



A STUDY TO ASSESS MATERNAL SATISFACTION ON RESPECTFUL MATERNITY CARE AMONG POSTNATAL MOTHERS IN LABOUR ROOM AT SMVMCH, PUDUCHERRY

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ABSTRACT

Respectful maternity care refers to the process of providing care of all women in a way that maintains her dignity, privacy, confidentiality, freedom from mistreatment, informed consent and continuous support during labour and childbirth. RMC not only ensures positive outcome during pregnancy but also promotes cognitive development of babies later in life. It helps reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with care during delivery in labour room. The study aimed to assess the level of maternal satisfaction, to correlate the domains, and to associate the level of maternal satisfaction with their selected demographic and obstetric variables. Descriptive research design was used for the present study with a sample size was 50 postnatal mothers who were admitted in labour room at SMVMCH and was selected by using purposive sampling technique. Instrument was used to assess the level of maternal satisfaction by using semi-structured questionnaire adapted from Person-Centered Maternity Care Scale. The findings of the study revealed that Frequency and percentage wise distribution of level of maternal satisfaction among postnatal mothers on respectful maternity care shows that out of 50 postnatal mothers, majority 32 (64%) of them had satisfied level of maternal satisfaction, 12 (24%) of them had slightly satisfied level of satisfaction and 6 (12%) of them had dissatisfied level of maternal satisfaction and the mean and standard deviation were (21.26 ± 5.886) respectively. A positive correlation exists between the domains of respectful maternity care such as dignity & respect, Communication and autonomy, supportive care, privacy & confidentiality, trust, facility & environment. The demographic variables such as age of participants and obstetric variables such as neonatal outcome and relationship of birth companion and status of episiotomy has shown statistically significant association between the level of maternal satisfaction among postnatal mothers on respectful maternity care. The researcher concluded that the level of maternal satisfaction on respectful

maternitycare among postnatal mothers is on rise because of staff nurses who treated them in a positive way.

Keywords: Respectful maternity care, level of maternal satisfaction, Person-Centered Maternity Care Scale

INTRODUCTION:

Respectful maternity care (RMC) is consistent with a human rights-based approach to lowering maternal morbidity and mortality. RMC has the potential to improve women's labour and childbirth experiences while also addressing health disparities. There is little evidence on the effectiveness of interventions to promote RMC or reduce mistreatment of women during childbirth. Given the complex drivers of mistreatment during facility-based childbirth, reducing mistreatment and improving women's experiences of care necessitates interventions at the interpersonal level between a woman and her health care providers, as well as at the facility and health system levels.

To ensure that care is responsive to women's needs and preferences in all contexts and settings, effective communication and engagement among health care providers, health service managers, women, and representatives of women's groups and women's rights movements is essential. Interventions should aim to create a respectful and dignified working environment for those who provide care, while also acknowledging that employees may face disrespect and abuse at work, as well as violence at home or in the community.

According to the National Family Health Survey, the percentage of institutional births in India increased from 38.7% to 88.6% in the decade 2019-21. (NFHS -5). However, this increase in coverage has not resulted in a corresponding decrease in maternal and new born mortality or stillbirths. Inadequacies in the quality of care provided in health facilities are one of the major factors. The current maternal mortality ratio of 130 and neonatal mortality rate of 24 indicate that, while there has been tremendous improvement in maternal new born healthcare indicators, there is still a significant opportunity to meet our country's targets.

Over the last two decades, efforts to improve maternal and neonatal outcomes have emphasised the conduct of deliveries in health care facilities, which has increased 54% globally from 50% in 2000 to 77% today (2020). In India, the maternal mortality ratio (MMR) has dropped from 113 per 100,000 live births in 2016-18 to 103 per 100,000 live births in 2017-19.

The National Family Health Surveys (NFHS) of 2015 (NFHS-4) and 2019 (NFHS-5) provide sufficient data on the number of C-sections performed in India. According to NFHS-4, the C-section rate in India is 17.2%, which is higher than the WHO-recommended limit. On December 12, the Indian government released the NFHS-5 phase 1 data. Total percentage of C-sections is (31.9%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 48.9% are conducted at private facilities in the UT

AIM OF THE STUDY:

The aim of the Study was to assess the Maternal Satisfaction on Respectful Maternity Care among postnatal mothers in labour room.

OBJECTIVES:

1. To assess the level of maternal satisfaction among postnatal mothers on respectful maternity care.
2. To correlate the domains of respectful maternity care and the level of maternal satisfaction among postnatal mothers.
3. To find out the association between the level of maternal satisfaction among postnatal mothers with their selected demographic and obstetric variables.

METHODOLOGY:

The selection of research approach is the basic procedure for conducting research enquiry. A research approach gives information about the data to collect, and how to analyse it also suggests possible conclusions to be drawn from the data. In view of the nature of the problem selected for the study and the objectives to be accomplished, was considered the best to determine the maternal satisfaction on respectful maternity care.

A quantitative research approach was considered as appropriate for the present study.

RESEARCH DESIGN

In the present study, descriptive research design was selected for the study. The primary objective was to find the maternal satisfaction on respectful maternity care.

RESEARCH SETTING

The study will be conducted at Sri Manakula Vinayagar Medical College and Hospital. It consists of 1050-bedded hospital in Puducherry. The population of the study all postnatal mothers admitted in labour room at SMVMCH, Puducherry. Sample size is the number of subjects involved in the study. Sample size consists of 50 postnatal mothers. Sampling refers to the process of selecting a portion of the population to represent the entire population. Sampling technique chosen was purposive sampling.

TOOL DESCRIPTION

The structure administered questionnaire consists of three sections

SECTION – A: DEMOGRAPHIC VARIABLES:

This section consists of demographic variables such as Age, Religion, Education, Occupation, Income, Sources of Information, Type of marriage, Number of children, Residency, Type of family.

SECTION – B: OBSTETRIC VARIABLES:

It consists of obstetric variables such as gravida, parity, gestational age, neonatal outcome, duration of labour, position during delivery, method of induction, relationship of birth companion, pain management techniques, status of episiotomy

SECTION – C: PERSON CENTERED MATERNITY CARE SCALE:

The domain of respectful maternity care consists of seven domains such as dignity and respect, communication and autonomy, supportive care, privacy and confidentiality, trust,

facility and environment, predictability and transparency care, a semi-structured questionnaire adapted from Person-Centered Maternity Care Scale.

DATA COLLECTION PROCEDURE

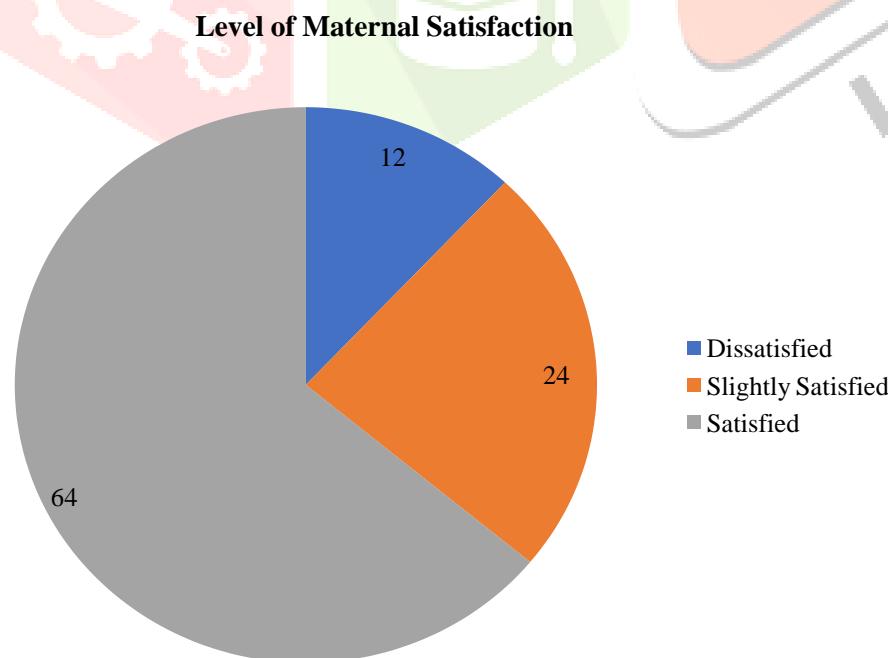
The data collection was done with the permission to conduct the study was obtained from authorities of the concerned person at Sri Manakula Vinayagar Medical college and Hospital, Puducherry. 50 postnatal mothers were selected by using purposive sampling techniques and according to the inclusion and exclusion criteria and after introducing and explain the purpose of the study. The tool consists of demographic variables and question variables were administered to respondents data was collected.

RESULTS AND DISCUSSION:

Frequency and percentage wise distribution of level of maternal satisfaction among postnatal mothers on respectful maternity care.

The study findings reveal that out of 50 postnatal mothers, Majority of the postnatal mothers 32(64%) had satisfied level of maternal satisfaction, 12(24%) had Slightly Satisfied level of maternal satisfaction and 6(12%) had Dissatisfied level of maternal satisfaction.

The mean and standard deviation the level of maternal satisfaction among postnatal mothers on respectful maternity care is (21.26 ± 5.886) respectively.



Distribution of pie diagram representing the level of Maternal Satisfaction among postnatal mothers on Respectful Maternity Care.

Table 3 : Frequency and percentage wise distribution of level of maternal satisfaction among postnatal mothers on respectful maternity care.

(N = 50)

LEVEL OF MATERNAL SATISFACTION	FREQUENCY (n)	PERCENTAGE (%)
Dissatisfied	6	12
Slightly Satisfied	12	24
Satisfied	32	64
Total	50	100
Mean \pm Standard deviation	21.26\pm5.886	

Table 4: Correlation between the domains of respectful maternity care and the level of maternal satisfaction among postnatal mothers. (N=50)

Correlation between the domains of respectful maternity care and the level of maternal satisfaction	MEAN	STANDARD DEVIATION	'r' VALUE	'p' VALUE
Dignity and respect	5.16	1.503	0.843	0.000
Communication and autonomy	5	1.57		**HS
Communication and autonomy	5	1.57	0.778	0.000
Supportive Care	3	0.948		**HS
Supportive Care	3	0.948	0.645	0.000
Privacy and confidentiality	1.62	0.567		**HS
Privacy and confidentiality	1.62	0.567	0.792	0.000
Trust	1.66	0.479		**HS
Trust	1.66	0.479	0.599	0.000
Facility and environment	4.28	1.691		**HS
Facility and environment	4.28	1.691	-0.037	0.797
Predictability and transparency of payment	0.54	0.503		NS
Predictability and transparency of payment	0.54	0.503	-0.197	0.169

Dignity and respect	5.16	1.503		NS
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*- $p < 0.001$ highly significant. NS-Non significant

- Correlation between level of Dignity and respect and level of Communication and autonomy among postnatal mothers indicates the positive correlation and shows the results pearson correlation r- value is (0.843), p-value is (p=0.000) are statistically significant.
- Correlation between level of Communication and autonomy and respect and level of Supportive Care among postnatal mothers indicates the positive correlation and shows the results pearson correlation r- value is (0.778), p-value is (p=0.000) are statistically significant.
- Correlation between level of Supportive Care and level of Privacy and confidentiality among postnatal mothers indicates the positive correlation and shows the results pearson correlation r- value is (0.645), p-value is (p=0.000) are statistically significant.
- Correlation between level of Privacy and confidentiality and level of Trust among postnatal mothers indicates the positive correlation and shows the results pearson correlation r- value is (0.792), p-value is (p=0.000) are statistically significant.
- Correlation between level of Trust and level of Facility and environment among postnatal mothers indicates the positive correlation and shows the results pearson correlation r- value is (0.599), p-value is (p=0.000) are statistically significant.
- Correlation between level of Facility and environment and level of Predictability and transparency of payment among postnatal mothers indicates the negative correlation and shows the results pearson correlation r- value is (-0.037), p-value is (p=0.797) are statistically non significant.
- Correlation between level of Predictability and transparency of payment and level of Dignity and respect among postnatal mothers indicates the negative correlation and shows the results pearson correlation r- value is (-0.197), p-value is (p=0.169) are statistically non significant.

Table 5: Association between the level of maternal satisfaction among postnatal mothers with their selected demographic and obstetric variables.

(N=50)

SL. NO	DEMOGRAPHIC AND OBSTETRIC VARIABLES	LEVEL OF MATERNAL SATISFACTION						Chi-square χ^2 and P-Value	
		Dissatisfied		Slightly Satisfied		Satisfied			
		N	%	N	%	N	%		
1	Age of participants							$\chi^2=7$ Df=4 p =0.016 *S	
	Below 25 years	1	16.7	5	41.7	15	46.9		
	26 to 30 years	2	33.3	4	33.3	13	40.6		
	31 to 35 years	3	50	3	25	4	12.5		
2	Religion							$\chi^2=3.75$ Df=6 p =0.709 NS	
	Hindu	3	50	9	75	24	75		
	Christian	1	16.7	2	16.7	4	12.5		
	Muslim	2	33.3	1	8.3	3	9.4		
3	Education							$\chi^2=7.26$ Df=6 p =0.297 NS	
	Illiterate	0	0	0	0	1	3.1		
	Primary	1	16.7	2	16.7	10	31.3		
	Secondary	5	83.3	5	41.6	10	31.3		
4	Occupation							$\chi^2=3.84$ Df=6 p =0.698 NS	
	Agriculture	0	0	0	0	2	6.2		
	Private sector	2	33.4	6	50	8	25		
	Government sector	2	33.3	2	16.7	7	21.9		
5	Residential							$\chi^2=3.65$ Df=2 p =0.161 NS	
	Urban	6	100	7	58.3	24	75		
	Rural	0	0	5	41.7	8	25		

6	Income						$\chi^2=6.27$ Df=6 p =0.393 NS	
	Below 5,000	0	0	1	8.3	1	3.1	
	5,001 to 10,000	0	0	0	0	8	25	
	10,001 to 15,000	3	50	6	50	11	34.4	
	Above 15,001	3	50	5	41.7	12	37.5	
7	Type of marriage						$\chi^2=4.05$ Df=2 p =0.132 NS	
	Consanguineous marriage	1	16.7	8	66.7	15	46.9	
	Non consanguineous marriage	5	83.3	4	33.3	17	53.1	
8	Number of children						$\chi^2=4.802$ Df=6 p =0.569 NS	
	None	0	0	1	8.3	0	0	
	1	2	33.3	6	50	16	50	
	2	3	50	3	25	13	40.6	
	3	1	16.7	2	16.7	3	9.4	
	More than 3	0	0	0	0	0	0	
9	Source of information						$\chi^2=2.46$ Df=6 p =0.872 NS	
	Television	1	16.7	1	8.3	6	18.8	
	Internet	2	33.3	7	58.3	12	37.5	
	Newspaper	0	0	0	0	1	3.1	
	Other	3	50	4	33.4	13	40.6	
10	Type of family						$\chi^2=4.09$ Df=4 p =0.393 NS	
	Joint family	3	50	8	66.7	20	62.5	
	Nuclear family	3	50	3	25	12	37.5	
	Extended family	0	0	1	8.3	0	0	
	OBSTETRIC VARIABLES							
11	Gravida						$\chi^2=7.82$ Df=6 p =0.251 NS	
	G1	1	16.7	5	41.7	11	34.4	
	G2	3	50	1	8.3	14	43.8	

	G3	2	33.3	6	50	6	18.7	
	G4 and above	0	0	0	0	1	3.1	
12	Parity							$\chi^2=1.67$ Df=6 p =0.947 NS
	P1	2	33.3	6	50	16	50	
	P2	3	50	4	33.3	12	37.5	
	P3	1	16.7	2	16.7	3	9.4	
	P4 and above	0	0	0	0	1	3.1	
13	Gestational age							$\chi^2=3.66$ Df=4 p =0.453 NS
	Less than 36 weeks	0	0	2	16.7	1	3.1	
	36 to 38 weeks	2	33.3	4	33.3	9	28.1	
	Above 38 weeks	4	66.7	6	50	22	68.8	
14	Neonatal outcome							$\chi^2=12.08$ Df=6 p =0.009 *S
	Appropriate to gestation age.	5	83.3	9	75	17	53.1	
	Small for gestational age	1	16.7	1	8.3	7	21.9	
	Large for gestational age	0	0	0	0	7	21.9	
	Pre term baby	0	0	2	16.7	1	3.1	
15	Duration of labour							$\chi^2=2.422$ Df=6 p =0.877 NS
	12 to 14 hours.	3	50	4	33.3	9	28.1	
	14 to 16 hours.	0	0	3	25	7	21.9	
	10 to 12 hours.	1	16.7	2	16.7	5	15.6	
	8 to 10 hours.	2	33.3	3	25	11	34.4	
16	Position of delivery							CONSTANT
	Lithotomy	6	100	12	100	32	100	
	Squatting	0	0	0	0	0	0	
	Sitting on a support	0	0	0	0	0	0	
	Kneeling	0	0	0	0	0	0	
17	Method of induction							

	Cervical ripening balloon catheter	1	16.7	1	8.3	5	15.6	$\chi^2=4.17$ Df=6 p =0.653 NS
	Prostaglandin	0	0	5	41.7	11	34.4	
	Artificial rupture of membrane	1	16.7	2	16.7	5	15.6	
	Oxytocin	4	66.7	4	33.3	11	34.4	
18	Relationship of birth companion							$\chi^2=9.76$ Df=4 p =0.018 *S
	Husband	0	0	0	0	0	0	
	Mother	3	50	8	66.7	13	40.6	
	Mother-in-law	3	50	3	25	9	28.1	
	Others	0	0	1	8.3	10	31.3	
19	Pain management techniques							$\chi^2=1.08$ Df=2 p =0.580 NS
	Pharmacological methods	4	66.7	6	50	14	43.8	
	Non pharmacological methods	2	33.3	6	50	18	56.3	
20	Status of episiotomy							$\chi^2=8.46$ Df=2 p =0.011 *S
	With episiotomy	6	100	6	50	21	65.6	
	Without episiotomy	0	0	6	50	11	34.4	

*- $p < 0.05$ significant, *- $p < 0.001$ highly significant, NS-Non significant

The table 5 depicts that the demographic and obstetric variables, **Age of participants**, **Neonatal outcome**, **Relationship of birth companion** and **Status of episiotomy** had shown statistically significant association between the level of maternal satisfaction among postnatal mothers with their selected demographic and obstetric variables.

The other demographic variable had not shown statistically significant association between the level of maternal satisfaction among postnatal mothers with their selected demographic and obstetric variables respectively.

CONCLUSION:

The descriptive research design was selected for this study to assess the maternal satisfaction on respectful maternity care on postnatal mothers in labour room at Sri Manakula Vinayagar Nursing College and Hospital, Puducherry.

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