Deanship of graduate studies

Al-Quds University

High Studies/Maternal And Child Health

Maternal Satisfaction Level with Delivery Services And Associated Factors At Non-Govermental Hebron Hospitals

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M.Sc. Thesis

Jerusalem, Palestine

1444/2022

High Studies/Maternal And Child Health

Maternal Satisfaction Level with Delivery Services And Associated Factors At Non-Govermental Hebron Hospitals

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A Thesis Submitted in Partial Fulfillment of the requirement

for the degree of Master of. maternal and child health

Al-Quds University- Palestine

Jerusalem, Palestine

1444/2022

Al-Quds university

Deanship of Graduate Studies

Program: maternal and child health

Thesis approval

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1444/2022

Dedication

I dedicate this paper to my family, my mum and dad for their great support even when things were so tough, Iam greatfull for them in constant kept on encouraging me to work extra hard, also, I dedicate to my friends for their moral support and encouragement throughout my studies and lastly to my manager and colleagues for creating an enabling environment to carry out this study**.**

Declaration

I certify that this thesis submitted for the degree of master in health policy and management, is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same material) has not been submitted for a higher degree to any other university or institution.

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Acknowledgement

Iam thankfull for Dr.Farid Ghrayeb for supervising this research.

I also extend my sincere thanks and gratitude to all friends and collegues.. to the director of the hospitals where sample was selected. Finally, love and gratitude to my family for her encouragement and support.

Definetions

Conceptual definetions

Maternal Satisfaction: it is a multidimentional concept, achieved when a distinct dimentions of childbirth evaluated positively by women and it used to measure the ability of health care services provided to meet women expectations **(Gejea,2020)**.

Childbirth/delivery: defined as "process of bringing forth a child from the uterus, or womb" **(Huffman,2022)**.

Intrapartum nursing care: is the care and services provided by nurses and midwives for laboring mothers during labour and childbirth **(Nigatu,2020)**.

Patients comforting: is a transient state characterized by ease from pain, physical and emotional distress. Also, it includes emerging a sense of safety, strength, positivety and acceptance of one's situation that is sustained by feeling confident, valued, care for and accepting treatment by choice **(Wensley, 2020)**.

Postpartum Period: started soon after delivery of the baby and ususally it lasts sex to eight weeks, it ends when the mother's body returned to its pre-pregnant state **(Diorella, 2022)**.

Patient's Privacy: it is linked with issues like confidentiality and secrecy, the individual’s own control of personal information and the protection of pateint's data from unauthorized access **(Belfrage, 2022)**.

Meeting Expectations: Refers to the gratification or fulfillment of a need or a desire **(Emerg, 2011)**.

Physical Birth Environment: good physical environment includes good building infrastructure with electricity, beds, adequate room space, water supply, electricity, cleanliness,adequate waiting and arrangement seating areas **(Aradhana,2015)**.

Operational Definetions

Maternal satisfaction after delivery was measured by asking the women to fulfill a questionnaire that consists of 43 items [composed of 10 subscales; perception of health professionals (4 items), nursing care in labor (2 items),comforting (4 items), information and involvement in the decision making dimension (8items), meeting baby (3 items), postpartum care (6 items), hospital room (4 items),hospital facilities (3 items), respect for privacy (4 items) and meeting expectations (5items). Satisfaction level of the participated women was measured by using a five-point Likert scales (1-strongly disagree to 5-strongly agree). The cut-off point for the overall scale and subscales were determined by the total mean score plus one standard deviation (SD). Moreover, the cut-off score was calculated as 150.5 and scores above the cut-off value indicate greater satisfaction.

Abstract

Background. Maternal satisfaction is considered an important indicator and criterion for evaluation of health care and quality of nursing care. Evaluation of satisfaction with maternity care services is essential and play an important role in the future utilization of health care service. Moreover, care delivery can be evaluated as safe, respectful and affordable when care providers understand the woman's perspective and her needs during childbirth and when they address them as a part of quality-improvement programme.

*Objective*s. To find out the maternal satisfaction after delivery among postnatal mothers in non-govermental Hebron hospitals, and also to assess the maternal satisfaction level and associated factors among them.

Method. A quantitative/cross sectional design was used at non-govermental hospitals in Hebron, Palestine. The study used a conveniently sampling method and a total of 250 mothers participated in the study. Data analysis was done by the spss version 28 , both descriptive and inferential statistics was used.

Results. The study shows that (50. 8%) of the mothers were satisfied with the delivery service, while (49.2%) were disatisfied. Mothers had shown high satisfaction towards the perception of health professionals, nursing care in labor, information and involvement in decision making, postpartum care, hospital rooms, hospital facilities, respect for privacy and meeting mothes expectations. On the other hand, mothers were less satisfied towards aspects of comforting and meeting the baby. There was no statistically significant association between sociodemographic characteristics and maternal satisfaction. Related to obstetric charactraistics of the mothers, maternal satisfaction was increased with regular visiting to the antenatal care clinics.

Conclusion. Only half of mothers were satisfied by the delivery service. Healthcare providers need to fully understand the needs of the mothers .

رضى الامهات بعد الولادة والعوامل المؤثرة في مستشفيات الخليل الغير حكومية

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ملخص

يعتبر رضا الأمهات مؤشرا ومعيارا مهما لتقييم الرعاية الصحية وجودة الرعاية التمريضية. يعد تقييم الرضا عن خدمات رعاية الأمومة أمرًا ضروريًا ويلعب دورًا مهمًا في الاستخدام المستقبلي لخدمة الرعاية الصحية. علاوة على ذلك، يمكن تقييم رعاية التوليد على أنها آمنة ومحترمة وميسورة التكلفة عندما يفهم مقدمو الرعاية منظور المرأة واحتياجاتها أثناء الولادة وعندما يعالجونها كجزء من برنامج تحسين الجودة. الهدف من الدراسة. معرفة مدى رضا الأمهات بعد الولادة عن خدمات الرعاية المقدمة للأم بعد الولادة في مستشفيات الخليل الغير حكومية. الطريقة المستخدمة في الدراسة. تم استخدام البحث الكمي / المقطعي في ثلاثة مستشفيات غير حكومية في الخليل ، فلسطين. تم اختيار عينة بحث مكونة من 250 من الأمهات بعد الولادة للدراسة بشكل ملائم مع استخدام استبيان منظم. تم تحليل وتفسير النتائج بمساعدة الإحصاء الوصفي والاستنتاجي. نتائج الدراسة. بينت الدراسة أن (50.8٪) من الأمهات راضيات عن خدمة الولادة بينما (49.2٪) غير راضيات. لقد أبدت الأمهات ارتياحًا كبيرًا تجاه الجوانب المتعلقة بالمهنيين الصحيين، والرعاية التمريضية في المخاض، والمعلومات والمشاركة في صنع القرار، ورعاية ما بعد الولادة ، وغرف المستشفيات، ومرافق المستشفى، واحترام الخصوصية وتلبية التوقعات الافتراضية. من ناحية أخرى ، كانت الأمهات أقل رضا تجاه جوانب الراحة والالتقاء بالطفل. لم يكن هناك ارتباط ذي دلالة إحصائية بين الخصائص الاجتماعية والديموغرافية ورضا الأمهات. فيما يتعلق بالخصائص التوليدية للأمهات ، فقد زاد رضا الأمهات بالزيارة المنتظمة لعيادات الرعاية السابقة للولادة. استنتاج. فقط نصف الأمهات كن راضيات عن خدمة التوصيل. يحتاج مقدمو الرعاية الصحية إلى فهم كامل لاحتياجات الأمهات.

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Chapter one

Intorduction

Childbirth is an important experience in women's life and it has an effects on the physical, psychological and emotional domains. A positive experience in childbirth will consequently impact positively on the woman, mother-infant relationship and infant's health and well-being (Jafari, 2017). Furthermore, it is very necessary for the health care providers to provide the best preparation and health services that could improve and support the experience of childbearing women. Women experiences and memories about childbirth remain with them throughout their life, so it's very important to measure women's satisfaction with childbirth services, as it helps in improving cultural sensitivity of facility-based intrapartum and postpartum care, it also has clinical significance and it helps in improving the client-friendliness .A lot of studies showed that mothers who are satisfied with childbirth services were more likely to have enough self-esteem and confidence, more faster in developing a maternal–neonatal bond, and are more likely to initiate breastfeeding compared with women who are dissatisfied (Jafari, 2017). On the other hand, dissatisfaction with childbearing may increase the likelihood occurrence of anxiety, postpartum depression, posttraumatic stress disorder, fear of the next child birth, impaired mother–infant bonding and the choice of future caesarean section (Jafari,2017). Therefore, the care and support they receive during this period is very important and critical.

Patients satisfaction is considered an important indicator and criterion for evaluation of health care and quality of nursing care (Alhusban&Abualrub, 2009; Shinde&Kapurkar, 2014). Quality of care is known as the degree to which health care services for patients and clients increase the likelihood of timely and appropriate care/treatment for the aim of achieving positive and desired outcomes for the target individuals.

Evaluation of satisfaction with maternity care services is essential and play an important role in the future utilization of health care service. Moreover, delivery care can be evaluated as safe, respectful and affordable when care providers understand the woman's perspective and her needs during childbirth and when they address them as a part of quality-improvement programme.

The increasing proportion of population groups in the reproductive age, high fertility rates and population growth, improved access to high quality reproductive health services remains a main priority in Palestine, with particular focus on family planning services, postnatal care, sexual health and preconception care, high risk pregnancy, premature delivery and newborn care. On the other hand, the continuous crisis situations and the Israeli occupation affect on the health development achievements negatively. Despite this, reproductive health indicators in Palestine suggest that the country is having a very good level of services, as the following was reported: over 99% of deliveries taking place in well-equipped health facilities, the declining in the rate of reported maternal mortality from 32 deaths in 2010 to 15.7 deaths per 100,000 live births in 2015. Moreover, in 2015, receiving health care by a qualified care provider during pregnancy was reported by 95.5% of women in the age group 15-49 years in Palestine. Also, in 2014, there was an increased for the rate of contraceptive use to 57.2% of women in the age group 15-49 years (MOH, 2017).

Problem statement

Childbirth is considered one of the most important events in women life, as it has several physical and psychosocial effects on their life. Women in the child bearing stage often experience stressfull conditions related to their pregnancy, labor , birth and caring for the newborn. Therfore, the quality in maternal health is reqiuiered as an essential need for promoting health of the mother and the baby after delivery. Therefore, assessing the mothers satisfaction is considered an important measure of quality of maternal care and reproductive health services. It is well known that satisfaction of the women with the childbirth will immediate and long-term effects on women's health and quality of their life and relationship within the family members (Jafari,2017).

Women who experience pleasant childbirth feelings have greater self-esteem, stronger relationship with their child, and positive maternal expectations toward their future childbirths (Jafari, 2017). In contrast, dissatisfaction with childbirth may lead to many negative outcomes, like anxiety, postpartum depression, impaired mother-infant bonding, posttraumatic stress disorder, choice of future caesarean section, and fear of the next child birth. There is several factors that may have an effects on maternal satisfaction. Pain is considered one of the first and most challenging factors, as pain intensity and relief play a role in women dissatisfaction with their deliveries (Jafari, 2017). Moreover, a lot of studies have shown that reducing severity of labor pain was associated with maternal satisfaction. On the other side, another studies found that experiencing painful childbirth is not necessarily associated with women's dissatisfaction (Akerman, 2009).

Significance of the study

In 2020, the estimated maternal mortality ratio in Palestine (MMR) was reported as 28.5 per 100 000 livebirths, Maternal mortality ratio has increased by 43.2% when compared to previous years. (78.4%) of women died during the postpartum period. In the West Bank, 16 maternal deaths were occur in the postpartum period, sex during antepartum period, one death during intraprtum period and one death occur after abortion. While in Gaza, all 13 deaths were occur after delivery and in the postpartum period (National mortality report, 2020). Improving quality of care and maternal satisfaction could help in decreasing the mortality rate number in Palestine.

Moreover, there are a few studies have been conducted on the satisfaction of women toward their birth experience in Palestine. Knowledge of the women satisfaction could give us insight as health professionals as how to asses and evaluate the care and services that offered to women during their hospitalization, it is very important to assess mothers evaluations about their birth experiences in order to identify the medical and psychosocial factors that may lead to poor outcomes. Patient satisfaction is considered a key determinant of quality of care and a major component in measuring performance. Therefore, this study's aim was to assess the level of maternal satisfaction and associated factors towards delivery experiences among mothers who gave birth at non-govermental Hebron hospitals, consequently, this may help to improve the quality of care provided in the labour room to satisfy the needs of the mothers.

The study of maternal satisfaction in related to childbirth is very important to their lives and their baby's health. Also, it is considered very important in building a positive family relationships when satisfaction levels are improved. A positive

childbirth experience facilitate the mother to perceive her baby positively and make them feel more easy to adapt to the motherhood role.

Research Aim

To assess the maternal satisfaction level and associated factors among mothers who gave a vaginal birth at non-govermental Hebron hospitals.

Research objectives

1. To assess mothers satisfaction with care provided during delivery at non-govermental Hebron hopitals.
2. To determine factors that may affect mothers satisfactions related to delivery experiences.

Research questions

The following questions were written in order to respond to the objectives of the study:

1. How satisfied are the mothers with their intrapartum journey?
2. What are the factors that associated with affecting mother's satisfactions toward vaginal birth experiences?

Hypothesis

1. There are a strong relationship between maternal satisfaction after delivery and care that provided by doctor's and midwives in non-govermental Hebron hospital.
2. There are an association between maternal satisfaction and women characteristic, like level of education, age, number of previous deliveries.

Chapter two

Literature Review

2.1 Introduction

In this chapter, the studies that investigats about maternal satisfaction with delivery services and the factors associated with it will be reviewied.

2.2 Magnitude of maternal satisfaction

Client's satisfaction during the birthing process is the most frequently reported indicators in the evaluation of the quality of maternity services.

In a cross sectional study about Mothers' satisfaction with care during facility-based childbirth, was conducted in southern Mozambique, results showed that most participants was satisfied with care during childbirth, to be more specific, 94.7% were satisfied with the cleanliness of the facility, 92.0% were satisfied with the interaction with the healthcare providers, only 49.8% were satisfied with the assistance to feed their baby. On the other hand, dissatisfaction levels were higher in women who had negative experiences during the process of care, such as being neglected when needing help, humiliation, disrespect or having any physical abuse. Also, the dissatisfaction levels were decreased in hospital when compared to primary level facilities (Mocumbi et al., 2019).

A descriptive-analytical study that was conducted about Factors Related to Women's Childbirth Satisfaction in Physiologic and Routine Childbirth Groups, the study aim was to address factors related to women's childbirth satisfaction in physiological and

routine childbirth groups, results showed that women satisfaction was affected by severity of pain, self-control, and birth setting satisfaction. In the physiological group, the women satisfaction factors were previous knowledge of childbirth, attitude toward the recent pregnancy and the perceived severity of pain. However, the intentional pregnancy factor was found in routine group (Jafary, 2017).

In a cross sectional study conducted about associated factors of labor satisfaction and predictor of postnatal satisfaction in the north-east of Peninsular Malaysia, results of the study showed that Green and yellow color codes which refers to the degree of risky cases that booked antenatally, long gestation period, low household income, and absence of comorbidity all were associated with increasing the level of labor satisfaction among postpartum women. Moreover, the study found that age of women, mode of delivery, level of education and employment status don't have significant association with labor satisfaction (Adnan, 2020).

Another cross sectional study was conducted about level of Maternal Satisfaction and its Determinants at Health Facilities in Mizan-Aman Town, Ethiopia, the study showed that the overall maternal satisfaction rate of the participants was 30.4%. The association levels were higher among women who attended antenatal service during their pregnancy, it was sex times higher than women who didn't attend antenatal service. Also, satisfaction levels among women who gave birth in the health center were two times more when compared to mothers who gave birth in the hospital. Moreover, the study showed that women who have stayed on labour for 6-12 hours were three times more satisfied on delivery care services than women who stayed on labour for less than 6 hours. All these results concluded that maternal satisfaction depends on the care that provided by the health workers (Yarinbab et al.,2019).

In another cross sectional study was conducted about client satisfaction with existing labor and delivery care and associated factors among mothers who gave birth in university of Gondar teaching hospital, the results of this study showed that levels of satisfaction with the labor and delivery care services were poor among laboring women, as only 31.3% of women were satisfied with the existing labor and delivery care. The levels of satisfaction were decreased with Rural residency and chronic medical co-morbidity, whereas increasing travel time to reach the hospital, payment free delivery service, and normal vaginal delivery had a significant positive influence on women satisfaction levels (Gashaye et al., 2019).

In another descriptive, cross sectional study, the results found that majority of the women were satisfied with the delivery service. The level of satisfaction was higher in interpersonal and technical aspects of care than in informative aspects and health facility-related statements. No statistically significant association was found between sociodemographic and obstetric characteristics and maternal satisfaction. Also, the study found that postnatal mothers who were illiterate were more satisfied than mothers who were literate, also postnatal mothers up to primary level were more satisfied than secondary level and above. moreover, women who were multiparous were more satisfied with the delivery service than primiparous women. *Conclusion.* Majority of mothers were satisfied by the delivery service (AshaPanth et al., 2018).

In another cross sectional study was conducted about Association between maternal satisfaction and other indicators of quality of care at childbirth based on the WHO standards, the study showed that there was poor association between maternal characteristic except multiparty and their satisfaction levels, whereas it showed a strong association between quality of care and levels of satisfaction. The quality of

care factors that had strong relationship with maternal satisfaction included: effective communication, involvement, listening to women's needs, respectful and timely care, While participants who report any types of abuse, discrimination, aggressiveness were not like to return to the facility or to recommend it to their friend. A positive perception of childbirth included satisfaction with the experience of care, is influenced by several factors, such as mode of delivery; sense of control during birth, quality of relationship with caregivers including good communication, participation in decision-making, emotional support and continuous support provided by a companion of choice. So, many indicators of quality of care should be monitored and improved routinely, not to focus only on measuring women's satisfaction (Lazzerini et al., 2020).

In another cross sectional study about Maternal satisfaction with delivery services at tertiary university hospital in upper Egypt, the study results showed that there was an association between age group and education with overall maternal satisfaction, as the satisfaction level was increased with increased maternal age, lower educational status for mothers and low monthly income. Moreover, the study showed that the overall maternal satisfaction on delivery service suboptimal, as (42.75%) of the mothers was dissatisfied related to privacy, (55.0 %) faced a problem with blood donation and (55.0%) of them suggested that blood donation should not be obligatory. The environment such as cleanliness, is considered one of the major factors that affected maternal satisfaction (Sayed, 2018).

In another hospital-based, analytical, cross-sectional study, data was collected through interviewer-administered questioner from the participants. Results of study showed that the overall women's satisfaction with intrapartum care was 84.7%, Independent factors of increased satisfaction with intrapartum care included the following: having

a lower educational status, a plan to deliver in the hospital, not having ANC follow-up, having a previous experience of home delivery, adequate availability of drugs, decreased waiting time to be seen by the HCP, and a short length of hospital stay after delivery. Moreover, study conclude that multidisciplinary participation is needed in order to improve the quality of intrapartum care (Getenet AB et al,.2019).

In another cross sectional study about women's experience and satisfaction with midwife-led maternity care, was conducted in China showed that low risk pregnancy mostly ended by natural vaginal delivery guided by a midwife to decrease the risks and the complications for both mothers and neonates. The midwifery care play a great role in improving the outcomes of the vaginal births through providing emotional, physical and psychological serves and support. In china, women's choices of delivery are affected by many factors, such as, recovery time, level of pain, immediate breastfeeding and bonding. In natural birth, most women reported greater fulfillment and less distress than cesarean section. However, other women tend to view the cesarean section as a way to avoid pain compared by labor pain in normal delivery.

In china, there's no nationally recognized registration system of midwives, and maternity care is predominantly hospital-based and obstetrician led. Midwives only certified by some local health bureau. It considers the midwifery as a branch of nursing. Midwives usually provide antenatal care through antenatal clinic services which are available in developed cities. As a component of antenatal care, chines women generally had high satisfaction with midwife-led maternity care, which viewed that only 53.6% of Chinese women received midwifery and prenatal counseling. Also, the presence of doula during deliveries, the use of Lamaze breathing techniques and epidural anesthesia (Liu, 2021).

Women and newborns requested special care during pregnancy and labor. Over half a million women die during pregnancy and birth worldwide. Developed countries had a great a great maternal mortality ratio, but Ethiopia still had the greatest one ever, and this due to some factors including a delay in seeking care, delay in reaching appropriate care, and delay in receiving care. Although there has been an improvement in Ethiopia health facility delivery and labor attended by a skilled birth attendant (SBA). However, satisfaction with intrapartum care in Ethiopia is generally associated with many factors in relation to the women's experiences. That include a minimal waiting time to be seen by the healthcare provider, availability of emergency drugs within the hospital, not having antenatal care follow-up, having a previous experience of home delivery, planning to deliver in the hospital, and experiencing a short hospital stay after delivery were statistically and positively associated with women's satisfaction (Liu, 2021).

2.2 Factors affecting maternal satisfaction

2.2.1 SOCO DEMOGRAPHYIC FACTORS

Socio-demographic factors should not be underestimated and should kept into account in the analysis of maternal satisfaction in order to improve pregnancy and delivery services. A study conducted at Kenya, Northen Italy showed that there was no association between maternal satisfaction and socio-demographic factors. However, Increased maternal age, highly educated women were associated with positive childbirth experinces (Cambodia, 2020). Moreover, a study conducted at Malaysia showed that low household income was associated with high level of satisfaction after

delivery, as they showed that the richest people were the least found that age of women, mode of delivery, level of education and employment status don't have significant association with labor satisfaction.

2.2.2 Obstetric factors

2.3.2.1 Planned pregnancy: the overall effect of an unintended pregnancy on maternal depression and parenting stress was statistically significant**,** relations between pregnancy intention and maternal depression, maternal depression score and parenting stress score were moderately explained by marital conflict and fathers' participation in childcare (Bahk, 2015).

2.3.2.2 Mode of delivery: mothers were satisfied more with vaginal delivery care than cesarean section (Karoni, 2020).

2.3.2.3 Duration of labor: maternal satisfaction with the childbirth care was higher among mothers' labour persists ≤ 12 hours than mothers stayed more than 12 hours in labor (Silesh, 2021).

2.3.2.4 Woman's age in first pregnancy: the most negative expectations of the upcoming birth was observed in very young women, aged 15-20 years (Zasloff, 2007).

2.3.2.5 Number of previous births: the number of previous births did not affect women's satisfaction in many studies (Sachsanidis, 2018).

Maternal satisfaction determinants covered all dimensions of health care include factors related to structure, process and outcome. Structural factors are good physical environment, availability of adequate human resources, supplies and medicines and

cleanliness. Process factors are interpersonal behavior, promptness, privacy, cognitive care,emotional support and perceived provider competency and emotional support. Health status of the mother and newborn, cost, access, socio-economic status and reproductive history were factors of outcome that influenced perceived maternal satisfaction with care provided (Srivastava, 2015).

2.3.3 Structural factor

2.3.3.1 Physical Envirnonment

Labor and birth are considered sensitive physiological process in women and can be affected by psychosocial factors and physical birth environment. The physical environment have significance impact on the health and wellbeing of clients/patients admitted to hospitals. Windows, ventilation, design, comfortable furnishings and views of nature are all physical features that increase promotion of distraction and orientation for patients (Goldkuhl,2022).

A systematic litreture search found that built environment design aspects such as visual environment and audio environment impacted positively on patients' health outcomes. Also, it found a decrease in patients' anxiety, stress and pain levels when certain built environment design interventions was available (Laursen,2014). Similarly, a study conducted at Jordan found that patients who had a view of trees was on less pain medication and stayed at hospital shorter length than patients who was had a brick wall view. Another finding for this study indicated that the presence of plants in a healthcare facility results in less anxiety and make the patient more satisfied with care as this may give them a homelier feelings, additionally, good physical healthcare environment can recover patient safety, outcomes, spatial

disorientation, patient privacy and confidentiality which ends in improving healthcare quality. The visual look and modernization of available facilitites and infrastructure help in influencing patient impressions of the available health services, as well maintained facilities are considered a sign of quality, also, the proper use of contemporary technologies impacts on clients preferences for service providers and their level of satisfaction (Alfaraj, 2021).

A study conducted at Ethiopia showed that environmental factor was one of the major factors that affected patient satisfaction outcomes (Melese,2006). A positive effects on duration of labour and pain intensity, distraction from labour pain, comfort, safety and control can be achieved through providing comfort birthing rooms that use controllable stimuli. Moreover, the use of unfamiliar design in birthing rooms may distract women during childbirth, which suggest that the oucomes of giving birth and women's decisions about future mode of birth could be affected by design aspects of a birthing rooms (Berg, 2019).

2.3.3.2 Cleanliness

Clean childbirth practices referred to the “six cleans”, which include: clean hands, clean blade, clean surface, clean tower to wrap baby and clean cord tie (Raifman, 2013).

Clean birthing rooms are associated with maternal satisfaction, mothers who gave there childbirth in a perceived clean delivery rooms were more satisfied than other mothers who gave there child birth in unclean rooms (Debela, 2020).

A study conducted at India aimed to measure the quality of postnatal care given to newborns by health care providers, in a medical college hospital, it found that the cleanliness in the hospital was poor as perceived by mothers, 50% of mothers were

uncertain toward health care provider hand washing before touching the baby (Chandrasekaran, Srinivasan and Ghosh, 2016). Similiary, a study in Bangladesh, aimed to assess the perceived level of quality of care in maternal and newborn health. Qualitative design was used in assessing the perceived level of quality of care in maternal and newborn health at public facilities in Bangladesh. An in depth interview with 87 healthcare providers, interview with 120 patients and focus group discussions with 16 stakeholders were done. The results of the study showed that dissatisfaction among clients and healthcare providers was present in poor cleanliness such as poor or no toilet facilities at 93 %, and unclean bed & beddings, this leads to poor quality of care. (Chowdhury, Hossain and Halim, 2009).

2.3.3.3 Availability and adequacy of human resources

Availability of human resources is play an important role in the determination of the maternal satisfaction. Availability of doctors to attend to emergencies and/or maternal and newborn complications and also nursing personnel are essential prerequisites for institutional care. In a qualitiative study done at Jharkhand, Human resource availability was considered the reason for choice of place of delivery among participants, ‘presence of doctors and nurses at institutions’ was the third most common reason out of a possible 10, with a percentage of (23%) of mother's mentioning this (Ogala,2012).

Human resources are considered an important principle of the health system input. It is defined as "the different kinds of clinical and non-clinical staff responsible for public and individual health intervention" (Kabene,2006).

Availability of adequate human resources is considered one of the most vital factors that help in achieving the goals of the organizations, also it is a valuable factor that play an important role in the production and delivery of services (Nobakht,2018). In a study at Iraq, results show that characteristics of the hospital setting, which include the non-availability of human and material resources, such as infrastructure, staffing and financial problems were considered as sources of dissatisfaction among participants (Atiya and Mohammed, 2016).

2.3.3.4 Availability of medicines, supplies and services

The availability of essential medicines, supplies and services continuioulsy within primary healthcare facilities plays an important role in promoting and utilizing access to health care services (Kawawenaruwa,2020). Moreover, the availability of medicines built a trust relationship between patients and healthcare providers (Shan,2016).

In a study conducted at Nepal, the proportion of mother's who were satisfied with postpartum care services was higher in facilities with availabile visual job-aids for client education, availabile water supply, availabile equipment for newborn and basic obstetric care, and available commodities and medicines for basic obstetric and newborn care (Acharya, 2015).

2.3.4 Process factors

2.3.4.1 promptness of care

Promptness of care is considered as an important determinant of maternal satisfaction. This includes reducing waiting time before entrance to antenatal clinics and before being admitted during labor, timely attendance and constant attention from health care

providers (Ogala,2012). Waiting time is define as “the time a patient waits in the clinic before being seen by one of the clinic medical staff” (Salam,2021). Promptness of care also includes immediate contact with newborn as well as promptness of patients referral in emergencies. A Study conducted at China showed that reducing waitning time by health care providers was associated with increased maternal satisfaction with services (Sun, 2017). In another study conducted at Western Ethipoia women who waited 15 minutes and less to be seen by the providers were 3.23 times more likely to be satisfied compared to women who waited more than 15 minutes (Babure, 2019).

2.3.4.2 Interpresonal behavior

Quality assurance and quality improvement in healthcare settings depend on interpersonal relationships that facilitate understanding and communication between individuals. Lack of effective interpersonal relationships between health professionals, groups or patients are considered detrimental to the achievement of common goals (Amukugo,2020). Healthcare providers should communicate, collaborate and manage their practice in an efficient, effective and patient-centered way as certain interpersonal behaviors may affect certain indicators of quality-of-care. (Benjamen,2014).

In a Community-based cross-sectional study conducted at Ethiopia, where quantitative study supplemented with qualitative methods were used, the results found that mother's who treated by respectful health care professionals were 1.55 times more likely to feel satisfied than others (Depela, 2020). In a qualitiative study done at Iran, most of the participants mentioned and emphasized that respectful interactions are

considered one of the factors that impact on the privacy preservation of women's in the maternity hospital (Valizadeh, 2021).

In another study conducted at Pakistan, the results revealed that patients who were respected by health care providers were significantly associated with higher levels of satisfaction. Specifically, clients who reported that they were treated in a respective manner by the care provider were two times more likely to be satisfied than those not respected by care providers (Jalil,2017).

2.3.4.3 Privacy

Privacy is emerged as an important determinant of maternal satisfaction. Maintaining privacy and ensuring confidentiality with patients is paramount to develop an effective patient-provider relationship (Saleem, 2022). It can be achieved through maintaining a woman's dignity during examinations and the childbirth process. Having separate delivery/examination rooms for each woman during hospitalization or simple use of curtains to protect the woman from public view may used in order to maintain privacy (Ogala, 2012). Respecting mother´s values and privacy and involve them in taking decision and taking permissions before procedure were factors found to affect maternal satisfaction, women with respected values and privacy were had higher satisfaction 10 times than mothers whom their values and privacy were not respected (Habimana, 2022). A cross sectional study conducted at Ethiopia found that maintenance of privacy was a significant predictors of women's satisfaction with childbirth service (Gejea, 2020). Similiarily, in a cross sectional study done in Ethiopia, measures was taken to assure privacy was a predictive variable for maternal satisfaction (Hailemariam, 2020).

2.3.4.4 Perceived Provider Competency

The presence of competent providers leads to high quality of care, provider competence refers to the essential skills that connected with job performance in all the six variables: urgency, continuum of care, documentation communication, dedication and practice (Yeshidinber, 2020).

The availability of a skilled providers during childbirth is widely recognized as an important factor in reducing the incidence of maternal and newborn mortality. Quality of care and health outcomes are affected directly by competence of maternal healthcare providers (Goshu, 2018).

Perceptions related to competence and skills of the health care provider and satisfaction indicate that attitude of the care provider and interpersonal communication were important determinants for community health service utilization (Karim, 2016).

2.3.4.5 Emotional Support

Emotional support referred to having the choice of a birth companion, support from family members throughout pregnancy and childbirth of expectant mothers. Emotional support during childbirth has been associated with both improved childbirth satisfaction and also improved the outcomes of maternal and newborn health status.

In a qualitative research conducted at Southwest Nigeria, the results showed that mother's desired emotional support during labor and delivery, moreover, they

demonstrate the need of empathy and respect from the health care providers rather than shouting at them, women mentioned that they wanted providers to show empathy to the pain of labor (Ojelade, 2017).

A range of psychological stressors face women's in the postpartum period . Emotional support are found to be effective in helping women in coping with these stressors. On the other hand, postpartum depression and dissatisfaction was found in low levels and inconsistent social support, the risk of depression was increased when women's were dissatisfied with social support during the postpartum period. In a study conducted at northwest china, women's personal needs for physical and mental recovery during the postpartum period were reported by several mother's, these needs including regulating of their emotional aspects. Therefore, related professionals, psychologists were mentioned by the women's as an integral part to meet their postpartum needs. (Negron, 2013).

2.3.5 Outcomes

Outcomes related determinants are referring to the health status of the newborn after delivery. The health status (baby alive or died and healthy or not) of a newborn affect mother‟s satisfaction with childbirth experinces. A study conducted at IRAQ to assess the quality of nursing care offered during intrapartum and postpartum periods, patient satisfaction with care provided and to determine the relationship between maternal satisfaction and some factors .The sample included 200 postpartum women, delivered at the maternity teaching hospital, the study showed that mother's were satisfied with their expectations of the delivery process, length and holding their baby, healthcare providers and client interaction, involvement of clients in the caring

process, the characteristics of the place of birth, the nurses perception of client characteristics and the outcome of delivery were all identified influencing factors for satisfaction and dissatisfaction (Atiya and Mohammed, 2016), another study conducted at Eastern Ethiopia found that mother's whose foetal outcome was normal were more likely to be satisfied when compared to mother's whose foetuses were delivered with complications (Addisalem, 2022).

Chapter three

This chapter will explain the research methodology, including study setting, study design, study population, and sample size, sampling procedure, data collection technique, variables of the study, instrument tool of data collection, reliability and validity, ethical considerations, inclusion and exclusion criteria and methods of data analysis**.**

Methods and Materials

Study Setting

The study was conducted at non-govermental hospitals in Hebron city, Palestine. PRCS hospital, Al-Mezan hospital and Al-Ahli hospital. This hospitals provide healthcare services for million of people within catchment area.

PRCS hospital: it's a non governmental hospital, is made up of a nine-story building, the hospital consists of the following wards: An emergency department (3 beds), outpatient clinics, gynecology, obstetrics and fertility ward, it consists of 10 beds, three delivery rooms and an operating theatre, pediatric Intensive Care ward (5 beds), neo-natal intensive care ward (17 incubators); pediatric ward (20 beds), surgical ward, which includes two operating theatres and 20 beds.

Al-Mizan Specialized Hospita:l is the first of its kind in Hebron in particular, and in Palestine in general in terms of medical services for patients and the

high level of medical services. A group of specialists, doctors and a chief work in the hospital, where the number of working doctors is 10 doctors distributed across the hospital departments, in addition to 89 male and female nurses. The hospital accommodates 50 beds of the Ministry of Health, and the capacity can be increased to 85 beds in emergency cases. This hospital aims to provide medical services to the patient at the lowest cost and at a high level of quality, by being distinguished in an unspecified manner.

Al-Ahli hospital: the construction of Al-Ahli Hospital took place in 1988 AD on an 27,500 thousand square meters. , other sections and departments were added to the Hospital bringing the size of the hospital to(30 thousand square meters) to include a total of (304) A bed upon completion of the entire project, Al-Ahli Hospital today has 250 beds, and Al-Ahli Hospital currently has over 880 employees in all its medical and administrative departments. It deals with more than 160,000 one hundred and sixty thousand patients annually, including more than 28,000 admissions to the various departments, affiliated with the Nursing College, in which three specialties are taught(Nursing, Midwifery and Anesthesia technicians) and has a specialization program for doctors in the main specialties, and the hospital implements different programs to train Students of medical and nursing schools in Palestinian and international universities.

Study Design

This study used a quantitative/cross sectional design in order to identify women's satisfaction and personal experiences with childbirth and maternal healthcare services.

Study Population

The target population was women who attended Hebron hospitals for normal vaginal delivery and stayed at least one day at the hospital after their childbirth.

Sample size and Sampling Procedure

A Convenience sampling method was used to select the target participants for this study. Questionnaires was given to 300 of the postpartum mothers who gave birth at non- governmental Hebron hospitals by normal vaginal delivery, and before they leave the postanatl ward. A 250 questionnare was returned back before started the data analysis.

Data Collection Technique

Out of 300 subjects, 250 subjects were obtained giving a response rate 83.3%. 50 of the mothers rejected to participate in the study for unknown reasons. Data collection was done by the researcher with the assistcance of nursing/midwifery team at each postanatal ward, after taking the permission form postnatal headnurses. Contact with midwifery team was done by calling them before going to wards, in order to know if the availabile clients appropriate for the study criteria or not. The purpose of the study was explained to the participated women and oral consent was taken before started the process of data collection. The data was collected by structured questionnaire which have three parts. The first part contained questions about socio-demographic information of women, the second part contained questions related to obstetric information of the mother, and finally, the third part was about the satisfaction of

mothers which was measured by using different questions ranged from “very dissatisfied” to “very satisfied.” Mothers were informed about their rights to refuse the participation in the study or to withdraw the study whenever thay want if they were uncomfortable to answer the questions.

Variables of the study

The dependent variable was mother’s satisfaction on delivery care service. The independent variables were socio-demographic characteristics, such as (place of birth, age, level of education, occupation, level of income, marital status), obstetric characteristics, such as (woman's age in first pregnancy, number of previous births, the outcome of birth, the health status of the mother after birth, ANC follow up). Perception or satisfaction about health professionals, nursing care in labor, comforting, information and involvement in the decision making, meeting baby, postpartum care, hospital rooms, hospital facilities, respect for privacy and meeting expectations were all independent variables for this study. Mothers satisfaction about the previous variables was measured by the use of likert scale.

Instrument tool of data collection

Structured questionnaire was used in collecting my data, The Scale for Measuring Maternal Satisfaction in Normal Birth (SMMS- normal birth) consists of three parts, the first part contained questions about socio-demographic information of women, the second part contained questions related to obstetric information of the mother, and finally, third part was about the satisfaction of mothers which was measured by using different questions ranged from “very dissatisfied” to “very satisfied.” The total items

of the questionnaire was 43 items and 10 domains, which includes: perception of health professionals (4 items), nursing care in labor (2 items),comforting (4 items), information and involvement in the decision making dimension (8items), meeting baby (3 items), postpartum care (6 items), hospital rooms (4 items), hospital facilities (3 items), respect for privacy (4 items) and meeting expectations (5items). Satisfaction level of the participated women was measured by using a five-point Likert scales (1-strongly disagree to 5-strongly agree). Moreover, a cut-off score was calculated as 150.5 for the SMMS-normal birth and scores above the cut-off value indicated greater satisfaction.

Reliability

Table 1 shows the reliability coefficients of the SMMS- normal birth items. Overall, the Cronbach's Alpha for the SMMS- normal birth items was 0.845.

Table 1

Correlation coefficients

Variable	No. of item	Cronbach's Alpha
SMMS- normal birth	43	.845

Validity

The validity of the instrument was established by extensive literature review, consulting with advisor and nursing research faculty, as well as by peer review. First of all, the instrument was developed in English language then was translated into Arabic language. Opinion from the language expert was obtained for

comprehensibility and simplicity of language during translation and back translation, experts reviewed and evaluated the questionnaire. Also, a pilot study was conducted, the questionnaire was distrubted to a sample outside the study population. The pilot study was conducted on 15 mothers who were selected from PRCS hospital and were not included in the sample population to test the feasibility of tools.

Ethical considerations

Mothers who participated in the study were informed about the objectives and methods of the study, including their rights in declining participation and signed an oral informed consent before responding to the questionnaires. Anonymity in data collection during the questionnaire phase was ensured by avoidance of collecting any information that may disclose participants' identity. Also, code numbers were used in questionnaires instead of participants names.

Inclusion and Exclusion Criteria

Inclusion criteria include Women who gave birth by normal vaginal delivery in Hebron hospitals and discharged from postanat ward during the period of data collection, whereas exclusion criteria include women who delivered by C-S and also mothers who were seriously ill after delivery. Participated mothers answered the questionnaire questions at postnatal wards.

Time table

The study was conducted from 20, August, 2021 to 20, August, 2022.

Data Analysis

Data was analyzed on the basis of research objectives and research questions. After collecting data, data was checked for accuracy, consistency and completeness. The collected quantitative information was edited, coded, and entered in excel programs and then transferred to (SPSS) version (28) for additional analysis.

The collected data was analysed by the Statistical Package for Social Sciences (SPSS) Version (28). Data entry was performed by the researcher and double-checked for outliers or errors. Data was tested for normality using the Kolmogorov-Smirnov and Shapiro-Wilk tests. Table 2 presents the Kolmogorov-Smirnov and Shapiro-Wilk tests which shown the data is not normally distributed ($p=<0.001$) and ($p=<0.001$) respectively.

Data analysis of descriptive and inferential statistics was conducted. Regarding descriptive statistics, frequency, percentages, mean score and Standard Deviation (SD) were used to described the study variables. Regarding inferential statistics, because of the dependent variable was not normally distributed, the non-parametric tests included the Mann-Whitney-U test and the Kruskal–Wallis H test were used to assess the differences between variables.

Recoding of negative statements of the questionnaire was done.

Table 2.

Tests of Normality

	Kolmogorov-Smirnov test			**Shapiro-Wilk test**		
	Statistic	Df	Sig.	Statistic	df	Sig.
Total sum score of the SMMS-normal birth	.125	250	<0.001	.938	250	<0.001

Chapter Four:

Results

This chapter presents the findings of the study which included the frequency and percentages of the mother's characteristics, the level of satisfaction among mothers, and the differences between mother's characteristics in terms of their demographic and current pregnancy information.

Frequency and percentages of the demographic characteristics of the mothers

The researcher recived only 250 fulfilled questionnaire, 47.2% were aged between 16-25 years old, 43.2% between 26-35 years old and 9.6% between 36-45 years old. 98% of mothers were married compared with 2% were separated. More than two-thirds of mothers were house wife. Regarding to their education levels, 38.8% were held a college or university certificate, 26.9% were have the ability to read and write, 27.2% were finished their study from the 9th grade to the Tawjihi. Approximately, half of mothers have monthly income more than 2001 NIS. More details are shown in table 1.

Table 1

Demographic characteristics of the mothers (n=250)

Demographic characteristics		n	%
Place of birth	Red Crescent/ Hebron	85	34

	Al-Ahli Hospital	78	31.2
	Al-Mezan Hospital	87	34.8
Age group	16-25 years old	118	47.2
	26-35 years old	108	43.2
	36-45 years old	24	9.6
Level of education	I do not have the ability to read and write	2	0.8
	I have the ability to read and write	74	29.6
	I finished my studies from first grade to eighth grade	9	3.6
	I finished my studies from the ninth grade to the Tawjihi	68	27.2
	I have College/university certification	97	38.8
Marital status	Married	245	98
	Separated/ Divorced	5	2
Occupation	House wife	182	72.8
	Government Employee	19	7.6
	Non-governmental employee	27	10.8
	Day laborer	4	1.6
	Trader	5	2.0
	Students	13	5.2
Level of Income	≤ 1000 NIS	39	15.6
	1001-1500 NIS	30	12.0
	1501-2000 NIS	60	24.0
	2001-3000 NIS	75	30.0

	>3000 NIS	46	18.4

Frequency and percentages of the information about the previous and current pregnancies

Surprisingly, more than two-thirds of mothers have their first pregnancy between 16-25 years old. Regarding to the number of previous births, 28.4% were have three or more births compared with 32% have no birth, while the rest have one and two births. 88.4% of mothers wanted the pregnancy to happen, while the rest were not. 90% of mothers were regularly followed up their pregnancy in the clinic. The prevalence of birth complication was 23.2% among mothers, while the rest were not. The prevalence of alive born without complication was 93.2%, dead babies was 5.2% and babies with complication and disabilities was 1.6%. More details are shown in table 2.

Table 2

Frequency and percentages of the information about the previous and current pregnancies

Items		n	%
Woman's age in first pregnancy	16-25 years old	207	82.8
	26-35 years old	40	16.0
	36-45 years old	3	1.2
Number of previous births	No birth	80	32.0
	One birth	57	22.8
	Two births	42	16.8
	≥ 3 births	71	28.4
Do you want this pregnancy	Yes	221	88.4

to happen?	No	29	11.6
Regular follow-up of your pregnancy in the clinic	Yes	225	90.0
	No	25	10.0
The number of hours it took to give birth	< 6 hours	144	57.6
	6-12 hours	74	29.6
	12-24 hours	25	10.0
	> 24 hours	7	2.8
The health status of the mother after childbirth	With complication	58	23.2
	Without complication	192	76.8
The birth happen to	Alive born without complications or problems	233	93.2
	Dead child	13	5.2
	Born with health problems or disabilities	4	1.6

The level of satisfaction among mothers after birth

Figure 1 presents the level of satisfaction among mothers after birth. Half of mothers (50.8%) have satisfied after birth compared with 49.2% were dissatisfied.

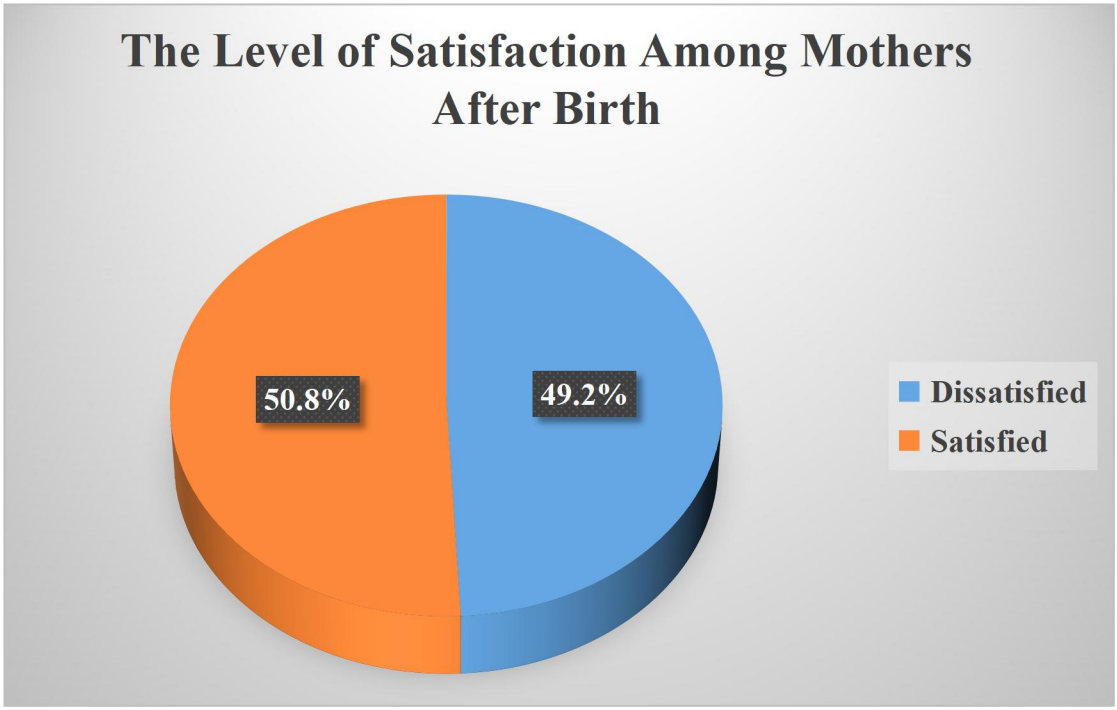

Figure 1. *The level of satisfaction among mothers after birth*

Table 3 presents the mean score for each item toward a perception of health professionals. Overall, the total mean score for the perception of health professionals' domain was M=4.33, SD= 0.646. Mothers have shown the highest satisfaction with doctors, midwives, and nurses involved in treating the mothers as well as they believed that doctors have done necessary medical intervention during childbirth with M=4.41, SD= 0.712 and M=4.35, SD= 0.719 respectively.

Table 3

Mean score for each item toward perception of health professionals (n=250)

Item	Mean	SD
1. The number of doctors, midwives and nurses involved in	4.34	.723

my care was enough during my hospital stay.		
2. The doctors, midwives and nurses involved in my birth treated me/behaved well.	4.41	.712
3. The doctors, midwives and nurses involved in my birth treated my family well.	4.26	.796
4. I believe that doctors have done necessary medical interventions during childbirth	4.35	.719
Overall Mean Score	**4.33**	**.646**

Table 4 presents the mean score for each item for nursing care in labor. Overall, the total mean score for the nursing care in labor domain was M=4.26, SD= 0.748. Mothers have shown the highest satisfaction with nurses who spent enough time to meet my needs during labour as well as the midwives and nurses spent enough time help me to cope with pain during labour. with M=4.29, SD= 0.727 and M=4.23, SD= 0.870 respectively.

Table 4

Mean score for each item toward nursing care in labor (n=250)

Item	Mean	SD
5. Midwives and nurses spent enough time help me to cope with pain during labour.	4.23	.870
6. The nurses spent enough time to meet my needs during labour and delivery	4.29	.727
Overall Mean Score	**4.26**	**.748**

Table 5 shows the mean score for each item for comforting. Overall, the total mean score for comforting domain was M=2.33, SD= 0.689. Mothers have shown the lowest satisfaction about what she will do at birth with M= 1.88, SD= 0.874. In addition, mothers were dissatisfied about the (medication, massage, etc.) that could have been done for relieving my pain during labour with M= 2.13, SD= 1.010. More details are shown in table 5.

Table 5

Mean score for each item toward comforting (n=250)

Item	Mean	SD
7. Everyone told me just what I should do at birth.	1.88	.874
8. Some more things (medication, massage, etc.) could have been done for relieving my pain during labour.	2.13	1.010
9. I'd like to have had more help to reduce my stress during childbirth.	2.44	1.157
10. My family should have received more attention to reduce their stress during birth.	2.90	1.303
Overall Mean Score	**2.33**	**.689**

Table 6 shows the mean score for each item for information and involvement in decision making. Overall, the total mean score for information and involvement in

decision making domain was M=3.84, SD= 0.811. Mothers have shown the highest satisfaction about informed me about all necessary procedures during my labour and childbirth as well as among doctors, midwives & nurses because they took into account everything I said at birth with M= 4.04, SD= 1.019 and M= 4.00, SD= 1.043 respectively. More details are shown in table 6.

Table 6

Mean score for each item toward information and involvement in decision making (n=250)

Item	Mean	SD
11. I was informed about all necessary procedures during my labour and childbirth.	4.04	1.019
12. My partner/family was informed about all necessary procedures during my labour and childbirth.	3.91	1.103
13. The doctors, midwives & nurses took into account everything I said at birth.	4.00	1.043
14. I knew which doctors and midwives & nurses would be responsible from my care during birth.	3.46	1.261
15. Doctors and nurses explained me every new situation occurred during birth.	3.88	1.050
16. Doctors and nurses explained my partner/family every new situation occurred during birth.	3.74	1.145

17. My consent was asked before performing the procedures related with my care during birth.	3.91	1.085
18. Consent of my partner / family was asked before performing the procedures related with my care during birth when necessary	3.84	1.053
Overall Mean Score	**3.84**	**.811**

Table 7 shows the mean score for each item for meeting baby. Overall, the total mean score for meeting baby domain was M=2.07, SD= 0.960. Mothers have shown the lowest satisfaction about breast feeding to their babies earlier with M=2.00, SD= 0. 960. More details are shown in table 7.

Table 7

Mean score for each item toward meeting baby (n=250)

Item	Mean	SD
19. After birth, I'd like to hold my baby earlier.	2.16	1.233
20. After birth, my family would love to be able to see the baby earlier.	2.06	1.088
21. After birth, I'd like to breast feed my baby earlier.	2.00	1.077
Overall Mean Score	**2.07**	**.960**

Table 8 shows the mean score for each item for postpartum care. Overall, the total mean score for postpartum care domain was M=3.53, SD= 0.797. Mothers have shown the highest satisfaction among nurses that met their needs adequately during the days after birth compared with dissatisfiaction about more things could have been done to reduce my pain and discomfort after birth with M= 2.63, SD= 1.290. More details are shown in table 8.

Table 8

Mean score for each item toward postpartum care (n=250)

Item	Mean	SD
22. Some more things could have been done to reduce my pain and discomfort after birth.	2.63	1.290
23. Nurses met my needs adequately during the days after birth.	3.99	1.155
24. Nurses spent enough time to give information about my own care after birth.	3.68	1.289
25. Nurses spent enough time to give information about the care of my baby.	3.66	1.278
26. Nurses spent enough time to help breastfeeding.	3.56	1.257
27. The information received from different caregivers about self-care and baby care was consistent.	3.69	1.150
Overall Mean Score	**3.53**	**.797**

Table 9 shows the mean score for each item for hospital room. Overall, the total mean score for hospital room domain was M=3.94, SD= 1.009. Mothers have shown the highest satisfaction toward the rooms were comfortable and clean place as well as room that mothers stayed during labour was clean and adequate to meet their needs with M= 4.06, SD= 1.062 and M= 4.03, SD= 1.108 respectively. More details are shown in table 9.

Table 9

Mean score for each item toward hospital room (n=250)

Item	Mean	SD
28. The room in which I stayed during labour was clean and adequate to meet my needs.	4.03	1.108
29. The room in which I gave birth was a comfortable and clean place.	4.06	1.062
30. The room in which I stayed after birth was comfortable and adequate to meet my needs.	3.96	1.138
31. The room in which I stayed after birth was suitable for the visits of my family and friends.	3.70	1.262
Overall Mean Score	**3.94**	**1.009**

Table 10 shows the mean score for each item for hospital facilities. Overall, the total mean score for hospital facilities domain was M=3.73, SD= 0.983. Mothers have

shown the highest satisfaction item about easily find everything we needed in hospital with M=3.86, SD= 1. 063. More details are shown in table 10.

Table 10

Mean score for each item toward hospital facilities (n=250)

Item	Mean	SD
32. My family had a proper and comfortable place in the hospital to rest and wait during birth.	3.70	1.190
33. We could easily find everything we needed in hospital.	3.86	1.063
34. The food service was good at hospital.	3.64	1.251
Overall Mean Score	**3.73**	**.983**

Table 11 presents the mean score for each item for respect for privacy. Overall, the total mean score for respect for privacy domain was M=3.35, SD= 0.893. Mothers have shown the highest satisfaction about health-care personnel that showed respect to their privacy during their practices with M=3.75, SD= 1. 259. More details are shown in table 11.

Table 11

Mean score for each item toward respect for privacy (n=250)

Item	Mean	SD
35. There were people coming in and out of my room unnecessarily during labor.	3.40	1.483
36. There were people coming in and out of my room unnecessarily after birth	3.19	1.456
37. Health-care personnel showed respect to my privacy during their practices.	3.75	1.259
38. Special moments I lived with my family during and after birth were interrupted by medical staff because of routine interventions that could be delayed easily.	3.08	1.342
Overall Mean Score	**3.35**	**.896**

Table 12 shows the mean score for each item for meeting expectations. Overall, the total mean score for meeting expectations domain was M=3.06, SD= 0.563. Mothers have shown the highest satisfaction toward the first birth was one of the most beautiful experiences in my life with M=3.52, SD= 1. 354. However, mothers were dissatisfied because they did not expect to have some of the medical interventions used at their birth. More details are shown in table 12.

Table 12

Mean score for each item toward meeting expectations (n=250)

Item	Mean	SD
39. I could not get any better care in this hospital.	2.82	1.459
40. My birth experience was completely as I had expected and hoped.	3.40	1.359
41. The labour was longer than I had expected.	2.86	1.413
42. I had not expected to have some of the medical interventions used at my birth.	2.70	1.323
43. This birth was one of the most beautiful experiences in my life.	3.52	1.354
Overall Mean Score	**3.06**	**.563**

Differences between demographic characteristics in terms of mother's satisfaction

A Mann Whitney U test and Kruskal Wallis H test were conducted to assess the differences between demographic characteristic variables it terms of mother's satisfaction. A Mann Whitney U test and Kruskal Wallis H test were indicated no significant differences were found between place of birth (p=0.139), age group (p=0.891), level of education (p=0.105), marital status (p= 0.724), occupation (p= 0.093) and level of income (p=0.124) in terms of mother's satisfaction.

Table 13

Differences between demographic characteristics of the mothers in terms of the satisfaction sum score (n=250)

Demographic characteristics		**N**	**Mean Rank**	**Statistical values**	**P-value**
Place of birth	Red Crescent/ Hebron	85	127.25	H= 3.951 df= 2	.139
	Al-Ahli Hospital	78	112.90		
	Al-Mezan Hospital	87	135.09		
Age group	16-25 years old	118	124.76	H= .230 df= 2	.891
	26-35 years old	108	124.81		
	36-45 years old	24	132.23		
Level of education	I do not have the ability to read and write	2	155.25	H= 7.658 df= 4	.105
	I have the ability to read and write	74	114.90		
	I finished my studies from first grade to eighth grade	9	166.39		
	I finished my studies from the ninth grade to the Tawjihi	68	116.62		
	I have College/university certification	97	135.41		
Marital status	Married	245	125.73	U=556 Z=-.353	.724
	Separated/ Divorced	5	114.20		
Occupation	House wife	182	124.41	H= 9.419	.093

	Government Employee	19	121.87	df= 5	
	Non-governmental employee	27	143.11		
	Day laborer	4	41.38		
	Trader	5	92.50		
	Students	13	148.08		
Level of Income	≤ 1000 NIS	39	107.09	H= 7.235 df= 4	.124
	1001-1500 NIS	30	117.43		
	1501-2000 NIS	60	117.11		
	2001-3000 NIS	75	135.70		
	>3000 NIS	46	140.68		

**Significant difference at p=<0.05*

df: degree of freedom

Differences between the information about previous and current pregnancies in terms of mother's satisfaction

A Mann Whitney U test and Kruskal Wallis H test were conducted to assess the differences between the information about previous and current pregnancies in terms of satisfaction. A Mann Whitney U test and Kruskal Wallis H test were indicated no significant differences were found between the following variables; woman's age in first pregnancy (p=0.166), Number of previous births (p=0.245), willing to this pregnancy to happen (p=0.549), the number of hours it took to give birth (p= 0.201), the health status of the mother after childbirth (p= 0.667) and the baby status (p=0.473) in terms of mother's satisfaction.

However, A Mann Whitney U test indicated a significant difference between mothers who visit the clinic regularly (M= 130.57) and who were not (M= 79.84) in terms of satisfaction (U=1671, p=<0.001). This means mothers who regularly visit the clinic have higher satisfaction than who not regularly visit the clinic.

Table 14

Differences between the information about previous and current pregnancies among mothers in terms of the satisfaction sum score (n=250)

Items		**n**	**Mean Rank**	**Statistical values**	**P-value**
Woman's age in first pregnancy	16-25 years old	207	127.04	H= 3.593 df= 2	.166
	26-35 years old	40	123.34		
	36-45 years old	3	47.83		
Number of previous births	No birth	80	119.34	H= 4.152 df= 3	.245
	One birth	57	126.44		
	Two births	42	113.49		
	≥ 3 births	71	138.80		
Do you want this pregnancy to happen?	Yes	222	126.47	U= 2892 Z= -.599	.549
	No	28	117.79		
Regular follow-up of your pregnancy in the clinic	Yes	225	130.57	U= 1671 Z=-3.329	<0.001 *
	No	25	79.84		
The number of	< 6 hours	144	132.60	H= 4.628	.201

hours it took to give birth	6-12 hours	74	120.94	df= 3	
	12-24 hours	25	101.62		
	> 24 hours	7	112.86		
The health status of the mother after childbirth	With complication	58	121.92	U= 5360.5 Z=-.430	.667
	Without complication	192	126.58		
A Baby status	Alive born without complications or problems	233	126.22	H= 1.498 df= 2	.473
	Dead child	13	126.08		
	Born with health problems or disabilities	4	81.63		

***Significant at p=<0.05**

df: degree of freedom

Chapter five

Discussion

The current study discussed important information about maternal satisfaction with delivery care services and its associated factors among mothers who gave birth at non- governmental Hebron hospitals, Palestine.

This study represents the level of satisfaction among mothers after delivery, the study showed that 50.8% of mothers were satisfied, whereas 49.2% were dissatisfied . It is higher than the studies conducted in Ethiopia (36.6%) and Jordan (24.4%). However, it is much lower than other studies conducted in at Public Health Centers in Yeka Sub City, Addis Ababa, Ethiopia (63%) , Nepal (89.88%) and Eastern Ethiopia (80%). The possible explanation for the observed variation in satisfaction might be due to the real difference in the quality of services provided, difference of the study setting's, difference of type of health instituation and also difference in mother's expectations . Another reason for this variation might be due to the using of a different cuts off points for determining the level of satisfaction.

Regarding statements related to the perception of health professionals, the total mean score for this domain was M=4.33. Mothers have shown the highest satisfaction with doctors, midwives and nurses involved in treating the mothers as well as they believed that doctors have done necessary medical intervention during childbirth with M=4.41 and M=4.35 respectively. Furthermore, the mothers were satisfied with the number of doctors, midwives and nurses involved in their care during hospital stay with M=4.43.

Intrapartum nursing care is the care provided by midwives and nurses for labouring mothers during childbirth, maternal satisfaction with intrapartum nursing care help in determination the choice of health facilities and in the utilization of labour and delivery services in future, also it measure the ability of health services to meet mother's expectations. Regarding statements related to nursing care in labor, the total mean score of satisfaction was high with M=4.26, the satisfaction mean score was high for midwives and nurses spent enough time help them to cope with pain during labor with M=4.23. Also, majority of mothers were satisfied with nurses spent enough time to meet their needs during labor and delivery with M= 4.29, consistent with this, a study conducted at Iraq 2015, show that majority of mothers were satisfied with their care during labor and delivery, the highest mean scores of satisfaction was related to the items of professional support and management of pain during labor, also another study conducted at Ethiopia,2020 show that 94.1% of mothers were satisfied with technical competency of the provider and 92.3% were considered health care providers helpful during labor and birth.

Regarding statements related to comforting, the total mean score for comforting domain was M=2.33, mothers have shown the lowest satisfaction about what she will do at birth with M= 1.88. Moreover, mothers were dissatisfied about some more things could have been done for relieving my pain during labor and with having more help to reduce my stress during childbirth with M= 2.44, consistent with this, a study conducted in Nepal show that only 38.3% of participants were very satisfied for the emotional support given by provider, also in another study done in southern Mozambique show that only 8.2% reported needing medicine during childbirth.

Regarding statements related to information and involvement in decision making, the total mean score was M= 3.84. Mothers have shown the highest satisfaction about informed me about all necessary procedure during my labor and childbirth as well as they took into account everything I said at birth with M=4.04, M=4.00 respectively.This findings were parallel to another study done at Nepal, as it show that 85,4% of mothers said they were satisfied with information received. Moreover, a study at Nepal show that 91.57% of participants were satisfied with the information aspects during childbirth. In contrast with this findings, a study done at Jordan. 2014, show that 20.5% of women were satisfied with information and involvement in decision making.

Regarding statements related to items of meeting baby, majority of mothers were dissatisfied with meeting baby aspects, with M=2,07, mothers have shown the lowest satisfaction about breastfeeding to their babies earlier with M= 2.00, this was consistent with a study conducted at Mozambique that show that only 79.8% of mothers were satisfied with the assistance to feed their baby.

Regarding statements related to postpartum care, the total mean score was M=3.53, the highest satisfaction was among nurses that met their needs adequately during the days after birth, this was consistent with a study done at Nepal show that 90% of participants were satisfied with attention to needs and approached, on the other hand, the study show less satisfaction with more things have been done to reduce my pain and discomfort after birth.

Physical birth environment satisfaction is considered an important predictor of overall satisfaction in healthcare settings, it includes factors such as light, space, air, noise, quality, privacy, views of nature and single rooms. It is believed to have an impact on

the effectiveness of care. Regarding statements related to hospital rooms and facilities, majority of mothers were satisfied, the highest satisfaction was toward the rooms were comfortable and clean place as well as room that mothers stayed during labor was clean and adequate to meet their needs with M=4,06, M=4,03 respectively, also high satisfaction was found toward easily find everything we needed in hospital and my family had a proper and comfortable place for resting and waiting during childbirth, with M=3,86, M=3.70 respectively. Consistent with this findings, a study conducted at Mozambique show that 94,7% of mothers were satisfied with cleanliness of the facility. In contrast with this findings, a study at Jordan show that only 18.8% of mothers were satisfied with physical birth environment. Also, Another study at Malaysia show that only 34.3% of mothers were satisfied with physical birth environment.

Privacy during childbirth for physical examinations and delivery process itself is an important requirement of utilizing maternal care services among women, Regarding statements related to respect and privacy, the total mean score for this domain was M=3.35, the highest satisfaction was about health care personnel that showed respect to their privacy during their practices with M= 3.75. in line with this, a study conducted at Nepal show that 84% of participants were satisfied with maintainace of privacy by healthcare providers, 95% of mothers were satisfied with treated with respect and dignity.

a systematic review 2021 show that a mismatch between labour/birth expectations and experiences may has a negative impact on maternal satisfaction with birth and could increase the risk of women developing PTSD after delivery. Regarding statements related to meeting expectations, the total mean score for this domain was M=3,06,

majority of mothers were satisfied toward this birth was one of the most beautiful experiences in my life with M=3.52, on the other hand, mothers were dissatisfied toward their expectation to have some of the medical interventions used at their birth. In consistent with this, in parallel to this findings, a cohort study conducted at Swedan,2022, show that 66% of mothers reported a positive birth experience after birth.

Differences between demographic characteristics in terms of mother's satisfaction

In the present study, there is no statistically association between differences in sociodemographic characteristics and mothers satisfaction. This is consistent with the study done in Italy show that maternal satisfaction wasn't affected by the differences in sociodemographic variables.

In contrast to this, a study done at Lebanon found that Higher age, multiparous women, higher education, high monthly income, unemployment were associated with a positive birth experience's for mothers, whereas, another study conducted at Italy show that age was not associated with higher satisfaction, while education and citizenship proved significant association. Another study done in Nepal show that postnatal mothers who were multiparous were more likely to be satisfied with delivery service than primiparous.

Differences between the information about previous and current pregnancies in terms of mother's satisfaction

Woman's age in first pregnancy may impact the level of satisfaction after childbirth, in this study, there was no association between women age in first pregnancy and their satisfaction after delivery. In contrast to this finding, two studies conducted at Sweden and Italy showed that the very young women, had the most negative expectations after delivery.

Many of studies have shown that Maultiparas women are expected to be more satisfied when compared to primiparas, this could be because their previous experience of childbirth have more realistic expectations which is consequently leads to easier their labor satisfaction, whereas primiparas women tended to have more fear and higher expectations that needs more assistance and support, which results in lowering their level of satisfaction, in this study, there was no association between number of previous births and maternal satisfaction , this suggests that the needs of both primiparas and multiparas may was met equally well by the health care providers. This was parallel to another study done in Malaysia which found that there was no association between parity and labor satisfaction. However, another study done in Italy show that Multiparous women had a higher satisfaction score compared to primparas.

Unplanned pregnancy could lead to less interest in the pregnancy and increased risks of maternal depression, which consequently may contribute to lower childbirth satisfaction. In this study there was no associations between the status of pregnancy and maternal satisfaction, this could be because the majority of women who participate in the study fall into the planned pregnancy category. this was consistent

with a study done at Malaysia showed that there is no association between pregnancy status and maternal satisfaction, on contrast to this finding, a study done in Ethiopia show that women's satisfaction was 2.8 times higher among women whose had planned pregnancy compared to women whose their pregnancy was unplanned.

Many studies showed that long duration of labour and suffering from labor pain were associated with decreasing maternal satisfaction. In this study, there was no association between the number of hours it took to give birth and maternal satisfaction, this is maybe because the majority of the participated women had short duration of labor. In contrast to this findings, another studies done at Debre Markos Town, Northwest Ethiopia and Sweden which show that increasing laboring time of mothers was significantly associated with decreasing satisfaction of mothers on childbirth services. Also another study done at North Shoa Zone Ethiopia showed that women satisfaction was higher among mothers whose labour duration lasted ≤ 12 hours than women whose labour duration lasted more than 12 hours.

Maternal and neonatal compliactions may encounter the mothers on a critical situation and make them suffer from a great deal of stress, consequently, this could lead to dissatisfaction with their childbirth experince. Moreover, the mothers may feel lack of trust with health care providers when they suffering from any unexpected compliactions. Related to this study, there was no association between health of the mother and health of the baby with maternal satisfaction. This could be because the majority of participants had their babies without any complications. In contrast to this finding, a study conducted at Eastern Ethiopia show that mothers with infant compliactions were more likely to be dissatisfied compared with women whose their newbron were delivered without complications.

ANC is considered one of the important steps that help in promoting healthy behavior for women and assist them to acquire the skills of bearing their children. In this study, a significant difference founded between mothers who visit the clinic regularly and who were not in terms of satisfaction. Women who visit the clinic regularly were more satisfied than women who don't visit it regularly. This was consistent with many of studies conducted at Ethiopia and Jordan. In contrast to this finding, a study conducted at Nourthern Italy show that Antenatal class attendance was negatively associated with maternal satisfaction.

Chapter sex

Recommendations and conclusion

Recommendations

1. Further large population-based studies should be done on the determinants of maternal satisfaction with childbirth experience, the cause and effect relationship should be adressed.
2. Policymakers and hospital administrators need to develop strategies in order to improve quality of care, adherence to ANC visits should be strengthening with pregnant women.
3. Evaluation of maternal satisfaction should be done continuously to meet the mother's satisfaction and expectation as maternal satisfaction is used as secondary prevention to maternal mortality.
4. Healthcare providers and policy makers should emphasize on the factors associated with low satisfaction to improve the quality of the maternity care.
5. Procedures and policies regarding childbirth practices should be reviewed and strategized in order to improve the satisfaction during the whole childbirth process.
6. The communication gap between the caregivers and mothers needs to be bridge and improve health workers need to make deliberate attempt to provide client-centered, personalized care.
7. Nurses and midwives should champion the purveying of essential facilities for standard care, as well as a congenial ambience.

Conclusion

The study revealed that almost half of the participants were satisfied with their childbirth experience. Several independent factors where with increasing maternal satisfaction, which include: adequate health care professionals in hospital and their proper interventions with mothers, adequate midwifery and nursing care to women during labour, the ability to provide mothers with all information needed and involved them in decision making, the ability to met mothers needs after child birth, the maintainance of privacy, the ability to maintain a good physical environment, meeting expectations of women and regular ANC visits. Whereas comforting and meeting the baby were considred an independent factors of maternal dissastisfaction.

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استبيان قياس رضى الأمهات بعد الولادة

عزيزتي المشاركة ..

أنا الطالبة الاء عيد، أقوم حالياً بعمل بحث أكاديمي لقياس معدل رضى الأمهات بعد الولادة، والعوامل المؤثرة في ذلك أيضاً، تحت إشراف الدكتور فريد إغريب، سوف يتم التعامل بخصوصية تامة مع جميع المعلومات والبيانات التي سيتم الحصول عليها، وستستخدم فقط لهدف الغرض العلمي. سيقيم هذا الاستبيان مدى رضاك عن الرعاية التي تلقيتها أثناء المخاض والولادة بالإضافة إلى رضاك أثناء البقاء في المستشفى بعد الولادة. يرجى قراءة البيانات التالية وتحديد درجة موافقتك المعطاة بعد كل سؤال، بعد ذلك، حدد المربع بعلامة Xتصف تجربتك بشكل أفضل للإشارة إلى إجابتك في الأعمدة التالية. احرص على عدم ترك السؤال فارغًا وتذكري أن هويتك وإجاباتك ستكون سرية.

شكرا لمشاركتك و تفضلي بقبول وافر التحية و التقدير،،،

المعلومات الأولية:

مكان الولادة: أ).مشفى الهلال الأحمر/الخليل( )

ب).مشفى الأهلي ( )

ج).مشفى الميزان ( )

العمر: أ).16-25 ( ) ب). 26-35 ( ) ج). 36-45 ( )

المستوى التعليمي: أ).لدي القدرة على القراءة والكتابة ( )

ب).ليس لدي القدرة على الكتابة والقراءة ( )

ج).أنهيت الدراسة من الصف الأول إلى الصف الثامن ( )

د).أنهيت الدراسة من الصف التاسع إلى التوجيهي ( )

ه).شهادة جامعية وما فوق ( )

الحالة الاجتماعية: أ).متزوجة ( ) ب).منفصلة عن الزوج أو مطلقة ( )

الحالة الوظيفية: أ).ربة منزل ( ) ب).موظفة حكومية ( )

ج).موظفة غير حكومية ( ) د).موظفة بنظام المياومة ( )

ه).تاجرة ( ) و).طالبة ( )

معدل الدخل الشهري للعائلة/شيقل:

1. 1000 أو أقل ( )
2. 1100- 1500 ( )
3. 1600-2000 ( )
4. 2100 -3000 ( )
5. 3100- 4000 أوأكثر ( ).

معلومات عن الحمولات السابقة والحمل الحالي:

عمر المرأة في أول حمل: أ).16-25 ( ) ب).26- 35 ( ). ج). 36-45 ( )

عدد الولادات السابقة: أ).لا يوجد ( ) ب).واحد ( )

ج).اثنان ( ) د).ثلاثة وأكثر ( )

كنت أرغب في حدوث هذا الحمل: أ).نعم ( )

ب).لا ( )

الذهاب إلى عيادات متابعة الحمل بشكل منتظم: أ).نعم ( )

ب).لا ( )

عدد الساعات التي استغرقتها عملية الولادة: أ).أقل من 6 ساعات ( )

ب).6-12 ساعة ( )

ج).12-24 ساعة ( )

د).أكثر من 24 ساعة ( )

الوضع الصحي للأم بعد الولادة: أ).مع مضاعفات ( ) ب).بدون مضاعفات ( )

الولادة تمت ل:أ).مولودعلى قيد الحياة وبدون أي مشاكل صحية ( )

ب).مولود متوفي ( )

ج).مولود مع مشاكل صحية أو إعاقات ( )

	غير موافق بشدة	**غير موافق جزئيا**	**لا يوجد جواب**	**موافق**	**موافق بشدة**
1.عدد الأطباء والقابلات والممرضات المشاركين في رعايتي كان كافيا أثناء إقامتي في المستشفى.					
2.تمت معاملتي بشكل جيد من قبل الأطباء و القابلات والممرضات خلال رعايتي.					
3.تمت معاملة عائلتي بشكل جيد من قبل الأطباء والقابلات والممرضات خلال رعايتي.					

4.قام الأطباء بالتدخلات الطبية اللازمة أثناء ولادتي.					
5.أمضت القابلات والممرضات وقتًا كافيًا في مساعدتي في كيفية التعامل مع الألم أثناء المخاض.					
6.أمضت الممرضات وقتًا كافيًا معي من أجل تلبية احتياجاتي أثناء الولادة.					
7. شرح لي الجميع ما يجب فعله عند الولادة.					
8. بعض الطرق (أدوية، مساج، الخ) كان من الممكن استخدامها من أجل تخفيف آلامي أثناء الولادة.					
9. أرغب في الحصول على مزيد من المساعدة لتقليل توتري أثناء الولادة.					
10.كان ينبغي أن تتلقى عائلتي مزيدًا من الاهتمام لتقليل إجهادهم أثناء الولادة.					
11. تم اخباري بجميع الإجراءات اللازمة لي خلال الولادة.					
12.تم إبلاغ شريكي/ عائلتي بكل ما هو ضروري من الإجراءات أثناء المخاض والولادة.					
13.أخذ الأطباء والقابلات والممرضات بعين الاعتبار كل ما قلته عند الولادة.					

14.كنت أعرف من هم الأطباء والقابلات والممرضات المسؤولين عن رعايتي أثناء الولادة.					
15.شرح لي الأطباء والممرضات كل وضع جديد حدث أثناء ولادتي.					
16.شرح الأطباء والممرضات لشريكي / عائلتي كل وضع جديد حدث أثناء ولادتي.					
17.تم طلب موافقتي قبل تنفيذ الإجراءات المتعلقة برعايتي أثناء الولادة.					
18.تم طلب موافقة شريكي / عائلتي قبل تنفيذ الإجراءات المتعلقة برعايتي أثناءالولادة عند الضرورة.					
19. بعد الولادة، أود أن أحمل طفلي مبكرًا.					
20.بعد الولادة، سوف تسر عائلتي عند رؤية الطفل في وقت مبكر أكثر.					
21.بعد الولادة، أرغب في إرضاع طفلي رضاعة طبيعية في وقت مبكر.					
22.كان من الممكن القيام ببعض الأمور لتقليل الألم وعدم الراحة بعد الولادة.					
23.لبت الممرضات احتياجاتي بشكل كافي بعد ولادتي.					

24.أمضت الممرضات وقتًا كافيًا في إعطائي معلومات عن الرعاية الخاصة بعد الولادة.					
25.أمضت الممرضات وقتًا كافيًا في إعطائي معلومات حول رعاية طفلي.					
26.أمضت الممرضات وقتًا كافيًا معي لمساعدتي في الرضاعة الطبيعية.					
27.المعلومات الواردة من مختلف مقدمي الرعاية حول رعايتي الذاتية ورعاية الطفل كانت متناسقة.					
28. الغرفة التي مكثت فيها قبل الولادة كانت نظيفة وكافية لتلبية احتياجاتي.					
29. الغرفة التي ولدت فيها كانت مريحة ونظيفة.					
30.الغرفة التي مكثت فيها بعد ولادتي كانت مريحة وكافية لتلبية احتياجاتي.					
31.الغرفة التي مكثت فيها بعد الولادة كانت مناسبة لزيارات عائلتي وأصدقائي.					
32.كان لعائلتي مكان مناسب ومريح في المستشفى من أجل الراحة والانتظار أثناء الولادة.					
33.يمكننا بسهولة العثور على كل ما نحتاجه في المستشفى.					

34.خدمة الطعام كانت جيدة في المستشفى.					
35.كان هناك أشخاص يدخلون ويخرجون من غرفتي دون داع أثناء المخاض.					
36.كان هناك أشخاص يدخلون ويخرجون من غرفتي دون داع بعد الولادة.					
37.أظهر موظفو الرعاية الصحية الاحترام لخصوصيتي خلال ممارساتهم.					
38.تم توقيف لحظات خاصة عشت فيها مع عائلتي أثناء وبعد الولادة من قبل الطاقم الطبي بسبب التدخلات الروتينية التي يمكن أن تتأخر بسهولة.					
39.لم أتمكن من الحصول على رعاية أفضل في هذا المستشفى.					
40.كانت تجربة ولادتي تمامًا كما كنت أتوقع وآمل.					
41.كان مخاضي أطول مما كنت أتوقع.					
42.لم أكن أتوقع الحصول على بعض التدخلات الطبية عند ولادتي.					
43.كانت هذه الولادة واحدة من أجمل التجارب في حياتي.					