



MATERNAL SATISFACTION AND ITS CONTRIBUTING FACTORS AMONG POSTNATAL MOTHERS AT GOVERNMENT VICTORIA HOSPITAL, KOLLAM.

Nursing

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ABSTRACT

Introduction: Woman, the most admired creation of God, are not just the symbol of beauty, they are the mentors of the young ones, helping hands of the needy and pillars of beautiful homes. A woman is treated as a whole person when she bears a child and becomes a mother. It is a great achievement in any woman's life irrespective of her cast, creed or nation. Motherhood is a great responsibility and it is woman's highest crown of honor. Maintaining good health during pregnancy is very important especially in the present stressful life. Pregnancy and childbirth place a woman at a higher risk of morbidity and mortality, though a fair degree of success has been achieved in reducing maternal deaths and improving maternal care.

Materials and Methods:

- **Research approach:** Quantitative approach was used in this study.
- **Research design:** Descriptive design.
- **Sampling Technique:** Purposive sampling was used in this study.
- **Sample:** In this study, the sample consisted of 100 postnatal mothers who met the inclusion criteria.
- **Tools:**

Section A: - Demographic proforma

Section B: - Modified Maternal Satisfaction Scale.

Section C: - Structured questionnaire for assessing Contributing factors of maternal satisfaction.

Result: The data were analyzed using both descriptive and inferential statistics on the basis of the hypotheses of the study. The study result showed that the mean maternal satisfaction score of vaginal delivery mothers was (30.36 ± 4.36) and caesarean delivery mothers was (33.2 ± 3.66) and calculated 't' value (3.52) was greater than the table value (1.98) at 0.05 level of significance. So, there was significant difference in the mean maternal satisfaction scores of vaginal delivery mothers and caesarean delivery mothers. The study also revealed that the calculated chi-square values for demographic variables such as age, religion, education, occupation, type of family and source of information were less than the table value, there was no significant association between maternal satisfaction of postnatal mothers who had vaginal delivery / caesarean delivery and selected demographic variables.

The calculated 'r' value for maternal factor in vaginal delivery is '0.59' and in caesarean delivery is 0.58 which indicates there was 'moderate positive correlation' between maternal satisfaction and maternal factors both in vaginal delivery and caesarean delivery. The calculated 'r' value for neonatal factors in vaginal delivery is '0.58' and in caesarean delivery is '0.62' which indicates there was 'moderate positive correlation' between maternal satisfaction and neonatal factors both in vaginal delivery and caesarean delivery. The calculated 'r' value for institutional factors in vaginal delivery is '0.74' and in caesarean delivery is 0.89 which indicates there was 'strong positive correlation' between maternal satisfaction and institutional factors both in vaginal delivery and caesarean delivery. The calculated 'r' value for social factors in vaginal delivery is '0.91' indicating 'very strong positive correlation' between maternal satisfaction and social factors in vaginal delivery and the calculated 'r' value for social factors in caesarean delivery is '0.65' indicating 'moderate positive correlation' between maternal satisfaction and social factors in caesarean delivery. The calculated 'r' value for financial factors in vaginal delivery is '0.14' indicating 'very weak correlation' between maternal satisfaction and financial factors in vaginal delivery and the calculated 'r' value for financial factors in caesarean delivery is '0.48' indicating 'weak correlation' between maternal satisfaction and financial factors in caesarean delivery.

Conclusion: The present study was conducted to assess the maternal satisfaction and its contributing factors among postnatal mothers who had vaginal delivery or caesarean delivery. The experience regarding their maternal satisfaction and its contributing factors were collected from the postnatal mothers by using modified maternal satisfaction scale and self-administered questionnaire. It was found that caesarean delivery mothers were more satisfied than the vaginal delivery mothers. It was also found that among postnatal mothers who had vaginal delivery, social factors contributed more towards maternal satisfaction and among caesarean delivery, institutional factors contributed more towards maternal satisfaction.

KEYWORDS

Assess, Maternal satisfaction, Contributing factors, postnatal mothers

INTRODUCTION

The process of becoming a mother is described as a process of appreciation, discovery, learning, and acceptance of the woman's new role, which results in a positive and worthwhile experience. In addition to adapting to maternal role changes, new mothers may experience a variety of emotional changes. Childbirth is a personal and individual journey that is different for every woman. Vivid and detailed memories of the journey often lead to a permanent perception of the birth. Maternal satisfaction of the birth experience is thought to be influenced by many factors, the most significant of which may be the type of delivery. It is clear that the maternal satisfaction of the birth has a powerful effect on women with a potential for long-term positive or negative impact.

MATERIALS AND METHODS

Quantitative approach with descriptive design was used in this study. Institutional ethics clearance certificate was obtained from Bishop Benziger College of Nursing and consent from the concerned authority of Government Victoria Hospital, Kollam. The study was carried out during the period from 2.12.2019 to 28.12.2019. The samples were selected purposively. Each respondent was briefed with the research

objectives and informed written consent was obtained from the participants to ensure the right of the subject. Confidentiality was maintained throughout the study. Samples were asked to give baseline information. The experience regarding their maternal satisfaction and its contributing factors were collected from the postnatal mothers by using modified maternal satisfaction scale and structured questionnaire. The data collection was terminated by thanking the participants for their co-operation. The data collected was then compiled for analysis.

RESULTS

Graphical representation of demographic proforma

N = 100

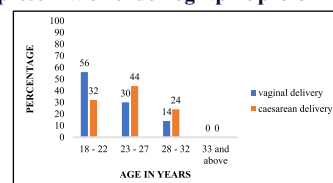


Figure 1: Distribution of the sample according to age in years

N = 100

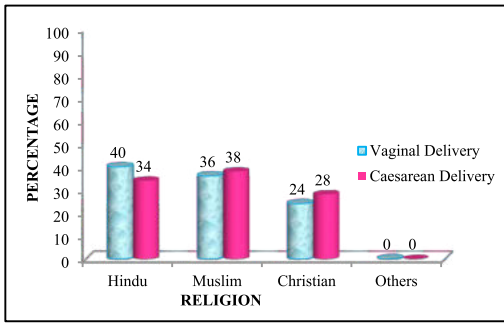


Figure 2: Distribution of the sample according to Religion

N = 100

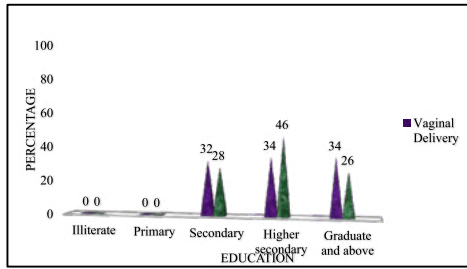


Figure 3: Distribution of the sample according to education

N = 100

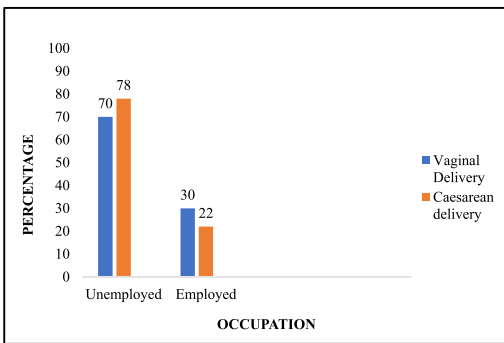


Figure 4: Distribution of the sample according to occupation

N = 100

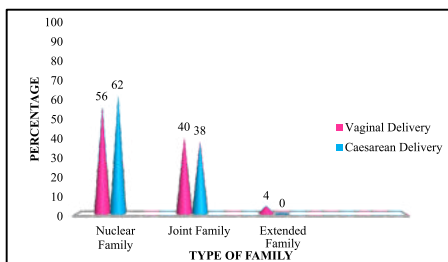


Figure 5: Distribution of the sample according to type of family

N = 100

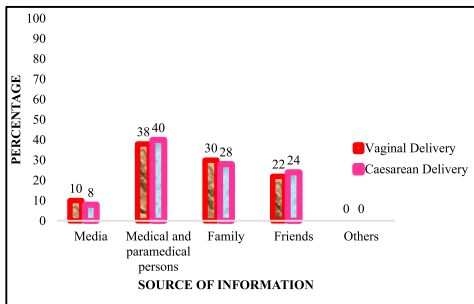


Figure 6: Distribution of the sample according to source of information

Table 1: Frequency and percentage of the sample who had maternal satisfaction on Vaginal Delivery.

N = 50

Maternal satisfaction	Score range	Frequency	Percentage
Unsatisfied	0 – 13	0	0
Satisfied	14 – 26	15	30
Very satisfied	27 – 40	35	70

Table 2: Frequency and percentage of the sample who had maternal satisfaction on Caesarean Delivery.

N = 50

Maternal satisfaction	Score range	Frequency	Percentage
Unsatisfied	0 – 13	0	0
Satisfied	14 – 26	4	8
Very satisfied	27 – 40	46	92

Table 3: Frequency and percentage of the sample regarding contributing factors among vaginal delivery mothers

N = 50

Factors	Category	Frequency	Percentage
Maternal factors	No influence	0	0
	Moderate influence	39	78
	High influence	11	22
Neonatal factors	No influence	0	0
	Moderate influence	35	70
	High influence	15	30
Institutional factors	No influence	0	0
	Moderate influence	30	60
	High influence	20	40
Social factors	No influence	0	0
	Moderate influence	30	60
	High influence	20	40
Financial factors	No influence	9	18
	Moderate influence	41	82
	High influence	0	0

Table 4: Frequency and percentage of the sample regarding contributing factors among caesarean delivery mothers

N = 50

Factors	Category	Frequency	Percentage
Maternal factors	No influence	0	0
	Moderate influence	34	68
	High influence	16	32
Neonatal factors	No influence	0	0
	Moderate influence	43	86
	High influence	7	14
Institutional factors	No influence	0	0
	Moderate influence	27	54
	High influence	23	46
Social factors	No influence	0	0
	Moderate influence	24	48
	High influence	26	52
Financial factors	No influence	7	14
	Moderate influence	43	86
	High influence	0	0

Table 5: Comparison of mean maternal satisfaction scores of vaginal delivery mothers and caesarean delivery mothers.

N = 100

Maternal satisfaction	Mean	S.D	df	t value	Table value
Vaginal delivery	30.36	4.36	98	3.52	1.98
Caesarean delivery	33.2	3.66			

Table 6: Association between maternal satisfaction of postnatal mothers who had vaginal delivery and selected demographic variables such as age, religion, education, occupation, type of family and source of information.

N = 50

Selected demographic variables	Maternal satisfaction		Chi square	Df	Table value	Significance
	Satisfied	Very satisfied				
Age in years						

18 – 22 years	10	18	0.84	2	5.99	NS
23 – 27 years	4	11				
28 – 32 years	2	5				
33 years and above						
Religion						
Hindu	8	18	0.96	2	5.99	NS
Muslim	4	11				
Christian	3	6				
Others						
Education						
Illiterate			2.68	2	5.99	NS
Primary						
Secondary	10	6				
Higher secondary	7	10				
Graduate or above	10	7				
Occupation						
Unemployed	15	20	0.53	1	3.84	NS
Employed	5	10				
Type of family						
Nuclear family	18	10	1.39	2	5.99	NS
Joint family	8	12				
Extended family	0	2				
Source of information						
Media	1	4	0.41	3	7.82	NS
Medical and paramedical persons	9	10				
Family	6	9				
Friends	7	4				
Others						

0.05 level of significance *S-Significant NS-Non-significant

Table 7: Association between maternal satisfaction of postnatal mothers who had caesarean delivery and selected demographic variables such as age, religion, education, occupation, type of family and source of information.

N = 100

Selected demographic variables	Maternal satisfaction		Chi square	Df	Table value	Significance
	Satisfied	Very satisfied				
Age in years						
18 – 22 years	6	10	1.97	2	5.99	NS
23 – 27 years	8	14				
28 – 32 years	4	8				
33 years and above						
Religion						
Hindu	9	8	0.96	2	5.99	NS
Muslim	8	11				
Christian	5	9				
Others						
Education						
Illiterate			2.35	2	5.99	NS
Primary						
Secondary	8	6				
Higher secondary	9	14				
Graduate or above	4	9				
Occupation						
Unemployed	18	21	1.56	1	3.84	NS
Employed	4	7				
Type of family						
Nuclear family	12	19	1.39	1	3.84	NS
Joint family	6	13				
Extended family						
Source of information						
Media		3	2.55	3	7.82	NS
Medical and paramedical persons	8	12				
Family	5	9				
Friends	2	10				
Others						

0.05 level of significance *S-Significant NS-Non-significant

Table 8: Correlation between maternal satisfaction and contributing factors among postnatal mothers.

N = 100

Test	Vaginal delivery		Caesarean delivery		r value	
	Mean	SD	Mean	SD	Vaginal delivery	Caesarean delivery
Maternal satisfaction	30.36	4.36	33.2	3.66		
Maternal factors	5.52	1.07	6.1	0.76	0.59	0.58
Neonatal factors	6.1	0.76	5.64	0.77	0.58	0.62
Institutional factors	6.26	0.80	6.62	0.94	0.74	0.89
Social factors	6.58	1.01	6.6	0.80	0.91	0.65
Financial factors	4.42	0.90	4.2	0.69	0.14	0.48

DISCUSSION

The findings of the present study were supported by another study conducted by Asha Panth and Praveena Kafle in April 2018, on maternal satisfaction on delivery service among postnatal mothers in a government hospital at Mid-Western Nepal. Objective of the study was to find out the maternal satisfaction on delivery service among postnatal mothers. A total of 178 purposively selected postnatal mothers were interviewed face-to-face using semi structured interview schedules. Analysis and interpretation of the findings were done with the help of descriptive and inferential statistics. The results showed that majority (89.88%) of the mothers were satisfied with the delivery service. The level of satisfaction was higher in interpersonal and technical aspects (93.82%) of care than in informative aspects (91.57%) and health facility-related statements (91.01%). There was no statistically significant association between socio demographic and obstetric characteristics and maternal satisfaction. Postnatal mothers who were illiterate were 2.71 times more likely to be satisfied than who were literate, also postnatal mothers up to primary level education were 2.85 times more likely to be satisfied than secondary level and above. Also, in this study, postnatal mothers who were multiparous were 2.35 times more likely to be satisfied with the delivery service than primiparous. Majority (87.1%) of the mothers would like to receive delivery service next time in the same hospital.

REFERENCES:

- Arora M. Self-assessment and review of obstetrics. New Delhi: Jaypee Brothers; 2011.
- Ajit V, editor. Modern obstetrics. Mumbai: APC Publishers; 2008.
- Jacob A, editor. A comprehensive textbook of midwifery. New Delhi: Jaypee Publishers; 2005.
- Karen B. A comparative study of women's perception of vaginal and caesarean birth. [Master's thesis]. United State: GVSU publishers; 2009.
- Wilmot JR. Statistics, politics and policy. Geneva, Switzerland: WHO Publication; 2013.
- Monir I. Making pregnancy safer. Geneva, Switzerland: WHO Publication; 2007.
- Melese T, Yirgu G, Daniel B, Dereje H. Assessment of client satisfaction in labor and delivery services at a maternity referral hospital in Ethiopia. Pan Afr Med J. 2014; 17(76):31 – 9.
- Broek NR, Graham WJ. Quality of care for maternal and new-born health: the neglected agenda. Int J Gynaecol Obstet. 2009; 116(1): 18–21.
- Al Ahmar E, Tarraf S. Assessment of the sociodemographic factors associated with the satisfaction related to the childbirth experience. Gynecol Obstet Res. 2014; 4(10): 585.
- Asha P, Praveena K. Maternal satisfaction on delivery service among postnatal mothers in a government hospital, Nepal. Int J Gynaecol Obstet. 2018; 4(5): 1 – 11.
- Gizew DA. Satisfaction and associated factors among mothers delivered at Asrade Zewude memorial primary hospital, Ethiopia: a cross sectional study. Bio R Int J. 2015 [Cited 2019 Nov 19]; 4(6) 1 – 6. Available from <http://dx.doi.org/10.1155/2015/460767>.
- World Health Organization. Making pregnancy safer: The critical role of skilled attendant. Geneva, Switzerland: WHO Publication; 2007.
- Chatterjee A, Paily VP. Achieving millennium development goals 4 and 5 in India. Int J Gynaecol Obstet. 2011[Cited 2019 Dec 10]; 118(2) 47–59. Available from <http://www.ncbi.nlm.nih.gov/pubmed/21951502>.
- Paily VP, Ambujam K, Rajasekharan NV. Confidential review of maternal deaths in Kerala: a country case study. BJOG. 2014[Cited 2019 Oct 10]; 121(4) 61–6. Available from <http://www.ncbi.nlm.nih.gov/pubmed/25236635>.
- Helen S, Charles A, Nynke B. Second report of confidential review of maternal deaths, Kerala. Geneva, Switzerland: WHO Publication.2009[Cited 2019 Oct 23];63(7) Available from https://www.who.int/maternal_child_adolescent/epidemiology/maternal-deaths-surveillance.
- World Health Organization. Trends in maternal mortality. Switzerland: WHO publication; 2013.
- WHO, UNICEF. Maternal mortality in 2005. Geneva, Switzerland: WHO Publication; 2007.
- Max R, Hannah R. Maternal mortality. Our World in Data. 2020; 2(6): 3.
- Benita B. Advancing state and urban maternal and child health. Health Resource and Service Administration. 2020; 3(9): 301.
- Goodman P, Mackey MC, Tavakoli AS. Factors related to childbirth satisfaction. J Adv Nurs. 2004; 46(2): 212–9.
- Waldenstrom U, Rudman A. Satisfaction with maternity care: how to measure and what to do. Womens Health. 2008; 4(3): 211 – 4.
- Singh PK, Rai RK, Alagarajan M, Singh L. Determinants of maternity care services utilization among married adolescents in rural India. NCBI. 2012; 7(2): 1.
- World Health Organization. Standards for improving quality of maternal and new-born care in health facilities. Switzerland: WHO Publication; 2016.

24. WHO, UNICEF, UNFPA. Trends in maternal mortality: 1990-2015 estimates. Geneva: WHO Publication; 2015.
25. Donabedian A. Evaluating the quality of medical care. *Milbank Q Journal of population and health policy*. 2005; 83(4):691–729.
26. Srivastava A, Avan BI, Rajbangshi P, Bhattacharyya S. Determinants of women's satisfaction with maternal health care: a review of literature from developing countries. *BMC Pregnancy and Childbirth*. 2015; 7(3): 15-97.
27. Sando D, Abuya T, Asefa A, Banks KP, Freedman LP, Kujawski S, et al. Methods used in prevalence studies of disrespect and abuse during facility-based childbirth: lessons learned. *Reprod. Health*. 2017;14(1):127.
28. Mehata S, Paudel YR, Dariang M, Aryal KK, Paudel S, Mehta R, et al. Factors determining satisfaction among facility-based maternity clients in Nepal. *BMC Pregnancy and Childbirth*. 2017;17(1):319.
29. *The Chambers Dictionary*. 13th ed. Edinburgh: Chambers Harrap; 2013 p.25.
30. *Collins English Dictionary*. 12th ed. Harward: HarperCollins; 2012 p.839.
31. *The Merriam-Webster Dictionary*. 7th ed. North America: Merriam-Webster; 1998 p.346.
32. Wikipedia, the free encyclopedia. [Cited 2019 Dec.14] Available from www.wikipedia.org/wiki/Postpartum_period.
33. Wikipedia, the free encyclopaedia. [Cited 2019 Dec.14] Available from https://en.wikipedia.org/wiki/Conceptual_framework.
34. Polit D, Beck C, editors. *Nursing Research* 8th ed. Lippincott Publishers; 2008.
35. Sharma KS. *Nursing research and statistics*. 2nd ed. New Delhi: Elsevier Publishers; 2014.
36. Bossano CM. Maternal satisfaction with the birth experience. *Am. J. Obstet. Gynecol*. 2017; 217(7): 2–7.
37. Khatib N, Quazi SZ, Gaidhane AM, Waghmare L, Tripti S, Goyal SP, et al. Predictors for antenatal services and pregnancy outcome in a rural area: a prospective study in Wardha district, India. *Indian J. Med. Sci*. 2009; 63(10): 436–44.
38. Gitobu CM, Gichangi PB, Mwanda I WO. Satisfaction with delivery services offered under the free maternal healthcare policy in Kenyan public health facilities. *Int J Environ Res Public Health*. 2018; 18(1): 77.
39. Lévesque MN, Marilou P, Naomé RM, Blouin S, Pasquier JC. Maternal and paternal satisfaction in the delivery room: a cross-sectional comparative study. *BMJ Open*. 2019; 4(2): 19.