

# An Exploratory Study to Assess the Factors Contributing to Maternal Childbirth Satisfaction with Delivery Services among Postnatal Mothers at Selected Hospital in Mohali, Punjab

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## Abstract

**Introduction:** Patient satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services. Satisfaction with childbirth is considered the most important qualitative outcome in assessing childbirth experience. It is also considered as meaningful indicators of mothers experience with the health care services

**Aim of the Study:** The aim of the study is to identify the factors contributing to maternal childbirth satisfaction with delivery services among postnatal mothers.

**Material and Method:** A quantitative approach with non experimental exploratory design was adopted. By non probability purposive sampling 180 postnatal mothers were selected. Data was collected by a) 7 point modified positive presence index rating scale to assess maternal childbirth satisfaction among postnatal mothers related with delivery services b) 5 point rating scale to assess the factors contributing to maternal childbirth satisfaction among postnatal mothers related with delivery services. Analysis of the data was done using descriptive and inferential statistics.

**Results:** Only 34.4% postnatal mothers were satisfied with the delivery services and 65.6% of postnatal mothers were neither satisfied nor dissatisfied with delivery services. The most satisfying factors which contributed to maternal childbirth satisfaction was, 80.6% were satisfied with measures taken to timely monitor fetal heart rate to assess fetal well being and the most dissatisfying factors was; 41.7% were dissatisfied with health care personnel who assisted in their delivery.

**Conclusion:** The study concludes that only 34.4% postnatal mothers were satisfied with the delivery services.

**Keywords:** *Childbirth, childbirth experience, satisfaction, intra-partum care.*

## Introduction & Background of the Study

Childbirth is one of the most important events in life which is highly individualized. Childbirth is the culmination of human pregnancy or gestation period with delivery of one or more newborns from mother's uterus. Childbirth is natural and a normal physiological

process. It is a new experience for the mother along with anticipatory stress. The mother's childbirth perception is specially influenced by knowledge and expectations.<sup>2</sup> Childbirth can be very frightening experience for many women, but it should be a joyous occasion and every woman should feel valued, respected and appreciated by all those who aid her in the journey of bringing new life into the world<sup>3</sup>.

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The midwife's presence with a woman during childbirth is central to the practice of midwifery and the care of women in labour. Literature confirmed that mother during childbirth desired and valued the concept

of being with woman, which was defined as the provision of emotional, physical, spiritual and psychological presence or support by a midwife as desired by the labouring woman.<sup>4</sup>

Satisfaction is considered as one of the desired outcomes of health care and it is directly related to utilization of health services. It is also considered as meaningful indicators of mothers experience with the health care services. Asking mothers what they think about the care and the treatment they received is an important step towards improving the quality of care, ensuring that the local health services are meeting their needs. Studies have suggested that satisfied mothers are more likely to utilize health services, comply with medical treatment and continue with the treatments. Satisfaction is related to more social conversation, clear communication and information, respectful treatment, cleanliness, drug availability and waiting time. Measurement of patient satisfaction involves multi dimensional aspects of mother's opinions on health care, identifying problems in health care facilities and evaluating them.<sup>5</sup>

Although childbirth typically concludes within a single day, women often remember their experiences vividly, even decades later. Health professionals have long understood that the childbirth process can be unpredictable. However, given a healthy outcome, the extent to which the birth environment supports a woman's medical and psychological needs may have a major role in determining whether she is satisfied with the birth experience. The degree of match between parturing woman and her environment determines satisfaction of needs and subsequent positive adjustment.<sup>6</sup>

An unacceptable inequity exists for birthing women related to where they give birth. The death rates are far higher for women in low income countries than women in more developed countries. Women often choose to avoid facilities because of abuse, coercion or neglect. Recently there has been increasing focus among international and national organizations on examining the quality of care, abuse/neglect of women in facilities during childbirth, and the lack of professional and social accountability among facility-based providers of care.<sup>7</sup>

Giving birth and having a new baby are emotive experiences, and many women are vulnerable to psychological problems during this time. A positive birth

experience is associated with an increased mother-child bond and maternal abilities, and contributes to her sense of accomplishment and self-esteem. The quality of intra-partum care is an important determinant of outcomes of pregnancy especially in minimizing intra-partum and post-partum related complications. The birthing experience of women directly and indirectly helps the women to cope in her postnatal period effectively. The researcher has noticed that disrespectful and traumatic birthing experience of women lead her to poor coping strategies in her post natal period and leaving her with traumatic memory of her birthing experience throughout her life. Therefore, the researcher wants to assess the factors which are contributing to maternal childbirth satisfaction during intra-partum period among postnatal mothers which may result in effective utilization of health care delivery services.

### **Objectives**

- To assess maternal childbirth satisfaction with delivery services among postnatal mothers at selected hospital in Mohali.
- To assess the factors contributing to maternal childbirth satisfaction with delivery services among postnatal mothers at selected hospital in Mohali.
- To determine the association between the findings and selected socio-demographic variables.
- To conduct informational programme for the staff nurses based on the findings.

### **Assumptions**

Women may not be fully satisfied with the intra-partum care which they receive at health centers.

There may be certain contributing factors to the maternal childbirth satisfaction with delivery services.

### **Material and Method**

In the present study, a quantitative approach with non experimental exploratory research design was adopted. By non probability purposive sampling 180 postnatal mothers were selected. The study was conducted in the month of February- March 2018. Formal written consent was obtained from the concerned authorities of selected

hospital of Mohali after discussing the purpose and objectives of the study. Data was collected by modified 7- point positive presence index rating scale to assess the maternal childbirth satisfaction with delivery services in which there were 28 statements to assess maternal childbirth satisfaction related with delivery services. The minimum score was 28 and maximum score was 196 and self structured 5-point rating scale to assess the factors contributing to maternal childbirth satisfaction. The factors identified to contribute maternal childbirth satisfaction were admission process, environment, supply and human resource, competence and skills of the health care provider, attitude of the health care provider, communication, support, consent and autonomy, privacy and confidentiality and postnatal care. Analysis of the data was done by using descriptive and inferential statistics.

**Ethical Considerations**

With the view of ethical consideration the researcher has taken permission from Principal of Mata Sahib Kaur College of Nursing Mohali. After that the researcher has discussed the type and purpose of the study with the Senior Medical Officer (SMO) of Civil hospital 6-phase, Mohali and written permissions were obtained. Also the postnatal mothers were explained about the purpose of the study and written consent was taken from them for their participation in study. They were explained about the right to refuse from participating in the study. The postnatal mothers were assured that the information given by them will be kept as confidential and will be purely used for research purpose.

**Results**

**Table 1: Level of maternal satisfaction with delivery services among postnatal mothers. N=180**

Level of satisfaction	Score	Frequency (n)	Percentage (%)
Dissatisfied	28-83	0	0
Neutral	84-139	118	65.6
Satisfied	140-196	62	34.4

**Table 1** depicts the level of maternal childbirth satisfaction with delivery services. 118 (65.6%) postnatal mothers were neither satisfied nor dissatisfied with delivery services and 62 (34.4%) postnatal mothers were satisfied with the delivery services whereas no mother was dissatisfied with the delivery services.

**Table 2: Association between the findings and selected socio-demographic variables. N=180**

Socio demographic variable	Level of satisfaction			$\chi^2$ , df,p- value
	Dissatisfied (n)	Neutral (n)	Satisfied (n)	
<b>Age (in years)</b>				
18-21	0	42	15	3.686, 3, 0.297 <sup>NS</sup>
22-25	0	41	23	
26-29	0	32	16	
30-34	0	5	6	
<b>Educational status</b>				
No formal education	0	42	27	3.770, 3, 0.287 <sup>NS</sup>
Up to primary level	0	41	13	
Up to secondary level	0	36	20	
Graduation and above	0	1	0	
<b>Working status</b>				
Working	0	64	33	0.45, 1, 0.833 <sup>NS</sup>
Non-working	0	56	27	

**Cont... Table 2: Association between the findings and selected socio-demographic variables. N=180**

<b>Family income per month</b>				
≤10,000	0	53	30	1.191, 2, 0.551 <sup>NS</sup>
10,001-20,000	0	48	19	
20,001-30,000	0	19	11	
≥30,001	0	0	0	
<b>i) Parity</b>				
primipara	0	51	16	4.291, 1, 0.038*
multipara	0	69	44	
<b>ii) In case of multipara, previous place of delivery</b>				
Government hospital	0	49	25	3.420, 2, 0.181 <sup>NS</sup>
Private hospital	0	1	0	
Home	0	19	19	
<b>iii) Were you satisfied with the delivery services you received from previous hospital?</b>				
Yes	0	37	14	0.218, 2, 0.896 <sup>NS</sup>
No	0	14	10	
<b>Onset of present labour</b>				
Natural	0	90	56	8.775, 1, 0.003*
Labour pain induced by medicines.	0	30	4	
<b>Approximate length of time you were in labour</b>				
< 6 hours	0	31	23	3.439, 2, 0.179 <sup>NS</sup>
6-12 hours	0	67	30	
12-18 hours	0	22	7	
≥18 hours	0	0	0	
<b>Gender of the child born</b>				
Male	0	74	39	0.190, 1, 0.663 <sup>NS</sup>
Female	0	46	21	

NS=Non-Significant

\*Significant

at p&lt;0.05 level

Table 2 depicts that chi square test was used to determine the association between the level of satisfaction and socio-demographic variables. There was association between level of satisfaction with parity ( $\chi^2=4.291$ ,  $df=1$ ,  $p\text{-value}=0.038$ ) and with onset of present labour ( $\chi^2=8.775$ ,  $df=1$ ,  $p\text{-value}=0.003$ ). Hence there was significant association between levels of maternal childbirth satisfaction with parity of the mother and onset of present labour.

Association between age, educational status, working status, family income per month, place of previous delivery, satisfaction with previous place of delivery, approximate length of labour, and gender of

the child born was found statistically non significant at  $p<0.05$

## Discussion

Study findings show that majority of postnatal mothers i.e. 35.6% were in the age group of 22-25 years, 38.3% mothers had no formal education, 53.9% mothers were working women, 46.1% mothers were having family income of Rs. ≤10,000 per month, 62.8% mothers were multipara, out of 113 multi para others, 65.5% mothers delivered at government hospital, 68% mothers were satisfied with the delivery services from previous hospital, 81.1% mothers had natural onset of labour, 53.9% mothers spent 6-12 hours in labour, 62.8% mothers delivered male babies.

Also the present study revealed that 65.5% of postnatal mothers were neither satisfied nor dissatisfied with delivery services and only 34.4% postnatal mothers were satisfied with the delivery services.

Out of the factors which contributed to maternal childbirth satisfaction, 57.8% mothers were satisfied with the admission process. 56.1% mothers were satisfied with the hospital environment. Only 49.4% mothers were satisfied with the supply and human resources. 87.2% mothers were satisfied with the competence and skills of health care provider. The noticeable factor was that only 18.9% mothers were satisfied with the attitude of health care provider and the astonishing finding was that no mothers were satisfied with the communication factor of health care provider. Only 28.8% mothers were satisfied with the support they received from the health care provider during delivery. 45% mothers were satisfied with the privacy and confidentiality maintained. Only 27.2% mothers were satisfied with the factor of consent and autonomy. 45% mothers were satisfied with the privacy and confidentiality maintained. Another factor that needs to be emphasized was that only 6.7% mothers were satisfied with the post delivery care.

In the present study, significant association was found between level of maternal childbirth satisfaction with parity of the mother and onset of present labour. And there was no significant association of maternal childbirth satisfaction with delivery services was found with age, educational status, working status, family income per month, place of previous delivery, satisfaction with previous place of delivery, approximate length of labour, and gender of the child born.

### Conclusion

The conclusion which is drawn from the present study is that only 34.4% postnatal mothers were satisfied with the delivery services.

The most satisfying factors which contributed to maternal childbirth satisfaction were, 80.6% satisfied with measures taken to timely monitor fetal heart rate to assess fetal well being, 78.3% were satisfied with cleanliness of the labour room, 77.2% were satisfied with availability of staff nurses to attend them, 71.7% were satisfied with waiting time taken for admission process and 70.6% were satisfied with waiting time taken for initial assessment and start of treatment by

nursing staff. The most dissatisfying factors were; 41.7% were dissatisfied with health care personnel who assisted in their delivery, 34.5% were dissatisfied with measures taken to reduce their childbirth pain through medicines, 30% were dissatisfied with the information given to them about their baby's gender or condition, 27.7% were dissatisfied in assistance given to them in positioning during procedures and examination and 27.2% were dissatisfied with the assistance given to them in changing their soiled napkins or clothes and no mother was satisfied with the communication factor.

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