COMMUNITY CARE OF MIDWIVES REGARDING THE QUALITY OF LIFE OF WOMEN AFTER GIVING BIRTH

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Abstract

Introduction: The postpartum period is very demanding for every woman. A significant type of nursing support for women after giving birth is nursing community care. Currently, this type of care is not available to all women in the Czech Republic.

Goal: Our goal is to find out whether and how the provided community care affects the quality of life of women after giving birth and their health condition, and to present the factors that affect the use of community nursing care provided by midwives to women after giving birth. We also aimed to present comparative results of the health condition of women after giving birth and the status of lactation at the end of puerperium regarding the used or unused services of a community midwife.

Methods: We used the standardized Mother-Generated Index (MGI) questionnaire. We supplemented it with our proper sociodemographic questions. The MGI is a mixed method questionnaire (quantitative and qualitative methodology) with individualistic elements. The sample group included 122 women after giving birth. It was divided into two groups (women who used community nursing care after giving birth (N = 54) and women who did not use the community nursing care (N = 68)).

Results: The results did not show a significant relationship between the results of the health condition and lactation status of women after giving birth and the repeated community nursing care. This fact can be affected by the lack of standards for midwife community care. The qualitative analysis of the MGI questionnaire shows that the mentioned life areas that undergo most changes after giving birth can be used for a deeper understanding of postpartum changes in the life of new mothers.

Conclusions: We recommend further researches that are focused on the continuous community care of midwives provided to women after giving birth. It is also necessary to support professional organizations to create unanimous standards in the community nursing care of midwives in the Czech Republic.

Keywords: *Community care; Midwife; Mother-Generated Index; Puerperium; Quality of life*

ORIGINAL ARTICLE

INTRODUCTION

Developmental psychologists who deal with women's reproductive health highlight three crucial points: the beginning of the menstruation cycle; pregnancy, delivery and puerperium; and the termination of the menstruation cycle. These points represent critical periods in a woman's life (Ratislavová, 2008; Špatenková, 2006; Vágnerová, 2000). Puerperium can be labelled as a transformation period for a woman/mother, as well as for the newborn, father and the new family (Schönbauerová and Boledovičová, 2018). There are many changes in the puerperium, which are physical, psychological, energetic and social (Bašková et al., 2011; Lorenzová et al., 2014).

Community nursing care of midwives for women and newborns has been mentioned throughout history. This type of care is spoken about today as well, as it is mentioned in the regulation of the Ministry of Health of the Czech Republic No. 55/2011 Coll. A community midwife has a close relationship with a woman and her family and her care can be very individualized and holistic (Homer et al., 2008; Hunter, 2006; Marshalland Raynor, 2014). Australian research from 2001 proves that the community care of midwives is more economical than standard care in hospitals (Homer et al., 2001).

In the Czech Republic, there are currently only 10% of midwives working in community care (Dorazilová, 2012). The research from 2017 mentions the registration of only 180 private midwives in the Czech Republic (Ratislavová and Ezrová, 2017). The community care for women after giving birth can be covered by insurance a maximum 3 times; if the chosen midwife has a contract with the same insurance company as the woman who requires the care and if the care is recommended by the woman's gynaecologist. Today, only 15–30 private midwives have contracts with insurance companies (Ratislavová and Ezrová, 2017).

We will also deal with the quality of life of women after giving birth. The WHO defines this as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment" (Vaďurová and Mühlpachr, 2005).

The main goals of this article are:

1) to introduce the factors that affect the use of community nursing care of midwives in the puerperium;
2) to introduce comparative results of the health condition of women after giving birth and the status of lactation at the end of puerperium in relation to the used or unused community nursing care of a midwife;
3) to present the results of the subjective quality of life of women after giving birth.

MATERIALS AND METHODS

We used the standardized *Mother-Generated Index* questionnaire (which we supplemented with sociodemographic questions), which focuses on the subjectively perceived quality of life of women after giving birth. It is a mixed approach questionnaire (quantitative and qualitative methodologies) with individualistic elements. Its author is Dr. Andrew Symon, a midwifery lecturer at the University of Dundee in Scotland. A pilot research study using this questionnaire was published in 2003 (Symon et al., 2003a). The MGI questionnaire was translated into Czech by translation and back-translation method in 2014. It is possible to use it after the approval of the author (the translation was ensured by the authors of this article). The questionnaire includes 4 steps. The first step is qualitative and the further steps are quantitative (the assessment of life areas is presented on scales using points). We also used the MGI for the calculation of the so-called 'index of the quality of life of women after giving birth.'

The sample group included 122 women after giving birth and it was divided into two groups. The first group (experimental) included 54 respondents who used the community nursing care of midwives after giving birth. The condition was that respondents had to have had at least two visits after giving birth. Community nursing care was provided by experienced midwives with a minimum practical experience of 4 years. The research in-

cluded 10 community midwives. They helped the women to fill in the questionnaires, did it by themselves or instructed the women and gave them the link for the online version of the questionnaire. The respondents were informed about the purpose of the research and the collection of data was anonymous.

The second group of respondents included 68 women (control group). These women did not use the community nursing care of midwives in the puerperium. Their contacts were obtained from the internet, especially Facebook groups. They filled in the online version of the questionnaire.

Both groups included women who delivered a full-term infant. Their age, level of education or type of delivery were not important. We excluded women who suffered from a life-threatening illness or who delivered disabled children or children with a life-threatening illness. The research via a questionnaire was carried out in both groups during the first eight months after giving birth.

In December 2016, a pre-research was carried out. The proper research was carried out between January 2017 and March 2018 in the Czech Republic (regardless of the respondents' place of residence). We used the standardized Mother-Generated Index (MGI) questionnaire. We supplemented it with our proper sociodemographic questions. We collected 125 questionnaires but three were excluded because they were incomplete. The total number of questionnaires was $N = 122$.

This article presents qualitative data gained from the MGI questionnaire. The data were optically and logically classified, coded and entered in special software. For statistical analysis, we used the SASD (Statistical Analysis of Social Data). In the first phase, we carried out descriptive statistics. In the second phase, we analyzed the data using the chi-square test with the level of significance $\alpha = 0.05$.

RESULTS

Description of sample groups and the relation with the community nursing care of a midwife

Table 1 shows more detailed characteristics of the experimental sample group. Table 2 presents more detailed characteristics of the control sample group, i.e. women who did not use the community nursing care of midwives in the puerperium. The results show that there were no statistically significant relationships between the frequency in the contact between mothers and community midwives in puerperium and the number of deliveries, education, age and the place of residence.

However, there was a statistically significant relationship between the frequency in the contact between mothers and community midwives in puerperium and marital status (Table 3). Single mothers significantly more frequently stated that they had repeated contact with a community midwife in puerperium. Married mothers used the services of a community midwife significantly less frequently.

The quality of life of women after giving birth – assessment of life areas

In the first phase (qualitative) of the MGI questionnaire, the respondents could state up to eight life areas that changed after giving birth. The data were divided into 10 categories so that they could be statistically evaluated: Well-being; Relationship with her partner/sexuality; Relationships with friends; The role of a mother; The feeling of satisfaction; Relationship with the previous child; Career; The relationship to one's self, self-esteem; Relationship with her mother; Other – not categorized.

We analyzed the most mentioned life categories.

The relationship with her partner, sexuality (Table 4) was the most frequently mentioned category in both groups. The results show that the changes were mostly positive. The selected responses regarding positive changes were: "more intensive trust in my partner", "affectionate relationship with my husband", "feeling loved" or "more physical contact with my partner". The selected responses regarding negative changes were: "lack of time for my partner", "accepting the new role of a parent takes all our energy", "the intimate life has changed – we do not have the time nor energy for it".

Table 1 – Description of the experimental group – women after giving birth who used the community nursing care of midwives

Total number of women	Absolute number: 54 Relative number: 100%
Number of postpartum visits of a community midwife (0–5)	Modus: 2
Number of deliveries	one: 23 (42.6%), two: 22 (40.7%), three and more: 9 (16.7%)
Highest achieved level of education	basic: 1 (1.9%), secondary and higher education: 20 (30.7%), university: 33 (61.1%)
Age of respondents	up to 20 years: 0 (0%), 21–29 years: 15 (27.8%), 30–39 years: 37 (68.5%), 40 and older: 2 (3.7%)
Nationality of respondents	Czech: 52 (96.3%), Slovak: 2 (3.7%)
Place of residence	city/town: 37 (68.5%), village: 17 (31.5%)
Marital status	single: 19 (35.2%), married: 32 (59.3%), divorced: 3 (5.6%)
Type of delivery	vaginal: 46 (87.0%), vaginal – instrumental: 0 (0%), caesarean section: 7 (13.0%)
Subjective assessment of puerperium (more options)	without complications: 43 (79.6%), difficult: 8 (14.8%), medical help was necessary: 5 (9.3%)
Lactation status at the end of puerperium	full breastfeeding: 48 (88.9%), partial breastfeeding 4 (7.4%), unsuccessful breastfeeding: 2 (3.7%)
Subjective assessment of the woman's community	good: 48 (88.9%), not good: 6 (11.1%)
Recommendations for the available community care of midwives for women after giving birth (based on experience)	yes: 43 (79.6%), no: 1 (1.9%), did not respond: 10 (18.5%)

Table 2 – Description of the control group – women after giving birth did not use the community nursing care of midwives

Total number of women	Absolute number: 68 Relative number: 100%
Number of deliveries	one: 38 (55.9%), two: 23 (33.8%), three and more: 7 (10.3%)
Highest achieved level of education	basic: 2 (2.9%), secondary and higher education: 20 (29.4%), university: 46 (67.7%)
Age of respondents	up to 20 years: 0 (0%), 21–29 years: 27 (39.7%), 30–39 years: 37 (54.4%), 40 and older: 4 (3.7%)
Nationality of respondents	Czech: 68 (100.0%)
Place of residence	city/town: 51 (75.0%), village: 16 (23.5%)
Marital status	single: 13 (19.1%), married: 54 (79.4%), divorced: 1 (1.5%)
Type of delivery	vaginal: 52 (76.5%), vaginal – instrumental: 1 (1.5%), caesarean section: 15 (22.0%)
Subjective assessment of puerperium (more options)	without complications: 54 (79.4%), difficult: 8 (11.8%), medical help was necessary: 6 (8.8%)
Lactation status at the end of puerperium	full breastfeeding: 57 (83.8%), partial breastfeeding 7 (10.3%), unsuccessful breastfeeding: 4 (5.9%)
Subjective assessment of the woman's community	good: 60 (88.2%), not good: 8 (11.8%)
Recommendations for the available community care of midwives for women after giving birth (based on experience; no service was provided)	yes: 32 (47.1%), no: 30 (44.1%), did not respond: 6 (8.8%)

Table 3 – Factors affecting the use of community nursing care of midwives in the puerperium

Community care of a midwife/ Without community care of a midwife and…	*N*	Value χ^2	df	*p*	Statistical sign.
Number of deliveries	122	2.386	2	0.303	n.s.
Education	122	0.878	2	0.645	n.s.
Age	122	1.897	1	0.172	n.s.
Place of residence	122	0.629	1	0.431	n.s.
Marital status	122	6.228	2	<0.05	yes

Table 4 – The assessment of the changes in the category Relationship with her partner, sexuality

Response	Positive response	Negative response	A positive and negative response
101	41	29	31

The assessment of changes in The role of a mother is shown in Table 5. It is interesting that this category was mostly assessed as a positive change. Women often stated the following: "I am a mother at last", "harmoniousness with the culture of child recognition" or "harmoniousness with the role of a mother". There was also a very emotional response: "desire to become a surrogate parent to somebody else's child". There was only one negative response: "the feeling of a great responsibility". The statement "harmoniousness with the role of a mother" has a duplicitous character.

Table 5 – The assessment of the changes in the category The role of a mother

Response	Positive response	Negative response	A positive and negative response
66	53	1	12

The Career category is shown in Table 6. This category mostly contains negative statements, e.g.: "I do not feel like I am working hard enough", "I am not developing my cultural knowledge", "I have difficulties in managing my job and a small child". Positive statements include: "I feel better after having changed my priorities", "I have new knowledge – in taking care of my child", "I feel that I communicate my needs better", "I am forced to organize my time better".

Table 6 – The assessment of the changes in the Career category

Response	Positive response	Negative response	A positive and negative response
29	8	14	7

The category The relationship to one's self/self-esteem is shown in Table 7. We can say that the respondents assessed this category mostly positively. They specifically stated that: "my self-confidence has grown", "I know that I can rely on myself", "I am grateful for my fertility", "I think that the periods of pregnancy, delivery and puerperium are great turning points in my personal development, "motherhood has made me work on my dark side", "I experience my womanhood more deeply", "I overcame the fear of giving birth", "I have got to know myself better thanks to motherhood". The stated negative changes are:

"I sometimes feel insecure", "I blame myself for what I cannot do and I have difficulties with acknowledging myself" or "I sometimes have difficulties with processing negative emotions regarding the delivery". Unfortunately, one very negative statement appeared, which was "I developed phobias and anxiety after the delivery".

Table 7 – The assessment of the changes in the category The relationship to one's self/self-esteem

Response	Positive response	Negative response	A positive and negative response
76	39	20	17

The quality of life of women after giving birth – indexation

In 2003, a study was published, which proved that women after giving birth who achieved a quality of life index score of ≤5 in the MGI questionnaire were more likely to develop postpartum depression or have a worsened health condition. The MGI questionnaire was validated along with the Postnatal Morbidity Index (PNMI) questionnaire, Maternal Adjustment and Maternal Attitudes (MAMA) questionnaire and EPDS (Edinburgh Postnatal Depression Scale) questionnaire. The quality of life index of women after giving birth is calculated by adding all of the points from the second step (on the scale of 0 to 10) and dividing them by the number of items (maximum 8 – see the first step in the questionnaire). This way, we calculate the average of the values on the scale (Symon et al., 2003b). Table 8 presents the character and frequency of the quality of life index of women after giving birth in relation to whether the community nursing care of midwives for women after giving birth occurred or not. We also present the results of the statistical processing regarding the character and the frequency of the quality of life index of women after giving birth in relation to the provided community nursing care of midwives for women after giving birth (Table 9).

Table 8 – The character and frequency of the quality of life index of women after giving birth in relation to whether community nursing care of midwives for women after giving birth occured or not

	The quality of life index ≤5	The quality of life index >5	Sum
Women without the community care of a midwife	3 4.4% 50.0%	65 95.6% 56.0%	68 100% 55.7%
Women with the community care of a midwife	3 5.6% 50.0%	51 94.4% 44.0%	54 100% 44.3%
Line amount	6 (100%)	116 (100%)	122
Total	4.9%	95.1%	100%

Table 9 – The statistical processing regarding the character and frequency of the quality of life index of women after giving birth in relation to the provided community nursing care of midwives for women after giving birth

The characteristics of the chi-squared test of independence	0.0842067
Number of the degrees of freedom	1
Independence test	0.775244

The data from Table 9 show no statistically significant connections in the results of the quality of life index of women after giving birth in relation to the provided community care of midwives.

DISCUSSION

The qualitative part of this research showed the life areas that most change in the lives of women after giving birth. The most frequently changed areas/categories were: The relationship with her partner/sexuality, The relationship to one's self/self-esteem and The role of a mother. The research showed how women perceive the changes in these life areas, i.e. where the sources of positive and negative changes are and what can be considered an appeal for change (taking better care of one's body) or a threat (phobias and anxiety, negative changes in family relationships). The gained information can help to understand the change of a woman/mother after giving birth and provide a more complex community nursing care after giving birth, including an extension of the attention of medical workers.

It is remarkable that in the study from 2018, which used the same questionnaire and was carried out in Germany and Switzerland, partnership and sexuality were most frequently mentioned (Grylka-Baeschlin et al., 2019).

We would also like to point out The role of a mother. Most women (N = 53) said that this life area had changed positively. Only one woman stated that it had been a negative change and 12 women saw it both positively and negatively. The comparative research also showed mostly positive changes regarding The role of a mother. Statements about a conditional love towards a child, a beautiful feeling during breastfeeding, or being proud of a successfully managed delivery were very frequent (Grylka-Baeschlin et al., 2019).

We were very surprised by the responses in The relationship to one's self/self-esteem. The women stated that they were more self-confident due to the successfully managed delivery, had got to know themselves better or had higher self-esteem. The respondents also mentioned a deeper experience of womanhood or the willingness to work on their dark sides that surfaced thanks to motherhood. We are very glad because these statements can be psychosomatically strengthening (Northrupová, 2003). Negative statements included information on complicated processing of the experience of their delivery or the inability to appreciate themselves. Unfortunately, one statement was very negative – a woman developed phobias and anxiety. A German study that mapped an early interception of postpartum depression and postpartum mental disorder risks showed that up to half of the women after giving birth are at a high risk of developing postpartum depression and recommends a preventative, easily available and repeated contact with a community midwife (Andig et al., 2015).

Despite the fact that our research did not prove that repeated community nursing care of midwives (minimum 2×) is related to a better health condition of women after giving birth or lactation, foreign studies show the opposite. A Danish study from 2012 (Kronborg et al., 2012) proved that women who had not used the medical service after giving birth had breastfed for a shorter time than those who had used medical support in their own social environment. In 2013, Cochrane Library published a synoptic protocol about an academic article search which dealt with the results of the health condition of women and newborns after giving birth in relation with community care. The conclusions of the studies are different because every country has different postpartum community care (type, visiting frequency, timing, community environment, availability of continual medical care). However, it has been shown that early medical care after giving birth and debates can increase mothers' awareness about what is and is not a normal postpartum health condition. Continual community care that includes the involvement of a medical worker during pregnancy is also recommended (Brodribb et al., 2013).

We assume that our results are related to the absence of standards for community nursing care of midwives after giving birth. A possible model for the Czech Republic could by the standards of the community care of midwives for women and newborns after giving birth in Great Britain (Begley et al., 2018). They are very synoptic, logical and regularly adjusted by the available findings based on proofs (National Institute for Health and Care Excellence, 2015).

This research was also focused on the assessment of the quality of life index of women after giving birth in relation to the past community care after giving birth. Our research did not confirm a statistically significant relationship between the higher quality of life index (higher than 5) and past community care of midwives after giving birth. As a matter of

interest, we would like to mention other studies of the quality of life index in other countries which were not related to the past community care of midwives after giving birth. For example, a study that mapped the quality of life of women after giving birth in India (Nagpal et al., 2008) found a lower average score (3.6). Another Indian study proved that 90% of its respondents had a low score in the quality of life index (Bodhare et al., 2015). On the contrary, in Poland they identified a higher average quality of life index after giving birth (5.86; *SD* 1.71), as well as in Germany, where Grylka-Baeschlin et al. (2019) found the average quality of life index of women after giving birth to be 7.2. However, this research was carried out on the third day after giving birth. These studies show that the results are affected by the specific culture in given countries, as well as the timing of the data collection (Grylka-Baeschlin, 2013; Symon et al., 2012).

The limitations of this study include a smaller sample group of respondents. This was selected due to the extensiveness of two standardized questionnaires and one questionnaire of our own. We also carried out a qualitative analysis of the respondents' statements.

CONCLUSIONS

The use of the MGI questionnaire brings proof that its use is suitable, and studies of community nursing care for women after giving birth also recommend carrying out global researches. The philosophy of contemporary Czech midwifery indicates paternalism and medically conducted care, which is shown in the assessment of the community care of midwives for women after giving birth, which is unimportant in the medical community. It is a pity that medical workers in the Czech Republic are more focused on the illnesses and pathologies; while we ignore the description and understanding of physiological processes related to population health. In this case, it can be the postpartum period. In conclusion, we suggest taking action which would support and spread the availability of the community care of midwives for women after giving birth. We also suggest professional organizations to continue with the effort in negotiating with the Ministry of Health of the Czech Republic regarding the midwifery community care. We also recommend creating unified standards of community care and negotiating coverage of this type of care by insurance companies. We also suggest supporting experience sharing of community midwives, organizing regular supervisions and including practical training in community care in the studies of midwifery.

Conflict of interests
The authors have no conflicts of interests to declare.

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REFERENCES

1. Andig J, Röhrle B, Grieshop M, Schücking B, Christiansen H (2015). Early detection of postpartum depressive symptoms in mothers and fathers and its relation to midwives' evaluation and service provision: a community-based study. Front Pediatr 3:62. DOI: 10.3389/fped.2015.00062.
2. Bašková M, Urbanová E, Maskálová E (2011). Postpartum care in Slovakia in European context. Journal of Nursing, Social Studies and Public Health. 2(1–2): 23–27.
3. Begley C, Sedlicka N, Daly D (2018). Respectful and disrespectful care in the Czech Republic: an online survey. Reprod Health 15: 198. DOI: 10.1186/s12978-018-0648-7.
4. Bodhare TN, Sethi P, Bele SD, Gayatri D, Vivekanand A (2015). Postnatal quality of life, depressive symptoms, and social support among women in southern India. Women Health 55(3): 353–365. DOI: 10.1080/03630242.2014.996722.

5. Brodribb WE, Zakarija-Grkovic I, Hawley G, Mitchell B, Mathews A (2013). Postpartum health professional contact for improving maternal and infant health outcomes for healthy women and their infants (Protocol). Cochrane Database of Systematic Reviews 12: CD010855.
6. Dorazilová R (2012). Ženy, porodní asistentky a gynekologové, pojišťovny a Ministerstvo zdravotnictví – o co jde v pracovní skupině? [Women, midwives and gynaecologists, insurance companies and the Ministry of Health – what is the workgroup about?]. [online] [cit. 2018-12-09]. Availablefrom: https://spapk.files.wordpress.com/2012/03/c48dkpa-c5beeny-porodnc3ad-asistentky-a-gynekologovc3a91.pdf (Czech).
7. Grylka-Baeschlin S (2013). Application of the Mother-Generated Index to German-speaking women for the assessment of cultural differences in postnatal quality of life (Master Thesis). Hannover: Hannover Medical School.
8. Grylka-Baeschlin S, Meyer T, Lengler L, van Teijlingen E, Pehlke-Milde J, Gross MM (2019). Postnatal quality of life – a content analysis of qualitative results to the Mother-Generated Index. Women Birth 32(2): e229–e237. DOI: 10.1016/j.wombi.2018.06.003.
9. Homer C, Brodie P, Leap N (2008). Midwifery continuity of care: a practical guide (2nd ed.). London: Churchill Livingstone Elsevier.
10. Homer C, Matha DV, Jordan LG, Wills J, Davis GK (2001). Community-based continuity of midwifery care versus standard hospital care: a cost analysis. Austr Health Rev 24(1): 85–93. DOI: 10.1071/AH010085.
11. Hunter B (2006). The importance of reciprocity in relationships between community-based midwives and mothers. Midwifery 22(4): 308–322. DOI: 10.1016/j.midw.2005.11.002.
12. Kronborg H, Vaeth M, Kristensen I (2012). The effect of early postpartum home visits by health visitors: a natural experiment. Public Health Nurs 29(4): 289–301. DOI: 10.1111/j.1525-1446.2012.01019.x.
13. Lorenzová E, Janoušková K, Kašová L (2014). Péče porodní asistentky o šestinedělky v domácím prostředí jako prevence zdravotních komplikací žen v šestinedělí [The home care of midwives for women in puerperium as the prevention of health complications of women in the puerperium]. Florence 10(7–8): 24–26 (Czech).
14. Marshall J, Raynor M (2014). Myles textbook for midwives (16th ed.). London: Churchill Livingstone Elsevier.
15. Nagpal J, Dhar RS, Sinha S, Bhargava V, Sachdeva A, Bhartia A (2008). An exploratory study to evaluate the utility of an adapted Mother-Generated Index (MGI) in assessment of postpartum quality of life in India. Health Qual Life Outcomes 6(17): 100–110. DOI: 10.1186/1477-7525-6-107.
16. National Institute for Health and Care Excellence (2015). Postnatal Care. [online] [cit. 2018-12-15]. Available form: https://www.nice.org.uk/guidance/qs37
17. Northrupová C (2003). Zdravá žena: od početí po stáří [Healthy woman: from conception to old age]. (3rd ed.). Praha: Columbus (Czech).
18. Ratislavová K (2008). Aplikovaná psychologie porodnictví [Applied psychology of obstetrics]. Praha: Reklamní atelier Area (Czech).
19. Ratislavová K, Ezrová M (2017). Současný stav soukromé porodní asistence v ČR [Contemporary condition of private midwifery in the Czech Republic]. Florence 13(7–8): 14–15 (Czech).
20. Schönbauerová A, Boledovičová M (2018). Mother's expectations of visiting services regarding newborns and nurseling. Journal of Nursing, Social Studies, Public Health and Rehabilitation 9(1–2): 34–41.
21. Špatenková N (2006). Jak řeší rodinné krize moderní žena [How a modern woman solves a family crisis]. Praha. Grada (Czech).
22. Symon A, MacKay A, Ruta D (2003a). Postnatal quality of life: a pilot study using the Mother-Generated Index. J Adv Nurs 42(1): 21–29. DOI: 10.1046/j.1365-2648.2003.02575.x.
23. Symon A, McGreavey J, Picken C (2003b). Postnatal quality of life assessment: validation of the Mother-Generated Index. BJOG 110(9): 865–868. DOI: 10.1111/j.1471-0528.2003.02030.x.
24. Symon A, Nagpal J, Maniecka-Bryła I, Nowakowska-Głąb A, Rashidian A, Khabiri R, et al. (2012). Cross-cultural adaptation and translation of a quality of life tool for new mothers: a methodological and experiential account from six countries. J Adv Nurs 69(4): 970–980. DOI: 10.1111/j.1365-2648.2012.06098.x.
25. Vaďurová H, Mühlpachr P (2005). Kvalita života: teoretická a metodologická východiska [The quality of life: theory and methodology]. Brno. Masarykova univerzita v Brně (Czech).

26. Vágnerová M (2007). Vývojová psychologie II.: dospělost a stáří [Developmental psychology II: adulthood and old age]. Praha. Karolinum (Czech).
27. Vyhláška č. 55/2011 Sb., o činnostech zdravotnických pracovníků a jiných odborných pracovníků [Regulation No. 55/2011 Coll. on the work of medical and other expert workers]. In: Sbírka zákonů České republiky, částka 20/2011 (Czech).

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