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Maternal Satisfaction Among Pregnant Women Regarding Midwife Led Antenatal Care Services in Public Health Facility of Dehradun

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Abstract

Every pregnant women has a right to get respectful maternal care, positive pregnancy experience and best possible health services during her antenatal period. It has been established that by implementing timely and appropriate evidence-based practices, antenatal care reduce maternal mortality by 20% if given of good quality and regular attendance. Clients' satisfaction is a measure of the quality of care of health system performance.[1] Global evidence has shown that the introduction of midwifery care has historically translated into the increased availability of quality maternal and newborn health services, and significantly aided the reduction of maternal and newborn mortality and morbidity. Therefore, this study aimed to assess maternal satisfaction among pregnant women regarding midwife led antenatal care services in Public health facility of Dehradun.

Methods: A facility based cross-sectional study was conducted among pregnant women attending midwife led antenatal care services in public health facility of Dehradun. 145 low risk pregnant women were selected using a non probability purposive sampling method. Data was collected using a self structured satisfaction rating scale andanalysed using SPSS software. The level of significance was determined at a p-value of less than 0.05.

Results: Overall, 62.8% of pregnant women were satisfied with antenatal care services provided by midwives in public health facility. Most of the respondents were satisfied with skills and competency of midwives, respect and dignity provided, care approaches, cleanliness and hygiene. Initiating ANC services within 1sttrimester, frequency of antenatal visits, educational status of partner, number of previous pregnancy have shown significant association with the maternal satisfaction.

Conclusion: Majority of the respondents were satisfied with the service. It concludes that pregnant women expressed positive satisfaction with antenatal care provided by midwives. Midwives can provide women centered care which promotes positive pregnancy experience and thus provides high quality of antenatal care.

Keywords: Fetal Distress; Meconium; Fetal Surveillance; Fetal Hypoxia; Interventions.

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INTRODUCTION

Every pregnancy is an unique and special one. Antenatal care presents the first contact opportunity for a women to connect with formal health services and linking women with pregnancy complication to a referral system.[2] Antenatal care plays a critical role in preventing maternal mortality and morbidity. Despite its benefits, the

perception and experiences of pregnant women significantly influence the utilization of ANC services.[3] Low satisfaction rates with the quality of care offered at the ANC facilities can discourage women from attending ANC visits, leading to missed opportunities for preventive measures and timely management of high risk pregnancies.[4]

Over the last two decades, increasing importance has been given to the opinions, expectations and satisfaction of women using health services. The World Health Organization (WHO) recommends monitoring and evaluation of maternal satisfaction with public health care services, in order to improve the quality and efficiency of health care during pregnancy.[5] Clients' satisfaction is a measure of the quality of care of health system performance.[1] Dissatisfaction of women with antenatal care (ANC) services has different consequences, such as poor adherence to treatment, poor participation in their own health care, breaking the continuum of care, and increasing maternal morbidity and mortality.[6]

Maternal morbidity and mortality rates remain unacceptably high in low and middle-income countries (LMICs)[7]. The 2020 WHO maternal mortality fact sheet reported that approximately 800 women die daily from pregnancy related complications. Almost 95% of all maternal deaths occurred in low and lower middle income countries in 2020. The vast majority of these deaths (94%) occurred in low resource settings and most could have been prevented. Sub Saharan Africa and South Asia accounts for 86% of maternal deaths globally. India has maternal mortality ratio (MMR) of 97/100,000 live births in 2019-2021, it is crucial to look into all aspects to achieve the sustainable development goal which is to decrease the MMR to 70/100,000 by 2030. So the efforts must be doubled if we have to meet the Sustainable Development Goal (SDG) targets by 2030. WHO estimates that most of (88%-98%) maternal deaths can be prevented with timely access to high quality care in pregnancy, emergency obstetric intervention.[8] Inadequate access to quality antenatal care (ANC) and poor satisfaction contribute significantly to these preventable maternal deaths.[9]

It has been evidenced in different studies from different parts of world that ANC can reduce maternal mortality if given good of quality and regular attendance. However, the use of ANC service by pregnant women could be affected by the level of their satisfaction with the service provided at the health care facility. Respect and dignity was found significantly associated with satisfaction level of pregnant women.

One of the effort by Government of India to improve the maternal health services is introduction of Midwifery led care units. Recognizing the significant contribution made by midwives worldwide, many countries are giving centre stage to midwives in order to improve quality of care, reduce "over-medicalization" during child birth and increase efficient use of resources. Global evidence has shown that the introduction of midwifery care has historically translated into the increased availability of quality maternal and newborn health services, and significantly aided the reduction of maternal and newborn mortality and morbidity.[10]

Therefore, this study is aimed at assessing thesatisfaction level of pregnant women regarding midwifery led antenatal care services at public health facility of Uttarakhand.

MATERIAL AND METHOD

Study Setting: study was conducted among low risk pregnant women who attended the midwife led care OPD at public health facility of District Dehradun, Uttrakhand.

Study Design: In this study facility based descriptive crossectional research design was used. Quantitative research approach was selected for study.

Population: The population of the study comprises of low risk pregnant women who are coming in midwife led antenatal care unit for antenatal visits.

Sample: The sample of the present study comprises of low risk pregnant women who are utilizing antenatal services of midwife led unit during study period.

Sample Size Determination: Sample size was calculated by single population proportion formula and a total of 145 pregnant women were who met the inclusion criteria.

$n = (z\ \alpha/2)2/d2 \mathbf{X}\ p(1-p)$

n-Sample size

$(z\ \alpha/2)$- standard variable at 95% CI i.e 1.96

d = margin of error (5%)

p = anticipated population(50%) of average monthly population

Population size = 200

Considering 10% drop out in the study 13 more pregnant women were enrolled in the study sample.

Sampling Technique: Non Probability purposive sampling technique is adopted in the study to recruit the samples.

Data Collection Instrument and Data Collection Procedure.

Data was collected by a self structured questionnaire. The questionnaire consists of 7 areas which measure the level of satisfaction with the different factors that contribute to client satisfaction of ANC services i.ecommunication, respect and dignity, care provided by midwifery educators, birth preparedness and complication readiness, counselling services, skill and competence, cleanliness and hygiene. Total number of questions were 30. The reliability (internal consistency of the instrument)was cheeked by Cronbach's alpha which was calculated as .745. The questionnaire consisted of five-point Likert scale items, with 1 and 5 indicating the lowest and highest levels of satisfaction, respectively. The score given was 5 to highly satisfied, 4 to satisfied, 3 to somewhat satisfied, 2 to dissatisfied, 1 to highly dissatisfied. The overall level of satisfaction was interpreted on the basis of previously published literature(Amanu Argan.et.al 2020) as upto 50% low satisfaction, 51-79% as moderate satisfaction and 80-100% as high satisfaction.

The information was collected by post basic Bsc nursing 1 styr students. Students were first trained for 1 day about the data collection procedure. The data collecting students were 4 in number and were not among the care givers so that women can feel more confidential and secure.

Data Processing and Analysis

Data were analyzed by using SPSS version 21.0 statisticalsoftware. Descriptivestatistics was used for determining the frequency,percentage, mean, and standard deviation.Chi square test was used to determine the association between the satisfaction level of pregnant women and the selected demographic variables. All variables with P value < 0.05were considered as statistically significant in this study.

RESULTS

Sociodemographic Characteristics of Respondents. Out of 145 pregnant womenthe majority of pregnant women 75 (51.7%) were in 24-27 yrs age group, followed by women of 19-23 yrs of age 44 (30.3), and 26 (17.9%) of women were in age group of 27-31. The mean age of women was. About 90.3% women belongs to urban area and 9.7% belongs to rural area.

Regarding educational status, majority of women were of secondary education 65(44.8%), followed by women of higher secondary education and above 54(37.2%), followed by women who have no formal education were 14(9.7%) and 12(8.3%) have primary education.

Regarding husbands education,majority were of higher secondary and above education 77(53.1%), followed by those who were of secondary education 57(39.3%), those who have primary education were 6 (4.4%) and who have no formal education were 5(3.4%).

Regarding occupational status majority of women were homemaker 106(73.1%), followed by women who were self-employed 14 (9.7%), women who were doing government job were 13(9.0%), and minimum women were on private job 12 (8.3%).

Regarding distance of hospital from home 81 (55.9%) women covers 1-5 km, followed by 50 (34.5%)women who covers 6-10 km, 8(5.5%) women covers 11-15 km and only 6(4.1%) of women covers more than 16 km.

84 (57.9%) of pregnant women were multigravida and 61(42.1%) of pregnant women were primigravida. 71(49%) of pregnant women had not given birth previously, 60(41.4%) of women had institutional birth and women who had home delivery were 14(9.7%).

69(47.6%) women had their husband as a companion, followed by women 40(27.6%) who have companion as a family members, 18(12.4%) women have no companion with them and 18(12.4%) of women have Asha as their companion during current visit.

Majority of the women had gestational period between 24-36 weeks 89(61.4%),followed by 26(17.9%)women who have gestational age between 36-40 weeks, women who have gestational age between 12-24 weeks were 26(17.9%),and only 4(2.8%) of women have gestational age up to 12 weeks.

Regarding timing of 1st ANC visit in midwife led OPD majority of women 73(50.3%) had 1st ANC visit upto 12 weeks, followed by 64(44.1%) of women who had their 1st ANC visit in midwife led OPD 12-24 weeks and 4(2.8%) of women had their 1 st ANC visit in midwife led OPD between 24-36 weeks and same number of women in 36-40 weeks.

Regarding number of visits in midwife led OPD majority of women 46(31.7%) had more than 4 visits, followed by women 39(26.9%) who had 4

visits, 38(26.2%) women had 3 visits and 22(15.2%) of women had 2 visits in midwife led OPD

Table 1: Frequency and percentage distribution of socio demographic characteristics of pregnant women

n=145

Demographic variables	F	%
Age		
19-23	44	30.3
24-27	75	51.7
27-31	26	17.9
31-35	-	-
Residential place		
Urban	131	90.3
Rural	14	9.7
Education of Women		
No formal	14	9.7
Primary	12	8.3
Secondary	65	44.8
Higher Secondary & above	54	37.2
Education of Husband		
No formal	5	3.4
Primary	6	4.4
Secondary	57	39.3
Higher Secondary & above	77	53.1
Occupation		
Home maker	106	73.1
Government job	13	9
Private job	12	8.3
Self employed	14	9.7
Distance of hospital from home		
1-5 km	81	55.9
6-10 km	50	34.5
11-15 km	8	5.5
>16 km	6	4.1
Gravida		
Primigravida	61	42.1
Multigravida	84	57.9
Where was last child delivered		
Not delivered yet	71	49
Home delivery	14	9.7
Institutional delivery	60	41.4
Companion in present pregnancy		
No companion	18	12.4
Husband	69	47.6
Family members	40	27.6
Asha	18	12.4
Period of gestation in weeks at present visit		
Upto 12 weeks	4	2.8
12-24 weeks	26	17.9
24-36 weeks	89	61.4
36 40 week	26	17.9
Timing of 1st ANC visit with NPME		
Upto 12 weeks	73	50.3
12-24 weeks	64	44.1
24-36 weeks	4	2.8
36 40 weeks	4	2.8
Number of visits with NPME		
2nd visits	22	15.2
3 rd visits	38	26.2
4 th visits	39	26.9
More than 4 visits	46	31.7

Level of Client Satisfaction with Different Domains of Satisfaction

In skill and competence area the mean value of satisfaction score was 14.45 and SD was .52 which indicates that highest satisfaction is achieved in this area. In care provison area the mean score was 13.4 and SD was 1.5, in respect and dignity area the mean score was 17.02 and SD 2.04. In cleanliness and hygiene area the mean score was 15 and SD was 2.1, in counselling area the mean score was 21.13 and SD was 3.2. In communication area the mean score was 22.75 and SD was 3.7, the mean score of birth preparedness and complication readiness was 17.7 and SD was 4.8.

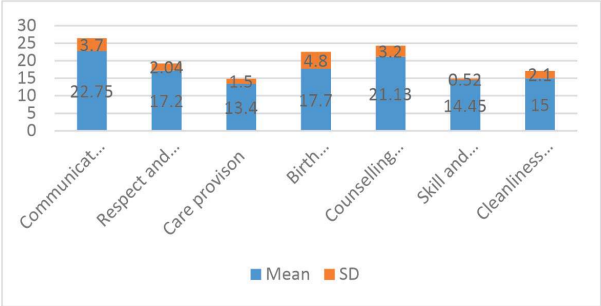

Fig. 1: Satisfaction score of pregnant women in different components

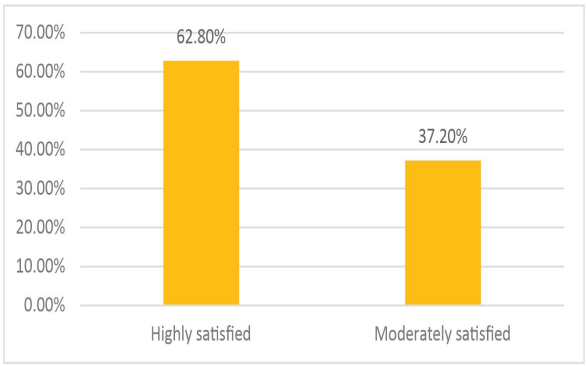

Fig. 2: showing satisfaction level of pregnant women

Overall 91 (62.8%) of women were highly satisfied regarding antenatal midwifery services, 54(37.2%) of women were moderately satisfied and no women was there who was not satisfied with antenatal midwifery services.

The chi square test was carried out to determine the association between satisfaction level and demographic variables. The association between satisfaction level and educational status of women's husband, occupation of women, gravida of women, timing of 1st A`NC visit with midwifery educator and number of visit with midwifery educator were significantly associated at .05 level of significance.

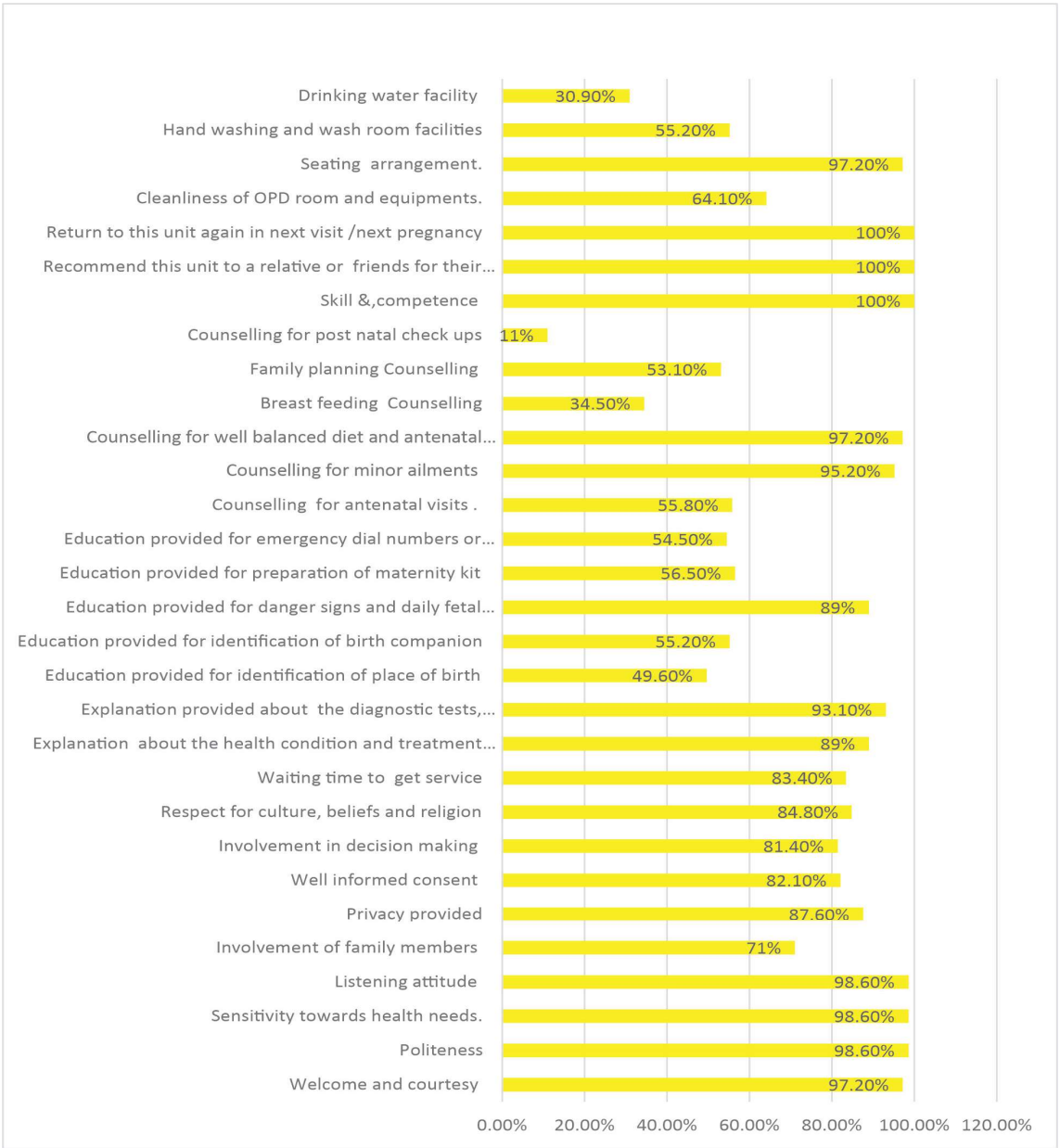

Fig. 3: The percentages of satisfaction in items used to measure the overall ANC services satisfaction for pregnant women.

DISCUSSION

ANC is considered one of the best strategies to reduce maternal morbidity and mortality[9].Antenatal care (ANC) is an important part of preventive medicine and health professionals providing this service can reduce the risk of complications through education, counselling and various interventions[11]. This could only be achieved if maternal satisfaction is fulfilled and by giving them a positive pregnancy experience. A positive pregnancy experience can be gained by providing quality antenatal care. In this study 62.8% of women were highly satisfied regarding antenatal midwifery services, 37.2% of women were moderately satisfied and no women was there who was not satisfied with antenatal midwifery services. This is supported by the study conducted by Ghobashi. M, Khandekar.M (2008) in which 59.8% of women showed excellent satisfaction with the antenatal services provided by health care providers in health center.

The present study reveals that there was a significant association between satisfaction level and selected socio demographic variables such as educational status of women's husband, occupation of women, gravida of women, timing of 1 st ANC visit, number of visits.A significant positive association is present between satisfaction level and gravid status of women. Multigravida mothers are highly satisfied than primigravida it could be because they may be comparing their previous ANC experience with present one, while primigravida mothers don't have any previous experience to compare.The findings are supported by the study conducted by Pricilla. A. et.al (2016) which depicts the similar results.

The study also reveals that timing of 1st ANC visit is significantly associated with satisfaction level. It indicates that those mothers who have initiated ANC visits in first trimester are more satisfied than mothers who initiated ANC visits in later trimester. This might be because early initiation of ANC will increase pregnant women's chance of having a repeated visit which in turn affects the satisfaction of pregnant women. The present study is supported by the study conducted by Simon Birhanu. et. al (2020) which reveals the similar results in which significant association is between satisfaction level and timing of initiation of 1st ANC visit.

In present study there is significant association between the number of visits by women and satisfaction level. It reveals that mothers who have four or more visits are highly satisfied than those mothers who have two visits. The reason for this could be due to increasing awareness and knowledge of pregnant women through repeated ANC visits affects their perception and satisfaction. Repeated ANC fulfills the women's need. The findings of the study were consistent with the findings of study conducted by Ayale. M (2021) which also has significant association between satisfaction level and frequency of visits.

CONCLUSION

62.8% of pregnant women were highly satisfied with the care provided in midwife led antenatal care unit and 37.2 %were moderately satisfied with the ANC services and none was there who was dissatisfied. Majority of the women were satisfied with skill and competence of the care provider, respect and dignity they recieved, cleanliness and hygiene of the area, counselling they received. This concludes that services provided in MLCU OPD were of good quality. Pregnant women expressed positive satisfaction regarding antenatal care provided by midwives.

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