



Maternal Satisfaction with Intrapartum Care in Kano, Nigeria: A Qualitative Narrative Inquiry

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Abstract

Background: Maternal satisfaction with intrapartum care is crucial for the well-being of the mother and newborn. It also serves as a direct indicator for future utilization and recommendation of the facility. **Aim:** To explore maternal satisfaction with intrapartum care among postpartum women. **Methods:** This qualitative study employed a narrative inquiry design and involved in-depth interviews with 11 women. The interviews were transcribed, translated, and thematically analysed to identify patterns and themes related to maternal satisfaction with intrapartum care. **Result:** The findings of the study revealed high levels of maternal satisfaction with intrapartum care at the hospital. Participants expressed gratitude for the emotional support and reassurance provided by healthcare staff, with many noting the positive impact of staff interactions on their overall experience. Factors contributing to satisfaction included the presence of multiple supportive midwives, prompt medical interventions, effective communication, and the successful management of deliveries. Participants also highlighted areas for improvement, such as reducing waiting times to see healthcare workers, improving the conditions in specific hospital rooms, and increasing staff numbers and respectfulness. **Conclusion:** The study reveals a high level of maternal satisfaction with intrapartum care, underscoring the positive impact of effective support and compassionate interactions from healthcare staff.

Keywords: Birth, Childbirth, Intrapartum, Maternal, Qualitative, Satisfaction

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Introduction

Maternal satisfaction with intrapartum care is a critical determinant of both maternal and neonatal health outcomes (World Health Organisation 2022). It influences not only the immediate birth experience but also long-term health decisions and the likelihood of recommending the healthcare facility to others (Ahmed, Mahimbo, and Dawson 2023; World Health Organisation 2018). Positive intrapartum experiences are associated with better overall health and a more favourable perception of the healthcare system, which can enhance the quality of care and support systems in place (National Institute for Health and Care Excellence 2022; World Health

Organisation 2018). Satisfaction levels are often reflective of the quality of care provided, including aspects such as emotional support, communication, and medical interventions during labour (World Health Organisation 2022).

Maternal satisfaction with intrapartum care should reflect a positive and supportive experience where women feel respected, well-informed, and cared for during labour and delivery (World Health Organisation 2018). Healthcare services would provide timely medical interventions, compassionate emotional support, and effective communication, ensuring that every woman's

individual needs are met and contributing to a favourable overall birth experience (Chepkorir *et al.* 2021).

In many parts of Nigeria, including Kano, the quality of intrapartum care can vary significantly due to disparities in healthcare resources, quality, accessibility, and responsiveness differences in the training of staff, and varying levels of facility infrastructure (Ajayi 2019; Amole *et al.* 2019; Okoror, Enabudoso, and Okoroh 2020). Women may experience delays in receiving care, insufficient emotional support, and inadequate communication from healthcare providers. These gaps in care can lead to less than optimal experiences during childbirth and contribute to lower levels of maternal satisfaction (Amole *et al.* 2019; Bohren *et al.* 2019; Orpin *et al.* 2018).

Women who are dissatisfied with their childbirth experience are less likely to recommend the healthcare facility to others and may avoid using similar services in the future (World Health Organisation 2018). This dissatisfaction can also impact their overall health outcomes and their perception of the healthcare system. Additionally, a lack of understanding of these experiences and their underlying factors limits the ability of healthcare providers and policymakers to make targeted improvements, perpetuating a cycle of suboptimal care and dissatisfaction (Hoseini *et al.* 2019; Hajizadeh *et al.* 2020). Addressing these issues is crucial for enhancing the quality of maternity services and improving maternal and neonatal health outcomes.

The findings of this study are expected to offer valuable information on both strengths and areas for improvement in the delivery of intrapartum care. Additionally, there is limited qualitative research exploring maternal satisfaction in the Nigerian context. This study aims to fill this gap by using a narrative inquiry approach to delve into the experiences

of postpartum women in Kano, Nigeria. By conducting in-depth interviews, the study seeks to uncover detailed insights into the factors that contribute to maternal satisfaction and identify areas for improvement in intrapartum care. The findings will provide valuable information to healthcare providers and policymakers, helping to enhance the quality of maternity services and better meet the needs of women during childbirth.

Materials and Methods

This qualitative study employs a narrative inquiry approach to gather detailed insights into maternal satisfaction. Through in-depth interviews with 11 women who recently gave birth at a local hospital, the study aims to explore their personal experiences, perceptions, and the factors that influenced their satisfaction with intrapartum care. The interviews were transcribed, translated, and thematically analysed to identify key patterns and themes, providing a comprehensive view of the aspects that contribute to maternal satisfaction with intrapartum care.

This study was conducted at MMSH, Kano. This setting was chosen for this study because it serves not only patients from Kano but also neighbouring states such as Katsina state, Jigawa state, Zamfara state, etc, and countries, e.g. Niger Republic, Benin, and Mali. MMSH serves a much greater population due to being one of the most affordable hospitals, which provides a wide range of services. MMSH is also the busiest maternity centre in Kano, with a high turnover of mothers giving birth. This hospital has an average of 1250 births per month and 15,000 deliveries annually.

The target population for the study was women who delivered at MMSH. Women who delivered at MMSH by spontaneous vaginal delivery successfully and are in their immediate postpartum period (1-7 days) were included in the study. An interview guide with open-ended questions was developed to explore maternal satisfaction with intrapartum

care. Data collection was carried out by two experienced female research assistants (RN, RM, BNSc) and the principal researcher (AR) (RN, RM, MSc in Nursing), who were motivated by the potential to improve maternal care practices in low-resource settings. Data saturation was confirmed when no new information was revealed, which began to become evident after the 9th interview. Two (2) additional interviews were conducted to confirm that no new information would be added.

Before the interviews began, participants were informed about the study's purpose, and confidentiality was assured. Informed consent was obtained through a form read in the local language. The interviews, lasting 30 to 60 minutes, were conducted in a safe, agreed-upon location within the hospital. Audio recordings were made and transcribed within 24 hours to maintain the freshness of the information.

The criteria for ensuring the trustworthiness of qualitative studies, according to Lincoln and Guba (Lincoln and Guba 1985), were used in this study. The credibility of the qualitative data was ensured through regular reflective discussions among the research team and by presenting transcripts to participants for verification. The researchers maintained a neutral stance to avoid influencing responses and kept detailed field notes and a research journal to document their reflections and minimise biases. Audio recordings were transcribed and translated from Hausa to English using a "forward-backwards" method to ensure accuracy.

Following the steps of Braun and Clarke for thematic analysis, the researcher (AR) familiarised herself with the data, reading and rereading the transcripts and writing initial thoughts (Milton *et al.* 2021). Thematic analysis was employed to identify patterns and themes from the interview data. This analysis involved familiarisation with the data,

manual coding, and interpretative analysis using NVivo software for data management. The researcher reviewed and refined the themes to capture the participants' experiences and insights accurately. Findings were validated by returning to participants for feedback on the accuracy of the data.

Ethical approval was obtained from the Health Research Ethics Committee (HREC), Ministry of Health, Kano State (reference number NHREC/17/03/2018/SHREC/2022/3255). The study ensured confidentiality by storing data securely and restricting access to the researcher alone. Participants were informed about the study's objectives, methodology, and potential risks and benefits before providing voluntary consent. Personal identifiers were not collected to maintain anonymity.

Results

The study included 11 in-depth interviews. Findings from Table 1 revealed that the participants were between the ages of 18-43, with a mean of 27.1 years.

Maternal Satisfaction with Intrapartum Care

The findings highlight a pervasive sense of satisfaction among participants regarding the intrapartum care received at the hospital. Participants expressed gratitude for the emotional support provided by the healthcare staff, emphasising reassurance and encouragement during labour.

"I was very satisfied with the care I received in this hospital. Whenever they come to check on me, they always reassure me, telling me sorry and that it will soon be over. When I kept complaining of pain, they gave me a drug to relieve the pain" (Participant 2)

"Yes, I am satisfied with the care I received. The midwife who attended to me was very funny, she kept trying to

make me laugh, and that really helped me to forget about my pain.” (Participant 7)

I am 100% satisfied with the care I received during labour. May God bless the staff. I don't know how I can repay them. Only God can repay them for what they have done for me. (Participant 6)

Yes, to some extent, one of the midwives comforted me when I was told that my baby might not survive; she told me not to get worried. (Participant 1)

They are doing the best they can I don't think there is anything I can think of that they have not done to me. (Participant 2)

“I was very satisfied with the care I received in this hospital. I am also very grateful. Whatever should have been done was done to me. I am happy with the care I received. Immediately after I delivered, I kept thanking the midwife; I was so grateful.” (Participant 5)

Factors Influencing Maternal Satisfaction with Intrapartum Care

Factors contributing to enhanced satisfaction included the presence of multiple midwives offering diverse support, prompt medical interventions to facilitate labour progression, effective communication of procedures by experienced midwives, and the successful outcome of deliveries without complications.

“What really made me happy was that I had 3 midwives with me during delivery, one was trying to deliver the baby, one was reassuring and encouraging me, and the other one was supporting my abdomen and back. This really made me happy” (Participant 8)

“I was attended to immediately I arrived, and the level of care and concern they showed towards me was what made me satisfied” (Participant 7)

“The one thing that really made me happy was when the midwife was suturing me. Already I have been told that suturing is very painful, but when she came, she was very entertaining; she kept talking to me and asking me questions, and that really helped me not to feel the pain. I was very happy about that.” (Participant 11)

“What made me really happy was that initially they said that they were going to do a surgery to deliver the baby, but when they gave me a pill and I delivered on my own, that really increased my satisfaction” (Participant 4)

“Honestly, they really tried. What I appreciated the most was that the midwife stayed with me throughout my labour and even during my delivery. And after delivery, they cleaned me up, cleaned the baby, and they advised me to rest.” (Participant 5)

“The reception was beyond my imagination. I was pampered, and they showed me respect. They encouraged me. The midwife kept consoling me, telling me Sorry, that it will soon be over. The staff are very skilled, I am so impressed. That made me very happy.” (Participant 6)

“They were very playful and joyful. The midwife was always smiling and trying to make me laugh. After I delivered, whenever any of them passes, they will look at me and smile. And I really appreciated that”. (Participant 6)

What really made me satisfied with the care was that while I was in labour and was having contractions, then the contractions suddenly started to slow down, and they were not very painful. When the midwife noticed this, she quickly started adding the labour water (infusion) and gave me an injection. And

that just brought the labour faster. (Participant 9)

"I am very happy with the care I received, but I wish that I didn't have a long labour but The midwife explained to me that every woman has a different time for labour, and it's not something that can be hastened. These things are left for God to decide. We cannot choose when to die or when to give birth. So, I just kept praying." (Participant 9)

"The way that they cleaned me up after the delivery, there was a lot of blood, but they were not disgusted; they cleaned me up." (Participant 10)

"The one thing that really made me happy was when the midwife was suturing me. Already, I have been told that suturing is very painful, but when she came, she was very entertaining; she kept talking to me and asking me questions, and that really helped me not to feel the pain. I was very happy about that." (Participant 11)

Strategies to improve maternal satisfaction with intrapartum care

Most of the participants offered solutions to the problems they faced during labour and delivery. The majority expressed that if the solutions are implemented by the hospital management, it will surely improve mothers' satisfaction with intrapartum care.

"What I want to change is the issue of long waiting times before seeing the health workers. Women wait for a very, very long time before they get to see a health worker, irrespective of their condition. This is what I want them to look into: when women come, they should try and see them as soon as

possible. This is the area that they need to change, but once you have been admitted, the staff takes good care of the patients." (Participant 1)

"I have something to say when it comes to what needs to be improved in this hospital. There is one room in this hospital that is called {Dakin Sunusi}; there is a need for a change in how the affairs of that room are taking place. You see, a woman who is heavily pregnant, a woman who just delivered very recently, one or two days, if they want to see a doctor there, even if you come before 5 am, you will not be able to see the doctor that day. The only way you can see a doctor is if you come to the hospital at night, and sleep on the ground by the corridor, in very harsh weather, in an open space with lots of mosquitoes, then you will be able to see the doctor." (Participant 3).

"What I feel needs to be improved is the waiting area when they come in for delivery. Also, the waiting time, you know, delivery can come in different ways, some may require very urgent care and might not receive it on time" (Participant 6)

There is a need for more staff in the hospital, because it is like the work is too much for them. The staff need to be more respectful to the women, we are human beings also, we are mothers, sisters, daughters like them. There is a need for a more conducive environment in case a woman needs to stay overnight in the queue. And please, the hospital management should look into that "Dakin Sunusi". There is a need for a change in that place. (Participant 10)

Table 1: Socio-Demographic Characteristics of Participants (Qualitative) (N=11)

Participant Code	Age	Marital Status	Parity	Educational Qualification	Occupation
1	35	Married	11	Secondary Cert.	Business
2	35	Married	8	Primary Cert.	Unemployed
3	27	Married	5	Primary	Trade
4	20	Married	1	Secondary	Tailor
5	23	Married	1	Secondary	Unemployed
6	43	Married	11	Primary	Agriculture (Poultry)
7	20	Married	1	Primary	Tailor
8	28	Married	3	Secondary	Tailor
9	20	Married	2	Secondary	Unemployed
10	18	Married	1	Islamic Education	Unemployed
11	29	Married	3	Tertiary	Civil servant
Average	27.1 yrs.		4.2		

Discussion

The study's findings underscore a notably high level of maternal satisfaction with intrapartum care at the hospital, echoing similar results reported in various studies globally. Participants frequently expressed appreciation for the emotional and psychological support provided by healthcare staff, reflecting a strong sense of reassurance and encouragement during labour. This finding aligns with existing studies carried out in Jos, Nigeria (86.7%), Egypt (78.5%), Eastern Ethiopia (84.7%), Iran (81.7%), North-west, Ethiopia (81.7%), and India (85.5%), which revealed a high level of satisfaction with intrapartum care among respondents (Sayed *et al.* 2018; Getenet *et al.* 2018; Hoseini *et al.* 2019; Bitew, Ayichiluhm, and Ahmed 2015; Marimuthu and Murugan 2021; Ali *et al.* 2022). Similarly, a study in Indonesia revealed that the satisfaction level of delivery services was 78% at the level I facilities, 83.9% at the level II facilities, and 73.3% at the level III facilities (Astuti, Rachmawatia, and Rahmah 2019).

This finding was contrary to several studies, which showed a low level of satisfaction with intrapartum care done in Jordan (17.8%), Addis Ababa (19%), Eritrea (20.8%), Ethiopia

(28.2%) (Khitam *et al.* 2014; Demas *et al.* 2017; Kifle *et al.* 2017; Silesh and Lemma 2021). Similarly, a few studies revealed a moderate level of satisfaction, which was below the level reported in this study. A study in Ethiopia reported that about 51% of women were satisfied with the hospital-based intrapartum nursing care (Demis *et al.* 2020), while that in Kenya reported a maternal satisfaction of 53.7% (Chepkorir *et al.* 2021). This incongruity may be due to the socio-demographic characteristics of respondents, differences in the quality of services provided, expectations of mothers, or the type of health facilities.

Several factors contributed to the high level of satisfaction among participants. The presence of multiple midwives, each fulfilling different roles during labour, was a notable factor. This observation supports findings from Chepkorir *et al.* (2021), which suggest that the presence of skilled and supportive healthcare providers significantly contributes to positive maternal experiences. Participants also valued prompt medical interventions, including pain relief and labour management. This aligns with recommendations from the National Institute for Health and Care Excellence (National Institute for Health and Care Excellence 2022),

which underscores the importance of timely medical responses in improving maternal care outcomes. Effective communication between midwives and patients about procedures and labour progress was another factor influencing satisfaction. This reflects findings from Bohren *et al.* (2019), which highlight that effective communication is crucial for satisfaction and positive childbirth experiences. Finally, the successful outcome of deliveries, whether through natural birth or less invasive interventions, positively impacted maternal satisfaction. This is consistent with the findings of Ajayi (2019), which note that the outcome of childbirth plays a significant role in shaping maternal satisfaction.

However, there are notable areas of disparity when comparing this study's findings with the broader literature. For instance, while this study highlights high satisfaction with pain management and timely interventions, other research, such as that by Amole *et al.* (2019), points to persistent issues with pain management and respect during childbirth. Discrepancies may arise from differences in healthcare practices, availability of resources, and healthcare provider training across settings.

Overall, the findings suggest several implications for intrapartum care practices. Ensuring that multiple healthcare providers are available during labour can enhance the quality of care and support for women, as demonstrated in this study and supported by existing literature. Implementing prompt and effective medical interventions, including pain management and labour facilitation, is crucial for improving maternal satisfaction. Maintaining clear and compassionate communication between healthcare providers and patients can significantly impact maternal satisfaction and the overall birth experience. Addressing the challenges identified, such as long labour times and pain management, through continuous improvement in care

practices is essential for enhancing maternal satisfaction. This study underscores the importance of a comprehensive, supportive, and responsive approach to intrapartum care, aligning with established guidelines and literature on improving maternal health outcomes.

Conclusion

In conclusion, this study provides a comprehensive overview of maternal satisfaction with intrapartum care at the hospital, highlighting several key factors that contribute to a positive childbirth experience. The findings reveal a high level of satisfaction among participants, driven by the emotional support, effective communication, and timely medical interventions provided by healthcare staff. These results align with established literature, which emphasises the importance of these elements in enhancing maternal satisfaction and overall birth experience.

The study underscores the value of a multidisciplinary approach to intrapartum care, where the presence of multiple midwives and their diverse roles in supporting the labouring mother are pivotal. Prompt medical interventions and effective pain management are also crucial in shaping a positive experience, reflecting recommendations from global health guidelines and previous research.

Despite the overall positive feedback, the study also identifies areas for improvement, particularly in managing expectations regarding labour duration and pain levels. These challenges are consistent with broader literature that calls for ongoing refinement of care practices to address the varied needs and expectations of women during childbirth.

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