

## Postpartum Care and Management in Disasters

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### Abstract

Disasters present significant health risks to women and newborns during the postpartum period; interruptions in healthcare services, insufficient infrastructure, emotional trauma, and low health literacy exacerbate the susceptibility of these populations. This section emphasizes the significance of postpartum care in catastrophe contexts, analyzing worldwide mother-infant care models, practices in Türkiye, and the functions of healthcare professionals. Models employed for administering postpartum care during disasters, such as telehealth and organized educational initiatives, have demonstrated efficacy in maintaining continuity of care. In Türkiye, subsequent to the 2023 earthquake, postpartum follow-up rates were inadequate and breastfeeding support was insufficient; yet, creative measures such the creation of breastfeeding tents were regarded as potential initiatives.

In summary, augmenting postpartum care services in crisis scenarios necessitates the incorporation of these services into disaster preparedness strategies, the improvement of disaster-oriented training for healthcare practitioners, and the efficient application of digital health technologies.

### 1.INTRODUCTION

Disasters are calamitous occurrences that can result in fatalities, property destruction, and disturbances in social and economic systems. Such occurrences can exert catastrophic impacts on susceptible populations, particularly women, babies, and children. In catastrophe scenarios, the healthcare system may be compromised or inadequate, impacting maternal and child health services.

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Disasters cause not only physical devastation but also profound social, economic, and psychological repercussions throughout all societal sectors (WHO, 2021; UNDRR, 2022).

The repercussions are especially catastrophic for at-risk groups, including women, children, the elderly, and those with impairments. Alongside the fight for life, women frequently bear caregiving tasks attributed to conventional gender roles during disasters (Enarson & Meyreles, 2004; Bradshaw, 2013). Women constitute one of the most vulnerable demographics during disasters. Pregnant women are more vulnerable to difficulties arising from physical and psychological stress, insufficient nutrition, limited access to healthcare services, and hazardous living situations. For women who give birth during disasters, this period coincides with the postpartum phase—a crucial time for mother physiological recovery and neonatal health (Chertok & Smith, 2022).

Postpartum care constitutes a vital period in maternal and newborn health, especially during disasters when standard healthcare services may be inaccessible or significantly constrained. This phase encompasses both physical recuperations following childbirth and psychological adaptations to motherhood. The World Health Organization (WHO) designates the postpartum period as the initial six weeks following childbirth, a crucial interval for assessing the health and welfare of both mother and infant. The care administered during this phase is crucial for preventing maternal and newborn mortality (WHO, 2014; Say et al., 2014). During disasters, healthcare infrastructure is frequently undermined, restricting availability to vital postpartum care services. Elements like as displacement, loss of medical data, scarcity of healthcare providers, and disrupted communication systems impede effective care. Disaster conditions impede postpartum care services due to variables like interrupted health services, inadequate shelter, poor hygiene, diminished social support systems, and limited access to information (Methun, 2025; Harville et al., 2010). Consequently, addressing postpartum care in catastrophe situations is crucial for protecting mother and newborn health. This chapter investigates the importance of postpartum care in catastrophe contexts, analyzes the distinct obstacles encountered by postpartum women during these periods, and emphasizes the obligations of healthcare professionals, especially midwives and nurses, in providing thorough care. It is imperative to formulate targeted strategies for postpartum women in crisis scenarios, guarantee the continuity of postpartum monitoring, and efficiently restructure care services in the field (ACOG, 2017; UNEPA, 2020).

### 1.1.The Importance of Postpartum Care in Disasters

During disasters, healthcare infrastructure is frequently undermined, restricting availability to vital postpartum care services. Elements like as displacement, loss of medical data, scarcity of healthcare providers, and disrupted communication systems impede effective care. Disaster conditions impede postpartum care services due to variables like interrupted health services, inadequate shelter, poor hygiene, diminished social support systems, and limited access to information (Methun, 2025; Harville et al., 2010). Consequently, addressing postpartum care in catastrophe situations is crucial for protecting mother and newborn health. This chapter investigates the importance of postpartum care in catastrophe contexts, analyzes the distinct obstacles encountered by postpartum women during these periods, and emphasizes the obligations of healthcare professionals, especially midwives and nurses, in providing thorough care. It is imperative to formulate targeted strategies for postpartum women in crisis scenarios, guarantee the continuity of postpartum monitoring, and efficiently restructure care services in the field (ACOG, 2017; UNFPA, 2020).

Postpartum care is an essential aspect of maternal and infant health, especially in catastrophe scenarios. Disasters—be they natural, technological, or complex humanitarian crises—disturb health systems, relocate populations, and intensify pre-existing vulnerabilities. In these situations, postpartum women constitute a notably vulnerable population due to their physiological recovery requirements, emotional adjustments, and reliance on ongoing maternity and newborn care services (WHO, 2021; Enarson & Meyreles, 2004; Simeone et al., 2023).

Understanding the experiences and needs of this population during and after disasters is crucial for informing suitable screening and care (Simeone et al., 2023). The World Health Organization characterizes the postpartum period as the initial six weeks after childbirth, a time particularly susceptible to emergencies (WHO, 2014). This interval is essential for identifying problems including bleeding, infection, postpartum depression, and breastfeeding challenges (Say et al., 2014; Harrell et al., 2022).

Postpartum care is essential for meeting the physical, emotional, and social needs of mothers during this transitional phase. This encompasses oversight for difficulties, offering assistance with breastfeeding and mental health, and aiding the transition to motherhood (Harrell et al., 2022). Nonetheless, normal postpartum care is frequently underutilized, especially among at-risk populations such as low-income, rural, displaced, or teenage women (Dhaher et al., 2008; Scholz et al., 2022). Disasters

intensify these disparities by creating logistical, emotional, and financial obstacles to obtaining care. The 2023 earthquakes in Türkiye underscored these concerns. Numerous postpartum women were abandoned without organized follow-up treatment, frequently residing in temporary shelters devoid of cleanliness, privacy, or access to qualified health experts. These circumstances led to mother stress, disrupted breastfeeding, and heightened risks for infant infections (Mizrak Şahin & Kabakcı, 2024).

Policies and strategies aimed at enhancing postpartum care should emphasize coordinated, team-based methods that encourage early postpartum visits and the integration of services suited to varied requirements (Harrell et al., 2022). Furthermore, augmenting self-efficacy and social support during gestation has demonstrated efficacy in increasing postpartum service utilization and diminishing long-term healthcare costs (Laureij et al., 2021). In catastrophe scenarios, prompt, respectful, and culturally sensitive postpartum care is essential for public health. Pregnant and postpartum women have heightened risks for negative outcomes during emergencies, with their well-being intricately connected to baby health, family stability, and community resilience (Lee et al., 2022; Rodríguez et al., 2021). Consequently, maternal health equity should be prioritized in disaster preparedness and response planning. Healthcare workers, especially midwives and nurses, are essential in maintaining the continuity and quality of postpartum services, even in challenging environments (UNFPA, 2020; ACOG, 2017).

## **1.2. Factors Affecting Postpartum Care in Disasters**

Postpartum care is a vital period for maternal and newborn health, especially during catastrophes, when a combination of environmental and social obstacles can severely impede access to essential health services. Numerous factors affect the quality and accessibility of postpartum care in these circumstances, including the resilience of healthcare infrastructure, socio-economic obstacles, and the psychological effects of disasters on women. Comprehending these multifaceted obstacles is crucial for enhancing treatment outcomes for women and newborns following catastrophic occurrences.

Disasters often impede healthcare services, resulting in a deterioration of the quality and availability of postpartum care. Studies have shown that natural disasters intensify pre-existing health inequities, especially in marginalized populations where women often face obstacles to adequate postpartum care (Methun, 2025; Simone et al., 2023). Furthermore, the failure of referral

mechanisms and the loss of medical data can hinder prompt follow-up care. The deficiency of a resilient healthcare infrastructure hampers the provision of vital services, thereby elevating maternal morbidity and mortality rates during and post-crisis (Methun, 2025; ACOG, 2017). Regions susceptible to recurrent natural disasters exhibit an elevated incidence of maternal health issues attributable to restricted access to obstetric services (Simeone et al., 2023; ACOG, 2017). Alongside infrastructure constraints, socio-economic issues profoundly influence postpartum care in catastrophe contexts. Women from lower socio-economic strata frequently encounter significant obstacles to healthcare access, such as transportation difficulties, absence of health insurance, and insufficient support networks (DiBari et al., 2014; Petersen et al., 2019). These obstacles are exacerbated by the loss of income or shelter subsequent to a disaster. The emotional and psychological impact of a disaster might exacerbate mothers' experiences during the postpartum period. Research indicates that maternal mental health is significantly impacted by the stress of resource loss or the trauma linked to disasters (Nishigori et al., 2014; Nishigori et al., 2015). This emotional burden can impede women's capacity to pursue and comply with postpartum care, resulting in adverse health consequences for both mothers and newborns (Nishigori et al., 2015; Harville et al., 2010). Moreover, factors related to mother readiness and knowledge for postpartum care might significantly affect the utilization of care services. Women lacking sufficient understanding of the postpartum period, including indicators of difficulties and accessible resources, may fail to pursue necessary care (Ambarsarie et al., 2024; Okechukwu et al., 2024). Disparities in education and health literacy frequently manifest along racial and socio-economic lines, exacerbating the complexities of postpartum care during disasters (Petersen et al., 2019; Tenfelde et al., 2022). Systematic reviews demonstrate that women without prenatal education may encounter considerable difficulties in engaging with postpartum treatment, resulting in heightened occurrences of postpartum depression and other health issues (Shelke & Chakole, 2022; Goldstein et al., 2022).

In Türkiye, research indicates that the primary areas impacted by postpartum care in disaster scenarios encompass restricted access to healthcare services, absence of secure shelter, substandard hygiene conditions, inadequate psychosocial support, and insufficient dissemination of information (Demir, 2024; Akça & Özdemir, 2023). In large-scale disasters like earthquakes, the failure to adhere to postpartum monitoring regimens has resulted in issues like as bleeding, infections, and breastfeeding challenges (Yücel et al., 2024). The interaction of infrastructural, socio-economic, psychological, and educational obstacles during disasters

significantly undermines postpartum care. Addressing these difficulties requires robust healthcare systems, enhanced health literacy initiatives, and disaster-responsive policies specifically designed for postpartum women, especially among at-risk populations.

### **1.2.1. Vulnerabilities of Maternal and Neonatal Health in Disaster Contexts**

Disasters, encompassing natural catastrophes and public health crises, present considerable threats to the health of women and babies. The susceptibility of these individuals is intensified during such events, leading to increased maternal and neonatal morbidity and mortality rates. In times of disaster, the interruption of healthcare services, combined with increasing stress and trauma, can obstruct access to vital maternal and child health services, thereby endangering the welfare of mothers and their newborns (Hirani & Richter, 2019; Atim et al., 2021). Pregnant and postpartum women encounter increased risks during catastrophes, including difficulties associated with pregnancy and childbirth, mental health challenges, and negative birth outcomes. Determinative factors including forced displacement, the deterioration of health infrastructure, and insufficient resource allocation may lead to limited access to prenatal and postnatal care, consequently elevating the risk of maternal fatalities and neonatal complications (Abeywickrama et al., 2020; Atim et al., 2021). In crisis situations, these populations have heightened obstacles to healthcare, especially when socioeconomic disparities and cultural limitations exist, which further diminish service utilization (Dadras et al., 2020; Ahmed et al., 2021; Murembe et al., 2021). Furthermore, the intergenerational consequences of maternal health inequities might sustain cycles of poverty and poor health in children. Maternal malnutrition and mental health disorders associated with traumatic disaster experiences might adversely impact newborn development and nutritional status, consequently elevating the risks of childhood illness and mortality (Bazile et al., 2015; Akseer et al., 2016; Sule et al., 2022). Addressing these complex hazards is essential for protecting maternal and newborn health, as well as for strengthening long-term community resilience and advancing health equity in anticipation of future disasters (Vliet-Torij et al., 2022; Bhandari et al., 2024; Makinde et al., 2022). Considering these complex problems, it is imperative to incorporate gender-sensitive strategies into disaster preparedness and response frameworks to safeguard mother and child health. By comprehending the disparate effects of disasters on vulnerable groups, especially low-income women, public health stakeholders and policymakers can formulate more equitable and responsive strategies

that address immediate healthcare requirements and enhance health systems for future resilience (Dgedge et al., 2014; Makinde et al., 2022).

### **1.3.Management of Postpartum Care in Disaster Settings**

Postpartum care is a vital period for maternal and baby health, especially during catastrophes, when environmental and societal obstacles significantly impede access to key health services. Numerous factors affect the quality and accessibility of postpartum care in these situations, including the robustness of healthcare infrastructure, socio-economic obstacles, and the psychological repercussions of disasters on women. A thorough comprehension of these variables is essential for enhancing treatment outcomes for women and newborns after catastrophic occurrences. Disasters often impede healthcare services, resulting in a deterioration of the quality and accessibility of postpartum care. Studies have shown that natural disasters exacerbate existing health disparities, especially in vulnerable populations, where women often face obstacles to sufficient postpartum care (Methun, 2025; Simeone et al., 2023). The lack of strong healthcare infrastructure hinders the provision of vital services, consequently elevating maternal morbidity and death during and following crises (Methun, 2025; ACOG, 2017). Regions that are often impacted by earthquakes or floods demonstrate elevated incidence of maternal health issues owing to restricted access to obstetric services (Simeone et al., 2023; ACOG, 2017). Alongside infrastructure constraints, socio-economic issues profoundly influence postpartum care in catastrophe contexts. Women from lower socio-economic strata frequently have significant obstacles in obtaining healthcare, such as transportation challenges, absence of health insurance, and insufficient social support (DiBari et al., 2014; Petersen et al., 2019).

The emotional and psychological impact of disaster exposure exacerbates the postpartum experience. Empirical research indicates that maternal mental health is adversely affected by the trauma and stress stemming from loss, dislocation, or uncertainty (Nishigori et al., 2014; Nishigori et al., 2015). This emotional burden might hinder women's access to and compliance with postpartum care, leading to negative health outcomes for both mothers and newborns (Harville et al., 2010). Moreover, factors related to maternal readiness and health education substantially influence the utilization of care. Women lacking awareness of postpartum warning signs or available services are less inclined to pursue prompt medical assistance (Ambarsarie et al., 2024; Okechukwu et al., 2024). Disparities in health literacy and prenatal education, frequently correlated with racial and economic factors, intensify these issues (Petersen et al., 2019; Tenfelde et al., 2022). Systematic

evaluations indicate that insufficient prenatal education correlates with inadequate postpartum care participation and heightened risk of postpartum depression and other issues (Shelke & Chakole, 2022; Goldstein et al., 2022).

In conclusion, various interconnected factors affect the quality and accessibility of postpartum care in catastrophe contexts, resulting in substantial obstacles that jeopardize mother and baby health. Overcoming these obstacles necessitates a comprehensive strategy, encompassing investment in robust healthcare infrastructure, culturally relevant educational methods, and focused support initiatives for vulnerable groups during and post-emergencies.

#### **1.4. Postpartum Care Models in Disaster Settings**

##### **1.4.1. Global Models of Postpartum Mother-Baby Care in Disaster Contexts**

Catastrophes undermine both healthcare systems and the essential caregiving relationships between mothers and their infants. The incorporation of comprehensive mother-baby care models is essential for mitigating the increased physical, psychological, and social vulnerabilities experienced post-crisis. The notion of mother-baby care includes strategies aimed at promoting the health and welfare of both mothers and their infants, necessitating good execution through continuity, coordination, and cultural awareness. The Mother-Baby Unit (MBU) model is a successful method that has garnered attention in numerous hospital systems worldwide. The MBU model advocates a comprehensive approach, emphasizing the psychological, social, and physical dimensions of mother and infant care, consistent with the biopsychosocial framework (Branjerdporn et al., 2022; Griffiths et al., 2019). Research has demonstrated that co-locating mothers and infants in hospital environments not only improves clinical outcomes but also bolsters maternal mental health (Schuler et al., 2023). This integrated care paradigm is essential in disaster-affected regions, where healthcare resources are scarce, guaranteeing that mothers have both medical care and emotional support. Alongside the advantages of MBUs, novel community-based strategies have arisen in various cultural settings, including community health volunteer initiatives designed to empower mothers in postpartum care following disasters (Oktafia et al., 2023). These programs bolster the practical dimensions of baby care, augmenting maternal confidence and competence. Instruction on neonatal danger indicators and breastfeeding methods has been associated with enhanced maternal self-efficacy and superior infant

feeding results (Kibaru & Otara, 2016; Namusoke et al., 2021). Culturally customized educational programs have demonstrated efficacy in enhancing mothers' knowledge and habits for the care of low-birth-weight or preterm infants (Amaliya et al., 2023; Kyozuka et al., 2016). Furthermore, digital health solutions have demonstrated efficacy in enhancing postpartum assistance in catastrophe scenarios. Telehealth consultations have allowed moms to obtain information on childcare from healthcare specialists while living in temporary shelters or remote locations (Hägi-Pedersen et al., 2020). These systems enable real-time engagement, mitigating anxiety and ensuring that mothers feel supported despite physical and systemic obstacles (Dhital et al., 2019). Ultimately, the efficient coordination of mother-baby care post-disasters necessitates a multi-faceted approach that incorporates integrated facility-based models, community support systems, and technological advancements. By emphasizing the physical and emotional requirements of women and their infants, these models enhance health outcomes, resilience, and recovery in post-disaster environments.

#### **1.4.2.Mother-Baby Care Models in Post-Disaster Türkiye**

Following disasters—especially the significant earthquakes in Türkiye in 2023—mother-baby care models have encountered substantial hurdles while simultaneously offering distinct potential to enhance maternal and infant health. As families confront displacement, compromised infrastructure, and psychological distress, the demand for flexible and efficient care services intensifies. In Türkiye, creative strategies for post-disaster maternal and neonatal care have been crucial in addressing the urgent health requirements of mothers and their infants, thereby maintaining key services under challenging conditions.

The Turkish Ministry of Health's 2018 Postpartum Care Guideline stipulates that every woman who gives birth is entitled to six postpartum follow-ups, regardless of disaster conditions. Field statistics indicate that merely 40% of these trips were actually executed (Demir, 2024). Post-2023 Kahramanmaraş earthquake observational studies indicated that childbirths occurred in field hospitals, however postpartum monitoring frequently extended just to the initial 24 hours (Yücel et al., 2024). Promoting breastfeeding is a vital strategy in post-disaster mother care, acknowledged as crucial for infant survival and health (Şahin & Kabakçı, 2024). Nonetheless, moms impacted by previous earthquakes faced significant challenges in obtaining breastfeeding support, highlighting the necessity for disaster-specific intervention strategies. Notwithstanding established emergency breastfeeding protocols, research indicates that numerous mothers in Türkiye

could not have sufficient support due to interruptions in healthcare services and resource deficiencies (Şahin & Kabakçı, 2024). This gap highlights the imperative for the prompt implementation of customized breastfeeding instruction and counseling initiatives post-disaster. The correlation between disaster preparedness and maternal-infant health outcomes is recognized in Türkiye's community health policies. Enhancing disaster literacy and community engagement is essential for equipping healthcare providers and families to respond effectively during calamities. Programs such as "Disaster Awareness Training" seek to equip health professionals with the necessary skills to provide comprehensive maternal and newborn care during emergencies (Kılınç et al., 2025). These projects enhance healthcare worker capability and foster a culture of resilience among families.

Innovative care models, such as maternal-infant care units employing holistic approaches, prioritize both physical and mental health for mothers and infants. These surroundings facilitate early bonding and offer organized instruction on newborn care, which is particularly crucial in catastrophe situations (Branjerdporn et al., 2022). Furthermore, telehealth systems have shown promise in increasing access to specialized counseling for mothers of low birth weight or premature infants, consequently improving parental confidence and caregiving abilities (Krissanti et al., 2024; Hwang et al., 2021). In summary, the changing dynamics of mother-baby care in post-disaster Türkiye demonstrate an increased recognition of the specific requirements of mothers and infants during calamities. Türkiye's healthcare infrastructure is increasingly prepared to address future calamities through enhanced community education, technological advancements, and organized assistance for maternity caregiving. Multidimensional methods are crucial for enhancing mother and newborn health outcomes and fostering long-term recovery and resilience.

### **1.5.Strategies to Improve Postpartum Care in Disaster Contexts**

Enhancing postpartum care in disaster-affected regions is a vital priority, since mother and baby health is more susceptible following catastrophic occurrences. Disasters, whether natural or anthropogenic, can interrupt health services, exacerbate existing inequalities, and pose intricate issues for postpartum women and their infants. As global crises become more frequent and severe, healthcare systems must implement flexible and resilient methods tailored to the needs of this population (Haeri & Marcozzi, 2015; ACOG, 2025).

Thorough emergency preparedness plans that specifically incorporate the obstetric population are essential for effective disaster response. These plans must guarantee that healthcare workers are trained in obstetric disaster response protocols, maternal follow-up systems are upheld, and mental health services are integrated into maternal care frameworks (ACOG, 2017). This method facilitates swift modification of maternal care procedures while ensuring the continuation of vital service delivery in challenging circumstances.

The involvement of community health workers (CHWs) is crucial for facilitating access to postpartum care when formal healthcare systems are strained. Community Health Workers connect healthcare systems with disaster-affected populations, providing tangible assistance and culturally sensitive teaching, while fostering postpartum follow-up and emotional health (Lichtveld & Arosemena, 2014; Horney et al., 2012).

Continuity-of-care models offering continuous maternal-infant support during the perinatal period have shown beneficial impacts on maternal mental health. These strategies promote emotional stability, alleviate postpartum discomfort, and strengthen mother-infant attachment when interventions are consistent and responsive (Kildea et al., 2017; Lee et al., 2010). Incorporating mental health into maternity care pathways is crucial, especially during crisis response.

Evidence from Türkiye highlights the necessity of integrating psychological support into maternity care during crises. Demir (2024) recognized psychological therapies as the paramount intervention for postpartum women after catastrophes; nevertheless, access was generally restricted to temporary tent clinics. Proposing the expansion of midwifery roles to encompass structured mental health support is considered a feasible option. Following the 2023 Kahramanmaraş earthquakes, the deficiency in postpartum psychological care became very evident.

The integration of telemedicine into postpartum care strategies provides enhanced value in addressing geographic and logistical obstacles. Teleconsultations offer immediate professional advice and emotional assistance to postpartum women, especially those with preterm or low-birth-weight infants in resource-constrained or displaced environments (Krissanti et al., 2024; Hwang et al., 2021). These approaches, when integrated with mobile care units and adaptable service delivery systems, enhance access and continuity of care in catastrophe scenarios.

Enhancing maternal care during disasters necessitates a comprehensive framework that emphasizes preparedness, community involvement, mental health integration, and adaptable service delivery. These initiatives not only alleviate the immediate effects of disaster events on mother and infant health but also foster equitable recovery and enhance the resilience of health systems in the long term.

*Table 1. Disaster-Oriented Postpartum Care Models: Global vs. Turkey Practices*

Model Type	Description	Application Area
Mother-Baby Unit (MBU)	Integrated care providing physical, psychological, and social support by co-locating mother and infant	Postpartum hospital units, designated areas in disaster zones
Community-Based Volunteer Support Systems	Support provided to mothers by trained local volunteers	Community centers, neighborhood clinics, temporary shelters
Culturally Adapted Educational Programs	Culturally adapted information on mother-infant care	Women's health centers, mobile education units
Telchealth-Based Care Models	Remote counseling on breastfeeding, mental health, and newborn care	Mobile applications, remote video consultations, distance education platforms
Breastfeeding Tents (Turkey)	Temporary structures established to support breastfeeding in disaster zones	Tent cities, temporary living quarters, mass shelters
Field Hospitals and Family Health Centers	Temporary facilities providing childbirth and basic postnatal care in disaster areas	Disaster zone temporary health facilities, field hospitals, primary care centers

Table 1 outlines essential postpartum care procedures to be executed in crisis scenarios, based on global and national clinical guidelines. It integrates standardized, evidence-based procedures aimed at protecting maternal and newborn health during the preparedness, response, and recovery stages of disasters. The interventions are methodically derived from credible sources, including the Infant and Young Child Feeding in Emergencies: Operational Guidance (UNICEF, 2017), the breastfeeding and maternity care protocols of the Turkish Ministry of Health (2023), and expert-informed national frameworks established by prominent institutions and professional

organizations (ICM, 2017; Hacettepe University, 2023; Turkish Midwives Association, 2021; Turkish Nurses Association, 2023).

### **1.6.The Role of Health Professionals in Postpartum Care During Disasters**

Healthcare workers are essential in protecting maternal and newborn health during emergencies. These crises can profoundly disrupt healthcare infrastructure, intensify existing health disparities, and markedly impede access to vital postpartum therapies. In these situations, healthcare practitioners must address the immediate medical requirements of postpartum women alongside the extensive psychosocial difficulties that disasters present (Ic et al., 2019; Henderson et al., 2016).

In disaster scenarios, the significance of nursing is amplified due to the increased vulnerability of newborn immune systems. Qualitative research from Türkiye indicates that maternal stress frequently impedes milk production; yet, prolonged breastfeeding can be achieved with enough counseling and support (Akça & Özdemir, 2023). In reaction to the 2023 earthquakes, the Turkish Ministry of Health instituted breastfeeding tents in disaster areas, providing direct assistance to impacted moms (MoH, 2023).

Obstetricians, nurses, midwives, and community health workers serve as primary providers in disaster-affected regions. Their duties encompass not only physical examinations but also mental health assessments, which are crucial for postpartum treatment in emergencies (Simeone et al., 2023; Bennett et al., 2011). Research indicates that personalized treatment approaches, including home visits and telehealth follow-ups, enhance postpartum monitoring and education, facilitating early intervention for challenges such as breastfeeding difficulties or postpartum depression (Wouk et al., 2022; Jones-Beatty et al., 2022).

The incorporation of mental health services into postpartum care is especially vital in catastrophe situations. Healthcare practitioners must be well educated to identify psychological distress and offer prompt assistance. Research highlights the efficacy of accessible mental health resources in mitigating anxiety and depression symptoms linked to trauma (Giarratano et al., 2019; Sari, 2024). Therefore, ongoing disaster-specific training centered on mother and baby care is crucial for guaranteeing a thorough and compassionate healthcare response (Ahmed et al., 2015). Moreover, health professionals function as vital community intermediaries. Their function in coordinating cross-sectoral services facilitates the connection of postpartum women to essential resources and enhances the resilience of healthcare

systems (Arosemena et al., 2013). Patient navigation initiatives, which use trained staff to help women surmount logistical, social, or economic obstacles to care, have demonstrated encouraging outcomes in enhancing postpartum care utilization among vulnerable populations (Rankin et al., 2016; Krishnamurti et al., 2020).

Midwives play a vital role in disaster care, broadening their responsibilities to encompass postpartum and psychosocial assistance in addition to assisting with childbirth. Field research in Türkiye revealed that 70% of midwives lacked official disaster-specific training, although many nevertheless perceived a responsibility to provide postpartum care in impacted regions (Demir, 2024). This underscores the essential necessity of integrating disaster preparedness and response into nursing and midwifery curriculum, thus preparing practitioners with the requisite capabilities for crisis situations. Health professionals greatly enhance the rehabilitation and resilience of families impacted by catastrophes through the integration of medical care, psychosocial support, and strategic coordination. An extensive, interdisciplinary strategy is crucial to meet the complex requirements of postpartum women and their infants, especially at this highly sensitive phase of their lives.

*Table 2. Essential Postpartum Interventions in Disasters – Based on National and International Guidelines*

Intervention Title	Description	Responsible Health Professional
Breastfeeding Counseling in Disasters	Emotional and practical support for mothers to maintain and initiate breastfeeding.	Midwives, Nurses, Lactation Consultants
Establishment of Breastfeeding Tents	Physical spaces providing privacy and guidance for breastfeeding in emergency settings.	Nurses, Midwives
Monitoring and Follow-up after Birth	Postpartum visits including maternal-infant checks and psychological support.	Midwives, Family Physicians
Identification of Infant Danger Signs	Early recognition of symptoms indicating neonatal danger and referring as needed.	Nurses, Midwives
Culturally Adapted Mother Education	Training programs tailored to local beliefs on caring for preterm or low-birth-weight babies.	Nurses, Community Health Workers

Telehealth for Postpartum Support	Use of technology to provide counseling and health advice to postpartum women remotely.	Physicians, Nurses, Telemedicine Coordinators
Training of Health Personnel for Disasters	Equipping professionals with disaster-specific postpartum care knowledge and skills.	All Maternal-Child Health Professionals
Integration of Mental Health into Postpartum Care	Mental health assessment and interventions integrated with physical care.	Nurses, Midwives, Psychologists,
Community-Based Support Models	Programs involving local volunteers or CHWs to support new mothers.	Community Health Workers
Navigation Programs for Care Access	Systems that help women overcome barriers and connect with services.	Patient Navigators, Social Workers

Table 2 delineates critical postpartum interventions to be implemented during emergency scenarios, informed by national and international evidence-based guidelines. It classifies interventions based on catastrophe phases and the accountable health experts, thereby providing a systematic framework to maintain maternal and newborn health continuity. The interventions utilize international and national policy documents, including the Infant and Young Child Feeding in Emergencies: Operational Guidance (UNICEF, 2017), national breastfeeding and maternal care protocols established by the Turkish Ministry of Health (2023), and professional disaster preparedness resources from Hacettepe University (2023), the Turkish Midwives Association (2021), and the Turkish Nurses Association (2023).

### 1.7. Conclusion

Disaster conditions pose complex dangers that significantly endanger the health of women and newborns during the postpartum period. Research indicates that interruptions in healthcare services, infrastructural inadequacies, psychosocial trauma, suboptimal care models, and insufficient disaster literacy negatively affect maternal and infant health during this critical period (Hirani & Richter, 2019; Atim et al., 2021; Simeone et al., 2023). Women from poorer socioeconomic origins have substantial disparities in obtaining healthcare services (DiBari et al., 2014; Petersen et al., 2019).

In Türkiye, observational data post-2023 Kahramanmaraş earthquakes indicated that merely 40% of postpartum follow-ups were accomplished, and breastfeeding counseling services were inadequate (Demir, 2024; Şahin & Kabakçı, 2024). Nonetheless, measures like the creation of breastfeeding tents and field hospitals by the Ministry of Health signify commendable advancements in emergency care provision (MoH, 2023).

Data from nations that have adeptly handled postpartum care in disaster scenarios indicates that comprehensive strategies—like the Mother-Baby Unit (MBU) model—successfully address the physical and psychological requirements of mothers while fostering maternal bonding (Branjerdporn et al., 2022; Schuler et al., 2023). Moreover, community-based volunteer support networks, culturally tailored educational initiatives, and telemedicine services have demonstrated efficacy in maintaining postpartum care during disasters (Oktafia et al., 2023; Amaliya et al., 2023; Hägi-Pedersen et al., 2020).

Healthcare providers assume a diverse role in this process. Midwives, nurses, obstetricians, and community health professionals deliver both medical treatment and psychosocial support, aiding women's recovery processes (Simeone et al., 2023; Giarratano et al., 2019). Field studies reveal that a considerable proportion of health professionals in this domain lack disaster-specific training, and these subjects are frequently inadequately addressed in current curriculum (Demir, 2024).

To enhance postpartum care following disasters, it is imperative to incorporate these services into disaster preparedness strategies. Delivering disaster-oriented postpartum care training to healthcare practitioners will improve service quality. Community-oriented volunteer support networks and digital health solutions, such as telemedicine, can enhance accessibility. The incorporation of mental health assistance into postpartum care is essential for the psychological welfare of mothers. Furthermore, the digital enhancement of follow-up procedures might augment the continuity and quality of care.

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