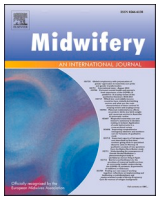
Midwifery 147 (2025) 104440

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/locate/midw



"Never the same again": A descriptive qualitative inquiry into postpartum experiences of first-time mothers in the Oti Region of Ghana

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ARTICLE INFO

Keywords:
Postpartum health
Maternal health services
Social support
Qualitative research
Ghana

ABSTRACT

Background: The postpartum period is a crucial yet often neglected stage of childbirth in Ghana. Cultural expectations and societal norms often lead some women—especially first-time mothers with no prior experience—to focus more on childbirth as a significant life event, while their postpartum well-being remains overlooked. However, childbirth often brings physical, emotional, social, and psychological changes that need to be carefully managed for the greater well-being of the mother and child.
Aim: This study investigates the postpartum experiences of first-time mothers in the Oti Region of Ghana with the Biopsychosocial Model as its theoretical foundation.
Methods: Achored on qualitative methods, semi-structured interviews were conducted with 25 first-time mothers to explore themes such as physical health challenges, psychological distress, and social support during postpartum.
Findings: Diverse postpartum experiences were established among the first-time mothers, which highlight the pivotal roles of spousal, familial, and healthcare support in shaping maternal well-being during this critical post-childbirth period. Specifically, these supportive resources helped these first-time mothers through physical health, psychological, emotional, neurological, and sensory issues. However, these social support systems were uneven, thereby creating differential postpartum experiences.
Conclusion: Our findings highlight the need for policy and interventions to enhance comprehensive access to postpartum care, address healthcare delivery gaps, and promote culturally sensitive maternal health services. Healthcare providers must therefore adopt holistic care strategies that covers the physical, emotional, and social dimensions of postpartum health. These should include follow-ups, mental health screenings, and personalized postpartum education, and care. Finally, future research should prioritize postpartum care and long-term health outcomes in addition to mechanisms that strengthen social support systems and advance maternal health nationwide.

Background

The postpartum period, often referred to as the fourth trimester; lasting the first six weeks post-delivery, represents a critical phase in the postnatal continuum (Johansson et al., 2025; Siek et al., 2025). During this period, Puerpera—new mothers undergo significant physical, emotional, and social changes: recovering from pregnancy and labor while adjusting to their new roles (Paladine, Blenning and Strangas, 2019; Verbiest et al., 2018). Physical changes peculiar to this period include uterine contraction, healing of birth-related injuries, weight loss and the initiation of breastfeeding (Childs et al., 2020; Martin, Rokibullah and Sofinia, 2022). Emotionally, some mothers experience mood swings, anxiety, and even postpartum depression (Amjad et al., 2025; Öz et al., 2024; Scroggins et al., 2025). The social dimension involves the support they receive from partners, family, and the healthcare system (Jones and Coast, 2013), which plays a pivotal role in shaping their overall post-delivery recovery and well-being. Postpartum and its associated complexities therefore require a comprehensive and context-specific understanding to provide care that addresses all aspects of new mothers' recovery and adaptation: thereby relishing its importance for both immediate and long-term health outcomes.

Hence, monitoring to detect complications such as postpartum

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https://doi.org/10.1016/j.midw.2025.104440
Received 24 October 2024; Received in revised form 23 April 2025; Accepted 28 April 2025
Available online 30 April 2025

hemorrhage (PPH) is essential for protecting maternal health in the postpartum period (Patel et al., 2025). Consequently, Alizadeh-Dibazari et al. (2024) argued that healthcare professionals play a critical role in assessing these risks through regular checks and patient education. Outside biomedical treatment, emotional support is equally vital, since many new mothers experience anxiety and sadness during this transition (McCarter and MacLeod, 2019; Schobinger et al., 2022). Health professionals must recognize these emotional needs and provide appropriate resources and support, such as counselling and local support groups. Engaging mothers in discussions about their physical and emotional well-being fosters trust and open communication in the patient—carer relationship, thereby engendering prospects for effective interventions (Bethell et al., 2017). Focusing on both physical and emotional needs, healthcare providers can enhance postpartum recovery and adaptation (Jeffers et al., 2025) and promote healthier outcomes for both new mothers and their neonates. However, global health inequality, socio-cultural and allied factors have produced varied experiences during postpartum (Adams et al., 2023; Wang et al., 2021). For this reason, continuous assessment of these postpartum experiences is needed for timely and context-appropriate resolution.

In Ghana, like the rest of the world, these experiences are shaped by cultural, socio-economic, and healthcare dynamics that influence new mothers' experiences while navigating this phase (Chamberlain et al., 2019; Sakyi et al., 2020; Sookhoo, 2024). Socio-cultural practices and beliefs significantly impact postpartum care methods, including traditional healing practices and the involvement of extended family in providing support (Dennis et al., 2007; Dugle et al., 2021; Geçkil, Şahin and Ege, 2009; Kim-Godwin, 2003; Morris et al., 2014). These are reinforced by other factors. For instance, the Social Determinants of Health (SDoH) Theory highlights how socio-economic factors, including education and income, access to healthcare, and financial resources, contribute to these disparities (Marmot, 2005), and its effect on the quality and availability of postpartum care (DiBari et al., 2014; Mosiur Rahman, Haque and Sarwar Zahan, 2011). Compounding the issue further is the inadequacy of healthcare infrastructure and personnel in rural areas to support the delivery of adequate postpartum care and support (Dankwah et al., 2021; Laurenzi et al., 2020; Nuamah et al., 2019). As such, maternal care services and their usage influence postpartum experiences. For these reasons, understanding factors that shape the postpartum experiences of can help improve postpartum care quality and access, especially for first-time mothers.

Admittedly, postpartum research is beyond the nascent stages in Ghana. The plethora of these investigations cover metrics for postpartum experiences of respectful maternity care (Dzomeku et al., 2020); health information among postpartum adolescent mothers and the role of libraries in postpartum health (Agyei et al., 2018); the uptake of postpartum family planning (PPFP) (Eliason et al., 2013); and postpartum care knowledge among midwives (Adams and Ray, 2020). Other domains covered include e-health information needs and the information-seeking behaviour of first-time postpartum mothers (Amanquah, Entsua-Mensah and Commodore, 2023), and the postpartum challenges faced by first-time mothers in Ghana during the COVID-19 pandemic (Agbi, Lulin and Asamoah, 2023). These studies, while providing a wealth of evidence, have limited focus on first-time mothers: with the studies of Agbi, Lulin and Asamoah (2023) and Amanquah, Entsua-Mensah and Commodore (2023) breaking these bounds; but not without their inherent limitations. For instance, the study by Agbi, Lulin and Asamoah included a focus on the COVID-19 pandemic, which introduced another layer of stress that may confound or moderate the experiences of first-time postpartum mothers. Moreover, the study of Amanquah, Entsua-Mensah and Commodore focused on health information-seeking behaviour, without recourse to the postpartum experiences of first-time mothers in general.

Consequently, understanding the nuanced postpartum experiences of first-time mothers is vital for promoting maternal health and well-being, particularly in resource-constrained settings like Ghana's Oti Region. Studying this among first-time mothers is crucial because they often lack prior experience, making them more vulnerable to postpartum health risks and socio-cultural pressures that prioritize childbirth over their well-being. The choice of the Oti Region is contingent on the knowledge that since its founding on February 12, 2019, no study has explored the postpartum experiences of first-time mothers in this region. Furthermore, the myriads of health challenges confronting this region, such as limited access to healthcare services (Apanga, 2021) and different cultural practices related to childbirth and postpartum care (Djan, Amu and Nyarko, 2020), could have deep-seated influences on the health outcomes for new mothers, and particularly their postpartum experiences. Therefore, examining this nuanced phenomenon is imperative, since scholarly evidence of this nature holds prospects, considering the diverse socio-cultural, economic and personal factors that could influence postpartum health in this resource-constrained setting.

The present research also seeks to expand the frontiers of contemporary literature on maternal health and offer critical findings and recommendations that are of significance to healthcare providers and decision-makers in implementing strategies that improves maternity care in similar contexts. Comprehensive insights provided on these experiences are empowerment that healthcare providers can leverage to address the diverse postpartum challenges that first-time mothers face. This could aid the development of policies and programs that enhance postpartum care, ensuring mothers receive the necessary physical, emotional, and social support. Overall, our findings seek to provide evidence on which effective postpartum care interventions can lead to healthier mothers and better community health outcomes (Mkandawire-Valhmu et al., 2018).

Theoretical perspective

Theoretically, the study is underpinned by the Biopsychosocial Model. This model was propounded by George Engel in the late 20th century and offers a comprehensive framework for understanding health and illness by integrating the biological, psychological, and social dimensions of health (Gatchel et al., 2020; Lugg, 2022). It emphasizes that health outcomes result from a dynamic interplay between these three factors rather than being solely determined by biological processes (Bolton et al., 2019; Lewis, 2007). In the context of postpartum experiences, the Biopsychosocial Model enabled an in-depth exploration of how physical health changes after childbirth, psychological adjustments such as mood fluctuations and stress, and social factors like spousal, familial and health systems support can collectively influence postpartum and maternal well-being. Over the years, this model has been applied across various health domains, including chronic illness management and mental health; demonstrating its versatility and effectiveness in capturing the complex nature of health experiences (Alvarez, Pagani and Meucci, 2012; Davidson and Strauss, 1995; Gatchel et al., 2020; Kusnanto, Agustian and Hilmanto, 2018; Lugg, 2022).

Applying the Biopsychosocial Model to the study of postpartum experiences is appropriate because it provides a holistic perspective that addresses the multiple dimensions of maternal health. Employing this model enabled a thorough exploration of how physical recovery from childbirth, psychological adjustments to new motherhood, and social support systems shaped the overall postpartum experience of first-time mothers in the Oti Region of Ghana. In its application, the model influenced the study's methodology by guiding data collection through in-depth interviews that explored participants' physical, emotional, and social experiences postpartum (Osborne and Grant-Smith, 2021). By so doing, it enables us to investigate how these interconnected elements influence new mothers' postpartum experiences, demonstrating a comprehensive view of their challenges and support systems. With its emphasis on individual narratives, the study captured the complexity of postpartum adjustment, per the qualitative descriptive design. This link enhanced the clarity and flow of the study, ensuring that the findings truly reflect the multifaceted nature of postpartum experiences as

explained by the Biopsychosocial Model.

Unlike the Theory of Postpartum Depression (PPD), which focuses primarily on the psychological aspect of postpartum challenges (Bina, 2020; Lasiuk and Ferguson, 2005; Posmontier and Waite, 2011), the Biopsychosocial Model encompasses a broad range of factors (Bolton et al., 2019; Gatchel et al., 2020). It not only considers the psychological effects but also integrates physical and social dimensions, offering a more comprehensive understanding of their experiences during the postpartum period. Additionally, the Biopsychosocial Model is a better fit for exploring postpartum experiences than the Health Belief Model (HBM), and the Transition Theory because it comprehensively addresses the interplay between biological, psychological, and social factors. The Biopsychosocial Model recognizes that postpartum experiences involve emotional changes, interpersonal interactions, and physical recovery and, therefore, offers a holistic view that captures the complexities of motherhood (Duberstein et al., 2021). Conversely, the Health Belief Model concentrates limitedly on health behaviors and individual beliefs without context (Jones, Smith and Llewellyn, 2014). Moreover, the Transition Theory only specifies mechanisms for change without completely accounting for social interactions (Im, 2011). Therefore, the Biopsychosocial Model is better suited for capturing the multifaceted and nuanced nature of postpartum experiences.

Methodology

Study design

The social constructivist philosophy underpinned the study. This philosophy's premise is on how individuals construct meaning through interactions and experiences, for which context and subjective perspectives significantly influence reality (Amineh and Asl, 2015), like postpartum experiences. In tandem with the chosen philosophy, we employed a descriptive qualitative approach to capture rich, detailed narratives of first-time mothers' postpartum experiences (Elliott and Timulak, 2005). The designs' appropriateness centres on its prospects for in-depth exploration of the participants' lived experiences, which provided nuanced insights into their physical, emotional, and social adjustments (Kim, Sefcik and Bradway, 2017; Seixas, Smith and Mitton, 2018) and aligned with the theoretical foundations of the Biopsychosocial Model. Through this, we uncovered the complexities and peculiarities in the postpartum experiences of first-time mothers in the Oti Region of Ghana. Together, the design and philosophy herein employed, ensured fidelity to the data, by projecting the subjective voices of the participants in an authentic manner that generates substantial evidence to guide maternal health practice and policy.

Participants and recruitment process

Our unit of analysis was first-time mothers. We adopted the purposive sampling technique to recruit twenty-five (25) first-time mothers who had given birth within the past six months. Data saturation was, however, achieved after the twenty-third interview (Hennink and Kaiser, 2022), yet two additional interviews were conducted to confirm the findings. Inclusion criteria included being 18 years or older, residing in the Oti region during the postpartum period, and the willingness to share their postpartum experiences. A six-month post-delivery time frame was chosen for inclusion: an attempt to limit recall bias. This was to ensure that the participants provided accurate and relevant accounts of their postpartum experiences (Khare and Vedel, 2019; Shields, Shiffman and Stone, 2016). Additionally, we included only first-time mothers who delivered in health facilities, since we intend to explore health system factors that influence their experiences and offer recommendations to that effect. Therefore, first-time mothers with home deliveries by traditional birth assistants (TBA) were excluded . More so, mothers with severe medical or psychiatric conditions that could impair their ability to participate were excluded (Steadman et al., 2007). The sampling was done purposively, through the heterogeneous sampling approach (Campbell et al., 2020; Etikan, Musa and Alkassim, 2016). Recruitment involved word-of-mouth and referrals from healthcare providers: a strategy which ensured comprehensive insights into the varied postpartum experiences of first-time mothers in Ghana's Oti Region.

Data collection

The study's data was collected through face-to-face semi-structured interviews; with the help of a pretested interview guide (Adeoye-Olatunde and Olenik, 2021; Magaldi and Berler, 2020). Five research assistants, including the first and third authors, conducted these interviews between January 23 and February 7, 2024. An interview guide with open-ended questions was adopted to align with our research design and the constructivist paradigm that underpinned the study (Gysels, Shipman and Higginson, 2008; Weller et al., 2018). The open-ended questions enabled the participants to share rich narratives of their postpartum experiences. Again, the open-ended questions encouraged comprehensive dialogue, capturing the complexity and nuances of their lived experiences (Stanley, 2014; Weller et al., 2018). Questions included: "Describe your postpartum experience since giving birth?" "What changes have you noticed since childbirth?" "What kind of support have you received from your family, friends, and healthcare providers?" "What challenges have you faced during this postpartum period?" "What support have you received during this postpartum period?" and "How have cultural beliefs and practices influenced your postpartum experience?" These questions elicit rich and detailed narratives and capture the diverse aspects of their postpartum journey.

For the rural communities studied, healthcare accessibility is a concern, as such, specific days were prescheduled for postnatal visits where they meet specialists. As such, we planned the interviews to coincide with these schedules. An official, unknown to the potential participants, pre-informed them about the study on their last visit to the health facility and pre-informed consent or an agreement to participate was obtained. The choice of an unknown official was to limit asymmetrical power that could have implicitly coerced them to consent, had any of the health professionals they knew introduced the study to them (Schofield, 2014). In each selected community, first-time mothers who met the inclusion criteria and had agreed to pre-informed consent were approached and interviewed at the facility on their postnatal visit, after a substantive written consent was obtained in compliance with ethical standards (Arifin, 2018; Pietilä et al., 2020; Xu et al, 2020). The goal of the study was stated, likewise their roles and rights in the research process. Twenty-seven first-time mothers were approached, of which two declined, citing inconvenience and the need to seek spousal approval before participation. Each interview lasted between 30 to 45 minutes, providing ample time for participants to share their postpartum experiences, and was audio-recorded (Rutakumwa et al., 2020). Of the 25 interviews, 8 were conducted in Ewe, 10 were conducted in Guan, 5 in Twi and the remaining 2 were conducted in English Language. Ewe, Guan and Twi are dialects that are widely spoken in the Oti Region, thereby featuring mainly in the interviews. After the interviews, participants were thanked for their time and contributions. No incentives were provided to the participants.

Before conducting the interviews, we organized a one-day training program for the research assistants. This training familiarized them with the interview questions while we also reviewed the ethical principles and rules guiding the interview process (Lessler, Eyerman and Wang, 2012; Sattin-Bajaj, 2018). All interviews were conducted at the health facilities and by five researchers of whom two include the first and third authors. The other three interviewers were hired research assistants, with in-depth knowledge and experience in qualitative data collection. These are also native to the study region [Oti Region], but not the communities involved in this research. No relationship existed between the participants and the interviewers before the study. The participants

recognized the researcher's motivation of being genuinely interested in postpartum experiences and a desire to know more about how to support new mothers. The interviewers were empathetic and presented qualities that allowed open sharing and trust during the interviews. Their commitment to mothers' health and maternal well-being positively influenced the research, creating a greater connection with participants and enhancing the resulting data.

Following the data collection, all interviews were transcribed; but before then, those conducted in Ewe, Guan and Twi were translated into English language. During the translation process, there was utmost fidelity to the data and appropriateness in the meaning-making process. The translated versions in English Language, together with the audio recordings were shared with two independent reviewers who are native speakers and proficient in English Language and translational studies to confirm the trustworthiness of the transcripts. In all these, only "minor and insignificant" changes were effected, certifying the accuracy of the translations. Thus, our analysis is based on only the transcripts in English.

Data analysis

The data was analyzed using Clarke and Braun's thematic approach. First, the researchers familiarized themselves with the transcripts through repeated readings. The authors (BW, KAW and AKM) were all involved in the coding, thematization and writing of the findings. Initial codes were then systematically generated by identifying significant features across the entire dataset (Clarke and Braun, 2017). The themes were subsequently derived derived from the data, by organizing these codes into potential themes and collecting relevant data for each. The accuracy of these themes were rigorously reviewed to ensure they faithfully represented the dataset, with refinement and naming following suit (Braun and Clarke, 2019; Clarke and Braun, 2017). A detailed write-up was then produced, incorporating vivid examples and direct quotes from participants to illustrate the findings. Pseudonyms were used to identify the participants and to satisfy the anonymity requirement. This systematic process facilitated a thorough analysis of the postpartum experiences of first-time mothers in Ghana and captured the richness and depth of their narratives. To enhance the credibility of the findings, we carried out member checking, in which the participants scrutinized the findings so that their experiences were properly portrayed, thus enhancing the credibility of the resulting themes. However, only 5 of the participants undertook this, with no significant input or amendments. Furthermore, the study's integrity was upheld through peer debriefing, which facilitated efficient reflection of the analytic process and ensured trustworthiness in the interpretation of the data.

Reflexivity

Reflexivity was important in this research, helping us to acknowledge and deal with possible biases that may arise from the background of the authors and the research assistants. The five interviewers, two males (one a coauthor [(KAW]) and three females (one a coauthor [BW]) had varied experiences that may impact data gathering and interpretation. Both BW and KAW have PhDs, while the other three assistants have MPhils in Nursing, Sociology and Community Development. Two female assistants had postpartum experience—insider knowledge, whereas one did not: one male assistant—the coauthor had experience being a husband and father— outside-inside experience, which is different from the other male without such an experience. To reduce biases, preparatory training sessions were organized before the interviews to guarantee standardized questioning techniques and a homogenous strategy (Lessler, Eyerman and Wang, 2012). The research team also held frequent discussions to share their experiences and consider possible influences on the data collection process. Consistency was also maintained through the application of a structured interview guide and ongoing supervision during the data collection process (Kallio et al., 2016). These actions were taken to maximize the trustworthiness of the findings and contribute more insightfully towards postpartum experiences. Furthermore, another coauthor (AKM) also made additions of new insight throughout manuscript writing, which again influenced the interpretation of data.

Characteristics of the participants

Table 1 presents the participants' profiles. The mothers were aged 20 to 40, reflecting typical childbirth ages in Ghana. The sample included diverse ethnicities (Guan, Ewe, Konkomba) and religions (18 Christian, 7 Muslim). Participants were from both rural (15) and urban (10) areas. Educational backgrounds ranged from no formal education (7) to tertiary degrees (2). Marital status included married (16), single (8), and divorced (1). Employment varied, with some in full-time (2), part-time (5), informal (10), or unemployed (8) roles.

Findings

The thematic analysis produced two major themes and seven subthemes. The first theme, "changes and health issues," includes the subthemes: physical changes and health issues, psychological and emotional issues, severe medical conditions and disabilities, and neurological and sensory issues. The second main theme, "social support," encompasses the subthemes: spousal support, familial support, and health systems support.

Changes and health issues

Highlighted in this theme are the various postpartum changes and health challenges experienced by the first-time mothers. The findings reveal significant physical transformations, including weight fluctuations, fatigue, and recovery from childbirth-related cuts and injuries. Additionally, psychological and emotional issues such as postpartum depression, anxiety, and mood swings were reported by the participants. More so, severe medical conditions and disabling situations, arising from childbirth complications, were also reported. Furthermore, neurological and sensory issues, such as headaches and visual challenges, were also common. In the subsequent paragraphs, detailed descriptions of these health challenges are provided, with direct quotations from the participants.

Physical changes and health issues

The physical and health issues experienced by the mothers during postpartum were categorized into four domains which are hair loss and voice transformations; dental problems; pain and physical discomfort and skin and complexional alterations. These domains epitomize the array of health issues associated with postpartum.

Hair loss and voice transformations

Several participants experienced hair loss and voice transformation postpartum. For instance, one mother shared, *"I lost every hair on my head after delivery, now trying to see if I can grow it back but it is challenging."* [M21] Another participant noted a distinct change in her voice, stating, *"I have a different voice now I can't even recognize myself."* [M14] Queried on their understanding of the processes that led to such changes, all but one participant offered a cogent reason, attributing the hair loss to hormonal fluctuations and voice alterations to fatigue, and childbirth-related strain.

Dental issues

Dental problems were a common postpartum experience among the participants. Explaining this experience, seven out of the twenty-five first-time mothers revealed that deficiencies in nutrients like calcium and vitamin D, which are crucial for maintaining healthy teeth and gums

Table 1
Characteristics of the participants.

Participant	Age	Locality	Education	Marital status	Religion	Employment	Language
M1	27	Urban	Basic	Single	Christian	Unemployed	Ewe
M2	22	Rural	None	Married	Muslim	Employed	Guan
M3	24	Urban	Secondary	Single	Christian	Unemployed	Ewe
M4	28	Rural	None	Married	Muslim	Employed	Guan
M5	24	Urban	Basic	Single	Christian	Employed	Guan
M6	23	Rural	None	Single	Muslim	Unemployed	Guan
M7	23	Rural	None	Single	Christian	Unemployed	Guan
M8	28	Rural	Basic	Married	Christian	Employed	Ewe
M9	29	Rural	Secondary	Married	Christian	Employed	Twi
M10	27	Rural	Basic	Single	Christian	Employed	Guan
M11	26	Rural	Tertiary	Married	Christian	Unemployed	English
M12	31	Rural	Basic	Married	Christian	Employed	Guan
M13	26	Rural	Vocational	Single	Christian	Employed	Ewe
M14	29	Urban	Secondary	Married	Christian	Employed	Ewe
M15	27	Urban	Vocational	Married	Muslim	Employed	Twi
M16	40	Rural	Basic	Single	Christian	Employed	Guan
M17	25	Rural	None	Married	Muslim	Unemployed	Guan
M18	24	Urban	Tertiary	Married	Christian	Employed	English
M19	31	Rural	Secondary	Married	Christian	Employed	Ewe
M20	32	Urban	Basic	Married	Christian	Employed	Twi
M21	20	Rural	None	Married	Muslim	Unemployed	Ewe
M22	34	Urban	Basic	Divorced	Christian	Employed	Guan
M23	30	Urban	None	Married	Muslim	Employed	Twi
M24	28	Rural	Basic	Married	Christian	Unemployed	Ewe
M25	25	Urban	Secondary	Married	Christian	Employed	Twi

could have contributed to these dental issues. One mother described her situation, saying, *"My child took two teeth. I lost two teeth after my birth experience. If it becomes a trend, I might end up being toothless. It is not easy at all."* [M3] Another shared her long-term struggle postpartum, saying *"I had a prolonged toothache after giving birth: more than six months I must say. Last month, I got one fixed now I am planning on fixing the other ones."* [M12]

Pain and physical discomfort

Persistent pain and physical discomfort were also a recurrent postpartum experience. Interestingly, the mothers were knowledgeable of the causes, tying it to the effects of hormonal fluctuations on muscle and joint discomfort, besides headache and fatigue. Illustratively, one participant recounted, *"My two wrists have never been the same. I have been experiencing sharp pains every time since childbirth."* [M7] Another mother highlighted her ongoing struggles with mobility postpartum, saying *"My right leg went off during labor and till now I can't squat."* [M19] While some of the mothers described the temporality of these pains and discomforts, a few intimated the long-term endurance of these pains and discomforts.

Skin and complexion changes

Furthermore, skin and complexional changes also emerged as significant postpartum issues. One mother expressed her postpartum frustration with skin tags, when she noted, *"Pregnancy left me with skin tags... it is now itchy and seems like it's growing bigger each day."* [M4] Another participant reflected on changes to her complexion postpartum and the experiences of others she knew. However, she downplayed the severity of her condition, comparatively to what other women experienced. She recounted, *"So people are suffering like this, and I am worried about my lost complexion after childbirth. Let me take it like that errr."* [M22] The complexional changes were temporary in all the participants, except for Emelia [M13] and Janet [M24] who are yet to achieve their pre-pregnancy complexion.

Psychological and emotional issues

Several participants highlighted psycho-emotional issues during postpartum. These include PPD and psychosis, which affect their overall mental well-being. Symptoms and signs reported by the participants include constant sadness or despair, anxiety, irritability, trouble bonding with the baby, changes in appetite or sleep, and no interest in activities previously enjoyed. Four of the first-time mothers also felt worthless or guilty and, in an extreme situation, Brenda [M10] had thoughts of self-harm—suicidality. She noted the severity of the condition, saying,

> *"…the last one is puerperal psychosis; if you have a history, it is prudent you tell your midwife so she can take you to the mental unit. I was a victim, and I got the help needed. It was that bad, I contemplated suicide."* [M10]

Another participant commented on the complexity of postpartum mental health issues, stating it was a "near insanity experience."

> *"It was near madness. I experienced postnatal blues and postnatal depression. The causes are mostly related to the things that I went through during pregnancy, like rejection, not having enough support and financial constraints. This was a challenging experience."* [M25]

Emotional struggles were also a prominent theme among the participants, reflecting the emotional toll of childbirth and motherhood. One participant expressed the immense emotional burden and the sacrifices women make, stating.

> *"…after these experiences, someone [a man] will ask, what do you bring to the table: giving birth alone is enough. It's not easy but you just put yourself together for your baby. For that reason, I ignore any man who asks what women bring to the table. We [women] go through worse things because of pregnancy. You are just never the same again."* [M20]

These findings highlight the critical psychological and emotional challenges first-time mothers face during the postpartum period. Recognizing these symptoms is crucial, as early detection and intervention can lead to effective treatment and support, helping mothers navigate this phase.

Severe medical conditions and disabilities

Our analysis also uncovered severe medical conditions and disabling conditions experienced by some first-time mothers, revealing significant health risks associated with childbirth. Participants recounted tragic stories of paralysis and crippling conditions following childbirth. One

participant shared a heartbreaking account, *"I got paralyzed and the saddest part was that I lost one of the babies too."* [M10] Another described the long-term impact of hip shifts, stating, *"I had a hip shift and now I walk like a disabled person."* [M17] Participants also described instances of hearing and vision loss following childbirth. One participant shared a poignant example, *"My sister's friend lost hearing after having her last born, now you have to shout for her to hear, hmm childbearing takes grace."* [M7] Another participant recounted a similar experience, *"One lady lost her sight after childbirth"*, [M10] pointing out the profound and sometimes life-altering medical conditions and disabilities that can arise from childbirth.

Neurological and sensory issues

Some of the participants experienced numbness and tingling sensations, often related to specific body parts. Emelia expressed frustration with the condition, stating, *"I normally feel the numbness of the finger which feels like they used a hammer to hit my hands. When the weather is cold it's you and your God."* [M13] Another participant highlighted ongoing discomfort, *"Currently battling a pain in my right arm, it started with pregnancy, from my waist to now my arm, it comes and goes."* [M23] Some also reported significant changes in sensory perception following childbirth. For instance, Daniella reflected on the loss of some senses, stating, *"I have lost my sense of taste and smell after giving birth. I do not know when I will regain them."* [M9]

Social support

The social support theme emphasizes the crucial role of support systems in the postpartum experiences of first-time mothers. Findings indicate that spousal support, covering emotional and practical assistance, significantly impacted the mothers' postpartum experience and well-being. Familial support, particularly from extended family members, provided essential help with childcare and household tasks while health systems' support with postpartum services was vital for addressing health issues and facilitating recovery.

Spousal support

Spousal support varied among the first-time mothers, with greater availability influencing their postpartum experiences positively. Several mothers expressed gratitude for their partner's active involvement during postpartum. They described how they assisted with household chores, provided emotional reassurance, and actively participated in childcare responsibilities. This support not only eased the physical burdens of motherhood but also provided a supportive environment crucial for maternal well-being and recovery. Mothers who received sufficient spousal support reported feeling more confident and better equipped to navigate the challenges associated with postpartum recovery.

> *"My husband was my pillar during those tough days. He helped with household chores, listened to my concerns, and encouraged me to rest whenever possible."* [M5]

> *"I am grateful for my husband's support. He took over caregiving duties at night so I could get some sleep. His presence made the transition into motherhood much smoother."* [M25]

Conversely, some mothers described mixed experiences where spousal support fluctuated over time. While appreciating initial efforts, these mothers noted instances where their partners struggled to understand the emotional and physical toll of childbirth. This inconsistency sometimes led to stress and abandonment as they managed both childcare and household responsibilities alone in their frail and feeble state.

> *"While my husband tried to be supportive, he struggled to understand the emotional toll of childbirth. His efforts were appreciated, but there were moments when I felt alone in my struggles."* [M11]

> *"Sometimes, my husband's expectations of me were unrealistic. He did not understand why I could not resume all household responsibilities immediately after giving birth."* [M18]

In cases where spousal support was lacking altogether, mothers vehemently expressed disappointment and emotional distress. This proves the detrimental impact of non-supportive partners on their postpartum mental health and overall well-being.

> *"I wish my husband had been more supportive. He was absent during most of my postpartum recovery, leaving me to manage everything on my own."* [M5]

> *"My partner's lack of understanding and support during my postpartum depression made it harder for me to cope. I felt isolated and struggled to seek help."* [M21]

> *"Unfortunately, my partner's indifferent attitude added to my stress. I needed his support, but he wasn't there emotionally or physically."* [M8]

These findings reveal the critical role of spousal support in shaping the postpartum journey and emphasize the need for comprehensive support systems to assist new mothers during this transitional period.

Familial support

Familial also support played a significant role in shaping the postpartum experiences of first-time mothers. This support mostly influenced their emotional well-being and offered substantial assistance during this transformative period. Many mothers expressed appreciation for the support received from extended family members, particularly mothers, sisters, and in-laws, who provided substantial help with childcare, household chores, and emotional encouragement. For instance, one participant remarked, *"My mother stayed with me for the first few weeks after birth, helping me with the baby and ensuring I rested. Her presence was a blessing during that challenging time."* [M9] Further, it was highlighted by another that the emotional backing received from her siblings was important, *"My sisters visited regularly and offered moral support. They listened to my concerns and offered advice, which made me feel supported and less alone."* [M18]

Conversely, some mothers faced challenges with familial support, noting instances where family dynamics or distance hindered their ability to receive adequate assistance. Brenda mentioned, *"Although my family was supportive, they lived far away, making it difficult for them to be physically present. I missed having their daily support and felt overwhelmed at times."* [M10] Another mother expressed disappointment with the lack of understanding from certain family members, saying, *"Some relatives did not understand the demands of motherhood. Their expectations added pressure, making me question my abilities as a new mother."* [M6]

Health systems support

Participants further discussed the importance of timely and responsive care from healthcare professionals in managing postpartum health issues. Daniella shared that, *"The midwives at my local clinic were very supportive. They provided guidance on breastfeeding, checked on my recovery, and addressed my concerns promptly."* [M9] This positive experience with healthcare providers contributed to a smoother transition into motherhood and enhanced maternal well-being. However, challenges in the healthcare system were also noted, impacting mothers' experiences negatively. Some participants expressed frustration with long wait times at health facilities, limited availability of postnatal care services, and inadequate support for mental health issues such as postpartum depression. One participant mentioned, *"I struggled to get appointments with the midwife after giving birth. There seemed to be a shortage of staff, and*

I felt rushed during consultations." [M13] Such experiences highlighted the gaps in the healthcare system's ability to meet the comprehensive needs of postpartum mothers in Ghana.

Discussion

This study explored the postpartum experiences of first-time mothers in Ghana's Oti Region and found a range of experiences, which brought out both positive and negative aspects. Positive experiences revealed the crucial roles of spousal, familial, and healthcare support in enhancing maternal well-being during the postpartum phase. Conversely, negative experiences presented challenges such as inadequate healthcare services and insufficient emotional support, pain and changes in the body, and mental health issues as well as physical disabilities (in rare cases). These findings emphasize the need for improved maternal health policies and support structures, especially during postpartum. Consequently, the subsequent paragraphs discuss these findings, draw implications, and offer strategies on how these findings could translate into actionable recommendations for healthcare practitioners.

Our findings align with contemporary literature, which emphasizes the significance of postpartum care, often referred to as the fourth trimester, as a period of profound physical, emotional, and social transformation (Paladine, Blenning and Strangas, 2019; Verbiest et al., 2018). The positive experiences highlighted in this study, such as robust spousal, familial, and healthcare support, corroborate previous research that recognizes the vital role of these elements in enhancing maternal well-being during the postpartum (De Sousa Machado, Chur-Hansen and Due, 2020; Hannon et al., 2022). The significance herein is that some mothers received good maternal care, thus culminating in a positive postpartum experience. These positive shreds of evidence within the umbrella of maternal care and its associated services can engender the necessary context for upscaling efficient and client-centred practices to enhance the overall experience and health of pregnant women and new mothers.

Conversely, the negative experiences reported by participants, which include inadequate healthcare services, insufficient emotional support, and pain/physical discomfort, resonate with findings from Sakyi et al. (2020) and Laurenzi et al. (2020), wherein they identified significant barriers to effective postpartum care in Ghana. These challenges reflect the broader socio-economic and healthcare dynamics that impact how mothers navigate this crucial period. The acknowledgement of physical changes such as uterine contractions and healing of birth-related injuries, as discussed by Childs et al. (2020), further emphasizes the need for targeted interventions that address both the physical and emotional dimensions of postpartum recovery.

The Biopsychosocial Model serves as an effective theoretical framework for interpreting these findings. This model integrates biological, psychological, and social factors, allowing for a comprehensive understanding of health outcomes (Gatchel et al., 2020; Lugg, 2022). In the context of postpartum experiences, this approach highlights how physical health changes, such as recovery from childbirth, interact with psychological adjustments and social support during this critical post-delivery phase. This holistic perspective is particularly relevant in resource-constrained settings like the Oti Region of Ghana, where the interplay of these factors can significantly affect maternal health outcomes. Thus, a comprehensive focus on the mother's physical and psychological health during postpartum is imperative, not forgetting their access to and usage of social support. For example, the importance of social support lies in its ability to mitigate the effects of adverse social determinants, enhance mental health outcomes, and foster resilience in the face of challenges. To that end, improving their access to social support would go a long way towards enhancing their overall psychosocial health and well-being (Morgan, 2023).

Gleaned from the findings is the influence of socio-cultural factors in shaping postpartum experiences. Traditional practices and beliefs can either enhance or hinder the support services and networks available to new mothers. As noted by Dennis et al. (2007) and Geçkil, Şahin, and Ege (2009), cultural norms often dictate the types of support offered by spouses, family and members of the community to new spouses and new mothers. In the Oti Region, where socio-cultural practices are deeply rooted in the daily lives of the people, understanding these dynamics is essential for developing effective interventions. The involvement of the extended family for instance, in providing postpartum support, as highlighted in this study, aligns with findings from Kim-Godwin (2003), who suggests that cultural expectations significantly influence maternal care practices in Ghana. Specifically, the culture influences the available services new mothers receive and how they are treated, especially postpartum. Therefore, a culturally sensitive postpartum framework needs to be developed and deployed through family-centred maternal care services and intervention. By so doing, cultural narratives, expressions, and expectations can be aligned with the needs, aspirations and expectations of new mothers, especially regarding the role of their spouse and family during postpartum and the support these actors can provide for them in this crucial post-delivery period.

Furthermore, we found that rural-urban disparities significantly impact postpartum experiences, with rural areas often facing challenges such as inadequate healthcare access and limited support systems. In Ghana, rural mothers frequently encounter barriers to quality healthcare, which can exacerbate the physical and emotional challenges of the postpartum period (Sakyi et al., 2020; Laurenzi et al., 2020). The SDoH Theory highlights how socio-economic factors, including education and income, contribute to these disparities, thereby affecting health outcomes (Marmot, 2005). Additionally, the Biopsychosocial Model emphasizes the interplay of biological, psychological, and social factors that vary between urban and rural settings, somehow influencing maternal well-being (Gatchel et al., 2020) and postpartum experiences. Mothers in rural communities often rely on traditional practices and community support, which can differ significantly from urban healthcare systems (Dennis et al., 2007). Addressing these disparities is essential for developing effective maternal health interventions that cater to the unique needs of mothers in both contexts.

Overall, the study's consequences for maternal health policies and interventions are profound. The negative and positive postpartum experiences emphasize the critical need for comprehensive maternal health policies. This is because these findings support the notion that effective postpartum care could lead to healthier mothers, which, in turn, fosters better family and community health outcomes. This cyclical relationship stresses the importance of intervention strategies that address both immediate and long-term health needs. Further, the findings suggest coordinated efforts at multiple levels such as the individual, household, community, health systems, and the national level, towards addressing the challenges faced by first-time mothers. Therefore, policymakers must prioritize the improvement of healthcare accessibility and emotional support services while promoting an environment that encourages family-centered maternity care, especially during postpartum. This aligns with the recommendations of Mkandawire-Valhmu et al. (2018), who emphasize the importance of comprehensive support systems for enhancing maternal health outcomes. Overall, by analyzing the experiences of this group of mothers, our study broadens knowledge of the localized situation and informs the development of tailored interventions for first-time mothers within resource-limited settings.

Implications

Practical measures should be instituted to enhance access to comprehensive postpartum care, by eliminating gaps such as accessibility challenges, long wait times and limited mental health support within the healthcare delivery architecture. Strengthening health systems to provide timely and supportive care could mitigate the physical and psychological challenges faced during postpartum, thereby improving maternal health outcomes. Integrating culturally sensitive and appropriate elements into postpartum care and developing

personalized postpartum care frameworks will also enhance outcomes in the region. This includes promoting spousal and familial involvement in caregiving and emotional support, which were shown to positively impact maternal well-being (Morgan et al., 2022). In-service training programs for health professionals should emphasize holistic care approaches to equip them with the appropriate competencies to serve the needs of new mothers.

Looking into the future, research needs to expand on this study's findings by exploring the long-term impacts of postpartum health issues on maternal and child health outcomes. Additionally, investigating the effectiveness of interventions aimed at improving spousal and familial support systems during postpartum could provide valuable insights into enhancing support networks for postpartum care. Moreover, prospective research should also prioritize inclusivity by examining the experiences of marginalized populations and assessing regional variations in maternal health practices across Ghana. These steps could contribute to evidence-based policies and practices that promote maternal health resilience and improve overall maternal well-being nationwide.

Strengths and weaknesses

To the best of our knowledge, our study is the foremost research that examined the postpartum experiences of first-time mothers in the Oti Region of Ghana. By so doing we addressed an important research gap. Focusing on this under-researched area, the study highlights the unique contextual factors that influence maternal health and support during postpartum. Additionally, the study's focus on a specific regional context and a peculiar group—first-time mothers, provided insights into a localized understanding of postpartum experiences, hence providing the basis for localized actions. Moreover, the study employed a rigorous qualitative approach, which allowed for an in-depth exploration of these experiences among first-time mothers. The use of semi-structured interviews facilitated rich data collection, capturing diverse perspectives on physical, psychological, and social aspects of postpartum health. Ultimately, this enabled the participants to construct their experiences in a realistic and personalized manner, offering depth and nuanced understanding. Finally, the involvement of research assistants who are well-versed in qualitative methods enhanced data reliability and consistency across interviews.

Despite these strengths, several limitations merit consideration. For instance, the reliance on a small sample size of 25 participants and a single geographic region limits not only the generalizability of findings beyond the Oti Region but also the replicability—due to the unique and context-specific nature of the research. To minimize the limitation of replicability, however, we presented clear and detailed documentation of our research process, such as participant recruitment, data collection methods, and analytical processes, making it modifiable in different settings. The pretested interview guide also solidified our data collection method and established its viability, enhancing the study's credibility in that regard. For instance, following the pretest, minor modifications were made to the structure and the framing of some questions. In place of "after birth" for example, we modified the interview guide to constrain their experiences to the postpartum period, by referencing a timescale—up until week six post-delivery. Moreover, excluding mothers with severe health complications might have skewed the study's findings towards less complex cases. We also acknowledge that our perspectives and experiences could have shaped the data collection and analysis. To address this, we engaged in reflexivity, reflecting our biases, and documenting such throughout the research process. Feedback from peers and experts was also used to enhance the study's credibility and trustworthiness. Furthermore, new mothers with home-based deliveries, a substantial group, which could limit the comprehensiveness of our understanding. Finally, relying on subjective experiences and recall increased the potential for desirability bias, where the potential to align responses with perceived social norms or expectations can undermine the authenticity of our findings. In our bid to lessen this, we created a non-judgmental environment during interviews and assured participants of confidentiality. These motivated them to share their experiences in honesty.

Conclusion

This paper investigated the postpartum experiences of first-time mothers in the Oti Region of Ghana, through a constructivist lens. Key themes explored included physical health challenges, psychological impacts, and the dynamics of social support networks. The findings revealed a spectrum of experiences among participants, emphasizing the critical roles of spousal, familial, and healthcare support in influencing maternal well-being during the postpartum phase. The study highlights the urgency for interventions that bolster access to comprehensive postpartum care services, rectify existing gaps in healthcare provision, and integrate culturally sensitive practices into maternal health initiatives. Again, there is a clear call for healthcare providers to adopt holistic care strategies that encompass the multidimensional aspects of postpartum health, ensuring mothers receive adequate physical, emotional, and social support. Healthcare providers and policymakers are advised to implement regular follow-up visits that include mental health evaluations and provide access to support groups for new mothers. Additionally, providing personalized educational materials related to postpartum recuperation can empower women to seek help and enhance their overall health and well-being. These efforts would promote effective maternal health policies and practices, to ensure comprehensive and intentional care for all new mothers in the Oti Region and Ghana at large. Overall, our study makes a valuable contribution to maternal health by describing the complexities of the experiences of women in the postpartum period, the need for individualized support approaches, and the value of accounting for various delivery mechanisms in research to guide evidence-based healthcare practices.

Statement of Significance

Problem or issue	**What is already known**	**What this paper adds**
No scholarly evidence on the first-time mothers' postpartum experiences in Ghana's Oti Region.	An ample understanding of postpartum experiences of first-time mothers from other regions exists, except for the Oti Region. Sources and domains of postpartum support for first-time mothers have not been explored.	In-depth insights into postpartum challenges specific to the Oti Region, highlighting unique factors and practical implications for healthcare. The role of support systems in the region, and how they improve postpartum well-being of first-time mothers.

Ethics approval and consent to participate

Ethical approval was not sought for this qualitative exploratory study, as it focused on personal experiences shared in a confidential setting. Participants provided informed consent to participate and for their views to be published, understanding the nature of the research and their right to withdraw at any time. This approach aligns with established guidelines for qualitative research, emphasizing the importance of voluntary participation and respect for individual narratives. The study adhered to all ethical standards. The dignity, safety, and well-being of participants were paramount concerns, with participation in the study strictly voluntary and no recording of identifying or sensitive information.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used are available from the corresponding author upon reasonable request.

Funding

The authors declare that they have no funding support.

CRediT authorship contribution statement

Bernice Wadei: Writing – review & editing, Writing – original draft, Formal analysis, Data curation. **Anthony Kwame Morgan:** Writing – review & editing, Writing – original draft. **Kwame Ansong Wadei:** Writing – review & editing, Writing – original draft.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

Not applicable.

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