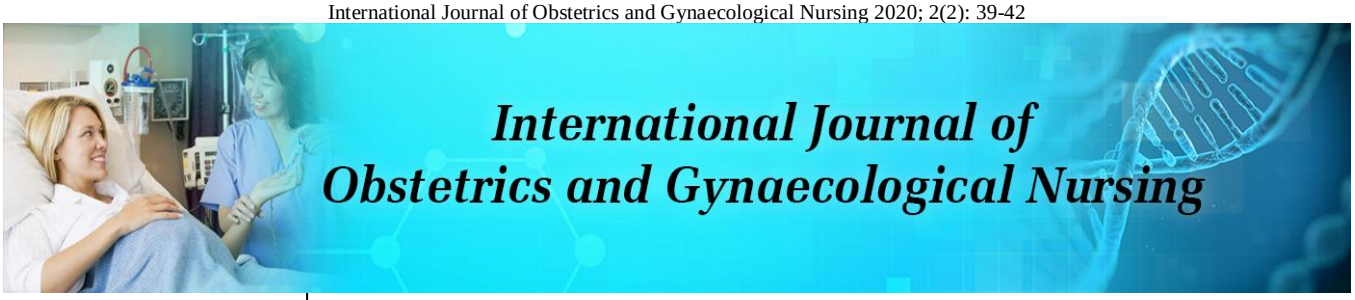

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Perceptions and satisfaction of midwifery services at an urban hospital in South India

Sheela Victor

Abstract
Despite strong recommendations, significant numbers of women in developing countries still prefer home deliveries. Behavioural shift to hospital requires presence of qualified and friendly midwives and well-equipped labour wards. Studies in developing countries evaluating the status are sparse. Hence this research on perceptions and satisfaction of mothers admitted to an urban hospital for their delivery. A cross sectional in-depth Interview survey was done on a systematic random sample of 300 mothers admitted to the Labour ward. Consent from the mothers and ethical approval were obtained. Interview schedule was validated and pilot tested Mothers were asked to rate their agreements on 7 expectations and 16 experiences using a 5-point scale. Mothers expected both technical expertise and helpful midwives to take care of emotional needs. The experiences of over two-thirds of mothers were good, matching their expectations. More efforts are needed by the hospitals to further upgrade the staff skills and resources.

Keywords: Perceptions, satisfaction, mothers, hospital deliveries, India

Introduction
Although childbirth is a physiological event, it seems natural for most mothers to feel stressed especially when the delivery takes place outside their home in an unfamiliar institutionalized setting [1]. Delivering at home by traditional birth attendants entails several risks for high maternal and infant outcomes and hence the Millennial Development Goals (MDG) 4 and 5 of most governments encourage more institutional deliveries [2, 3].
The best publicity for women to opt for hospital delivery would be the presence of qualified and Friendly maternity staff, especially midwives and well-equipped labour ward ensuring safe and comfortable delivery [4, 5]. Despite strong recommendations from International Confederation of Midwives, WHO, and governmental guidelines. The training of midwives in low and middle income countries remain below standard [6, 7, 8].
Studies done among indigenous and rural populations in developing and developed countries do not reflect much progress in upgrading labour wards of hospitals [9, 10] and do not adequately cover the issue of promoting the image of hospital delivery as safe, desirable to prevent and manage complications and welfare of the mother and newborn [11]. Studies on experiences and perceptions of mothers admitted for hospital deliveries in India are still sparse.
It was therefore proposed to carry out such a study in one hospital in Bengaluru city in south India which has the best facilities and attracts a wide spectrum of mothers from varying socioeconomic strata. The major objectives were to document the expectations of mothers on admission to the Labour ward and subsequently to record their experiences, determining the satisfactions and suggestions, if any, for further improvements.

Material and Methods
After an extensive review of studies done earlier on a similar theme, and after discussion with experts in the field, it was decided to carry out a cross-sectional in-depth interview survey on an adequate sample of mothers during 2017-18 at one of the premier multispecialty hospitals in Bengaluru city of Karnataka state. This hospital was established nearly 40 years ago, and has established itself as an affordable well-equipped multispecialty facility with adequate postgraduate staff and a College of Nursing. It has a well-equipped Labour Ward and qualified midwifery staff attracting women of wide socioeconomic background assuming that at least 50% of the women would be satisfied despite a general

anxiety and stress, with a type 1 error of 5%, Power of 80%, and a precision of 20% the minimum sample size was estimated to be around 250. Allowing for any loss of data the study aimed for at least 300 mothers from a wide socioeconomic background the researcher prospectively interviewed each mother after obtaining consent, using a specially prepared interview schedule, which included relevant background information of the mother, and her responses to the various questions related to this research. After reviewing a number of options, finally 7 statements were chosen for Expectations and 16 for Experiences during her stay in the labour ward. A Likert-type of methodology was followed where, for each given statement, the respondent will select from 5 options: 1. Strongly Agree, 2 Agree, 3 Neutral or Undecided, 4 Disagree and 5 strongly disagree. The Interview schedule was developed based on review of literature and experience of the researcher, shown to experts and various stakeholders such as mothers, husbands, fathers, nurses and midwives, refined and made user-friendly and computerizable. Cronbach Alpha was computed to ensure internal consistency and reliability. Further, a series of validation checks were done and the methodology refines. A pilot study was done before finalizing the Interview schedule, which takes about 20-30 minutes of leisurely conversation of the researcher with each mother, at a convenient time. The sample was chosen based on systematic random sampling method, throughout the day or night, and the researcher was able to complete around 10 schedules per day. Thus over a period of 6-8 weeks, the data collection from the mothers was completed. The researcher then collected the relevant secondary data and details about the Labour ward facilities, Staff and any restrictions. There was full cooperation and support for this study by the mothers and midwives concerned. The Research proposal was screened by the Bangalore Baptist Hospital Institutional Review Committee and approved both technically and ethically. Data were systematically transferred to Microsoft Excel sheets on a day-to-day basis, checked for completeness, edited where required, tabulated periodically to record progress, and analyzed using SPSS software. $P<0.05$ was the cut-off point used for statistical significance in testing hypotheses, and a 95% Confidence Interval computed for all estimates. Ch-square test was used for associations and z-test for differences. One way ANOVA was used when there were more than two groups to compare. A Scatter diagram was drawn and a Pearson correlation coefficient was calculated between the overall expectations and overall experiences.

Results

Of 300 mothers studied, nearly half the mothers were in the age group 25-30 years While 80 mothers were below 25 years, 11 mothers were above 35 year. About two-thirds (66.3%) are Hindus, 25.3% are Christians, 7.3% are Muslims and there were 3(1%) Sikhs.. 113(37.7%) are graduates, another 62(20.6%) are postgraduates or have a professional degree. The remaining 125 mothers (41.6%) have studied only up to high school. Nearly 40% of the mothers interviewed were employed, half fulltime, and the rest were homemakers. For nearly two-thirds (62%) of the mothers interviewed, this was their first pregnancy, and about 60% of the mothers mentioned that the first health professional they saw was the general practitioner. Majority had no adverse reproductive outcomes earlier. Nearly half the mothers (46%) said that, they were about 7-12 weeks pregnant, when they first saw this health professional about her pregnancy care. There were 9 statements on the expectations of mothers, and the responses in terms of agreement are shown in Table 1 for all mothers and specifically for young, primigravidae, those studied only up to high school and homemakers not employed outside

Table 1: Agreement on Expectations of Mother In The Labour Ward

Expectations	Over all	Less than 25 years	Primi	Low education	Home maker
Will Allow Husband in Labour Room	65.0	67.5	66.1	60.0	61.8
Checking Baby's Health Frequently	77.0	80.0	77.4	76.0	80.1
Offer freedom to choose place of birth	71.0	71.3	69.0	71.8	73.3
Allow choice of Pain relief medicine	70.3	72.5	72.5	69.6	72.0
Will give Emotional support as needed	64.0	62.6	65.1	66.4	66.7
Same Midwife will be present throughout	71.3	77.5	73.7	68.8	70.5
Will ensure clean room and ward	75.0	80.1	74.2	74.4	75.2

Over two-thirds of mothers agreed or strongly agreed on expectations that they would have sufficient freedom and cooperative as well as competent midwifery who will care for them and their babies. They also expected the same midwife throughout who will provide the necessary emotional support as needed. They also expected the staff to ensure a clean environment in the ward. A significant majority of the remaining who didn't agree remained neutral and some mothers disagreed. These negative expectations must be seriously considered and rectified.

The experiences of the mothers matched most of their expectations and their agreements for the different aspects are summarized in Tables 2 and 3.

Table 2: Agreements on Experiences Directly Related To Midwife

Experiences	<25y	Primi	<HS	Homemaker
Midwife gave me needed Emotional Support	78.8	74.9	69.1	72.3
I had the same Midwife throughout	70.1	68.9	69.6	67.7
Midwife frequently enquired my well-being	67.5	63.4	64.8	60.2
Midwife and Doctor were cooperative	80.1	72.6	72.8	72.0
Same Midwife during Antenatal care & Labour	71.3	67.8	71.2	68.3
I was taken care of after delivery properly	72.6	66.7	67.2	69.9
I was assisted in Breastfeeding	72.5	72.0	65.6	73.7
There was timely health care always	77.6	70.4	65.6	69.3

For All Mothers and For Youngest, Primigravidae, Studied Only Up To High School And Homemakers Not Employed Outside

Table 3: Agreement on experiences indirectly related to midwife

Experiences	Overall	<25y	Primi	<HS	Homemaker
I was never left alone in the ward	58.0	56.3	60.8	56.8	58.0
I was allowed choice of pain relief tablets	63.4	66.3	65.1	64.0	60.8
Medicines were given in time	75.6	78.8	77.4	71.2	75.8
Had regular check-ups throughout	74.3	82.5	75.8	73.6	77.4
Laboratory and other Test results shown	68.0	75.1	70.5	68.0	70.5
Ward and Room kept clean regularly	74.4	78.8	74.2	68.0	75.2
No delays in Hospital discharge formalities	72.0	77.5	72.6	67.2	71.5
Baby was checked up and cared for regularly	63.3	80.0	74.7	75.2	76.3

The summary statistics for the aggregate scores calculated for the 7 expectations and the 16 experiences are presented in Table 4

Table 4: Summary of expectations and experiences of mothers

Findings	Range	Mean	SD	SE	95% CI
Expectation	7 to 33	15.0	4.80	0.28	14.47 to 15. 56
Experiences	16 - 71	34.8	9.59	0.55	33.72 – 35.88

The theoretical aggregate for the 7 expectations would be from 7 to 35, and the actual range was from 7 to 33. The Mean score reflects the high agreement for all the statements. Likewise the theoretical aggregate score for the 16 experiences will range from 16 to 80 and the actual range was from 16 to 71. Again the mean score of 35 reflects a high agreement for all the experiences taken together. The variations as computed by the standard deviations indicate there is room for much improvement.

The Pearson Correlation Coefficient "r" = 0.678, $p<0.001$, shows the good match between the expectations and experiences of the mothers.

Discussion

Expectations of mothers as displayed in Table 1 have a wide range of needs expressed for a cooperative and helpful staff, especially the midwife, to care not only medical problems but to address their stresses and emotional upheavals. The expectations are probably comparing a home environment for delivery in terms of familiarity of the environment, friendly and supportive staff apart from safe delivery and wellbeing of the child [12, 13]. Our results are also similar to expectations reported from other studies especially for first births and insecurities [14].

The results also show wide variations by age, gravida, educational and professional status of the mother but the differences were not statistically significant and reflect the same major concerns. To expect unanimity or 100% agreement might be unrealistic, but some mothers were neutral or disagreed which must be reviewed for some other fears and needs. Midwives who are in direct contact with the mothers are best qualified to probe this disparity and suggest suitable educational activities for the mother that makes them also realistic in their expectations and correct some of their perspectives.

For most women in developing countries admission into a hospital might be construed traumatic or unnecessary, particularly when for centuries, childbirth occurred at home attended by traditional birth attendants. However for multiple reasons, poor expertise, unhygienic environments have contributed to high maternal and infant mortality. Thus the Millennium Development Goals 4 and 5 specifically advocate a shift from home to institutionalized deliveries [18, 19]. For this dramatic change in behavior of mothers to occur, more efforts will be needed for hospital labour wards to create an environment that will be equally convenient, friendly, accessible, affordable with the additional attraction of being safe, clean and geared to handling complications or emergencies [20, 21]. Nursing staff, especially midwives, must be trained to meet not just medical but emotional and psychological needs of mothers and also be sensitive and prepared to educate, counsel and change the perspectives of mothers to prefer institutionalized deliveries [22, 23, 24].

The results highlight the mother's concern to have the same midwife from antenatal to labour, and this might pose some problems due to shortage of staff in some hospitals. Also many bureaucratic procedures and formalities in hospitals can be a deterrent, which must be toned down. The findings show that mothers were happy when such problems did not arise and there were no delays in discharge or when the test results were promptly revealed. In general, the experiences showed in Tables 2 and 3 present a happy and satisfying clientele for over two-thirds, and further research may be needed to follow up the remaining to know their perspectives.

Although this research intensively interviewed a fairly large representative group of mothers being cross-sectional in nature, imposes some limitations in follow-up. Time constraints were a major consideration, but additional interviews could have been planned for at least a subsample of those who didn't agree to the statements on expectations and experiences.

Research could be mounted on comparing experiences of the current labour with earlier deliveries for multipara. A concurrent survey of the maternity staff could add to the validation of the results and better recommendations. In general, however, the findings from this research are an eye-opener as such studies are sparse, and more hospitals and institutions should promote the shift away from home deliveries.

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