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The Quality of Postnatal Care As Perceived By Mothers at Governmental Hospitals in Gaza Governorates

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Abstract

Background: The postnatal period is a critical period for the mother and her baby. That affect their future life. To optimize the quality of post-natal care evaluation and assessment of the given care need to examined by the user and women themselves.

Objectives: Therefore, this study aimed to assess the quality of postnatal care as perceived by mothers at governmental hospitals in Gaza governorates.

Keywords:

Care, postnatal, quality

1. Introduction:

Postnatal care is care provided to women and their babies within 42 days after delivery (WHO, 2013). A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery, and these first two days following delivery are critical for monitoring complications arising from the delivery. World Health Organization (WHO) recommends that after an uncomplicated vaginal birth healthy mothers and newborns should receive post-natal care in the facility for at least 24 hours after birth. If birth is at home, the first postnatal contact should be as early as possible within 24 hours of birth (WHO, 2013). Whereas Palestinian ministry of health recommended at least 6 hours follow up care is necessary for every woman. Giving birth safely is the optimal goal for every pregnant woman and for health caregivers. Undesired complications may occur during pregnancy, during or after labor.

Globally over 500,000 women of childbearing die every year as a result of complications from pregnancy and childbirth). with over 90% of death occur in developing countries. In the United Kingdom (UK) and United States of America (USA) maternal mortality rate (MMR) is estimated at 8 and 16 / 100,000 live birth respectively, and in Africa countries MMR is estimated at 257/100,000 lives birth, and in Malawi MMR is estimated at 675/100,000 live birth (WHO,2010; WHO, 2011;WHO, 2007). In addition, 2.8 million newborn babies died in their first month of life and one million of them died in the first day (WHO, 2013).

The previous studies highlighted the importance of postnatal care services and the vital role of health professionals to identify post-delivery problems, including potential complications, and to provide treatments promptly (Bang et al., 1999; Baqui, et al., 2008; Titaley et al. 2008). Yet, in many countries including Palestine postnatal period still a neglected time for the provision of quality services. Lack of

appropriate care during this period could result in significant maternal health deterioration and even death. Most care is given for mother and her baby during pregnancy and labor less care is given during post-natal period as most maternal and infant deaths occur during this time (WHO, 2013). therefore, focusing on postnatal care (PNC) is valuable to reduce the morbidity and mortality for the mother and her newborn. Any evaluation of women perceptions about postnatal care services, as well as the constraints of accessing those services, has the potential to improve maternal and neonatal health. This paper aimed to examine the quality of postnatal care as perceived by mothers at governmental hospitals in Gaza governorates.

METHOD AND MATERIAL:-

The researchers used descriptive, analytical, cross sectional design. The cross-sectional design is useful for descriptive purpose and it measures the variables of the study. Cross -sectional studies are generally carried out on a population at a point of time or over a short period (Coggon & Barker 1993). Also, cross sectional designs examine the relationship between variables, are economical, quick and managed easily (Polit and Hungler, 1999; Polit, 2004). The target population for the study consisted of all the women who were admitted to postnatal ward after delivery at governmental hospitals in Gaza Strip. The sample of the study consisted of 200 women from the postnatal ward. They were selected randomly. The number of participants from each hospital was in proportion to the size of the hospital and workload. The study was conducted in the four governmental hospitals that offer obstetric services, including Al Shifa hospital in Gaza governorate , Shohada Al Aqsa in the middle governorate, Al Tahreer hospital in Khanyounis, and Al Emaraty hospital in Rafah governorate. The study was carried out during the period from March to August 2016. The eligibility criterion was women who delivered normally or CS in any of the designated hospitals & admitted to postnatal ward. The postnatal women who were delivered in private hospitals, women who developed severe complications that required emergency intervention or transfer to ICU were excluded from the study.

INSTRUMENT OF THE STUDY:

The researchers used constructed self-administered questionnaire. The self- administered questionnaire was developed by the researchers after reviewing previous literature and studies. Besides the demographic data, the questionnaire contained the following domains first; information about obstetric history, second domain about women perception & satisfaction regarding postnatal given car. The third domain evaluated quality of antenatal care given to the baby after delivery. The fourth domain evaluated the Perception of women about health education. Participants were asked to rate their responses to the items on a 5-point Likert scale where 5= strongly agree, 4=agree , 3= neutral, 2= disagree, 1= strongly disagree.

A pilot study was conducted before the start of actual data collection (pre-test of instrument); it is conducted to show the clarity, ambiguity and length of questions. Also, pilot study tests reliability of the instruments. Reliability is concerned with how consistently the measurement technique measures the concept of interest. A measure is considered reliable if it gives the same results each time (Polit, 2004).

The researcher conducted the pilot study on a sample of 30 women, was selected as convenience sample.

from the designed hospitals. To check internal consistency, the researchers calculated the correlation between each statement and the dimension it belongs to, then calculated the correlation between each dimension and the total score of the scale. The results are illustrated below it was evident that good correlation existed between the statements and the dimensions of the scale The researchers calculated the correlation coefficient between the total scores of odd statements and the total score of even statements, the correlation value was ($R = 0.758$), then the researcher used equal length Spearman-Brown equation, the correlation value was ($R = 0.863$).

DATA COLLECTION

The questionnaire was distributed to all mother in post-natal wards who met the inclusion criterion at the four chosen governmental hospitals in the Gaza Strip. Questionnaires were handed by a member of the research team to all potential participants. Responses were returned by sealed envelopes to ensure anonymity and confidentiality of participants and to minimize bias. Participants were provided with an informed consent stating the purpose of the study the confidentiality of the information gathered.

ETHICAL CONSIDERATIONS

Prior to conducting this research study, ethical approval and permission to conduct this study was obtained from the Human Resources Department at the Palestinian Ministry of Health. A cover sheet was attached to the questionnaire that explains the purpose of the study. Each participant was asked to sign a consent paper prior to participation.

STATISTICAL ANALYSIS

Data Analysis was done using SPSS version 20. Prior to statistical analysis, data was cleaned and checked for accurately of data entry. Different statistical measures were used to analyze data including simple statistical procedures (frequencies, means, and standard deviation To determine differences in variables (t) test and One way ANOVA were used.

RESULTS

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS .

All targeted participants (n=200) returned completed questionnaires with a response rate of 100%. Majority of the participants (83%) were within the age group between 18 and 35 years, (13%) were above the age of 36 years old while only (4%) of participants their age were less than 18 years old. Among study participants (39%) delivered in Al Shifa hospital, (21.5%) delivered in Al Emaraty hospital,(15%) delivered in Shohada Al Aqsa hospital, and (24.5%) delivered in Mubarak hospital. In addition, (47.5%) of mothers had low level of education (secondary and less), (17.5%) had diploma certificate, (33%) had bachelor degree, and (2%) had postgraduate degree. For family income, the results showed that more than half of participants (53.5%) earn less than 1000 NIS monthly (table 1).

DISCUSSION

Postnatal care is a care provided to women and their babies within 42 days after delivery (WHO, 2013). A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery, and these first two days following delivery are critical for monitoring complications arising from the delivery. World Health Organization (WHO) recommends that after an uncomplicated vaginal birth in a health facility, healthy mothers and newborns should receive care in the facility for at least 24 hours after birth. If birth is at home, the first postnatal contact should be as early as possible within 24 hours of birth(WHO, 2013). Whereas the Palestinian ministry of health recommended at least 6 hours follow up care is necessary for every woman.

The results of this study revealed a positive perception of mothers regarding postnatal care given by midwife in 4 main hospitals in the Gaza Strip. With all domain scores over 4 on the Likert scale. The majority of women participated in the study aged between 18 – 35 years, about half of them had low level of education, and more than half of them had low income. Concerning quality of PNC, the results indicated that the mothers were highly satisfied with a positive attitude from the care they received after delivery in the postnatal unit (m= 4.160), the care provided to babies was of relatively high quality (m= 3.915), the mothers received less adequate health education from midwives and physicians compared to other domains with a mean score (m= 3.800). These results showed that women perceived the quality of post natal care for some aspect of maternal and neonatal services as high quality.

According to researcher field experience This result was encouraging despite the shortage of qualified, skilled midwives in the present of a high number of deliveries (MOH, 2010; MOH 2014).

Lower levels of post-natal care quality were observed in Malawi as the results of inappropriate and inadequate structure for providing postnatal counseling. Furthermore, the contents of postnatal services were below reproductive health standards because the clients were neither monitored nor examined physically on discharge. Another study showed that the quality of postnatal care was low in rural, China (Zhang et al., 2014).

In addition, the results of our study indicated that there were insignificant differences in perception of the quality of care related to the number of pregnancies and the number of deliveries, mode of delivery, age of mothers, family income, but differences were significant in relation to level of education and place of delivery.

It was reported that postnatal care and health education of reproductive care in primary health care clinics need intensive training and supervision which increase the quality of postnatal care.

These results were supported by (Lamadah & El-Nagger, 2014) for the level of education item only as they revealed in their study that low educated , rural area residents, housewives women and those who had low parity were more satisfied with the quality of postpartum care and discharge teaching plan. Furthermore, our results showed a significant difference between quality of postnatal care as perceived by mothers and place of delivery. In the same points mothers who delivered in Al Emaraty hospital reported a positive perception about post-natal care that was given by midwives. This result could be attributed to the fact that Al Emaraty hospital is a private hospital for maternity services only with less number of admissions, while the other hospitals are governmental hospitals with large number of cases. The present results were consistent to a study was conducted in Egypt revealed that majority of participants (71.0%) were not satisfied by the quality of post natal care services provided to them in governmental hospital compared to private hospitals. In addition, 83.0% of women were not satisfied by the instructions of the discharge teaching plan (Lamadah & El-Nagger, 2014).

CONCLUSION AND RECOMMENDATIONS

This study aimed to assess the quality of PNC in private and governmental hospitals in the Gaza Strip as perceived by mother in the post-natal period. The study concluded that the women describe the overall postnatal care as satisfy according to their perception with high score while perception of quality of care related to level of education with low average mean score. The study recommended extra attention need to be added to provide education care in the postnatal clinics. Therefore; the research team recommends that a similar study to be conducted to assess quality of PNC as perceived by midwives according to international protocols that applied in the hospitals.

Tables:

Table 1 *Characteristics of study participants*

Variable	N=200	%
Age		
Less than 18 years	8	4.0
18 – 24 years	79	39.5
25 – 35 years	87	43.5
36 years and more	26	13.0
Place of delivery		
Al Shifa	78	39.0
Al Emaraty	43	21.5
Shohada Al Aqsa	30	15.0
Mubarak	49	24.5
Level of education		
Secondary and less	95	47.5
Diploma	35	17.5
Bachelor	66	33.0
Postgraduate	4	2.0
Family monthly income		
Less than 1000 NIS	107	53.5
1000 – 2000 NIS	76	38.0
More than 2000 NIS	17	8.5

Table 2 *Women perception about midwifery given follow up care after delivery*

No	dimension	Mean	S . D .
1	The midwife welcome me when I reached postpartum unit	4.34	1.030
2	The midwife introduced herself, informed me about my room, and visiting times	3.90	1.303
3	Privacy was maintained with bed covers and curtains	4.20	1.032
4	The midwife help me going to toilet to empty bladder	4.04	1.218
5	The midwife performed uterus massage for me every hour	4.05	1.155
6	The midwife take vital signs immediately after delivery	4.39	0.850
7	The midwife checked vital signs every hour for 6 hours	4.12	1.123
8	The midwife encouraged me to breast feeding my baby	4.22	0.979
Total score		4.16	0.637

Table 2 showed that, the means of participants' responses ranged between mean score 4.39 " The midwife take vital signs immediately after delivery" followed by " The midwife welcome me when I reached postpartum unit" with mean score 4.34, while the lowest score obtained in " The midwife introduced herself, informed me about my room, and visiting times" with mean score 3.90. The overall mean score was 4.16.

Table 3 Women attitude regarding postnatal care given for baby after delivery

No.	dimension	Mean	S.D.
1	The physician check the baby after delivery and before discharge	3.84	1.233
2	The physician encourage me to breast feed my baby	3.86	1.270
3	The physician take medical history from the mother	3.79	1.250
4	The physician take adequate information about the baby	3.90	1.244
5	The midwife check the baby immediately after delivery	4.08	1.108
6	The midwife make sure that the baby passed urine and stool before discharge	3.86	1.194
7	The midwife give me consultation about natural breast feeding	4.15	1.078
8	The midwife give me adequate information about risk signs to come to the hospital	3.89	1.286
9	The physician give me appointment for follow up	3.68	1.344
10	I received adequate information about breast feeding	4.09	1.163
	Total score	3.91	0.856

The Participants showed a positive attitude toward postnatal care given for baby after delivery (Table 3). The results showed that the highest score obtained in "The midwife give me consultation about natural breast feeding" with mean score 4.15 followed by " I received adequate information about breast feeding " with mean score 4.09, while the lowest score obtained in " The physician give me appointment for follow up " with mean score 3.68. The overall mean score was 3.91 which indicated that the care provided to babies was of high quality.

Table 4 Perception of women about health education given by midwife

No	Dimension	Mean	S.D.
1	I received information about care of episiotomy	3.71	1.293
2	The midwife informed me about the importance of perineal cleaning and signs of infection	3.94	1.236
3	The midwife informed me about good nutrition postpartum	4.07	1.188
4	The midwife informed me about rest and adequate sleeping postpartum	4.10	1.173
5	The midwife informed me about breast care	3.80	1.303
6	The midwife informed me about physical exercise	3.34	1.305
7	The midwife informed me about family planning	3.46	1.355

No	Dimension	Mean	S.D.
8	The midwife informed me about vaccination program	3.55	1.423
9	The information I received was easy and understood	4.09	1.188
10	The midwife helped me after delivery	3.85	1.332
11	I received psychological support from the physician	3.72	1.352
12	The midwife supported me after delivery	4.15	1.127
13	Good relations exist between me and midwives	4.22	1.108
14	The midwife deal with escort and relatives badly	3.17	1.478
	Total score	3.80	0.80

The Participants showed a positive attitude toward postnatal health education given by midwife after delivery (Table 4). The results showed that the highest score obtained in " Good relations exist between me and midwives " with mean score 4.22 followed by " The midwife supported me after delivery " with mean score 4.15, followed by " The midwife informed me about good nutrition postpartum " with mean score 4.07 while the lowest score obtained in item number 14 " The midwife deal with escort and relatives badly " with mean score 3.17. The overall mean score was 3.80 which indicated that the care provided to babies was of with good perception

Table 5 *The overall quality of post natal care as perceived by mother*

Follow up after deliver	Mean=4.160
Care of baby	Mean= 3.915
Health education	Mean= 3.800

Table 5 showed that, the overall perception of participants showed highest score 4.16 for the item follow up care after delivery followed by care of baby with mean score 3.9 1and the lowest score for the health education with mean score 3.80.

Table 6 *Mothers' perception of quality of postnatal care related to frequency deliveries and mode of delivery*

Variable	Category	N	Mean	S. D	t	P value
Frequency of delivery	Primiparous	62	3.903	0.716	-0.314	0.754
	Multiparous	138	3.936	0.662		
	NVD	165	3.910	0.701		
Mode of delivery	CS	35	4.002	0.553	-0.734	0.464

Table 6 showed that there were no a significant statistical differences in Mothers' perception of quality of postnatal care related to frequency deliveries and mode of delivery.

Table 7 Mothers' perception of quality of postnatal care related to age of mother

Category	Sum of squares	df	Mean square	F	P value
Between groups	1657.662	3	552.554		
Within groups	91976.418	196	469.267	0.319	
Total	93634.080	199			

Table 7 showed that there were no a significant statistical differences in Mothers' perception of quality of post-natal care and age of mother.

Table 8 Mothers' perception of quality of postnatal care related to level of education

Place of delivery	No.	Mean	SD	F	P value
Al Shifa Hospital	78	3.803	0.836		
Al Emaraty Hospital	43	4.169	0.340		
Al Aqsa Hospital	30	4.050	0.601	3.465	0.017
Mubarak Hospital	49	3.832	0.606		
Total	200	3.926	0.677		

The result of table 8 showed a significant differences in perception of quality of care related to level of education that given among different Gaza hospital with P value less than 0.01. which mean that quality of health education was high quality in the Al Emaraty hospital.

Table 9 Mothers' perception of quality of postnatal care related to place of delivery

Category	Sum of squares	df	Mean square	F	P value
Between groups	7604.940	3	2534.980		
Within groups	86029.140	196	438.924	5.775	0.001
Total	93634.080	199			

ANOVA test

Table (9) showed significant result related the quality of postnatal care related to place of delivery

Post-hok test showed that Al Emaraty hospital has higher quality of care compared to Al Shifa hospital (P= 0.001), but differences were insignificant in the other hospitals.

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