84	84.0	100	100.0
Age group	18-30	6	14.3	36	85.7	42	100.0
	31-40	9	15.8	48	84.2	57	100.0
	41-50	1	100.0	0	0.0	1	100.0
Residence	Urban	9	18.8	39	81.3	48	100.0
	Rural	7	13.5	45	86.5	52	100.0
Marital status	Single	1	11.1	8	88.9	9	100.0
	Married	15	16.7	75	83.3	90	100.0
	Divorced	0	0.0	1	100.0	1	100.0
Education	Primary school	5	17.2	24	82.8	29	100.0
	Secondary school	7	16.7	35	83.3	42	100.0
	University	3	12.5	21	87.5	24	100.0
	Postgraduate studies	1	20.0	4	80.0	5	100.0
Employment	Student	0	0.0	6	100.0	6	100.0
	Unemployed	10	16.1	52	83.9	62	100.0
	Employed	6	18.8	26	81.3	32	100.0
Socioeconomic status	Low	0	0.0	6	100.0	6	100.0
	Middle	16	17.6	75	82.4	91	100.0
	High	0	0.0	3	100.0	3	100.0
Mode of delivery	Spontaneous vaginal delivery	8	16.0	42	84.0	50	100.0
	Cesarean delivery	8	16.0	42	84.0	50	100.0

$p < 0.05$

Table 4. Participants' responses regarding the day they were advised to make their next postnatal visit related to sociodemographic characteristics.

Participant characteristics		On which day have you been advised to make the next postnatal visit after hospital discharge?						Total	
		Third day		Fifth day		Seventh day		N	%
		N	%	N	%	N	%		
TOTAL (N)		13	13.0	9	9.0	78	78.0	100	100.0
Age group	18-30	6	14.3	1	2.4	35	83.3	42	100.0
	31-40	6	10.5	8	14.0	43	75.4	57	100.0
	41-50	1	100.0	0	0.0	0	0.0	1	100.0
Residence	Urban	10	20.8	4	8.3	34	70.8	48	100.0
	Rural	3	5.8	5	9.6	44	84.6	52	100.0
Marital status	Single	1	11.1	0	0.0	8	88.9	9	100.0
	Married	12	13.3	9	10.0	69	76.7	90	100.0
	Divorced	0	0.0	0	0.0	1	100.0	1	100.0
Education	Primary school	3	10.3	2	6.9	24	82.8	29	100.0
	Secondary school	5	11.9	4	9.5	33	78.6	42	100.0
	University	4	16.7	2	8.3	18	75.0	24	100.0
	Postgraduate studies	1	20.0	1	20.0	3	60.0	5	100.0
Employment	Student	1	16.7	0	0.0	5	83.3	6	100.0
	Unemployed	7	11.3	7	11.3	48	77.4	62	100.0
	Employed	5	15.6	2	6.3	25	78.1	32	100.0
Socioeconomic status	Low	1	16.7	0	0.0	5	83.3	6	100.0
	Middle	12	13.2	9	9.9	70	76.9	91	100.0
	High	0	0.0	0	0.0	3	100.0	3	100.0
Mode of delivery	Spontaneous vaginal delivery	5	10.0	5	10.0	40	80.0	50	100.0
	Cesarean delivery	8	16.0	4	8.0	38	76.0	50	100.0

$p < 0.05$

Our study provides data related to postnatal care at the Obstetrics and Gynecology Clinic of the University Clinical Center of Kosovo (UCCCK). Similar to the research done by Tesfahun et al. [15], in the results of our study, dominated the fertile age group of 31-40 years old, which is different to other studies where this age group was younger [12,16]. Moreover, in our study an equal number of women participated based on the mode of delivery, even though in another study we found a greater number of women with spontaneous vaginal delivery [13].

The mortality and morbidity of women after childbirth remains a challenge for many countries around the world, therefore early postpartum controls are of great importance for bettering their life. It was suggested that the gynecological examination, especially ultrasound, should be performed on the 1st, 2nd, and 3rd postpartum days [17]. This is consistent with the results of our study, where most of the women had gynecological and ultrasonographic examinations on the first and second day after delivery. Compared to other studies where the postnatal care utilization was very low our results show a much higher use of this care [18,19].

Depression is a common health concern among women during pregnancy and after delivery, and it may negatively impact all family members. Overall, previous research has consistently shown that the causes of postpartum depression are associated with various stress related factors: childcare, interpersonal relationships, finances during pregnancy, prenatal depression or maternal blues [20,21]. Contrary to other studies, our results show a low level of depression in postpartum women. Although at a low level, depression is slightly more common among employed, married and higher education women as well as postpartum women of middle socioeconomic status. Dissimilarly to our study Lewis et al. [22] found no differences between women who worked full-time versus part-time on depression symptomatology. As stated by him, employment may be a protective factor for postpartum depression. The presence of postpartum depression was also found in other studies [23,24], hence prenatal and postnatal predictors are useful indicators to identify the risk of it and measure its impact. The obstetrician and gynecologist can serve important roles in screening for and treating postpartum depression. Treatment options include psychotherapy, antidepressant medication, or a combination of both [10]. Usually, in cases diagnosed with postpartum depression, women are advised to consult a mental health specialist for treatment. Future modifications to postnatal care should prioritize the immediate treatment of postpartum depression. This approach could significantly contribute to reducing the prevalence of depression.

Postnatal visits after the hospital discharge should be mandatory, since this is how the health condition of the postpartum woman, but also of the newborn, is monitored. Fortunately, most of the women in our study declared that they did the checkup visit on the 7th day after hospital discharge. The data obtained from our study are in line with the World Health Organization recommendations on maternal health where the postnatal checkups are divided into three time periods: within 24 hours, after 48-72 hours and 7-14 days, and six weeks after

hospital discharge [25]. Nevertheless, utilization of postnatal care and its immediate application in other places still remains low [19,26].

This study has several strengths. Principally, it is the first study conducted among women relating to their perception of postnatal care in Kosovo. Consequently, the knowledge obtained from this study is useful for writing a standardized protocol in Kosovo, on which all obstetricians and gynecologists would base the clinical management of postnatal care during and after hospital discharge.

Nonetheless, the current study has a few limitations. The foremost limitation is its small sample size and its restriction to only one university hospital where tertiary level services are offered. Besides, the women may have overestimated postnatal care because they were interviewed in a health care setting. Thus, it is suggested that future research uses larger samples in different hospitals in Kosovo to replicate these findings.

Conclusion.

The present study highlights the knowledge on postnatal care among postpartum women in Kosovo. It shows that most postpartum women have utilized postnatal care, concordant to World Health Organization recommendations. Furthermore, the postnatal care within the most life-threatening period (within 48 hours after delivery) was also very high. Importantly, only a small number of women had postpartum depression. Therefore, special attention should be given to all postpartum women.

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Competing Interests.

There are no conflicts of interest.

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