



A Study To Assess The Level Of Respectful Maternity Care And Satisfaction Among Postnatal Mothers Of A Selected Hospital, West Bengal.

Ms. Manimala Pariari¹ · Ms. Sabitri Kuila² · Ms. Taniya Bera³.

(Sister- Tutor, NTS, TGMCH, Tamluk, Purba Medinipur, West Bengal, India.)

(Vice Principal, Apollo Gleneagles Nursing College, Narayanpur, Kolkata-136, West Bengal, India.)

(Assistant Professor, Apollo Gleneagles Nursing College, Narayanpur, Kolkata-136, West Bengal, India.)

Abstract

Background -Provision of respectful maternity care is in accordance with a human rights-based approach to reducing maternal morbidity and mortality. Respectful maternity care could improve mother's satisfaction of labor and childbirth and address health inequalities. The objectives of the study are to assess the level of respectful maternity care and satisfaction level among postnatal mothers of a selected hospital, West Bengal.

Methods and Materials- A descriptive survey study was conducted in Postnatal ward of Contai SD Hospital, Contai, Nandigram Health District, Purba Medinipur. The data was collected from 100 postnatal mothers selected by purposive sampling technique with the help of semi structured questionnaire and Likert Scale. Data was entered and transported to SPSS for windows program version 20.

Results- The result showed that the 24% postnatal mothers received high level of respectful maternity care 61% received moderate level of respectful maternity care and 15% mothers received low level of respectful maternity care. Among 100 postnatal mothers 15% were highly satisfied, 74% moderately satisfied whereas only 11% were dissatisfied related to respectful maternity care. There was a moderate positive relationship ($r=0.314$) between the level of respectful maternity care and satisfaction level of postnatal mothers. But there was no significant association [$\chi^2 df(1)=3.84$, $df(2)=5.99$, $P<0.05$] between the level of respectful maternity care with selected background information as well as the satisfaction level with selected background information [$\chi^2 df(1)=3.84$, $df(2)=5.99$], $p<0.05$].

Conclusion- The study showed that mothers' satisfaction depends on the Respectful Maternity Care. Awareness of the staff nurses regarding respectful maternity care and women's right can improve friendly, timely and abuse free care.

Key Words: Level of Respectful Maternity Care, Level of Satisfaction, Postnatal Mothers.

1.Introduction

Respectful maternity care refers to the care organized for and rendered to all or any women during intranatal care that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth is suggested.^[1] Respectful maternity care is a crucial component of quality of care. When women feel supported, respected, safe, and ready to participate in shared decision-making with their providers, they'll be more likely to possess positive childbirth experiences.^[3] The value that ladies and their families place on different aspects of respectful care may vary across both settings and individuals.^[4] Therefore, it's important for healthcare providers to ask women about their values, needs, and fears, and support women so as to possess positive childbirth experiences. For example, women in high-income countries may value shared decision-making more highly

than women in lower-income countries although this may also be impacted by health literacy, empowerment, and gender equality within a society.^[5] The areas of respectful maternity cares recommended by WHO are information, consent, and respect for her choices and performance, free from harm and ill-treatment, privacy and confidentiality, dignity and respect, equality, freedom from discrimination and equitable care, highest attainable level of care, liberty autonomy, self-determination and freedom from coercion.^[2]

II. Objectives of the study

1. To assess the level of respectful maternity care among postnatal mothers.
2. To assess satisfaction level regarding respectful maternity care among postnatal mothers.
3. To find out relationship between the level of respectful maternity care and satisfaction level among postnatal mothers.
4. To find association between level of respectful maternity care with selected background information.
5. To find association between satisfaction level among postnatal mothers with selected background information.

III. Materials and Methods

Study Design: Descriptive survey design

Study Setting: The study conducted at postnatal ward of Contai Subdivision Hospital, Under Nandigram Health District, Contai, Purba Medinipur, West Bengal.

Study Duration: 11 th January 2021 to 6 th February 2021.

Sample Size: 100 postnatal mothers for final study.

Sample Selection Method: Non probability Purposive sampling technique was used for this study.

Inclusion Criteria: Inclusion criteria for selection of postnatal mothers with

- Normal delivery with episiotomy admitted in postnatal ward.
- Postnatal mothers must be able to read and write.

Exclusion Criteria: Exclusion criteria for selection of postnatal mothers with

- Lower Segment Caesarean Section
- Instrumental delivery
- Abnormal delivery
- Illiterate postnatal mothers.

Description of Data collection Tools:

Tool 1.

A semi-structured questionnaire was prepared for collecting background information including demographic profile and Obstetric Profile of the subjects for this study. Fourteen questions were selected for this tool.

Tool 2.

It was a five-point Likert Scale. The areas of respectful maternity cares were information, consent, and respect for her choices and performance, free from harm and ill-treatment, privacy and confidentiality, dignity and respect, equality, freedom from discrimination and equitable care, highest attainable level of care, liberty autonomy, self-determination and freedom from coercion. Twenty-five questions were used which was based on above mentioned areas of respectful maternity care and mothers self-reported in different aspect. Scoring pattern was mentioned for detecting level of care. It was mentioned below.

Level of Respectful Maternity Care	Scores
High level of Respectful Maternity Care	>115
Moderate level of Respectful Maternity Care	95 -115
Low level of Respectful Maternity Care	<95

Tool 3.

Three point Likert Scale was prepared for measuring maternal satisfaction. The areas of maternal satisfaction were friendly care, abuse free care, timely care and discrimination free care. Fifteen questions were used which is based on different area of respectful maternity care and mothers self-reported in different aspect. Scoring patter was mentioned below.

Level of Satisfaction of postnatal Mothers	Scores
High Satisfaction Level	>43
Moderate Satisfaction Level	33-43
Dissatisfaction	<33

Ethical Consideration:

Permission obtained from Institutional Ethics Committee, Apollo Gleneagles Hospital on 11th July 2020. Patient Information Sheet and informed consent form was taken and anonymity was maintained.

Data collection Procedure:

Information regarding research study explained to the postnatal mothers. Before data collection written consent were obtained from mothers. Women were also told of their right not to respond to the question if they want and can also terminate the interview schedule. Coding system were done to maintain confidentiality. Privacy of the mothers were maintained. Data was collected by using self reporting method with the help of semi structured questionnaire and Likert Scale as per the fulfillment of inclusion criteria. The average time of taken to complete the data were 20-25 minutes. After data collection thanks conveyed to postnatal mothers.

Statistical Analysis:

Data analysis were done by using descriptive statistics (Frequency, percentage, mean, median) and inferential statistics (Chi square test and correlation coefficient).

IV Results

Section – I:- Description of background information.

Section -1a. Description of background information regarding demographic profile.

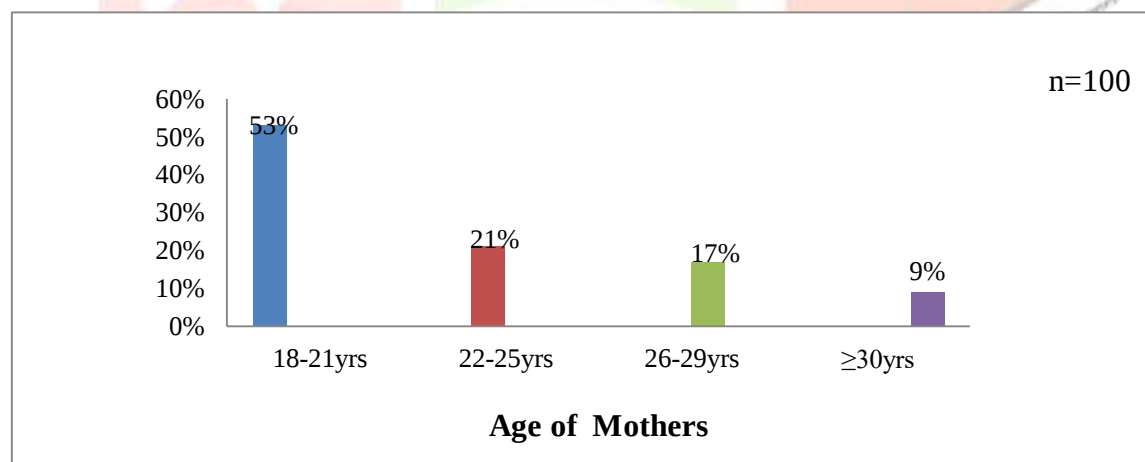


Figure 4: Bar Diagram showing percentage distribution of age among postnatal mothers.

Data presented in figure 4 revealed that the 53% of postnatal mothers belong to 18-21yrs of age and only 9% belonged to 30 yrs and above in their age.

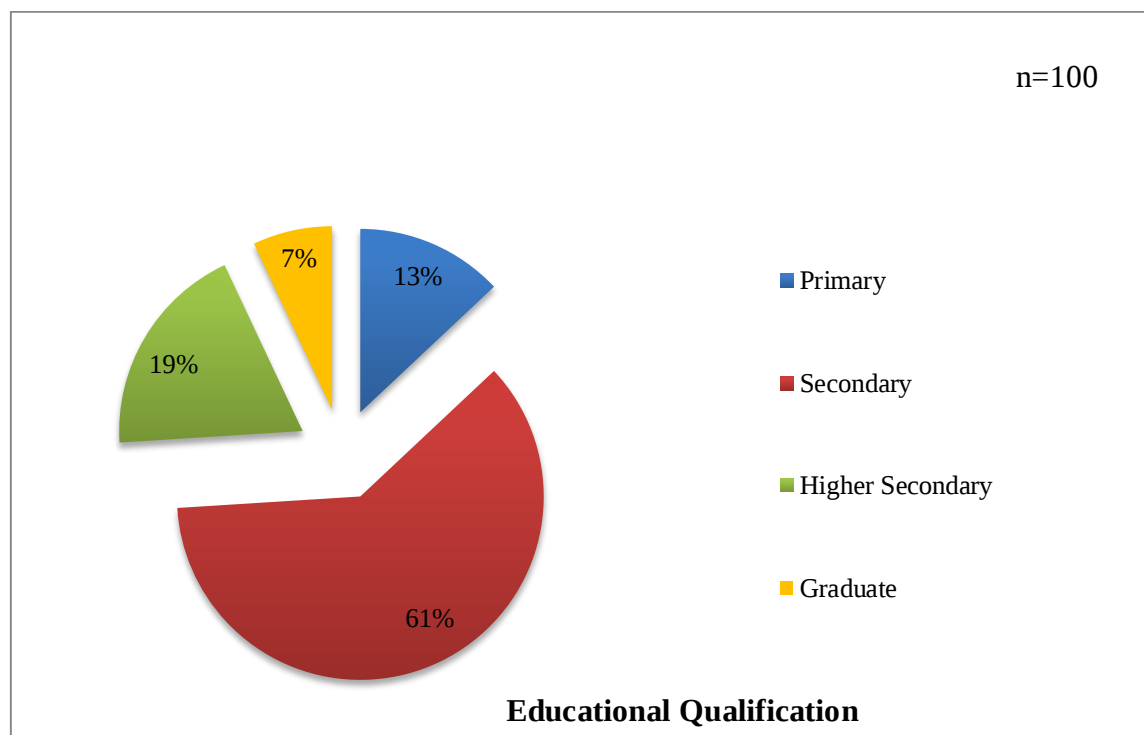


Figure 5: Pie diagram showing the percentage distribution of educational qualification among postnatal mothers.

Data showed in figure 5 depicted that more than half (61%) of the postnatal mothers had secondary level of education and only 7% had graduate level of education.

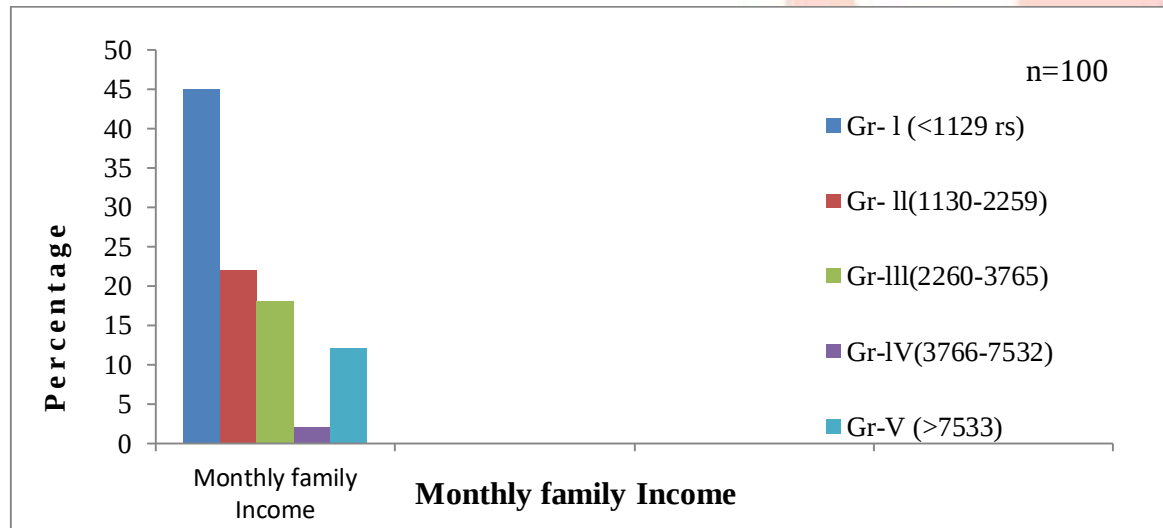


Figure 6: Bar Diagram showing percentage of monthly family income of the postnatal mothers.

Data presented in figure 6 showed that in regard to the monthly family income, most of the postnatal mothers 45% belonged to Gr I (below Rs <1129) and only 2% were in Gr IV (Rs 3766 -7532) level.

Table 2.a.: Frequency and percentage distribution of demographic profile according to the religion, type of family, occupation, area of living of postnatal mothers.

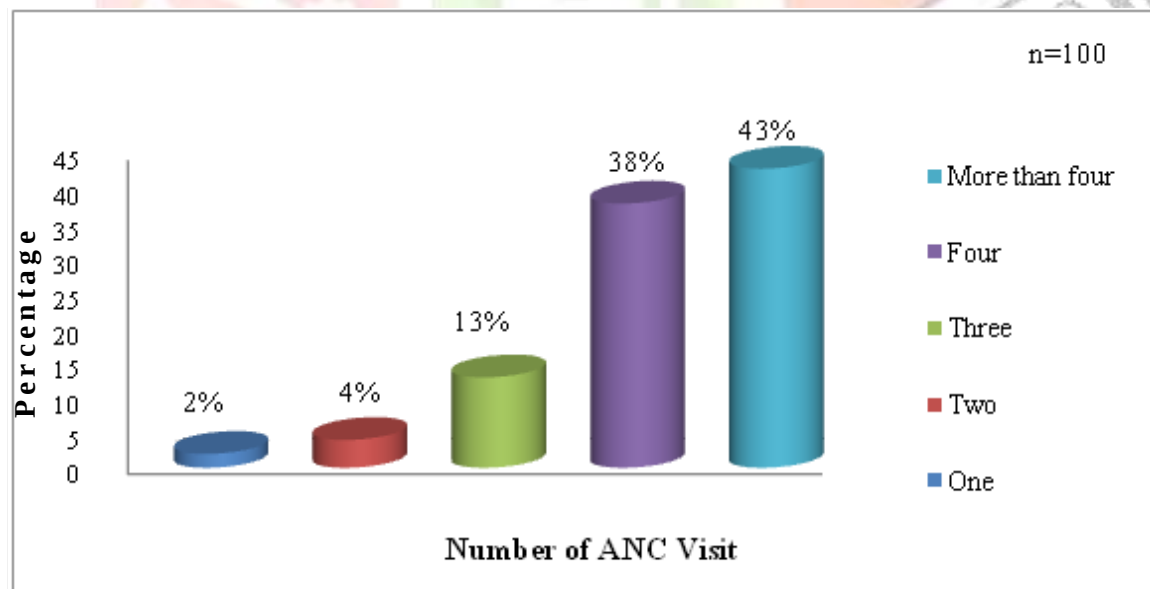
n=100

Demographic Profile	Frequency(f)	Percentage (%)
Religion		
Hindu	84	84
Muslim	16	16
Type of family		
Joint family	61	61
Nuclear family	30	30
Extended family	09	09
Occupation		
Homemaker	92	92
Labour	03	03
Tailor	05	05
Area of living		
Rural	91	91
Urban	07	07
Semi urban	02	02

Data presented in table 2.a. indicates that majority of postnatal mothers 84% were Hindu and 16% were Muslim. Maximum 61% postnatal mothers belonged to joint family and only 9% postnatal mothers were from extended family. Majority of postnatal mothers 92% were homemaker and only 3% were labour. Likewise, majority of the postnatal mothers 91% reported that they lived in rural area and only 2% lived in semi-urban area.

Section- 1b

Description of background information regarding obstetric profile.

**Figure 7:** Bar diagram showing number of Antenatal visit during Pregnancy among postnatal mothers.

Data represented in figure 7 showed that 43% of postnatal mothers had visited antenatal clinic for more than four times and only 2% had visited clinic only one time.

Table 2b: Frequency and percentage of distribution of obstetric profile according to number of pregnancy, type of pregnancy, number of children, sex of recent baby, complication of postnatal mothers and complication of newborn.

n=100

Items	Frequency (f)	Percentage (%)
No of Pregnancy		
One	55	55
Two	31	31
Three or more	14	14
Type of pregnancy		
Planned	54	54
Unplanned	46	46
No. of children		
One	57	57
Two	28	28
Three or more	15	15
Sex of recent Baby		
Boy	65	65
Girl	35	35
Complications of Postnatal mothers		
No	100	100
Complications of newborn		
No	99	99
Yes (Low birth Weight and respiratory Distress)	1	1

Data presented in Table 2b.revealed that 55% of postnatal mothers were one time pregnant and only 14% of postnatal mothers were three and more times pregnant. In regard to the type of pregnancy, most of the postnatal mothers 54% reported that their pregnancy were planned and 46% were unplanned. More than half of the postnatal mothers had one child (57%) and 15% had three or more children. Majority 65% of postnatal mothers had boy baby whereas 35% had girl baby. None of the mothers had any postnatal complications and majority 99% mother's newborn had no complications but only 1% had low birth weight with respiratory distress.

Section– II: Findings related to the level of respectful maternity care among Postnatal Mothers

Table 3: Area wise maximum possible score, mean obtained score, SD and mean percentage of the level of Respectful Maternity care according to areas among postnatal mothers.

n=100

Areas	Maximum Possible Score	Mean Obtained Score	SD	Mean Percentage(%)
Information, Consent and Preferences.	35	31.32	3.34	89.48
Free from harm and ill-treatment	25	19.32	3.90	77.28
Privacy and confidentiality.	10	08.80	1.55	88.00
Dignity and respect.	10	07.94	2.02	79.40
Freedom from discrimination and equitable care.	15	12.82	1.86	85.46
Highest attainable level of health care	20	16.18	2.21	80.90
Liberty, autonomy, self determination and free from coercion.	10	9.45	0.98	94.50

The data presented in Table 3 showed that the mean percentage of respectful maternity care was highest in the area of Liberty, autonomy, self determination and free from coercion (94.5%) and was least in the area of Free from harm and ill-treatment (77.28%). The other areas i.e., Information, Consent and Preferences, Privacy and confidentiality, Dignity and respect, Freedom from discrimination and equitable care, Highest attainable level of health care were 89.48%, 88%, 79.40%, 85.46%, and 80.90% respectively.

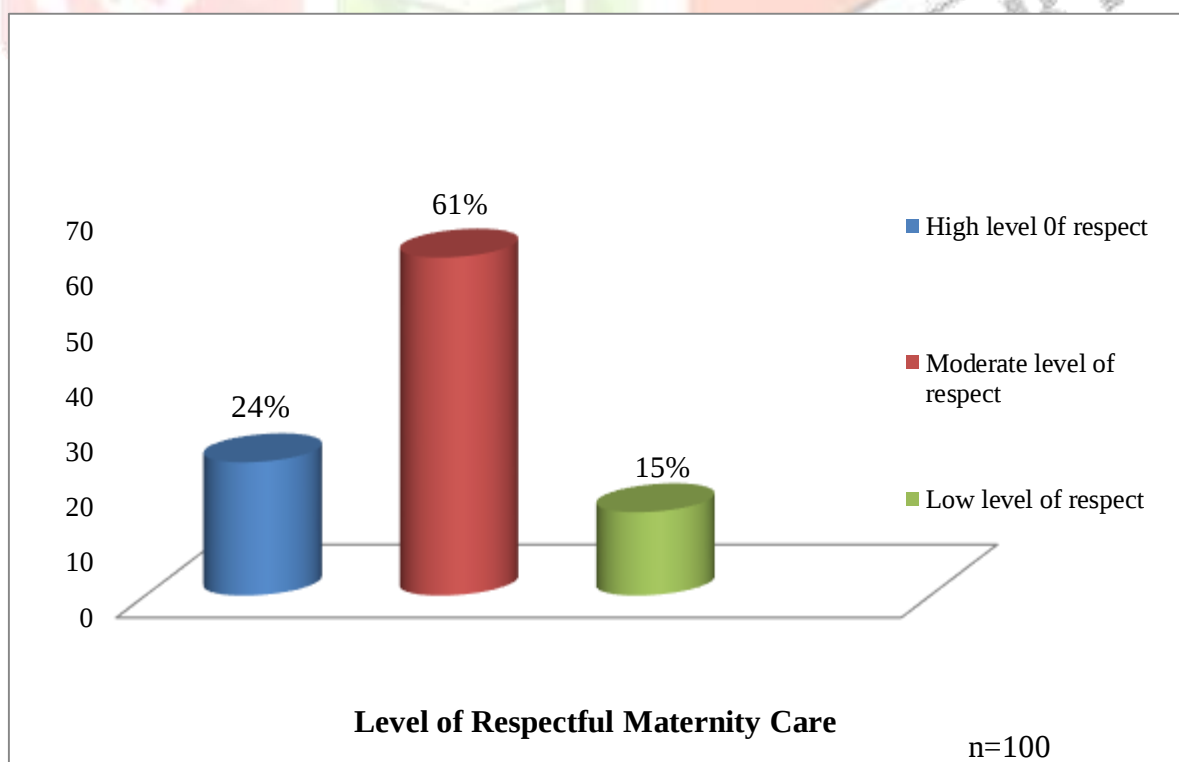


Figure 8 : Bar Diagram showing the and percentage distribution of the level of respectful maternity care among postnatal mothers.

Bar diagram showed that majority (61%) received moderate level of respectful maternity care and 24% postnatal mother received high level of respectful maternity care as well as only 15% mothers received low level of respectful maternity care.

Section – III: Findings related to the level of satisfaction among postnatal mothers regarding respectful maternity care.

Table 4: Area wise maximum possible score, mean obtained score, SD and mean percentage of satisfaction level among postnatal mothers.

n=100

Areas	Maximum Possible Score	Mean Obtained Score	SD	Mean Percentage(%)
Friendly care	12	10.91	0.92	90.96
Timely care	12	09.40	2.23	78.33
Abuse free care	12	09.30	2.34	77.50
Discrimination free care	09	08.22	1.21	91.33

Data presented in Table 4 showed that the mean percentage of satisfaction level was highest in the area of Discrimination free Care (91.33%) and least in the area of Abuse free care (77.50%). Mean percentage in the area of Friendly Care and Timely Care were 90.96% and 78.33%.

Table 5 : Frequency and percentage distribution of the satisfaction level among postnatal mothers regarding respectful maternity care.

n=100

Level of satisfaction	Frequency (f)	Percentage (%)	Data presented in Table 5 revealed that
Highly satisfied	15	15	
Moderately satisfied	74	74	
Dissatisfied	11	11	

the proportion of postnatal mothers who were moderately satisfied with respectful care were 74% and who were highly satisfied (15%) whereas only 11% were dissatisfied related to respectful maternity care.

Section IV:- Findings related to the relationship between level of respectful maternity care and satisfaction regarding respectful maternity care among postnatal mothers.

Table 6: Correlation coefficient (r) between level of respectful maternity care and satisfaction regarding respectful maternity care among postnatal mothers.

n=100

Variables	Mean	Standard Deviation	Correlation Coefficient (r)
Level of respectful maternity care	105.41	10.148	0.314
Level of Satisfaction	37.83	4.849	

df(4), =0.811

Data presented in table 6 showed that there were moderately positive correlation ('r' =0. 314) between the level of respectful maternity care and satisfaction level among postnatal mothers. It concluded that mothers received high level of respectful maternity care had high satisfaction level. **Section V:-**Findings related to association between the level of respectful maternal care with selected background information among postnatal mothers.

Table 7: Chi-square test of association and its significance existing between respectful maternity care with selected background information

n=100

Characteristics	RMC Score		Value of χ^2
	≥Median	<Median	
Age			
18-25	38	39	0.546
26 and above	13	10	
Religions			
Hindu	42	42	0.210
Muslim	09	07	
Educational qualification			
Secondary	35	39	1.561
High Secondary and above	16	10	
Type of pregnancy			
Planned	28	26	0.034
Unplanned	23	23	
Number of Children			
One	31	26	0.608
Two	13	15	
Three	07	08	
Sex of recent Baby			
Boy	34	31	0.127
Girl	17	18	

χ^2 df(1)=3.84, df (2)=5.99, $P<0.05$

Data presented in Table 7 showed that there were no association between age, religion, educational qualification, type of pregnancy, number of children and sex of recent baby with level of Respectful Maternity Care at 0.05% level of significance.

So it can be concluded that the level of Respectful Maternity Care is independent of the selected background information i.e. religion, educational qualification, type of pregnancy, number of children, sex of recent baby.

Table 8: Chi-square test of association and its significance existing between the satisfaction level among postnatal mothers with selected background information.

n=100

Characteristics	Satisfaction Score		Value of χ^2
	$\geq$ Median	<Median	
Religions			
Hindu	48	36	0.004
Muslim	09	07	
Type of pregnancy			
Planned	28	26	1.269
Unplanned	29	17	
Number of Children			
One	35	22	2.220
Two	16	12	
Three	06	09	
Sex of recent baby			
Boy	37	28	0.046
Girl	20	15	

χ^2 df(1)=3.84, df (2)=5.99), $p < 0.05$

Data presented in Table 8 revealed that there were no association between religion, type of pregnancy, number of children, sex of recent baby and the Satisfaction level.

So it can be concluded that satisfaction level is independent of the selected background information i.e. religion, type of pregnancy, no of children, sex of recent baby.

V. Discussion

➤ Findings related to the level of respectful maternity care among postnatal mothers.

- Among 100 postnatal mothers, the majority of postnatal mother, 61% received moderate level of respectful maternity care and the mean percentage of respectful maternity care was highest in the area of Liberty, autonomy, self determination and free from coercion (94.5).

➤ Findings related to the level of satisfaction among postnatal mothers regarding respectful maternity care.

- Among 100 postnatal mothers, the majority of postnatal mothers moderately satisfied regarding respectful maternity care were 74% and the mean percentage of satisfaction level was highest in the area of Discrimination free Care (91.33%)

➤ Findings related to the relationship between level of respectful maternity care and satisfaction regarding respectful maternity care among postnatal mothers.

- There were moderately positive correlation ($r = 0.314$) between the level of respectful maternity care and satisfaction level among postnatal mothers. It suggests that the study subject having high respectful maternity care had high satisfaction level.
- **Findings related to association between the level of respectful maternity care with selected background information among postnatal mothers.**
 - There were no association between age, religion, educational qualification, type of pregnancy, number of children and sex of recent baby with level of Respectful Maternity Care at 0.05% level of significance.
 - **Findings related to association between the satisfaction level regarding respectful maternity care among postnatal mothers with selected background information.**
 - There were no there were no association between religion, type of pregnancy, number of children, sex of recent baby and the Satisfaction level.

VI. Conclusion

Based on the results of this study, direct relationship was observed between Respectful Maternity Care and satisfaction level regarding Respectful Maternity Care among Postnatal mothers. There was no significant association between Respectful Maternity Care with selected background information in terms of age, religion, educational qualification, type of pregnancy, number of children and sex of recent baby as well as satisfaction levels with selected background information in terms of religion, type of pregnancy, number of children and sex of recent baby. So Respectful Maternity Care and satisfaction level both are independent with selected background information.

Reference

1. Bante A, Teji K, Seyoum B, Mersha A. Respectful maternity care and associated factors among women who delivered at Harar hospitals, eastern Ethiopia: a cross-sectional study. BMC Pregnancy and Childbirth. 2020 Dec 1;20(1):86.
2. Gashaye KT, Tsegaye AT, Shiferaw G, Worku AG, Abebe SM. Client satisfaction with existing labor and delivery care and associated factors among mothers who gave birth in university of Gondar teaching hospital; Northwest Ethiopia: institution based cross-sectional study. PloS one. 2019 Feb 6;14(2).
3. Ghose A, Mani S. A Study to Assess the Level of Adherence to Respectful Maternity Care (RMC) and Reasons of non-adherence among Health Personnel in the Maternity Department of Selected Hospitals, West Bengal. **International Journal of Nursing & Midwifery Research (ISSN: 2455-9318).**
4. Sheferaw ED, Mengesha TZ, Wase SB. Development of a tool to measure women's perception of respectful maternity care in public health facilities. BMC pregnancy and childbirth. 2016 Dec;16(1):67.
5. Dzomeku M V. Maternal satisfaction with care during labour: a case study of the Mampong-Ashanti district hospital maternity unit in Ghana. International Journal of Nursing and Midwifery. 2011 Mar 31;3(3):30-4.
6. Panth A, Kafle P. Maternal satisfaction on delivery service among postnatal mothers in a government hospital, Mid-Western Nepal. Obstetrics and gynaecology international. 2018 Jun 24;2018.
7. Bohren MA, Tunçalp Ö, Miller S. Transforming intrapartum care: Respectful maternity care. Best Practice & Research Clinical Obstetrics & Gynaecology. 2020 Feb 2.
8. Miller S, Abalos E, Chamillard M, Ciapponi A, Colaci D, Comandé D, Diaz V, et al. Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide. The Lancet. 2016 Oct 29;388(10056):2176-92.
9. Jha P, Larsson M, Christensson K, Svanberg SA. Evaluation of the psychometric properties of Hindi translated scale for measuring Maternal satisfaction among postnatal women in Chhattisgarh, India. BELGIUM. 2019 January 29;10/1371.

10. Yohannes B, Tarekegn M, Paulos W. Mothers' utilization of antenatal care and their satisfaction with delivery services in selected public health facilities of Wolaita Zone, Southern Ethiopia. *International Journal of Scientific Technology: Research* Volume2, issue 2 Feb 2013.
11. Amdemichael R, Tafa M, Fekadu H. Maternal satisfaction with delivery services in Assela Hospital, Arsi Zone, Oromia Region. *Gynecol Obstet (Sunnyvale)* 2014, 4:12.
12. Rahman MM, Ngadan PD, Arif TM. Factors affecting satisfaction on antenatal care services in Sarawak, Malaysia: evidence from a cross sectional study. *Springer Plus* 5,7252016 (5).
13. Babure KZ, Assef FJ, Welsemarium D. maternal satisfaction and associated factors towards delivery services among mothers who gave birth at Nekemte specialized Hospital, Nekemptm Town, East Wollela Zone Oromia Regional State, Western Ethiopia,2019:a cross sectional study design. *Journal of Women health care*2167/0120(3)
14. Sayed W, Eldeen D, ElAal A , Mohammed HS, Abbas AM, Zahran KM. Maternal satisfaction with delivery services at tertiary university hospital in upper Egypt, is it actually satisfying? *Department of Obstetrics and Gynaecology, man flout Reproductive health Hospital, Assiut, Egypt. July 2018(7) 25-47.*
15. Tuncalp Ö, Were WM, MacLennan C, Oladapo OT, Gulmezoglu AM, Bahl R, et al. Quality of care for pregnant women and newborns-the WHO vision. *BJOG* 2015;122:104
16. Moyer CA, McNally B, Aborigo RA, Williams JEO, Afulani P. Providing respectful maternity care in northern Ghana: A mixed method study with maternity care providers *Midwifery, Volume 94, 2021,102904.*
17. Butler M M, Competencies foe respectful maternity care: identifying those most important to midwives worldwide.. *Birth/volume 47, Issue 4 / p. 346-356.*
18. Downe S, Lawrie AT, Finlayson K, OladapomT. O. Effectiveness of respectful care policies for women using routine intrapertun services: a systemic review. *Reproductive Health (2018) 15:23*
19. Rosen HE, Lynam PF, Carr C, Reis V, Ricca J,Bazant ES , et al. Direct observation of respectful maternity care in five countries across sectional study of health facilities in East and south Africa.*BMC pregnancy and childbirth(20150 15;306*
20. Lewin S, Glenton C, Munthe-Kaas H, Carlsen B, Colvin CJ, Gulmezoglu M, et al. Using qualitative evidence in decision making for health and social interventions: an approach to assess confidence in findings from qualitative evidence syntheses (GRADE CERQual). *PLoS Med* 2015;13: e1002065.
21. A, Flemming K, McInnes E, Oliver S, Craig J. Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Med Res Methodol* 2012; 12:181.
22. Hajizadah K, Vaezi M, Meedya S, Charandabi SMA, Mirghafourvand M. Respectful maternity care and its relationship with childbirth experience in Iranian women: a prospective cohort study. *BMC Pregnancy and childbirth (2020)20; 468.*
23. Senarath U, Fernando ND, Rodrigo I., Factors determining client satisfaction with hospital based perineal care in Sri Lanka. *Tropical Medicine and Institutional Health, 11(9) PP 1442-142Sep 2006.*
24. Mocumbi S, Hogberg U, Lampa E, Sacoar C, Vala A, Bergstrom A,et al. Mother's satisfaction with care during facility based child birth: a cross- sectional survey in Southern Mozambique. *Bmc Prenancy and childbirth, 303(19) 2019*
25. Ndwiga C, Warren CE, Ritter J, Sripad P, Abuya T. Exploring provider perspectives on respectful maternity care in Kenya: "work with what you have". *Reproductive health. 2017 Dec 1;14(1):99.*
26. Dennis CL. The effect of peer support on postpartum depression: a pilot randomized controlled trial. *The Canadian Journal of Psychiatry. 2003 Mar;48(2):115-24.*
27. Dennis CL, Hodnett E, Kenton L, Weston J, Zupancic J, Stewart DE, Kiss A. Effect of peer support on prevention of postnatal depression among high risk women: multisite randomized controlled trial. *Bmj. 2009 Jan 16;338.*
28. Peterson WE, Charles C, DiCenso A, Sword W. The Newcastle Satisfaction with Nursing Scales: a valid measure of maternal satisfaction with inpatient postpartum nursing care. *Journal of advanced nursing. 2005.*
29. WHO Guideline on Respectful Maternity Care ;2018: Available from: (2012)https://www.who.int/woman_child_accountability/ierg/reports/2012

30. Respectful Maternity Care Delivered with Health Facilities;2019: Available from: (2011)<https://bmjopen.bmj.com/content/11/1/e039616>
31. Fair CD, Morrison TE. The relationship between prenatal, experienced control, and Birth satisfaction among primiparous women. A journal published by Elsiver. control,axpectations .28(2012)39-44.
32. Polit D Eand Hungler BP. Nursing Rescarch; Principles and Methods. 1999; Sixth Fdton, Lippincott Williams & Wilkins. Philadelphia.

