

Women' perspectives regarding the quality of postpartum nursing care in Ain Shams Maternity Hospital–Cairo, Egypt

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Abstract: Background: Health services provided to mothers during post partum period constitute an essential component of the package of maternal and child health services in any population. A woman's body undergoes several changes after delivery. This includes: the shrinking of the uterus, shedding of the uterine lining, closing of the cervix, returning of the vagina to its normal size, etc. Mothers are also prone to psychological changes during the postpartum period. The newborn baby also undergoes changes in general appearance, reflexes and weight. For most mothers (particularly first time mothers), these changes can be a source of considerable concern and may contribute to a number of adverse health conditions. For these reasons, postpartum care services are of utmost importance in preventing adverse health outcomes for mothers and their newborn babies. Thus, the aim of this study was to identify women's perspectives regarding the quality of postpartum nursing care in Ain Shams Maternity Hospital – Cairo, Egypt. **Subjects and Methods:** The study was conducted at the post partum ward at Ain Shams Maternity Hospital – Cairo, Egypt. A simple random sample of one hundred and four postpartum women and their neonates were recruited for this study according to the inclusion criteria. An Interviewing Assessment Sheet was designed by the researcher to collect data. **Results:** On asking the mothers about their opinions regarding the quality of received postpartum nursing care, more than three quarters of the mothers (87.5%, 82.7%) and (83.7%) were not satisfied as they received very brief information, they did not participate in decision about care of their baby & themselves, and lack of advices respectively, in addition, (73.1%) of them didn't prepared for discharge. Also more than two thirds of the mothers (69.2%) said that there were no opportunities to ask questions while (63.5%) mentioned that the nurse didn't listen to their complains. **Conclusion:** The study concluded that special attention should be focused on quality post partum health examinations and advices related to both mothers and their neonates. Post partum women still required and needed guidance, more support and assistance with baby care and her personal care. [Hoda Abed El-Azim Mohamed, Nahed El Ngger and Sahar Mansour Lamadah **Women' perspectives regarding the quality of postpartum nursing care in Ain Shams Maternity Hospital–Cairo, Egypt.** Journal of American Science 2012; 8(2):366 -377]. (ISSN: 1545-1003). <http://www.americanscience.org>. 52

Key Words: Women' perspectives; quality of post partum nursing care.

1. Introduction

Postnatal or postpartum is the period beginning immediately after the birth of a child and extending for about six weeks. It is a time in which the maternal body in general and the genital organs in particular return to the pre-pregnant condition. It is a period of physiological adjustment for both mother and neonate and it is a time of important social and emotional adjustment for all involved (Ladewig *et al.*, 2002 and Dhaher *et al.*, 2008). There are some of the life threatening conditions that could arise in this period for mothers and neonates. Thus, nursing care is equally necessary for postpartum mother and newborn babies as other patients do Neupane (2010).

During postpartum period, many problems may develop quickly, which if are not diagnosed promptly and treated effectively, can lead to illness and death of the mother or neonates (Ministry of

Health and Population, Arab Republic of Egypt 2004). Moreover, up to two thirds of maternal deaths around the world occur after delivery, therefore the World Health Organization(WHO) suggested that health care should be provided at 6 hours, 6 days, 6 weeks and 6 months post delivery in order to ensure women's physical and mental health and wellbeing (Ronsmans and Graham 2006). However, more than one quarter of all maternal deaths in Egypt occur during the postpartum period whereas one third of those cases the baby also die (Egypt National Mortality Survey 2005).

Care during postpartum period provides the opportunity to ensure that the mother and neonate are progressing well, to support the breastfeed mother and to detect and manage any problems. Postpartum care is considered a special challenge, because there are two clients with very distinct needs: a newly delivered woman and her neonate (Ministry of

Health and Population, Arab Republic of Egypt 2004). Assessment of pain, the condition of the uterus, vaginal discharge, the condition of the perineum, and the presence/absence of bladder distension followed by appropriate interventions are part of the initial postpartum evaluation (**Jacobson 2002**).

Quality health care during and immediately after the critical period of labor and delivery, is a single most important intervention for preventing maternal and neonatal morbidity and mortality (**Tapiwa and Alepile 2001**). Researchers have developed several indicators to measure quality of health care services based on patients' health outcomes. In maternal-child nursing practice, patient satisfaction has been widely recognized as one of the critical indicators of the quality and the efficiency of the health care systems (**Johansson et al., 2002**).

Patient satisfaction is an important health outcome in today's cost conscious health care arena. It is used by health care providers, administrators and policymakers to assess the quality of care, make decisions about the organization and provision of health care services, avoid malpractice litigation and maintain a competitive edge in the health care arena (**Jackson et al., 2001**). Therefore, understanding women's satisfaction with their childbirth experience is relevant to health care providers, administrators and policymakers as an indicator of the quality of maternity care (**Hodnett 2002**). The other critical indicator is the absence of early postpartum health problems such as ineffective breastfeeding, postpartum urinary retention, constipation, and breast discomfort and post partum blues (**Thompson et al., 2002**).

Woman's satisfaction with her childbirth experience may have immediate and long-term effects on her health and relationship with her neonate. A satisfactory childbirth experience has contributed to a woman's sense of accomplishment and self-esteem and has led to expectations for future positive childbirth experiences (**Goodman et al., 2004**).

Significance of the problem:

Intrapartum and postpartum periods are delicate periods in the life of every woman. Thus, it is important that optimum care be given to the woman during these periods without complications which may arise. Most postpartum problems can be prevented or reduced by nursing interventions. Therefore, it is important for new mothers to receive professional care and help in order to remedy these early postpartum health problems. Several studies in both high and low income countries have identified the importance of the post partum period for acute

short-term, long term and chronic morbidity (**Waterstone et al., 2003**).

The nurse plays an essential role in promoting and improving post partum outcomes, not only as a health care provider but also as an administrator, manager, educator, researcher and counselor. Nurse will need to have the appropriate knowledge and skills to determine when to be proactive with regard to undertaking specific observations where these might be required. Therefore, the nurse must be able to identify signs of morbidity that require further investigations and discuss the future management of these with the women. Nurses will never know the quality of care they offer until if it is being assessed through patient satisfaction. Therefore, this study on women's satisfaction will provide means for evaluating the care and a spring board for its improvement.

Aim of the study:

The aim of this study was to identify women's perspectives regarding the quality of postpartum nursing care in Ain Shams Maternity Hospital – Cairo, Egypt.

Hypothesis of the study

- Assume that nurses do not provide quality care, which meet the perceived needs and expectations of women during the postpartum period.
- Inadequate nursing care provided for mothers and their neonates during postpartum period will decrease the mothers' satisfactions.

2. Subjects and Methods:

Research design:

Research design used for the study was a descriptive design.

Research setting:

The study was conducted at the post partum ward at Ain Shams Maternity Hospital – Cairo, Egypt which is affiliated to Ain Shams University Hospital

Research subjects:

A simple random sample of one hundred and four postpartum women and their neonates were recruited for this study according to the following Inclusive criteria:

- during reproductive age
- Low risk postpartum women.
- Vaginal delivery of healthy full-term infant.
- Without complications for mother and neonate.

Tools of data collection:

Tools used for data collection consisted of:

An Interviewing Assessment Sheet: It was designed by the researchers and consisted of two parts:

Part I: concerned with socio demographic data and obstetrical history such as age, level of education, occupation, parity...etc.

Part II: concerned with mother's perspectives' regarding the quality of post partum nursing care. It consisted of open and closed ended questions related to examination, care and health advices received by mothers and their neonates, mothers' satisfaction regarding postpartum nursing care provided by the nurses, post partum health complains reported by the mothers and their suggestions for improving the quality of postpartum nursing care.

Validity & Reliability:

Researchers reviewed the current local and international related literature using textbooks, articles and scientific magazines. This helped the investigators to be acquainted with the problem and guided them in the process of tool designing. Then the tool was prepared. To measure content validity of the tool the researchers assure that items of an instrument adequately represent what are supposed to measure by presented it to experts for review and validation.

To measure the stability of the responses from the same woman and is form of test retest reliability. The researchers make two separate assessments at two different times; these two data sets from the same researchers are then compared with each other using r value. In general r value consider good if they equal response.

Pilot Study:

A pilot study was conducted on ten women representing 10% of the total study sample. to assess the reliability and applicability of the tool. The results of the pilot study helped in the necessary modifications of the tool. The sample of the women who shared in the pilot study was excluded from the main study sample.

Procedure:

The researchers attended the postpartum ward of the studied setting two days per week, from 9.00 am. to 2.00 pm. The researchers introduced themselves to the women and briefly explained the nature of the study to the approached ones who were

met the inclusion criteria. Then their consent was obtained. All women were informed that participation was voluntary and that the collected data would be only used for purpose of the study, as well as for their benefit. A code number was used for every woman to maintain confidentiality. The field work lasted for four months. It started from January 2010 to April 2010. All women were interviewed to collect data and each interview took for 30-45 minutes with each woman with a weekly interview of about 8-10 postpartum women.

After that, the researchers asked the women by using closed ended questions about postpartum examination and advices that were received from the nurses related to them and their neonates. In the discussion manner the researchers asked the women about their opinion regarding the quality of received postpartum nursing care by using open ended questions and then asked the women how quality of current postpartum care could be improved. The researchers immediately recorded all women's answers and expressions.

Administrative design:

An official letter clarifying the purpose and setting of the study was obtained from the director of Ain Shams University Hospital and they was submitted to the director of Ain Shams Maternity Hospital requesting their approval for data collection to conduct the study.

Ethical consideration:

- Obtaining the acceptance of women to participate in the study.
- All women were informed that their participation was voluntary and that the collected data would be only used for the purpose of the study, as well as for their benefit.
- Code number for each woman was maintained.

Statistical Design:

Data were collected, coded, tabulated and analyzed, using the SPSS computer application for statistical analysis. Descriptive statistics was used to calculate percentages and frequencies. Chi square (X^2) was used to estimate the statistical significant differences. A significant P-value was considered when P less than 0.05 and it was considered highly significant when P- value less than or equal 0.01.

3. Results

The results of this study are presented under 5 heading: demographic descriptions of the mothers under study, postpartum examination received by the mothers, postpartum health advices, postpartum complains reported by the mothers, mothers

satisfaction and mothers' suggestions for improving the quality of postpartum nursing care.

Socio-demographic characteristics of the sample

As shown in **table (1)**, more than eighty percent (82.7%) of the women's age ranged between 25-35 years. As regards to the educational level, it was found that half of the study sample 50% had primary, intermediate and secondary education while nearly thirty percent of them (30.8%) had university education. In relation to occupation (18.3%) of the women were working, and (81.7%) were housewives. In addition, three quarters of the women (75%) were living in rural areas while the rest of them (25%) were from urban areas. According to the length of hospital stay, approximately one third of the women (34.6%) had less than 24hrs hospital stay while (29.8%) had 24hrs hospital stay and more than one third of the women (35.6%) had more than 24hrs hospital stay. As regards to parity, more than one half of the women (54.8%) were primipara, (34.6%) were second para and (10.6%) were third para or more. About one half of the women (52.9%) had spontaneous vaginal deliveries with episiotomies and (47.1%) had spontaneous vaginal deliveries without episiotomies.

Postpartum examination

Table (2) reveals postpartum examination received by the mothers; it can be observed that vital signs, breast, uterus, lochia, vulva and perineal examinations were done for (61.5%, 25%, 22.1%, 34.6% and 25%) of women respectively. As regards to neonatal examination during postpartum period, this table shows that the neonatal weight, length, measuring circumferences, assessment of general appearance and reflexes were done for (80.8%, 21.2%, 24%, 33.7%) and (13.5%) of neonates respectively.

Postpartum health advices

As regards to health advices concerning postpartum care, **Table (3)** reveals that most of the mothers reported that they didn't receive sufficient postpartum advices. Advices on personal hygienic care, breast feeding, breast care, postpartum exercise, perineum self care and care of episiotomy site, contraceptive methods, mother neonates attachment, nutrition, medication, danger signs of post partum period, and the importance of day 40 check up were not received for (81.7%, 87.5%, 94.2%, 92.3%, 91.3%, 97.1%, 90.4%, 90.4%, 80.8%, 100% and 90.4%) of women respectively. As regards to mothers' advices related to their neonatal care, the majority of them stated that they were not sufficient. This include advices on mouth

care, eye care, skin care, diaper care, cord care, baby warmth, immunization, and danger signs regarding newborn were not received for (94.2%, 80.8%, 89.4%, 94.2%, 67.3%, 86.5%, 79.8%, and 94.2%) of women respectively.

Concerning health advices that were received by the women; **Figure (1)** illustrates that more than two thirds of the women (68.3%) didn't received health advices related to their care compared to (31.7%) who received incomplete health advices. This difference statistically highly significant where ($X^2=13.88$ and $p= 0.000$). In relation to health advices related to their neonates, **figure (2)** showed that more than half of the women (58.7%) didn't receive any health advices about neonatal care compared to (35.6%) of women who received incomplete health advices about their neonates and (5.8%) who received complete health advices. However, the difference is statistically significant where ($X^2=43.86$ and $p=0.000$).

Postpartum complains as reported by mothers

Figure (3) shows women's complains during post partum period. It can be observed that lack of knowledge was a major complain followed by fatigue as reported by (54.8% and 51%) respectively. On the other hand (48.1%, 45.2%, 39.4%) mentioned after pain, reduced sleep and anxiety respectively. Baby crying and sore nipple represent nearly one third from these complains (32.7%, 32%) respectively while, the rest of health problems were perineal discomfort (26%), baby up every few hours (25%), refusal of breast feeding (7.7%) and negative attachment (4.8%).

Women's satisfaction regarding the quality of current postpartum nursing care

On asking the mothers about their opinions regarding the quality of received postpartum nursing care, table (4) indicates that more than three quarters of the mothers (87.5%, 82.7%) and (83.7%) were not satisfied as they received very brief information, they did not participate in decision about care of their baby & themselves, and lack of advices respectively, in addition, (73.1%) of them didn't prepared for discharge. Also more than two thirds of the mothers (69.2%) said that there were no opportunities to ask questions while (63.5%) mentioned that the nurse didn't listen to their complains.

Mothers' suggestions for improving the quality of postpartum services

In relation to mothers' suggestions for improving the quality of postpartum services. The mothers were asked how quality of current

postpartum care could be improved. Nearly three quarters of neonates (72.1%) expressed the need for more advices about breast feeding. Whereas (67.3%) of women suggested that care providers should normally give necessary advices related to mother and baby care without asking them. Time

spent by nurses during postpartum period should be increased to give high quality care 66.3%. Importance of companion 70.2%, Conduct home visits to mothers after hospital discharge 65.4% (Table5).

Table (1): Number and percent distribution of the study sample according to their socio-demographic characteristics

<i>Socio-demographic characteristics</i>	No no=104	%
Age (years)		
<20	5	4.8
20 - <25	5	4.8
25 - <35	86	82.7
35	8	7.7
Level of education:		
• Illiterate/Read and write	20	19.2
• Primary/Intermediate/Secondary	52	50.0
• University	32	30.8
Occupation :		
• Working	19	18.3
• Housewives	85	81.7
Residence :		
• Rural	78	75
• Urban	26	25
Duration of hospital stay		
• < 24hrs	36	34.6
• 24hrs	31	29.8
• 24hrs- 48hrs	37	35.6
Parity		
• One	57	54.8
• Two	36	34.6
• Three & more	11	10.6
Mode of delivery		
• Vaginal delivery with episiotomy	55	52.9
• Vaginal delivery without episiotomy.	49	47.1

Table (2): Number and percent distribution of the study sample according to the postpartum examination they received

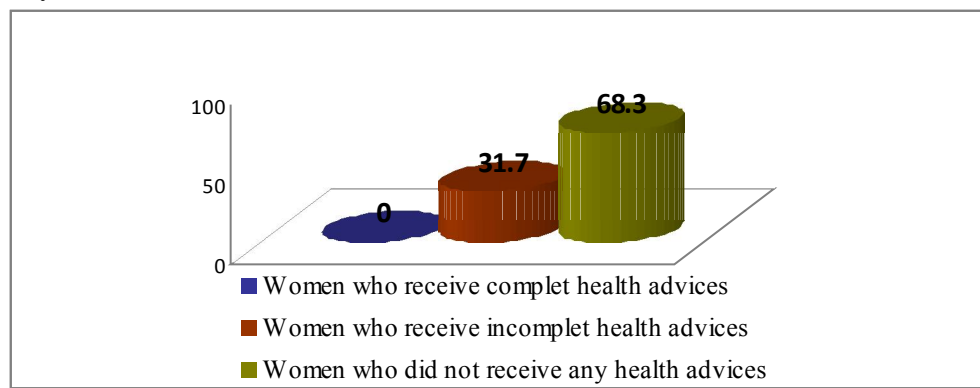
Postpartum examination	Done		Not done	
	No no=104	%	No no=104	%
For mother#				
• Vital signs	64	61.5	40	38.5
• Breast	26	25	78	75
• Uterus	23	22.1	81	77.9
• Lochia	36	34.6	68	65.4
• Vulva and perineum	26	25	78	75
For baby #				
• Weight	84	80.8		19.2
• Length	22	21.2	20	78.8
• Circumferences	25	24	82	76
• Assess general appearance	35	33.7	79	66.3
• Reflexes	14	13.5	69	86.5
			90	

Not mutually exclusive

Table (3): Number and percent distribution of the study sample according to postpartum health advices received by them

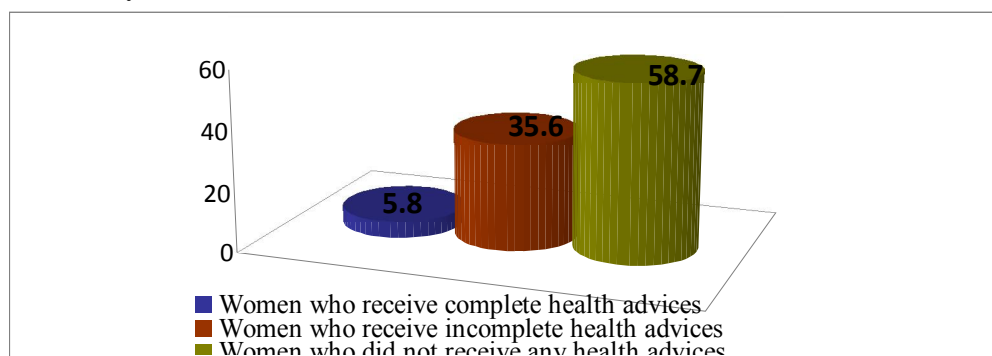
Postpartum advices	Received		didn't received	
	No	%	No	%
For mother #				
• Personal hygienic care	19	18.3	85	81.7
• Breast feeding	13	12.5	91	87.5
• Breast care	6	5.8	98	94.2
• Postpartum exercise	8	7.7	96	92.3
• Perineum self care and care of episiotomy site.	9	8.7	95	91.3
• Contraceptive methods.				
• Mother baby attachment	3	2.9	101	97.1
• Nutrition	10	9.6	94	90.4
• Medication	10	9.6	94	90.4
• Danger signs of post partum period	20	19.2	84	80.8
• The importance of day 40 check up	0	0.0	104	100
For neonate #	10	9.6	94	90.4
• Mouth care				
• Eye care	6	5.8	98	94.2
• Skin care	20	19.2	84	80.8
• Diaper care	11	10.6	93	89.4
• Cord care	6	5.8	98	94.2
• Baby warmth	34	32.7	70	67.3
• Immunization	14	13.5	90	86.5
• Danger signs regarding newborn.	21	20.2	83	79.8
	6	5.8	98	94.2

Not mutually exclusive



($X^2=13.88$ and $P= 0.000$)

Figure (1): Percent distribution of the study sample as regards to postpartum health advices related to the post partum care they received



($X^2=43.86$ and $P=0.000$)

Figure (2): Percent distribution of the study sample as regards to postpartum health advices related to their neonatal care they received.

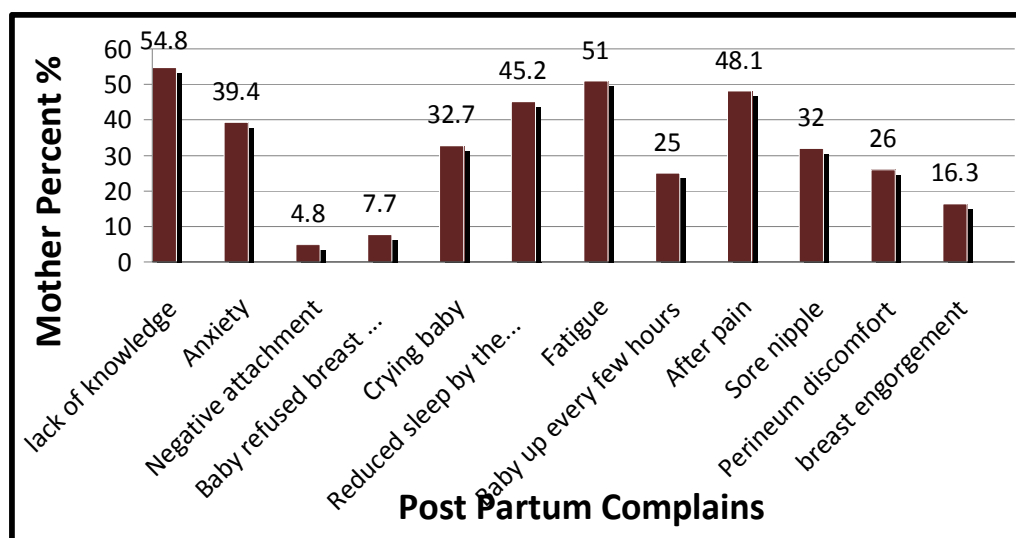


Figure (3) : Percent distribution of the study sample according to their Postpartum complains as reported by them.

Table (4): Number and percent distribution of the study sample according to their satisfaction with postpartum care were provided by the nurse

Woman's perception of satisfaction#	Satisfied		Neutral		Not satisfied		X ²	P. value
	No.	%	No	%	No	%		
1. Nurses always kept me informed.	10	9.6	3	2.9	91	87.5	138.01	0.000
2. I participate in decision related to my care and care of my baby.	7	6.7	11	10.6	86	82.7	114.25	0.000
3. I always took advices.	6	5.8	11	10.6	87	83.7	118.86	0.000
4. Provide emotional support	27	26	20	19.2	57	55.8	22.28	0.000
5. The care provided to me is in a safe manner.	22	21.2	30	28.8	52	50	13.92	0.001
6. The nurses were sensitive & understandable.								
7. My privacy was maintained during care.	32	30.8	30	28.8	42	40.4	2.38	0.304
8. They give me opportunities to ask questions.								
9. They always listened to my complains.	35	33.7	35	33.7	34	32.7	.019	0.990
10. They informed me about discharge plan.	13	12.5	19	18.3	72	69.2	60.82	0.000
	16	15.4	22	21.2	66	63.5	43.00	0.000
	17	16.3	11	10.6	76	73.1	74.44	0.000

Table (5): Distribution of the study sample according to their suggestions for improving the quality of postpartum services.

Suggestions	No.	%
1. More advices about breast feeding should be given.	75	72.1
2. Care providers should normally give necessary advices related to mother and baby care without asking them.	70	67.3
3. Clear and ordered neonatal care advices.	67	64.4
4. Nurses should spend enough time with the clients to give high appropriate care.	69	66.3
5. Importance of companion.	73	70.2
6. Provide needed care for mother and neonates.	66	63.5
7. Conduct home visits to mothers after hospital discharge.	68	65.4

Not mutually exclusive

4. Discussion

This study addresses an important, but largely neglected component of reproductive health. Review of the literature shows that very little attention has been paid to postpartum care. The arrival of a new baby is a time of joy. Yet, for many mothers (especially first time mothers), it is a time of fear, confusion, and sometimes isolation. So after delivery, both the mother and the baby will have health concerns that need to be addressed carefully.

The aim of this study was to identify women's perspectives regarding the quality of postpartum nursing care in Ain Shams Maternity Hospital. Results of this study supported the following investigated hypothesis that women who received health advices during postpartum period will be more satisfied than those who didn't. Women who received high quality of postpartum nursing care will experience less postpartum complains than those who didn't.

As regards the socio-demographic characteristics of the study sample, the results of the present study showed that more than three quarters of the women's age ranged between 25-35 years. This is anticipated because it is the normal age of childbearing. **Lomoro, et al., (2002)** who investigated mothers' perspectives on the quality of postpartum care and they found that the mean age of mothers was 28 years (range 20–38). In relation to the educational level, most of the study sample was educated which will help them to be able to identify their health needs and expectations during post partum period. In addition, education is a mean that enables women to gain access of knowledge and to control many events in their life.

However, more than three quarters of women were housewives while slightly less than one fifth of them were worker. This result insisted the need for complete post partum health advices for these women because exposure to work outside the home gives women better chances of contact with a more experienced persons and to acquire valuable health and social information. In addition, Three quarters of the women were living in rural areas while the rest were living in urban areas .This reflected women's needs for more health advices and extension of postpartum care services to the community where mothers are receiving care during home visits. Women who had childbirth preparation and expectations for labour, met a higher level of education and employment, had higher global satisfaction with the childbirth experience (**Goodman et al., 2004**).

Regarding the length of hospital stay for uncomplicated deliveries, it is usually approximately

2 days. In the present study, the length of post partum hospital stay was shorter approximately ranged from 1-2 days (Table 1). These results are in line with the study results of **Martin (2003) and Lomoro, et al.,(2002)**, they mentioned that the average length of stay in the hospital was 2 days (range 1–3 days for those who had a normal delivery), which increased to an average of 6 days for those who delivered by caesarean section. In addition, the present study found that more than one half of the women had first para while **Lomoro, et al.,(2002)** mentioned that most of mothers (90%; $n = 45$) were the first-time. This reflects women's needs for more support and assistance with baby care and their own personal care. Also first para women experience certain physical health problems in the postpartum period that may affect their future health condition and the health of their children.

Moreover, the present study revealed that more than one half of the women had spontaneous vaginal deliveries with episiotomies which reflect women's needs to perineal care and to health education about self perineal care. This result was in agreement with **Lomoro et al., (2002)** who found that all the mothers had their babies in the hospital and half of them underwent normal delivery and the other half delivered through caesarean section.

Analysis of the results of the present study indicated that three quarters or more of women didn't receive breast, uterine and perineal examination while nearly two thirds of them had only vital signs measure. Also examination of the newborn baby is one of the most important constituents of postpartum care. More than three quarters of women reported that their babies were examined during postpartum as regards to baby weighing while a large proportion of newborn didn't receive examinations related to measuring length, circumferences, or general assessment and reflexes. These results contradicted with **Lomoro et al., (2002)** who reported that most of the mothers received all prescribed examinations, with the exception of blood pressure measurement, which was received by only half of the mothers. Also, the majority of mothers (98%) stated that their babies were examined during postpartum home visits.

A Study done by **Tapiwa and Alepile (2001)** stated that the majority of nurses examined the mother's breast, performed a vaginal examination to assess lochia and condition of the vulva. When nurses were asked, "What do you examine the baby for just prior to discharge"? (76%) of nurses checked skin color and congenital abnormalities, while (74%) mentioned vaccination status, (23%) stated bowel motion and maturation, (16%) examined eye

infections and jaundice and only (11%) mentioned umbilical cord.

According to the report of **Ministry of Health and Populations, Arab Republic of Egypt (2004)**, that the policy for postpartum care for a primary health nurse is to provide six scheduled home visits (on days 2, 4, 6, 14, 21, and 40) to each mother and baby. During each visit the nurse/midwife is expected to do the followings for the mother: Take her temperature, ensure adequate nutrition during lactation, examine breasts, and check for possible vaginal bleeding or abnormal discharge. For the neonatal care, the nurse must ensure adequate breastfeeding, orient the mother to proper breastfeeding, and inform her about the immunization schedule for the baby and proper hygienic care of baby.

One of the roles of the postpartum care providers is to ask mothers about themselves and their babies; this will help health care providers to carry out health education and provide advices according to the individual's needs of each mother. As regards the health advices concerning postpartum care, the present study found that, most of the mothers reported that they didn't receive sufficient postpartum health advices. This includes advices related to breast feeding, breast care, postpartum exercises, perineal self care and care of episiotomy site, contraceptive methods, mother baby attachment, nutrition, danger signs of post partum period and the importance of day 40 checkup. However, regarding health advices related to their newborn, also, a large proportion of mothers stated that advices related to their babies were not sufficient including education about mouth care, eye care, skin care, diaper care, cord care, baby warmth, immunization, and danger signs regarding newborn. These results were not in line with **Martin (2003) and Lomoro et al., (2002)** who found that large proportion of the mothers received advices about their babies (86%; $n = 43$) Also, medical examination of babies (82%; $n = 41$) were the most important and helpful postpartum services they received. Also, on asking women about other services that they would have liked to receive during postpartum period, only a few (10%, $n = 5$) expressed the need for postpartum counseling directed at the mother's own health, all of the mothers reported that they were asked questions concerning their babies, including such issues as baby's feeding patterns, particularly whether breastfeeding or bottle-feeding, appetite, sleep, stool, and amount of milk produced by mother.

According to the study done by **Anne et al., (2003)** that assessed the impact of model of care on women's views and care experiences during the antenatal, intrapartum and postpartum periods

compared with views of women receiving standard maternity care. Team care women reported that caregivers gave greater emotional support, kept them better informed and involved them more in decisions about their care than in standard care women.

Quality of services provided to mothers and their babies during this period deserve special attention. However, in many developing countries, quality of care has not been a priority issue. According to mother's satisfaction with postpartum care provided by the nurse, results of the present study indicated that about large proportion of the mothers were not satisfied with postpartum care provided by the nurse. Whereas, they received very brief information, did not participate in decision related to care of their baby & themselves, complained from lack of advices and support. Also, the women reported that they were not prepared enough for discharge as well as more than two thirds of women stated that there was no opportunities to ask questions and the nurse didn't listen carefully to their complains (Table 4). These results contradicted with the results of a study done by **(Martin, 2003)** which examined women's judgments and attitudes about the quality and quantity of postpartum teaching they received after recently giving birth in a hospital setting, the majority of them 95.6% reported that postpartum teaching was useful. More than three quarters of women 77.8% were satisfied with the discharge teaching. However, women who had continuous support of a caregiver during childbirth and postpartum period commonly report feelings of empowerment, they were also less likely to report negative feelings about their childbirth experience because they have more help during the postpartum period. Accordingly, they have less difficulty with the adjustment to new motherhood. Some of women expressed that they received insufficient attention both for their own physical health and emotional needs during the postpartum stay in hospital. After the baby was born, they felt neglect because all attentions were shifted to the baby. This results were contradicted with **Lomoro, etal (2002)** who found that the mothers perceived quality of postpartum care in the study setting related to their concerns about care of the newborn, and hence they defined quality as 'full satisfaction of the mother and child.

Also the results of the **United Nations (2002)** showed that most mothers appreciate the usefulness of the services being provided to them. They noted that some areas need for further improvement. They assessed care providers' skills as lacking in some areas, particularly health education on child care. Mothers evaluated postpartum examinations and follow-up provided as good, but limited. Postpartum information given was perceived as a brief, and no

literature was provided to mothers during postpartum visits. Rudman *et al.*, (2007) reported that nearly half of the women (47%) were satisfied or very satisfied with at least one dimension of care, 20% were fairly satisfied (average), and 33% were less satisfied (Fifteen percent were mainly dissatisfied with the physical environment, 8% mainly with interpersonal care, 7% only with information and decision-making and 3% with all dimensions).

Moreover, a study done by Waldenstrom *et al.*, (2006) revealed that 26% of women were not satisfied with postpartum care. Also, Hsiu Hung *et al.*, (2010) reported that a high level of social support and low level of postpartum stress significantly predicted mothers' satisfaction with the postpartum nursing centers. The following risk factors for not being satisfied were found: lack of support by midwife, little involvement in decision making, insufficient time for breastfeeding, support, encouragement and personal questions. Meanwhile, Rudman *et al.*, (2007), stated that avoiding making contact, not showing concern about the mother's feelings, and not asking about the baby's or the mother's health, was interpreted by the mothers as a lack of interest in them and their family.

A study done by Simbar, *et al.*, (2005) confirmed that the quality of postpartum care services was low and suggested that periodic assessment of the quality of care delivered together with feedback to the system on the overall quality of care was necessary. Most women who had not obtained postnatal care stated that they did not need it because they were not sick. The fact that postnatal care was perceived to be unnecessary by women who did not feel sick demonstrates that these women do not recognize the importance of postnatal care for preventive health care. Some of the negative health outcomes which can occur during the puerperium may not be noticed early or initial signs might be ignored by women. Therefore, the American College of Obstetricians and Gynecologists recommends postnatal care for all women, including those who do not perceive any problems, for the purpose of general assessment of both physical and mental well-being, to rule out postpartum depression, and to discuss breastfeeding and family planning.

In relation to the post partum problems reported by the puerperal mothers, the present study stated that the common problems are lack of knowledge, anxiety, negative attachment, baby refusal of breast feeding, baby crying, reduced sleep by the mother, fatigue, baby up every few hours, after pain, sore nipple, breast engorgement and perineal discomfort. These complaints might prove to be valuable insights for health care professionals in terms of targeting their time and resources towards the area of greatest

need for the postpartum mothers. Women need information on the type of care and services they receive as this helps them to seek attention early and prevent complications. Therefore, it is important for new mothers to receive professional care and helps in order to remedy these early postpartum health problems. In the study done by (Rudman *et al.*, 2007) they reported that, during the establishment of breastfeeding, different aspects of support such as inappropriate advice and lack of knowledge were reported as problems by mothers. Supporting breastfeeding is one of the major tasks for nurses working in postpartum wards.

As concluded by Ansara, *et al.*, (2005) that, inadequate breastfeeding may lead to breast disorders such as mastitis and breast abscess if treated improperly. Also He, (2008) mentioned that task-centered nursing care is particularly ineffective against preventing pregnant women's early postpartum health problems such as urinary retention, breast pain, and problems with breastfeeding. McLachlan *et al.*, (2007) emphasized that a challenge for the caregiver is to get the right balance between the amount of information given, medical check-ups and time for the mother herself to ask questions. Keleher *et al.*, (2009) researchers concluded that researches need to provide empirical evidence for using new effective nursing practices in preventing early postpartum problems.

Waldenström *et al.*, (2006) found the following risk factors for not being satisfied by mothers were : 1) age <25 years, only elementary school, single status, inconvenient timing of pregnancy, lack of support from husband ; 2) suffering from many physical symptoms; 3) newborn transfer to neonatal clinic ; 4) length of stay <1 day and > or =5 days; 5) lack of support by midwife , little involvement in decision making, dissatisfaction with birth environment , insufficient time for breastfeeding support, encouragement and personal questions. Low utilization of postnatal care has been related to women's lack of knowledge about its importance, their lack of perceived need (especially if they are feeling well), their low level of education, poverty, lack of access to health care facilities that provide postnatal care, lack of appointments or recommendations from health care providers to obtain postnatal care, poor attitudes of the health care providers, or women's tendency to give priority to the health needs of their infants rather than their own (Bryant *et al.*, 2006).

Conclusion:

Postpartum is a time for physiological and psychological adjustment for both the mother and her baby so, the nursing care offered to them should

be safe, positive and satisfying to the mother. As a general conclusion, from all the above mentioned points, it becomes crystal clear that there is a still long way to go. Strategies for meeting post partum health needs of women have to be based on multidisciplinary approaches. That is to say, special attention should be focused on quality post partum health examinations and advices related to both mothers and their neonates. Post partum women still required and needed guidance, more support and assistance with baby care and her personal care.

Recommendations:

Based on the findings of the present study, the following recommendations are suggested:

1. Women need information on the type of care and services they receive and outcome as this helps them to seek attention early and prevent complications.
2. Continuous training for maternal and child health care workers with respect to childcare.
3. Nurses in post natal unit should have refresher courses for the care of their postpartum mothers so that, they will be able to increase their knowledge on proper care of these mothers.
4. The hospital should implement regular checks on the nursing care given to mothers that the nurses will have a sense of duty consciousness.
5. Studies on patient satisfaction should be done in the other units of the hospital so that a global change is done to improve care in this hospital.
6. Government should recruit qualified staff to ensure quality care is given to patients.

For further research

- Factors responsible for the low quality of nursing care offered during postpartum.

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