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Maternal satisfaction with intrapartum care services and its associated factors among mothers who delivered from health facilities within a city in Uganda. A descriptive cross-sectional community study

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Abstract
Background: *keeping an eye on and assessing maternal satisfaction enhances the effectiveness and quality of care during the intrapartum period and if not regularly accessed, could lead to detrimental effects on maternal and newborn outcomes following intrapartum. Therefore this study aimed at assessing maternal satisfaction with intrapartum care services and its associated factors among mothers who delivered from health facilities within Soroti City*
Methods: *Background characteristics of participants were collected using an interviewer-administered questionnaire was used. Data entry and analysis were performed using Statistical Package for the Social Sciences (SPSS) version 27.0 software. A crude and adjusted odds ratio with a 95% confidence interval (CI) was computed to identify associated factors.*
Results: *86.5% gave birth from government facilities while 13.5 % delivered from private facilities. Overall 70.4% of mothers were satisfied with the intrapartum care services received from health facilities in Soroti City. Mothers who gave birth in private facilities were more satisfied (95.2%) compared to those in public facilities (66.5%). Type of the healthcare facility AOR(95%CI) 7.504(1.573-35.787),duration of hospital stay before delivery AOR(95% CI)2.674(1.300-5.502),periodic updates AOR (95% CI) 0.247(0.116-0.530),plan to have the pregnancy AOR(95%CI),2.483(1.280-4.814)overall cleanness AOR(95%CI) 0.07(0.013-0.378),delivery position of patient choice AOR(95% CI) 0.228(0.069-0.754),privacy AOR(95% CI) 0.102(0.050-0.209), and Pain management AOR (95% CI) 0.334(0.152-0.738) were significantly associated with satisfaction.*
Conclusion: *The overall satisfaction of mothers with intrapartum care services provided was relatively high. Majority of the mothers gave birth from government facilities however a higher percentage of satisfaction was reported in private facilities. Therefore, all stakeholders have to emphatically work on those identified factors to improve maternal satisfaction with intrapartum care services*
Keywords: *Intrapartum care services, maternal outcome, satisfaction.*

Background

In the time lag ranging from 2000 and 2015, the worldwide maternal mortality ratio decreased from 339 to 227 deaths per 100,000 live births[1]. In 2020, the ratio dropped to 223 deaths per 100,000 live births, with Africa accounting for 69% of the total global value. This ratio of 531 deaths per 100,000 live births is still below the UN target of less than 70 deaths per 100,000 live births by 2030[1]. The reduction was attributed to relatively increased access to basic life-saving interventions including skilled birth delivery. In as much as there was a general reduction in MMR, the WHO African Region continued to have the highest maternal mortality ratio. This is attributed to relatively poor utilization of childbirth services that resulted from poor quality services provided and poor prior experience by mothers who once used them[2] which eventually leads to poor satisfaction with intrapartum care services

Sometimes mothers receive physical and verbal abuse and they rarely take part in decision-making about their care in addition to lack of resources and medicines in the hospital which collectively results in substandard services and thus dissatisfaction[3]. This dissatisfaction discourages mothers from using skilled birth services thus poor maternal and newborn outcomes[4]

Developing countries show variations in the levels of how mothers are satisfied with intrapartum care that range from as low as 19% in Ethiopia[5] to as high as 94.8% in Nigeria[6]. The low maternal satisfaction was attributed to the less opportunity to talk to providers, poorly managed labor pain, duration of hospital stay, and admission period

In East Africa, few published studies show that maternal satisfaction with intrapartum care ranges between 53.7% to 64.3%[7–9].

The scope to which mothers are gratified by care during the intrapartum period in Uganda and the different factors that contribute to it are not well documented in the literature. However, comparable research carried out at Mulago National Referral Hospital revealed a mean index score of 49.4 indicating a low quality care during the intrapartum period and thus dissatisfaction.[10].

World Health Organization suggests keeping an eye on and assessing mothers' satisfaction to enhance the effectiveness and quality of medical care during the intrapartum period[11].

The MOH Uganda's essential maternal and child health guidelines emphasize the importance of psychosocial support by the healthcare providers to the mother[12].

In eastern Uganda Soroti inclusive there is limited published literature about the topic of study, and yet according to[13], it is crucial to evaluate maternal satisfaction with healthcare to improve its responsiveness and cultural appropriateness, leading to greater utilization and better outcomes. This study consequently sought to determine the satisfaction of mothers with services provided during the intrapartum period and its associated factors provided at health facilities within Soroti City eastern Uganda

Methods

Study Design

A cross-sectional study design was employed to recruit participants. Quantitative methods of data collection were used as a snapshot of to what extent mothers are contented with services of the intrapartum period and which factors are linked to their level of satisfaction. Numerical data was collected.

Study Setting

The study was done in selected communities of Soroti City. Soroti City is located 290km from Kampala, the capital of Uganda. By 2017, Soroti City was a municipality with a population of approximately 49685 people; 25,704 were female of whom 45% were in reproductive age(15-49) years[14]. It is boarded by Serere district in the South, Kalaki district in the west, and Katakwi and Amuria districts in the northeastern part.

The city is served by 10 government health facilities including one HCIV, four HCIII, four

HCIII and one referral hospital and various private facilities

Study Population

Mothers who were within the one-year postpartum period during the time of study and delivered from health facilities in Soroti city

Inclusion Criteria

This study included mothers who were within a year postpartum period during the time of study and delivered from health facilities in Soroti city

Exclusion Criteria

Mothers who were not in a stable mental and physical condition

Sample Size

The participant number was calculated using Cochran's formula taking into consideration the findings by (15) which are

1. 95% CI
2. The level of satisfaction is 28.2%
3. (Z@/2 =1.96,
4. the margin of error 5%
5. cluster design effect(g) of one

$n = [Z^2 \times P(1-P)] \div E^2$

WHERE

1. n-the required sample size
2. Z -the Z-score corresponding to the desired confidence level
3. p -the estimated proportion
4. E- desired margin error

Thus $n = [1.96^2 \times 0.282(1-0.282)] \div 0.05^2$

= 311participants

Since it's a cluster design, the design effect (g) of 1 will be used thus final sample size will be

$$g \times n$$

Thus 1x311

= 311participants

Sampling Procedure

A multi-stage cluster sampling method was employed to choose 10 villages in Soroti city where 311 participants were selected by simple random sampling methods. In this method, papers written on numbers based on how many eligible participants available were put in a box and participants requested to pick a paper of choice. Those who picked the labelled papers with numbers corresponding to those generated by the random integer generator were recruited. Simple random sampling method was chosen because it side steps selection bias as the numbers were selected on an equal basis

Data Collection Tool

An adjusted pretested planned physical interviewer-directed questionnaire was used to gather data

Items included both closed-ended and open-ended questions and they were grounded on the aims of the research, it contained 3 parts.

Part 1 of the questionnaire collected data about the socio-demographics of the mother. The questions on demographic characteristics were intended to collect responses that answered some of the study questions.

Part 2 collected data on maternal intrapartum care services-related questions. The Questionnaire consisted of yes/ no, a rated scale, and a few open-ended questions.

Part 3 collected data about maternal satisfaction with intrapartum care services, this was divided into; Physical and personnel accessibility, communication with facility staff and providers, and privacy and respect. The questions on how mothers are satisfied were planned to collect responses that answered study question two. The responses were recorded based on a five-point Likert scale (very dissatisfied, dissatisfied, neutral or undecided, satisfied and very satisfied) for all 17 questions. Mothers were classified as satisfied on condition that their response was satisfied or very satisfied to seventy-five percent or more for seventeen questions which were meant to measure maternal satisfaction while those that responded less than 75% in the 17 questions about mothers' satisfaction were considered not satisfied.

Data Management And Data Analysis

Every completed tool was reviewed for accuracy and completeness, and any missing or ambiguous

information was promptly obtained from the respondent. Questionnaires were completed were preserved securely in a locked cupboard. The responses were given codes. Open-ended questions and other unstructured format data were coded following a significant amount of data evaluation to ensure content understanding. Excel spreadsheet was used for data entry. Visual comparison of the numbers on a printout of a data file with codes on the source was used to verify entries and fix data input errors. The process of cleansing the data involved looking for anomalies. The entered data underwent consistency checks. After that, this was exported for analysis into SPSS version 28, a statistical tool for the social sciences. The proportion, mean, and SDs were used to summarize a descriptive analysis.

Simple binary logistic regression model was fitted for each of the independent variables. Variables with p-value less than or equal to 0.20 in the simple binary logistic regression were selected for the multiple binary logistic regression. An Adjusted Odds Ratio (AOR) was reported as a measure of association and all variables with a p-value <0.05 were considered as statistically significant factors associated with intrapartum care satisfaction.

Results

Table 1. Summary of socio-demographics of the participants

N=311

VARIABLES	FREQUENCY	PERCENT (%)
Age		
Mean=26.08,median=25.00,*S.D*=5.738	311	100
Marital status		
Divorced	3	1
Engaged	20	6.4
Married	243	78.1
Single	45	14.5
Religion		
Muslim	6	1.9
Non-Muslim	305	98.1
Education status		
I never went to school	4	1.3
Primary	180	57.3
High school	92	29.6
tertiary	35	11.3
Employment status		
Employed	48	15.4
Not employed	263	84.6
Residence		
Rural	247	79.4
Urban	64	20.6

A total of 311 mothers participated in the study; making a response rate of 100%. The mean age of the participants was 26.08 (SD 5.738). The majority 169(54.3%) of the participants were 25years and above and 198 (79.4%) were rural dwellers. 78.1% were married and 180 (57.3%) attained primary as their highest level of education whereas 263(84.6%) were unemployed

Figure 1 Level of maternal satisfaction with intrapartum care services

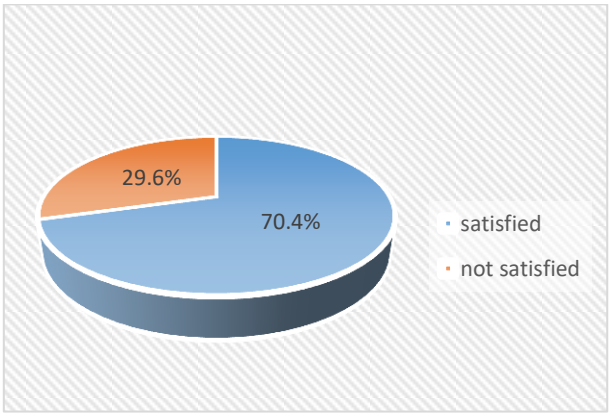

Table 2 Possible sociodemographic factors and their association with maternal intrapartum care satisfaction simple binary logistic regression

N=311

VARIABLE	SATISFACTION STATUS		COR(CI)	P-VALUE
	SATISFIED (Frequency /percentage (%)	NOT SATISFIED Frequency /percentage (%)		
Type of the healthcare facility				
Private facility	40(95.2)	2(4.8)	10.056(2.376 – 42.551)	0.002*
Government facility	179(66.5)	90(33.5)	1	
Age(years)				
upto 24years	104(73.2)	38(26.8)	1.285 (.785 -2.103)	0.318
25years and above	115(68)	54(32)	1	
Marital status				
married	187(70.3)	79(29.7)	0.962 (.479 -1.929)	0.912
single	32(71.1)	13(28.9)	1	
Religion				
Muslim	4(66.7)	2(33.3)	0.837(.151- 4.653)	0.839
Non-Muslim	215(70.5)	90(29.5)	1	
Education status				
Illiterate	3(75)	1(25)	1.565(.147- 16.716)	0.711
Primary	129(71.7)	51(28.3)	1.320(0.611-2.849)	0.480
High school	64(69.6)	28(30.4)	1.193(.521- 2.727)	0.677
Tertiary	23(65.7)	12(34.3)	1	
Employment status				
Employed	27(56.3)	21(43.8)	.475 (.253 .894)	
Not employed	192(73)	71(27)	1	0.021*
Residence				
Rural	176(71.3)	71(28.7)	1.211(.671 2.184)	0.526
Urban	43(67.2)	21(32.8)	1	

95.2% of mothers who gave birth from private healthcare facilities were satisfied and 66.5% of those who gave birth from government facilities were satisfied with the care they received during intrapartum period.

Majority of the mothers who were not employed 192(73%) were satisfied and 75% of the illiterate mothers were also satisfied.

Table 3 Possible maternal and healthcare related factors and their association with maternal intrapartum care satisfaction on simple binary logistic regression

N=311

VARIABLE	SATISFACTION STATUS		COR(CI)	P-VALUE
	SATISFIED (Frequency/percentage (%)))	NOT SATISFIED Frequency/percentage (%))		
Parity				
Primiparous	53(68.8)	24(31.2)	1.127(.570 -2.228)	.732
Multiparous	117(73.1)	43(26.9)	1.388(.766 -2.517)	.280
Grand multiparous	49(66.2)	25(33.8	1	
ANC attendance				
Yes	219(70.6)	91(29.4)		1.000
No	0(0)	1(100)	1	
Duration of hospital stay before delivery				
≤12hours	173(73.6)	62(26.4)	0.820 (1.056- 3.135)	.031*
>12hours	46(60.5)	30(39.5)	1	
Asking for consent				
Yes	198(72.8)	74(27.2)	.436(.220 -.864)	.017*
No	21(53.8)	18(46.2)	1	
periodic updates				
Yes	190(75.4)	62(24.6)	.315(.176 -.566)	<.001*
No	29(49.2)	30(50.8)	1	
Plan to have the pregnancy				
Yes	139(74.3)	48(25.7)	1.593(.973- 2.607)	.064*
No	80(64.5)	44(35.5)	1	
Delivery position of patient choice				
Satisfied	39(84.4)	7(15.2)	.380(.163- .885)	.025*
Not satisfied	180(67.9)	85(32.1)	1	
Privacy				
Satisfied	194(82.9)	40(17.1)	.099(.055- .178)	<.001*
Not satisfied	25(32.5)	52(67.5)	1	
Pain management				
Satisfied	75(86.2)	12(13.8)	.288(.148- .562)	<.001*
Not satisfied	144(64.3)	80(35.7)	1	
Overall cleanness				<.001*
Satisfied	215(73.9)	76(26.1)	.088(.029- .273)	
Not satisfied	4(20)	76(26.1)	1	

On simple logistic regression type of the healthcare facility, employment status, duration of hospital stay before delivery, asking for consent, periodic updates on the progress of labor, delivery position of patient choice, privacy, plan to have the pregnancy, pain management and overall cleanness of the facility were found to be significantly associated with maternal satisfaction at 95% level of significance (table 2&3).

Table 4. Possible factors and their association with women intrapartum care satisfaction multiple binary logistic regression

N=311

VARIABLE	SATISFACTION STATUS		AOR(CI)	P-VALUE
	SATISFIED (Frequency/percentage (%)	NOT SATISFIED Frequency/percentage (%))		
Type of the healthcare facility				
Private facility	40(95.2)	2(4.8)	7.504(1.573-35.787)	0.011*
Government facility	179(66.5)	90(33.5)	1	
Employment status				
Employed	27(56.3)	21(43.8)	0.422(0.173-1.027)	0.057
Not employed	192(73)	71(27)	1	
Duration of hospital stay before delivery				
≤12hours	173(73.6)	62(26.4)	2.674(1.300-5.502)	0.008*
>12hours	46(60.5)	30(39.5)	1	
Periodic updates				
Yes	190(75.4)	62(24.6)	0.247(0.116-0.530)	0.000*
No	29(49.2)	30(50.8)	1	
Plan to have the pregnancy				
Yes	139(74.3)	48(25.7)	2.483(1.280-4.814)	0.007*
No	80(64.5)	44(35.5)	1	
Asking for consent				
Yes	198(72.8)	74(27.2)	1.215(0.487-3.033)	0.676
No	21(53.8)	18(46.2)	1	
Overall cleanness				
Satisfied	215(73.9)	76(26.1)	0.07(0.013-0.378)	0.002*
Not satisfied	4(20)	76(26.1)	1	
Delivery position of patient choice				
Satisfied	39(84.4)	7(15.2)	0.228(0.069-0.754)	0.015*
Not satisfied	180(67.9)	85(32.1)	1	
Privacy				
Satisfied	194(82.9)	40(17.1)	0.102(0.050-0.209)	0.000*
Not satisfied	25(32.5)	52(67.5)	1	
Pain management				
Satisfied	75(86.2)	12(13.8)	0.334(0.152-0.738)	0.007*
Not satisfied	144(64.3)	80(35.7)	1	

In order to identify the factors associated with maternal satisfaction by controlling possible confounders and to obtain the Adjusted Odds Ratio as a measure of association, multiple binary logistic regression analysis was used by incorporating all variables that were found to be significant at 95% level of significance by the simple binary logistic regression. The results of the multiple logistic regression analysis revealed type of the healthcare facility, duration of hospital stay before delivery, periodic updates on the progress of labor, delivery position of patient choice, privacy, plan to have the pregnancy, pain management and overall cleanness that the variables were significantly associated with women's intrapartum care satisfaction at 5% level of significance

Discussion

The study which focused on one-year postnatal mothers indicated that the majority of the mothers (70.4%) were satisfied with the care they received during the intrapartum period. The reason for this high satisfaction could be a lack of knowledge about what they are entitled to regarding care and therefore their expectations were met very easily. The other reason is the fact that mothers in this low literacy context have limited exposure and therefore have lower expectations and a limited basis for comparisons.

This level of satisfaction was lower than that from a study done in Ethiopia(80%) by[19]. This slight difference could be because of the differences in the study settings in which our study was community-based with different experiences for the services provided at different levels of health facilities unlike in the mentioned study which was hospital-based thus differences in quality of service provided. In southern Mozambique 92.5% of the mothers were satisfied according to a study by [20] This is in agreement with a study done in Nigeria where (94.8%) of the mothers were satisfied with the care given to them during the intrapartum period[6]. This is also contrary to our findings where 70.4% of mothers were satisfied. This difference could probably be due to geographical setting and site where newly delivered mothers were interviewed at the time after delivery before they were discharged home unlike in our study in which mothers were found in their homes (from the time of discharge up to one year postpartum). Women who are still in the hospital may still be experiencing a range of emotions including joy, and potentially relief. This would have a great influence on the satisfaction of these mothers

Our study finding revealed a higher satisfaction level which is contrary to studies done in Ethiopia where 28.2% of mothers were satisfied[15],[21] where only 24.4% of the mothers were satisfied with intrapartum care services. This discrepancy is related to the fact that our study was conducted in a community where mothers have time to reflect on their birthing experience and may be more likely to evaluate their care based on their overall experience including postpartum support and recovery, unlike the mentioned facility-based study in which mothers may be experiencing range of emotions and physical discomfort.

Our study revealed a significant relationship between the **type of the facility** where the mother delivered from and the overall satisfaction with the care given. This could probably be because private facilities may have more resources, better infrastructures, and more personalized approaches to care thus high satisfaction rates unlike public facilities where they may face resource constraints, overcrowding, and high staff workload thus reducing satisfaction .Similar findings were reported in studies that focused on general services received from private and government facilities[22].

Our study revealed that **pain management** strategies including massage were associated with maternal satisfaction. This is because effective pain management, including massage, can significantly reduce pain and discomfort during labor, leading to a more positive experience. This same finding was in line with the studies done in Asmara Public Hospitals, Eritrea by[23] and another hospital done by[24] at a teaching hospital in Ghana. This indicates that effective pain management, including massage, can significantly enhance mother's satisfaction during the intrapartum period and therefore educating mothers the health care providers about available pain management options early in their pregnancy can empower them to make informed decisions about the management of their pain during labor.

The study findings revealed that **providing periodic updates on the status and progress of labor** was associated with maternal satisfaction. This is because receiving regular updates can alleviate anxiety and uncertainty, allowing mothers to feel more in control and prepared for the birthing process which in turn increases

satisfaction. A similar finding was also revealed in a study conducted by [25] at public health facilities in the West Shewa zone, Oromia region, Ethiopia. Likewise, a study done in Nepal indicated having an opportunity to ask questions was positively associated with client satisfaction [26]. Findings from the studies suggest that providing periodic updates on the status and progress of labor is a simple yet effective strategy to improve maternal satisfaction. This highlights the importance of effective communication and emotional support during the birthing process and therefore healthcare providers should establish a standard protocol for providing regular updates to women in labor, ensuring consistent and timely communication

The study findings indicates that there is an association between **the duration of hospital stay before delivery** and maternal satisfaction. This is because the more time a mother spends in the hospital laboring the more anxiety, exhaustion, and exposure to more discomforting vaginal examinations which reduces their satisfaction levels. In agreement with our findings, a study by[16] indicated that women whose labor lasts 12 hours or less are more likely to be satisfied with their intrapartum care than mothers whose labor lasts more than 12 hours. This was similar to the study conducted at Nekemte Specialized Hospital in Western Ethiopia[27]. This implies that prolonged hospital stays before delivery may lead to decreased satisfaction, therefore healthcare facilities can develop and implement evidence-based guidelines for optimal timing of hospital admission, balancing the need for close monitoring with the potential negative effects of prolonged stays.

The study revealed that **overall cleanliness of the facility /including the waiting area showers and toilet** is associated with maternal satisfaction. This is because a clean facility may be perceived as a reflection of the quality of care provided, leading to higher maternal satisfaction. A similar finding was also reflected in studies by [28]and [29]. From the above studies therefore a clean and welcoming environment contributes to a positive experience for women and their families, leading to higher satisfaction and better health outcomes thus a need to ensure that the facility, including the waiting area, is cleaned regularly and maintained to a high standard.

The study revealed that **delivery position of choice** is associated with maternal satisfaction with intrapartum care This is because mothers who can choose their delivery position may feel more in control and autonomous during the birthing process, leading to higher satisfaction. This was in line with the findings by [21] which revealed that being in a lithotomy position during birth was associated with maternal satisfaction. From the above findings therefore healthcare providers should respect and support women's autonomy during childbirth, including their choice of delivery position

Our study revealed that **pain management** strategies including massage were associated with maternal satisfaction. This is because effective pain management, including massage, can significantly reduce pain and discomfort during labor, leading to a more positive experience. This same finding was in line with the studies done in Asmara Public Hospitals, Eritrea by[23] and another hospital done by[24]. At a teaching hospital in Ghana. This indicates that effective pain management, including massage, can significantly enhance mother's satisfaction during the intrapartum period and therefore educating mothers the health care providers about available pain management options early in their pregnancy can empower them to make informed decisions about the management of their pain during labor

Our study revealed that **privacy** is associated with satisfaction. This is because privacy results in mothers ' increased opportunities to discuss the necessity for labor pain medication with medical professionals and to get better assurance and counselling. This is in line with a study conducted at public hospitals in eastern Ethiopia by [30] in

which mothers whose privacy was assured were more likely to be satisfied than their counterparts and that conducted at Assela Hospital, Arsi Zone, Oromia Region by [31]. This finding highlights the importance of prioritizing privacy as an essential aspect of patient-centered care during the intrapartum period therefore curtains or screens to create a sense of separation from others and minimizing unnecessary staff presence and interruptions are necessary to improve privacy for these mothers.

The study revealed that there is an association between the **plan to have the pregnancy** and maternal satisfaction with intrapartum care services. This could be related to the fact that once the mother plans to become pregnant then she will most likely have everything necessary in place including money. This is in agreement with the findings in the studies by[15], [32], [33]

The study also revealed that asking for **consent** before any procedure was significantly related to maternal satisfaction with intrapartum care services .this because this makes mothers feel respected and thus satisfaction. Similar findings were reported in a study by[34]

Implications of study findings

Research. There is a need to conduct more studies on best practices for respectful care services including communication during the intrapartum period

Practice. Healthcare providers need to implement patient-centered care and communication protocols ensuring privacy and dignity in addition to informed decision-making by the mothers

There is also a need to implement effective pain management strategies during the intrapartum period. The facility managers and those in charge also prioritize facility cleanliness and maintenance.

Education. Nurses and other healthcare providers need to be trained on effective pain management strategies, respectful care and communication and all the other aspects that affect maternal satisfaction

Conclusion

Our study indicated that the majority of the mothers were satisfied with the care they received during the intrapartum period. The factors that were associated with this satisfaction included duration of hospital stay before delivery, encouraging a companion to remain with a mother, not using physical force or abusive behavior, explaining what is being done and expected throughout labor and delivery, giving periodic updates on status and progress of labor, never leaving a mother alone or unattended to continuously, Delivery position of patient choice, privacy given during examination procedures and delivery, pain management strategies including massage and overall cleanness of the facility /including the waiting area. Parity, age, marital status, education status, residence ANC attendance, Mode of delivery, Asking for consent before procedures, and Plan to have the pregnancy were not associated with maternal satisfaction

Recommendations

Healthcare providers should implement effective pain management strategies, including massage, opioid analgesia, relaxation techniques for pain management, encourage companions to remain with mothers during labor and delivery for emotional support, improve communication by explaining procedures, providing periodic updates, and never leaving mothers alone, offer patient-choice delivery positions to enhance autonomy and comfort, ensure privacy during examinations and delivery, and also maintain high facility cleanliness standards, including waiting areas, toilets, and showers.

Additionally, more studies should be done to gain a deeper understanding of the topic and also studies to identify best practices for respectful care and communication during the intrapartum period should also be conducted.

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