

Original article

Health literacy among postpartum women and newborn care during the early days of life

Letramento em saúde de puérperas e os cuidados ao recém-nascido nos primeiros dias de vida

Alfabetización sanitaria de las puérperas y cuidados neonatales en los primeros días de vida

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Abstract

Objective: this study aimed to assess health literacy among postpartum women and its relationship with newborn care as advocated by the 5th Day of Comprehensive Health Strategy. **Method:** a cross-sectional design was adopted in the rooming-in ward in a teaching hospital in Pernambuco, conducted in two stages: the first in-person during hospitalization, the second by phone after discharge. Data collection was performed with mother-newborn pairs from February to April 2023, employing the Health Literacy Scale (HLS-14). Bivariate analysis sought to identify associations between maternal health literacy and neonatal care. **Results:** a total of ninety-six women participated in the first stage, and 85 in the second. Among these, 56.5% demonstrated high health literacy. No association was found between health literacy and attendance at the post-discharge visit ($p=0.287$) nor with neonatal feeding type ($p=0.226$). **Conclusion:** although most participants showed high levels of health literacy, no significant association was observed with newborn care practices.

Descriptors: Health Literacy; Postpartum Period; Infant, Newborn; Primary Health Care; Child Care

Resumo

Objetivo: avaliar o letramento em saúde de puérperas e sua relação com os cuidados de saúde ao recém-nascido, conforme preconizado pela estratégia 5º Dia de Saúde Integral. **Método:** estudo transversal, realizado no alojamento conjunto de um hospital-escola de Pernambuco, em duas fases: a primeira, conduzida presencialmente durante o internamento, e a segunda, após a alta hospitalar, por telefone. A coleta de dados ocorreu com puérperas-neonatos, entre fevereiro-abril 2023, utilizando o instrumento Health Literacy Scale (HLS-14). A análise bivariada buscou identificar associações entre a literacia das puérperas e os cuidados ao neonato. **Resultados:** participaram 96 puérperas na primeira etapa e 85 na segunda; dessas, 56,5% apresentaram alto letramento em saúde, não ocorrendo associação com a realização da consulta pós-alta ($p=0,287$) nem com o tipo de alimentação do neonato ($p=0,226$). **Conclusão:** embora a

maioria das mulheres tenha apresentado alta literacia em saúde, não houve associação significativa com os cuidados ao recém-nascido.

Descritores: Letramento em Saúde; Período Pós-Parto; Recém-Nascido; Atenção Primária à Saúde; Cuidado da Criança

Resumen

Objetivo: evaluar la alfabetización en salud de las puérperas y su relación con la atención a la salud del recién nacido, según lo recomendado por la estrategia del 5º Día de Salud Integral.

Método: estudio transversal realizado en el alojamiento compartido de un hospital universitario de Pernambuco, en dos fases: la primera, realizada en persona durante la hospitalización, y la segunda, después del alta, por teléfono. La recolección de datos se realizó con puérperas-neonatos entre febrero y abril de 2023, a través del instrumento Health Literacy Scale (HLS-14). El análisis bivariado buscó identificar asociaciones entre la alfabetización de las puérperas y la atención al recién nacido. **Resultados:** en la primera etapa participaron 96 puérperas y 85 en la segunda; de ellas, el 56,5% tenía un alto nivel de alfabetización sanitaria, pero no se observó ninguna asociación con el hecho de tener una cita posterior al alta ($p=0,287$) ni con el tipo de alimentación del recién nacido ($p=0,226$). **Conclusión:** aunque la mayoría de las mujeres tenían altos conocimientos sanitarios, no hubo una asociación significativa con los cuidados neonatales.

Descriptor: Alfabetización en Salud; Periodo Posparto; Recién Nacido; Atención Primaria de Salud; Cuidado del Niño

Introduction

The first week following birth presents the greatest risk for child survival, concentrating most preventable infant deaths. In Brazil, early neonatal mortality accounts for nearly half of infant mortality, reflecting disparities regarding access and quality in perinatal care. Many of these fatalities could be prevented through simple, cost-effective interventions with considerable impact.¹⁻² In response, the Ministry of Health established the First Week of Comprehensive Health in 2004, aiming at maternal and child health during periods posing the highest vulnerability. With the introduction of the National Policy for Comprehensive Child Health Care (PNAISC) in 2015, this approach was updated into the 5th Day of Comprehensive Health.³⁻⁴

This strategy consists of a set of essential health actions provided to both mother and newborn by Primary Health Care, preferably performed between the third and fifth day following birth, either at the Basic Health Unit (BHU) or through home visits by the health team. This approach is intended, among other aims, to offer support and guidance to mothers and families regarding newborn care. Mainly led by nurses, the strategy includes promoting and supporting breastfeeding; guidance regarding appropriate neonatal care, including hygiene and immunization; linking newborns to the

BHU with scheduling of a follow-up pediatric visit at one month; strengthening family bonds; and identifying potential risk factors for newborns.⁵

The opportunity for mothers to receive support from a health team, especially during challenging and stressful times, helps to ease the transition to motherhood.⁶ Nurses should remain alert and receptive, avoiding judgment and seeking to integrate traditional knowledge with scientific understanding, as both influence newborn care practices. Inadequate provision of information regarding basic neonatal care during the initial days at home puts newborn health at risk.⁷

This scenario underscores the need to properly implement the actions outlined in the 5th Day of Comprehensive Health and to ensure that postpartum women comprehend the health information provided, especially among first-time mothers. Within this context, health literacy emerges as a critical determinant for promoting child health. Health literacy is defined as the individual capacity to acquire, comprehend, and interpret health information, enabling practical application for personal and others' benefit. Limited health literacy has been linked with poorer health outcomes and ineffective health communication.⁸

Low health literacy represents a neglected public health issue, associated with negative clinical outcomes.⁹ In Brazil, research has primarily focused on populations with chronic conditions; however, it is important to expand health literacy assessment into other groups, such as postpartum women. International studies highlight maternal health literacy as a meaningful factor influencing lifestyle choices and health indicators for newborns.¹⁰⁻¹¹

In this sense, health literacy stands out as a potential catalyst for empowering mothers to care for their infants, particularly in the first week of life, and for promoting improved child health, such as by raising rates of exclusive breastfeeding (EBF).^{8,12} While numerous studies investigate the link between health literacy and outcomes in chronic illness, little attention has been given to health literacy among postpartum women and its possible effects on newborn care.

Given the low health literacy levels demonstrated in Brazilian studies, with rates between 71.5% and 100%,¹³⁻¹⁵ assessing postpartum women's health literacy regarding newborn care, as endorsed by the 5th Day of Comprehensive Health, may support

development of effective health education strategies for this population, aiming to enhance comprehensive child health promotion.

Accordingly, the purpose of this study was to assess health literacy among postpartum women and its relationship with newborn care, as outlined in the 5th Day of Comprehensive Health strategy.

Method

This research followed a quantitative, cross-sectional design conducted in the rooming-in unit of a university hospital in Recife, Pernambuco, Brazil. The institution acts as a referral hospital within the Unified Health System (Sistema Único de Saúde, SUS) for high-complexity procedures as well as for maternal care, childbirth, and high-risk newborn assistance in the state. It holds the Baby-Friendly Hospital accreditation, and its neonatal unit comprises 21 beds for rooming-in, 23 beds designated for newborns requiring intermediate or intensive care, and an outpatient pediatric follow-up clinic.

The study population consisted of postpartum women admitted to the rooming-in unit. Sampling was carried out by convenience, including women who had a mobile phone and those whose infants were born at term (from 37 weeks of gestational age). Women under 18 years of age were excluded.

Sample size was calculated for a finite population, considering 194 postpartum women (corresponding to the number of term births during the first quarter of 2020), with a 5% sampling error, 95% confidence level, and expected frequency of 91%.¹⁶ This calculation yielded a sample of 77 participants, to which a 20% margin was added for potential losses, resulting in a final sample of 93 women.

Data collection occurred from February to April 2023 in two phases. Initially, participants were invited during hospitalization in the rooming-in unit, given full information about the study, and provided written informed consent. To decrease loss to follow-up, women were asked, when possible, to supply two contact phone numbers for the second phase.

In the first phase, the newborn's medical record was consulted to collect details regarding birth and neonatal health. An individual interview was then conducted with each woman in a private setting to obtain data on socioeconomic, demographic, and

obstetric characteristics. Health literacy was assessed using the Health Literacy Scale (HLS-14), a public domain instrument developed in Japan in 2008 and validated for use in Brazil in 2017. This scale evaluates communicative and critical health literacy and is suitable for adults in any health context.¹⁷

The second phase was conducted via telephone starting in the infant's second week of life, assessing newborn care and whether the 5th Day of Comprehensive Health strategy had been observed. This strategy consists of a nursing or medical visit for the infant and the mother, preferably conducted between the third and fifth days of life at the Basic Health Unit or by home visit, as advocated by PNAISC.⁴ After each interview, the researcher addressed any maternal questions regarding newborn care and provided guidance when needed, to prevent information bias.

A structured data collection tool was developed using Google Forms, comprising three sections. The first covered maternal variables such as age, race, education, marital status, family income, and perinatal history, as well as newborn details including birth weight, immediate skin-to-skin contact, Apgar score, race, and neonatal diagnosis. The second section included the HLS-14 health literacy assessment, which comprises 14 items addressing functional, communicative, and critical domains, with responses recorded on a five-point Likert scale. Item scores were added to generate a total reflecting health literacy level; totals at or above the established median indicated high health literacy, while those below were interpreted as low health literacy.¹⁷

The third and final section, applied only in phase two, addressed newborn health care practices recommended by the 5th Day of Comprehensive Health strategy, including breastfeeding, neonatal weight, hygiene, post-discharge health services, immunization, and neonatal screening.

Collected data were transferred from Google Forms to Excel spreadsheets and subsequently exported to IBM SPSS Statistics, version 21.0, for analysis. Descriptive statistics were used in the exploratory data assessment. For continuous variables such as maternal age and health literacy scores, mean, standard deviation, and median were calculated. Frequencies and distributions were produced for categorical variables. The Kolmogorov-Smirnov test was used to assess the symmetry of variable distributions.

Health literacy scores were computed as the sum of responses to the 14 HLS-14 items and subsequently dichotomized according to the median, categorizing women as having high or low health literacy.¹⁸ Bivariate analysis with chi-squared or Fisher's exact test was conducted to examine the association between maternal health literacy and newborn care. Prevalence ratios and their 95% confidence intervals were estimated through Poisson regression with robust variance. A significance threshold of 5% was set for all analyses.

This study observed all ethical principles of the National Health Council Resolutions 466/12 and 510/16 concerning research involving human subjects, and received approval from the Federal University of Pernambuco Research Ethics Committee, under approval number 5.878.237 (February 6, 2023).

Results

The initial study sample consisted of 96 postpartum women who participated in the first phase of data collection. The mean age was 28.1 years (SD ± 6.44). Most resided in urban areas (70.8%), had completed secondary education (51%), and lived with a partner (63.5%). Regarding monthly family income, 27.1% of the women reported receiving less than one minimum wage (Table 1).

Table 1 - Maternal sociodemographic profile. Recife, PE, Brazil, 2023. n=96

Evaluated factors	N	%
Family monthly income		
<1 minimum wage	26	27.1
≥ 1 minimum wage	70	72.9
Schooling level		
Higher Education	12	12.5
High School	49	51
Up to elementary school	35	36.5
Lives with a partner		
Yes	61	63.5
No	35	36.5
Origin		
Urban Area	68	70.8
Rural Area	28	29.2
Mother's age		
Mean	28.1	
Standard Deviation	6.44	

When assessing neonatal health at birth, among the 96 newborns evaluated, the majority were born weighing at least 2,500g (92%), classified as appropriate for gestational age (81.3%), had an Apgar score between 9 and 10 at five minutes (76%), and were exclusively breastfed (87.5%).

General sample scores in women's health literacy (HL) across the functional, communicative, and critical domains are presented in Table 2. In the functional domain, 54.2% of the mothers reported encountering words they could not read, 55.2% found the print too small, and 41.6% found content very difficult to understand, though 79.2% stated they did not need help to read.

Within the communicative domain, 78.2% of participants said they seek information from multiple sources, 81.3% find the information they need, and 84.4% agree that they put the knowledge found into practice in daily life. For the critical domain, 81.3% say they know when information is relevant to their situation, 88.6% consider whether information is true, but only 61.5% believe they have the expertise to judge if information is reliable.

Table 2 - Health literacy among postpartum women by functional, communicative, and critical domains. Recife, PE, Brazil, 2023. n=96

Literacy	Question	Strongly agree n(%)	Agree n(%)	Neither n(%)	Disagree n(%)	Strongly disagree n(%)	Total n(%)
Functional	I encounter words I cannot read	36(37.5)	16(16.7)	5(5.2)	21(21.9)	18(18.8)	96(100)
	The print is too small for me	36(37.5)	17(17.7)	12(12.5)	23(24)	8(8.3)	96(100)
	The content is very hard to understand	27(28.1)	13(13.5)	15(15.6)	23(24)	18(18.8)	96(100)
	I take too long to read (instructions)	29(30.2)	12(12.5)	3(3.1)	27(28.1)	25(26)	96(100)
	I need someone to help me read	9(9.4)	7(7.3)	4(4.2)	35(36.5)	41(42.7)	96(100)
Communicative	I look for information in various places	42(43.8)	33(34.4)	4(4.2)	10(10.4)	7(7.3)	96(100)

Critical	I find the information I need	35(36.5)	43(44.8)	13(13.5)	2(2.1)	3(3.1)	96(100)
	I understand the information found	29(30.2)	42(43.7)	20(20.8)	2(2.1)	3(3.1)	96(100)
	I voice my opinion about disease to doctors, family, or friends	41(42.7)	41(42.7)	3(3.1)	5(5.2)	6(6.3)	96(100)
	I practice the information I find in my daily life	40(41.7)	41(42.7)	9(9.4)	2(2.1)	4(4.2)	96(100)
	I know when information is good for me	33(34.4)	45(46.9)	14(14.6)	1(1)	3(3.1)	96(100)
	I take into account whether information is true	40(41.7)	45(46.9)	7(7.3)	1(1)	3(3.1)	96(100)
	I feel informed enough to judge if information is reliable	23(24)	36(37.5)	16(16.7)	7(7.3)	14(14.6)	96(100)
	I use information that helps me make health decisions	54(56.3)	40(41.7)	1(1)	0(0)	1(1)	96(100)

There was a follow-up loss of 11 mother-newborn dyads between phases, due to either refusal to participate in the second phase (6) or failed phone contact (5). Thus, the second phase included 85 dyads who were at home.

Regarding health care in the newborn's first days, most infants received a health professional consultation after hospital discharge (90.6%), with eight (10.2%) occurring in the first five days. It was observed that 74.1% remained on exclusive breastfeeding (EBF), 98.8% were gaining weight, 27.1% became ill, and 97.6% underwent the heel prick test (Table 3).

Table 3 – Newborn health care in the early days of life. Recife, PE, Brazil, 2023.

n=85

Evaluated factors	N	%
Post-discharge consultation		
Yes	77	90.6
No	8	9.4
If yes, days of life		
Up to 5th day of life	8	10.3
Between 6th–15th day of life	31	40.3
Between 15th–30th day of life	38	49.4
If yes, location		
Home visit	18	23.1
BHU	43	55.1
Birth Hospital	11	14.1
Other	6	7.7
Professional in attendance		
Nurses	58	73.4
Pediatrician	20	26.6
Feeding in last 24 hours		
EBF	63	74.1
Mixed breastfeeding	18	21.2
Artificial feeding	4	4.7
Neonatal weight gain		
Yes	84	98.8
No	1	1.2
Neonatal illness		
Yes	23	27.1
No	62	72.9
Heel prick test		
Yes	83	97.6
No	2	2.4
BCG and Hepatitis B vaccination		
Yes	85	100

Table 4 presents the level of health literacy among women in the second phase, by domain. The cutoff to define high HL was a score of 52; women scoring 52 or above were considered to have high HL, those below 52, low HL. In the functional domain, 51.8% of women had high HL. For the communicative and critical domains, 68.2% and 75.3%, respectively, had high HL. Globally across all domains, HL was high in 56.5% of respondents.

Table 4 - Level of health literacy among postpartum women. Recife, PE, Brazil, 2023. n=85

Domains	Health Literacy			
	High		Low	
	n	%	n	%
Functional	44	51.8	41	48.2
Communicative	58	68.2	28	31.8
Critical	64	75.3	21	24.7
Total	48	56.5	37	43.5

Data in Table 5 show there was no association between maternal health literacy and newborn care during the first days of life, nor a significant change in prevalence ratio according to maternal HL.

Table 5 – Association between maternal health literacy and newborn care. Recife, PE, Brazil, 2023. n=85

Evaluated factors	Maternal health literacy		PR (95% CI)*	p-value
	High	Low		
Post-discharge consultation			0.87 (0.69-1.10)	0.287‡
Yes	45 (58.4%)	32 (41.6%)		
No	3 (37.5%)	5 (62.5%)		
Age in days at the post-discharge visit†			1.04 (0.82-1.33)	0.712‡
Up to 5th day	4 (50%)	4 (50%)		
After 5th day of life	41 (59.4%)	28 (40.6%)		
Exclusive breastfeeding			0.90 (0.76-1.05)	0.226§
Yes	38 (60.3%)	25 (39.7%)		
No	10 (45.5%)	12 (54.5%)		
Neonatal illness			0.96 (0.81-1.14)	0.618§
Yes	14 (60.9%)	9 (39.1%)		
No	34 (54.8%)	28 (45.2%)		
Heel prick test			0.99 (0.66-1.47)	0.684‡
Yes	47 (56.6%)	36 (43.4%)		
No	1 (50%)	1 (50%)		

*PR (95% CI) = prevalence ratio (confidence interval 95%); †n = 77; ‡p-value from Fisher's exact test; §p-value from chi-square test

Discussion

This study revealed a high prevalence of health literacy among participating postpartum women, contrasting with previous national and international research that frequently identified lower levels of literacy.^{11,19-20} However, it is important to highlight lower performance in the functional domain, particularly among those with lower educational attainment.

Difficulties in this domain, which encompasses basic reading and writing skills needed to deal with common health situations, may limit understanding and application of written health instructions, such as medical prescriptions and hospital discharge recommendations. This, in turn, can reduce compliance and hinder the early identification of warning signs in newborns.²⁰

The functional domain remains the focus of much of the research in health literacy, with low performance strongly associated with social determinants such as education and maternal age.²¹⁻²² These findings reinforce the need for communication strategies that are more accessible and adapted to the diverse skills and comprehension levels of postpartum women.

The critical domain, involving the capacity to judge the quality and veracity of information, demonstrated satisfactory results, although a portion of participants indicated uncertainty regarding the reliability of the information accessed. This dimension is particularly crucial in a setting marked by the spread of misinformation, making it essential that women have autonomy to evaluate information and make informed decisions.²³⁻²⁴ Among vulnerable populations, such as low-income women or those belonging to ethnic minorities, critical health literacy plays a decisive role in overcoming barriers to access and communication in health services.²⁵

Strong performance in the communicative health literacy domain suggests that postpartum women in this sample possess cognitive and social abilities to seek, understand, and apply information in daily life. This finding aligns with the literature, which shows that communicative skills facilitate engagement in care and strengthen

support networks. Because women are often the main caregivers, they tend to develop strategies for information seeking and interaction with health professionals, favoring more effective care.^{19,26}

Although no statistically significant association was found between postpartum women's health literacy and the care received through the 5th Day of Comprehensive Health Strategy, it was observed that women with higher literacy tend to perform better in key care practices, such as exclusive breastfeeding and post-discharge monitoring. Two longitudinal studies identified that health literacy levels are closely related to maintaining exclusive breastfeeding (EBF) and act as a protective factor against early weaning.^{8,22} This highlights the importance of strengthening the dissemination and implementation of the strategy, ensuring that all postpartum women have equitable access to information and essential care for maternal and child well-being.

The Ministry of Health recommends through the "Commitment Agenda for Comprehensive Child Health and the Reduction of Infant Mortality" that follow-up for both newborn and mother should begin as soon as possible, preferably during the first week of life. This is to evaluate the health status of the mother-infant dyad across lines of care, including the 5th Day of Comprehensive Health strategy.³ However, the current study found structural barriers to timely access, such as scarce home visits and delayed scheduling of the 5th Day consultation, indicating that postpartum women and newborns experience circumstances different from what is recommended.

The absence of early care may be more related to organizational shortcomings than to lack of interest by mothers; research shows women recognize the importance of home visits and express dissatisfaction when they do not receive this support from the Basic Health Unit in the first days at home, or at any time.²⁷

Many participants reported during interviews that their Basic Health Unit did not have enough nurses to conduct home visits without affecting routine care at the facility, requiring them to schedule follow-up care at the Basic Health Unit, and delaying newborn monitoring. This reality occurs nationwide, as identified in other studies, which point to shortages in human resources as a limiting factor for effective maternal and child care.²⁸⁻²⁹

Other factors, such as lack of prenatal guidance, failures in communication between health professionals and postpartum women, and displacement outside the area of origin after delivery, also hinder access to the 5th Day consultation.³⁰ Therefore, joint actions are required to strengthen this public policy, including health education in prenatal care, interprofessional collaboration, and strategies for effective communication between professionals and users of health services.

Actions recommended by the 5th Day of Comprehensive Health strategy should be incorporated into routine practice in the Basic Health Unit, aiming to deliver comprehensive and individualized care and fulfill the principles of primary care: disease prevention, health promotion, and recovery. Nurses are the primary professionals delivering care to this population, and their role in the strategy greatly influences the prevention and promotion of newborn health and, consequently, neonatal mortality.²⁷⁻²⁸ This importance is highlighted by the finding that, in most cases, it was nurses who performed the newborn's first post-discharge appointment.

The effective implementation of the 5th Day of Comprehensive Health Strategy demands clear, effective communication among health professionals, as well as methods promoting timely and equitable health service access from the prenatal to postnatal stages. This includes improvements in the organization of services and ongoing professional development.

Although there was some loss to follow-up between study phases, this was less than predicted and did not compromise the validity of the findings. Another limitation to note is the use of self-reporting as the method for measuring health literacy, which could lead to social desirability bias and overestimate participants' skills.

This study adds to understanding of health literacy among postpartum women, showing that nurses should implement strategies informed by women's comprehension abilities to promote more equitable care. It also highlights the need to reinforce the 5th Day of Comprehensive Health strategy, with greater frequency of home visits by nurses, which are crucial for comprehensive monitoring and improvement of maternal-infant care.

Conclusion

Findings from this study demonstrated that most postpartum women had high health literacy, especially in the communicative and critical domains, suggesting potential autonomy and engagement in care practices. However, lower performance in the functional domain indicates a need for educational interventions focused on strengthening basic reading and comprehension skills. Despite the absence of statistically significant associations between health literacy and newborn care, a positive trend toward better practices was observed among women with higher literacy.

Investing in personalized and culturally sensitive educational strategies may not only enhance health literacy but also yield positive health outcomes for mothers and newborns, contributing to reducing health inequities. Additionally, continuous education and ensuring that Basic Health Unit teams are sized appropriately to meet population demands are essential for implementing the 5th Day strategy without burdening routine operations. Further research exploring additional dimensions of health literacy and its relationship with child health outcomes is recommended to guide effective and inclusive public policies.

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