

## Operating System and Services of Sanhujori Centers as the Traditional Postpartum Care Facilities in Korea

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**Abstract.** This study was aimed to provide basic data to help accurate postpartum care through the evaluation of management type and service contents of a postpartum care center. Investigation was carried out by a structured survey with 76 employers of postpartum care center. As a result of this study, the most emphasized parts were breast-feeding, rest and infant infection management. However, 92.1% of postpartum care centers provided skin care as an additional service and each center had large differences in utilization fees from 1 million KW (1,000 dollars) to 6 million KW (6,000 dollars). Mother/infant subjects were accommodated and managed separately because only 4% of postpartum care centers have rooming in their system. Therefore, in future postpartum management, above their health management, the homelike approach would be needed to emphasize the attachment between mother and infant.

**Keywords:** Postpartum care, Sanhujori

### 1 Introduction

The postpartum period is a time of transition for a woman and her new family, when adjustments need to be made on physical, psychological, and social levels [1]. Postpartum hospital stays in Korea are often less than 72 hours for a vaginal birth, and

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thus most postpartum care is provided at home. The early postnatal period is considered a vulnerable time for the mother, especially first-time mothers, as they are simultaneously confronted with the demands of caring for their infant and the physical, emotional and social changes that ensue [2]. In the period of postpartum management, mothers' apprehension increases during discharge from the hospital because of the absence of continuous medical care by professionals.

In South Korea, there has been a traditional postpartum management culture called 'Sanhujori' in which the mother or mother in law, who has delivery experience, cares for the mother/infant, and takes on the role as a postpartum manager. With highly industrialized society and an increase of women advance in society, the traditional extended family system is breaking up in favor of the nuclear family, and so postpartum care by family members is usually not available any more.

These days, 'sanhujoriwon', or a postpartum care facility, is taking charge of what a family would do in the past. This facility is unique to Korea and cannot be found elsewhere [3],[4]. Sanhujoriwon emerged as a professional services facility due to the declining number of people who can afford to provide post postpartum care as result of the expansion of nuclear families [4]. First emerging around the time of the Asian financial crisis in 1997, the facility now numbers 510 nationwide. About 150,000, or 32 percent of women who give birth each year, use such a facility [5]. More than half of the places operate as non-medical institutions, leading to occasional problems with hygienic management [4].

There can be a lack of professional nursing for mother and infant health problems because current postpartum care centers are classified into lodging businesses. As the postpartum care center business has become profitable, many mothers feel comparatively deprived of affordable care with its high cost including beauty services, in addition to health management. These high costs of postpartum care intensifies mother's burden of maternity. Since January 2013 when 'Countermeasures to Strengthen Supervision of Postpartum Care Centers' was announced, more nurses or assistant nurses were hired to operate facilities due to an increase of complaints and suffering of patients [5].

The purpose of this study is to provide basic data to guide a mother's health management through the investigation and analysis on the service and operation type of postpartum care centers.

## 2 Methods

This study used a descriptive survey to investigate services and operation type of postpartum care centers. This study was for employers of postpartum care centers nationwide and conducted a survey on 84 participants who submitted written consent that they understand and participate in study, but 76 participants completed survey was analyzed, except 8 participants who's surveys included insufficient answers.

This study used literature review to summarize contents and service items of postpartum management and developed a final questionnaire to achieve reliability through three workshops with postpartum care research groups including women

health experts (6 doctors of women health nursing, 2 doctors of child nursing, 2 doctoral students, 2 graduate students).

The operation type of postpartum care was investigated over the operation license, facilities, infant management method, management type, fee for utilization and so on. The survey was composed of 17 questionnaires for mother management, 16 questionnaires for infant management and 10 questionnaires for other services to investigate postpartum management service by postpartum care centers. In order to monitor the implementation of each service item, participants rated the importance of each service as high, medium, low.

This study was approved by the Institutional Review Board of at Hanyang University (HYI-13-072-2) in Seoul, Korea. To collect data for this study, we explained the purpose of study and requested participation from employers at the Postpartum Employer Education Course October 2013 hosted by 'Planned Population Federation of Korea'. The survey was conducted with participants who submitted signed consent that the survey results may be used only for study and guarantees all participants' anonymity. Collected data went through computer processing with SPCC Win 19.0 program. The operation type and service item of postpartum care center was analyzed with frequency, percentage, standard deviation.

### 3 Results

#### 3.1 Operation Type and Employer's General Characteristics of Postpartum Care Facilities (Sanhujori centers)

The participants of this study, the employers of postpartum care centers, have an age of 34~64 with an average of 51 and various academic history from middle school to graduate school with a near majority having a college education (48.6%). Employers have diverse licenses from none to being an assistant nurse, nurse, midwife, doctor, etc. Nurse licenses occupied 60.5% but non-professionals also occupied 28.9% among licenses.

In terms of facility, postpartum care centers have 18 hospital rooms (Range: 1~60 rooms) on average and 4.0% of the centers have rooming in system and 96.0% have infant rooms. The average time that mother spent with infant was 6 hours (Range: 2~20 hours, Mean±SD: 6.34±3.29). 65.8% of postpartum care centers allowed visit to an infant at the mother's discretion and 18.4% allowed visits only within a fixed period of time. 44.7% of postpartum care centers are subsidiaries of hospitals and 15.8% are in franchise, 39.5% are owned by private parties. 90.8% of participants recognized the need for specialized training curriculum for postpartum care center employers. The average use period was 2 weeks and average use fee was 2,190,000won (about 2,190 dollars) (Range: 1,000,000~6,000,000won, Mean±SD: 2,195,400±720,490).

### **3.2 Postpartum Management Service by Postpartum Care Facilities (Sanhujori centers)**

Among postpartum management services by postpartum care centers, over 80% implemented the following services; breast management and massage (90.8%), importance and method of breast-feeding (90.8%), enough rest and sleep (88.2%), postnatal sanitary education (86.8%), safe postpartum activity and gymnastics (86.8%), mother's food and nutrition (85.5%), enhancement of emotional relation with infant (82.9%), accurate postpartum method (80.3%). The implementation of other services was low as following; measurement of urinary and uterus recovery (61.8%), starting point of menses and sex life (57.9%), contraception method (55.3%).

80% of postpartum care centers implemented 15 to 16 items for infant management service and items having high importance were sufficient breast-feeding method, navel management, infant room sanitary (baby bottle sterilization), prevention of infection, quick treatment for infant's sick. Postpartum care centers implemented other services; skin massage (92.1%), making mobiles for infant (85.5%), way to touch infant (84.2%), making photo (81.6%).

## **4 Conclusions**

As a result of this investigation on operation type and services of postpartum care centers, the separation of mother and infant at a sensitive period, just after delivery, can cause problems and the differences in postpartum care center costs is another problem. Among services of postpartum care centers, mother and infant management service request the policy implementation to control service quality because they need professional nursing knowledge. Furthermore, with mother's rest during the postpartum period, the service to enhance the relationship between mother and infant must be emphasized. For this, it is requested to be changed into a family-based postpartum culture.

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