# Abstract

**Introduction:**

The early postnatal days are associated with peak maternal and newborn complications however; nearly all postnatal care studies had disregarded it. In fact, 1 in 2 of maternal and 60% of newborn deaths occur after the first critical 24 hours of delivery. Luckily, early postnatal care visits of typically between 2-7 days can remarkably reduce these mortality tolls through early identification and diagnoses of maternal and newborn morbidities. Unfortunately, scarce information is existent on its level of use and potential predictors.

**Objective:** This study investigated the level and predictors of postnatal care use within the first week of delivery.

**Methodology:** This was an analytical cross sectional study conducted in Soroti district and involved 357 postpartum mothers. Stratified, systematic, simple and purposive sampling methods were used approximately. Data was collected using researcher administered questionnaires, entered in EpiData v3.1, exported to and analyzed at 95% confidence level using STATA v12. The Pearson Chi-squared, Fisher's exact, two sample student's t-tests and logistic regression analyses were used. Probability values less than 0.05 were considered statistically significant for multivariate analysis using multiple logistic regression analyses in order to control for effect modifiers and potential con-founders.

**Results:** The mean and median ages of the respondents were 26 & 25 years respectively. 1 in 6 postpartum mothers used early postnatal care (15.4%, 95%CI: 11.8-19.6). Accessing PNC services from health center (uOR=0.3, 95%CI=0.1-0.7, P=0.005), Public health facility (uOR=0.04, 95%CI: 0.02-0.085 P<0.001), being a Kumam (uOR=3, 95%CI=1-5, P=0.002), self employed (uOR=0.2, 95% CI: 0.06-0.6, P=0.006), from a household with monthly income greater than 75,000 Ugandan shillings

(uOR=0.3, 95%CI:0.2-0.5, P<0.001), being informed of postnatal timings/schedules (uOR=2.42, 95%CI: 1-6, P=0.025), educated on newborn and maternal postpartum complications (uOR=3, 95%CI: 2-6, P<0.001), a rude health worker (uOR=0.4, 95%CI: 0.2-0.85, P=0.017), long queuing (uOR=0.43, 94%CI: 0.2-0.96, P=0.039), easy access to health facility for postnatal care (uOR=0.5, 95%CI: 0.3-0.9, P=0.27) & an additional length of stay (uOR=0.7, 95%CI: 0.5-0.9, P=0.002) were significantly associated with use of early PNC. Via multiple logistic regression analysis, accessing postnatal care from public health facility (aOR=0.03, 95%CI: 0.01-0.1, P<0.001), formal maternal employment (aOR=10, 95%CI: 2-60, P=0.014) and additional length of stay (aOR=0.6, 95%CI: 0.4-0.9, P=0.015) significantly predicted early postnatal care utilization.

**Conclusion:** Early postnatal care was less utilized and less prioritized. The use was hindered by protracted hospitalizations, provision by public health care facilities, maternal none or self employment and lack of information on its schedules.