

Factors Affecting the Poor Attendance of Children in the Neonatal Period

Zamira Cabiri¹; Brunildamehilli²; Blerina Bani³; Kace Baushi⁴; Armela Kapaj³; Elona Dybeli¹; Niketa Kolicic¹; Miranda Kokoshi⁵

¹Medical Technical Specialties Department, Faculty of Medical Technical Science, University of Elbasan “Aleksandër Xhuvani”, Albania.

²Clinical Department, Faculty of Medical Technical Science, University of Elbasan “Aleksandër Xhuvani”, Albania

³Nursing Department, Faculty of Medical Technical Science, Faculty of Medical Technical Science, the University of Elbasan "Aleksandër Xhuvani", Albania

⁴Preclinical Department, Faculty of Medical Technical Science, University of Elbasan “Aleksandër Xhuvani”, Albania

⁵Department of Psychology, Faculty of Education Sciences, University of Elbasan “Aleksandër Xhuvani”, Albania

¹ORCID ID: (0000-0001-9486-8289)

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Abstract: Standardization of home follow-up services for newborns improves the quality of healthcare by ensuring healthy growth and development of children and, consequently, contributes to the reduction of infant mortality. In Albania, since 2014, a national protocol has been in place that standardizes child follow-up within primary healthcare services. This study aimed to assess postnatal care, the barriers to service quality, and the primary healthcare system's capacity to provide high-quality care.

A quantitative cross-sectional design was employed, using a structured questionnaire administered via the Google Forms platform and distributed to healthcare personnel working in child consultation centers. A total of 115 healthcare professionals, including physicians and nurses, participated in the study. Data were analyzed using SPSS, version 27.

Difficulties in newborn follow-up were mainly related to delays in conducting initial visits. Manual data delivery (89.6%) and problems in locating addresses (62.6%) contributed significantly to these delays. As a result, 58.6% of respondents reported that the first home visits were conducted more than two days after birth, contrary to established protocols.

Furthermore, 74.8% of healthcare staff suggested that electronic birth records should be sent directly to consultation centers, as paper-based records (hard copies) delivered manually cause delays and often lack essential information regarding the mother and the newborn. In addition, consultation centers lacked protocols and printed materials (35.7%), some staff had not received training, and 94.8% expressed the need for continuous education.

Delays in receiving data from maternity hospitals, difficulties in locating addresses, and the lack of standardized protocols or training hinder timely home visits and limit effective monitoring of child development.

Keywords: Protocol, Postpartum Period, Consultation, Electronic Medical Record, Follow-Up.

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I. INTRODUCTION

The postpartum period is a crucial phase for both maternal and neonatal health, characterized by significant health risks that require targeted healthcare interventions to ensure optimal outcomes [1]. Research indicates that despite improvements in service quality, the World Health Organization (WHO) emphasizes that postpartum care receives less attention from primary healthcare personnel compared to prenatal and delivery care [2]. This neglect is particularly concerning, as the first month of life represents the most vulnerable period for child survival [3], with substantial advancements in neonatal and pediatric clinical practices still failing to mitigate the high rates of neonatal mortality [4]. In 2022, an estimated 2.3 million neonatal deaths occurred worldwide, highlighting the urgent need for improved postpartum care strategies [5]. In Albania, despite a decline in birth rates, infant mortality remains a critical concern, with 6.1 deaths per 1,000 live births reported in 2023[6]. Notably, a significant proportion of these deaths occur during the early neonatal period, highlighting the critical need for effective healthcare interventions during this period [7]. The WHO's 2005 World Health Report advocates for a concentrated focus on neonatal care, stressing the importance of actions that ensure the health of neonates at higher risk after they transition from institutional care to home environments [8]. This concern is reinforced by UNICEF, which advocates for enhancements in neonatal screening programs and monitoring mechanisms to enable early identification of impairments and ensure timely and appropriate care [1]. The provision of skilled care and early identification of health issues can significantly reduce mortality and disability rates among newborns. Evidence suggests that there are crucial moments during the postpartum period when contact with healthcare systems can be instrumental in addressing complications: specifically, within the first few hours after birth, between three to seven days, and at six weeks postpartum [9][8]. The WHO

recommends that women who give birth in healthcare institutions receive at least 24 hours of hospital care, while those delivering at home should receive health services within 24 hours [10]. Since 2014, Albania has implemented a national protocol to standardize child follow-up care, contributing to improvements in healthcare service quality and a reduction in infant mortality rates. Overall, the postpartum period presents significant risks that necessitate comprehensive healthcare strategies to safeguard the well-being of both mothers and newborns [11]. The integration of skilled care, timely interventions, and standardized protocols is crucial for enhancing health outcomes during this critical period [12].

II. MATERIALS AND METHODS

The study employed a cross-sectional, quantitative descriptive design utilizing a structured questionnaire. The questionnaire was administered via Google Forms, ensuring accessibility for study participants. The study population comprised healthcare personnel working in pediatric consultancy services in both urban and rural areas, as well as staff from the neonatology department at the "Xh. Kongoli" Elbasan Hospital Center. A total of 115 healthcare professionals, including 32 doctors and 83 nurses, participated in the study, representing approximately one-third of the 405 personnel providing consultancy services in the Elbasan region.

The development of the questionnaire, which included predefined response options, was subject to information bias, as participants were limited to selecting from the available answers rather than providing unrestricted responses [13]. This is also a limitation of the study.

The research was conducted from January to May 2023, and statistical analysis was performed using SPSS 27.

III. RESULTS

Table 1 Distribution According to General Information

Residence	Frequency (No.)	Percentage (%)
Rural	41	35.7
Urban	74	64.3
Total	115	100
The person filling out the form	Frequency (No.)	Percentage (%)
Doctor	32	27.8
Nurse	83	72.2
Total	115	100
Years of experience	Frequency (No.)	Percentage (%)
< 1 year	21	18.3
1 - 5 years	34	29.6
5 - 10 years	19	16.5
10 - 15 years	7	6.1
15 - 20 years	12	10.4
> 20 years	21	18.3
missing	1	0.9
Total	115	100

Referring to Table 1, the results indicate that 64.3% of the study participants were residents of urban areas. Regarding newborn follow-up and record completion, nurses were responsible for 72.2% of cases. In terms of work

experience, 29.6% of participants had 1–5 years of experience, followed by 18.3% with less than one year and 15–20 years of experience, while 6.1% had 10–15 years of experience.

Table 2 Frequency Distribution Regarding the Method of Sending the Clinical Record from Maternity to Health Centers

Average number of days for the maternity card to arrive at the health center	Frequency (No.)	Percentage (%)
1 day	8	6.9
2 days	28	24.3
3 days	24	20.9
4 days	37	32.2
5 days	18	15.7
Total	115	100
The method of sending the clinical record from the maternity to health centers	Frequency (No.)	Percentage (%)
By hand	108	93.9
Not sent	7	6.1
Total	115	100
It would be better if the card were electronic and came online	Frequency (No)	Percentage (%)
Yes	86	74.8
No	11	9.6
I don't know.	14	12.2
Missing	4	3.5
Total	115	100

The findings regarding the timing of newborn clinical record transmission from the maternity ward to the health center indicate that in 32.2% of cases, the record is sent after four days, followed by 24.3% after two days, 20.9% after three days, and 15.7% after five days. Concerning the method

of transmission, 93.9% of participants reported delivering the record by hand. When asked about the potential effectiveness of an electronic record system, 74.8% of participants indicated that an electronic record would be the most effective method.

Table 3 Frequency Distribution Regarding the Time of the Newborn's First Visit After Discharge from the Maternity Ward

Number of days of the first home visit for newborns after discharge	Frequency (No.)	Percentage (%)
1 day	44	38.3
2 days	0	0
3 days	20	17.4
4 days	20	17.4
Other	27	23.5
Missing	4	3.5
The first home visit (for home births) on which day after birth is carried out by health personnel	Frequency (No.)	Percentage (%)
The first day	11	9.6
The second day	6	5.2
The third day	4	3.4
The fourth day	9	7.8
Other	82	71.3
Missing	3	2.6
Children are provided with health records.	Frequency (No.)	Percentage (%)
Yes	75	65.2
No	35	30.4
Missing	5	4.3

The number of days of the first home visit for the newborn after discharge from the maternity hospital showed that in 38.3% of cases, it was carried out within the first day, not by health personnel. In 71.3% of cases, the participants stated that the first visit by health personnel was carried out on

other days after day 4. Regarding the availability of the health booklet for newborn children by health personnel, 30.4% declared that they did not have it; in 4.3% of cases, the answer for this variable was missing.

Table 4 Frequency Distribution Regarding the Timing of Medical Visits for Newborns

At the child's first visit, breastfeeding results are normal	Frequency (No.)	Percentage(%)
Yes	75	65.2
No	35	30.4
Missing	5	4.3
Time (day) of the second home visit to the child	Frequency (No.)	Percentage (%)
Between 2nd and 7th day of birth	44	38.3
Second week of birth	44	38.3
The third week of birth	12	10.4
Fourth week of birth	5	4.3
Other	8	7
Missing	2	1.7
Time (day) of the third home visit to the child	Frequency (No.)	Percentage(%)
After the second week of life, from day 8 - 28	39	33.9
After the third week of birth	31	27
After the 4th week of birth	12	10.4
After the first month of birth	25	21.7
Later	6	5.2
Missing	2	1.7

The results referred to in Table 4 showed that in relation to the assessment at the first visit of the child, breastfeeding resulted in 65.2% being normal; a high percentage indicated abnormalities in the newborn's breastfeeding (30.4%), and in 4.3% of the information was missing.

Regarding the time of the second medical visit of the newborn by the medical staff, it results that in 38.3% of cases, it is carried out between the second and 7th day as well as the

second week of birth; in 10.4% the second medical visit is carried out in the third week of birth and in 7% of cases the second visit is carried out on other days (after week 4).

The results regarding the time (day) of the third visit of the child at home showed that in 33.9% of cases, it is carried out after the second week of life, from day 8 - 28; in another 27% after the third week of birth; in 21.7% of cases after the first month of birth.

Table 5 Frequencies Related to Newborn Health Documentation and Training Needs

Presence of a newborn follow-up protocol in the health center	Frequency (No.)	Percentage (%)
Yes	85	73.9
No	17	14.8
Don't know	13	11.3
Presence in the health center of the examination table for newborns	Frequency (No.)	Percentage (%)
Yes	74	64.3
No	26	22.6
Don't know	14	12.2
Missing	1	0.9
The presence of a list of monitoring and assessment indicators for newborns	Frequency (No.)	Percentage (%)
Yes	96	83.5
No	19	16.5
Sufficient training for newborn examination	Frequency (No.)	Percentage (%)
Yes	71	61.7
No	43	37.4
Missing	1	0.9
Needs for further training in this field	Frequency (No.)	Percentage (%)
Yes	109	94.8
No	3	2.6
Missing	3	2.6

The results concerning the documentation available for newborn follow-up by healthcare personnel at health centers indicate that protocols are present in 73.9% of cases, while 11.3% of participants were unaware of their existence. Additionally, 64.3% of the respondents reported the availability of examination tables for newborns, whereas

12.2% were unaware of them. Monitoring and evaluation lists for newborns were available in 83.5% of the cases.

Regarding training adequacy for newborn examinations, 37.4% of the participants stated that they had not received sufficient training, and 94.8% expressed the need for further training in this field.

Table 6 Significant Relationship Between Difficulty in Finding the Mother's Address and the Reasons for Difficulty in Finding it

		Difficulties in finding the mother's residential address				P-value
		Never	Rarely	Frequently	Very frequently	
Reasons for the difficulties	Because women don't give birth in the district maternity ward	-	-	5(4,3%)	-	.000
	Because the exact address is not given by the woman	10(8,7%)	5(4,3%)	11(9,6%)	-	
	Because women do not give birth in the district maternity hospital, the exact address is not given to the women	6(5,2%)	2(1,7%)	2(1,7%)	-	
	Because the address is not given correctly by women, or because the address is entered incorrectly in the maternity ward	3(2,6%)	-	2(1,7%)	-	
	Because women do not give birth in the district maternity hospital, because the address is not given correctly by the women, and because the address is entered incorrectly in the maternity hospital	1(0,9%)	-	1(0,9%)	-	
	Because the exact address is not given by the woman, another	--	-	1(0,9%)	-	
	Because the card doesn't come	1(0,9%)	-	-	3(2,6%)	
	Because women do not give birth in the district maternity hospital, because the women do not provide the correct address, and because the card does not arrive	2(1,7%)	-	-	-	
	Because women do not give birth in the district maternity hospital, because the women do not provide the correct address, because the card does not arrive, etc.	1(0,9%)	-	-	-	
	Because women do not give birth in the district maternity hospital, because the women do not provide the correct address, because the address is incorrectly entered in the maternity hospital, because the card does not arrive, etc.	1(0,9%)	-	-	-	
	Because the women don't give the correct address, because the card doesn't come, etc.	-	1(0,9%)	-	-	
	The address was entered incorrectly at the maternity hospital because the card did not arrive	1(0,9%)	-	-	-	
	Because women do not give birth at the district maternity hospital, the address is written incorrectly on the maternity hospital card, as the card does not arrive	-	-	1(0,9%)	-	
	Because the card doesn't come, another one	1(0,9%)	-	-	-	
	Because the address is entered incorrectly at the maternity hospital	1(0,9%)	-	3(2,6%)	-	
	Because the address is entered incorrectly at the maternity hospital, other	-	-	1(0,9%)	-	
Other	5(4,3%)	-	7(6,1%)	12(10,4%)		
Missing	-	-	1(0,9%)	22(19,1%)		

There is a statistically significant relationship between the difficulty in finding the mother's residential address and the reasons why this difficulty may occur $\chi^2 = 129,357$, $p < 0.05$ ($P = .000$).

IV. DISCUSSION

Early postnatal home visits are a universal practice in many Western countries [14] and are clearly outlined in the duties and responsibilities of child health consultation staff in Albania [15].

➤ *At the Time of Birth, Newborns Should Have a Follow-Up Plan that Includes:*

• *Contact Information for a Primary Healthcare Provider*

A scheduled follow-up visits within 24 to 72 hours after discharge, whether at a hospital, clinic, or home, with a qualified healthcare provider [16]. In Albania, this follow-up is conducted by consultation centers staffed with doctors and nurses.

The World Health Organization recommends that women giving birth with a skilled attendant in a healthcare facility receive immediate postnatal care and remain at the facility for at least 24 hours in cases of uncomplicated births [17]. However, studies indicate that even when women deliver in a healthcare facility, postnatal care (PNC) is not always guaranteed, as some women may stay only a few hours before discharge [18].

According to the postnatal care protocol in Albania [19], the first visit should take place at home as soon as possible after hospital/maternity discharge-ideally within 48 hours or 1-2 days after discharge [20].

A key question in our study was about when the newborn's record is delivered to the consultation center. In current urban practice, newborn records are collected from the maternity hospital, delivered to the central consultation center, and then distributed to the respective local centers. The sooner the record is retrieved, the earlier the newborn's home visit can be conducted.

The fact that only 27% of participants reported that the newborn record reaches the consultation center within one or two days highlights a critical issue. This indicates that the first home visit is delayed for approximately 70% of newborns, despite the recognized importance of early visits.

Regular follow-up care for newborns, particularly home visits during the first week of life, can prevent 30-60% of neonatal deaths, as three-quarters of neonatal deaths occur during the first week, with 25-45% occurring within the first 24 hours [21].

The connection between maternity hospitals and primary healthcare consultation centers for obtaining newborn records and information was examined through a specific question about how the records are delivered to the consultation centers[22]. According to the responses, 91.3% (n=105) of participants reported that newborn records were physically delivered by healthcare staff from the maternity hospital, particularly for urban births. In rural areas, records were often handed over to family members, who then delivered them to the health center. No participants reported receiving birth information via mail or telephone. Notably, 6.1% (n=7) stated that the records "never arrive".

This process not only causes inefficiencies, such as staff having to spend work hours retrieving records, but also creates unjustifiable obstacles. Issues like retrieving records only twice a week or delays, because newborn records are not

yet prepared, were highlighted in focus group discussions as barriers to implementing newborn follow-up protocols effectively.

Furthermore, handing over a newborn's record to a family member breaches the ethical code outlined in Article 34 of the document "Documentation of Medical Actions" [23]. Although the percentage of cases where the record does not reach the health center at all (6.9%, n=8) appears low, it remains unacceptable given the critical role these records play in the newborn's care.

The delayed or absent delivery of newborn records leads to delays in the first home visit. This is supported by the crosstab analysis in Table 3, which shows that 90.4% of respondents reported receiving the records at the health center more than two days after birth. Consequently, 58.3% reported that the first visit occurs more than two days after discharge. The statistical significance of the association between record delivery time and the timing of the first visit is confirmed by the Pearson Chi-Square test results.

Interestingly, a considerable proportion of first visits (33.0%, n=38) take place within the first two days, even before the records arrive at the health center, particularly when delivery occurs after the second day. This finding is consistent with reports from consultation center staff, particularly in rural areas, who stated that they conduct the first visit as soon as they receive information about birth.

The study also reveals a notable difference in protocol adherence between rural and urban areas. Among those who performed the first visit according to protocol, 52.3% were from rural areas, compared to 47.7% from urban areas. Conversely, among those who did not adhere to the protocol, only 26.9% were from rural areas, while 73.1% were from urban areas.

The newborn's first visit initiates a continuum of care that can extend into early adulthood. Consistent and coordinated care is linked to improved clinical outcomes and a reduction in emergency visits, in contrast to fragmented care provided by multiple providers addressing acute conditions[24].

Another significant barrier to timely first visits is the difficulty in locating the address. Given the demographic changes in major cities, healthcare workers were asked if they encountered challenges in finding the homes of new mothers. Data revealed that 35.7% of respondents frequently or very frequently faced difficulties in locating addresses. However, nurses and midwives in rural areas did not report this issue, likely because the same midwife typically follows the pregnant woman and the newborn in rural settings.

Our study revealed that challenges related to locating mothers' addresses were not exclusive to new healthcare staff but were also reported by those with over 20 years of experience in the field. Approximately 35% of respondents identified the frequent issue of "inaccurate addresses provided

by mothers," while around 18% noted that "mothers do not give birth at the district's maternity hospital."

- *In Urban Areas, Healthcare Workers Listed Several Reasons for Addressing Discrepancies:*

- ✓ Mothers do not provide accurate addresses at the maternity hospital.
- ✓ Maternity hospitals fail to record precise addresses.
- ✓ Births occurring outside the district.
- ✓ Delayed receipt of newborn records.
- ✓ Poor coordination between women's consultation centers and child consultation centers.

- *Follow-Up Visits and Protocol Adherence*

Continuing our investigation into postnatal follow-up visits, we found that only 38.3% (n=44) of respondents reported conducting the second visit within 2–7 days after discharge from the maternity hospital, as outlined in the protocol [1]. This percentage aligns exactly with the proportion who stated that the first visit was conducted 1–2 days after discharge (38.3% or n=44).

The significance of the second visit is undeniable, as three-quarters of neonatal deaths occur during the first week of life [21], with the first 28 days being critical [25]. Monitoring newborn health during this period can prevent complications that, if undetected, may lead to neonatal morbidity and mortality [26].

The third visit, according to the protocol, should be conducted between the 8th and 28th day of life. However, only 33.9% of healthcare personnel adhered to this guideline.

- *Importance of Second and Third Visits*

The second and third visits play a vital role in ensuring newborn well-being. Nurses and midwives assess critical factors such as:

- Continued breastfeeding success.
- Monitoring weight gain.
- Addressing colic management.
- Providing parents with an opportunity to discuss concerns regarding the health of their newborn or mother [27].

The goal of postnatal visits for healthcare providers is to deliver care and guidance to parents, ensuring the health and well-being of the newborn during the first four weeks of life [19] [10].

In addition to disease prevention and early intervention, postnatal care visits serve as valuable opportunities to educate parents about newborn health and development.

The data collected indicate that only one-third of newborns received regular follow-up visits in accordance with protocol notably low figure, particularly given the limited sample size of this study. This finding underscores the need for improved adherence to postnatal care guidelines and enhanced coordination between healthcare institutions to optimize newborn care outcomes.

This section of the study also examines the importance of the quality of the newborn's record and the information it contains, which is crucial for monitoring both the child's and the mother's health postpartum. The accuracy and completeness of recorded data play a key role in ensuring patient safety and supporting healthcare personnel in identifying and addressing potential health issues during the postnatal period.

The birth record documentation should include a wide range of information, such as the gestational age, birth weight, length of the baby, head circumference, feeding method, diagnoses, medications, and immunization status [28]. However, only 43% of the interviewed personnel report finding complete data on the health status of the newborn and the mother in the record, including details such as descriptions of prenatal, birth-related issues, medication use, Apgar scores, and vaccination information.

On the other hand, 57% of the personnel report that the record contains only the time and date of birth, the type and duration of delivery, and some anthropometric data. This lack of comprehensive information highlights the significant need for improvement in the data recording processes by the neonatology staff and maternity hospitals.

Regarding the improvement of health services and the use of technology, it is clear that digitizing the birth record could be an important step toward modernization and increased efficiency in the system. Information and communication technologies (ICT) support the improvement of services and facilitate the implementation of social innovations in the healthcare field. There have been a series of investments and interventions in ICT, such as the Telemedicine Project, the Immunization Information System, and the Electronic Prescription System with Reimbursement [29].

From the collected data, 74.8% (n=86) of participants agreed that the newborn's record should be in electronic format and accessible online. This would improve the ability to track information and contribute to the optimization of visits and services for newborns.

Improving the quality of the newborn's record and transitioning to an electronic system could bring significant benefits in enhancing the quality of care and the effectiveness of healthcare services for mothers and children. This process would enable accurate and complete data recording, eliminate delays and errors, and improve communication between healthcare institutions.

V. CONCLUSIONS

Enhancing the quality of newborn record-keeping and transitioning to an electronic system could significantly improve the quality of care and the efficiency of healthcare services for mothers and neonates. This advancement would facilitate precise and comprehensive data documentation, mitigate delays and errors, and optimize communication among healthcare institutions.

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