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Strengthening the Capacity of Community Health Cadres Through an Evidence-Based Practice Home Visit Program to Optimize Physical and Psychological Recovery of Postpartum Mothers

Suci Qardhawijayanti[1], St. Hasriani[1], Rezki Dirman[2], Asnuddin[3]

[1] Professional Midwifery Education Study Program, Institut Teknologi Kesehatan dan Sains Muhammadiyah Sidrap, Sidenreng Rappang, South Sulawesi, Indonesia

[2] Diploma III Dental Health Study Program, Institut Teknologi Kesehatan dan Sains Muhammadiyah Sidrap, Sidenreng Rappang, South Sulawesi, Indonesia

[3] Bachelor of Nursing Study Program, Institut Teknologi Kesehatan dan Sains Muhammadiyah Sidrap, Sidenreng Rappang, South Sulawesi, Indonesia

Email Corresponding Author : suciqardhawijayanti08@gmail.com

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Abstract

Background: Limited postpartum monitoring after discharge delays detection of physical and psychological complications. Strengthening community health cadres through evidence-based practice (EBP) training and structured home visits may improve community-based care. **Purpose:** To examine the effect of EBP training on cadres' knowledge and skills, and of cadre-led home visits on mothers' physical and psychological recovery. **Methods:** A quasi-experimental study with a non-equivalent control group was conducted at Bilokka Primary Health Center, Indonesia, involving 10 cadres and 30 postpartum mothers (intervention, n = 15; control, n = 15). Cadres received EBP training. The intervention group received four home visits over six weeks; controls received routine care. Outcomes were assessed using knowledge and skills instruments, the REEDA Scale, Numeric Rating Scale, and Edinburgh Postnatal Depression Scale (EPDS). **Results:** Training significantly increased cadres' knowledge (61.40 to 85.80) and skills (60.80 to 87.10) (both $p < 0.001$). The intervention group had significantly better wound healing, less bleeding, lower pain, and lower EPDS scores than controls ($p \leq 0.001$); mean EPDS fell from 13.67 to 5.93. Controls showed no significant change. **Conclusions:** EBP training improved cadres' competence, and cadre-led home visits were associated with better postpartum recovery. Integrating both is recommended in primary care.

Keywords: Evidence-Based Practice; Home Visit; Postpartum Mothers; Community Health Cadres; Postpartum Depression; Community-Based Maternal Healthcare

Introduction

The six-week postpartum period carries physical and psychological risks (Abdul et al., 2024). Perineal healing problems, hemorrhage, pain, baby blues, and depression may impair maternal and infant well-being if missed (Bina et al., 2023; Charani et al., 2021). Postpartum complications and deaths cluster in the first six weeks (Dennis et al., 2017), and depression affects about 10%–20% of mothers globally, with higher risk where care and support are limited (Hirani et al., 2025); in Indonesia it is often undetected (Dinas Kesehatan Provinsi Sulawesi Selatan, 2022). Perineal healing problems, hemorrhage, and pain can impair maternal self- and infant care (Girsang & Elvira, 2023), while weak post-discharge monitoring can delay treatment (Hendrick & Haight, 2023).

Cadres can connect families with services and provide continuous culturally appropriate monitoring (Hernanda et al., 2023), but require adequate maternal-care knowledge and skills (Hutchens & Kearney, 2021; Zubaran & Foresti, 2022). EBP integrates evidence, practice experience, and community needs (Kachimanga et al., 2024) and can standardize education, monitoring, danger-sign recognition, and psychosocial support (Leahy-Warren et al., 2022). Home visits enable direct monitoring, tailored education, early complication detection, and family support (McAuliffe et al., 2022), potentially improving adherence, complications, and mental health (Melnyk et al., 2022; Woody et al., 2017). Evidence linking EBP-based cadre training with postpartum home-visit effectiveness remains limited in Indonesian primary care (Yuen et al., 2023).

This study evaluated EBP-based cadre training followed by structured home visits, examining cadre knowledge/skills and maternal wound status, bleeding, pain, and depression risk in the Bilokka Primary Health Center area.

Materials and Methods

Design

A quasi-experimental non-equivalent control group pretest–posttest design evaluated EBP-based cadre training followed by cadre-led postpartum home visits from May to August 2026.

Participants and Setting

The study involved cadres and postpartum mothers in the Bilokka Primary Health Center area, Sidenreng Rappang, South Sulawesi, Indonesia (Dinas Kesehatan Kabupaten Sidenreng Rappang, 2023).

Ten active cadres completing training were purposively selected; 30 eligible postpartum mothers were assigned to intervention (n = 15) and control (n = 15) groups.

Eligible mothers were within seven days after normal delivery, lived locally, communicated effectively, and completed study procedures; exclusions were severe obstetric complications, severe diagnosed psychological disorder, or incomplete participation.

Ethical consideration

The study was approved by the Health Research Ethics Committee of ITKES Muhammadiyah Sidrap (ethical clearance number: 657.b/Kep/II.3.AU/EC/2026, date 25 April 2026. All community health cadres and postpartum mothers received an explanation of the study and provided written informed consent before data collection.

Data collection

Cadres received EBP training on postpartum care, danger signs, wound care, bleeding/pain monitoring, depression screening, communication, and home visits through lectures, demonstrations, simulations, and field practice; knowledge and skills were tested pre/post.

Intervention mothers received four visits over six weeks for education, physical/wound/bleeding monitoring, pain assessment, EPDS screening, and emotional support; controls received routine care without structured visits.

Third, baseline and week-six outcomes assessed cadre knowledge/skills and maternal wound status, bleeding, pain, and depression risk.

Cadre outcomes used an EBP-based questionnaire and observation checklist; maternal outcomes used REEDA, NRS, EPDS, and a standardized bleeding observation sheet (Yildiz et al., 2017).

Data analysis

SPSS 26 was used for descriptive analysis and Shapiro–Wilk testing. Paired t-tests assessed cadre outcomes; Wilcoxon/Mann–Whitney tests assessed wound, bleeding, and pain data, and paired/independent t-tests assessed EPDS. Significance was $p < 0.05$.

Trustworthiness

Rigor was supported by EBP-based training/instruments, established REEDA, NRS, and EPDS measures, standardized bleeding assessment, baseline/control comparisons, and distribution-appropriate tests.

Results

Most cadres were aged 30–39 years (70.0%) and had senior high school education (80.0%); ages ranged from 28 to 41 years (Table 1).

Table 1. Characteristics of Community Health Cadres (N = 10)

Characteristic	n	%
Age group (years)		
20–29	2	20.0
30–39	7	70.0
40–49	1	10.0
Level of education		
Junior high school	2	20.0
Senior high school	8	80.0

Note. Age ranged from 28 to 41 years. Source: primary data, 2026.

Knowledge and skills increased significantly after training, from 61.40 ± 4.58 to 85.80 ± 4.16 and 60.80 ± 4.02 to 87.10 ± 3.90, respectively (both $p < 0.001$; Table 2).

Table 2. Effect of EBP-Based Training on Cadres' Knowledge and Skills (N = 10)

Variable	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Mean difference	t	df	p
Knowledge	61.40 ± 4.58	85.80 ± 4.16	−24.40	−110.35	9	< 0.001
Skills	60.80 ± 4.02	87.10 ± 3.90	−26.30	−62.18	9	< 0.001

Note. Paired-samples t-test. Mean difference = pretest − posttest; negative values indicate higher posttest scores. Source: SPSS output, 2026.

Age and education distributions were identical between maternal groups; most were aged 30–39 years (53.3%) and had senior high/vocational education (46.7%) (Table 3).

Table 3. Characteristics of Postpartum Mothers in the Intervention and Control Groups (N = 30)

Characteristic	Intervention (n = 15)	Control (n = 15)
Age group (years)		
20–29	2 (13.3)	2 (13.3)
30–39	8 (53.3)	8 (53.3)
40–49	5 (33.3)	5 (33.3)
Level of education		
Junior high school	2 (13.3)	2 (13.3)
Senior high school/vocational school	7 (46.7)	7 (46.7)
Diploma (D1–D3)	3 (20.0)	3 (20.0)
Bachelor's degree (S1)	3 (20.0)	3 (20.0)

Note. Values are n (%). Source: primary data, 2026.

Wound status, bleeding, and pain were non-normal (all $p < 0.001$), whereas EPDS was normally distributed, guiding non-parametric and parametric testing.

Intervention mothers improved in wound status ($p < 0.001$), bleeding ($p = 0.005$), pain ($p < 0.001$), and EPDS (13.67 ± 1.54 to 5.93 ± 1.28; $p < 0.001$); controls showed no significant changes (Tables 4–5).

Table 4. Wilcoxon Signed-Rank Test Results for Wound Status, Bleeding, and Pain Within Groups

Variable	Negative ranks (n)	Positive ranks (n)	Ties (n)	Z	p
Intervention group (n = 15)					
Wound status	0	15	0	−3.51	< 0.001
Bleeding	8	0	7	−2.83	0.005
Pain (NRS)	15	0	0	−3.87	< 0.001
Control group (n = 15)					
Wound status	0	0	15	0.00	1.000
Bleeding	0	0	15	0.00	1.000
Pain (NRS)	0	0	15	0.00	1.000

Note. Negative ranks = posttest < pretest; positive ranks = posttest > pretest; ties = no change. Improvement corresponds to positive ranks for wound status and to negative ranks for bleeding and pain. Source: SPSS output, 2026.

Table 5. Paired-Samples t-Test Results for EPDS Scores Within Groups

Group	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Mean difference	t	df	p
Intervention (n = 15)	13.67 ± 1.54	5.93 ± 1.28	7.73	23.40	14	< 0.001
Control (n = 15)	13.07 ± 1.28	12.93 ± 1.16	0.13	0.69	14	0.499

Note. Mean difference = pretest − posttest. EPDS = Edinburgh Postnatal Depression Scale. Source: SPSS output, 2026.

Groups were comparable at baseline. Posttest differences favored intervention for wound status ($p < 0.001$), bleeding ($p = 0.001$), pain ($p < 0.001$), and EPDS ($p < 0.001$), which was 7.00 points lower (Table 6).

Table 6. Comparison of Outcomes Between the Intervention and Control Groups (N = 30)

Outcome	Intervention (n = 15)	Control (n = 15)	Test statistic	p
Baseline (pretest)				
Wound status	15.50	15.50	U = 112.50, Z = 0.00	1.000
Bleeding	15.50	15.50	U = 112.50, Z = 0.00	1.000
Pain (NRS)	15.50	15.50	U = 112.50, Z = 0.00	1.000
EPDS	13.67 ± 1.54	13.07 ± 1.28	t(28) = 1.16	0.256
Posttest				
Wound status	22.77	8.23	U = 3.50, Z = −4.87	< 0.001
Bleeding	11.50	19.50	U = 52.50, Z = −3.25	0.001
Pain (NRS)	8.00	23.00	U = 0.00, Z = −4.82	< 0.001
EPDS	5.93 ± 1.28	12.93 ± 1.16	t(28) = −15.68	< 0.001

Note. Values are mean ranks for wound status, bleeding, and pain (Mann–Whitney U test) and mean ± SD for EPDS (independent-samples t-test; equal variances assumed, Levene's test $F = 0.223$, $p = 0.641$). A higher mean rank indicates better wound healing, whereas a lower mean rank indicates less bleeding and pain. Source: SPSS output, 2026.

Discussion

This study examined whether evidence-based practice (EBP) training of community health cadres, followed by structured cadre-led home visits, was associated with better knowledge and skills among cadres and better physical and psychological recovery among postpartum mothers. Three findings emerged. First,

cadres' knowledge and skills increased markedly after training. Second, mothers who received cadre-led visits had better wound status, less bleeding, and lower pain than controls at week six. Third, EPDS scores in the intervention group fell from 13.67 to 5.93, whereas the control group stayed almost unchanged (13.07 to 12.93).

Cadre competence. The gains in knowledge (61.40 to 85.80) and skills (60.80 to 87.10) are consistent with the view that EBP competence depends on structured training, practice, and supervision (Melnyk et al., 2022; Nida et al., 2024). The training combined lectures, demonstrations, simulations, and field practice, which likely helped cadres turn knowledge into observable skills rather than recall alone. Most cadres had a senior high school education, which suggests that standardized, practice-oriented training can work even when formal health education is limited. However, this component used a single-group pre–post design without a comparison group, so the gains cannot be attributed to the training alone. The very large test statistics also reflect a small sample (n = 10) with uniform gains, and the instruments were developed by the authors.

Physical recovery. Better wound status and less pain in the intervention group are plausible given the content of the visits: perineal hygiene, wound-care education, mobilization, and early recognition of infection signs. Previous work has linked perineal care education and modifiable care practices to perineal wound healing (Girsang & Elvira, 2023; Sukamti & Noviani, 2023). Home visits also allow cadres to observe the home environment and correct practices on the spot, which is difficult in a single facility-based postnatal contact. The lower bleeding in the intervention group is consistent with closer monitoring and prompt help-seeking, but this effect was the smallest of the physical outcomes (seven of 15 mothers showed no change), and bleeding patterns are strongly influenced by natural lochia resolution. Because perineal trauma is also related to later psychological outcomes (Watanabe & Totsu, 2024), faster physical recovery may have contributed indirectly to the improvement in mood.

Psychological recovery. The 7.00-point EPDS difference between groups is large. Home-visiting and community-health-worker interventions have been associated with reduced postpartum depressive symptoms in several reviews and trials (Charani et al., 2021; Hernanda et al., 2023; McAuliffe et al., 2022; Rafiei et al., 2021; Warren et al., 2024), and in Indonesia, cadre visits have been linked to psychological recovery (Suryani et al., 2022). The likely mechanism is increased social support: regular contact, emotional listening, and companionship from a trusted community member can reduce isolation and strengthen coping

(Leahy-Warren et al., 2022; Sharifipour et al., 2022; Wang et al., 2023). Early screening with the EPDS during visits may also have helped cadres detect and address distress sooner. Nevertheless, the effect observed here exceeds what is typically reported, which should be read with caution given the small sample, the non-randomized allocation, the narrow spread of baseline scores, and the fact that the EPDS is a screening tool rather than a diagnostic measure. The data show lower depression risk scores, not a reduction in clinically diagnosed depression.

Why training and visits may matter together. Competent cadres are more likely to deliver consistent education, accurate monitoring, and appropriate referral, whereas untrained visits may add contact but not quality (Nisar et al., 2021; Szajna et al., 2024). This pathway was not tested statistically in our study, because we did not compare trained with untrained cadres or measure visit fidelity. We therefore cannot separate the effect of EBP training from the effect of home visiting itself.

Alternative explanations. Several factors could have contributed to the between-group differences. Natural postpartum recovery should improve wound status, bleeding, and pain over six weeks in both groups, yet controls showed no change in these outcomes, which suggests limited measurement sensitivity or a coarse scoring scale. Allocation was not random, and the intervention group received more contact and attention, which may have produced non-specific effects. Outcome assessors were not blinded, and mothers were nested within a small number of cadres, so observations may not be independent. We did not adjust for parity, degree of perineal trauma, history of depression, breastfeeding, or family support.

Implications. If confirmed, these findings suggest that primary health centers can use trained cadres to extend postnatal monitoring beyond facility discharge, particularly for wound care, danger-sign recognition, and early psychological screening. A practical model would include a short standardized EBP curriculum, a visit checklist, EPDS screening with a clear referral pathway to a midwife or nurse, and regular supervision. Such a model fits the existing role of cadres in Indonesian primary care and may help address gaps in postpartum follow-up, but cadre workload and sustainability need attention (Nida et al., 2024).

Strengths and limitations. Strengths include a combined evaluation of cadre competence and maternal outcomes, use of established maternal measures, and a clear, replicable visit schedule. Limitations include non-random allocation, a small single-center sample, a single-group pre–post design for cadres, unblinded assessment, no adjustment for confounders, six-week follow-up, and reliance on screening scores for

depression. Larger cluster-randomized trials with blinded assessors, fidelity monitoring, longer follow-up, and cost analysis are needed before these findings can be generalized.

Conclusions

EBP training improved cadre knowledge and skills; trained cadre-led home visits were associated with better wound healing, less bleeding and pain, and lower depression risk than routine care.

Integrating EBP-based cadre training with home visits may strengthen postpartum primary care in Indonesia; larger controlled trials should confirm these findings.

Declaration of Interest

The authors declare that there are no conflicts of interest.

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Data Availability

Study datasets are available from the corresponding author on reasonable request.

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