

Parturient Satisfaction with Intrapartum and Postpartum care in A Maternity Referral Hospital at Al Ahsa, Saudi Arabia

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Abstract

Objective: To assess parturient satisfaction during intrapartum and postpartum period of childbirth. To evaluate the hospital services.

Study Design: Cross sectional study.

Place and Duration: Maternity and Child Hospital at Al Ahsa, Saudi Arabia.

Methodology: A sample of 461 women were recruited in the study from a period of January 2018 to May 2018. All pregnant women in labor either having obstetrical or any medical complications at term were included in study after their informed consent. Preterm labor and women undergoing induction of labour are not included in the study during this period. Data Collection: Data collection took place in the post-natal ward at the time of discharge. The attending nurse got the questionnaire filled by the parturient.

Results: The Parturient satisfaction assessed on four Likert scale for Attitudes of doctors and nurses, Intrapartum and Postpartum care. Global satisfaction and its rating score has also been done. The total mean satisfaction score was 43.16 (SD 3.12). Score greater than 47 was considered significant. The mean subscale score for attitudes of nurses and doctors was 24.8351 (SD 1.67687). Score > 27 was considered significant. The mean subscale for intrapartum care was 12.6095 (SD 1.40009). The score considered significant if > 14. The mean subscale for postpartum care was 5.7202 (SD 0.63057). The score was considered significant if > 7. Majority of parturient were satisfied with above three satisfaction scales in descriptive statistics but these were not found statistically significant according to the significance cut-off score devised for each satisfaction subscale. However, the Pearson correlation of global satisfaction rating score with three satisfaction subscale items found significant, P- value < 0.5.

Significant associations (by using Chi-square test) of independent with dependent variables were found p-value < 0.05.

Conclusion: The postpartum contraception advice needs a room for further adherence. Further studies are needed to evaluate and compare parturient satisfaction in all public maternity hospital in Saudi Arabia to know where and how much improvement in the standard of client services needed.

Key words: Parturient needs, Labor care, Parturient Satisfaction.

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Introduction

Pregnancy opens the door to motherhood which is achieved by undergoing to prenatal booking, antenatal visits and childbirth process. Birthing is a very important

milestone to cover and requires satisfactory hospital interpersonal communication and healthcare services. The World Health Organization (WHO) emphasizes the

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evaluation of structure, procedure, and outcome of health services to improve quality of care. ^{1, 2, & 3} Supportive care during labor requires emotional support and encouragement. This would enhance the physiologic labor process, improve and strengthen her confidence, therefore, reduce the anxiety and the need for obstetric intervention. ^{4,5}

Patient satisfaction is a valid indicator for measurement of service quality. Opinions of patients are important because of dissatisfaction results in sorting out opportunities for improvement in health services of the concerned hospital. Understanding of the determinants of patient satisfaction help hospital to adopt a policy and implement effective measures to improve them. Parturient analysis of hospital service quality and their feedback are essential in reviewing, updating care monitoring and health facilities.^{7 & 8} Patient satisfaction is a reliable indicator for service quality in the health care system. Several studies have been conducted to assess the basic satisfaction needs of the parturient towards prenatal, intrapartum and postpartum care in hospitals. Several studies focused on the availability and effectiveness of continuous support by the partner or family attendant, provision of clean capacious delivery room, empathetic doctor & nurse's attitude, provision of effective analgesia, medicines and information on the progress of labor. ^{8, 9, 10}

Major determinants of patient satisfaction found in some studies were physical comfort, emotional support, and respect for parturient wishes. The birth process demands a private, welcoming and comfortable environment that ensures the parturient women's safety, reducing anxiety and fear which can help in reducing pain perceptions of labor.^{11,12} Nursing and midwifery care has a prominent role in patient satisfaction. The support and care given by midwives and other staff found to contribute to a woman's birth experience. Many studies have explored women's experiences of childbirth and have found variables that may influence the meaning of childbirth for an individual woman, including maternal age, education, and socioeconomic class.^{13, 14} Childbirth is an important and physiological phenomenon that has significant implications and importance for the parturient and the health care providers. The expectations of parturient from health care system usually revolve around their safety, privacy, pain relief, better communication and caring attitude of the health care providers. This not only requires a reliable empathic attitude of the attending staff and doctors but also needs imparting the

procedural information and decision making for any intervention. Postpartum care with special concern for advice regarding lifestyle, breastfeeding, postnatal blues, and birth spacing strongly needs to be addressed to ensure complete delivery of childbirth health services package. Postpartum contraception advice motivates the couple for birth spacing thereby improving mother-child health relationship and brought up. ^{15, 16}

Methodology

The study was carried out in a public Maternity Child Hospital at Al- Ahsa, Saudi Arabia. All pregnant women in spontaneous labor, at term, 461 parturient women were included in the study from January 2018 to May 2018.

Inclusion criteria: All pregnant women at term coming in labor with or without a medical or obstetrical problem.

Exclusion criteria: labor induction and preterm deliveries were excluded.

The questionnaire used in this study was developed from previous studies that had been evaluated for women satisfaction and needs during labor. We added global satisfaction items and rating score for this study population. The questionnaire was reviewed by a group of gynecologists and then a pilot study on ten postnatal women was conducted to ensure its validity. It included the basic satisfaction factors, routinely done during the birthing process. The questionnaire was easy, clear and consumed 10 minutes to complete it satisfactorily by the parturient at time of discharge from the hospital. It was translated into the Arabic language, as most of the parturient coming to the hospital were Saudi nationals.

The questionnaire consisted of two sections:

Socio-demographic & Obstetric characteristics.

Women satisfaction measured for four domains;

1. Attitudes of Health workers,
2. Intrapartum care & communication,
3. Postpartum care and hospital administrative aspects
4. Global satisfaction and rating score.

The first questionnaire section assessed the demographic and obstetric information of parturient (age, education, economic status, occupation, gravidity and parity of the parturient, prenatal complications,

medical illness with pregnancy, adherence to therapy in current pregnancy, previous place of delivery and whether they have come because of previous satisfaction or obligation as it is a public hospital etc.).

The second section contained three domains for assessing women satisfaction during and after delivery. First concerning Health Worker attitudes, which contained four items. Second Intrapartum Care and Communication dealt with nine items. Third focused postpartum care and hospital administrative aspects containing seven items. The fourth was global satisfaction and its rating score from 1 to 5, where 1 is minimum, 2 average, 3 good, 4 very good and 5 best. The satisfaction responses were assessed on 4 point Likert Scale. Strongly dissatisfied=1, dissatisfied =2, satisfied= 3 and strongly satisfied= 4. Neutral scale was not included because it could be a biased factor. The scale was generated by summing up the mean and standard deviation scores of the three domain subscales. The subscale scores were constructed from responses to individual questions. They were summarized using the mean score plus one standard deviation. Scores above the mean and one standard deviation were considered satisfied.^{19, 20}

Approval by Ethical committee: Proposal for research was sent and approval obtained from College of Medicine Ethical Committee for Research, King Faisal University Al Ahsa Saudi Arabia.

Data Analysis: Data is analyzed by using SPSS 20 version. Standard deviation and Means of the total scale and the subscale of satisfaction domains and their items have been worked out. These scales of satisfaction were correlated with their global satisfaction rating scores to find their association with satisfaction domains. Descriptive statistics have been applied to assess percentages and frequency of demographic, obstetric information and satisfaction responses by the parturient on four satisfaction domains. Relationship of independent demographic & Obstetric variables with the dependent satisfaction domains have been evaluated by using chi-square test. The global satisfaction items mean and standard deviation were calculated and its rating score relationship with demographic, obstetrics items have also been assessed.

Results

Four hundred and sixty one women met the inclusion criteria during the period of study in maternity child Hospital Al Ahsa, Saudi Arabia that is a tertiary hospital that caters most of the rural and urban population.

Regarding the socio-demographic characteristics, more than half (67%) women were in 25-35 years age range. Most of them were educated only 1.5% of women had got

no education, 85% were unemployed, 83% belonged to rural areas, 69% delivered previously in this hospital and 46% came again for delivery due to previous satisfaction while 54% had obligation to come to this hospital. The economic status was satisfactory for most of the parturient while 7.2% belonged to lower socioeconomic status. Reproductive or Obstetric features of parturient revealed that 70% were booked clients, 16.7% had prenatal complications like hypertension (1.7%) and (.5%) anemia Shown in Table I.

Table I: Socio-demographic & obstetric characteristics of parturient women		
Variable	N	%
Age	49	10.6
18-25 years		
25-35 years	309	67.0
35-45 years	103	22.3
Parturient education status		
None	7	1.5
Primary	36	7.8
Secondary	35	7.6
Bachelor	190	41.2
University	193	41.9
Economic status		
High	17	3.7
Moderate	411	89.2
Low	33	7.2
Origin of parturient		
Rural	387	83.9
Urban	74	16.1
Occupation		
Employed	65	14.1
Un-employed	396	85.9
Previously delivered in this hospital		
Yes	319	69.2
No	142	30.8
Come to this hospital due to satisfaction or obligation		
Previous satisfaction	212	46.0
Obligation	249	54.0
Mode of delivery		
vaginal delivery	N	%
311	67.5	
Caesarean section	150	32.5
Prenatal care		
booked	327	70.9
Un-booked	134	29.1
Prenatal complications		
Yes	77	16.7
No	384	83.3
Prenatal complications if present		
Gestational diabetes	27	5.9
Pre-eclampsia	21	4.6
others	28	6.1
Total	76	16.5
Other prenatal complication		
Anemia	7	1.5
APH	2	.4
Asthma	2	.4

Bleeding Disorder	1	.2
Hypertension	1	.2
Neurological Problem	1	.2
placentae Praviae	1	.2
Polyhydraminis	2	.4
PROM	1	.2
UTI	1	.2
Pregnancy outcome		
Normal baby	440	95.4
Abnormal baby	21	4.6

The satisfaction variable assessed under three Scales, Attitudes of doctors and nurses, Intrapartum care and communication, postpartum care. The total mean satisfaction score was 43.16 (SD 3.12). Score greater than 47 was considered significant.

The mean subscale score for attitudes of nurses and doctors was 24.8351 (SD 1.67687). Score > 27 was considered significant.

The mean subscale for intrapartum care was 12.6095 (SD 1.40009). The score was considered significant if > 14

The mean subscale for postpartum care was 5.7202 (SD 0.63057). The score was considered if > 7. (Table II). The Global satisfaction at discharge from hospital was also evaluated and found that parturient global rating score concentrated more for scores 3,4, & 5 (graph 1).



(Mean 3.74, mode 4, median 4 & SD 1.005)

Minimum= score 1, average= score 2, Good= score 3, very good= score 4 & best= score 5

Majority of parturient were satisfied in above three satisfaction domain items but these were not found statistically significant according to the significant cut-off score devised for each satisfaction subscale. But the correlation of global satisfaction rating score with

the three satisfaction subscale items found significant with P- value < 0.5, (Table II)

Table II: Intrapartum and Postpartum Satisfaction Total Scale, Subscale Variables with Mean and Standard Deviation (n=461)

Characteristics	Mean	SD
Total scale (items) Scores >= 47 considered satisfied	43.16	3.12
Subscale 1: Attitude of nurses and doctors scores >= 27 considered satisfied	24.83	1.68
Caring behavior of doctor	1.95	.209
Caring behavior of Nurses	1.91	.282
Hospital staff behavior with your attendant	1.93	.259
Hospital staff regarded your opinion	1.91	.291
Subscale 2: Intrapartum care, scores >= 14 considered satisfied	12.60	1.40
Information about labor provided during labor	1.91	.291
Interventions made with your consent	1.77	.423
Staff frequently changed your wet linen	1.91	.288
Fetal monitoring was done regularly	1.98	.146
Delivery instruments and table were clean	1.94	.239
Staff maintained your privacy	1.94	.235
Nurses kept hand hygiene from patient to patient	1.85	.355
Adequate pain relief provided to you during labor and delivery	1.96	.194
Nursing staff and doctors answered your queries during labor	1.87	.334
Subscale 3: postpartum care, scores >= 7 considered satisfied	5.72	.630
Your mode of delivery was appropriate.	1.91	.285
Immediate newborn bonding was established	1.75	.436
Newborn was seen by the Pediatrician	1.93	.247
Postpartum lifestyle advices were provided	1.74	.440
Contraception offered or discussed?	1.49	.500
Cleanliness and administrative aspect of the hospital was up to the mark.	1.88	.325
Food provided was good and hygienic?	1.91	.291
Global satisfaction		
Feeling amelioration at discharge?	1.94	.231
Have your expectations met.?	1.89	.319
Would you recommend this hospital to others?	1.89	.311
Rate your Global satisfaction score from 1 to 5	3.74	1.005

Correlation of satisfaction subscales 1,2 & 3 with global satisfaction rating score is found significant at the 0.01 p- level

The mean and standard deviation scores were computed with values as follows: strongly agree=4, agree= 3., disagree=2, strongly disagree=

Some of the satisfaction responses had significant relationship (p value <.05) with age, education,

occupation, economic status & medical illness. The relationship between dependent satisfaction variable intrapartum fetal monitoring found significant satisfaction in 25-35 years age group women. Women belonging to moderate economic status (n=411) were found satisfied with Hospital staff regarded their opinion. Three hundred ninety-six unemployed women were satisfied with nurses kept hand hygiene. Three hundred and seventy-two educated women were satisfied with frequently changing wet linen during labor. Unemployed (n=396) parturient found their expectations had met. Three hundred and sixty-nine women belonging to middle or moderate economic status were satisfied significantly that they would recommend this hospital to others. The relationship between comorbidities and adherence to therapy was found statistically significant (n=106). Fifty-one percent parturient found dissatisfied (n=226) with contraceptive advice given postnatal and its association with parturient education status is also found statistically significant. For global satisfaction rating score 31.60% gave 3 score rating (Good), 34.50% forgave 4 (very good), 25.60% gave 5 (best score), 3.50% gave 1 (minimum) and 4.80% gave 2 (average). Good and best global satisfaction score was not found any association with age, occupation, mode of delivery, booked or un-booked pregnant woman. But was found statistically associated with parturient education, occupation, pregnancy outcome, medical illness and adherence with therapy, shown in Table III.

Table III: Relationship b/w dependent satisfaction responses & independent variables. Association of global rating score with independent characteristics.

Variable	Chi-square	p-value
Medical illness * Drug adherence	24.221	0.0001
Contraception advice offered / discussed * parturient education status	16.551	.002
Hospital staff regarded your opinion* Economic status	13.953	0.03
Nurses kept hand hygiene from patient to patient*occupation	10.448	.015
Fetal monitoring done regularly*age	13.680	.033
Staff frequently changed your wet linen*education	27.865	.006
Have your expectations met?*occupation	10.121	.018
Would you recommend this hospital	12.796	.046

to others? *Economic status		
Education status**	36.859	.002
Medical illness**	50.165	.021
Pregnancy outcome**	12.281	.015
Economic status **	23.689	.003
Obligation/previous satisfaction**	25.323	.0001
** with global satisfaction rating score		

Discussion

The study assessed parturient satisfaction with intrapartum and postpartum care provided in Maternity Child Health Hospital in Saudi Arabia. The basic and routinely required practices for women satisfaction in labor, have been evaluated in several previous studies.^{17, 18, 23} The average satisfaction response in our study towards health care attitude is 92.2 % while 89.5 % of women are satisfied with intrapartum care and 79.4 % women showed postpartum satisfaction. This is not found statistically significant according to the devised subscale which matches the results obtained in two studies carried by Kifle MM and Atiya.^{19,20} But the global satisfaction rating score is found significant with health care givers attitudes, intrapartum and postpartum care satisfaction subscales. In our study majority of women are satisfied with privacy, caring attitudes of nurses and doctors, frequently changing of wet linen, clean delivery table and instruments, regular fetal monitoring, keeping hand hygiene from one patient to another and most aspects of postpartum care. These parturient needs for satisfaction were also evaluated in the study by Ghani¹⁷ who states 86.5% of women had concern for maintaining privacy through all procedures, while 67.5% asked for qualified empathetic nurses in labor. These fundamental needs were met satisfactorily in our study which is evident by their global satisfaction rating. Contraception advice was not provided adequately because of cultural barrier or restraints in the concerned community.

The study in Iran by Simbar M²³ assessed the midwifery care focusing on all stages of labor in Iran university hospital, found the lowest score for hand wash and assessment of vital signs. Women did not complain about hospital and medicine bills as all health services are free in Kurdistan. In our study, women are found satisfied with the hospital administrative services and cleanliness, which is reflected in their global satisfaction rating score.

A study conducted by Moawad²² also showed high satisfaction in Riyadh primary health care center in 2009. Their study has found no association of

satisfaction with socio-demographic and obstetric independent variables. In our study, significant association of satisfaction is found in women with medical illness and adherence with the treatment, with parturient education and postpartum provision of contraceptive advice and the outcome of pregnancy. Both these studies did not assess the global satisfaction rating score of parturient at discharge from the hospital.

In our study, 440 women (95.4%) had given birth to normal babies while 21 (4.6%) had delivered babies with congenital anomalies that were previously diagnosed on ultrasonography. The global satisfaction rating score was high and had significant association with the outcome of healthy normal baby. Most of their babies had shown to the pediatrician as it was routinely done in Obstetric Unit.

Lomoro et al.²¹ found higher global satisfaction in women who were educated. In our study we found higher global satisfaction from women who got higher education, belonged from middle to higher socioeconomic status, and from women with medical illness who got adequate treatment. While like in other studies, we could not find the relationship with age, parity, gravity, prenatal care, origin with global satisfaction.^{19, 20, 24} Dzomeku²⁵ in his study found respondents had no dissatisfactions in the post-natal period because they had fewer expectations and remarked that dissatisfaction with care leads to non-usage of the hospital in future or using the hospital only as a last resort. In our study women came to this hospital because of previous satisfaction and also due to obligation to come, both had showed higher and statically significant global satisfaction rating score.

Conclusion

In our study, the overall global satisfaction rating from good to best, showed higher satisfaction level of the parturient towards intrapartum, postpartum care and hospital services. Women in labor need positive and empathetic attitudes of attending nurses and doctors not only toward them but also towards their family attendants. Hospital administrative effectiveness is judged by the provision of easy and quick services, cleanliness and provision of hygienic standard food. We conclude that parturient were satisfied with their care in labor by the doctors and nurses. They were also satisfied with the hospital services, which is not provided up to the mark in most public hospitals of developing countries. Health care professional should adopt the strategy to ensure regular deliverance of

postnatal contraception advice. Further studies are needed to evaluate and compare parturient satisfaction in all public maternity hospital in Saudi Arabia to know where and how much improvement in the client service is needed.

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