



A comparative study to assess the level of satisfaction with the child birth experience among primipara mothers who delivered by normal vaginal delivery v/s caesarean section in gynae ward of government medical college and hospital

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Abstract

A comparative study to assess the level of satisfaction with child with experience among primipara mothers who delivered by normal vaginal delivery v/s caesarean section at Government Medical college and Hospital, Sector-32, Chandigarh was carried out in full compliance with ethical committee of GMCH 32 to carry out the study. The objective of the study was to compare the level of satisfaction with child birth experience among primipara mothers who delivered by normal vaginal delivery v/s caesarean section and to find out the relationship of level of satisfaction with the child birth experience among mothers who delivered by normal vaginal delivery v/s caesarean section with selected demographic variables. In the present study total 60 samples participated. The study concluded that the women who had undergone deliveries via normal vaginal delivery and caesarean section in Government Medical College and Hospital Sector 32 Chandigarh had a satisfactory response towards their experience in child birth. There is no association between level of satisfaction scores and demographic variables. The findings of the study reveal that out of 30 samples of normal vaginal delivery, 56.7% had average satisfaction and 43.3% had good level of satisfaction. Whereas out of 30 samples of caesarean section 56.6% women had average level of satisfaction and 43.3% had good level of satisfaction.

Keywords: satisfaction, primipara mothers, normal vaginal delivery, caesarean section

Introduction

Background of the study

The complex and multidimensional nature of satisfaction with received health services is well established, and measuring beneficiaries' satisfaction with health services including childbirth services, has emerged as a universal cost-effective method of evaluating service quality

Childbirth through abdominal surgery called caesarean section, has been done for millions of mothers and babies over the past centuries. However, it should be limited to the cases in which vaginal childbirth is not possible or normal delivery is subject to serious risks for the baby or mother. Numerous complications may arise for mother and baby due to caesarean section, including the general surgical complication and many specific complications such as urinary tract involvement, child mother relationship issues etc. also, while the mortality rate for elective caesarean delivery has been reported to be about 6 in 10000 cases, the rate for vaginal childbirth is 2 in 10000. Caesarean section is used frequently in both developed and developing country, especially in Asia. In Iran, similarly, the caesarean section rate is much higher than standard rate (5-15%) that is expected by the world health organisation [1]. The world wide maternal mortality ratio (MMR) decline by 44% from 1990-2015. However, maternal mortality remains unexpectedly high with approximately 3,03,000 maternal deaths occurring each year with the largest burden in sub-Africa and Asia. Ethiopia is one of the

countries with high maternal mortality with an estimated maternal mortality ratio of about 412per 100000 live births [2]. Satisfaction is a multidimensional concept with is defined as the individual's fulfilment of desires and expectations or receiving services more than these desires and expectations. Patient satisfaction is one of the main outcomes frequently used for measuring the quality of care in health institutions. Increase in patient satisfaction could be defined as reaching the desired goals in the health care [3]. Birth is one of the very important life experiences for the women and her relatives. Therefore, birth experience is parallel to satisfaction about health care. While identifying women satisfaction assessment of birth experience is very important. Studies show that the maternal satisfaction/dissatisfaction is associated with unplanned interaction during birth such as emergency caesarean section. The women dissatisfaction associated with her birth experience could cause cases such as postpartum depression, negative emotions against the baby, breastfeeding problems etc. therefore it is clear that dissatisfaction in care can cause complication, so it is important to assess the satisfaction level and improving the quality of care [5].

Need of the study

A women's satisfaction with childbirth services can have a significant impact on her mental health and ability to bond with

her new-born [1]. The complex and multidimensional nature of satisfaction with received health services is well established and measuring beneficiaries' satisfaction with health services, including child birth services, has emerged as a universal cost-effective method of evaluating service quality. Measuring women's satisfaction with child birth not only helps in improving client friendliness and cultural sensitivity of facility based in trapartum and post-partum care; it also has clinical significance [2]. Several factors influence women's satisfaction with child birth services, certain demographic characteristics have been predominantly studied, e.g., a Swedish study reported that younger women had more negative expectation related to child birth and they experienced more pain and lack of control during labour compared to older women [3]. In 2008, Kasai in a qualitative study a women's belief about mode of delivery in teaching hospital of Brazil shows that, more women prioritized natural birth due to faster recovery after delivery. Also, the reason behind some women's inclination toward caesarean section was lack of pain during labour and closing of the uterine tube [4]. It should be considered that sometimes mothers, who are not adequately informed about the mode of delivery, refused to undergo caesarean section when this procedure is necessary for the prevention of maternal and fetus risk [5]. As Aziken and colleagues (2007) reported that wrong cultural assumption about delivery are the main reason for mothers' refusal to undergo caesarean section, so it seems cultural norms and beliefs could affect an individual's tendency towards a certain mode of delivery [6]. Therefore, there is insufficient knowledge about the satisfaction and experience of women towards various modes of delivery. On the other hand, it is obvious that promotion of maternal health is not possible without a clear understanding of labour and women's view on related problem. These problems provoke us to do something and assess women's level of satisfaction towards normal vaginal delivery or caesarean section. So, this study was taken up as a research topic of concern

Problem statement

Assessment of level of satisfaction with child birth experience among primipara mothers who delivered by normal vaginal delivery v/s caesarean section.

Objectives

1. To compare the level of satisfaction with the child birth experience among primipara mothers who delivered by normal vaginal delivery v/s caesarean section.
2. To find out the relationship of level of satisfaction with the child birth experience among mothers who delivered by normal vaginal delivery v/s caesarean section with selected demographic variables.

Material and Methods

Research approach: Quantitative research approach.

Research design: Non-experimental comparative study design.

Setting of study: Labour room, post-natal ward-I, post-natal ward II and gynaecology ward in Government Medical College and Hospital sector 32 Chandigarh.

Target population: Primipara mothers who delivered by normal vaginal delivery and caesarean section during august at Government Medical College and Hospital sector 32 Chandigarh.

Sampling technique: Consecutive sampling technique.

Sample size: 60 Patients.

Inclusion criteria

1. Women of age group 18-35 years.
2. Women who delivered a term baby.
3. Women who can understand English, Hindi or Punjabi language.
4. Women who will be present at the time of data collection

Exclusion criteria

1. Women with known physical or mental impairment.
2. Women who are illiterate and doesn't understand any language.
3. Women who are under 18 or above 35 year of age.

Tool for data collection Part A-Socio demographic data-It consists of Age, education, occupation, Type of family and Type of support person. PART B-Birth satisfaction scale-revised (BSS-R). (Hollins Martin and Martin,2014) Scale revised to assess the level of satisfaction of childbirth experience among primipara mothers who delivered by vaginal delivery v/s caesarean section.

Results

Comparison of scores of primipara mothers who delivered by normal vaginal delivery and cesarean section.

This section deals with the findings related to the comparison of the satisfaction scores of NVD and C-section. The Unpaired T-Test was used to compare the satisfaction scores between NVD and C-section.

Table 1: Criteria measure of satisfaction score

Category Score	NVD f (%)	CS f (%)
GOOD (27-40)	13(43.3%)	13(43.3%)
AVERAGE (14-26)	17(56.7%)	17(56.7%)
POOR (0-13)	0(0%)	0(0%)
N=60, Maximum = 40 Minimum = 0		

Table 1 depicts the frequency percentage of level of score of primipara mothers who delivered by NVD and CS.

It shows that the no. of women who found giving birth a good experience is same i.e., 43. 3% for both NVD and CS.

The no. women who found giving birth an average experience was same for both NVD and CS i.e., 56.7%. No mother found giving birth a poor experience among both the groups.

Table 2

Unpaired T Test	Mean Score	S.D.	N	Mean F	Unpaired Test	P value	Table Value at 0.05	Result
Satisfaction score	NVD	25.17	4.308	30	0.030	0.976	2.002	Non-Significant
	CS	25.20	4.390	30				
N=60, Maximum=40, Minimum=0								

Table 2 depicts the statistics of score of primipara mothers who delivered by NVD and CS. It shows that there is no significant difference between good, average and poor satisfaction score of mothers who delivered by NVD and mothers who delivered by CS.

Conclusion

The following conclusions are drawn from the study:

In the present study total 60 samples participated.

The study concluded that the women who had undergone deliveries via normal vaginal delivery and caesarean section in Government Medical College and Hospital Sector 32 Chandigarh had a satisfactory response towards their experience in child birth. There is no association between level of satisfaction scores and demographic variables. The findings of the study reveal that out of 30 samples of normal vaginal delivery, 56.7% had average satisfaction and 43.3% had good level of satisfaction. Whereas out of 30 samples of caesarean section 56.6% women had average level of satisfaction and 43.3% had good level of satisfaction.

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