

Postpartum Governance In Global Scholarship : A Bibliometric Study of Research Trends And Intellectual Structures (2012–2025)

Tata Kelola Pascapersalinan dalam Kajian Global: Studi Bibliometrik tentang Tren Penelitian dan Struktur Intelektual (2012–2025)

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Abstrak

Latar belakang: Periode postpartum merupakan tahap penting dalam kesinambungan kesehatan ibu dan bayi baru lahir, namun secara historis masih menerima perhatian yang lebih terbatas dalam kebijakan kesehatan dan penelitian dibandingkan dengan perawatan antenatal dan intrapartum. Sebagian besar penelitian berfokus pada luaran klinis, sementara struktur tata kelola yang mempengaruhi organisasi, koordinasi, dan penyelenggaraan layanan postpartum masih jarang dikaji secara sistematis. **Tujuan:** Untuk memetakan struktur intelektual dan tren penelitian global mengenai tata kelola postpartum dalam kajian kesehatan ibu. **Metode:** Penelitian ini menggunakan desain bibliometrik kuantitatif untuk menganalisis penelitian global yang terindeks dalam basis data Scopus pada periode 2012 hingga 2025. Strategi penelusuran menggunakan sintaks TITLE-ABS-KEY dengan menggabungkan istilah terkait postpartum dengan konsep tata kelola dan layanan kesehatan. Setelah proses penyaringan dan seleksi kelayakan, sebanyak 417 artikel jurnal peer-review dimasukkan dalam dataset akhir. Analisis dilakukan menggunakan paket Bibliometrix pada perangkat lunak R dan antarmuka Biblioshiny untuk mengkaji sumber publikasi, pola kepenulisan dan kolaborasi internasional, serta struktur konseptual literatur melalui analisis ko-okurensi kata kunci, pemetaan tematik, dan evolusi tematik. **Hasil:** kajian tata kelola postpartum terus berkembang dalam jurnal kesehatan ibu, kesehatan masyarakat, dan penelitian layanan kesehatan, meskipun tema terkait tata kelola dan penyelenggaraan layanan masih belum terkonsolidasi sekuat topik klinis. **Kesimpulan:** Tata kelola postpartum mulai berkembang sebagai bidang penelitian interdisipliner yang menghubungkan pelayanan kesehatan ibu dengan organisasi sistem kesehatan dan penyelenggaraan layanan. Temuan ini memberikan dasar empiris bagi penelitian selanjutnya serta mendukung penguatan kebijakan dan koordinasi layanan postpartum.

Kata kunci: periode postpartum; pelayanan kesehatan ibu; administrasi pelayanan kesehatan; kebijakan kesehatan

Abstract

Background: The postpartum period represents a critical stage in the continuum of maternal and newborn health, yet it has historically received less attention in health policy and research compared with antenatal and intrapartum care. Existing studies largely focus on clinical outcomes, while governance structures shaping the organization, coordination, and delivery of postpartum services remain insufficiently examined. **Purpose** This study aims to map the intellectual structure and global research trends of postpartum governance within maternal health scholarship. **Method:** A quantitative bibliometric design was used to analyze global research indexed in the Scopus database between 2012 and 2025. The search strategy applied a TITLE-ABS-KEY query combining postpartum-related terms with governance and health service concepts. After screening

*and eligibility filtering, 417 peer-reviewed journal articles were included in the final dataset. Bibliometric analysis using the Bibliometrix R package and Biblioshiny interface examined publication sources, authorship and international collaboration patterns, and the conceptual structure of the literature through keyword co-occurrence, thematic mapping, and thematic evolution analyses. **Results:** The findings indicate that research on postpartum governance is expanding across maternal health, public health, and health services research journals, although governance-related themes remain less consolidated than dominant clinical topics. **Conclusion:** Postpartum governance is emerging as an interdisciplinary research domain linking maternal health care with broader health system organization and service delivery perspectives. This bibliometric mapping provides empirical evidence to support future research and inform policy discussions on strengthening governance and coordination in postpartum care.*

Keywords: *postpartum period; maternal health services; health services administration; health policy*

INTRODUCTION

The postpartum period constitutes one of the most critical stages in the continuum of maternal and newborn health. Globally, nearly 44% of stillbirths, 73% of newborn deaths, and 61% of maternal deaths occur during childbirth and within the first week after delivery, highlighting the substantial health risks associated with this period (Oladapo et al., 2015). During this stage, mothers experience major physiological and psychological transitions that increase vulnerability to complications such as hemorrhage, infection, and mental health disorders (Xiao et al., 2025). Despite these risks, postpartum care has historically received less policy attention compared with antenatal and intrapartum care, creating important gaps in service continuity and maternal health outcomes (Henderson & Redshaw, 2017; Memirie et al., 2016).

These challenges are closely related to structural and organizational limitations within maternal health systems. Many national and international guidelines continue to define postpartum care primarily within the first six weeks following childbirth, even though evidence indicates that longer monitoring is required to address nutritional, hematologic, and psychological needs (Duysburgh et al., 2015). In practice, health systems often face difficulties in delivering consistent postpartum services due to shortages of skilled personnel, uneven resource distribution, and weak implementation of maternal health policies. Empirical studies illustrate these constraints. For example, health facilities in rural Uganda remain less equipped to provide comprehensive postpartum services than tertiary hospitals (Namutebi et al., 2023), while in Malawi only 42% of women and 60% of newborns receive postpartum health checks within two days after delivery despite the presence of national guidelines aligned with WHO recommendations (Gresh et al., 2023). These findings suggest that improving postpartum outcomes requires not only clinical interventions but also stronger health system organization and policy coordination.

Within this context, the concept of postpartum governance becomes increasingly relevant. In maternal health systems, governance refers to the institutional arrangements, policy frameworks, coordination mechanisms, and accountability structures that influence how postpartum services are organized and delivered (Mukamurera, 2024; Otero, 2017). However, existing research on postpartum health has been dominated by clinical perspectives. Previous studies primarily examine biomedical conditions such as

postpartum hemorrhage (Ford et al., 2015; Mehrabadi et al., 2012; Visser et al., 2018), hypertensive disorders (McDougall et al., 2023), and maternal mental health outcomes including postpartum depression (Bahk et al., 2015; Khanlari et al., 2019; Margiotta et al., 2022; Yang et al., 2023). Recent scholarship has also explored digital health innovations such as telehealth and mobile health interventions aimed at improving follow-up care and contraceptive uptake (Cherie et al., 2024; Vatrastresth et al., 2023). While these contributions provide valuable insights into clinical management and patient outcomes, they often pay limited attention to the broader governance structures that shape service accessibility, coordination, and sustainability.

Consequently, the governance dimension of postpartum care remains insufficiently explored within the broader maternal health literature. A limited number of studies engage with policy frameworks and institutional arrangements affecting postpartum services (Khanlari et al., 2019; Salam et al., 2014; Yap et al., 2022), yet governance is frequently treated as a contextual background rather than a primary analytical focus. This imbalance restricts a comprehensive understanding of how institutional coordination, regulatory mechanisms, and health system organization influence the effectiveness and equity of postpartum care. Mapping the structure of existing research is therefore essential to identify where governance perspectives have emerged, where conceptual gaps remain, and how future studies can integrate clinical and policy approaches.

To address this gap, the present study conducts a bibliometric analysis of global research on postpartum governance between 2012 and 2025. By examining publication trends, authorship patterns, institutional collaboration networks, and thematic development, this study aims to map the intellectual structure of the field and identify emerging research directions. Through this approach, the study provides an empirical overview of how postpartum governance has been conceptualized within global scholarship and highlights opportunities for strengthening governance-oriented research in maternal health systems.

METHODS

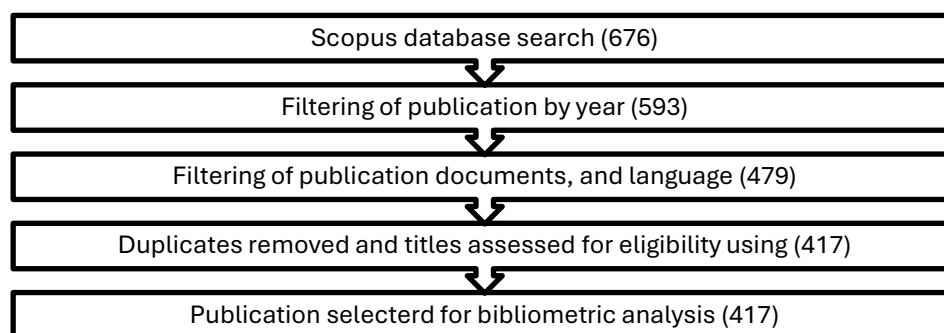
This study employed a quantitative bibliometric design to map and analyze the global research landscape of postpartum governance. Bibliometric analysis enables the systematic examination of publication dynamics, intellectual structures, and collaboration patterns through quantitative indicators derived from scientific publication metadata (Ullah, 2022).

All bibliographic data were retrieved from the Scopus database (Elsevier) on 10 October 2025. Scopus was selected because it indexes journals across multiple disciplines, including biomedical sciences, public health, health policy, and social sciences. Considering that the topic of postpartum governance intersects clinical care, health systems, and policy perspectives, the use of a multidisciplinary database was considered appropriate for capturing research from different academic fields. Previous comparative research has shown that Scopus provides extensive journal coverage and structured citation metadata suitable for bibliometric analysis (Falagas et al., 2008).

The literature search was conducted using the Scopus advanced search syntax TITLE-ABS-KEY, which retrieves terms appearing in article titles, abstracts, and author keywords simultaneously. The Boolean query used in this study was: TITLE-ABS-KEY ("postpartum" OR "postnatal care" OR "puerperium" OR "maternal recovery") AND ("service delivery" OR "health management" OR "governance" OR "continuity of care")

OR “integrated care”). No subject-area restrictions were applied in order to capture research from multiple disciplinary perspectives. This approach was adopted because studies related to postpartum governance may appear not only in medical journals but also in publications focusing on public health, health systems, and policy research. Therefore, search terms were constructed using commonly used keywords within maternal health and health systems literature.

Flowchart 1. Literature Selection



Source: Author’s analysis based on Scopus data, (2025)

The search covered the period 2012–2025, limiting the source type to peer-reviewed journal articles written in English. Conference proceedings, books, and editorials were excluded to maintain data comparability. The initial search retrieved 676 documents. After filtering by publication year, document type, and language, 479 records remained. Duplicate records were identified and removed through the duplicate detection function in the Bibliometrix package and manual verification of article metadata. After this screening process, 417 articles were retained for the final bibliometric analysis. The literature selection process is illustrated in Flowchart 1.

Bibliographic data were exported in BibTeX format and analyzed using the Bibliometrix package in R and its graphical interface Biblioshiny (Aria & Cuccurullo, 2017). The analytical workflow followed the framework proposed by Ullah, (2022), which includes study formulation, data collection, analysis, and interpretation.

The analysis combined descriptive and relational bibliometric techniques to address the study objectives. Descriptive indicators were used to examine publication growth, document distribution, and the most relevant sources, authors, institutions, and countries. Collaboration patterns among researchers and institutions were explored through co-authorship network analysis. Conceptual structures within the field were examined using keyword co-occurrence mapping, thematic mapping, and thematic evolution analysis to identify dominant research themes and emerging topics related to postpartum governance.

To improve network visualization clarity, a minimum occurrence threshold of five occurrences ($n = 5$) was applied in the keyword co-occurrence analysis. This threshold balances the inclusion of relevant concepts while avoiding overly dense network structures that may obscure thematic relationships. Finally, the results of bibliometric mapping were cross-validated through manual checks of metadata consistency within the Scopus dataset to ensure analytical reliability. Through this integrated approach, the analysis captures the structural, collaborative, and conceptual evolution of postpartum governance research.

This study used only publicly available bibliographic metadata and did not involve human participants or personal data. Therefore, ethical approval was not required.

RESULT

This section reports the bibliometric findings derived from the analysis of 417 journal articles on postpartum governance published between 2012 and 2025. In line with the objectives of this study, the results are organized into three analytical dimensions that describe the structure of global research in this field.

The first dimension examines publication sources and citation impact in order to identify the journals that serve as the primary outlets for postpartum governance research. The second dimension focuses on authorship patterns and global research collaboration, presenting the distribution of contributions across authors, institutions, and countries. The third dimension analyzes the conceptual structure of the literature through keyword co-occurrence, thematic mapping, and thematic evolution to illustrate the dominant topics and thematic organization of the field.

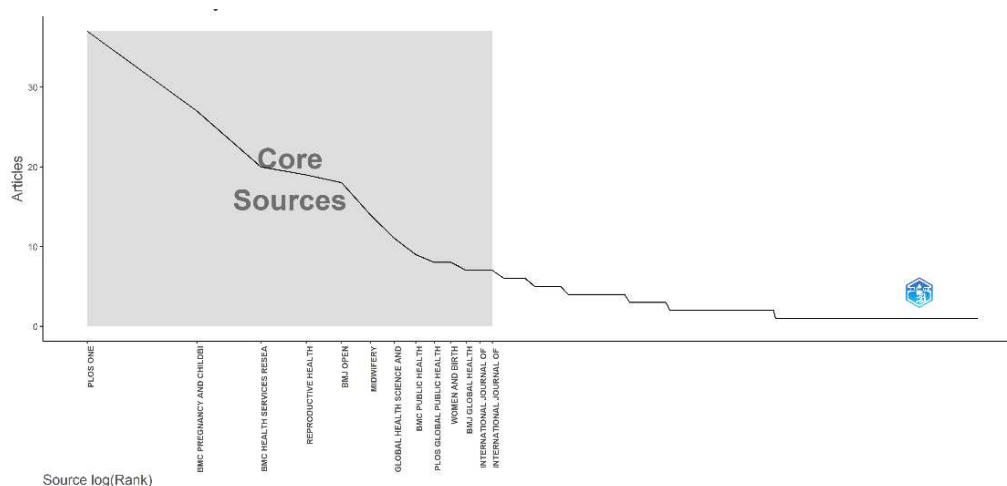
Together, these analyses provide an empirical overview of how research on postpartum governance has developed across publication outlets, collaborative networks, and thematic structures within the scientific literature.

Publication Sources and Citation Impact

The analysis of publication sources provides an overview of the journals that most frequently publish research related to postpartum governance and the relative citation impact of these outlets within the dataset. Examining publication sources helps identify the primary venues through which scholarly work in this field is disseminated.

As shown in Figure 1, the distribution of articles across journals reveals a concentration of publications within a limited number of sources. The journals with the highest number of publications include PLOS ONE, BMC Pregnancy and Childbirth, BMC Health Services Research, Reproductive Health, and BMJ Open. These journals account for a substantial proportion of the articles in the dataset and represent the principal outlets where studies related to postpartum governance are published.

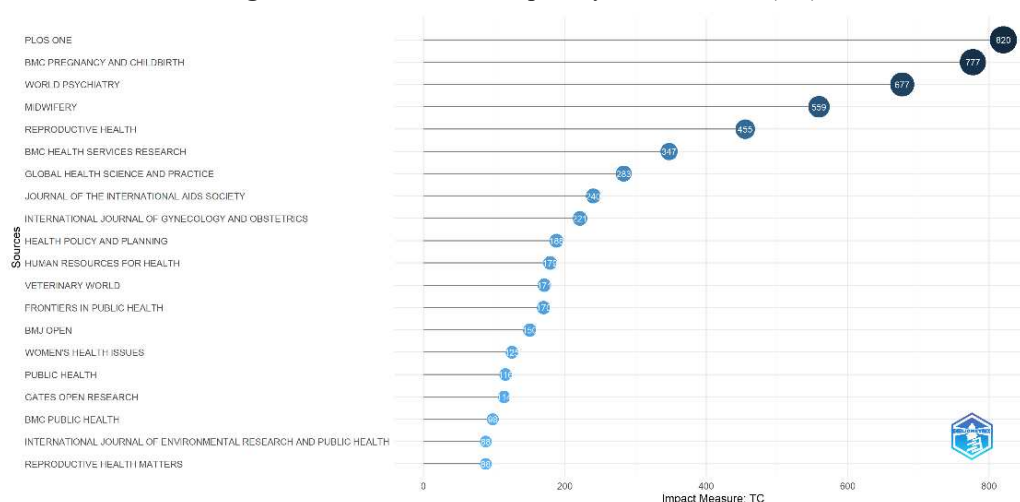
Figure 1. Core Sources by Bradford's Law



Source: Author's analysis using Bibliometrix (R version 4.2) and Biblioshiny interface based on Scopus data, (2025)

To complement the analysis of publication concentration, citation impact was examined to identify which journals receive the highest number of citations within the dataset. Citation counts provide an indication of the relative influence of publication sources in the literature. As presented in Figure 2, PLOS ONE records the highest total citation count (820 citations), followed by BMC Pregnancy and Childbirth (777 citations). Other journals with notable citation impact include BMC Health Services Research (677 citations), Reproductive Health (559 citations), and BMJ Open (455 citations). Additional sources such as Health Policy and Planning and Human Resources for Health also appear among the journals with relatively high citation counts.

Figure 2. Sources' Local Impact by Total Citation (TC) Index



Source: Author's analysis using Bibliometrix (R version 4.2) and Biblioshiny interface based on Scopus data, (2025)

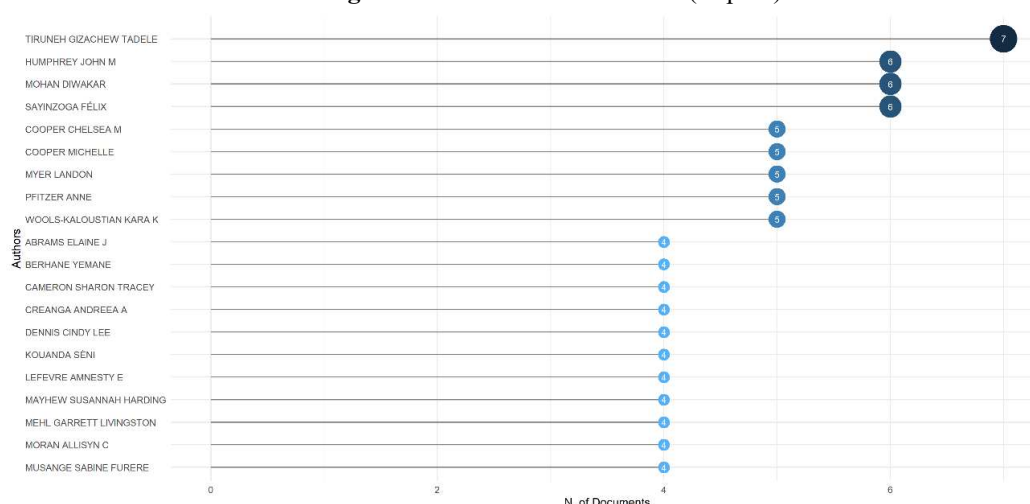
Taken together, the distribution of publications and citation counts indicates that research on postpartum governance is published across journals related to maternal health, public health, and health services research.

Authorship and Global Research Collaboration

Authorship and collaboration patterns provide insight into the distribution of scholarly contributions and the structure of research networks within the field of postpartum governance. This analysis examines the most productive authors, leading institutional affiliations, and patterns of international collaboration based on the dataset of 417 articles.

Figure 3 presents the most productive authors in the dataset. The results show that a relatively small group of researchers contributes a significant share of publications in this field. These authors represent the leading contributors whose works appear most frequently across the analyzed journals.

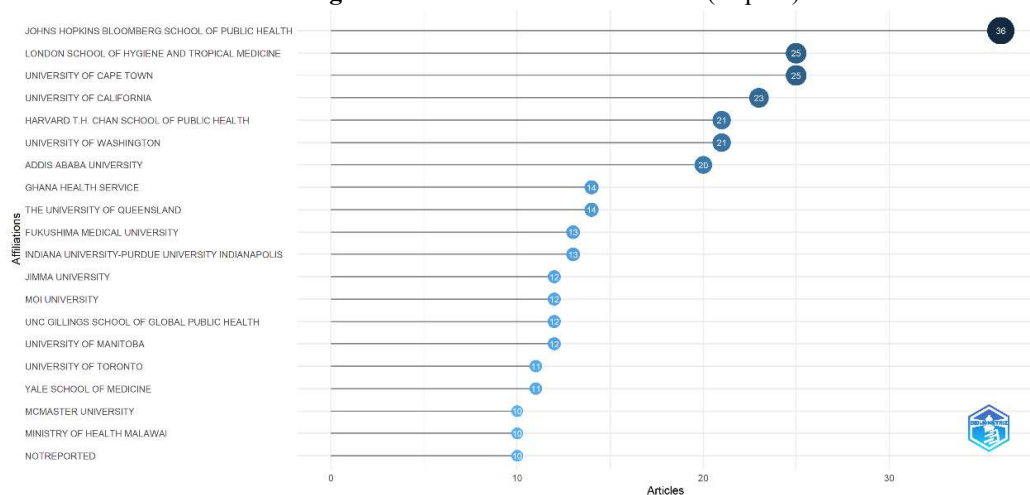
Figure 3. Most Relevant Authors (Top 20)



Source: Author's analysis using Bibliometrix (R version 4.2) and Biblioshiny interface based on Scopus data, (2025)

Institutional contributions were also examined to identify the organizations most frequently associated with publications in the dataset. As shown in Figure 4, several universities and research institutions account for a notable share of publications related to postpartum governance. These affiliations represent the institutional settings where research in this field is most actively produced.

Figure 4. Most Relevant Affiliations (Top 20)



Source: Author's analysis using Bibliometrix (R version 4.2) and Biblioshiny interface based on Scopus data, (2025)

To examine patterns of international collaboration, the analysis further considers the geographical distribution of corresponding authors and the structure of cross-country research networks. Figure 5 illustrates the collaboration network among countries based on co-authorship relationships in the dataset. The network highlights the countries that participate in collaborative research and the connections among them.

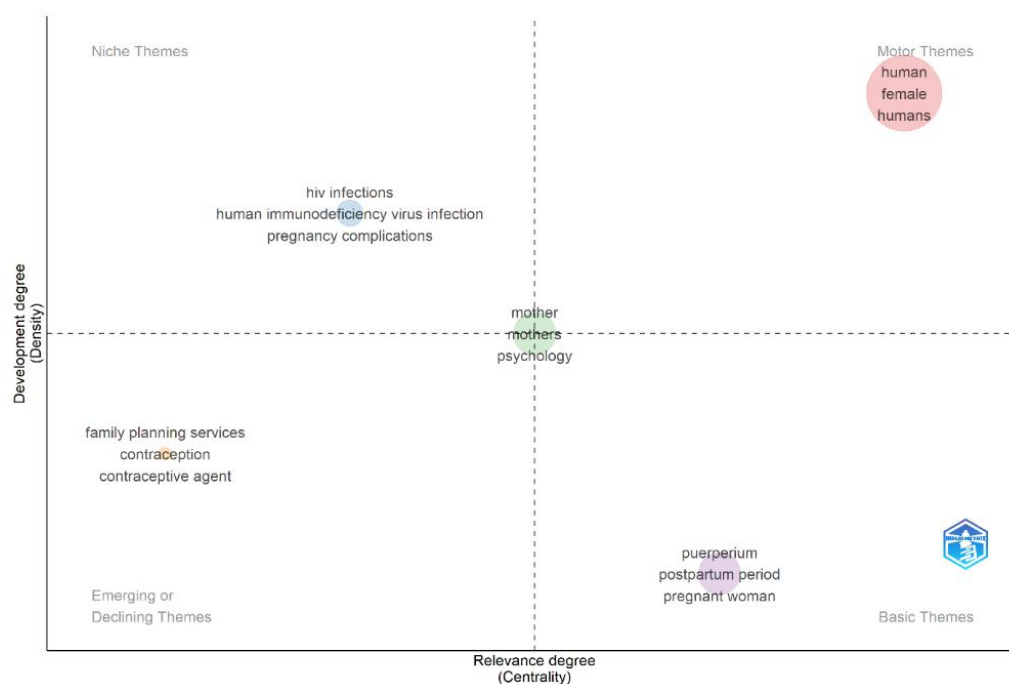
To further examine the organization of research themes, a thematic map was generated to classify keywords according to their centrality and density within the conceptual structure of the field. As shown in Figure 7, The thematic structure of the literature was further examined using a thematic map that classifies keyword clusters according to their centrality and density. Centrality indicates the relevance of a theme within the broader research field, while density reflects the level of internal development within a thematic cluster.

As illustrated in Figure 7, several clusters of keywords occupy distinct positions within the thematic space. Themes located in the upper-right quadrant (motor themes) include keywords related to postpartum, postnatal care, and maternal health, indicating that these topics represent central and well-developed areas within the literature.

The upper-left quadrant (niche themes) contains more specialized topics that appear in a smaller number of publications but show relatively high internal cohesion. In contrast, themes located in the lower-right quadrant (basic themes) include broadly connected keywords such as health care delivery, service integration, and maternal health services, which appear across multiple studies but with lower thematic density.

Finally, the lower-left quadrant (emerging or declining themes) includes smaller clusters of keywords that appear less frequently within the dataset. These clusters represent topics with lower centrality and density within the overall thematic structure of postpartum governance research.

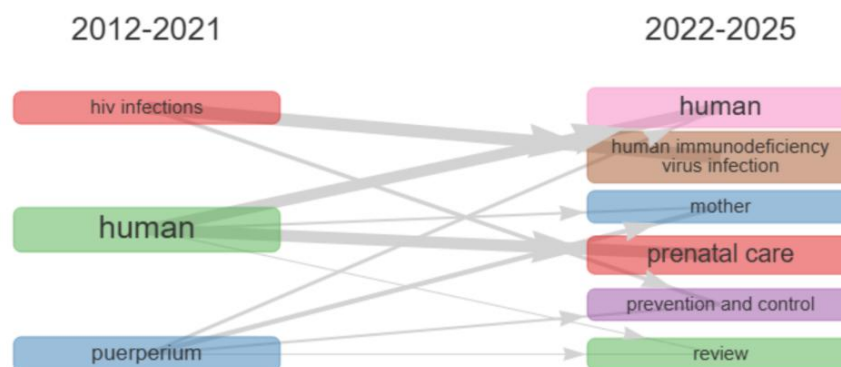
Figure 7. Thematic Map of Postpartum Governance Research



Source: Author's analysis using Bibliometrix (R version 4.2) and Biblioshiny interface based on Scopus data, (2025)

The temporal development of research themes was further explored through thematic evolution analysis. Figure 8 illustrates how clusters of keywords appear across different time periods, showing the continuity and transformation of research topics within the field. The evolution map indicates how earlier research topics connect to later thematic clusters through shared keywords.

Figure 8. Thematic Evolution of Research Themes



Source: Author's analysis using Bibliometrix (R version 4.2) and Biblioshiny interface based on Scopus data, (2025)

During the first period, motor themes are dominated by broad population descriptors such as “human” and “female”, while “puerperium” and “postpartum period” function as basic themes. HIV related topics and pregnancy complications appear as specialised areas with relatively high density but lower centrality. This pattern indicates a field that is consolidating its clinical foundation, with postpartum research largely framed around biological and immediate obstetric concerns. In the second period, there is a noticeable shift. Although “human” remains an important basic theme, new motor themes emerge around “prenatal care” and “review”. The rise of “prenatal care” points to a growing emphasis on prevention and the continuum that links antenatal, intrapartum and postpartum stages, while the prominence of “review” reflects increasing efforts to synthesise evidence, often as a basis for policy and guideline development. “Postpartum hemorrhage” remains a key topic but moves into the basic theme quadrant, suggesting that it is now treated as a well established problem rather than the frontier of research innovation.

Taken together, the keyword network, thematic map and thematic evolution analyses show that postpartum research is gradually expanding from a narrow clinical core toward a broader view that incorporates prevention, service delivery and, indirectly, health system considerations. At the same time, explicit governance language and frameworks have yet to crystallise as central themes. For developing contexts such as Indonesia, this gap is particularly significant. It implies that while global evidence on clinical management and general health service organisation is growing, there is still limited conceptual work that connects these insights to specific governance arrangements, accountability mechanisms, or policy instruments that shape how postpartum care is actually delivered on the ground.

From the standpoint of this study, these conceptual findings help clarify both the current state of the field and the space for future contributions. They justify the need for research that makes the link between governance and postpartum care more explicit, for

example by examining how financing models, provider incentives, supervision systems, and community accountability structures affect continuity of care and quality of services in the postpartum period. They also highlight an opportunity for scholars and practitioners in Indonesia and other low and middle income countries to develop context sensitive governance frameworks that speak to their own institutional realities while engaging with the global discourse. In this way, the conceptual and thematic analyses do not merely describe the intellectual landscape of postpartum governance, but also point toward a more integrated research agenda that can better support equitable and effective maternal health systems.

DISCUSSION

The bibliometric findings indicate that research on postpartum governance is gradually gaining visibility within the broader landscape of maternal health scholarship. The distribution of publications across journals related to maternal health, public health, and health services research suggests that postpartum care is increasingly examined not only through biomedical perspectives but also in relation to service delivery and health systems organization. This pattern reflects a growing recognition that postpartum outcomes are influenced not only by clinical interventions but also by institutional arrangements that shape the organization and coordination of maternal health services.

Previous studies have emphasized that gaps in governance and coordination frequently contribute to weaknesses in postpartum care systems. Salam et al., (2014) noted that maternal health services often face fragmentation across administrative levels and service providers, which can lead to discontinuities in postpartum care delivery. Similarly, Khanlari et al., (2019) argued that effective postpartum care requires coordinated institutional arrangements across the continuum of maternal health services. These observations are consistent with broader health systems research highlighting the importance of governance mechanisms—such as resource allocation, institutional coordination, and regulatory frameworks—in shaping the performance and resilience of health systems (Götz et al., 2024).

However, the bibliometric findings also indicate that postpartum governance research continues to evolve within a research environment where clinical maternal health studies remain highly influential. A substantial portion of the literature continues to focus on biomedical aspects of postpartum care, including maternal complications, postpartum recovery, and neonatal outcomes. Empirical studies examining postpartum clinical conditions and maternal care utilization illustrate how clinical and intervention-based research still dominates many areas of postpartum scholarship (Najmi et al., 2024; Shimels et al., 2025). While such studies provide critical evidence for improving maternal health outcomes, they often address governance and institutional issues only indirectly.

This coexistence of clinical and governance-oriented perspectives reflects the interdisciplinary character of postpartum research. Maternal health interventions frequently involve interactions between clinical treatment, public health programs, and health system governance arrangements. Studies examining maternal health service delivery in health facilities have demonstrated that institutional factors—such as workforce capacity, facility readiness, and service integration—significantly influence postpartum care utilization and maternal health outcomes (Hagos & Gesese, 2023; Ogundehin et al., 2025). These findings underscore the importance of analyzing postpartum care not only at the level of clinical interventions but also within the broader

institutional context of health systems.

The distribution of authors, institutions, and countries contributing to the literature further illustrates how knowledge production in postpartum governance is structured globally. The bibliometric results indicate that research output tends to cluster within institutions with established expertise in maternal health and public health research. Similar patterns have been identified in global health scholarship, where scientific production often concentrates in institutions with stronger research infrastructure and sustained engagement in maternal health programs (Salam et al., 2014; Yap et al., 2022). Such concentration is common in emerging research areas, where early intellectual development is anchored in specific research communities before expanding more broadly.

At the same time, the geographical distribution of research activity suggests that participation in postpartum governance research remains uneven across regions. Contributions are more frequently associated with institutions located in countries with well-developed research systems, while participation from many low- and middle-income settings remains comparatively limited. This imbalance has been widely documented in global health research, where disparities in research funding, institutional capacity, and publication access influence the geographical distribution of scientific knowledge production (Amster et al., 2024).

Beyond publication patterns and research participation, the conceptual analysis provides insight into how postpartum governance is represented within the scientific literature. The keyword co-occurrence structure indicates that postpartum research is organized around interconnected themes related to postpartum care, maternal health services, and health care delivery. These themes suggest that postpartum research increasingly incorporates discussions of service delivery and health systems organization alongside clinical maternal health topics.

This conceptual configuration is consistent with previous scholarship describing maternal health research as inherently multidisciplinary. Maternal health interventions often involve interactions between clinical care, public health programs, and governance arrangements within health systems (Khanlari et al., 2019; Yap et al., 2022). Studies examining maternal health programs have shown that institutional factors such as service integration, health workforce capacity, and community engagement significantly influence maternal health outcomes across the postpartum period (Glover et al., 2024; Hagos & Gesese, 2023).

At the same time, the thematic structure identified in this study suggests that governance-related concepts remain less consolidated than core maternal health topics. Themes related to postpartum care and maternal health services appear as central elements within the conceptual landscape, whereas topics associated with service delivery and health systems organization appear more dispersed across thematic clusters. This distribution indicates that governance-related discussions are present within the literature but have not yet fully structured the intellectual core of postpartum research.

Such findings partially contrast with international maternal health policy frameworks that increasingly emphasize integrated maternal health systems as a key strategy for improving maternal outcomes. Policy discussions frequently highlight the importance of coordinated service delivery, integrated care pathways, and institutional governance in strengthening maternal health systems (Salam et al., 2014). However, the bibliometric evidence suggests that governance perspectives may emerge more gradually

within academic research compared with policy discourse.

Taken together, these findings indicate that postpartum governance is emerging as a research domain situated at the intersection of maternal health, service delivery, and health systems analysis. While the expansion of themes related to health services and governance suggests increasing scholarly attention to institutional dimensions of postpartum care, the conceptual diversity observed in the literature indicates that the field is still undergoing a process of intellectual consolidation.

In relation to the research gap identified in this study, the results demonstrate that governance-oriented perspectives are increasingly present within postpartum research but remain embedded within a broader maternal health research landscape. By mapping publication patterns, institutional participation, and thematic structures, this study provides an empirical overview of how postpartum governance is being conceptualized within global scholarship and highlights opportunities for future research to strengthen connections between postpartum care, service delivery, and health systems governance.

CONCLUSION

Conclusion

This study mapped the global development of postpartum governance research through a bibliometric analysis of 417 articles indexed in Scopus between 2012 and 2025. The results reveal that research on postpartum governance is distributed across journals related to maternal health, public health, and health services research, indicating that the field is developing within an interdisciplinary scholarly environment. The analysis of authorship and institutional contributions shows that research production is concentrated among a relatively limited group of institutions and countries, reflecting existing global patterns of scientific collaboration in maternal health research. Conceptually, keyword networks, thematic mapping, and thematic evolution analyses demonstrate that postpartum research continues to be structured primarily around clinical and maternal health themes, while governance-related topics such as service delivery and health systems organization appear as emerging but still less consolidated areas within the literature.

This study contributes to the literature by providing the first bibliometric mapping that explicitly focuses on postpartum governance as an analytical domain within maternal health research. By integrating analyses of publication sources, research collaboration networks, and thematic structures, the study clarifies how governance-related perspectives are gradually emerging within postpartum scholarship but remain embedded within a broader biomedical research tradition. The findings highlight the interdisciplinary character of postpartum governance research, linking clinical maternal health studies with discussions on service delivery, health systems management, and institutional coordination. In doing so, the study extends existing maternal health literature by identifying how governance perspectives are being incorporated into postpartum care research and by revealing structural patterns in the global production of knowledge on this topic.

Suggestion

Despite the increasing presence of governance-related themes in postpartum research, the results suggest that the conceptual integration of governance frameworks within maternal health studies remains limited. Future research should therefore explore

governance dimensions of postpartum care more explicitly, particularly by examining how institutional arrangements, health financing mechanisms, regulatory frameworks, and accountability structures influence service delivery and continuity of care during the postpartum period. Additional research from low- and middle-income countries is also essential to ensure that governance frameworks reflect diverse health system contexts. Strengthening interdisciplinary collaboration between clinical researchers, public health scholars, and health policy analysts will be critical for advancing postpartum governance research and for supporting the development of more integrated and equitable maternal health systems.

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