

# Assessment of Birth Satisfaction after Receiving Midwifery Care among Postnatal Mothers

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## Article Info

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## Abstract:

**Background:** Satisfaction during birth is an essential component of woman's health after delivery, which has long term impact on her life.

**Objective:** To assess the level of satisfaction from different perspectives of health of woman after midwifery care during labour and delivery.

**Method:** About 170 numbers of women were selected conveniently those were admitted in postnatal ward of a Govt. Medical college hospital. A self structured labour satisfaction questionnaire was prepared on various aspects of care. Data was collected from the postnatal mothers within 48 hours of delivery admitted in postnatal ward through structured questionnaire by interview method.

**Result:** The overall satisfaction was found among 16% of women. The level of satisfaction in different aspects of care including physical, emotional, informational and ethical were quite below the minimum expected level. Women were not happy with the emotional support provided by the midwives. Age and education were significantly related to the level of satisfaction ( $p = 0.05$  and  $p < 0.001$  respectively).

**Conclusion:** The women were not satisfied with the care provided by midwives. Their concern towards women was poor. Their understanding of the needs of women was not satisfactory specially towards Midwives must understand the needs of women like, physical comfort, provision of required information and emotional support during labour. The issues of satisfaction during labour should be taken into utmost priority and implement adequately through midwifery education and training.

**Keywords:** Birth satisfaction, Midwifery care, labour satisfaction

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## I. INTRODUCTION

Childbirth is a special event in the life of a woman, which may become an intense or a strong emotional experience.<sup>1,2</sup> Giving birth to a child in a natural way through vaginal route is believed to promote maternal health and enhances the bonding of newborn with the mother.<sup>3,4</sup> A successful labour is an event which ends not only with safe delivery, but also accounts for the quality of care received to resolve psychological and emotional needs with physical safety.<sup>1</sup> The midwife plays a vital role in protecting and promoting the health of woman and also increasing the moral and satisfaction level of the

mother. According to Stine Bernize, satisfaction during labour is a difficult issue to measure and influenced by the multiple factors.<sup>2</sup> While addressing the issue of women's expectation, M Iravani explored that mother expects midwives to be empathetic, show interest towards them, provide emotional and moral support during labour with supportive care, provide information, have good communication and her presence which indirectly influence the mothers' experience of child birth.<sup>3</sup> E Jafari analysed the associated factors for satisfaction and expressed that, labour room ambience, pain relieving measures, self involvement in the labour

and control over birth are the factors found to influence the level of satisfaction.<sup>4</sup>The personal control and whether the expectations during labour and delivery are met are the major factors for satisfaction.<sup>5</sup>The midwife is always expected to give highest care to the women based on their cultural value and systems.

A midwife's major focus and responsibility is to provide quality care to the women directly or indirectly and also to provide a positive, safe experience of pregnancy, birth and early parenting to the woman and her family through proper communication, support, respect, dignity and kindness.<sup>6,7</sup>The biggest challenge for a midwife is to provide the highest quality care with an effective service model, structure and a competent workforce and to address any complicated issue.<sup>6</sup>The woman's emotional needs and expectations must also be considered along with the physiological, informational, social, relational and medical needs.<sup>5</sup>The satisfaction of woman is related to staff behaviour, involvement in decision making, and cleanliness of the facility.<sup>8</sup>"Respectful maternity care – which refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth is recommended".<sup>9</sup> The vital contributions a midwife can give to the mother during child birth are, mother's perceived control, sense of security, support received, midwifery care, and the pain relieving measures with proper communication and participation in decision making.<sup>10</sup> Meron Mehari Kifle et al explored the predictors for dissatisfaction during intrapartum care as provision of clean bed, privacy, back massage, toilet, chairs for relatives, allowing relatives to support during labour, showing baby immediately after birth, self control in delivery room. They found only 20.8% of the participants were satisfied with midwifery care.<sup>11</sup>When examined Satisfaction with 3 c's: continuity of care, choice, and control, and which factors most influence women to have a

positive childbirth experience, V. A. Hundley et al found, 47% of women were dissatisfied with the facilities and 23% were dissatisfied with the information.<sup>12</sup>In a Jordanian study, Khitam Mohammad revealed, overall 17.8% of women were satisfied with intrapartum care and among them, 13% were satisfied with interpersonal care. About 79.5% of women were dissatisfied with provision of information and involvement in decision making, and 81.2% of the women were dissatisfaction with physical birth environment.<sup>13</sup>The vital contributions a midwife can give to the mother during child birth are, mother's perceived control, sense of security, support received, midwifery care, and the pain relieving measures with proper communication and participation in decision making.<sup>8</sup> Woman's experience and satisfaction during child birth are mostly related to the health and well-being of both the mother and the baby. The positive experiences of a midwife are the major factors which decides the outcomes during addressing core issues and makes the childbirth a memorable event for a woman admitted in labour room.<sup>9</sup>

The woman's perceptions of care are strongly influenced by the quality of nursing care, support, information and their involvement in decision making, which can be facilitated only by midwifery. It is always necessary to improve physical environment, communication system with service providers and to reduce waiting time of the patient.<sup>14</sup> The positive experiences of a midwife are the major factors which decides the outcomes during addressing core issues and makes the childbirth a memorable event for a woman admitted in labour room.<sup>15</sup>

A high level satisfaction can be achieved by establishing a formal complaint management structure.<sup>16,17</sup> The staff professional behaviour in supplying necessary information, clearing doubts, caring with confidence, encouraging for bearing down, managing pain, emotional support, reassurance and maintaining a calm and quiet environment adds up to the satisfying experience of women.<sup>8</sup> The continuous midwifery support leads to

less use of analgesics, oxytocin, IV drips, correct foetal monitoring and proper management of complications.<sup>18</sup>

The midwife when used humanized model of maternity care, resulted in better outcomes with higher level of satisfaction than the biomedical model.<sup>19</sup> The alternative pain relief measures, working in partnership with the midwife and individualised care are highly influential for positive labour experience.<sup>14, 16</sup> This current study has aimed to assess the level of birth satisfaction of women after receiving midwifery care during delivery process. This study will highlight the areas of dissatisfaction as expressed by women during birth, especially the expectations from midwives.

## II. Method

This was a descriptive exploratory survey and the study was carried out in MKCG Government Medical College Hospital, in Berhampur city in India. This is a 1500 bedded tertiary care hospital in the Ganjam district. The average number of normal delivery conducted per month is was 400-550. The midwives in this hospital delivering the services to parturient women were diploma and graduate nurses. The women who were admitted in post-natal ward within 48 hours of normal vaginal delivery were considered as sample for this study. For accurate sample size calculation for this survey from a known population, the Yamane's formula was used.

$$n = \frac{N}{1 + N(e^2)}$$

N is the estimated population that is 450, and at 95% confidence interval the p is considered .05

$$n = \frac{450}{1 + 450(0.05^2)} = 212$$

The initial number decided was 212 numbers of women to select. With a convenient sampling technique method, a total of number 212 of women

were identified to participate in this study. But 33 women did not respond due to pregnancy and medical complications, pain, and lack of interest. As some babies were shifted to NICU, so six numbers of women refused to take part in the study and 3 women left the hospital in own interest and got admitted in private nursing home. Various birth satisfaction scales were examined to prepare a complete tool for gathering required information from the women like LADSI- 38-item questionnaire, six item Birth Satisfaction Scale-Revised Indicator (BSS-RI), Mackey's Childbirth Satisfaction Rating Scale (CSRS) with 29 questions, 30-item-Birth-Satisfaction-Scale and others. Among them the "childbirth experience questionnaire" was selected for this study. This scale measures four main domains of the childbirth experience: Own capacity, Professional support, Perceived safety and Participation.<sup>7</sup> The Birth satisfaction scale in which the satisfaction level of woman's birth experience is evaluated was categorized as, quality of care provision, woman's personal attributes and stress experienced during labour.<sup>20</sup> These domains were reviewed and for the final tool, the items were categorized into four aspects of care received: physical care (8 items), provision of information (10 items), ethical support (5 items) and emotional support (7 items). The reliability coefficient cronbach's alpha to measure internal consistency for total scale was calculated and the score was 0.74. The study was conducted after getting approval from institutional review board. The ethical permission was granted by the hospital ethical committee. The necessary informed consent was provided to the participants for ethical neutrality of the study. Subjects were selected as per inclusion criteria. The conditions for inclusion were: delivered vaginally within 48 hours, presence of no significant complications and physically and mentally stable to respond. Those had instrumental delivery, were not included in the study. The assignment of subjects was started from labour room. Women those had normal delivery were followed for collection of necessary information from them. After delivery

within 48 hours the interview with the mother was planned. During their leisure time the women were approached for interview. Data collection was carried out from January to February 2017. Data was collected from each mother and it was completed over a period of two months. The data were analyzed by using SPSS software version 19. For demographic data descriptive statistics was used. To identify the level of satisfaction, mean and SD of the data was calculated. The relationship between satisfaction level and demographic variable was examined by chi square test. The significant level was set at  $p < 0.05$ .

### III. Result

The data were analyzed by using SPSS software. Most of the women were in the age group of 21-30 years. The primipara constituted about 50% of total sample. Only 2% of women were post-graduates and all others were under graduates by qualification. The majority (76%) of the women were from low economic group where the family income was below Rs.10, 000/- per month (Table 1).

Table.1.Level of birth satisfaction after receiving midwifery care

Level of Birth satisfaction	Frequency	Percentage
Satisfied with midwifery care	27	16
Dissatisfied with midwifery care	143	84

The level of satisfaction was evaluated by a 5 point rating scale ranging from agree strongly to disagree strongly. The overall satisfaction was classified as 'satisfied' and 'dissatisfied'. The satisfaction level was found only in 16% of women whereas the rest 84% of women were dissatisfied with the care provided by midwives.

The dissatisfaction level was reflected in all four major areas. The mean physical care score was 30.64

which included items like pain reducing measures, changing wet clothing, addressing thirst and hunger, positioning, perineal shaving and care of baby. The dissatisfaction levels were high in items like, changing linen (mean: 3.05), reducing pain(mean: 3.13) and monitoring FHS(mean : 2.11).The mean score was higher in items like transferring woman to delivery table in proper time (4.69) and managing hunger and thirst (mean 3.05).

Table.2.Dimension wise satisfaction level among women

Dimension of satisfaction	Desired Satisfaction score	Obtained Mean Score	SD
Physical care	34	30.64	3.51
Provision of information	38	35.16	3.02
Ethical Support	23	20.49	2.73
Emotional Support	25	19.43	5.84

Providing required information related to labour room procedure, policy, labour progress, baby status is very essential in context of present day midwifery care. It was observed that, only 21% of women were happy with the information they received from the midwives. Most of the women were dissatisfied, as they were not introduced to the staff and other care takers of the labour room (mean: 1.91). Immediate information regarding breast feeding to the baby was not provided (mean: 2.04). Though women were satisfied with the management of labour from ethical point of views, but most of them were dissatisfied with the words midwives used to address and communicate them. Their emotional satisfaction level was very low. The mean score in item like, clarification of doubts related to labour (mean: 2.79), allowing her baby for skin to skin contact (mean:2.91) were harassing.

Table. 3.Differences in level of satisfaction in relation to selected socio- demographic variables



Socio-demographic variable	Chi-square value	P value
Age of mother(yrs) 18- 20 21-30 31-40 41 yrs.& above	5.955233	0.05092
Level of education Illiterate Primary Higher secondary Graduate	59.96341	<b>0.00001</b>
No of children One 2-3 4-5 5-6	0.635244	0.727894

The table showed the relationship between childbirth satisfaction and demographic and obstetrics variables. It is clear that the satisfaction level was influenced by age ( $p = 0.050$ ) and education ( $p < 0.001$ ) of women. The parity was not significantly related to the level of satisfaction ( $p > 0.05$ ).

#### IV. Discussion

A woman's satisfaction with labour and provision of care during labour has long impact on her health status and a midwife acts as the sole caregiver and gatekeeper for these services. P Goodman et al.(2004) reported that the quality of midwifery care is purely evaluated by the level of woman's satisfaction with childbirth.<sup>21</sup> In this study it was found that except few women, rest 84% were dissatisfied with the midwifery care. Similar rate of dissatisfaction was observed in a study from Jordan conducted by Mohammad K.<sup>22</sup> High level of dissatisfaction among women was reported in the study of Naghizadeh et al. Similarly Somayyeh N. revealed that women were dissatisfied due to enormous pain, lack of competent care and staff support.<sup>23</sup> Poor level of satisfaction among women was found in various studies due to high level of stress, negligence in care and unprofessional attitude of the midwives.<sup>21</sup>

The result of the present study revealed that, the physical care provided by the midwives was not up to the level of women's expectation. They did not receive proper back massage while they were in pain. They were not supported while they were bearing down. They were dissatisfied as their clothings were not changed while these were wet. This shows poor concern from midwives and their inability in addressing the woman's expectation. Similar level of dissatisfaction was reported from a study conducted in Zanjan, Iran where significant relationship was found between satisfaction and severity of pain.<sup>24</sup> Many studies reported about the dissatisfaction of women, when appropriate measures were not taken to bring down their pain.<sup>2,22,25,26</sup> In the current study, the staffing pattern and the attitude was very poor and distressing. Apart from the above mentioned factors, dissatisfaction was also reported in levels of patient privacy and noise which is consistent with the result of Somayyeh Net al.<sup>23</sup> The highest level of satisfaction was observed in providing information about sex of the baby. The most distressing issue in our study was the lack of proper communication between midwives and the woman. The finding was in accordance with the study of Sengane M, where women were expecting the midwives to mediate the emotional bonding between them and the baby through proper communication and information.<sup>27</sup> The current study revealed a significant relationship between satisfaction level and age of women. When the relationship was analyzed between woman's education and their satisfaction, it was observed that satisfaction level is related to the education of women. Tamar k highlighted in his study that, satisfaction was decreased as level of education was increased among the women.<sup>28</sup> A calm, quiet and safe environment with pre-labour education, good information system, pain relieving measures and understanding woman's expectations, provides better satisfaction to the woman.<sup>31</sup> And above that support during birth is the vital contributor to the satisfaction which needs to be addressed.<sup>22</sup>

## V. Conclusion

A woman's body undergoes dramatic changes during labour and delivery. She requires highest degree of physical comfort, emotional assurance, clarification of actions taken around her and a compassionate approach for a positive experience. As the midwife is the sole care giver in labour room, the woman's experience of satisfaction greatly depends on her. There is a need in the part of midwife to demonstrate improved concern and caring attitude towards mother who is helpless at the time of labour and delivery. In this study, each and every aspect of care and woman's expectations were not met and most of the women were dissatisfied with the care and attitude of midwives. It becomes necessary on the part of midwife to take responsibility to provide proper information, physical comfort with caring approach and emotional pacification to reduce the level of dissatisfaction among the women.

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