

A STUDY TO ASSESS THE EXPECTATIONS AND EXPERIENCES OF MIDWIFERY CARE AMONG EXPECTANT MOTHERS IN BANGALORE BAPTIST HOSPITAL, BANGALORE, KARNATAKA, INDIA

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ABSTRACT:

India, as well as other low and middle income developing countries has traditionally opted for home deliveries by traditional birth attendants resulting generally in high maternal and perinatal mortality. Competent midwives in the Labour Room, assessing the expectations of mothers and addressing them to ensure safe, satisfactory and comfortable experiences of mothers are essential for promoting hospital and institutional deliveries. The primary Aim and goal of the present study is to assess expectations and experiences of midwifery care among expectant mothers and correlate with their profile. To assess the current scenario, a major Research Project was undertaken at Bangalore Baptist Hospital, Karnataka during 2017-19. The researcher personally interviewed every mother using prospective, cross sectional design and Likert- type statement scale specially prepared for interview schedule on expectations and experiences of mothers admitted for delivery in the hospital labour ward. Representative systematic random sample of 300 mothers was chosen. Data were entered onto Microsoft excel sheets and analysed using SPSS program. Results showed that most mothers expected competent and caring midwives, safe and clean environment and freedom to choose any analgesics or other aids, and allowing husbands into the labour room. The Experiences of mothers showed uniformly that almost all mothers were happy that their expectations were fulfilled. There was no delay in discharge or other inconveniences were shown the test results promptly and the baby's health properly checked. To conclude there was a significantly high correlation between expectations and experiences in the Labour Ward. The mothers generally had a cordial relationship with the midwife and other carers.

Key Words: *midwifery care, expectant mothers, expectations and experiences of midwifery care.*

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PROBLEM STATEMENT

Home deliveries with traditional birth attendants are still popular in rural India and other developing countries correlated with high maternal and infant mortality¹⁻³. Hence the emphasis on shifting the place of delivery from home to hospital, which requires proper infrastructure and change in community attitudes. To what extent hospitals can provide better care and acceptable environment needs investigation depending on qualified midwives as well as on the expectations of mothers⁴⁻⁵

OBJECTIVES:

An evidence based research was done during 2017-18 to identify mothers' expectations of midwives care during labour at institutions, and correlate them with their experiences, thereby offering recommendations for better training of midwives and nurses to ensure quality midwifery services.

NEED FOR THE STUDY

Published data on these aspects are limited. Findings from Western populations may not be appropriate in Indian situations. A few studies from various parts of India show conflicting results

BRIEF REVIEW OF LITERATURE

A study in UP, India reported less attentive care in hospitals and women were less trusting of their providers. Another study⁷ outlines the perspectives of women regarding what they recognize as quality maternal care and treatment for them as well as the newborns. Several studies⁸⁻⁹ describe the fears of childbirth perceived by mothers and their relative experiences concerning with the midwifery care team which attributed different expectations of the mothers. An expectation of nearly 3061 mothers on antenatal care was assessed in early pregnancy through a postal questionnaire¹⁰, who reported that monitoring the baby's health was the most important aspect of antenatal care. Nearly 70 first-time expecting mothers were interviewed¹¹ who proclaimed that their midwives did not care for them. Several investigators¹² highlighted that a good midwife should possess sound theoretical knowledge. . ICM¹³ has also provided an international definition.

METHODOLOGY

A prospective, cross-sectional interview based study was carried out during 2017-18 in the maternity wards of a multispecialty hospital in Bengaluru city of Karnataka state, which, attracts a large clientele from all socioeconomic strata Based on presumed levels of at least 50% satisfaction, an alpha error of 5%, power of 80% and precision of 20%, a minimum sample of 250 mothers was arrived at. Finally 300 mothers were included. Every day, a systematic random sample of 10 mothers was selected for the interviews. The Research proposal was screened by the Bangalore Baptist Hospital Institutional Review Committee and approved both technically and ethically.

An interview schedule ascertaining the expectations and experiences of mothers and their profiles were captured using Likert-type of statements graded from strongly agree to strongly disagree of 7 statements on expectations and 16 statements on experiences. The researcher personally interviewed each mother after obtaining informed consent and building rapport assuring her of full confidentiality. The tool was subjected to reliability and validity checks, and finalized after consultation with experts, sample of administrators, midwives and mothers, and after pilot studies. Data were transferred to Microsoft Excel sheets and analyzed using SPSS, version 22, and analyzed for descriptive and inferential statistics.

Findings

The expectations are shown in Table 1 with the agreement or disagreement of mothers

TABLE 1: EXPECTATIONS OF MOTHERS

S.NO	EXPECTATION	SA	A	N	D	SD	Total
01	Husband to be allowed in the Labour Room	25.3	39.7	21.7	9.7	3.7	100.0
02	Check the Baby's Health properly	29.3	47.7	14.7	6.3	2.0	100.0
03	Choice of where to deliver	27.7	43.3	20.0	5.0	4.0	100.0
04	Choice of pain killer to be used	26.3	44.1	20/3	8.0	1.3	100.0
05	Emotional Support from Midwife	24.0	40.0	24.0	8.7	3.3	100.0
06	Same Midwife throughout delivery	28.3	43.0	21.7	4.7	2.3	100.0
07	Hospital ward/Room to be properly cleaned	29.3	45.8	16.3	5.3	3.3	100.0

SA. Strongly Agree A. Agree N. Neutral D. Disagree SD. Strongly Disagree

Majority of mothers agreed that their expectations were fulfilled as seen from the table. The aggregate score for the expectations was Mean (SD) of 15.0(4, 8) indicating a good support for the expectations listed. The 95% Confidence Interval was 14.5 to 15.6. These expectations were similar regardless of age or gravidae or

education or professional status of the mother. The experiences are summarized in Table 2 along with the agreement or disagreement.

TABLE: 2 EXPERIENCES OF MOTHERS DURING LABOUR, DELIVERY AND POSTPARTUM

S.NO	EXPERIENCES	SA	A	N	D	SD	Total
01	Midwives gave me encouragement and support	33.0	41.3	16.7	6.3	2.7	100.0
02	Same midwives was present through the labour and delivery	21.3	46.7	21.0	9.7	1.3	100.0
03	Never left alone by midwife and doctor	19.3	38.7	25.0	12.0	5.0	100.0
04	Midwife kept enquiring about emotional status	19.3	42.4	26.3	8.3	3.7	100.0
05	Allowed me to use my choice of pain relief planned	19.7	43.6	24.0	10.0	2.7	100.0
06	Doctors and midwives were cooperative	19.7	50.2	18.7	8.7	2.7	100.0
07	Midwife at labour was the same involved in antenatal care	19.7	48.3	19.3	7.7	5.0	100.0
08	All medicines were given timely	37.3	38.3	15.3	5.4	3.7	100.0
09	Checkups were done regularly	29.0	45.3	16.0	7.0	2.7	100.0
10	Test results were shown timely	27.7	40.3	22.0	7.3	2.7	100.0
11	Postpartum care properly done	27.7	40.0	22.0	7.0	3.3	100.0
12	Hospital ward/room was cleaned properly	28.7	45.7	19.7	4.2	1.7	100.0
13	Assisted in breast feeding	24.7	43.7	23.3	6.3	2.0	100.0
14	There was no delay in discharge	27.0	45.0	21.3	5.3	1.4	100.0
15	Timely health care facilities were given to me and baby	27.3	41.4	25.0	4.3	2.0	100.0
16	Health of baby was properly taken care of	31.0	43.3	20.0	4.7	1.0	100.0

SA. Strongly Agree A. Agree N. Neutral D. Disagree SD. Strongly Disagree

The experiences of nearly 70% of mothers were positive and matched their expectations. Further analyses by various demographic and socioeconomic characteristics showed no statistically significant differences in the expectations or experiences. The experiences of the mothers were positive in all aspects of intrapartum and immediate postpartum care by the midwives in almost 70% of the mothers. The aggregate Experience score for all 16 items was Mean(SD) of 34.8(9.6), with the 95% Confidence Interval of 33.7 to 35.9 There were no statistically significant differences by age or gravida or educational or professional status of the mothers.

The bivariate linear correlation coefficient, r , was 0.678, which was statistically highly significant ($p < 0.001$) indicating that experiences were strongly associate with expectations. Despite smaller sample sizes, the correlation coefficients were statistically significant in the various subgroups by age, gravida, education and professional status.

DISCUSSION

Most deliveries in low and middle income countries still occur at home particularly in the rural areas² which probably accounts for the highest number of maternal and child deaths globally. Increase in institutional delivery is thus essential to reduce the burden of maternal and child death¹⁴. However, this requires maternity ward staff to be not only competent but empathetic to the concerns of mothers instilling confidence and allaying any fears¹³. Delivering at a hospital requires confidence of the mother to feel comfortable and engage the midwife in friendly conversation, to clarify doubts and procedures that might make the stay uncomfortable¹⁵. These aspects were investigated in this research and supports the idea of training midwives to voluntarily offer necessary counseling and emotional support in line with similar experiences in Gauteng⁹. There were several strengths in this cross-sectional study but a major limitation could be the utilization of only one multispecialty private hospital rather than a cluster of representative labour wards in urban Bangalore, both government and nongovernment managed, who are likely to have a different spectrum of midwives and other staff. The clientele in these hospitals could also be different. A second limitation could be design of the study which could have been longitudinal or cohort of mothers carefully chosen to provide more valid correlations. However, the detailed analyses of data from this research and in depth discussion overcome these flaws.

RECOMMENDATIONS AND FUTURE STUDIES

Similar studies on expectations and experiences of mothers in labor may be carried out in general hospitals, both government and private. Interviews of midwives and nursing staff in labor wards may be carried out to

complement the responses of mothers. The main findings from this research should be widely publicized to encourage more hospitalized deliveries.

NURSING IMPLICATIONS

The present study will contribute to the existing literature that concerns the midwifery care and maternal health care models. It will help in the curriculum development of midwives and nurses, and afford an opportunity to improve nursing practice for managing labour, providing technical and emotional support for mothers. It will contribute to the International and National organizations engaged in the promotion and regulation of the midwives, and will help them in the formulation of the policies for enhancing the role and scope of the midwives. It will help nurses in educating mothers either who are expecting babies for the first time or the mothers that have undergone a difficult delivery process earlier. On the basis of the results gained from the study, the hospital can strategically plan the areas of improvement in nursing training and practice.

CONCLUSIONS

A bench-mark study on expectations and experiences of 300 mothers in labour admitted to a hospital showed clearly that with trained midwives and adequate supervision by nurses, institutional deliveries can be acceptable and efficiently managed

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