

Experiences of Mothers Delivering In an Urban Hospital and the Role of Midwives: A Study in Bangalore India

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Abstract

Introduction

For safe and positive outcomes, the Millennium Development Goals emphasize shifting the place of delivery from home to institutions. However, well-qualified midwives and necessary resources are needed to encourage more mothers opting for hospital deliveries. There is an urgent need for evidence-based studies from India to determine if this is so and on performance of midwives in hospitals

Material & Methods

Research was done in 2018-19 at Bangalore city on the experiences of mothers who delivered in an urban well-equipped hospital. A cross-sectional personal interview with 300 expectant mothers using a validated short schedule was done after obtaining the consent, and approval by the Institutional Ethics Committee. Likert-type of statements on 7 expectations and 16 experiences were developed and field tested. Data were computerized and analysed.

Results

Nearly 70% of mothers regardless of their socioeconomic or personal background agreed that their experiences matched their expectations and were fully satisfied with the medical and emotional care given and were happy to have chosen to deliver in the hospital. However, 10% of mothers disagreed another 20% were undecided. This indicates the need for a closer scrutiny of the role of midwives, their sensitivity and competence to handle complications or other needs of the mothers

Conclusion

Most mothers were satisfied with their experiences in hospital deliveries, and felt happy with the care and concern shown.

Key Words: Urban Hospital delivery Experiences midwives India

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I. INTRODUCTION

According to WHO, a midwife is a trained health professional who helps healthy women during the process of labour pain, their delivery, and also after the birth of their babies (WHO 2004; WHO 2016; WHO 2017). Most developing countries including India still prefer home deliveries relying heavily on traditional birth attendants (TBA) mostly midwives, some qualified but majority not (Gorain et al 2017; Devasenapathy et al 2013). As part of attaining the Millennium and Sustainable Development Goals relating to welfare of mother and child (UNFPA 2007; Nyango et al 2010), most governments have strived to shift the place of delivery from home to institutions for safer and positive outcomes (Bhattacharya et al 2016). Although the International Council of Midwives (ICM) and WHO have formulated clear guidelines for training of midwives, due to financial and other constraints many institutions may not recruit well-qualified midwives which will affect the quality of maternity care and confidence of mothers opting for hospital deliveries. (WHO 2004) However this is the need of the hour and there is an urgent need for evidence-based studies from India on performance of midwives in hospitals in relation to expectations and experiences of mothers (Bohren et al 2014). Such studies are scarce and hence a major research project was carried out in 2018-19 at Bangalore city on the experiences of mothers admitted for delivery in an urban well-equipped multispecialty hospital employing qualified midwifery

and nursing personnel. The methodology and findings are presented with a brief discussion and future directions for research.

II. MATERIAL AND METHODS

A cross-sectional direct interview with expectant mothers using a validated short schedule was decided as the best method after discussing with experts, labour ward staff including midwives and a sample of mothers. Minimum sample size was estimated as 250 mothers and the study was done on 300. The study was approved by the Institutional Ethics Committee. Likert-type of statements on 7 expectations and 16 experiences were developed and field tested. The scores for the responses were graded as Strongly Agree-5, Agree-4, Not sure-3, Disagree-2 and Strongly Disagree 1. The Researcher personally interviewed each mother leisurely at a convenient time after obtaining their permission, assuring them of confidentiality. There was full cooperation from the staff and mothers for this study. Data were entered on excel sheets and analysed using SPSS.

III. RESULTS

More than two thirds agreed or strongly agreed that their experiences matched their expectations and they were fully satisfied with the care given including emotional support. The experiences are displayed in Table 1 and Table 2

Table 1: Experiences Of Mothers And The Role Of Midwives (Percent)-I

EXPERIENCE	Agree	Neutral	Disagree
Midwife and Maternity Staff gave Emotional Support	74.3	16.7	9.0
Same Midwife was present throughout Labour	68.0	21.0	11.0
Midwife Never left me alone during labour	58.0	25.0	17.0
Periodically enquired about stress and emotional status	61.6	26.4	12.0
Midwife allowed me the choice of pain relief	63.4	24.0	12.6
Doctor and midwife were cooperative	70.0	18.7	11.3
Midwife at AN care was also present at Labour	68.0	19.3	12.7

Table 2: Experiences Of Mothers And The Role Of Midwives (Percent)-II

EXPERIENCE	Agree	Neutral	Disagree
Hospital Ward and Room kept clean always	61.6	26.4	12.0
No delay in discharge formalities	63.4	24.0	12.6
Test Results shared timely by midwife	68.0	22.0	10.0
Necessary Timely Medication was given by Midwife	65.6	26.3	8.1
Midwife checked up mother and Baby frequently	74.3	16.0	9.7
Necessary nursing care was properly and efficiently given	67.7	22.0	10.3
Midwife assisted in Breastfeeding	68.4	23.3	8.3
Midwife and staff provided timely health care	68.6	25.0	6.4
Baby was given proper care and attention	74.3	20.0	5.7

The agreement grades obtained by each mother was added up and various descriptive statistics were calculated as shown in Table 3

Table 3: Descriptive Statistics For Experiences Of All 300 Mothers

EXPERIENCES	Minimum	Maximum	Mean	SE	SD
Part 1:7 items	7	32	15.9	0.27	4.7
Part 2: 9 items	9	40	18.9	0.36	6.3
All: 16 items	16	71	34.8	0.55	9.6

Since there were 16 statements, the maximum total score would be 80 and the minimum 16. The overall mean(SD) score was 34.8(0.55). The 95% Confidence Interval for ALL experience(16 items) : 33.72 – 35.88, indicating that most mothers agreed on the helpfulness of the midwife and much satisfaction of the services received in the ward.

The aggregate experience score in the various subgroups by Age, Gravida, Education and Professional background are presented in Table 4

Table 4: Total Agreement Scores By Subgroups Of Mothers

CHARACTERISTIC		All	Part 1	Part 2
Age (yrs) (No.)				
<25 (80)	Mean	33.6	15.6	18.0
	SD	8.8	4.6	6.1
25-30 (145)	Mean	34.1	15.4	18.7
	SD	8.6	4.1	5.8
>30 (75)	Mean	37.5	17.4	20.1
	SD	11.6	5.5	7.3
GRAVIDA (No.)				
PRIMI (186)	Mean	34.2	15.6	18.6
	SD	8.9	4.5	6.0
MULTI (114)	Mean	35.7	16.3	19.4
	SD	10.5	4.9	6.7
Education (No.)				
HS or less (125)	Mean	34.5	15.7	18.8
	SD	9.9	4.9	6.3
Graduate (113)	Mean	35.0	16.4	18.6
	SD	10.4	4.9	6.7
PostGrad (62)	Mean	35.0	15.5	19.5
	SD	7.2	3.5	5.5
Professional (No.)				
Yes (114)	Mean	35.5	15.7	19.8
	SD	8.4	4.2	5.6
No (186)	Mean	34.4	16.1	18.3
	SD	10.3	5.0	6.6

There were minor variations but none attained statistical significance, and one would conclude that regardless of sociodemographic status, all the mothers uniformly expressed satisfaction of the services received and were particularly happy with the competence, empathy and cooperation of the midwives and other maternity staff.

IV. DISCUSSION

The findings from this research show emphatically that mothers, regardless of their socioeconomic or personal background appreciated the hospital services and were happy to have chosen to deliver in the hospital. In particular, they experienced less anxiety and felt quite “at home” in the hospital environment. This is the most crucial factor in mothers opting for delivery outside their home. Lyberg and Severinsson (2010) documented the fears of childbirth perceived by mothers and studied their experiences concerning the caring of midwives during the various phases of pregnancy, childbirth, and post-partum period. It was found that maternal anxiety and the fear associated with childbirth cause emotional trauma and thereby affects the overall wellbeing of expecting mothers. However, there were some mothers who disagreed and were possibly dissatisfied with the services they received. Further another 20% were undecided. This indicates the need for a closer scrutiny of the role of midwives, their competence to handle complications and their sensitivity to the anxieties and cares or needs of the mothers. (Afaya et al 2017; Mestdagh et al 2018)

Childbirth remains a complex process that has both physical and mental changes in the mother and proves to be a life-long remembered experience for women (Renfrew et al 2014). The process is filled with psychosocial and emotional aspects that create memories that last the entire life with the mother. Sometimes these memories are bad experiences and unmet expectations. Most women around the world presume that they would be delivering the baby through normal procedures. However, it is not in their or the physicians’ hands to do so. Those mothers who disagreed and perhaps even among those agreeing to the various statements on experiences, would have welcomed better education and information as needed for their maternal and infant needs. (Riley 2011) It was not possible in this research to observe more closely the handling of emergencies or complications in the intrapartum and early postpartum phases, and it might have revealed some weaknesses in the staff or resources. Logistically it may not have been possible to assign the same midwife throughout as expected by the mothers, and this could have resulted in some dissatisfactions. While minimum standards are maintained in recruitment and training of midwives, there is likely to be variations in the approach or competence in handling emergencies by different staff. (Shallow et al 2018; Narchi 2011) Supervision of midwives, continuing education and quality control are essential managerial requirements for ideal organizations, especially in critical areas such as the labour wards and intensive care units. (Turkmani et al 2013; Bagheri et al 2017) If the trend towards more women opting for hospital deliveries is to be accelerated, then better staff and better management of labour wards become paramount. (Beek et al 2019; Govt.India,2016)

V. CONCLUSION

More than two-thirds of mothers were satisfied with their experiences in hospital deliveries matching their expectations. Continuing professional education of midwives and nursing staff in maternity wards will yield better and more positive responses from mothers and their families.

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