

Mothers' Satisfaction with Midwifery Care During Second Stage of Labour at University of Medical Sciences Teaching Hospital Complex, Akure

Bridget Omowumi Akin-Otiko

MPH, PhD, RN, RM, RNE, FWAPCNM

Faculty of Nursing Science, University of Medical Sciences, Ondo-City; Ondo State, Nigeria

Grace Opeyemi Olukoju

BNSc, RN, RM

Faculty of Nursing Science, University of Medical Sciences, Ondo-City; Ondo State, Nigeria

doi: <https://doi.org/10.37745/ijphpp.15/vol8n3110>

Published June 26, 2023

Citation: Akin-Otiko B.O. and Olukoju G.O. (2023) Mothers' Satisfaction with Midwifery Care During Second Stage of Labour at University of Medical Sciences Teaching Hospital Complex, Akure, *International Journal of Public Health, Pharmacy and Pharmacology*, Vol. 8, No.3, pp.1-10

ABSTRACT: *The midwife's care of the woman during the second stage of labour entails guiding the labour process, offering physical comfort, emotional support, and keeping a positive relationship while ministering to the woman. Gaining the patient's trust during the labour process requires a strong nurse-patient connection. Midwives play a crucial role in ensuring the best possible pregnancy outcome by establishing rapport with expectant mothers and their families prior to, during, and after labour. At the University of Medical Sciences Teaching Hospital Complex in Akure, the study evaluated mothers' satisfaction with midwifery care during the second stage of labour. The study employed a descriptive research design. The respondents were chosen using a purposive sampling technique. Respondents included only 199 mothers who gave birth vaginally and gave their assent to the study. The majority of respondents (130(65.3%) had a positive experience with their care throughout the second stage of labour, whereas (69(34.7%), had a negative experience. The majority of respondents (127(63.8%) expressed positive satisfaction with midwifery treatment, while 72 (36.2%), expressed negative satisfaction. Finally, it was noted that a p-value of 0.05 (0.000, 2=24.705) exists between maternal satisfaction and the type of midwifery care received by the mother during the second stage of labour. It was recommended among others that Government should provide adequate facilities, staffing and conducive environment for quality health care delivery.*

KEYWORDS: mother, satisfaction, labor, second stage.

INTRODUCTION

Full dilatation of the cervix (10 cm) and expulsion of the foetus mark the commencement and the end of the second stage of labour respectively. Stamina, courage, and faith in the midwife's abilities are all necessary for both parents. The imminence of labour is accompanied by rising levels of anticipation and enthusiasm. Midwives have traditionally been identified with providing care to women during the labour and delivery process (Barnawi, Richter, & Habib, 2016). One of the factors that contribute to the unacceptable high maternal mortality rate in developing countries is the chronically poor and appallingly terrible quality of perinatal healthcare, that is provided in the majority of developing countries (Akeju, 2016). This factor has been identified as one of the primary contributors. Patient satisfaction is an important and often employed indication of the quality of health care. Clinical outcomes, patient retention, and accusations of medical malpractice are all influenced by patient satisfaction (Ejioye & Gbenga-Epebinu 2021). It has an impact on the delivery of quality health care in a timely, effective, and patient-centered manner. Patient satisfaction serves as a proxy but is a very useful metric for gauging the effectiveness of hospitals and doctors. According to studies, younger women, women with a low education level, rural residents, and primiparas reported prejudice and unfriendly behaviours by health care workers in the delivery room; as a consequence, these women were dissatisfied with their labour care (Ishola, 2017). An important indicator of the quality of reproductive health care and maternity care is a mother's satisfaction with childbirth. Women's health and the quality of their bond with their kid are both directly and indirectly impacted by their level of satisfaction during childbirth (Floris, 2017). It has been demonstrated that there is a particularly strong connection between patient satisfaction and the provision of health care services in the field of labour care. This is due to the fact that women are especially vulnerable during this period of time due to the mental and physical strain they are subjected to. Because of this, Takács et al. (2015) found that the attitude and actions of the health care providers were much more significant.

Mistreatment during childbirth is an important factor in determining whether or not a woman is satisfied with her whole experience with maternal health care. The health care service providers in all settings need to be made aware of these aspects of care in order to promote high-quality labour care that is respectful of the mother's existing cultural norms and values. This is necessary in order to preserve those norms and values. Mothers who had a happy labour and delivery experience tend to have higher levels of self-esteem, a closer connection to their child, and optimistic expectations for their subsequent pregnancies and deliveries (Bertucci, 2012). On the other hand, unhappiness with the labour and delivery process increases the risk of developing postpartum depression, anxiety, posttraumatic stress disorder, and poor mother-infant attachment, in addition to fear of future births (Bertucci, 2012).

Publication of the European Centre for Research Training and Development -UK

The study assessed mothers' satisfaction with midwifery care during second stage of labor at University of Medical Sciences Teaching Hospital Complex, Akure. The study specifically investigated;

- i. women's expectations of care during second stage of labor,
- ii. the type of midwifery care provided for mothers during the second stage of labor at University of Medical Sciences Teaching Hospital Complex, Akure, and
- iii. women's satisfaction with midwifery care received during second stage of labor

A single hypothesis was raised for this study;

- There is no significant relationship between mothers' satisfaction with midwifery care and type of midwifery care during second stage of labor.

RESEARCH METHOD

The study employed a descriptive research design. At the University of Medical Sciences Teaching Hospital Complex in Akure, Ondo State. The study was conducted among mothers who had vaginal delivery without complications. The number of mothers in the sample was 199. The respondents were chosen using a purposive sampling technique. Respondents in this study were only those who gave their informed agreement to participate. The instrument used for this study was a standardized questionnaire with items structured under the headings: Section A: Demographic data, Section B: Women's expectations of care during the second stage of labour, Section C: Type of midwifery care provided for women during the second stage of labour, and Section D: Level of satisfaction of women with midwifery care during the second stage of labour. The instrument was given to test and measurement experts and midwifery experts, who examined the questionnaire in order to determine the questionnaire's face and content validity. The instrument's reliability was examined using a test-retest procedure. For the purpose of data analysis, version 23 of the SPSS statistical tool was utilised. On the basis of the data that was gathered, descriptive analysis was performed using frequencies and percentages, and Chi-Square was utilised to test the hypothesis.

RESULTS***Women's expectations of care during second stage of labor*****Table 1:** Women's expectations of care during second stage of labor (N=199)

Variables	Yes (%)	No (%)
The midwife would praise me for my good efforts	199 (100.0)	0 (0.0)
Midwife would give physical comfort by touching me, applying cool compresses on my neck and face	173 (86.9)	26 (13.1)
Midwife would provide emotional support by praising me to encourage me and reassure me	199 (100.0)	0 (0.0)
Midwife would be friendly and we would have a good relationship together	199 (100.0)	0 (0.0)
Midwife would abuse, disrespect or shout at me if I do not do what she asks me to do when baby is coming out	81 (40.7)	118 (59.3)
Midwife would cover me and not allow others to see me as I deliver my baby	173 (86.9)	26 (13.1)
Midwife would direct me as to when to push and when not to push	199 (100.0)	0 (0.0)
Midwife would explain what she is doing to me every time she is doing something with me	173 (86.9)	26 (13.1)
The hospital would provide all the things that would be used for the delivery of the baby	121 (60.8)	78 (39.2)
Midwife would not need to collect anything from me to use for the delivery process	173 (86.9)	26 (13.1)

According to Table 1, all the respondents expected the midwife to applaud them for their good efforts, provide emotional support, be nice, and direct them when to push and when to not push during the second stage of labour. More than four-fifth of the women (173 (86.9%)) expected the midwife to provide physical support and apply a cold compress on their neck and face, cover them and not allow others to see them as they deliver their baby, explain what she is doing to them every time she is doing something with them, and to not collect anything from them. Furthermore, 121(60.8%) respondents expected the hospital to supply all that is required for the delivery. More

than half of the respondents (118 (59.3%) do not expect the midwife to abuse, disrespect or shout at them if they fail to do what she asks them to do when the baby is coming out.

Type of midwifery care provided for women during second stage of labor

Table 2: Type of midwifery care provided for women during second stage of labor (N=199)

Variables	Yes (%)	No (%)
Midwife positioned me or told me how to position myself when the baby was coming	186 (93.5)	13 (6.5)
Midwife stayed with me when the baby was coming	186 (93.5)	13 (6.5)
The midwife praised me for my good efforts	172 (86.4)	27 (13.6)
Midwife provided emotional support to me by praising me, encouraging me, reassuring me	159 (79.9)	40 (20.1)
Midwife was friendly and we had a good relationship together	159 (79.9)	40 (20.1)
Midwife explained what she wanted to do always before doing it	159 (79.9)	40 (20.1)
Midwife performed vaginal examination when the baby was about to come out	146 (73.4)	53 (26.6)
Midwife gave me physical comfort by touching me	133 (66.8)	66 (33.2)
Midwife covered me and did not allow others to see me as I delivered my baby	133 (66.8)	66 (33.2)
Midwife politely directed me when to push and when to not push	133 (66.8)	66 (33.2)
Midwife explained what she was doing to me every time she was doing something with me	119 (59.8)	80 (40.2)
Midwife did not need to collect anything from me to use for the delivery process	93 (46.7)	106 (53.3)
Midwife allowed my spouse to stay with me when he requested to stay	95 (47.7)	104 (52.3)
Hospital provided all the things that were used for the delivery of the baby	93 (46.7)	106 (53.3)
Midwife provided physical comfort for me by applying cool compresses on my neck and face	81 (40.7)	118 (59.3)
Midwife shouted me because I did not do what she asked me to do when baby was coming out	133 (66.8)	66 (33.2)
Midwife abused me because I did not do what she asked me to do when the baby was coming out	108 (54.3)	91 (45.7)
Midwife disrespected me because I did not do what she asked me to do when baby was coming out	94 (47.2)	105 (52.8)

Table 2 shows that the pleasant experiences of the respondents included positioning and midwife's presence during delivery (93%), commendation from the midwife (86.4%), emotional support, friendliness of the midwife, and explanation of midwife's activities (79.9%); as well as, the

midwife's touch, provision of privacy, and guidance on when to push (66.8%). Furthermore, 95 (47.7%) had their spouses with them during delivery on request. The not so pleasant experiences reported by the respondents included: shouting (66.8%), abuse (54.3%) and disrespect (47.2%) by the midwife when respondents failed to do what they were asked to do. Only 46.7% indicated that the midwife did not need to collect anything from them; as 46.7% indicated that the hospital provided the things used for the delivery.

Table 3: Level of midwifery care scale summary

Value	Frequency	Percent (%)
Good experience	130	65.3
Poor experience	69	34.7
Total	199	100.0

The midwifery care scale summary above indicates the level of midwifery care received by the respondents. Respondents with score above the average (50% and above) experienced good care while respondents with score below the average (below 50%) experienced poor care.

The level of satisfaction of women with midwifery care during second stage of labor

Table 4: Level of satisfaction of women with midwifery care during second stage of labor (N=199)

Variables	Undecided (%)	Very Unsatisfactory (%)	Unsatisfactory (%)	Satisfactory (%)	Very Satisfactory (%)
The pushing commands given by the midwife	13 (6.5)	14 (7.0)	26 (13.1)	120 (60.3)	26 (13.1)
The way the midwife was talking to me	26 (13.1)	14 (7.0)	39 (19.6)	107 (53.8)	13 (6.5)
The facilities in the hospital	0 (0.0)	14 (7.0)	65 (32.7)	107 (53.8)	13 (6.5)
The way the midwife took care of me	13 (6.5)	14 (7.0)	52 (26.1)	94 (47.2)	26 (13.1)

Table 4 shows that regarding the level of satisfaction of women with midwifery care, majority of the respondents, 120(60.3%) were satisfied with the pushing commands, 107(53.8%) were satisfied with way the midwife was talking to them and the facilities of the hospital, and 94(47.2%) were satisfactory with the way the midwife took care of them.

Table 5: Satisfaction scale summary

Value	Frequency	Percent (%)
Positive satisfaction	127	63.8
Negative satisfaction	72	36.2
Total	199	100.0

The satisfaction scale summary above indicates the level of satisfaction of the respondents. Respondents with score above the average (50% and above) displayed positive satisfaction while respondents with score below the average (below 50%) displayed negative satisfaction.

Test of Hypothesis

Table 6: Association between the mothers' satisfaction with midwifery care and type of midwifery care during second stage of labor

	Satisfaction		χ^2	Df	P-value
	Positive (%)	Negative (%)			
Midwifery care	99 (78.0)	31 (43.1)	24.705	1	0.000*
	28 (22.0)	41 (56.9)			

Table 6 shows that there is an association between the mothers' satisfaction with midwifery care and type of midwifery care during second stage of labor, with a p-value <0.05 (0.000, $\chi^2=24.705$). Therefore, the null hypothesis is rejected.

DISCUSSION OF FINDINGS

The results of this study suggest that all of the respondents wanted the midwife to commend them on their good work, offer emotional support, be nice, and tell them when to push and when not to push during the second stage of labour. Majority of the women 130(65.3%) had good experiences. This is consistent with the findings of a study by Irvani et al. (2017), in which patients reported that their needs were met. Some of the patients reported that midwives encouraged them throughout the entire birth process and provided them with both physical and emotional support until their baby was delivered. Similarly, Simpson (2018) reported that midwives were very supportive all through the period of the delivery as the majority of respondents showed that the midwife was with them more than they expected. In this study, only 69 (34.7%) had poor experiences in the second stage of labour, this contrasts with the study by Osunmakinde and

Gbenga-Epebinu (2020), in which the majority of respondents reported negative experiences during the care process, including being abandoned when they needed aid, disrespect, humiliation, or physical abuse, which led to their low levels of satisfaction. Midwife's presence and positioning were the most positive experiences of majority of mothers (186(93.5%)) in this study. Onyeajam et al. (2018) reported good experience among the majority of their respondents, with the exception that their husbands were not allowed into the delivery room as they desired; however, 95(47.7%) of the respondents in this study had their spouses allowed in during the delivery process on request. Furthermore, according to Odetola and Fakorede (2018), the majority of respondents in their study had a good experience with their perinatal care, indicating that they were pleased with the services and facilities they had access to. Mekonnen (2018) also found that proximity to a birthing facility, friendliness with the midwife, and having a means of transportation were all important. Mehata et al. (2017) found that maternal satisfaction was lower in overcrowded hospitals than in smaller facilities, demonstrating that satisfaction tended to be higher in primary level facilities. According to Tesfaye et al. (2018), hospitals have lower patient satisfaction ratings than health centres. A dirty hospital environment, an insufficient water supply and hospital facilities, a far-flung hospital location, high material costs, excessive wait times, insufficient staffing, a poor attitude, and verbal and physical abuse were some of the factors identified as influencing the perceived quality of care provided by midwives. More than half 106(53.3%) of the respondents in this study indicated that the hospital did not provide all the things they needed. The majority of the respondents (63.8%) however, expressed positive satisfaction with midwifery care; while, 36.2% expressed negative satisfaction. This is consistent with the findings of a study by Mocumbi et al. (2019), who found that specifically, the majority of respondents were happy with the midwives' care and interactions with them as in this study, and would advise a close relative to give birth there.

The study found an association between mothers' satisfaction with the second stage of labour and the type of midwifery care provided ($p < 0.05$, 0.000 , $\chi^2 = 24.705$). As a result, hence, the null hypothesis was rejected. The results of this study are consistent with those of a study conducted by Mocumbi et al. (2019), which found a correlation between the mothers' level of satisfaction with care and the sort of care they received.

Implication for midwifery practice

Midwife's presence and appropriate positioning are two critical midwife activities during second stage of labour which were rated high in this study; and is highly commendable. However, respectful care requires that more should be done by midwives in terms of their emotional intelligence skills to effectively manage the non-compliance of mothers to instructions at critical moments in the delivery process. This has implication for the image of midwives. While midwives work on themselves, the Government should provide adequate funding, facilities, staffing and conducive environment for quality health care. Nursing audit units should institute measures for measuring patients' satisfaction in all public health facilities; particularly, assessment of quality of care from users' perspective.

CONCLUSION

According to the findings of the study, generally, the patients received good care and support from the midwives; and they reported being pleased with the overall level of care they received from the midwives. In addition, it was found that there was association between the mothers' level of satisfaction with the midwifery care they received and the type of midwifery care they received during the second stage of labour. Government and midwives need to play their roles in ensuring that patients receive expected quality care in a well-staffed, well-equipped, supportive and conducive health care environment.

REFERENCES

- Akeju D, O. O. (2016). Health care seeking for pregnancy complications in Ogun State, *Nigeria. Reprod Health*, 13(1):13-32.
- Barnawi, N., Richter, R., & Habib, F. (2013). Midwifery and Midwives: A Historical Analysis. *Journal of Research in Nursing and Midwifery* 2(8): 114-121.
- Bertucci, B. (2012). Assessing the perception of the childbirth experience in Italian women: A contribution to the adaptation of the childbirth perception questionnaire. *Midwifery*, 7(4): 261-265
- Ejioye, O.T & Gbenga-Epebinu, M.A. (2021). Awareness and Experience of disrespect and abuse among pregnant women receiving care in selected general hospitals in Lagos-State. *International journal of medicine, nursing and health sciences*, 2(2) 201-212, DOI:10.5281/zenodo.5186976
- Iravani, M., Zarean, E., Janghorbani, M., & Bahrani, M. (2017). Women's needs and expectations during normal labor and delivery. *Journal of Education and Health Promotion*, 4(2): 6-13.
- Ishola F, O. O. (2017). Disrespect and abuse of women during childbirth in Nigeria: a systematic review
- Mehata, S., Paudel, Y.R., Dariang, M., Aryal, K.K., Paudel, S., Mehta, R., King, S., Barnett, S. (2017). Factors determining satisfaction among facility-based maternity clients in Nepal. *BMC Pregnancy Childbirth*; 17(1): 319-327.
- Mekonnen, M.E., Yalew, W.A., & Anteneh, Z.A. (2018). Women's satisfaction with childbirth care in Felege Hiwot referral hospital, Bahir Dar city, Northwest Ethiopia: cross sectional study. *BMC Res Notes*; 8(3): 25-33.
- Mocumbi, S., Högberg, U., Lampa, E. Sacoor, C., & Vala, A. (2019). Mothers' satisfaction with care during facility-based childbirth: a cross-sectional survey in southern Mozambique. *BMC Pregnancy Childbirth* 19(3); 30-38.
- Osunmakinde, B.T & Gbenga-Epebinu, M.A (2020). Comparison of Nursing Care Satisfaction Among Orthopedic Patients in Two selected hospitals in Osun State. *International journal*

Publication of the European Centre for Research Training and Development -UK

of academic research on arts business and sciences, 2(6), 35-43.
DOI:10.5281/zenodo.5186427

Onyeajam, D.J., Xirasagar, S., Khan, M.M., Hardin, J.W., & Odutolu, O. (2018). *Antenatal care satisfaction in a developing country: a cross-sectional study from Nigeria. BMC Public Health*. <https://doi.org/10.1186/s12889-018-5285-0>

Takács, L., Seidlerová, J.M., Šulová, L., Hoskovcová, S.H. (2015) *Social psychological predictors of satisfaction with intrapartum and postpartum care - what matters to women in Czech maternity hospitals? Open Med* 10(3); 119–127. <https://doi.org/10.1515/med-2015-0022>

Tesfaye, R., Worku, A., Godana, W., & Lindtjorn, B. (2018). Client satisfaction with delivery care service and associated factors in the public health facilities of Gamo Gofa zone, Southwest Ethiopia: In a Resource Limited Setting. *Obstet Gynecol Int*; 5(7), 98-108

World Health Organization (WHO), (2018). *Integrated management of pregnancy and childbirth. Managing complications in pregnancy and childbirth: A guide for midwives and doctors*, Department of Reproductive Health and Research Family and Community Health, Geneva