



A Study To Assess The Level of Satisfaction on Intrapartum Care among Postnatal Mothers Admitted In Postnatal Ward at Selected tertiary Hospital, Puducherry

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Abstract: Women's satisfaction from maternal services and their qualities is considered as an index for quality and justice in women and infants' health by health care authorities and health policymakers. The present study aimed to assess women's satisfaction with intrapartum care and the associated variables to serve as a yard stick to improve the quality of care given among 130 laboring mothers. Majority (95%) mothers had good satisfaction on the intranatal care provided by the facility and none of them reported poor service. None of the demographic nor the clinical variables of the participants had significant association with the level of satisfaction of intrapartum care at $p > 0.05$.

Index Terms - Intrapartum care, Level of satisfaction, Postnatal mothers.

I. INTRODUCTION

A positive childbirth experience helps a woman develop a positive attitude towards motherhood, which facilitates the transition into the maternal role¹. Maternal satisfaction with intrapartum nursing care measures the ability of services to meet consumers' expectations, and it is an important determinant of the choice of health facility and its future utilization for labour and delivery services². Maternal satisfaction is also considered as an index for quality and justice in women and infants' health by health care authorities and health policymakers³. Chunuan found that the probability of satisfaction with childbirth care could be predicted by educational level, planned vs. unplanned pregnancy, gestational age, babies complication during intrapartum, technical care by doctor, and stress⁴. It was also evident in many reviews that the relationship between patient background factors and patient satisfaction is not consistent^{5,6,7}. United Nations estimated that the provision of effective care for all women at the time of birth in facilities could prevent 113,000 maternal deaths by 2020⁸.

Studies also suggested that providing culturally appropriate maternity care services mainly have positive effects on the use of skilled maternity care⁹. Facility cleanliness, meal quality, adequacy of staff, seats and beds, laboratory investigations, shower rooms and toilets were found to have a significant impact on the clients' satisfaction¹⁰. Pain control also remained to be a major problem and is the main cause of patient dissatisfaction¹¹. Studies also showed that long waiting time and unavailability of basic drugs, physical environment of the delivery room and wards, cost paid to service, privacy, lack of consideration for cultural practices and beliefs and health providers' technical competence were the major factors that make mothers dissatisfied.^{12,13}

To adopt and implement evidence-based practice in labor care, collecting and acting on feedback received from that receiving labor care is the basis for improvement^{14, 15}. Furthermore, nurses and midwives working in labor room will use the findings of the study as a yardstick to Identify gaps in service provision components and to recommend interventions to improve the quality of care given to laboring mothers. The present study aimed to assess women's level of satisfaction with intrapartum care among post natal mothers in a selected rural hospital in south India

II. OBJECTIVES :

1. To assess the level of satisfaction on intranatal care among postnatal mothers
2. To associate the level of satisfaction on intranatal care among postnatal mothers with the selected socio demographic and clinical variables.

III. RESEARCH METHODOLOGY

The researcher adopted Non- experimental descriptive research design for the study.

3.1 Population and Sample

The population includes all the Post natal mothers who had undergone Normal vaginal delivery in a selected tertiary care hospital in Puducherry, south india. This hospital was selected on the basis of geographical proximity, feasibility to conducting the study and availability of the research participants. Sample includes all postpartum mothers who had normal vaginal delivery in the selected tertiary care hospital who fulfils the inclusion criteria. The calculated sample size was 136 post partum mothers from the post natal ward including 10% attrition using power analysis method with expected satisfaction as 78% with precision as 5% desired confidence level at 95%⁸. Purposive sampling technique was used to select the participants.

3.2 Sampling criteria:

Inclusion criteria: postpartum mothers who had

- Normal vaginal delivery
- Completed five to seven hours after delivery

Exclusion criteria: Postpartum mothers who,

- Does not respond to verbal stimuli
- Had intra uterine fetal death
- Had their baby in NICU

3.3 Variables

Socio personal variables: Includes Age, Religion, Type of family, Educational status, Area of residence, Educational level & Family income

Clinical variables :It includes parity, Duration of pregnancy, Newborn Health status, Duration of labour any co morbid health condition, attended any child birth classes, status of current pregnancy & sex of the baby.

3.4 Description of the Tool: Structured Interview Schedule to assess the level of satisfaction on intrapartum care among postpartum mothers.

Section A: Demographic Variables

It includes age, religion.,type of family, educational level ,area of residence occupation & family income

Section B: Clinical Variables

It includes parity, Duration of pregnancy, Duration of labor, new born health status, any co morbid health condition,status of current pregnancy, attended any child birth classes, sex of the baby, place of previous child birth.

Section C: 5 point likert scale to assess the level of satisfaction on intrapartum care among postpartum mothers.

It consists of 35 statements with grading as very much satisfied (4), satisfied (3), Neither satisfied nor dissatisfied(2), Dissatisfied (1) & very much Dissatisfied (0) to assess the level of satisfaction of postpartum mothers under 4 aspects of Intrapartum care with maximum score of 140.

○ Interpersonal aspects of care	:	8items
○ Communication/Information	:	9items
○ Technical aspects of care	:	14items
○ Environmental aspects of care	:	4 items
Graded as	Poor satisfaction	: ≤50%
	Moderate Satisfaction	: 51-75%
	Good Satisfaction	: >75%

The content validity was obtained from subject experts and the suggestions were incorporated. A pre- test was done to establish the reliability and determine the language clarity. 'r' value was found significant (0.79).

3.5 Data collection Procedure:

After obtaining formal permissions from the institutional authorities, and informed consent from the participants, data was collected from 130 postpartum mothers admitted in postnatal ward selected by purposive sampling method based on the inclusion criteria over a period of nine weeks. Data was collected between 5-7 hours of delivery when the mother was relaxed and comfortable using 5point scale to assess the level of satisfaction on intrapartum care using structured interview schedule and recording of data was done simultaneously. 15-20 minutes was spent for each study participant.

3.6 Data Analysis

The investigator analyzed the data obtained by using descriptive and inferential statistics

- Frequency and percentage was used to analyze the demographic variables and clinical variables d level of satisfaction on intrapartum care.
- The level of satisfaction of intrapartum care was analysed using Mean and standard deviation
- The association between Mothers level of satisfaction with demographic variables and clinical variables will be analysed using Fisher exact test
- $p < 0.05$ considered statistically significant.

4.1 Descriptive Statistics of Study Variables

Table 4.1 Distribution of study participants according to socio personal variables

n=130

SL .N O	DEMOGRAPHIC VARIABLES		FREQUENC Y	PERCENTAG E (%)
1	Age in years	a) 20-26	73	56.2
		b) 27-33	57	43.8
2	Religion	a) Hindu	113	86.9
		b) Christian	13	10.0
		c) Muslim	4	3.1
3	Educatio n	a) Primary	41	31.5
		b) Secondary	47	36.2
		c) Graduate	42	32.3
4	Type of family	a) Joint	50	38.5
		b) Nuclear	80	61.5
5	Area of residence	a) Rural	67	51.5
		b) Urban	63	48.5
6	Family income	a) Below15,000	59	45.4
		b) 15,000	10	7.7

	per month (in Rs.)	c)Above15,000	61	46.9
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Table1 shows the frequency and percentage distribution of postpartum mothers according to demographic variables. Out of 130 study participants, majority 73 (56.2%) of them belongs to age group of 20-26 years, most of them 113(86.9%) were Hindus, 47(36.2%)of them had completed secondary education, 80(61.5%) belongs to nuclear family, 67(51.5%) were staying in rural area and 61(46.9%)of them were earning above 15,000 per month.

Table4. 2: Frequency and Percentage Distribution of Postpartum Mothers According to clinical variables

n=130

S.No	CLINICAL VARIABLES		FREQUENCY	PERCENTAGE (%)
1.	Parity	a) Multi	54	41.5
		b) Primi	76	58.5
2.	Duration of pregnancy on Admission	a) Preterm	3	2.3
		b)Term	127	97.7
3.	Duration of labour in hours	a) 6-10	47	36.2
		b) 11-15	83	63.8
4.	Status of current pregnancy	a) Planned	126	96.9
		b) Unplanned	4	3.1
5.	Gender of the baby	a) Female	67	51.5
		b) Male	63	48.5
6.	Place of previous child birth(Multipara mothers)*	a) GH	30	55.6
		b)Private hospital	24	44.4

***Place of previous child birth is NOT APPLICABLE for primipara mother'**

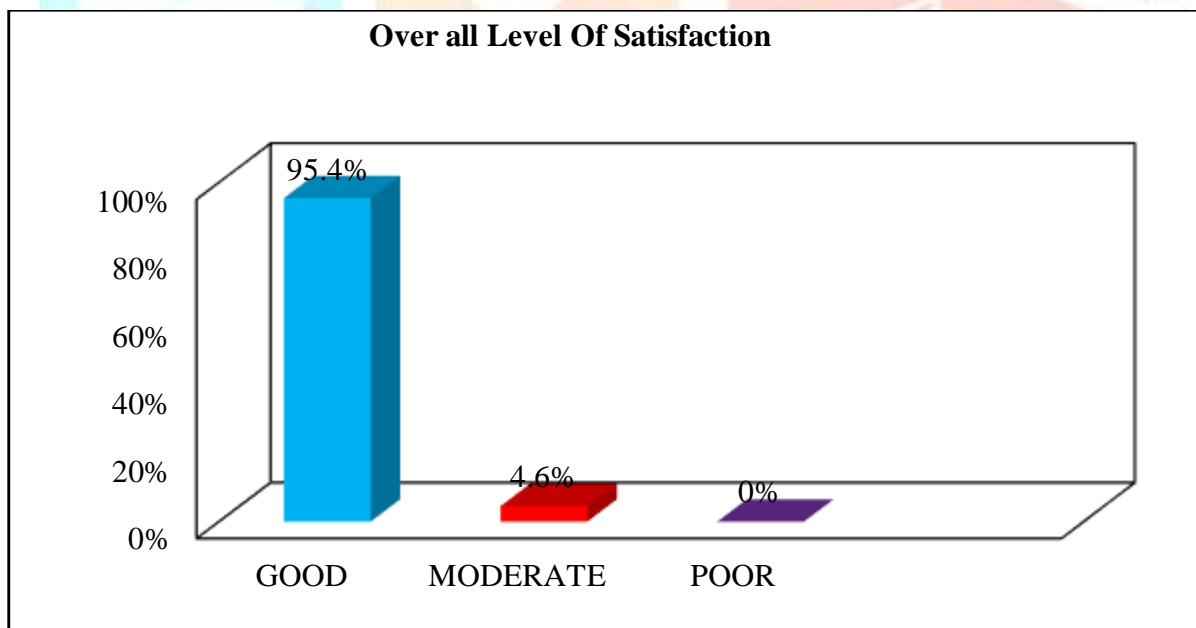
Table 2shows that majority 76(58.5%) of them were primi mothers,127(97.7%) of them were delivered term baby, 83(63.8%) had duration of labour between 11-15 hours, 126(96.9%)postnatal natal mothers had planned pregnancy, 67(51.5%) mothers delivered female baby. 30(55.6) mothers had previous delivery in GH, 130(100%) of the mothers had healthybaby, All mothers had healthy baby, none of them had co-morbid health conditions, none of them attended any child birth classes.

SECTION B: DISTRIBUTION OF POSTNATAL MOTHERS ACCORDING TO LEVEL OF SATISFACTION ON INTRAPARTUM CARE

Table 3: Distribution of Postnatal Women According to Level of Satisfaction on Various Aspects of Intrapartum Care n=130

S.NO	ASPECTS OF CARE	LEVEL OF SATISFACTION					
		GOOD (76-100%)		MODERATE (51-75%)		POOR (≤50%)	
		(f)	%	(f)	%	(f)	%
1	Interpersonal Aspects	112	86.2	18	13.8	0	0
2	Communication & Information	111	85.4	19	14.6	0	0
3	Technical Aspects	121	93.1	9	6.9	0	0
4	Environmental Aspects	62	47.7	67	51.5	1	0.8

Table 3 shows majority 121(93.1%) study participants had good satisfaction with technical aspects of care, 67(51.5%) of study participants were moderately satisfied with environmental aspects of care, 1(0.8%) of study participants were poorly satisfied with environmental aspects of care.



n=130

Figure 3: Distribution of Postnatal Mothers According To Overall Level Of Satisfaction On Intrapartumcare.

Figure 3 shows that (95.4%) postnatal mothers had good satisfaction, (4.6%) of postnatal mothers were moderately satisfied and none of them were poorly satisfied

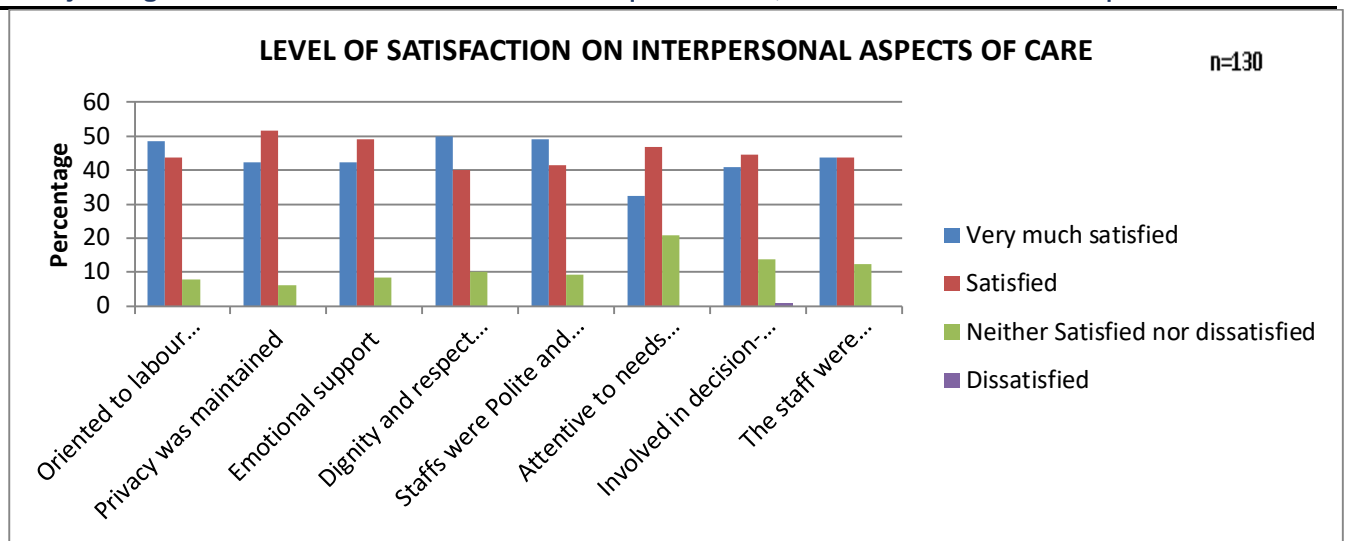


Fig 4: Distribution of Participants According to Level of Satisfaction on Interpersonal Aspects of Care

Fig 4 shows majority 65 (50.0%) of the study participants were very much satisfied with dignity and respect maintained during labour, 67 (51.5%) of study participants were satisfied with privacy maintained during labour, 27 (20.8%), of study participants were neither satisfied nor dissatisfied with attentive to needs and approachable for help during labor, Only 1 (0.8%) was dissatisfied with involvement decision making process during labor.

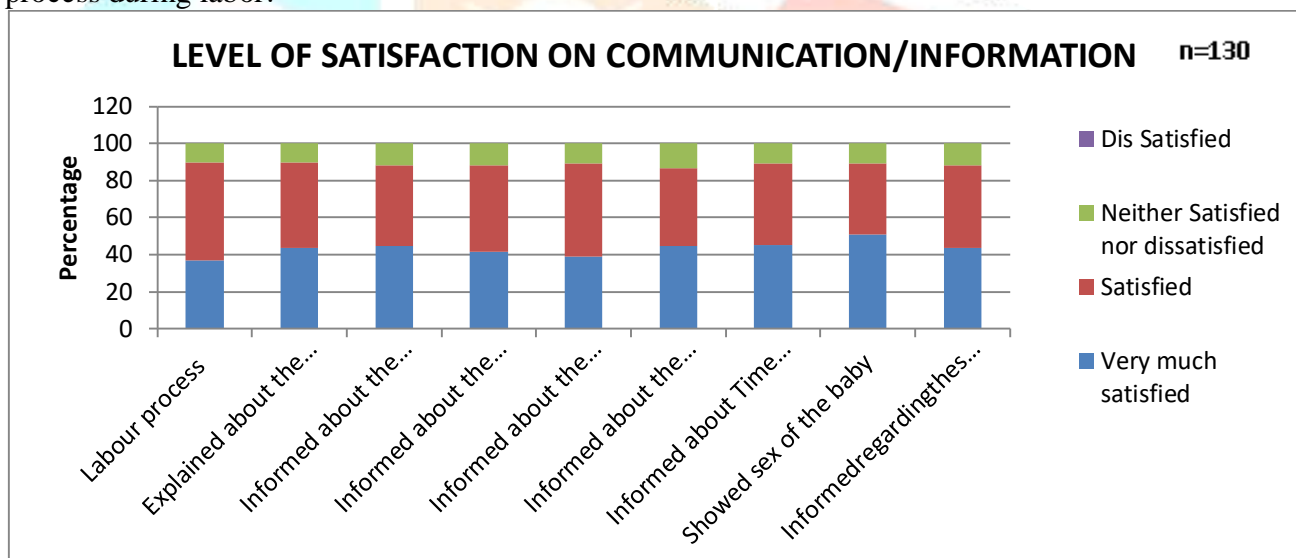


Fig 5: Distribution of Postnatal Mothers According to Level of Satisfaction On Communication Aspects of Care

Fig 5 shows that majority, 66 (50.8%) of the study participants were very much satisfied with showing sex of the baby, 69 (53.1%) study participants were satisfied with explanation about labour process, 17 (13.1%) of study participants were neither satisfied nor dissatisfied with update progress of labour at regular intervals.

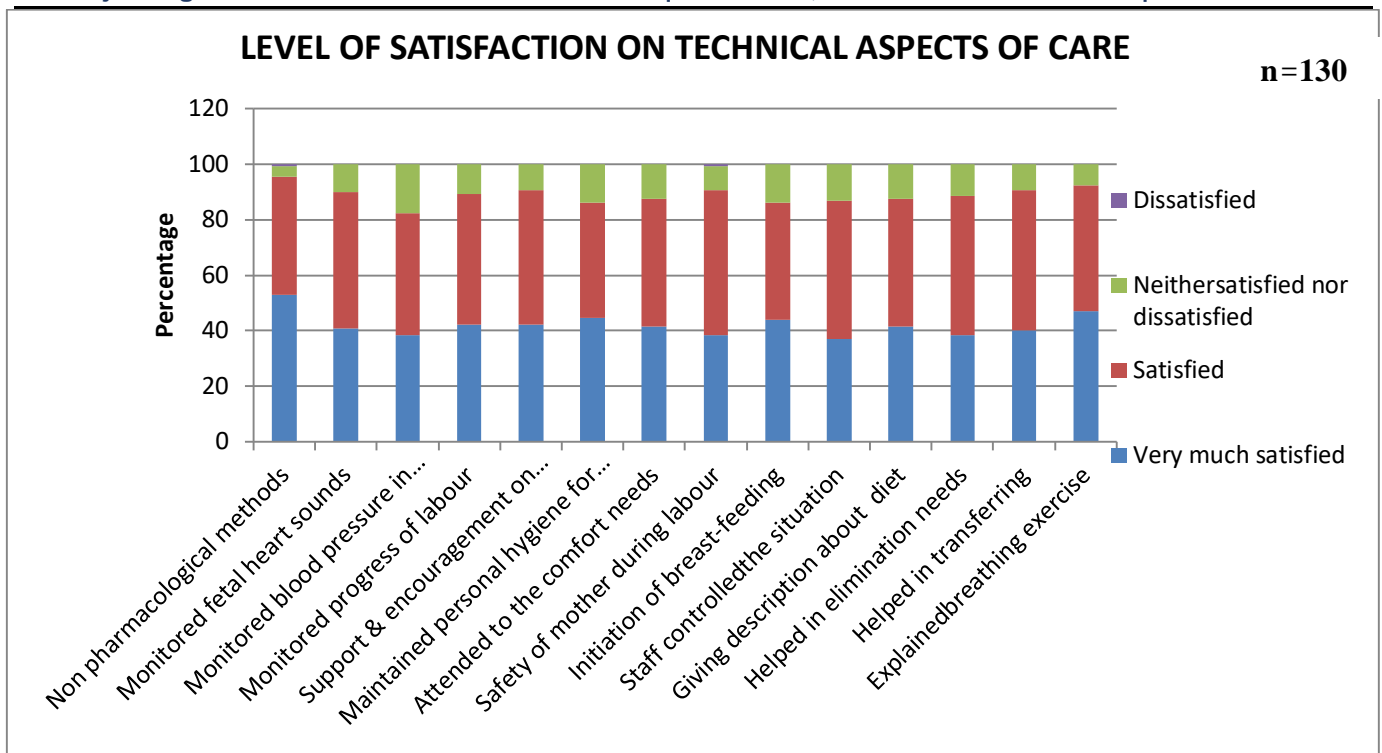


Fig 6: Distribution of Participants According to Level of Satisfaction on Technical Aspects of Care

Fig 6 shows that majority study participants 69(53.1%) of them were very much satisfied with using non-pharmacological methods in labour, 68(52.3%) study participants were satisfied with safety of mother during labour, 23(17.7%) of study participants were neither satisfied nor dissatisfied with monitoring of blood pressure in regular interval, 1(0.8%) of study participants were dissatisfied with both non-pharmacological methods in labour and safety of mother during labour.

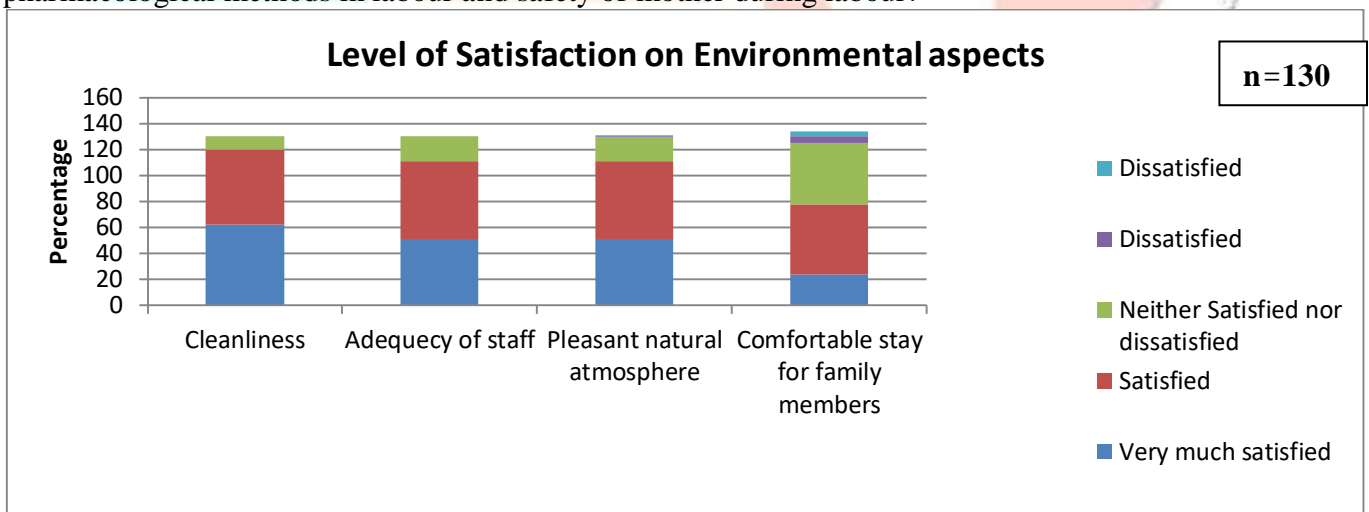


Fig 7: Level of Satisfaction on Environmental Aspects of Care

Fig 7 shows majority, 62(47.7%) study participants were very much satisfied with labor room clean and odor free, 60(46.2%) of study participants were satisfied with staffs adequacy and maintenance of labor room in terms of light, temperature, and air flow 47 (36.2%) of study participants were neither satisfied nor dissatisfied with family members stay in comfort place during labor, 5(3.8%) study participants were dissatisfied with family members stay in comfortable place during labor.

Table:4.3 Association between Overall Level of Satisfaction On Intrapartum Care Among Postnatal Mothers with Selected Clinical Variables n=130

S.No	CLINICAL VARIABLES	OVERALL LEVEL OF SATISFACTION				P value
		Good satisfaction		Moderate satisfaction		
		(f)	%	(f)	%	
1.	PARITY					0.692 NS
	a)Primi	73	96.1	3	3.9	
	b)Multi	51	94.4	3	5.6	
2.	DURATION OF PREGNANCY ON ADMISSON					1.000 NS
	a)Term	121	95.3	6	4.7	
	b)Preterm	3	100.0	0	0	
3.	DURATION OF LABOR (IN HOURS)					0.667 NS
	a)6-10	44	93.6	3	6.4	
	b)11-15	80	96.4	3	3.6	
4.	STATUS OF CURRENT PREGNANCY					0.174 NS
	a)Planned	121	96.0	5	4.0	
	b)Unplanned	3	75.0	1	25.0	
5.	GENDER OF BABY					0.681 NS
	a)Male	61	96.8	2	3.2	
	b)Female	63	94.0	4	6.0	
6.	PLACE OF PREVIOUS CHILD BIRTH (MULTIPARA MOTHER'S)*					1.000 NS
	a)GH	28	93.3	2	6.7	
	b)Private	23	95.8	1	4.2	

NS-Not Significant

* Place of previous child birth is NOT APPLICABLE for primipara mother's

Table 4.3 reveals that there is no significant association between overall level of satisfaction on intrapartum care and clinical variables like parity, duration of pregnancy, duration of labour, status of current pregnancy, sex of the baby, place of previous child birth. None of the variables were found to have significant association with the level of satisfaction with intrapartum care by the p value using Fisher exact test.

5. Discussion

• The first objective was to assess the level of satisfaction on intrapartum care among postnatal mothers admitted in postnatal ward

i. Level of satisfaction on interpersonal aspects of care

With regard to interpersonal aspects of care (8 statements) 120 (92.3%) postnatal mothers were satisfied with orientation given to labour room of which 63(48.5%) participants were very much satisfied 122(93.8%) participants were satisfied with assurance of privacy throughout the labour among whom 55(42.3%) participants were very much satisfied. With regard to emotional support during labour 121(91.5%) postnatal mothers were satisfied of which 55(42.3%) mothers were very much satisfied. 117(90.0%) of them were satisfied with respect and dignity maintained during labour among whom 60(50.0%) of them very much satisfied. 118(79.2%) postnatal mothers were satisfied with attentive in needs and approachable for help during labour among whom 64(49.2%) postnatal mothers were very much satisfied. In relation to involvement in decision making 111(85.4%) postnatal mothers were satisfied among whom 53(40.08%) postnatal mothers were very much satisfied. 114(87.6%) postnatal mothers were satisfied among whom 57 (43.8%) postnatal mothers were very much satisfied.

Similar findings noted in a nationally representative facility-based survey conducted across 13 districts in Midwestern Nepal (Panth A, Kafle P.) higher percentage found in treated with dignity and respect (90.5%) among whom (37.1%) were very satisfied, and lowest in orientation (82.5%) among whom 44.9% were

very satisfied¹⁶. A study done in Ethiopia (Tolesa F) showed that 68.5% of the delivering mothers were satisfied with respect and 64.9% satisfied with privacy received from care givers¹⁷. In contrast more than half of slum-dwelling urban women (57%) reported mistreatment in Uttar Pradesh¹⁸, while only 28.8% in Varanasi¹⁹, India. In a systematic review (Ansari H, Yeravdekar R.), the pooled prevalence of disrespect and abuse was 71.31% in India²⁰.

ii. Level of satisfaction on information /communication aspects of care

The study results reveals that postnatal mothers were satisfied with explanation given about progress of labour 117(90.0%), among whom 48(36.9%) postnatal mothers were very much satisfied, The participants remarked satisfied on behavior and cooperation expected during each stage of labour 117(90.0%), information given about the results of examination during labour 115(88.4%), treatment plan 115(88.4%), medication given during labour 116(89.2%), the progress of labour at regular interval, 113(86.9%) the time of delivery and sex of the baby 116(89.2%), status of baby after examination 115(88.4%).

Similar findings revealed in the survey conducted by PanthA and Kafle Pmin in Nepal where highest percentage (85.4%) of postnatal mothers were satisfied with information received about the result of examinations (78%), breast feeding (78%), follow up visits (67%), newborn care and immunization (81%)¹⁶. In contrast, Sathiabalan et al., in the cross sectional study conducted among postnatal mothers in Bengaluru found the level of satisfaction was poor in informative aspects of healthcare (10.6%)²¹. WHO states that "Offering the woman and her family the information they need in a clear and concise manner" as one of the recommendations regarding effective communication between maternity care providers and women in labour for better child birth experience²².

iii. Level of satisfaction on technical aspects of care

Regarding technical aspects of care (14 statements) the study results shows that 124(95.4%) postnatal mothers were satisfied with using non-pharmacological methods among whom 69(53.1%) of them were very much satisfied. 117(90.0%) participants were satisfied with monitoring heart sounds at regular interval during labour among whom 53(40.8%) postnatal mothers were very much satisfied. 107(82.3%) postnatal mothers were satisfied with monitoring blood pressure at regular interval during labour among whom 50(38.5%) of them were very much satisfied. 116(89.2%) of postnatal mothers were satisfied with monitoring progress of during labour among whom 55(42.3%) of them were very much satisfied. 118(90.5%) of postnatal mothers were satisfied with support and encouragement given during labour among whom 55(42.3%) of them were very much satisfied. 112(86.1%) postnatal mothers were satisfied with maintenance of personal hygiene during labour of which 58(44.6%) of them were very much satisfied. 114(87.7%) postnatal mothers were satisfied with meeting their comfort needs during the labour among whom 54(41.5%) of them very much satisfied. 118(90.8%) participants were satisfied with safety of mother during labour among whom 50(38.5%) of them very much satisfied. 112(86.1%) postnatal mothers were satisfied with help in initiation of breast feeding after delivery among whom 57(43.8%) of them were very much satisfied. 113(86.9%) postnatal mothers were satisfied with the way staff dealt the situation during labour among whom 48(36.9%) were them very much satisfied. 114(87.7%) postnatal mothers were satisfied with given description about diet among whom 54(41.5%) of them very much satisfied. 115(88.5%) postnatal mothers were satisfied with help in elimination needs during labour among whom 50(38.5%) participants were satisfied with help in transferring during labour among whom 52(40.0%) of them were very them satisfied. 120(92.3%) postnatal mothers were satisfied with explained breathing exercise during among whom 61(46.9%) were very much satisfied.

The present study findings are contradictory to the findings of a descriptive cross-sectional study among 261 postnatal mothers, at Kenyatta National Hospital which showed majority (33%) of the respondents were not satisfied with technical aspects of nursing care while only 11% were fully satisfied²³. Similar findings noted in another study among 300 postpartum women in King Khalid Hospital, Jeddah, Saudi Arabia, by Al.Hussainy RH et.al., where women were less satisfied with the technical aspects of postnatal care (2.73 ± 0.775)²⁴.

iv. Level of satisfaction on environmental aspects of care

Regards environmental aspects of care (14 statements) the study results shows that 120(92.3%) postnatal mothers were satisfied with cleanliness labour room among whom 62(47.7%) of them were very much satisfied. 111(85.4%) postnatal mothers were satisfied with staff adequacy among whom 51(39.2%) of them very much satisfied. 111(85.4%) postnatal mothers were satisfied with maintenance of labour room in terms of light, temperature, and air flow among whom 51(39.2%) of them were very much satisfied. 78(59.5%) postnatal mothers were satisfied with comfort of family members during labour among whom 24(18.5%) of them were very much satisfied.

A similar study was conducted in mid-western Nepal the study results shows that 93.9% postnatal mother were satisfied with maintenances of light, air flow, temperature in labour room 90.4% were satisfied with the prompt service¹⁶. Also only 64.6% were satisfied the cleanliness of health institution and 41.5% were satisfied with the cleanliness and accessibility of toilet. 72.46% of the respondents were satisfied with the drug availability higher percentage were not satisfied with hospital environmental aspects. Similar findings in an Ethiopian study among 413 postnatal mothers of which 331 (80.1%) and 330 (79.9%) were satisfied with getting prescribed drugs and laboratory tests in the health facilities, respectively. Concerning the availability and cleanliness of toilets, less than half (203, 49.2%) of the mothers were satisfied¹⁷.

Overall Level of satisfaction on Intrapartum care

Among 130 postnatal mothers 121 (93.1%), of them had good satisfaction with Technical aspects of care, 67 (51.5%) of them had moderate satisfied with Environmental aspects of care, Only 1 (0.8%) of them had poorly satisfied with Environmental aspect of care. According to overall satisfaction on intrapartum care among postnatal mothers 96.4% of them were good satisfaction 4.6% of them were moderate satisfaction and none of them were poorly satisfied.

Similar study was conducted by Asha Panth at Nepal Regarding overall satisfaction, majority (89.8%) of the postnatal mothers were satisfied only 10.1% were dissatisfied with the interpersonal and technical aspects of care. Likewise, 91.5% were satisfied and 8.4% were dissatisfied with informative aspects of care. Similarly 91.0% were satisfied with health institution related statements. The study reveals higher satisfaction in all aspects of care¹⁶.

A comparative cross sectional study was conducted to evaluate and compare the birth satisfaction of mothers and partners and its determinant factors from Dec 2018 to January 2019 in University of Gondar referral hospital. The study results shows that overall satisfaction of mothers was 47.6 % whereas 41.2% of partners were satisfied by delivery room services²⁴. The study concludes overall level of satisfaction of mothers and their partners is very low compared to other similar hospitals in the country and mothers were more satisfied than partners' by delivery room service.

• THE SECOND OBJECTIVE WAS TO FIND OUT THE ASSOCIATION WITH THE POSTNATAL MOTHERS WITH SELECTED DEMOGRAPHIC AND CLINICAL VARIABLES

Fisher's Exact Test was used to find out the association with the level of satisfaction on Intrapartum care among postnatal mothers with their selected demographic variables, results revealed that the demographic variables such as age, religion, educational status, type of family, area of residence, were not having association with level of satisfaction on intrapartum care not significant at level ($p > 0.05$), only family income per month was associated with level of satisfaction on intrapartum care significant at level ($p > 0.04$).

In clinical variables, such as parity, Duration of pregnancy, Newborn Health status, Duration of labour & any co morbid health condition it was found that there was no association between the level of satisfaction on intrapartum care and clinical variables ($p > 0.05$).

A similar study conducted in Bharatpur Hospital, Chitwan, Nepal there is no significant association between sociodemographic variables and Maternal Satisfaction²⁵. This may be due to the small size sample and is consistent with age religion, type of family occupation, dietary pattern and obstetric score were not significant with maternal Satisfaction at $p = 0.005$ level

IMPLICATIONS IN NURSING:

A structure for reporting and response must be devised and instituted in Nursing service to ensure that all health care settings follow the principles of respectful intrapartum care. The quality assurance guidelines have to shift focus from not only health care providers but also ensuring patient privacy, increasing patient information and a system of grievance's redressal for patient. Identifying and addressing structural gaps, training and orientation of staff towards Respectful maternity care and adherence to clinical protocol through criterion-based audits to be planned and implemented to ensure Holistic Client Care

SUMMARY:

The present study aimed to assess the Level of Satisfaction on Intrapartum care among postnatal women admitted in postnatal ward at Pondicherry Institute of Medical Sciences, Puducherry. The study was conducted using a non-experimental, descriptive design. The tool used in this study was self-prepared structured questionnaire was validated by experts from the consent filed. Pilot study was conducted to determine the feasibility of the study and no changes were made in the tool and method of data collection

for the main study. The data was collected for the period of 9 weeks and it was analyzed by using descriptive and inferential statistics and results disseminated.

LIMITATIONS:

- Due to COVID-19 pandemic situation calculated sample size was not achieved.

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