

Level of Satisfaction Perceived by the Postnatal Mothers Admitted in the Postnatal Wards of CMC, Vellore

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Abstract: **Background:** Postnatal care is an essential component in the Maternal and Child health package. After giving birth, both the mother and the newborn must undergo a transitional phase. The mother should recover from labour, physically and psychologically return to her pre-pregnancy state, and adapt to her new role as a mother. The Newborn is also expected to adapt to extrauterine life. Therefore, postpartum care is the key intervention to ensure the mother's adjustment and the infant's adaptation after birth. Patient satisfaction with care is considered an important factor that explains the patient's perception of service quality. Hence this study was designed to assess the level of satisfaction perceived by the postnatal mothers. **Objective:** To aim of the study is to identify the level of satisfaction perceived by the postnatal mothers following nursing care in postnatal wards. **Methodology:** A Quantitative, descriptive cross-sectional study was done among postnatal mothers admitted in the postnatal wards. Everyday morning the investigator/Co-investigators visited the postnatal wards and prepared a list of postnatal mothers who fulfil the inclusion criteria. Rapport was developed and informed consent was obtained from the mother. Data collection took place in the ward classroom or in the bed side where adequate privacy ensured. Demographic and clinical data was filled by the investigator. The JPSNQ self-administered questionnaire was administered to the postnatal mother which took 15-20 minutes to complete. The data collection was done on the 2nd postnatal day for vaginal delivery and 3rd post-operative day for LSCS delivery mothers. Data was collected on all days of the week including Saturday and Sunday between 8 - 7 pm. The sample size was 750 participants, every day 10 - 15 samples were collected using simple random sampling technique. **Results:** This study reveals that majority of the postnatal mothers were fully satisfied with 65.60%, whereas 1.73% were not satisfied. The postnatal mothers were fully satisfied in regard with the following domains: orientation (59.64%), information (63.4%), communication (70.2%), comfort and care (72.4%), specific to postnatal care (62.59%), values and preference for postnatal mothers (73.10%). There is a significant association between religion domain and information domain ($p = 0.01$); religion and specific to postnatal care ($p=0.01$); religion and comfort ($p=0.04$). There was a significant association between parity and communication ($p=0.05$). Also between previous history of admission and information ($p = 0.04$). **Conclusion:** The study provides an insight into the area of improvement on the quality of postnatal care and also has laid emphasis on the need for periodic assessment on maternal satisfaction to improve the quality of postnatal care.

Keywords: Postnatal Mothers, Satisfaction, Perceived.

1. Introduction

Nursing is a caring profession with special qualities. Nursing is the integral part of health care system (1). Midwives is regarded as a responsible and accountable professional who provides care, support and guidance throughout pregnancy, labor and the postpartum period (2). Postnatal care is the individualized care provided to meet the needs of the mother and baby after birth. Postnatal care is an essential component in the Maternal and Child health package. After giving birth, both the mother and the newborn must undergo a transitional phase. The mother should recover from labour, physically and psychologically return to her pre-pregnancy state, and adapt to her new role as a mother. The Newborn is also expected to adapt to extrauterine life (3).

Therefore, postpartum care is the key intervention to ensure the mother's adjustment and the infant's adaptation after birth. It is also a comprehensive, essential, and important intervention to reduce maternal and neonatal morbidity and

mortality related to the postpartum period (4). Patient satisfaction with care is considered an important factor that explains the patient's perception of service quality. Nurses can use patient feedback on expectations and satisfaction with nursing care to develop and execute effective strategies that raise the standard of nursing care (5). Hence this study was designed to assess the level of satisfaction perceived by the postnatal mothers.

CMC, Vellore with the following objectives:

- 1) To identify the level of satisfaction perceived by the postnatal mothers following nursing care in postnatal wards.
- 2) To identify the association between the level of maternal satisfaction perceived by postnatal mothers with the selected demographic and clinical variables.

2. Materials and Methods

The descriptive research was carried out in the postnatal wards of the Department of Obstetrics and Gynaecology at a tertiary care teaching hospital in Tamil Nadu, India. A total of 750 postnatal mothers (375 Postnatal mothers, (375 Vaginal delivery and 375 LSCS mothers) admitted in postnatal wards (G3S, G4S, G4E, G4N and G7S) of CMC, Vellore were included in the study.

Study design: Descriptive research design

Study duration: January to October 2024

Sampling technique: Simple random sampling technique was used to select the samples for the study.

Inclusion Criteria:

- Postnatal mothers admitted in the postnatal wards.
- Postnatal mothers who can comprehend in Tamil, Telugu or English.

Exclusion criteria

- Postnatal mothers who have Psychiatry related disorders.
- Mothers who had abortion and IUD.

Sample Calculation

Literature reported around 60-90% satisfaction levels among the PNC; we anticipate at least 70% satisfaction. Thus, we require a sample of 340 with 5% precision and 95% CI. If we consider comparing the LSCS and Normal, and we anticipate at least a 10% difference in satisfaction level, we need a sample of 356 in LSCS and 356 in normal with 80% power and 5% error.

Data collection procedure:

Everyday morning the investigator/Co-investigators visited the postnatal wards and prepared a list of postnatal mothers who fulfil the inclusion criteria. Rapport was developed and informed consent was obtained from the mother. Data collection took place in the ward classroom or in the bed side where adequate privacy ensured. Demographic and clinical data was filled by the investigator. The JPSNQ self-administered questionnaire was administered to the postnatal mother which took 15-20 minutes to complete. The data collection was done on the 2nd postnatal day for vaginal delivery and 3rd post-operative day for LSCS delivery mothers. Data was collected on all days of the week including Saturday and Sunday between 8 - 7 pm. Every day 10 - 15 samples were collected using simple random sampling technique.

Data Collection Instrument:

The data collection instrument consists of 2 parts:

Part – 1 This includes Demographic and clinical Data.

Demographic data consist of Age, religion, educational qualification, occupation, marital status, type of family, locality, family income, language spoken, Presence of bystander, If yes relationship with the mother.

Clinical data consists of Parity, Mode of delivery, Previous history of admission, Length of hospital stay, Baby admitted in the ward, Baby admitted to Neonatal unit.

Part – 2 includes Jipi's postnatal satisfaction with nursing care questionnaire.

The JPSNQ is a structured tool developed by Jipi Varghese in 2013 to assess the postnatal mother's satisfaction with nursing care provided. This questionnaire is classified under six domains namely orientation, information, and communication consist of 4 questions each. Comfort and care consist of 5 questions, specific to postnatal care consist of 19 questions and value and preference of postnatal mothers consist of 4 questions and the total is 40 items. The respondents will have to place a mark in the appropriate column which is graded on a Likert Scale ranging from Fully satisfied, moderately satisfied, minimally satisfied, Satisfied, Not satisfied.

Scoring and interpretation:

Part – 2 includes Jipi's postnatal satisfaction with nursing care questionnaire.

The maximum score obtainable by an item is five. The total question for postnatal question is 40. The scores (5) fully satisfied, (4) moderately satisfied, minimally satisfied (3), satisfied (2) and (1) not satisfied. The total score will be calculated and converted to percentages and interpreted as follows. (Table 1)

Reliability and validity: The reliability coefficient of the tool was established using cronbach's alpha method. Cronbach's alpha is the most widely used method for evaluating internal consistency.

Cronbach's alpha was used to find the internal consistency for total scale and its subscales. All subscales demonstrated good internal consistency reliability, with alpha coefficients ranging from 0.720 to 0.847, and 0.834 for the total scale. In addition, all subscales surpassed the 0.70 reliability criterion. These results indicate that the scale, Jipi's postnatal satisfaction with nursing care questionnaire (JPSNQ) is reliable and reproducible.

The reliability co-efficient obtained for postnatal mother's level of satisfaction with nursing care was ($r = 0.834$) which indicated that the tool was reliable.

Descriptive measures such as Mean (SD) / Median (IQR) was presented for the continuous variables like JPSNQ whereas frequency and percentage are presented for categorical variables like age, religion, educational qualification, occupation, marital status, type of family, locality, language spoken, Parity, Mode of delivery, previous history of admission, Length of hospital stay, baby admitted in the ward, Baby admitted to Neonatal unit.

Pearson's chi square test was used to find the association between demographic and clinical variables with Maternal satisfaction with the postnatal care. Statistical significance was assessed at $p < 0.05$ for all the parameters. All statistical analysis will perform using SPSS (IBM® SPSS Statistics version 22.0).

3. Results

The findings of the study are presented in the following order:

Table 2: Distribution of postnatal mothers based on socio-demographic variables.

Table 3: Distribution of samples based on the level of satisfaction perceived by the postnatal mothers following nursing care in postnatal wards.

Table 4: Distribution of samples based on association between the level of maternal satisfaction perceived by postnatal mothers with the selected demographic and clinical variables.

Table 1: The scores graded in percentage

Score	Percentage	Grade
39 – 71	20 – 36%	Not Satisfied
72 – 102	37 -52%	Satisfied
103 – 133	53 – 68%	Minimally Satisfied
134 – 164	69 – 84%	Moderately Satisfied
165 – 195	85 – 100%	Fully Satisfied

Table 2: Distribution of subjects according to their socio demographic and clinical variables (N=750)

Variable	Mean (SD)
Age	27.59 (4.49)

Variable	n	%
EDUCATION		
Illiterate	7	0.93
Primary	66	8.8
Secondary	52	6.93
Higher secondary	101	13.47
Graduate	402	53.6
Post-graduate	122	16.27
OCCUPATION		
Unemployed	589	78.53
Employed	161	21.47
RELIGION		
Christian	46	6.13
Hindu	599	79.87
Muslim	105	14
Type of family		
Nuclear	247	32.93

Table 2 shows the mean age of the postnatal mothers was 27, % were educated but only 21.47% were working with a family income of Rs. 5000 – Rs. 15,000 (42.53%). 79.87% belonged to hindu religion, 67% living in a joint family,

Joint	503	67.07
Residence		
Rural	312	41.6
Urban	438	58.4
MARITAL STATUS		
Single	750	100
Married	0	0
Widower	0	0
FAMILY INCOME		
< RS.5000	110	14.67
Rs.5001-15000	319	42.53
Rs.15001-30000	176	23.47
>Rs.30001	145	19.33
LANGUAGE		
Tamil	668	89.07
English	25	3.33
Telugu	57	7.6
PRESENCE OF BY STANDER		
YES	750	100
NO	0	0
RELATIONSHIP		
Mother	501	66.8
Mother-in-law	29	17.2
Sister	46	6.13
Sister-in-law/ co-sister	14	1.86
Any other	60	8.01
None	0	0
PARITY		
Primi	430	57.33
Multi	320	42.67
MODE OF DELIVERY		
Normal delivery	317	42.27
Caesarean section	375	50
Instrumental	58	7.73
PREVIOUS HISTORY OF ADMISSION		
CMC	621	82.8
OTHER HOSPITAL	129	17.2
BABY ADMITTED IN THE WARD		
YES	635	84.67
NO	115	15.33
BABY ADMITTED IN THE NURSERY		
YES	115	15.33
NO	635	84.67

residing in a urban area (58.4%). 57.33% were primi parous with 50% of them who had undergone Cesarean section and 50% had undergone vaginal delivery.

Table 3: Distribution of samples based on the level of satisfaction perceived by the postnatal mothers following nursing care in postnatal wards. (N= 750)

S. No	Item	Fully satisfied		Moderately Satisfied		Minimally Satisfied		Satisfied		Not Satisfied	
		N	%	N	%	N	%	N	%	N	%
I. Orientation											
1.	I was given a warm welcome and made me comfortable on admission	493	65.73	120	16	24	3.2	87	11.6	26	3.47
2.	I was oriented to the health team members and postnatal unit.	445	59.33	148	19.73	24	3.2	107	14.27	26	3.47
3.	I was oriented to toilet , bathroom, washing area and availability of safe drinking water	434	57.87	140	18.67	41	5.47	99	13.2	36	4.8
4.	I was oriented about visiting hours for family and doctors.	417	55.6	144	19.2	41	5.47	109	14.53	39	5.2
II. INFORMATION											

5.	I was informed about ward routines	446	59.47	135	18	35	4.67	104	13.87	30	4
6.	I was informed regarding rules & regulations of the hospital.	459	60.53	119	15.87	34	4.53	111	14.8	32	4.27
7.	Nurses used to convey message, which I hesitated to ask my doctor.	506	67.47	103	13.73	29	3.87	91	12.13	21	2.8
8.	I was informed about informed consent before any procedure	499	66.53	102	13.6	26	3.47	94	12.53	29	3.87
II COMMUNICATION											
9.	All my questions were answered promptly with positive attitude.	490	65.33	120	16	24	3.2	88	11.73	28	3.73
10.	Nurses maintained a good IPR with myself and my family members.	496	66.13	103	13.73	33	4.4	97	12.93	21	2.8
11.	Nurses communicated in my own language and were free to talk.	577	76.93	64	8.53	14	1.87	79	10.53	16	2.13
12.	Nurses answered all doubts asked by me concerning my treatment results and prognosis	542	72.27	92	12.27	10	1.33	86	11.47	20	2.67
IV. COMFORT AND CARE											
13.	I got help when needed	523	69.73	101	13.47	20	2.67	86	11.47	20	2.67
14.	Nurses were calm and approachable.	535	71.33	99	13.2	20	2.67	77	10.27	19	2.53
15.	Nurses assisted me in keeping myself clean & groomed	546	72.8	90	12	22	2.93	71	9.47	21	2.8
16.	I felt safe and secured throughout the day and night during my hospital stay.	581	77.47	64	8.53	13	1.73	71	9.47	21	2.8
17.	There was no noise at night in the ward	491	65.47	121	16.13	28	3.73	85	11.33	25	3.33
V. SPECIFIC TO POSTNATAL CARE											
18.	I was assisted to go to toilet and got information regarding personal hygiene during postnatal period.	456	60.8	145	19.33	27	3.6	96	12.8	26	3.47
19.	I was assisted in perineal toilet and informed regarding how to keep my perineum hygienic.	454	60.53	134	17.87	37	4.93	103	13.73	22	2.93
20.	I was assisted in early ambulation.	469	62.53	127	16.93	41	5.47	80	10.67	33	4.4
21.	The nurses checked my vital signs regularly.	541	72.13	90	12	18	2.4	81	10.8	20	2.67
22.	I was taught about involution of uterus	395	52.67	133	17.73	44	5.87	112	14.93	66	8.8
23.	I was explained how to take care of my breast and minor breast problem in postnatal period & its management.	448	59.73	128	17.07	44	5.87	81	10.8	49	6.53
24.	I was informed regarding nutrition, sleep and rest in postnatal period.	483	64.4	106	14.13	38	5.07	80	10.67	43	5.73
25.	I was informed about the continuation of iron therapy	523	69.73	96	12.8	20	2.67	80	10.67	31	4.13
26.	My medication / treatment was administered at proper time.	581	77.47	68	9.07	16	2.13	69	9.2	16	2.13
27.	I was told regarding lochial flow and was told how to detect excessive bleeding during puerperal period.	453	60.4	128	17.07	47	6.27	85	11.33	37	4.93
28.	I was advised about postnatal exercise.	360	48	129	17.2	73	9.73	104	13.87	84	11.2
29.	I was assisted with episiotomy care and told how to detect signs and symptoms if infection and how to detect it.	433	57.73	126	16.8	54	7.2	94	12.53	43	5.73
30.	I was informed about the methods & importance of family planning and postnatal follow up visits.	406	54.13	118	15.73	63	8.4	94	12.53	69	9.2
31.	I was assisted with giving bath and diaper care cord and eye care and detect signs and symptoms of infection in my baby.	442	58.93	119	15.87	45	6	96	12.8	48	6.4
32.	I was taught about the importance of colostrum and exclusive breast feeding	511	68.13	101	13.47	27	3.6	81	1.8	30	4
33.	I was assisted to position my baby during and after feeding and was taught to burp my baby after breast feeding.	536	71.47	87	11.6	26	3.47	72	9.6	29	3.87
34.	Nurses taught me to detect sign and symptoms of neonatal conditions.	469	62.27	115	15.33	42	5.6	87	11.6	39	5.2
35.	I was taught about rooming in, bonding and attachment	474	63.2	109	14.53	38	5.07	94	12.53	35	4.67
36.	I was educated about immunization and weaning of my baby.	486	64.8	106	14.13	36	4.8	86	11.47	36	4.8
VI. VALUE & PREFERENCE FOR POSTNATAL MOTHERS											
37.	Staff nurse treated me with dignity and respect.	559	74.53	72	9.6	22	2.93	79	10.4	19	2.53
38.	Staff nurses talked to me to find my values and preference for care.	520	69.33	98	13.07	28	3.73	83	11.07	21	2.8
39.	In future if there is a need for my treatment, I would prefer this hospital.	556	74.13	72	9.60	25	3.33	72	9.6	25	3.33
40.	I'll recommend this hospital to my friends and relatives.	559	74.53	71	9.47	17	2.27	76	10.13	27	3.6

Table 3 shows that 65.73% reported that warm welcome was given during orientation. 67.47% reported that “Nurses used to convey message, which I hesitated to ask my doctor”. 76.93% told that “Nurses communicated in my own language and were free to talk”. 77.47% stated that “I felt

safe and secured throughout the day and night during my hospital stay”. 77.47% said that “My medication/ treatment was administered at proper time”. 74.53% told that “I’ll recommend this hospital to my friends and relatives”.

Table 4: Distribution of samples based on the association between the level of satisfaction perceived by the postnatal mothers following nursing care in postnatal wards and socio-demographic and clinical variables. (N= 750)

Variables	N	Orientation	P value	Information	P value	Communication	P value	Comfort	P value	Specific	P value	Item	P value
Religion													
Christian	46	19 (15,20)	0.1185	19(16,20)	0.0113	15(13,15)	0.102	25(23,25)	0.0437	83 (68,90)	0.0172	19.5 (17,20)	0.5574
Hindu	599	19 (15,20)		19(16,20)		15(12,15)		25(21,25)		83(69,90)		20 (16,20)	
Muslim	105	18 (12,20)		18(11,20)		15(11,15)		24(19,25)		79(59,87)		20 (16,20)	
Education													
Illiterate/ Primary	73	19(15,20)	0.4948	20(14,20)	0.9156	19(15,20)	0.495	25(22,25)	0.7710	84(69,90)	0.7383	20(17,20)	0.8698
Secondary	52	19(11.5,20)		20(11,20)		19(11.5,20)		25(19.5,25)		84.5(61,90)		20(16,20)	
Higher secondary	101	19(16,20)		19(14,20)		19(16,20)		25(20,25)		82(64,90)		20(16,20)	
Graduate	402	18(15,20)		19(16,20)		18(15,20)		24.5(21,25)		81(69,90)		20(16,20)	
Post graduate	122	18(16,20)		19(16,20)		18(16,20)		25(20,25)		84.5(66,90)		20(15,20)	
Occupation													
Unemployed	589	18(14,20)	0.9771	19(16,20)	0.7107	15(12,15)	0.561	25(21,25)	0.9442	82(67,90)	0.8083	20(16,20)	0.836
Employed	161	18(16,20)		19(15,20)		15(13,15)		25(21,25)		82(67,90)		20(16,20)	
Locality													
Urban	312	18(15,20)	0.5869	19(15,20)	0.8269	15(12,15)	0.36	25(20,25)	0.3304	83(66,90)	0.8677	20(16,20)	0.7326
Rural	438	18(15,20)		19(15,20)		15(12,15)		25(22,25)		82(68,90)		20(16,20)	
Type of family													
Nuclear	247	18(15,20)	0.6471	19(14,20)	0.3934	15(12,15)	0.785	25(21,25)	0.478	83(67,90)	0.8763	20(16,20)	0.8829
Extended	503	18(15,20)		19(15,20)		15(12,15)		25(21,25)		82(66,90)		20(16,20)	
Family income													
<5000	110	19(14,20)	0.1054	20(14,20)	0.8193	15(12,15)	0.357	25(21,25)	0.1465	85.5(63,90)	0.0735	20(15,20)	0.1195
5000-15000	319	19(14,20)		19(14,20)		15(12,15)		25(21,25)		82(68,90)		20(17,20)	
15000-30000	176	18(14,20)		19(15,20)		14(12,15)		24(20,25)		79.5(65,87.5)		19(16,20)	
>30000	145	19(16,20)		19(16,20)		15(13,15)		25(22,25)		84(73,90)		20(17,20)	
Language													
Tamil	668	18(15,20)	0.2337	19(15.5,20)	0.0879	15(12,15)	0.035	25(21,25)	0.3297	83(67,90)	0.0763	20(16,20)	0.4549
English	25	18(14,19)		16(12,19)		13(12,15)		22(20,25)		73(61,86)		18(16,20)	
Telugu	57	18(14,20)		18(13,20)		14(11,15)		24(20,25)		81(59,90)		20(16,20)	
Presence of bystander													
Yes	740	18(15,20)	0.2203	19(15,20)	0.1658	15(12,15)	0.705	25(21,25)	0.41	82(67,90)	0.3009	20(16,20)	0.3318
No	10	20(15,20)		20(18,20)		15(14,15)		25(21,25)		87(77,90)		20(19,20)	
Relationship													
Mother	501	18(14,20)	0.9838	19(15,20)	0.5867	15(12,15)	0.693	25(21,25)	0.7855	83(66,90)	0.7328	20(16,20)	0.8531
Mother-in-law	129	19(15,20)		19(15,20)		15(12,15)		25(21,25)		82(69,90)		20(17,20)	
Sister/sister-in-law/co-sister	60	18(14,20)		18(12,20)		15(11.5,15)		24 (20,25)		80(66.5,89.5)		19(16,20)	
Any other	60	18(15.5,20)		18(16,20)		14(12,15)		25(20,25)		83(66,90)		20(16,20)	
Parity													
Primipara	430	18(14,20)	0.0668	19(15,20)	0.1089	15(12,15)	0.059	25(20,25)	0.2508	82(66,90)	0.205	20(16,20)	0.6028
Multipara	320	19(15,20)		19(16,20)		15(12,15)		25(22,25)		83(69.5,90)		20(16,20)	
Mode of delivery													
Normal Vaginal Delivery	317	19(16,20)	0.5305	19(16,20)	0.9194	15(12,15)	0.997	25(21,25)	0.7553	84(69,90)	0.1626	20(16,20)	0.9582
Instrumental delivery	60	18.5 (13.5,20)		19(16,20)		15(12,15)		24(20,25)		80.5(71,89)		20(16.5,20)	
Cesarean Section	373	18(14,20)		19(14,20)		15(12,15)		25(21,25)		80(65,90)		20(16,20)	
Length of hospital stay													
Day2	376	19(15,20)	0.3737	19(16,20)	0.8148	15(12,15)	0.92	25(21,25)	0.4878	84(69.5,90)	0.1098	20(16,20)	0.9915
Day3	374	18(14,20)		19(14,20)		15(12,15)		25(21,25)		80(65,90)		20(16,20)	
Previous history of admission													
CMC	621	18(14,20)	0.2655	19(15,20)	0.0471	15(12,15)	0.473	25(20,25)	0.0804	82(66,90)	0.263	20(16,20)	0.1954

										5			
other hospital	129	19(16,20)		20(16,20)		15(13,15)		25(22,25)		84(71,90)		20(17,20)	
Baby admitted in ward													
Yes	635	18(15,20)	0.7197	19(15,20)	0.5868	15(12,15)	0.441	25(21,25)	0.2478	82(66,90)	0.930	20(16,20)	0.9241
No	115	19(15,20)		19(16,20)		15(12,15)		25(22,25)		82(68,90)		4	
Baby admitted in Nursery													
Yes	129	19(15,20)	0.8423	19(16,20)	0.9413	15(12,15)	0.594	25(21,25)	0.3614	82(67,90)	0.878	20(17,20)	0.7399
No	621	18(15,20)		19(15,20)		15(12,15)		25(21,25)		82(67,90)		1	

Table 4 shows that there is significant association between religion domains like information domain (p = 0.01), specific to postnatal care (p=0.01) and comfort (p=0.04). There was a significant association between parity and communication (p=0.05). Also between previous history of admission and information (p = 0.04).

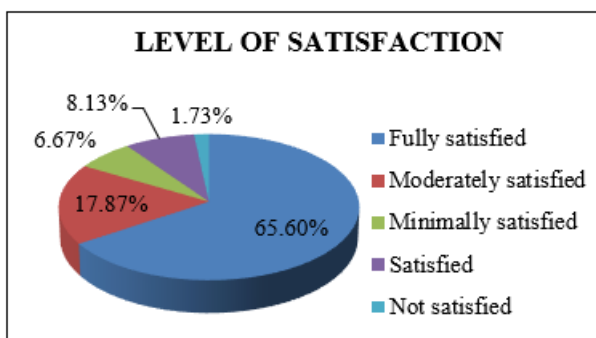


Figure 1: Distribution of samples based on level of postnatal care satisfaction (N = 750)

Figure 1 shows that a majority of 65.60% were fully satisfied, whereas 1.73% were not satisfied.

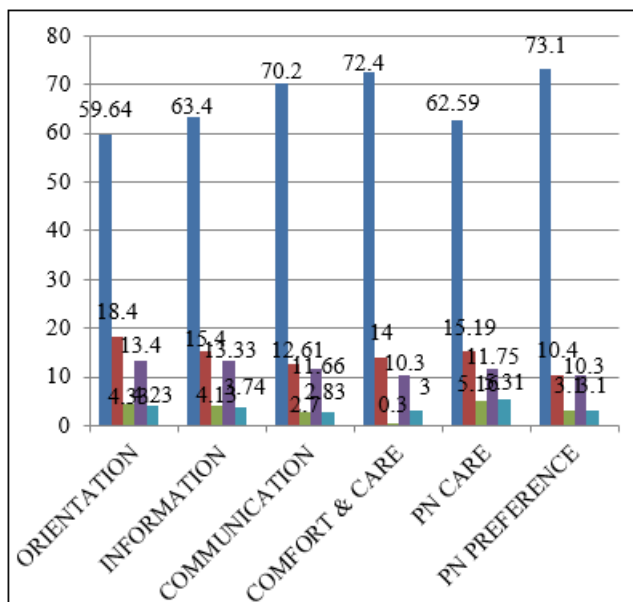


Figure 2: Distribution of samples based on level of postnatal care satisfaction domains (N = 750)

Figure 2 shows that the postnatal mothers were fully satisfied in regard with the following domains: orientation (59.64%), information (63.4%), communication (70.2%), comfort and care (72.4%), specific to postnatal care (62.59%), values and preference for postnatal mothers (73.10%).

4. Discussion

A majority of 93% of postnatal mothers were educated but only 21.46% were working. According to National Family Health Survey 2019-2021, in Tamil Nadu the literacy rate of women was quoted as 73.44% and 54% of women in urban and 66% of rural women are economically dependent on others due to responsibilities of their household. 41.6% of the women were from rural background and 58.4% were from urban background. Average family income of Rs. 30,000 was generated by 19.33%. 79.87% belonged to hindu religion, 67.07% living in a joint family. 57.33% were primi parous with 50% of them who had undergone Cesarean section and 50% had undergone vaginal delivery (6).

In the current study a majority of 65.60% reported that they were fully satisfaction, 17.87% were moderately satisfied, 6.67% were minimally satisfied, 8.13% were satisfied and 1.73% were not satisfied. These findings are similar to the results observed in a study done by Adane D, Wassihun B. Client satisfaction with existing postnatal care and associated factors in 2022 at Ethiopia (7). Almost all (83.6%) of the respondents reported that they were satisfied with the education given about postnatal exercises; more than three quarters (78.7%) of the respondents reported that they were satisfied that staff provided maternity services in a caring manner; and 293(69.4%) of respondents were satisfied with the time to discharge from the hospital. Also, 306 (72.5%) of the respondents were satisfied with decision making in post-partum family planning. More than half (63%) of respondents were satisfied and 156 (37%) of respondents were not satisfied during PNC.

The postnatal care was categorized and quantified based on the following domains with full satisfaction: orientation (59.64%), information (63.4%), communication (70.2%), comfort and care (72.4%) and specific to postnatal care (62.59%). This was reflected in the results of the study done by Bekele SB in Jan 2022. The satisfaction on orientation is (67.10%), Communication (66.10%), Specific PNC (65.30%), Information (64.50%), Comfort and care (59.10%), Value and preference (45%) respectively (8).

The care during labour has an impact on the postnatal care satisfaction. The postnatal mothers expect proper orientation from the time of antenatal visit till they get discharged. Health care setting with round the clock functioning PN wards, antenatal OPD, labour room with high turnover causes the health care workers to function tediously and the providing orientation, information and teaching aspects specific to postnatal care are compromised leading to poor and low level of satisfaction rates. In the current study this is reflected where the postnatal mothers have stated that 11.2%

they were not adequately explained about postnatal exercise, family planning methods & follow up care (9.2%), involution of uterus (8.8%).

This can be improved when the patient flow is organized, with adequate bed status and proper staff patient ratio. This study shows that the health care provider should encourage frequent antenatal visits, friendly care and companionship to improve the level of postnatal care satisfaction. Updating the knowledge of health care workers to promote spreading of information needed by the postnatal mothers is also essential.

There is a significant association between religion domain and information domain ($p = 0.01$); religion and specific to postnatal care ($p=0.01$); religion and comfort ($p=0.04$). There was a significant association between parity and communication ($p=0.05$). These findings are in line with the study done by Panth, Akafle P in 2018 where it was stated that postnatal mothers who were multiparas were 2.352 times more likely to be satisfied with the delivery services than primiparous mothers (9). Also there is significant association between previous history of admission and information ($p = 0.04$). This finding is consistent with the study done by Alsaqri S in 2016 states that patients with a history of admission to hospital during the last two years found nurses more caring which demonstrates more length of stay in hospital increase patient opportunities to perceive nursing care (10).

5. Conclusion

The study provides an insight into the area of improvement on the quality of postnatal care and also has laid emphasis on the need for periodic assessment on maternal satisfaction to improve the quality of postnatal care.

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Author Profile



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