Original Research Article

Journal of Public Health Research

Assessment of satisfaction with delivery care among mothers in selected health care facilities in Ekiti state

Journal of Public Health Research
2022, Vol. 11(4), 1–10

DOI: 10.1177/2279903622127572
journals.sagepub.com/home/phj
SAGE

Deborah Tolulope Esan[1], Adewale Allen Sokan-Adeaga[2] and Nasirat Omolara Rasaq[1]

Abstract

The study assessed the maternal satisfaction with delivery care in selected health care facilities in Ekiti state. The study employed a descriptive cross-sectional study design and a simple random sampling technique was utilized to select respondents based on calculated sample size and a total of 267 respondents participated in the study. A semi-structured pretested questionnaire was used for the data collection. Data was analyzed and summarized using descriptive statistics and inferential statistics (Chi-square) with significance set at $p < 0.05$. The mean respondents' age was 28.2 ± 1.4 years with majority falling within the age group of 21–30 years. Majority of the respondents revealed to be satisfied with the following: proximity of the health facilities 194 (72.7%); cost of service 174 (65.2%); drug availability 184 (69.7%); cleanliness of the hospital ambience 219 (82.0%); and professional conduct of the care givers 186 (70.2%). However, the respondents expressed dissatisfaction in terms of the following: referral link 107 (40.1%); waiting time 122 (45.7%); communication gap 56 (21.0%); and maintenance of privacy 51 (19.1%). Overall, majority (94.8%) of the respondents were satisfied with the delivery services rendered at the facilities while 14 (5.2%) expressed dissatisfaction. Furthermore, a significant association exists between respondents' level of education and maternal satisfaction on delivery care ($p < 0.05$). Although the general maternal gratification/satisfaction on intrapartum and postpartum care in this study was overwhelmingly high, the few domains of discontentment identified need to be addressed by all the stakeholders in the health sector to enhance the usage of health care services amongst women, thus promoting the attainment of Sustainable Development Goal (SDG) 3.

Keywords

Assessment, maternal satisfaction, delivery care, labor, Nigeria

Date received: 26 May 2022; accepted: 30 August 2022

Introduction

The sustainable development goals (SDGs) are a new set of comprehensive and ambitious development goals which include many targets including SDG-3, which aims to ensure healthy lives and to promote wellbeing at all ages.[1] The focus of SDG-3 is on public health related issues particularly maternal and neonatal health. The ambitious target set for this goal is to bring down maternal mortality to a global average of approximately less than 70 deaths per 100,000 live births until the year 2030. To achieve this target, it is imperative that the quality of maternal health services is improved through measures that address the social, economic, and political issues associated with maternal health care.[1,2] These ambitious new goals for the health outcomes and growing expectations of people have raised the bar for achieving quality health care. The health care systems must optimize health care and deliver consistently

[1]Department of Nursing Science, Afe Babalola University, Ado-Ekiti, Ekiti, Nigeria
[2]Department of Environmental Health Sciences, College of Medicine, Lead City University, Ibadan, Nigeria

Corresponding author:
Deborah Tolulope Esan, Department of Nursing Science, College of Medicine and Health Sciences, Afe Babalola University, P.M.B. 5454, Ado-Ekiti, Ekiti 360102, Nigeria.
Email: esandt@abuad.edu.ng

in accordance with the expectations of the health care users and improve or maintain the health outcomes in changing contexts.[3] The health care planners must therefore be cognizant of the opinions and expectations of those who utilize health care facilities to achieve better outcomes.

Satisfaction with healthcare services is a complex and multidimensional issue, but one which also seems to have attracted considerable attention from researchers in recent times and recent past.[4,5] Additionally, measuring service recipient satisfaction with healthcare, child birth services included has been identified as a strategy to improve the quality of healthcare.[6,7]

Studies thus far have shown that pregnancy-related causes and complications during child birth claim the lives of about 289,000 women every year, globally. About 99% of these deaths are from developing countries, especially from Sub-Saharan Africa and southern Asia.[8] According, to the World Health Organization,[9] one out of six women in developing countries die from pregnancy-related cause compared to 1 out of 30,000 in the advanced countries. This can be attributed to the fact that healthcare delivery in developing countries is characterized by poor medical care, an insufficient number of highly skilled health professionals, poor referral systems, and wrong diagnosis and treatment.[10]

Women's satisfaction with maternity services, especially care during labor and birth, has been considered as an important time marked with a series of events, all of high importance to healthcare providers, administrators, and policymakers.[11] Authors argue that maternal satisfaction is an important quality outcome indicator of health care providers and health care settings; hence its measurement is of vital importance, since nursing services are determinants of overall satisfaction during a hospital stay.[12] The same author stated that satisfaction with healthcare provision reflects the personal preferences which are determined within the boundaries of an individual's expectations and the realities of the care received.

The lack of satisfaction, on the other hand, may affect mothers either in labor, during, or after childbirth in different ways.[13] Most mothers described lack of satisfaction as an attitude of caregivers including nurses or other health personnel like not giving them a clear explanation, shouting at or ignoring them which may further result in nonuse of the health facility.[14]

Maternal dissatisfaction is also reported to be one of the causes of depression among delivering mothers and this may be extended to the whole family members. It was reported that feelings of despair, panic inability to cope, and even suicidal thoughts which may put the expected baby up for adoption can be experienced by affected mothers.[15] Furthermore, other authors claimed that if a woman feels dissatisfied with her delivery experience, whatever the delivery experience is, it affects her next delivery and her opinion about herself as a mother and her family health issues.[16] Birth experience may lead to traumatic stress disorder mostly characterized by symptoms such as avoidance behavior and flashbacks and this was observed in 38% of women in Sweden who decided not to have another baby long time after the same birth event.[17] Nurses and midwives are pivotal in providing standard maternity care to gravid and fertile women during preconception, perinatal, intrapartum, and postpartum period. Midwives, as part of the health team play a vital role of ensuring standard care for neonates and their mothers, thus the kind of care they render can ultimately affect client's continuous utilization of hospital maternity care.[18] Evidence suggests that Nigerian women's low utilization of prenatal, birth, and postnatal services may be attributable to their perceptions of poor care in health facilities,[18] thus this study investigated maternal satisfaction with delivery care services in selected health care facilities in Ekiti State, Nigeria.

Methods

Study design

This study utilized a descriptive cross-sectional design using newly delivered mothers in the two tertiary hospitals in Ekiti State (Federal Teaching Hospital Ido-Ekiti and Ekiti State University Teaching Hospital, Ado-Ekiti) and a Comprehensive Primary Health Centre, Okeyinmi.

Study setting

This research was conducted in three major government-owned health facilities (Federal Teaching Hospital Ido-Ekiti (FETHI), Ekiti State University Teaching Hospital (EKSUTH), and Okeyinmi Comprehensive Primary Health Care Centre) in Ekiti State, south-western Nigeria.

Federal Teaching Hospital, Ido Ekiti

The Federal government constructed the Federal Teaching Hospital, Ido Ekiti (FETHI), formerly known as the Federal Medical Centre, in July 1998. In 2014, it was designated to a teaching hospital. The obstetrics and gynecology department, which is where the research was conducted, is one of the several departments of this hospital. A prenatal clinic is run by the obstetrics and gynecology department, with about 80 women visiting each month. The hospital was chosen to examine newly delivered mothers and determine their satisfaction with delivery services.

Ekiti State University Teaching Hospital

Ekiti State University Teaching Hospital (ESUTH) started at the east west location of the state as a specialist hospital in April, 2008. It is situated in Ado Local Government Area, Ekiti State, the State Capital. Medical and surgical

services, as well as obstetrics and gynecology, are all available at Ekiti State University Teaching Hospital (O&G). The hospital offers full range of medical services which included medical and surgical, obstetrics and gynecology services.

Comprehensive Primary Health Care Centre Okeyinmi

Comprehensive Primary Health Care Centre, Okeyinmi is located in in the core of Ado-Ekiti, the State Capital of Ekiti State. It is a public organization whose mission is to reduce maternal and child mortality at the community level. The antenatal clinic, labor ward, post-natal ward, pharmacy, and laboratories are all part of the health center. Nurses, midwives, community health extension workers (CHEW), and health/nurse assistants are among the staff at the health center. Family planning, antenatal care, delivery, circumcision, treatment of childhood disorders, newborn development monitoring, and immunization treatments are among the services provided at Okeyinmi Comprehensive Primary Health Care Centre.

Study population

The target population was newly delivered mothers who gave birth on the maternity ward in the three hospitals.

Sample size and sampling procedure

The study was a quantitative descriptive cross-sectional study involving 264 respondents of the selected health facilities. Sample size was determined using Fisher's formula:

$$n = \frac{Z^2 pq}{d^2}$$

Where n is the desired sample size, Z is the standard normal deviation usually 1.96, p is the prevalence which is 0.2,[19] q is equal to $1-p$, and d is the degree of freedom usually 0.5. In putting these values in the above formula, yielded a sample size of 264.

Proportional sampling technique was adopted in the selection of the number of subjects for the study from the subpopulations (FETHI, ESUTH, and OHCC) while random sampling was employed in the selection of participants from each subpopulation. This is explained below:

The sample frame of mothers in FETHI is 225.

The sample frame of mothers in ESUTH is 125

The sample frame of mothers in OHCC is 25

The total sample frame is $225 + 125 + 25 = 375$

The proportion of mothers in FETHI to ESUTH to OHCC is 9:5:1. Hence, the number of respondents recruited from each stratum is calculated below:

Number of respondents selected from FETHI $= 9/15 \times 264 = 158.4 = 159$ participants

Number of respondents selected from ESUTH $= 5/15 \times 264 = 87.9 = 88$ participants

Number of respondents selected from CHCOI $= 1/15 \times 264 = 17.6 = 18$ participants

Hence $159 + 88 + 18 = 265$ participants

Thus, the required minimum sample size for this study was 265. In order to compensate for non-response or poorly filled questionnaire, an additional 10% was added to make the sample size 292.

Data collection and analysis

Data was collected using a standardized questionnaire. The Women's views of Birth labour Satisfaction Questionnaire (WQBLS4) and Gungor, Beji, Development and psychometric testing of the scales for measuring maternal satisfaction in normal and cesarean birth was adapted for the study. The Women's views of Birth Labour Questionnaire (WQBLS4) is a 68 items questionnaire. The questionnaire is divided into six parts. Part A consist of demographic characteristics of the respondent; part B contains gynecological status. Part C contains questions on the satisfaction of newly delivered mothers with delivery services, part D contains the questions on quality of nursing care given during the intrapartum and post-partum periods Part E contains questions on willingness of respondents to return for subsequent delivery, and part F contains question on areas where there is need for improvement in the delivery service.

The researcher visited the maternity ward to identify newly delivered mothers within the inclusion criteria and questionnaires was administered covering all shifts. Respondents was informed about the purpose of the study and that they have a choice to participate or not and that non-participation will not have negative implication on them or their baby. Respondents were made to put their initials or signature in the space provided as a proof of their consent. Questionnaires were administered while the researcher waited to collect immediately. Data collection lasted for 8 weeks.

The data collected were first checked for errors, cleaned, and then analyzed using Statistical Package for Social Sciences (SPSS) version 25. Results were presented in descriptive statistics using tables, frequency, charts, and percentages. Bivariate analysis was done using chi-squared and Fisher's exact tests with the level of significance set at p-value <0.05.

Ethical consideration

Ethical clearance was obtained from the Ethics and Research Committee of the two tertiary hospitals (Protocol Numbers: EKSUTH/A67/2022/02/004; ERC/2021/10/29/656B) and from the primary health coordinator of the selected primary

Table 1. Socio-demographic characteristics of respondents.

Variables	Frequency	Percentage
Age (in years)		
Less than 20	27	10.1
21–30	130	48.7
31–40	90	33.7
41–50	20	7.5
Marital status		
Married	219	82.0
Divorced	21	7.9
Single	27	10.1
Ethnicity		
Yoruba	147	55.1
Igbo	70	26.2
Hausa	44	16.4
Others	6	2.2
Religion		
Christian	155	58.1
Muslim	100	34.5
Others	12	4.4
Educational level		
Illiterate	22	8.3
Primary	18	6.7
Secondary	138	51.7
Tertiary	89	33.3
Employment		
Employed	169	63.3
Unemployed	98	36.7

health center. Informed consent was obtained from study participants before data collection.

Results

A total of 292 questionnaires were administered and 267 were duly completed, returned, and subsequently analyzed giving a response rate of 91.4%.

Socio-demographic characteristics of respondents

The mean respondents' age was 28.2 ± 1.4 years with majority falling within the age group of 21–30 years. Majority 219 (82.0%) of the respondents were married and 147 (55.1%) were of the Yoruba extract. Most 227 (85.0%) of the respondents had secondary education and above as presented in Table 1.

Gynecological history of the respondents

Table 2 revealed the gynecological history of the respondents. All 267 (100%) the respondents were multigravida, and were either 155 (58.0%) primiparous or 112 (42.0%) multiparous. A large proportion 192 (78.7%) of the respondents had planned their conception and almost all 261 (97.8%) of the respondents had their fetus alive. Majority 170 (63.7%) of the respondents reported staying close to the health facilities they patronized.

Table 2. Gynecological status of mothers.

Variables	Frequency	Percentage
Number of pregnancies		
1–2 pregnancies	134	50.2
3–4 pregnancies	112	41.9
5 pregnancies and above	21	7.9
Number of living children		
1–2 children	155	58.0
3–4 children	87	32.6
5 children and above	25	9.4
Reason for visit		
Planned delivery	192	71.9
Referral for delivery	75	28.1
Wanted status of pregnancy		
Wanted	210	78.7
Unwanted	57	21.3
Fetal outcome		
Alive	261	97.8
Dead	6	2.2
Average distance traveled		
Far	97	36.3
Near	170	63.7

Assessment of maternal satisfaction with the delivery services

Table 3 revealed the assessment of the respondents on the delivery services they received in the health facilities. Majority of the respondents revealed to be satisfied with the following: proximity of the health facilities 194 (72.7%); cost of service 174 (65.2%); drug availability 184 (69.7%); cleanliness of the hospital ambience 219 (82.0%); and professional conduct of the care givers 186 (70.2%). However, the respondents expressed dissatisfaction in terms of the following: referral link 107 (40.1%); waiting time 122 (45.7%); communication gap 56 (21.0%); and maintenance of privacy 51 (19.1%). Generally, 253 (94.8%) of the respondents were satisfied with the delivery services rendered at the facilities while 14 (5.2%) expressed dissatisfaction as shown in Figure 1.

Quality of nursing care based on professional services rendered during delivery

The quality of professionalism and nursing care received by the respondents were expressed in Table 4 below. Majority of the respondent affirmed the following: adequate healthcare workers attendance 244 (91.4%); friendliness of the caregivers 197 (73.8%); adequate information provided on postpartum care for mothers 213 (79.8%); and

Table 3. Assessment of maternal satisfaction with the delivery services.

Variable	Yes (%)	No (%)	Uncertain (%)
Satisfaction with			
facility distance.	194 (72.7)	70 (26.2)	3 (1.1)
information about your care.	207 (77.5)	57 (21.3)	3 (1.1)
referral link.	126 (47.2)	107 (40.1)	34 (12.7)
waiting time.	138 (51.7)	122 (45.7)	7 (2.6)
cost service.	174 (65.2)	91 (34.1)	2 (0.7)
drug availability.	184 (69.7)	80 (30.3)	0 (0.0)
cleanliness of examination room.	219 (82.0)	46 (17.2)	2 (0.7)
overall hospital compound.	214 (80.2)	47 (17.6)	6 (2.2)
courtesy and respect.	186 (70.2)	67 (25.3)	12 (4.5)
the way of examination.	207 (77.5)	41 (15.4)	19 (7.1)
the sex of health workers.	179 (67.0)	63 (23.6)	25 (9.4)
the measure taken to ensure privacy.	178 (66.7)	51 (19.1)	38 (14.2)
completeness of information.	179 (67.0)	56 (21.0)	32 (12.0)
assurance of confidentiality.	180 (67.4)	43 (16.1)	44 (16.5)
care of delivery services.	193 (72.3)	49 (18.4)	25 (9.4)

babies 201 (83.9%). Likewise, the respondents acceded to the following: received adequate help from the caregivers to cope with postpartum pain 234 (87.6%) and got excellent pain relief during labor 173 (64.8%).

Quality of nursing care based on intrapartum and postpartum conditions

Most of the respondents consented to the following during and after delivery of their babies—cleanliness of the labor room 223 (83.5%); comfortability of the labor room 200 (74.9%); comfortability of babies wards 224 (83.9%); and suitability of the facilities for family and well-wishers after delivery 227 (85.4%) as depicted in Table 5.

Quality of nursing care based on other assessment

The respondents shown general satisfaction with the quality of health care received 206 (77.1%) and birth experience 234 (87.7%) during delivery. The respondents also reported that their family received the following from the care-givers: warm treatment 227 (85.1%); adequate information on labor and childbirth 203 (76.1%) and comfortability 224 (83.9%) as shown in Table 6.

Relationship between maternal satisfaction and demographic/gynecological characteristics of respondents

As shown in Table 7, there was statistical association between the educational status of respondents and maternal satisfaction with Pearson Chi-square value of 0.009 (at $p < 0.05$). This depicts that, we reject the null hypothesis and accept the alternate which states that, there is a significant relationship between maternal satisfaction on delivery care and educational level of the respondents.

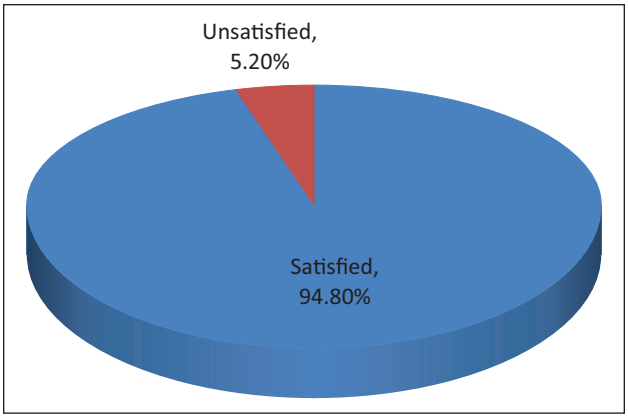

Figure 1. Overall assessment of maternal satisfaction with the delivery services.

Discussion

Maternal gratification and perceptivity of quality of care is a very momentous but often derelicted part of birth delivery services in Nigeria due to lack of measures for periodic evaluation of this aspect of health care.[20] It has been fully affirmed that maternal' insight of the standard of care and their contentment is consequential to subsequent usage, implicitly contributing to maternal death and morbidity status in the country.

The findings from the socio-demographic characteristics of the respondents revealed that majority (80.8%) of them were married and between the age group 21 and 40 years old. This report is in consonance with findings reported by other authors in western Nigeria.[21,22] It is not surprising to see relatively older women going into parturiency and labor in the southwestern part of Nigeria, as the females usually marry late relatively compared to their Northern counterparts who enter child-bearing at early age.[23,24] Also, majority (84.9%) of the women in the selected health facilities have secondary education and above. This is contradictory to the reports of other researcher's vis Odetola and Fakorede[22] in Ibadan, western Nigeria; Nnebue et al.[25] in Nnewi, eastern Nigeria; and Bitew et al.[26] in north-west Ethiopia respectively. These authors reported that majority of their respondents had comparatively low level of literacy. Furthermore, all the women in the studied health facilities are multigravida and are either primiparous or multiparous respectively. This agrees with the reports of other authors[26,27] who enunciated that it is common to see multiparous and multigravida women at the delivery wards of most government-owned infirmaries. In most part of Nigeria, this high preponderance of attendance in government healthcare facilities may be attributed to the user fee removal policy in place. Majority of the respondents

Table 4. Quality of nursing care based on professional services.

	SA	A	D	SD	U
Professional support and information					
The number of doctors, midwives, and nurses involved in my care was enough during my hospital stay.	138 (51.7)	106 (39.7)	20 (7.5)	3 (1.1)	0 (0.0)
The doctors, midwives, and nurses involved in my birth treated me in the most friendly and courteous manner.	70 (26.2)	127 (47.6)	64 (24.0)	6 (2.2)	0 (0.0)
I believe that doctors have done necessary medical interventions during childbirth.	110 (41.2)	99 (37.1)	37 (13.9)	15 (5.6)	6 (2.2)
I was informed about all necessary procedures during my labor and childbirth.	166 (62.2)	78 (29.2)	15 (5.6)	8 (3.0)	0 (0.0)
The doctors, midwives, and nurses considered everything I said at birth.	100 (37.5)	106 (39.7)	44 (16.5)	15 (5.6)	2 (0.7)
I knew which doctors; midwives and nurses would be responsible from my care during birth.	64 (24.0)	141 (52.8)	50 (18.7)	12 (4.5)	0 (0.0)
Doctors, midwives, and nurses explained to me every new situation occurred during birth.	111 (41.6)	102 (38.2)	34 (12.7)	17 (6.4)	3 (1.1)
My consent was asked before performing the procedures related with my care during birth	89 (33.4)	126 (47.2)	35 (13.1)	14 (5.2)	3 (1.1)
Midwives and nurses spent enough time to give information about my own care after birth.	101 (37.8)	112 (41.9)	44 (16.5)	10 (3.8)	0 (0.0)
Midwives and nurses spent enough time to give information about the care of my baby.	109 (40.8)	92 (34.5)	41 (15.4)	22 (8.2)	3 (1.1)
The information received from different caregivers about self-care and baby care was consistent.	127 (47.5)	91 (34.1)	24 (9.0)	16 (9.0)	9 (3.4)
Midwives and nurses spent enough time to help initiate breastfeeding.	133 (49.8)	91 (34.1)	24 (9.0)	16 (6.0)	3 (1.1)
Pain and stress in labor and after birth					
Midwives and nurses spent enough time help me to cope with pain during labor.	157 (58.8)	77 (28.8)	22 (8.2)	11 (4.1)	0 (0.0)
More things (medication, massage, etc.) could have been done for relieving my pain during labor.	84 (31.5)	130 (48.7)	46 (18.2)	7 (2.6)	0 (0.0)
I'd like to have had more help to reduce my stress during childbirth.	84 (31.5)	94 (35.2)	58 (21.7)	31 (11.6)	0 (0.0)
More pain relief would have made my labor easier.	100 (37.5)	83 (31.1)	32 (12.0)	52 (19.5)	0 (0.0)
More things could have been done to reduce my pain and discomfort after birth.	70 (26.2)	92 (34.5)	42 (15.7)	63 (23.6)	0 (0.0)
I got excellent pan relief during labor	104 (39.0)	69 (25.8)	46 (17.2)	48 (18.0)	0 (0.0)

Table 5. Quality of nursing care based on intrapartum and postpartum conditions.

	SA	A	D	SD	U
Labor room environment					
The room in which I stayed during labor was clean and adequate to meet my needs.	158 (59.2)	65 (24.3)	34 (12.7)	7 (2.6)	3 (1.1)
The room in which I gave birth was a comfortable and clean place.	95 (35.6)	105 (39.3)	53 (19.9)	11 (4.1)	3 (1.1)
The room in which I stayed after birth was comfortable and adequate to meet my needs.	89 (33.3)	135 (50.6)	40 (15.0)	3 (1.1)	0 (0.0)
The room in which I stayed after birth was suitable for the visits of my family and friends.	123 (46.2)	104 (39.2)	35 (13.2)	3 (1.1)	0 (0.0)
Mother and child bonding					
After birth, I'd like to hold my baby earlier.	118 (44.7)	65 (24.6)	38 (14.4)	43 (16.3)	0 (0.0)
After birth, I'd like to breast feed my baby earlier.	120 (45.50	70 (26.5)	43 (16.3)	31 (11.7)	0 (0.0)

Table 6. Quality of nursing care based on other assessment.

	SA	A	D	SD	U
General satisfaction					
I could not get any better care in this hospital.	132 (49.4)	74 (27.7)	35 (13.1)	26 (9.7)	0 (0.0)
My birth experience was completely as I had expected and hoped.	170 (63.7)	64 (24.0)	24 (9.0)	6 (2.2)	3 (1.1)
The labor was longer than I had expected.	68 (25.5)	94 (35.2)	79 (29.6)	23 (8.6)	3 (1.1)
Family care					
The doctors, midwives, and nurses involved in my birth treated my family well.	131 (49.1)	96 (36.0)	22 (8.2)	3 (1.1)	15 (5.6)
My family should have received more attention to reduce their stress during birth.	94 (35.2)	118 (44.2)	37 (13.9)	6 (2.2)	12 (4.5)
My partner/family was informed about all necessary procedures during my labor and childbirth.	72 (27.0)	131 (49.1)	38 (14.2)	11 (4.1)	15 (5.6)
Doctors, midwives, and nurses explained to my partner/family every new situation occurred during birth.	87 (32.6)	114 (42.7)	46 (17.2)	8 (3.0)	12 (4.5)
After birth, my family would love to be able to see the baby earlier.	117 (43.8)	86 (32.2)	43 (16.1)	6 (2.3)	15 (5.6)
My family had a proper and comfortable place in the hospital to rest and wait during birth.	130 (48.7)	94 (35.2)	13 (4.3)	9 (3.4)	21 (7.9)
Support from husband					
I won't mind if my husband was allowed to be present with me in the delivery room.	175 (65.5)	49 (18.4)	25 (9.4)	12 (4.5)	6 (2.2)
I could have had a bit more help from my birth partner/husband if he was allowed to support me in delivery room.	115 (43.1)	89 (33.3)	51 (19.1)	12 (4.5)	0 (0.0)

reported planned delivery, and this may be attributed to the proximity of the health facilities and their experience of having their fetal alive as evident in this study. Having the intention to accouchement at a particular health facility is strongly related to maternal gratification on delivery services. There are copious reports in literature that patients had numerous anticipations about infirmary delivery that incite their viewpoint on care. These expectancies were proportional to their own previous encounters in a health facility, families and acquaintances experiences in a clinic, fables about societal norms and medical procedures, and vantage point on assisted parturition.[13,26,28,29]

Enhanced labor and quality delivery services have significance for mothers and their infants, and thus, quality antepartum and intrapartum can aid mother's salubrity and neonatal survival, and newborn care. Based on the aforementioned reason, one of the judicious precedence for attaining the Sustainable Development Goal (SDG) 3 target is to aid third world nations to invigorate their healthcare sector with the sole goal of accelerating success toward attaining Universal Health Coverage (UHC).[30] A fulcrum of these efforts is to provide quality labor and delivery services. In our study, majority of the respondents expressed contentment with the delivery services and other aspects of care such as the proximity of the facility, healthcare ambience, ethical conduct of the caregivers, facilities, process of care, amiability of the hospital workers, cheapness of care, and drug availability. It is important to state that a few respondents remonstrated and show dissatisfaction in terms of the waiting time, lack of confidentiality/privacy, and communication gap between clients and care providers. Albeit, the overall satisfaction level of the respondents on delivery services was 94.8% despite their dissatisfaction or remonstrance of the services. Previous studies on assessment of satisfaction with delivery care services among expecting mothers have continually enunciated a high level of user gratification, which is in consonance with our studies.[13,26,31–34]

It is generally admitted that nurses and midwives are pivotal in the purveying of standard maternity care to gravid and fertile women during preconception, perinatal, intrapartum, and postpartum epochs. Nevertheless, for midwives to play this vital onus of ensuring standard care for neonates and their mothers, they need an enabling environment such as the appropriate tools and other resources essential for provision of quality maternal care.[35] Overall, majority of the respondents expressed satisfaction with the quality of nursing care they received during intrapartum and postpartum periods. These women show satisfaction in the following areas: professional supports and information gotten from the health workers; dexterities and proficiency in the provision of care by the nurses and midwives; congeniality of the delivery room; comfortability and amiability shown to clients' families; enhancing spousal supports; and fostering of bond between mothers and newborns after delivery. The experiences and gratifications culminate in the willingness of most of the respondents to promise to return back to the health facilities in subsequent deliveries. This outcome is in concordance with previous surveys on mother satisfaction of nursing

Table 7. Association between maternal satisfaction and demographic/gynecological characteristics respondents.

Variable	Satisfied	Unsatisfied	*df*	χ^2 (%)	*p* Value
Educational level					
Illiterate	22 (100.0%)	0 (0.0%)	3	11.567	0.009
Primary	18 (100.0%)	0 (0.0%)			
Secondary	126 (91.3%)	12 (8.7%)			
Tertiary	89 (100.0%)	0 (0.0%)			
Total	255 (95.5%)	12 (4.5%)			
Number of pregnancies					
1–2 pregnancies	123 (91.8%)	11 (8.2%)	2	5.525	0.063
3–4 pregnancies	109 (97.3%)	3 (2.7%)			
5 pregnancies and above	21 (100%)	0 (0.0%)			
Total	253 (94.8%)	14 (5.2%)			

care in delivery services across different parts of Nigeria, where majority of the clients were content with the services they received.[36–39] This finding implies that nurses, midwives, and other healthcare providers are doing a fantastic job at the elemental level, and their shot in sustaining quality patients' gratification should be aggrandize by providing plethora facilities and logistics.

In spite of the majority of the respondents expressing satisfaction with the nursing care during intrapartum and postpartum period, there are certain gray areas that they showed discontentment. For example, a quarter (24%) reported been treated harshly by the caregivers and that nurses/midwives did not spend enough time to help initiate breastfeeding; barely less than one-fifth reported inadequate communication and poor attention regarding their baby care and their own health. These attitudes are unbecoming of a healthcare provider, as it is in contrast with the nursing profession ethics. Other areas of dissatisfaction are squalid and uncomfortable labor room; poor communication to clients' spouse and relatives on the situation of events during labor and childbirth; and inadequate chairs in the waiting area. This report agrees with that of past studies conducted on maternal gratification in Nigeria. Several authors enunciated that abysmal attitude of health care providers such as flaccid communication, dereliction, time wastage, hostilities, financial constraints, amongst other, are primary variables that aggravate women dissatisfaction.[13,39] The reports of this survey are not distinguishable from what is obtainable in other sub-Saharan nations. The United Nations (UN) in 2015 declared that only 40% of all gravid females in poor economy nations, especially in sub-Saharan Africa had the prescribed antenatal, intrapartum, and postpartum care.[40] The results of this survey depict no significant relationship between maternal satisfaction on delivery care and parity of the respondents. However, a significant association exists between respondents' level of education and maternal satisfaction on delivery care. In our study, respondents with higher educational status expressed higher level of satisfaction compared to those with lower educational status. This finding is in agreement with the report of Ige and Nwachukwu[41] who enunciated that income and educational status were factors influencing the level of satisfaction with delivery quality care. Albeit, this contravenes the finding of Chemir et al.,[42] who revealed that respondents with higher level of education tend to have lower level of satisfaction vis-à-vis those with lower education status.

Conclusion

This study established that the overall satisfaction of mothers on delivery service was significantly high. Identified causes of discontentment included: squalid infirmary ambience; longer waiting duration; exorbitant service cost, non-availability of drugs and ill-equipped facilities; abysmal communication and poor attitudinal approach of health workers to mothers, spouse and families of clients; and verbal and physical abuse by health staffs.

Implications of findings and recommendations

Findings emanating from this survey further stress the significance of maternal gratification to usage of health centers. It has been established that contentment is strongly dependent on the degree to which expectations are met. Thus, it is crucial to note that every mother visiting the health facility has some rudimentary expectations about standard of care to be rendered, and the expanse to which these expectations are met dictates the degree of gratification and probability of successive usage of health facility. Thus, health workers should be attentive to women's needs and provide them with enabling avenue to express how they feel and be actively engaged in their care during gravidity, the delivery process, and care of the neonate after parturition.

Regardless of the high level of maternal satisfaction with the delivery services reported in this study, there is an urgent need to address the pinpoint reasons for maternal discontentment with the quality of care reported at the study health facilities. Firstly, the communication gap

between the caregivers and mothers needs to be bridge and improve. Secondly, health workers need to make deliberate attempt to provide client-centered, personalized care. Thirdly, nurses and midwives should champion the purveying of essential facilities for standard care, as well as a congenial ambience. It is expedient for government to address the waiting-time in most urban health facilities by building more health centers and also promotes user fee removal policy to cut the cost of services charge in government-owned infirmaries. Lastly, health workers should treat mothers in high esteem; applaud, encourage, and provide quality health pedagogy.

Although the general maternal gratification on intrapartum and postpartum care was overwhelmingly high, the few domains of discontentment identified need to be urgently addressed by all the stakeholders in the health sector to enhance the usage of health care services amongst women, thus promoting the attainment of Sustainable Development Goal (SDG) 3.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

1. Budhathoki SS, Pokharel PK, Good S, et al. The potential of health literacy to address the health related UN sustainable development goal 3 (SDG3) in Nepal: a rapid review. *BMC Health Serv Res* 2017; 17: 1–13.
2. Moran AC, Jolivet RR, Chou D, et al. A common monitoring framework for ending preventable maternal mortality, 2015-2030: phase I of a multi-step process. *BMC Pregnancy Childbirth* 2016; 16: 250.
3. Midhet F and Becker S. Impact of community based interventions on maternal and neonatal health indicators: results from a community randomized trial in rural Balochistan, Pakistan. *Reprod Health* 2010; 7(1): 30.
4. Martin CH and Fleming V. The birth satisfaction scale. *Int J Health Care Qual Assur* 2011; *24*(2): 124–135.
5. Sawyer A, Ayers S, Abbott J, et al. Measures of satisfaction with care during labour and birth: a comparative review. *BMC Pregnancy Childbirth* 2013; 13(1): 108.
6. Goodman P, Mackey MC and Tavakoli AS. Factors related to childbirth satisfaction. *J Adv Nurs* 2004; 46(2): 212–219.
7. Srivastava A, Avan BI, Rajbangshi P, et al. Determinants of women's satisfaction with maternal health care: a review of literature from developing countries. *BMC Pregnancy Childbirth* 2015; 15(1): 97.
8. WHO, UNICEF. Trends in maternal mortality: 1990 to 2010: WHO, UNICEF, UNFPA and The World Bank estimates, 2012.
9. WHO. *World Health Statistics 2014*. Geneva, Switzerland: World Health Organization, 2014. UNDP. Sustainable development goals: transforming our world – the 20130 agenda for sustainable development. United Nations, New York, 2015.
10. Soma-Pillay P, MacDonald AP, Mathivha TM, et al. Cardiac disease in pregnancy: a 4-year audit at Pretoria Academic Hospital. *S Afr Med J* 2008; 98(7): 553–556.
11. Redshaw M. Women as consumers of maternity care: measuring "satisfaction" or "dissatisfaction"? *Birth* 2008; 35: 73–76.
12. Debono DTJ. Complaints and patient satisfaction: a comprehensive review of the literature. *Centre for Clinical Governance Research, University of New South Wales, Sydney, Australia*, 2009.
13. Dzomeku MV. Maternal satisfaction with care during labour: a case study of the Mampong-Ashanti district hospital maternity unit in Ghana. *Int J Nurs Midwifery* 2011; 3: 30–34.
14. Mwaniki PK, Kabiru EW and Mbugua GG. Utilisation of antenatal and maternity services by mothers seeking child welfare services in Mbeere district, eastern province, Kenya. *East Afr Med J* 2002; 79(4): 184–187.
15. Stewart DE, Robertson E, Phil M, et al. Postpartum and depression: literature review of risk factors and interventions. Toronto, ON, 2003.
16. Naghizadeh S, Kazemi AF, Ebrahimpour M, et al. Assessing the factors of mother's dissatisfaction with labor and delivery care procedure in educational and non-educational hospitals in Tabriz. *Eur J Exp Biol* 2013; 3(6): 132–139.
17. Waldenstrom U, Hildingsson I, Rubertsson C, et al. A negative birth experience: prevalence and risk factors in a national sample. *Birth* 2004; 31(1): 17–27.
18. Okonofua F, Ogu R, Agholor K, et al.; The WHARC WHO FMOH MNCH Implementation Research Study Team. Qualitative assessment of women's satisfaction with maternal health care in referral hospitals in Nigeria. *Reprod Health* 2017; 14(1): 44.
19. Karoni HF, Bantie GM, Azage M, et al. Maternal satisfaction among vaginal and cesarean section delivery care services in Bahir Dar city health facilities, northwest Ethiopia: a facility-based comparative cross-sectional study. *BMC Pregnancy Childbirth* 2020; 20(1): 473.
20. Ogaji DS, Giles S, Daker-White G, et al. Systematic review of patients' views on the quality of primary health care in sub-Saharan Africa. *SAGE Open Med* 2015; 3: 2050312115608338.
21. Abodunrin OL, Adeomi AA and Adeoye OA. Clients' satisfaction with quality of healthcare received: study among mothers attending infant welfare clinics in a semi-urban community in south-western Nigeria. *Sky J Med Med Sci* 2014; 2(7): 45–51.
22. Odetola TD and Fakorede EO. Assessment of perinatal care satisfaction amongst mothers attending postnatal care in Ibadan, Nigeria. *Ann Global Health* 2018; 84(1): 36–46.
23. National Population Commission [Nigeria] and ICF International. *Nigeria demographic and health survey 2013*. Abuja, Nigeria, and Rockville, MD: NPC and ICF International, 2014.

24. Idris SH, Gwarzo UM and Shehu AU. Determinants of place of delivery among women in a semi-urban settlement in Zaria, Northern Nigeria. *Ann Afr Med* 2006; 5: 68–72.
25. Nnebue CC, Ebenebe UE, Adinma ED, et al. Clients' knowledge, perception and satisfaction with quality of maternal health care services at the primary health care level in Nnewi, Nigeria. *Niger J Clin Pract* 2014; 17(5): 594–601.
26. Bitew K, Ayichiluhm M and Yimam K. Maternal satisfaction on delivery service and its associated factors among mothers who gave birth in public health facilities of Debre Markos Town, Northwest Ethiopia. *Biomed Res Int* 2015; 2015: 1–6.
27. Ajayi AI. "I am alive; my baby is alive": understanding reasons for satisfaction and dissatisfaction with maternal health care services in the context of user fee removal policy in Nigeria. *PLoS One* 2019; 14(12): e0227010.
28. Amdemichael R and Tafa M. Maternal satisfaction with the delivery services in Assela Hospital, Arsi zone, Oromia region, Ethiopia, 2013. *Obstet Gynecol* 2014; 4: 2161.
29. Federal Government of Nigeria SERVICOM Index. The SERVICOM Office. In: *The SERVICOM Book Abuja*, Nigeria, 2006, pp.1–25, http://servicom.unn.edu.ng/wp-content/uploads/sites/49…/SERVICOM-servicombook.pdf
30. World Health Organisation. *WHO recommendations: intrapartum care for a positive childbirth experience*. Geneva: World Health Organisation, 2018.
31. Lumadi T and Buch E. Patients' satisfaction with midwifery services in a regional hospital and its referring clinics in the Limpopo Province of South Africa. *Afr J Nurs Midwifery* 2011; 13(2): 14.
32. Melese T, Gebrehiwot Y, Bisetegne D, et al. Assessment of client satisfaction in labor and delivery services at a maternity referral hospital in Ethiopia. *Pan Afr Med J* 2014; 17: 76.
33. Sadler LC, Davison T and McCowan LM. Maternal satisfaction with active management of labor: a randomized controlled trial. *Birth* 2001; 28(4): 225–235.
34. Creanga AA, Gullo S, Kuhlmann AKS, et al. Is quality of care a key predictor of perinatal health care utilization and patient satisfaction in Malawi? *BMC Pregnancy Childbirth* 2017; 17(1): 150.
35. Kwaleyela CN, Sianchapa BN, Katowa-Mukwato P, et al. Quality of intrapartum care: direct observations in selected health facilities in Zambia. *Health* 2020; 12: 1415–1427.
36. Asekun-olarinmoye EO, Bamidele JO, Egbewale BE, et al. Consumer assessment of perceived quality of antenatal care services in a tertiary health care institution in Osun State, Nigeria. *J Turkish-German Gynecol Assoc* 2009; 10: 89–94.
37. Ogunnowo BE, Onajole AT, Odeyemi KA, et al. A comparison of client perception of the quality of child welfare service at the Lagos University Teaching Hospital and a primary health centre in Mushin LGA, Lagos State. *Nig Q J Hosp Med* 2005; 15(4): 150–154.
38. Iloh GU, Ofoedu JN, Njoku PU, et al. Evaluation of patients' satisfaction with quality of care provided at the National Health Insurance Scheme clinic of a tertiary hospital in southeastern Nigeria. *Niger J Clin Pract* 2012; 15(4): 469–474.
39. Iliyasu Z, Abubakar IS, Abubakar S, et al. Patients' satisfaction with services obtained from Aminu Kano teaching hospital, Kano, Northern Nigeria. *Niger J Clin Pract* 2010; 13: 371–378.
40. United Nations. *Global strategy for women's, children's and adolescents' health, 2016-2030*. New York, NY: United Nations, 2015.
41. Ige OK and Nwachukwu CC. Areas of dissatisfaction with primary health care services in government owned health facilities in a semi-urban community in Nigeria. *JRTPH* 2010; 9: 19–23.
42. Chemir F, Alemseged F and Workneh D. Satisfaction with focused antenatal care service and associated factors among pregnant women attending focused antenatal care at health centers in Jimma town, Jimma zone, South West Ethiopia; a facility based cross-sectional study triangulated with qualitative study. *BMC Res Notes* 2014; 7: 164.