UNIVERSITI SAINS MALAYSIA

UNIVERSITI SAINS MALAYSIA

CHILDBIRTH SATISFACTION AMONG POSTNATAL MOTHERS AT POSTNATAL WARD IN HOSPITAL UNIVERSITI SAINS MALAYSIA

by

HALIZAN BINTI YUSOFF

Dissertation submitted in partial fulfillment of the requirements for the degree of Bachelor of Health Sciences (Nursing)

April 2009

CERTIFICATE

This is to certify that the dissertation entitled Childbirth Satisfaction Among Postnatal Mothers at Postnatal Ward in Hospital Universiti Sains Malaysia is the bonafide record of research work done by Halizan binti Yusoff 94588 during the period of July 2008 to April 2009 under my supervision. This dissertation submitted in partial fulfillment for the degree of Bachelor of Health Sciences (Nursing). Research work and collection of data belong to Universiti Sains Malaysia.

ACKNOWLEDGEMENT

First of all, I would like to say Alhamdulillah, praise to Allah because with permission that I could finish my thesis as planned. I wish to express my sincere gratitude and appreciation to my supervisor Ms. Radziah binti Mohd. Fauzi, lecturer from School of Health Sciences, for her patience and guidance throughout the completion of this thesis.

I want also to thanks to Ms. Norazliah binti Hj. Shamsuddin, my course coordinator of research project (GTJ 312/6), lecturer from School of Health Sciences Universiti Sains Malaysia. Thank you to Associate Professor Mohd Isa bin Abu Bakar for all his guidance in research methodology. I would also like to acknowledge Dr. Aniza binti Ab. Aziz, lecturer from Department of Biostatistics for her advice in relation to statistical analysis.

Thank you to madam Nor Rafida binti Mohd. Seni, English lecturer from *Pusat Bahasa dan Terjemahan* for her help and guidance in back translation of my questionnaire. Special thanks to all of respondents who so willingly gave of their time to share their experiences of birth, without them this study would have not been possible. Thank you to all of the staff in postnatal ward HUSM.

Last but not least, my warmest appreciation to my parent Yusoff bin Awang and Kelethom binti Mat, my husband, Mazlan bin Yaacob, and my daughters Nur Alia Syahirah, Nur Anis Afiqah, Nur Aina Balqis and Nur Auni Faqihah for their understanding, patience, interest and endless support and love throughout the completion of this thesis and the three years of the studying period.

CONTENTS

CONTENT (Continued)

CONTENT (Continued)

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATION

HUSM	Hospital Universiti Sains Malaysia
SPSS	Statistical Package Social Science
SD	Standard Deviation
Q	Question
ANOVA	Analysis of Variance
n	Number
LADSI	Labor and Delivery Satisfaction Index

CHILDBIRTH SATISFACTION AMONG POSTNATAL MOTHERS AT POSTNATAL WARD IN HOSPITAL UNIVERSITI SAINS MALAYSIA

ABSTRACT

Childbirth is a very important experience and may positively and negatively influence women's attitude towards giving birth. Women satisfaction with their childbirth experiences may have immediate and long-term effects on their health and their relationship with her infant. A cross-sectional study was conducted on 130 postnatal women with low risk postpartum women in Hospital Universiti Sains Malaysia. This study was done to identify women satisfaction and the factors that contributed to childbirth satisfaction. Therefore, Mackey Childbirth Rating Scale questionnaire was used to measured childbirth satisfaction. Descriptive statistic was used to measure the mean score and SD of childbirth satisfaction. The mean score satisfaction of support from spouses, 8.78 (1.619), support from caregivers, 71.15 (10.837) and personal control 19.80 (3.377) was highly satisfied. Pearson correlation test, Independent *t* –test and One Way ANOVA test were used to test the association between variables, where $p < 0.05$ were significance. Pearson correlation analysis revealed a statistically significant with a positive correlation between support from spouses ($r = 0.51$, $p < 0.05$), support from caregivers ($r = 0.95$, $p < 0.05$) and personal control ($r = 0.75$, $p < 0.05$) with childbirth satisfaction. Based on Independent t – test and ANOVA test, the selected socio-demographic factors revealed no significant difference ($p > 0.05$) with childbirth satisfaction. In conclusion, the support from caregivers is a crucial to measure the quality

of care. Therefore, understanding women's satisfaction with their childbirth experiences is relevant to health care professional, as an indicator of quality of maternity care.

KEPUASAN MELAHIRKAN ANAK DALAM KALANGAN IBU-IBU POSNATAL DI WAD POSNATAL HOSPITAL UNIVERSITI SAINS MALAYSIA

ABSTRAK

Kelahiran merupakan pengalaman penting yang mempengaruhi sikap positif dan negatif wanita semasa melahirkan anak. Kepuasan wanita terhadap pengalaman kelahiran akan memberi kesan serta-merta dan jangkapanjang pada kesihatan mereka dan perhubungan dengan bayinya. Kajian keratan lintang telah dilakukan pada 130 wanita posnatal yang berisiko rendah di Hospital Universiti Sains Malaysia. Kajian ini di jalankan untuk menentukan kepuasan wanita dan faktor yang menyumbang kepada kepuasan kelahiran. Oleh itu *Mackey Childbirth Satisfaction Scale Questionnaire* telah digunakan untuk menilai kepuasan semasa kelahiran. Statistik deskriptif telah digunakan untuk menilai skor min dan sisihan piawai. Skor min bagi kepuasan sokongan dari suami 8.78 (1.619), sokongan dari staf kesihatan 71.15 (10.837) dan kawalan kendiri 19.80 (3.377) adalah merupakan tahap kepuasan yang tinggi. Ujian Korelasi Pearson, Independent –t dan ujian ANOVA telah digunakan untuk menguji perkaitan antara variabel, dimana $p < 0.05$ adalah signifikan. Analisis Korelasi Pearson menunjukkan statistik yang signifikan dimana korelasi positif diantara sokongan dari suami ($r = 0.51$, $p < 0.05$), sokongan dari staf kesihatan ($r = 0.95$, $p < 0.05$) dan kawalan kendiri ($r = 0.75$, $p < 0.05$) dengan kepuasan kelahiran. Berdasarkan ujian Independent –t dan ANOVA, faktor sosiodemografi terpilih menunjukkan tiada perkaitan dengan kepuasan kelahiran ($p > 0.05$). Secara kesimpulannya, sokongan dari staf kesihatan adalah penting untuk menilai kualiti penjagaan kesihatan. Oleh itu memahami kepuasan wanita terhadap

pengalaman kelahirannya adalah penting kepada ahli profesional kesihatan sebagai indikasi kepada kualiti penjagaan materniti.

CHAPTER 1

INTRODUCTION

1.1 Background of The Study

Normal delivery is one of the principle causes of hospitalization in Hospital Universiti Sains Malaysia. The improvement in the medical and health services is clearly reflected by increasing in numbers of the hospital deliveries and reduction in perinatal and maternal mortality. Total hospital deliveries in HUSM for 2007 are 6808 with 5312 (78.03%) of them are normal deliveries (Statistical record of HUSM'S Labor Room, 2007).

The fundamental life changes that affect health are general well-being; make childbirth and the transition to motherhood a complex process for all women as the attitude towards childbirth are culturally dependent. Childbirth is the times when a women gives birth to her child, is a special life event for a mother and her family. Callister, Semenic and Foster (1999), describe childbirths as 'a deeply physiologic, cognitive, cultural, social and spiritual event'. Having a baby is a major transition in women's live as they learn to become mothers. Memories and experiences of the birth remain in their minds forever (Health Canada, 2003a). Therefore, a care and support women receive during the intrapartum period is critical for maintaining health and preventing complication.

Women satisfaction is an important health outcome in today's cost conscious health care and is one of the most frequencies reported outcome measure for quality of care and provision of health care services (Bowman et al., 1992, Jackson et al., 2001).

Therefore, understanding women's satisfaction with their childbirth experience is relevant to health care providers, administrators and policymakers as an indicator of the quality of maternity care (Hodnett, 2002).

Women satisfaction with the childbirth experience also has implication for the health and well-being of a women and her newborn. A women satisfaction with her childbirth experiences may have immediate and long-term effects on her health and her relationships with her infant. Hence, a mother's positive perception of her birth experience has been linked to positive feeling toward her infant and adaptation to the mothering role (Simkin, 1991 & 1992). Lastly, a satisfactory childbirth experience has contributed to a women's sense of accomplishment and self-esteem (Simkin, 1991,1992 and Laurence, 1997) and has led to expectations for future positive childbirth experiences (Slade et al., 1993, Mackey, 1995, Waldenstrom et al., 1996).

1.2 Problem Statement

The concept 'satisfaction' has been recognized as multidimensional and complex in nature, since women may be satisfied with one aspect of care but not with another, and experience may fluctuate across different caregivers. Beside the multidimensionality of the patient satisfaction concepts, the high levels of satisfaction have been frequently discussed by many researchers. In general, negative statements regarding care have been difficult to obtain, even when less favorable experiences are apparent. It has been suggested that patients need to be expose to very poor quality of care before they express dissatisfaction. This has been explained by women's gratitude, loyalty and confidence in the health care system, where women's do not express critism if the caregivers seem to have been doing their best.

Mostly, the caregivers do not know the level of childbirth satisfaction or not even know exactly the factors that influence the childbirth satisfaction. Therefore, the

researcher intended to do this study to identify factor for the association with childbirth satisfaction. Furthermore, identifying women's needs and requirement has been judged essential for both measuring and improving quality of care. Hence, the researcher has adapted the Medical Model from Teijlingen, (2005), to build the conceptual framework of childbirth satisfaction. The Medical Model is applicable to childbirth and maternity care which are approach in analysis of practice, analysis of ideology and sociological analysis.

1.3 Objectives of The Study

The aim of this study is to identify women's satisfaction during labor in HUSM.

1.3.1 Specific objectives

1.3.1.1 To determine the level of childbirth satisfaction among postnatal women at postnatal ward in HUSM

1.3.1.2 To determine the correlation between support from spouses and childbirth satisfaction

1.3.1.3 To determine the correlation between support from caregivers and childbirth satisfaction

1.3.1.4 To determine the correlation between personal control and childbirth satisfaction

1.3.1.5 To identify the association between selected sociodemographic factors towards childbirth satisfaction

1.4 Research Questions

1.4.1 What is the level of childbirth satisfaction?

1.4.2 Is there any correlation between support from spouses and childbirth satisfaction?

1.4.3 Is there any correlation between support from caregivers and childbirth satisfaction?

1.4.4 Is there any correlation between personal control and childbirth satisfaction?

1.4.5 Is there any association between selected sociodemographic factors and childbirth satisfaction?

1.5 Hypothesis

1.5.1 H_{o1}: There is no correlation between support from spouses and childbirth satisfaction.

H_{A1}: There is correlation between support from spouses and childbirth satisfaction.

1.5.2 H_{o2}: There is no correlation between support from caregivers and childbirth satisfaction.

H_{A2}: There is correlation between support from caregivers and childbirth satisfaction.

1.5.3 H_{o3}: There is no correlation between personal control and childbirth satisfaction.

H_{A3}: There is correlation between personal control and childbirth satisfaction.

1.5.4 H_{o4}: There is no association between selected sociodemographic factors and childbirth satisfaction.

H_{A4}: There is an association between selected sociodemographic factors and childbirth satisfaction.

At 95% confidence interval, if $\alpha < 0.05$, the null hypothesis will be rejected.

1.6 Definition of Terms (Conceptual/Operational)

1.6.1 Childbirth satisfaction

- Measurement of satisfaction associated with childbirth expectations (Mackey, 1995 and Slade et al., 1993)

1.6.2 Low-risk postpartum women

- Antenatal mothers that are coded as white and green using color coding (Malaysian Antenatal Risk Coding, 1998).

1.6.3 Postnatal

- The period after the birth of baby.

1.6.4 Effective intrapartum care

- Is a combination of clinical outcomes and patient satisfaction, it is to reflect the gains expected of both services provider and patient clinical outcomes are the indicators of quality of care from provider perspective which are evaluated continuously (W. Norlida, 2003)..

1.6.5 Full-term infant

- An infant born 37 to 41+6 weeks after conception.

1.6.6 Para

- The number of time a women has given birth.

1.6.7 Caregivers

- Nurse, Midwifery and Health Care Professional.

1.6.8 Personal control

- The greatest amount of variance in childbirth satisfaction (Knapp, 1996).
- Defined as the self control over one's own behavior and environment (Hodnett & Simmons-Tropea, 1989)
- Women felt confident and satisfied with the childbirth experiences (Berg & Dahlberg, 1998, Cheung, 2002) and less depression (Flint, 1986).

1.7 Significance of The Study

This study is intended to gain the information about women's satisfaction during labor at HUSM and to measure the quality of maternity care especially in labor process of care. Besides that, the researcher also wants to know the factor that influences childbirth satisfaction such as support from spouses, support from caregivers and women's personal control. The information gathered hopefully can be used to improve the childbirth services provided in HUSM and as a baseline data for future researcher in the same area of study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Labor is the process of moving the fetus, placenta and membranes out of the uterus and through the birth canal. Labor is considered 'normal' when the women are at or near term, no complications exist, a single fetus presents by vertex and labor is completed within 18 hours. The course of normal labor, which is remarkably constant, consists of regular progressive dilatation of the cervix and progress in descent of the presenting part (Lowdermilk, Perry & Bobak, 1999).

The first stage of labor is considered to last from the onset of regular uterine contraction to full dilatation of the cervix. This stage is much longer than the second and third stage. This first stage of labor has been divided into three phases, which are, a latent phase, an active phase and a transition phase. In latent phase, there is more progress in the effacement of the cervix and increase in descent (Lowdermilk, Perry & Bobak, 1999).

The second stage of labor lasts from the time the cervix is fully dilated to the birth of the fetus. The third stage of labor last from the birth of baby until the placenta is delivered. The duration of the third stage may be short as 3 to 5 minutes, although up to one hour is considered within normal limit. The risk of hemorrhage increase as the length of the third stage increase. (Cunningham et al., 2001).

2.2 Satisfaction of labor

Childbirth is a very important experience and may positively or negatively influences women's attitude towards giving birth. The childbirth experiences are

consistently described as a pivotal event of powerful psychology important in a women's life (Nichols, 1996). How the women responds psychologically to this event is the same extent, depend on the type of support she receives. The quality of support provides influences the women's satisfaction with their birth process. According to Drew et al., (1989) cited in Creedy (1999), key need for women satisfaction in childbirth include explanation of procedures (access to information), involvement in treatment chance, relationships to caregivers and physical comfort.

A satisfying or positive experience with childbirth increases when the women's expectation is met (Tumblin & Simkin, 2001). Research has demonstrated that a positive childbirth experience help the women's develop a positive attitude toward motherhood, which help facilitate the transition into the maternal role (Mercer, Hackly & Bostrom, 1983; Scott, Klaus, P., Klaus, M., 1999; Watkins, 1998). The positive experience can also establish rich and successful family relationship (Hofmeyr, Nikodem, Wolmen, Chalmers & Kramer, 1991), ensure positive self-esteem (Manning-Orenstein, 1998; Watkins, 1998), improve self-confidence (Watkin, 1998) and ensure positive development as a women (Gordam et al., 1999, Wolmen, Chalmers, Hofmeyr & Nikodem,1993).

Women who experienced unsatisfactory births "remember their birth of their child only with pain, fear or sadness, or they remember nothing, which is suggestive of traumatic amnesia" (Laurence 1997). A traumatic and unsatisfactory birth could lead to postpartum depression or post-traumatic stress disorder. An unsatisfactory childbirth may also result in future abortions (Goldbeck-Wood, 1996), a lack of ability to resume sexual intercourse (Laurence, 1997) or preference for a caesarean for subsequent births (Ryding 1991, 1993).

Midwives believed that women experienced labor in as many different ways as there were women. For them, labor and birth was a time of maximum vulnerability. The

type of help a woman may need was not only in relation to what was happening in her body, but how she was experiencing it or helping the process of labor. The expertise of these midwives lay in their ability to gather all their knowledge and skills at all levels in response to the women individual needs. In many places around the world there are special ceremonies undertaken around the time of birth to ensure a safe and easy delivery. To give birth, a woman must allow her body to open and to release the child. For example, in the West, preparations for this usually include various physical exercises such as breathing exercise which is taught in antenatal classes. Meanwhile, in traditional societies, as in Malaysia, it is generally believed that women who work hard are more likely to have an easy delivery because it keeps them physically active and therefore their baby 'loose' so that it will born more easily. Hence, women had more satisfied with their childbirth.

2.2.1 Support from spouses

Fifty years ago, very few spouses attended their wife's childbirth. Pregnancy, childbirth and early parenting experienced are considered not only normal transition periods but also stressful events for women and their spouses. They may experiences increased anxiety related to the process of birth, pain and loss of control. Therefore, close relationships and sharing experiences between women and spouses who seemed to benefit from supporting each other during labor and delivery. Laboring women can experience both physiological and psychological support from their spouses, if the spouses can't be hands-on support as the primary and only labor partner, then there must be a solution that works for everyone, so that the women is not left alone to fend for themselves during labor.

Support provided by the spouses evoked very positive responses from the women. The spouses perceived that they were very helpful to their wife's during childbirth. Though the women mostly found childbirth straightforward some spouses,

nevertheless, found the experience stressful. The important of various type of support changes with their changing needs of women as they move from pregnancy to labor and delivery and then to the postpartum period. During pregnancy, emotional and tangible support provided by the spouses is related to the expected mother's mental well-being. Informational support in the form of prenatal classes is related to decrease maternal physical complication during labor and delivery, and to improved physical and mental health postpartum. Therefore, mothers who have the support of the companion during labor and delivery experience less childbirth complication and less postpartum depression (Gjerdingen, Froberg & Fontaine, 1991). Mothers' postpartum mental health is related to both the emotional support and practical help (eg. Housework and child care activities) provided by spouses. Health care providers are in a unique position to educate prospective parent about the important of social support around the time of childbirth and may play a critical role in mobilizing support system for new mothers.

Most health care providers have recognized the importance of a spouse or any support presence for a mother's well being as well as to enhance the experience of labor. Vehvilainen-Julkunen & Liukkonen (1998) had stated that giving birth is no longer a matter in which men are persuaded to take part. According to Ip (2000a), the phenomenon has also been recognized by World Health Organization (WHO), that the well being of mother would be ensured through giving free access to a chosen member of her family during birth. Earlier studies by Anderson & Standley (1976), found that women whose spouses were present and supportive during labor were less distressed, while Spiby et al., (1999), found that the women generally disappointed by the level of midwife involvement while their spouses involvement much more nearly met their expectations.

There is a long held assumption that the active participation of expectant father during labor and delivery enhances the couple's relationships, foster maturity in their

father role and nurtures the father's relationship to the infant (Bradley, 1962, Palkovitz, 1987) cited in Creedy (1999). However, one study suggests that an intimate partner can be bith the source and antagonist of social support (Callaghan & Morrissay, 1993) cited in Creedy (1999). If laboring women's expectations of support differ from her spouses, they may perceive a lack of support (Coffman, Levitt and Brown, 1994) cited in Creedy. Not only may the births women be disappointed by their spouse's response during childbirth but the spouses may also struggle to define their role and cope with their own reaction to the birth experience.

Women who decide their spouses to be with them in labor should have an understanding of the labor process and be aware of your views on the choices available. It is good if they can take their birth partner along to parent craft classes with them. If this is not possible it is a good idea to talk things through. The spouses can provide support in the following ways:

1) Physical support - they can help keep you comfortable, bring your drinks and snacks, and help you to move around.
2) Emotional support - simply having someone there for you is really important. Reassurance and words of encouragement will also help.
3) Advocacy - you may not feel like answering questions so having someone there to explain your views can be really helpful.

Previous research has looked at the effect of having a continuous presence of a support person, who has been given some basic information on how to support women in labor. They found that women with continuous support needed fewer painkillers and had more chance of having a normal delivery. They also found that women were more positive about their labor experience, found it easier to adjust to motherhood and were less likely to suffer from postnatal depression.