

Maternal Satisfaction with Childbirth Services at a Cottage Hospital in Rivers State, South-South, Nigeria

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ABSTRACT

Background: Maternal satisfaction during childbirth is critical to the health and well-being of both women and infants and it is an important indicator of the quality of healthcare in a hospital setting. It can help provide information for service providers, local planners, and other stakeholders enabling them to perceive the progress or lack of progress and the remedial changes that require action to meet client's rights-based preferences.

Methodology: This was a cross-sectional study conducted at Obio Cottage Hospital in Rivers state, Nigeria. The study selected 384 mothers who had their antenatal services and delivery at the facility using self-administered questionnaires. Information on socio-demographic and obstetric characteristics, satisfaction with the care received, reasons for their satisfaction and their willingness to recommend the facility to others and for future deliveries were obtained. Data obtained was analyzed using SPSS version 25, tables were drawn for relevant variables and significant level was set at $p < 0.05$. **Results:** The mean age of the women was 30.4 ± 2.6 years and majority had tertiary level of education (257, 66.9%). Many of them have had previous childbirths and were able to attend more than four antenatal visits which were all used to holistically assess their level of satisfaction. Majority (93%) were satisfied with the services they received and willing to recommend the facility for future deliveries. The waiting time of less than fifteen minutes, being able to have spontaneous vaginal births and having babies without complications were factors significantly associated with their level of satisfaction ($p < 0.05$).

Conclusion: A very high level of satisfaction was observed in the study with many mothers showing strong willingness to utilize the facility for their future deliveries which can further help reduce adverse maternal and new born outcomes in the state.

Keywords: Maternal Satisfaction, Child birth services, Cottage hospital, Nigeria

INTRODUCTION

Maternal mortality is an avoidable public health problem with Nigeria contributing 34% of global maternal

deaths [1]. Several risk factors are determinants of maternal mortality in Nigeria which have been linked to delays in seeking care, delay in accessing care and delay at receiving care at the health facilities [2]. In an effort to reduce maternal mortality in Nigeria, several strategies have been put in place by government and stakeholders to ensure adequate care to pregnant women. In Rivers State which is an oil producing state in Nigeria, stakeholders in the oil industry have been supporting facilities in providing maternity care services to women in the state and their environs. However, to reduce maternal mortality, the availability of institutional delivery alone is insufficient, understanding maternal perceptions of care and satisfaction with delivery services is equally essential [3,4].

Maternal satisfaction assessment is thus an important indicator of the quality of healthcare in a hospital setting, as it determines the uptake of services during subsequent pregnancies [5,6]. According to the World Health Organization's (WHO) recommendation, quality improvement and health care success involve routine assessment of women's satisfaction with care received [7]. Maternal satisfaction with delivery care is therefore critical to the health and well-being of both women and infants. Also, a satisfied user is highly likely to come back to the health facility in the future for another delivery [8]. They can also help advocate the service to other potential users including their neighbours and relatives thereby increasing service utilization [9].

Maternal level of education, place of residence, monthly income, cost of the services rendered, making payment out of pocket or being in an insurance scheme have been identified in previous studies as factors that can contribute to maternal satisfaction [10,11]. Also, perceived attitude of the care givers, cleanliness of the environment and physical accessibility to the facility have been identified as additional factors that can determine satisfaction with delivery services by women [12,13]. However, few studies have been carried out in an oil rich state such as Rivers State on maternal satisfaction with delivery services.

Assessing the degree of satisfaction with maternity services can play a vital role in the designing of programs and quality improvement projects for scaling-up improved maternal and child health services. It can also help provide an evidence-base for service providers, local and regional planners, and other stakeholders by enabling them to perceive the coefficients of determination of the level of the performance of the delivery of services and the focus for prioritized action for scaling-up client satisfaction in the quality of care.

METHODOLOGY

Study design: The study utilized a cross-sectional descriptive design to recruit 384 mothers who delivered at Obio Cottage hospital between January and February 2025.

Study Area: This study was carried out at Obio Cottage hospital in Obio-Akpor Local government area of Rivers State. This facility is one of the facilities supported by the Shell Petroleum Development Company now named Renaissance Africa Energy Company to provide maternal and child health services to the host community and its environs. At this facility delivery rate is more than 22,000 annually with very high clients' patronage who have been enrolled into an insurance scheme that will enable provision of maternity and child health services at a very subsidized rate.

Study Population: This included mothers who registered for antenatal clinic at the facility and had their babies delivered at this facility.

Sample Size Estimation: The sample size was calculated using Kish Leslie's formula for cross-sectional studies where $N = z^2 pq/d^2$, with a standard normal deviate (z) of 1.96 at 95% confidence level, p was assumed to be 50% since there was no prior study that can be used to estimate the level of maternal satisfaction and $q = (1 - p)$, with the degree of accuracy (statistical assumption of a type 1 error rate) being 0.05, this gave a sample size of 384.

Inclusion Criteria: Consented mothers who had their antenatal care at Obio Cottage hospital and subsequently delivered their babies at the facility.

Exclusion Criteria: Mothers who did not register for antenatal care at Obio Cottage hospital and those who did not give their consent to participate in the study.

Data Collection Procedure: All Mothers at the postnatal ward were recruited using semi-structured questionnaires which were self administered to prevent bias and intimidation from the health workers. The mothers were asked to fill the questionnaires themselves truthfully but they were allowed to seek clarifications on any question they did not understand from the health workers. Information on their socio-demographic characteristics, their obstetric characteristics, satisfaction with the care received, reasons for their satisfaction and their willingness to recommend this facility to others and for future deliveries were obtained.

Data Analysis: Data collection continued until the sample size was reached and the data obtained was analyzed using Statistical Package for Social Sciences (SPSS version 25). Descriptive statistics were computed for all relevant variables and the Chi-Square test (X^2) was used to find the associations between the participants characteristics and their satisfaction with the care they received and their willingness to recommend the facilities for future delivery. Multi-variable Logistic regression was used to determine variables that could predict their satisfaction with care and the level of significance was set at $p < 0.05$.

RESULTS

A total of 384 mothers participated in the study. The mean age of the women was 30.4 ± 2.6 years and majority were within the age range of 30-39 years (214, 55.7%) Majority were married (380, 99%), were Christians (380, 99%), had tertiary level of education (257, 66.9%), were traders (318, 82.8%) and lived in the urban areas (338, 88%). This is shown in Table 1.

Table 1: Socio-demographic Characteristics of the Participants

| Characteristics | Frequency (n) | Percentage (%) |
|---------------------------|---------------|----------------|
| Age in Years | | |
| <20 | 1 | 0.3 |
| 20-29 | 153 | 39.8 |
| 30-39 | 214 | 55.7 |
| 40-49 | 16 | 4.2 |
| Marital Status | | |
| Married | 380 | 99.0 |
| Single | 4 | 1.0 |
| Religion | | |
| Christianity | 380 | 99.0 |
| Muslim | 4 | 1.0 |
| Level of education | | |
| No formal education | 3 | 0.8 |
| Primary education | 6 | 1.6 |
| Secondary education | 118 | 30.7 |
| Tertiary education | 257 | 66.9 |
| Occupation | | |
| Civil Servant | 21 | 5.5 |
| Farmers | 2 | 0.5 |
| Housewives | 43 | 11.2 |

| | | |
|---------------------------|-----|------|
| Traders | 318 | 82.8 |
| Place of Residence | | |
| Urban | 338 | 88.0 |
| Rural | 46 | 12.0 |

As shown in Table 2, most of the women have had at least a child before (167,43.5%), most also had more than four antenatal visits (367, 95.6%), most had spontaneous vaginal deliveries (218, 56.8%) and many had their deliveries within 12 hours of labour (270, 70.3%). Most of them had privacy (224, 58.3%) but only half were allowed to have a companion (179, 46.6%). Majority were attended to within 15 minutes of arriving the facility (307, 79.9%) and most of the babies were alive and in good condition (364, 94.8%).

Table 2: The Obstetric Characteristics of the Participants

| Characteristics | Frequency (n) | Percentage (%) |
|------------------------------------|---------------|----------------|
| Parity | | |
| 0 | 2 | 0.5 |
| 1 | 167 | 43.5 |
| 2 | 101 | 26.3 |
| 3 | 67 | 17.5 |
| ≥4 | 47 | 12.2 |
| Number of Antenatal Visits | | |
| <4 | 17 | 4.4 |
| >4 | 367 | 95.6 |
| Mode of delivery | | |
| Caeserean Section (C/S) | 162 | 42.2 |
| Instrumental delivery | 4 | 1.0 |
| Spontaneous Vaginal Delivery (SVD) | 218 | 56.8 |
| Pregnancy Status | | |
| Unwanted | 9 | 2.3 |
| Wanted | 375 | 97.7 |
| Duration of Labour | | |
| <12 hours | 270 | 70.3 |
| >12 hours | 114 | 29.7 |
| Had Privacy | | |
| No | 160 | 41.7 |
| Yes | 224 | 58.3 |
| Had a Companion | | |
| No | 205 | 53.4 |
| Yes | 179 | 46.6 |

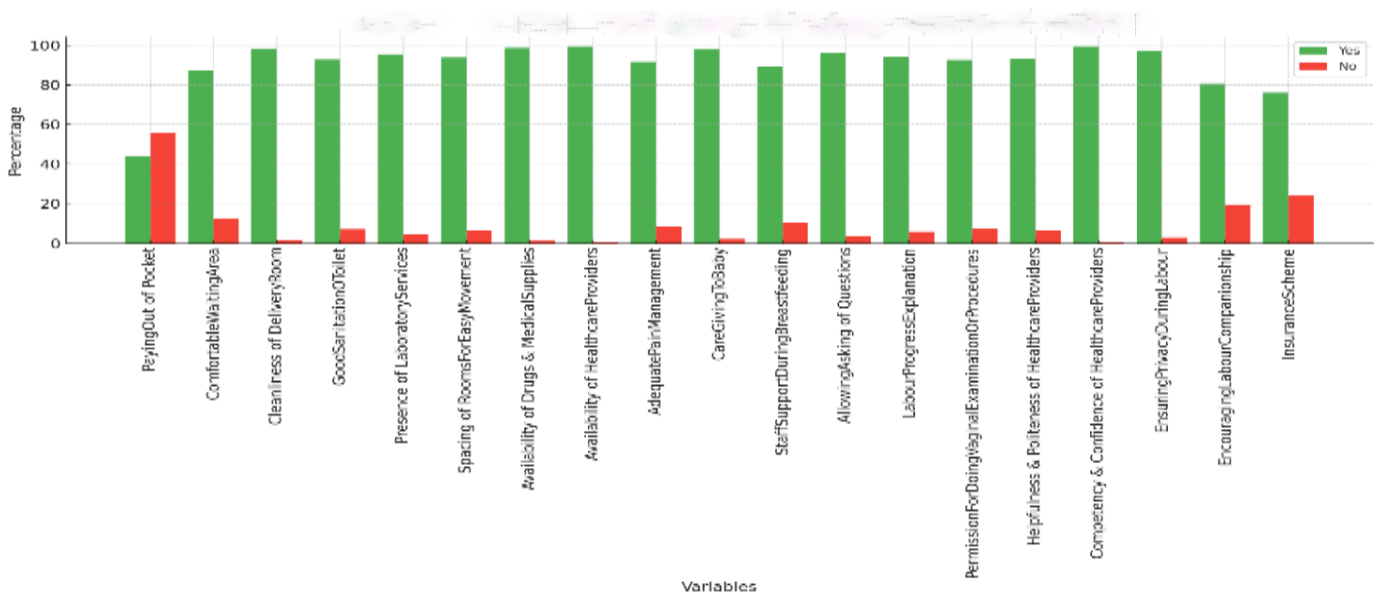
| | | |
|-------------------------|-----|------|
| Waiting time | | |
| <15minutes | 307 | 79.9 |
| >15minutes | 77 | 20.1 |
| Baby's Condition | | |
| Baby died | 5 | 1.3 |
| Baby had complication | 15 | 3.9 |
| Normal & Alive | 364 | 94.8 |

Out of the 384 mothers who participated in this study, 357 (93.0%) were satisfied with the care they received and 346 (96.9%) of those who were satisfied were willing to recommend the facility for future delivery. This was statistically significant as Chi-Square was 16.903 and the P value was 0.002, as shown in Table 3. More than 90% of the mothers gave the cleanliness of the delivery room, availability of drugs and medical supplies, availability of health workers, caring for their babies, competence and confidence of the health workers, and ensuring their privacy during labour as the commonest reasons for being satisfied with care among other reasons. This is shown in Figure 1 below.

Table 3: Maternal Satisfaction with care and the willingness to Recommend the facility

| Level of Satisfaction | Frequency | Percentage (%) | Willingness to Recommend facility for Future delivery | | | Chi-Square (X ²) | P value |
|-----------------------|-----------|----------------|---|----------|---------------|------------------------------|---------|
| | | | Yes N (%) | No N (%) | Neutral N (%) | | |
| Satisfied | 357 | 93.0 | 346(96.9) | 3(0.9) | 8 (2.2) | 16.903 | 0.002 |
| Not Satisfied | 9 | 2.3 | 7(77.8) | 0 (0) | 2 (22.2) | | |
| Neutral | 18 | 4.7 | 16(88.8) | 1(5.6) | 1(5.6) | | |

Figure 1: Maternal reasons for Satisfaction with care



Among the socio-demographic and the clinical characteristics of the participants, only the parity, mode of delivery, waiting time and the baby's condition at birth showed significant association with the level of satisfaction on Chi-Square test as shown in Table 4.

Table 4: Characteristics of the Participants and their level of Satisfaction with care

| Characteristics | Level of Satisfaction | | | Chi-Square X ² | P value |
|---------------------------------|-----------------------|---------------|---------|------------------------------|---------|
| | Satisfied | Not Satisfied | Neutral | | |
| Age | | | | 39.725 | 0.797 |
| <20 | 1 | 0 | 0 | | |
| 20-29 | 142 | 2 | 9 | | |
| 30-39 | 198 | 7 | 9 | | |
| 40-49 | 16 | 0 | 0 | | |
| Education | | | | 3.361 | 0.762 |
| None | 3 | 0 | 0 | | |
| Primary | 6 | 0 | 0 | | |
| Secondary | 113 | 1 | 4 | | |
| Tertiary | 235 | 8 | 14 | | |
| Parity | | | | 26.823 | 0.008* |
| 0 | 1 | 1 | 0 | | |
| 1 | 156 | 3 | 8 | | |
| 2 | 96 | 0 | 5 | | |
| 3 | 60 | 3 | 4 | | |
| ≥4 | 44 | 2 | 1 | | |
| Mode of delivery | | | | 17.138 | 0.029* |
| Caeserean Section | 141 | 7 | 14 | | |
| Instrumental | 4 | 0 | 0 | | |
| Vaginal delivery | 212 | 2 | 4 | | |
| Duration of Labour | | | | 3.969 | 0.137 |
| <12 hours | 249 | 5 | 16 | | |
| >12 hours | 108 | 4 | 2 | | |
| Had Privacy | | | | 2.991 | 0.224 |
| No | 145 | 6 | 9 | | |
| Yes | 212 | 3 | 9 | | |
| Labour Companion Present | | | | 3.636 | 0.726 |
| No | 186 | 6 | 13 | | |
| Yes | 171 | 3 | 5 | | |
| Waiting Time | | | | 22.835 | 0.000* |
| <15 minutes | 295 | 4 | 8 | | |
| >15 minutes | 62 | 5 | 10 | | |
| Baby's Condition | | | | 59.298 | 0.000* |
| Died | 5 | 0 | 0 | | |
| Had complication | 7 | 4 | 4 | | |
| Normal & Alive | 345 | 5 | 14 | | |

When the variables that showed significant association with the level of satisfaction were further subjected to multiple logistic regression to predict the factors that actually contributed to the mothers' level of satisfaction, those who have had previous deliveries at the facility were 0.067 [95% CI: 0.002-2.063] more likely to be satisfied. Similarly, those who had spontaneous vaginal delivery were 5.352 [95% CI: 1.002-28.507] more likely to be satisfied, those who were attended to within 15 minutes of presenting to the facility were 0.168 [95% CI: 0.064-0.443] more likely to be satisfied and those whose babies were alive without any complication were 39.429 [95% CI: 8.686-178.983] more likely to be satisfied with care. All of these factors gave a P value of 0.001 as shown in Table 5.

Table 5: Multiple Logistic Regression to Predict Factors responsible for Satisfaction

| Characteristics | Level of Satisfaction with care | | P value |
|-------------------------|---------------------------------|-------------------------|---------|
| | Odds Ratio | 95% Confidence Interval | |
| Parity | | | |
| 0 | Reference | Reference | - |
| ≥1 | 0.067 | 0.002-2.063 | 0.001* |
| Mode of delivery | | | |
| Caeserean Section | Reference | Reference | - |
| Vaginal delivery | 5.352 | 1.002-28.507 | 0.001* |
| Waiting Time | | | |
| <15 minutes | 0.168 | 0.064-0.443 | 0.001* |
| >15 minutes | Reference | Reference | - |
| Baby's Condition | | | |
| Had Complication | Reference | Reference | - |
| Normal and Alive | 39.429 | 8.686-178.983 | 0.001* |

*Significant at P<0.05

DISCUSSION

The study showed very high level of satisfaction among the mothers who had their Antenatal Care and deliveries at the Obio Cottage Hospital. Many of the women were well educated and could state clearly if they were satisfied with the services they received. Also, many of them had more than four antenatal visits which can be used by the mothers to wholistically judge their level of satisfaction with the maternity services provided at the facility.

Specifically, 93% of the mothers were satisfied with the services they received and were willing to recommend the facility for future deliveries. This level of satisfaction may be due to involvement of different stakeholders including midwives, doctors, obstetricians and paediatricians who are often engaged to provide expert maternity services at the facility. The finding is comparable to other studies conducted in Ekiti where 94.8% of the mothers reported satisfaction with the delivery services and Mozambique where 92.5% showed satisfaction with their care [14,15] but higher than that of Debre Markos town in Ethiopia, Akure in Western Nigeria and Nepal where 81.7%, 81.5% and 89.9% reported satisfaction with their care respectively [10,16,17].

Other reasons given by the mothers for this level of satisfaction included cleanliness of the delivery room, availability of drugs and medical supplies, availability of the health workers, adequate care for the babies, competence and confidence of the health workers, and ensuring privacy during labour. These reasons were also given by mothers in a similar study conducted in a Federal Teaching hospital in North-Eastern part of Nigeria

where a large proportion of the women were satisfied with the number of health workers, cost of services and availability of medicines/supply [18].

The study showed that mothers who have had previous child births had increased level of satisfaction compared to those who have not, this is not unexpected as they can easily compare the degree of maternity services received now with what they had in their previous delivery. Studies have shown that when women evaluate their childbirth experiences at different childbirths, the process of care during each period may dominate their determinants of satisfaction [19,20].

Those who had spontaneous vaginal delivery were more satisfied with the services they received than those who had caesarean section. This is not unusual in African setting where women have preference for vaginal births than operative delivery because the latter is often seen as a failure in their reproductive career. This is contrary to other studies which showed that women who had caesarean section were more satisfied with their care than their counterparts who had vaginal births probably because of the relief of their labour pains from the anaesthesia [10,11, 21].

Similarly, time interval within which the women were attended to for childbirth at the facility was a strong factor for their satisfaction as those who were attended to in less than fifteen minutes of presentation were more satisfied {OR= 0.168, 95% CI: 0.064-0.443} than those attended to after fifteen minutes. This could be due to the fact that women need reassurance while waiting to be attended to and most importantly analgesia to relieve the labour pains as soon as they present to health facility, this finding is in keeping with other studies [4,22,23].

Mothers whose babies were delivered without any complication and alive were 39% more satisfied with the care they received {OR=39.429; 95% CI: 8.686-178.983} as most mothers believe that any harm to their babies during childbirth could be due to the fault of the health workers who attended to them which might lead to a distrust in the health facility. This finding is in keeping with other studies where mothers who were attended to within fifteen minutes of arriving the facility reported more satisfaction with care [21,23].

CONCLUSION

This study showed that most mothers who delivered at this facility were satisfied with the services they received which is very encouraging and may enhance increase utilization of the health facility thereby reducing adverse maternal and new born outcomes. This level of satisfaction was probably due to involvement of different stakeholders including Midwives, Doctors, Obstetricians and Paediatricians who are often engaged to provide expert maternity and new born services at the facility. Also, improvement in the waiting time when mothers present to the health facility for childbirth and having good outcome following delivery are important factors that can determine women's satisfaction with care and subsequently increase future utilization of the facility.

Informed Consent & Ethics Approval: Informed Consent was obtained from all the respondents who participated in the study and ethics approval obtained from Obio Cottage Hospital Ethics Committee.

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Authors' Contribution: TAI Conceptualized the study and drafted the manuscript. All authors were involved in data collection, contributed to the development of the manuscript, read and approved the manuscript.

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